

<p style="text-align: center;">Form 5500</p> <p style="font-size: small;">Department of the Treasury Internal Revenue Service</p> <hr/> <p style="font-size: small;">Department of Labor Employee Benefits Security Administration</p> <hr/> <p style="font-size: x-small;">Pension Benefit Guaranty Corporation</p>	<p>Annual Return/Report of Employee Benefit Plan</p> <p style="font-size: x-small;">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).</p> <p style="text-align: center;">▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	<p style="font-size: x-small;">OMB Nos. 1210-0110 1210-0089</p> <hr/> <p style="font-size: large; text-align: center;">2024</p> <hr/> <p style="text-align: center;">This Form is Open to Public Inspection</p>
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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 (Filers checking this box must provide participating employer information in accordance with the form instructions.)

a single-employer plan a DFE (specify) _____

B This return/report is: the first return/report the final return/report

an amended return/report a short plan year return/report (less than 12 months)

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

D Check box if filing under: 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

<p>1a Name of plan <u>RESOURCE MANAGEMENT, INC. 401(K) PLAN</u></p>	<p>1b Three-digit plan number (PN) ▶ <u>333</u></p>
<p>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) <u>RESOURCE MANAGEMENT, INC.</u></p> <p><u>510 SOUTH 200 WEST</u> <u>SALT LAKE CITY, UT 84101</u></p>	<p>1c Effective date of plan <u>01/01/2002</u></p> <p>2b Employer Identification Number (EIN) <u>87-0499948</u></p> <p>2c Plan Sponsor's telephone number <u>801-355-0200</u></p> <p>2d Business code (see instructions) <u>541990</u></p>

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.	09/30/2025	JENNIFER FULLER
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address <input type="checkbox"/> Same as Plan Sponsor UNITED 401(K) PLANS, INC. 684 E. VINE STREET, SUITE 4A MURRAY, UT 84107		3b Administrator's EIN 20-5321813
		3c Administrator's telephone number 801-746-0595
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	9401
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).		
6a(1) Total number of active participants at the beginning of the plan year	6a(1)	7811
6a(2) Total number of active participants at the end of the plan year	6a(2)	8608
b Retired or separated participants receiving benefits.....	6b	86
c Other retired or separated participants entitled to future benefits	6c	1198
d Subtotal. Add lines 6a(2) , 6b , and 6c	6d	9892
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	6e	1
f Total. Add lines 6d and 6e	6f	9893
g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	6g(1)	6430
g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	6g(2)	6832
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6h	459
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 2T 2V 3D

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

9a Plan funding arrangement (check all that apply)	9b Plan benefit arrangement (check all that apply)
(1) <input type="checkbox"/> Insurance	(1) <input type="checkbox"/> Insurance
(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts	(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts
(3) <input checked="" type="checkbox"/> Trust	(3) <input checked="" type="checkbox"/> Trust
(4) <input type="checkbox"/> General assets of the sponsor	(4) <input type="checkbox"/> General assets of the sponsor

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

a Pension Schedules	b General Schedules
(1) <input checked="" type="checkbox"/> R (Retirement Plan Information)	(1) <input checked="" type="checkbox"/> H (Financial Information)
(2) <input type="checkbox"/> MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary	(2) <input type="checkbox"/> I (Financial Information – Small Plan)
(3) <input type="checkbox"/> SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	(3) <input type="checkbox"/> A (Insurance Information) – Number Attached _____
(4) <input type="checkbox"/> DCG (Individual Plan Information) – Number Attached _____	(4) <input checked="" type="checkbox"/> C (Service Provider Information)
(5) <input type="checkbox"/> MEP (Multiple-Employer Retirement Plan Information)	(5) <input type="checkbox"/> D (DFE/Participating Plan Information)
	(6) <input type="checkbox"/> 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 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 C (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>	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.	<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 RESOURCE MANAGEMENT, INC. 401(K) PLAN	B Three-digit plan number (PN) ▶	333
C Plan sponsor's name as shown on line 2a of Form 5500 RESOURCE MANAGEMENT, INC.	D Employer Identification Number (EIN) 87-0499948	

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

UNITED 401(K) PLANS, INC.

20-5321813

(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 50 64 65	CONTRACT ADMINISTRATOR	1159727	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	160975	Yes <input type="checkbox"/> No <input type="checkbox"/>

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

GLOBAL RETIREMENT PARTNERS, LLC

47-1411118

(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	427282	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

UMA FINANCIAL SERVICES

310 EAST 4500 SOUTH #550
MURRAY, UT 84107

(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	18571	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)
(complete as many entries as needed)

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

SCHEDULE H (Form 5500) <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.	OMB No. 1210-0110 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 RESOURCE MANAGEMENT, INC. 401(K) PLAN	B Three-digit plan number (PN) ▶ 333
C Plan sponsor's name as shown on line 2a of Form 5500 RESOURCE MANAGEMENT, INC.	D Employer Identification Number (EIN) 87-0499948

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.

		(a) Beginning of Year	(b) End of Year
Assets			
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	343227	461994
(2) Participant contributions	1b(2)	566820	707510
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	26682	320824
(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)	3182915	3997560
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	238349197	292148250
(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	242468841	297636138
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h		
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j	152218	168939
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	152218	168939
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	242316623	297467199

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)	12053542	
(B) Participants.....	2a(1)(B)	28719400	
(C) Others (including rollovers).....	2a(1)(C)	2006143	
(2) Noncash contributions.....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		42779085
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)	276180	
(F) Other.....	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		276180
(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)	8349709	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		8349709
(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)		27582619
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		78987593

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	31939707	
(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)		31939707
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)	1602240	
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)		
(5) Investment advisory and investment management fees	2i(5)		
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)		
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		1602240
j Total expenses. Add all expense amounts in column (b) and enter total	2j		33541947

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		45445646
l Transfers of assets:			
(1) To this plan	2l(1)		21561788
(2) From this plan	2l(2)		11856858

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: **HBME, LLC**

(2) EIN: **82-4439676**

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.)		X	
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.)		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		X	
e Was this plan covered by a fidelity bond?	X		500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

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)
PEAK UTAH'S POOLED EMPLOYER PLAN	20-5321813	001
TOOELE DENTAL-	83-2574715	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) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	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.	<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>RESOURCE MANAGEMENT, INC. 401(K) PLAN</u>	B Three-digit plan number (PN) ▶	<u>333</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>RESOURCE MANAGEMENT, INC.</u>	D Employer Identification Number (EIN) <u>87-0499948</u>	

Part I	Distributions
---------------	----------------------

All references to distributions relate only to payments of benefits during the plan year.

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1	0
---	---	---

2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):
 EIN(s): _____

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

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

Part II	Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)
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4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? Yes No N/A
If the plan is a defined benefit plan, go to line 8.

5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month _____ Day _____ Year _____
If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.

6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)	6a	
b Enter the amount contributed by the employer to the plan for this plan year	6b	
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....	6c	

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

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

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

Part III	Amendments
-----------------	-------------------

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

a Enter the percentage of plan assets held as:
 Public Equity: _____% Private Equity: _____% Investment-Grade Debt and Interest Rate Hedging Assets: _____%
 High-Yield Debt: _____% Real Assets: _____% Cash or Cash Equivalents: _____% Other: _____%

b Provide the average duration of the Investment-Grade Debt and Interest Rate Hedging Assets:
 0-5 years 5-10 years 10-15 years 15 years or more

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

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

b If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:
 Yes.
 No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.
 No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.
 No. Other. Provide explanation: _____

Part VII IRS Compliance Questions

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

21b If this is a Code section 401(k) plan, check all boxes that apply to indicate how the plan is intended to satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under Code sections 401(k)(3) and 401(m)(2).
 Design-based safe harbor method
 "Prior year" ADP test
 "Current year" ADP test
 N/A

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

<p>SCHEDULE MEP (Form 5500)</p> <p>Department of the Treasury Internal Revenue Service</p> <hr/> <p>Department of Labor Employee Benefits Security Administration</p>	<p>MULTIPLE-EMPLOYER RETIREMENT PLAN INFORMATION</p> <p>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)</p> <p>▶ File as an attachment to Form 5500.</p>	<p>OMB No. 1210-0110</p> <hr/> <p style="text-align: center; font-size: 1.2em;">2024</p> <hr/> <p style="text-align: center;">This Form is Open to Public Inspection</p>
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For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

<p>A Name of plan RESOURCE MANAGEMENT, INC. 401(K) PLAN</p>	<p>B Three-digit Plan number (PN)..... ▶</p>	<p>333</p>
<p>C Plan administrator's name as shown on line 3a of Form 5500/Form 5500-SF UNITED 401(K) PLANS, INC.</p>	<p>D Administrator's EIN 20-5321813</p>	

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

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

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

Part II Participating Employer Information.

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

2a Name of Participating Employer UTAH TIRE HOLDINGS DBA HILLSIDE TIRE & SERVICES- RMI 401(K) PLAN	2b EIN 87-2632832	2c Percentage of Total Contributions for the Plan Year 0.39	2d Aggregate Account Balances Attributable to Participating Employer 749558
2a Name of Participating Employer REGENERATIVE RX - RMI 401K PLAN	2b EIN 47-3913161	2c Percentage of Total Contributions for the Plan Year 0.00	2d Aggregate Account Balances Attributable to Participating Employer 0

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	<input type="checkbox"/> Yes <input type="checkbox"/> 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 (2024)
v. 240311**

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
SWIRL WOODCRAFT, INC. - RMI 401(K) PLAN	84-1375636	0.09	578860
MOUNTAIN VIEW STEEL DETAIL, INC. - RMI 401K PLAN	87-0482868	0.21	1326689
CEM MAINTENANCE, INC. - RMI 401K PLAN	87-0389710	1.34	7250321
AQUA BALANCE, INC. - RMI 401(K) PLAN	87-0558204	0.50	1712618
ALLIANCE FIRE & SAFETY RMI 401K PLAN	87-0624256	0.18	258633
BROOKSIDE ANIMAL CLINIC - RMI 401(K) PLAN	47-2035786	0.00	175291
LETTERPRESS SOFTWARE - RMI 401(K) PLAN	87-0633885	0.01	607560
FUGATE INDUSTRIAL SALES, INC - RMI 401(K) PLAN	87-0235200	0.10	268664
WESTLAND BATH SALES, INC. - RMI 401(K) PLAN	87-0340319	0.06	24691

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Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

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

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

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
HOOPES VISION CORRECTION CENTER - RMI 401K PLAN	87-0639748	1.16	8350678
COTTONWOOD TITLE INSURANCE AGENCY - RMI 401(K) PLAN	87-0665968	2.76	10512996
VECTOR STRUCTURAL ENGINEERING - RMI 401K PLAN	80-0028183	2.36	10752086
WESTERN STATES CRANE CONSULTING, LLC - RMI 401(K) PLAN	45-3856202	0.02	100959
SALT LAKE HOME BUILDERS ASSOCIATION - RMI 401(K) PLAN	87-0203085	0.00	11628
EXPRESS EMPLOYMENT SERVICES - RMI 401(K) PLAN	87-0681971	0.00	0
HARRISON GROUP - RMI 401(K) PLAN	20-8948895	0.00	0
NORTH MONSEN COMPANY - RMI 401(K) PLAN	87-0259323	0.03	296682
TOOELE DENTAL ASSOCIATES - RMI 401(K) PLAN	87-0668894	0.00	0

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Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

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

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

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
ROCKY MOUNTAIN EYE CARE ASSOCIATES, LLC - RMI 401K PLAN	87-0544230	0.62	5281245
SPINAL INTERVENTIONS, PLLC - RMI 401K PLAN	65-1229319	0.55	14764652
VALLEY WOMEN'S HEALTH - RMI 401(K) PLAN	26-1566307	5.63	25202342
S A INTERNATIONAL, INC - RMI 401K PLAN	23-2552296	0.50	2776880
JUNCTION TRUE VALUE - RMI 401K PLAN	91-0929467	0.20	905016
DLH, INC. - RMI 401K PLAN	91-1576336	0.32	3283976
PAN PACIFIC PROPERTIES, INC - RMI 401(K) PLAN	91-1574271	0.22	648299
ALLIED RESIDENTIAL - RMI 401K PLAN	91-1385920	4.63	7983823
HANSCH'S ACE HARDWARE - RMI 401(K) PLAN	20-0983876	0.15	310048

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Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

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

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

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
GRAN, INC. - RMI 401K PLAN	91-1692888	0.78	2343506
MATRIX REAL ESTATE, LLC - RMI 401(K) PLAN	27-1407472	0.16	676935
ARMCO/EPIC ASSET MANAGEMENT RMI 401(K) PLAN	91-1230479	1.33	6270555
THE SAFETY TEAM, LLC - RMI 401K PLAN	87-0598958	0.67	2974016
INSIGHT TECHNOLOGY, INC - RMI 401(K) PLAN	58-2263028	0.12	425107
EUROSPORTS, UTAH LLC - RMI 401(K) PLAN	26-4787485	0.35	677160
WATER DESIGN, INC. - RMI 401K PLAN	87-0622007	0.40	1780539
PHASE II CENTER FOR WOMENS HEALTH - RMI 401K PLAN	87-0583479	0.04	1212510
PERFECT CIRCLE - RMI 401(K) PLAN	27-1052519	0.16	116764

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Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

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

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

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
RSC INTERNATIONAL RMI 401(K) PLAN	27-2893233	0.14	138010
REVEL MEDIA GROUP, INC - RMI 401(K) PLAN	27-1555286	0.42	838123
WA MULTI-FAMILY HOUSING ASSOCIATION - RMI 401(K) PLAN	90-0077585	0.29	1108373
STRATEGIC VALUE GROUP - RMI 401(K) PLAN	38-3707729	0.29	434510
BIG CARTEL, LLC - RMI 401K PLAN	20-1615057	0.94	5399389
PHYSICIANS SURGERY CENTER - RMI 401(K) PLAN	68-0591196	0.06	237813
AA SPINE & PAIN CLINIC, INC.- RMI 401(K) PLAN	92-0151789	0.97	3691539
MARTIN GARAGE DOORS OF NEVADA - RMI 401(K) PLAN	45-4128279	0.40	840833
CORAL DESERT SURGERY CENTER - RMI 401K PLAN	71-0875262	0.55	2377496

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Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

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

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

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
SOUND PAIN ALLIANCE - RMI 401K PLAN	45-5093624	1.53	4898911
ONEREDMOND - RMI 401(K) PLAN	46-0535220	0.16	587044
AMERICAN PREPARATORY SCHOOLS - RMI 401(K) PLAN	20-2512659	1.52	3989884
POMA FERTILITY - RMI 401K PLAN	45-5175545	0.58	2708098
MILLCREEK CABINET & DESIGN - RMI 401(K) PLAN	87-0518308	0.00	0
AFFIRMX, LLC - RMI 401K PLAN	45-2517409	0.18	408280
NORTHPOINTE SURGICAL CENTER, LLC - RMI 401(K) PLAN	46-1487986	0.22	513692
EMERALD MANAGEMENT & CONSULTING - RMI 401(K) PLAN	46-3625442	0.21	257084
SOUTHWEST CHILDREN'S CLINIC	87-0685287	0.32	1920792

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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
PRODIGY PROPERTY MANAGEMENT LLC - RMI 401(K) PLAN	46-2382934	0.55	1111759
REPRODUCTIVE CARE ASSOCIATES - RMI 401(K) PLAN	87-0558673	1.11	5402204
WHIPPORWILL, LLC - RMI 401(K) PLAN	45-5589142	0.12	262203
ETHOS SERVICES - RMI 401(K) PLAN	46-3521329	0.06	222494
REDMOND SIGNATURE DENTISTRY - RMI 401(K) PLAN	91-1875786	0.49	1993248
COSMOS GROUP - RMI 401K PLAN	91-1399236	0.18	1396517
CLARITY SKIN & CANYON CREST SURGICAL- RMI 401(K) PLAN	45-0677683	0.68	1518482
REDMOND RIDGE ROA - RMI 401(K) PLAN	91-2024472	0.05	135841
VECTOR ENGINEERING, INC. - RMI 401K PLAN	20-0942400	0.17	919104

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SALT LAKE FILM SOCIETY - RMI 401(K) PLAN	87-0677001	0.15	331721
AVANTE MEDICAL CENTER - RMI 401(K) PLAN	80-0009639	0.39	1358162
BALANCED BODY MD - RMI 401K PLAN	46-3678383	0.08	182994
SNOQUALMIE RIDGE ROA - RMI 401(K) PLAN	91-1909244	0.14	559181
EDISON47, INC. - RMI 401(K) PLAN	47-3104932	0.52	1054044
ADVANCED ORTHOPEDICS - RMI 401(K) PLAN	47-2950693	0.76	2043629
ATI OF AMERICA - RMI 401(K) PLAN	26-3660497	0.34	0
ROCKY MOUNTAIN OILS - RMI 401K PLAN	20-1441083	0.23	971063
JENSEN THERAPY ASSOCIATES - RMI 401(K) PLAN	87-0631534	0.70	1388071

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INDIGO REAL ESTATE SERVICES - RMI 401K PLAN	91-1743992	3.09	5343859
ROCKY POND ESTATE WINERY - RMI 401(K) PLAN	46-0798927	0.21	162449
KEYSTONE ENTERPRISE SERVICES, LLC - RMI 401K PLAN	20-8239818	0.02	565738
TIMBERLANE PARTNERS II LLC - RMI 401(K) PLAN	32-0433444	0.76	1077309
CAPITAL MANAGEMENT ADVISORS CO. INC. - RMI 401(K) PLAN	81-2687412	0.09	186420
ALCP SERVICES- RMI 401(K) PLAN	27-1185898	0.07	33439
NATURAL & BUILT ENVIRONMENTS- RMI 401(K) PLAN	01-1958000	0.09	74635
NEUROVERSION, INC. - RMI 401(K) PLAN	81-3907096	0.85	2644797
SOUTHERN UTAH WOMEN'S HEALTH CENTER - RMI 401(K) PLAN	87-0462208	0.47	2476610

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OFFICE FURNITURE SOLUTIONS - RMI 401(K) PLAN	71-1051807	0.28	660742
COMPASSROCK REAL ESTATE - RMI 401(K) PLAN	81-3982070	0.09	628796
NORTHSHORE SENIOR CENTER - RMI 401(K) PLAN	91-1184432	0.14	717209
CREDIT CORP SOLUTIONS, INC - RMI 401(K) PLAN	99-0377105	1.79	2953482
WHW ENGINEERING, LLC - RMI 401(K) PLAN	87-0423194	0.55	1923885
PATHWISE, INC. - RMI 401(K) PLAN	81-4948038	0.07	567564
GOBE - RMI 401(K) PLAN	46-1407573	0.02	138503
SOLAR WINDOW & DOOR, INC. - RMI 401(K) PLAN	87-0484116	0.07	490433
NUTERRA PROPERTY MANAGEMENT - RMI 401(K) PLAN	26-1736813	0.17	0

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BASTAR & ASSOCIATES - RMI 401(K) PLAN	87-0530652	0.00	0
LBISAT, LLC - RMI401K PLAN	80-0107569	0.06	1430276
ALLIANCE WEALTH ADVISORS -RMI 401K PLAN	27-1017387	0.48	999948
ALASKA NEUROLOGY CENTER, LLC - RMI 401(K) PLAN	26-1300399	0.71	2719079
PALLADIUM REAL ESTATE - RMI 401(K) PLAN	27-4950889	0.89	1368833
CONVENIENT PMTS, ROM & MAINSTREET COMPUTER - RMI 401(K) PLAN	27-3685152	1.49	4647476
NORTHWEST SELECT REAL ESTATE - RMI 401(K) PLAN	26-4284251	0.04	248153
BRIM PROPERTIES -RMI 401(K) PLAN	27-3557924	0.08	111646
CATHEDRAL LAND SOLUTIONS, LLC - RMI 401(K) PLAN	82-5349664	0.84	1072811

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NIGHT VISION LIGHTING & ELECTRIC - RMI 401(K) PLAN	87-0651996	0.06	75705
ALPINE PAIN SOLUTIONS - RMI 401(K) PLAN	82-3154253	0.00	0
TAYLOR BUILT HOMES, LLC/ARCADIA VACATION RESORT -RMI 401(K) PLAN	81-3681972	0.22	204021
ALPENGLow PAIN & WELLNESS - RMI 401(K) PLAN	81-4590074	0.42	498783
CAMELBACK FIDUCIARY, LLC - RMI 401(K) PLAN	81-4193193	0.56	940457
LATITUDE PROPERTY MANAGEMENT - RMI 401(K)	83-4491145	0.38	354401
COLLAR- RMI 401(K) PLAN	82-0637977	0.15	276877
EAR, NOSE & THROAT- RMI 401(K) PLAN	84-1752057	0.03	22496
COREBRIDGE - RMI 401(K) PLAN	35-2369551	0.34	1026505

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APEX BIOLOGIX - RMI 401(K) PLAN	36-4609823	0.41	332566
PACKETFABRIC, INC. - RMI 401K PLAN	84-2861672	4.74	6632141
PROVIDER HEALTHCARE, LLC -RMI 401(K) PLAN	46-3663241	0.31	196073
PROPERTY TECHNICA- RMI 401(K) PLAN	97-0352299	0.08	50674
CENTENNIAL STATE INSURANCE- RMI 401(K) PLAN	46-1683763	0.15	136898
ZO FINANCIAL - RESOURCE MANAGEMENT, INC. 401(K) PLAN	85-0588816	0.13	107738
WAZEE STREET CAPITAL MANAGEMENT - RMI 401(K) PLAN	27-3713829	0.19	683399
FORM MED SPA - RMI 401K PLAN	81-2573952	0.05	394865
LIBERTY RESTORATION-RMI 401(K) PLAN	20-3915379	0.02	122942

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BAILEY'S FURNITURE OUTLET, INC. - RMI 401(K) PLAN	92-0146665	0.37	2717697
ALASKA ROTEQ CORPORATION - RMI 401(K) PLAN	92-0174490	0.01	0
HOUSE OF HOPE - RMI 401K PLAN	87-0255206	0.29	1575906
TS ELECTRIC, INC.- RMI 401K PLAN	87-0450180	0.56	3608553
EAGLE LEATHER - RMI 401(K) PLAN	91-1951288	0.18	269951
CONTENDER BICYCLES - RMI 401(K) PLAN	87-0626182	0.21	859088
JED R. BINDRUP MD PC - RMI 401K PLAN	87-0547521	0.14	2086943
GOODMAN REAL ESTATE - RMI 401K PLAN	91-1516376	3.45	7782164
MAHK ADVERTISING-RMI 401(K) PLAN	86-3363362	0.42	0

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INTERMOUNTAIN LOCK & SECURITY SUPPLY - RMI 401K PLAN	87-0283190	5.50	10243531
ECONOMIC DEVELOPMENT CORPORATION OF UTAH - RMI 401(K) PLAN	74-2502619	0.38	906930
COOK INLET SOCCER CLUB-RMI 401(K) PLAN	94-3055547	0.04	41178
XMISSION, LLC - RMI 401K PLAN	87-0522774	0.58	4220223
ARGO REAL ESTATE - RMI 401K PLAN	27-1484920	1.61	5876053
SWPDO - RESOURCE MANAGEMENT, INC. 401(K) PLAN	84-1327385	0.55	2295965
RIVERWOODS SURGERY CENTER - RMI 401(K) PLAN	87-0709428	0.28	516569
RESOURCE MANAGEMENT INC. - RMI 401K PLAN	87-0499948	0.26	0
EZRA LEE DESIGN + BUILD - RMI 401(K) PLAN	27-1926756	1.02	1373457

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OMNI LENDING- RMI 401(K) PLAN	82-4360081	0.12	42719
AQUIFY SYSTEMS CORP - RMI 401(K) PLAN	86-2810165	0.00	0
CURBS ENTERPRISE, INC-RMI 401(K) PLAN	86-1284394	0.12	135413
MEDICAL GROUP OF ALASKA - RMI 401(K) PLAN	47-3568350	0.46	1288962
TIMPVIEW ASC -RMI 401(K) PLAN	87-2314348	0.17	212347
ANCHORAGE DAILY NEWS-RMI 401(K) PLAN	37-1869203	0.86	4070284
IMAGE STUDIOS 360 FRANCHISE, LLC-RMI 401(K) PLAN	47-3552990	0.11	15342
REDWOOD RESOURCES, LLC AND REDWOOD COMMUNITIES-RMI 401(K) PLAN	85-4312424	1.91	2775324
MONARCH RECOVERY-RMI 401(K) PLAN	87-3070151	0.00	0

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MA HOLDINGS, INC-RMI 401(K) PLAN	39-2060052	1.43	1031912
GRAW BEAUTY INC-RMI 401(K) PLAN	87-4541369	0.10	37433
APT COWORK, LLC-RMI 401(K) PLAN	87-3277516	0.02	32064
VECTOR STRUCTURAL ENGINEERING OF AZ - RMI 401K PLAN	81-5047429	0.11	369392
VECTOR STRUCTURAL ENGINEERING OF SC - RMI 401K PLAN	47-4322793	0.06	134103
EMPOWER PHYSICAL THERAPY, INC-RMI 401(K) PLAN	82-5320141	0.22	328896
PMG MANAGEMENT, LLC-RMI 401(K) PLA	87-3290571	0.16	211778
GRASSHOPPER TRADING COMPANY- RMI 401(K) PLAN	83-1372152	0.28	218293
ROCKY MOUNTAIN CARE CLINIC- RMI 401(K) PLAN	06-0049000	0.34	276919

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AUST MANUFACTURING-RMI 401(K) PLAN	46-4387089	0.97	911765
HISA-RMI 401(K) PLAN	86-1940818	1.13	1031752
PUGET SOUND COLLECTIONS-RMI 401(K) PLAN	91-1278690	0.25	1227125
FAMILY SUPPORT CENTER- RMI 401(K) PLAN	06-0056000	0.02	15774
CUSTOM CONTROLS OF ARIZONE, INC-RMI 401(K) PLAN	03-0512728	0.37	984327
LEMOKO MANAGEMENT- RMI 401(K) PLAN	11-1060061	0.11	103678
PRESTMAN AUTO - RMI 401(K) PLAN	87-0516133	0.60	814787
THORNTON PLUMBING & HEATING- RMI 401(K) PLAN	87-0578641	0.42	1084255
KESSLER FAMILY MANGEMENT LLC- RMI 401(K) PLAN	92-0720274	0.25	126375

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ALASKA SURGICAL GROUP, LLC- RMI 401(K) PLAN	83-2151455	0.55	384447
CAMBELT INTERNATIONAL- RMI 401(K) PLAN	87-0304695	0.43	812088
INNOVATION MEDICAL GROUP - RMI 401(K) PLAN	83-4232881	1.33	602058
MPUT HOLDINGS- RMI 401(K) PLAN	47-1485826	0.16	64676
CADE BUILDER SERVICES- RMI 401(K) PLAN	92-3664666	0.74	411331
ESL VISION, LLC- RMI 401(K) PLAN	27-3848747	0.34	928664
MARK JENSEN PLASTIC SURGERY- RMI 401(K) PLAN	84-1798173	0.26	210320
CHBC- RMI 401(K) PLAN	26-3863996	0.18	128987
PAUL DERAMO PLASTIC SURGERY- RMI 401(K) PLAN	88-4354991	0.23	217200

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REAL YOU PLASTIC SURGERY & WELLNESS, LLC- RMI 401(K) PLAN	88-1238837	0.16	184649
PREMIER FAMILY MEDICAL, LLC-RMI 401(K) PLAN	46-2252779	3.96	15295350
PREMIER PLASTIC SURGERY GROUP OF UTAH, LLC - RMI 401(K) PLAN	20-0685493	0.37	1807803
ICON REAL ESTATE SERVICES, INC. - RMI 401(K) PLAN	47-4476212	0.15	610183
OPTIMUM MEDICAL MANAGEMENT - RMI 401(K) PLAN	99-0670816	0.05	23579
IMAGE STUDIOS FRANCISE & IMAGE STUDIO HOLDCO - RMI 401K PLAN	99-1386887	0.52	233852
MICHAEL K BLATTER, DO PC - RMI 401(K) PLAN	87-2409027	0.07	31392
DESERT RIDGE SURGERY, PC - RMI 401(K) PLAN	93-1649186	1.05	451865
PRECISION MEDICAL LAB, LLC - RMI 401(K) PLAN	93-2212104	0.01	5769

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

Part III	Pooled Employer Plan Information
-----------------	---

Line 3. All Pooled employer plans must answer all of the questions in Part III, in addition to completing all of Parts I and II.

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

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

RESOURCE MANAGEMENT, INC. 401(k) PLAN

**Financial Statements
and
Independent Auditor's Report**

**As of and for the Years Ended
December 31, 2024 and 2023**



COMMITTED. EXPERIENCED. TRUSTED.

RESOURCE MANAGEMENT, INC. 401(k) PLAN

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COMMITTED. EXPERIENCED. TRUSTED.

PARTNERS

MICHAEL L. SMITH, CPA
JASON L. TANNER, CPA
ROBERT D. WOOD, CPA
AARON R. HIXSON, CPA
TED C. GARDINER, CPA
JEFFREY B. MILES, CPA
JESSE S. MALMROSE, EA
JANICE ANDERSON, EA
TROY F. NILSON, CPA

INDEPENDENT AUDITOR'S REPORT

To the Trustees and Participants of
Resource Management, Inc. 401 (k) Plan

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

We have performed audits of the financial statements of Resource Management Inc., 401(k) 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, 2024 and 2023, and the related statement of changes in net assets available for benefits for the year ended December 31, 2024, 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 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 audit 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, 2024 and 2023 and for the year ended December 31, 2024, stating that the certified investment information, as described in Note 8 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 accompanying financial statements, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.

- the information in the accompanying financial statements 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 a reasonable period of time.

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.

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 audits.

Other Matter – Supplemental Schedule Required by ERISA

The supplemental schedule of assets held for investment purposes 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 audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional

procedures in accordance with 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).

ABMC, LLC

September 2, 2025
Bountiful, Utah

RESOURCE MANAGEMENT, INC. 401(k) PLAN
Statements of Net Assets Available for Benefits
December 31,

	2024	2023
<u>ASSETS</u>		
Cash	\$ 320,824	\$ 26,682
Investments at fair value	292,148,250	238,349,197
Receivables:		
Employer contributions	461,994	343,227
Participant contributions	707,510	566,820
Notes receivable from participants	3,997,560	3,182,915
Total receivables	5,167,064	4,092,962
Total assets	297,636,138	242,468,841
<u>LIABILITIES</u>		
Excess contributions	168,939	152,218
Total liabilities	168,939	152,218
Net assets available for benefits	\$ 297,467,199	\$ 242,316,623

See the accompanying notes to the financial statements.

RESOURCE MANAGEMENT, INC. 401(k) PLAN
Statement of Changes in Net Assets Available for Benefits
For the Year Ended December 31,

	2024
Additions to net assets attributed to:	
Investment income:	
Net change in fair value of investments	\$ 27,582,619
Interest and dividends	8,349,709
Total investment income	35,932,328
Interest income on notes receivable from participants	276,180
Contributions:	
Employer	12,053,542
Participants	28,719,400
Rollovers	2,006,143
Total contributions	42,779,085
Total additions	78,987,593
Deductions from net assets attributed to:	
Benefits paid to participants	31,939,707
Administrative expenses	1,602,240
Total deductions	33,541,947
Net change in net assets available for benefits	45,445,646
Transfers from other plans	21,561,788
Transfers to other plans	(11,856,858)
Net assets available for benefits, beginning of year	242,316,623
Net assets available for benefits, end of year	\$ 297,467,199

See the accompanying notes to the financial statements.

RESOURCE MANAGEMENT, INC. 401(k) PLAN
Notes to the Financial Statements
December 31, 2024 and 2023

1. DESCRIPTION OF THE PLAN

The following brief description of the Resource Management, Inc. 401 (k) Plan (The Plan) is provided for general information purposes only. Reference should be made to the Plan agreement for a more complete description of the Plan's provisions.

General

The Plan is a defined contribution multiple employer plan covering all employees of clients of Resource Management Inc. (the Employer), a professional employer organization, who have met the age and service requirements established by the client companies of the Employer. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Contributions

Each year, participants may contribute up to 100% of their eligible compensation, as defined by the Plan. Participants also may contribute amounts representing distributions from other qualified defined benefit or defined contribution plans (rollover). Participants direct the investment of their contributions into various investment options offered by the Plan. The Employer will match a portion of the employees' contribution, as determined by the respective client companies of the Employer. The matching Employer contribution is invested as directed by the participant.

Participant Accounts

Each participant's account is credited with the participant's contributions, the Employer's contributions, as well as allocations of Plan earnings. Participant accounts are charged with an allocation of administrative expenses. 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 plus actual earnings on the contributions. The participants vest in the Employer contributions and the related earnings thereon over periods of zero to five years, as designated by the client companies of the Employer.

Notes Receivable from Participants

Participants may borrow from their fund accounts a minimum of \$1,000 up to a maximum equal to the lesser of \$50,000 or 50 percent of their account balance. Loan transactions are treated as a transfer between the investment fund and the participant loan fund. The loans are secured by the balance in the participant's account and bear interest at a rate commensurate with local prevailing rates as determined quarterly by the Plan administrator. Principal and interest are paid ratably through payroll deductions.

RESOURCE MANAGEMENT, INC. 401(k) PLAN
Notes to the Financial Statements (Continued)
December 31, 2024 and 2023

1. DESCRIPTION OF THE PLAN (CONTINUED)

Payment of Benefits

On termination of service, a participant may elect to receive either a lump-sum amount equal to the value of the participant's vested interest in his or her account, or installments (annually, quarterly or monthly) over a specified period of time, not exceeding the life expectancy of the participant or the designated beneficiary.

Forfeited Accounts

At December 31, 2024 and 2023 forfeited nonvested accounts totaled \$162,744 and \$14,658 respectively. These accounts will be used to reduce future employer contributions. Also, in 2024, employer contributions were reduced by \$256,679 from forfeited nonvested accounts.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

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

Investments held by a defined contribution plan are required to be reported at fair value, except for fully benefit-responsive investment contracts. Contract value is the relevant measure for the portion of the net assets available for benefits of a defined contribution plan attributable to fully benefit-responsive investment contracts because contract value is the amount participants normally would receive if they were to initiate permitted transactions under the terms of the Plan.

Use of Estimates in Preparing Financial Statements

The preparation of financial statements in conformity with U.S. GAAP requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and changes in those assets and liabilities, and disclosure of contingent assets and liabilities. Actual results could differ from those estimates.

Investment Valuation and Income Recognition

Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See note 3 for discussion of fair value measurements.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation includes the Plan's gains and losses on investments purchased and sold as well as held during the year.

RESOURCE MANAGEMENT, INC. 401(k) PLAN
Notes to the Financial Statements (Continued)
December 31, 2024 and 2023

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

Cash and Cash Equivalents

The plan considers all highly liquid investments with original maturities of three months or less to be cash equivalents.

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. No allowance for credit losses has been recorded as of December 31, 2024 or 2023. Delinquent participant loans are recorded as distributions on the basis of the terms of the Plan document.

Excess Contributions Payable

Amounts payable to participants for contributions in excess of amounts allowed by the Internal Revenue Service are recorded as a liability with a corresponding reduction to contributions. The Plan distributed the 2024 excess contributions to the applicable participants before March 14, 2025.

Payment of Benefits

Benefits are recorded when paid.

Expenses

Certain expenses of maintaining the Plan are paid directly by the Employer and are excluded from these financial statements. Investment related expenses are included in net appreciation of fair value of investments.

Subsequent Events

The Plan has evaluated subsequent events through September 2, 2025, the date the financial statements were available to be issued.

3. FAIR VALUE MEASUREMENTS

The framework for measuring fair value provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to unobservable inputs (Level 3 measurements). The three levels of the fair value hierarchy under FASB ASC 820, *Fair Value Measurements*, 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.

RESOURCE MANAGEMENT, INC. 401(k) PLAN
Notes to the Financial Statements (Continued)
December 31, 2024 and 2023

3. FAIR VALUE MEASUREMENTS (CONTINUED)

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 specified (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 used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2024 and 2023.

Mutual funds: Valued at the daily closing price as reported by the fund. Mutual funds held by the Plan are open-end mutual funds that are registered with the U.S. Securities and Exchange Commission. These funds are required to publish their daily net asset value and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded.

Collective trust fund: Stated at fair value as determined by the issuer of the collective trust fund based on the fair market value of the underlying investments, which is valued at the NAV of units of the collective trust fund. The NAV is used as a practical expedient to estimate fair value. This practical expedient would not be used if it is determined to be probable that the fund will sell the investment for an amount different from the reported NAV. Participant transactions (purchases and sales) may occur daily.

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2024 and 2023.

RESOURCE MANAGEMENT, INC. 401(k) PLAN
Notes to the Financial Statements (Continued)
December 31, 2024 and 2023

3. FAIR VALUE MEASUREMENTS (CONTINUED)

	Assets at Fair Value as of December 31, 2024			
	Level 1	Level 2	Level 3	Total
Mutual funds	\$ 288,540,047	\$ -	\$ -	\$ 288,540,047
Total assets in the fair value hierarchy	\$ 288,540,047	\$ -	\$ -	288,540,047
Collective trust fund*				3,608,203
Total investments at fair value				\$ 292,148,250
	Assets at Fair Value as of December 31, 2023			
	Level 1	Level 2	Level 3	Total
Mutual funds	\$ 233,788,802	\$ -	\$ -	\$ 233,788,802
Total assets in the fair value hierarchy	\$ 233,788,802	\$ -	\$ -	233,788,802
Collective trust fund*				4,560,395
Total investments at fair value				\$ 238,349,197

* In accordance with Subtopic 820-10, certain investments that were measured at NAV per share (or its equivalent) have not been classified in the fair value hierarchy. The fair value amounts presented in this table are intended to permit reconciliation of the fair value hierarchy to the line items presented on the Statements of Net Assets Available for Benefits.

4. PARTY-IN-INTEREST TRANSACTION

Fees paid by the Plan for contract administration and investment advisor services amounted to \$1,602,240 and \$1,301,485 for the years ended December 31, 2024, and 2023, respectively.

5. PLAN TERMINATION

Although it has not expressed any intent to do so, the plan sponsor 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 percent vested in their employer contributions.

RESOURCE MANAGEMENT, INC. 401(k) PLAN
Notes to the Financial Statements (Continued)
December 31, 2024 and 2023

6. TAX STATUS

The IRS has determined and informed the plan sponsor by a letter dated June 30, 2020, that the Plan and related trust are designed in accordance with applicable sections of the Internal Revenue Code (IRC).

Accounting principles generally accepted in the United States of America require plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the organization has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

7. RISKS AND UNCERTAINTIES

The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market, and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect the participants' account balances and the amounts reported in the statements of net assets available for benefits.

8. INFORMATION CERTIFIED BY THE CUSTODIAN

The following is a summary of the unaudited information regarding the Plan, included in the Plan's financial statements and supplemental schedule, that was prepared by Reliance Trust Company, the custodian of the Plan and furnished to the Plan administrator. The Plan administrator has obtained certifications from the custodian that such information is complete and accurate.

1. Statements of Net Assets Available for Benefits - Investments
2. Statements of Changes in Net Assets Available for Benefits - Investment Income
3. Schedule of Assets Held for Investment Purposes - Supplemental Schedule

Supplemental Schedule

RESOURCE MANAGEMENT, INC. 401(k) PLAN
Schedule H, Part IV, Line 4i – Schedule of Assets Held for Investment Purposes
December 31, 2024

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment Including, Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	(d) Cost	(e) Current Value
	Fidelity Freedom® Index 2050 Instl Prem	Mutual Fund	N/A	\$ 25,845,539
	Fidelity Freedom® Index 2045 Instl Prem	Mutual Fund	N/A	25,422,623
	Fidelity Freedom® Index 2040 Instl Prem	Mutual Fund	N/A	23,645,697
	Fidelity 500 Index Fund - Inst'l	Mutual Fund	N/A	23,409,108
	Fidelity Freedom® Index 2035 Instl Prem	Mutual Fund	N/A	23,347,418
	Fidelity Freedom® Index 2055 Instl Prem	Mutual Fund	N/A	20,676,409
	Fidelity Freedom® Index 2060 Instl Prem	Mutual Fund	N/A	16,297,533
	American Balanced Fund CL R6	Mutual Fund	N/A	14,115,631
	Fidelity Freedom® Index 2030 Instl Prem	Mutual Fund	N/A	13,843,367
	American Funds Growth & Income Port R6	Mutual Fund	N/A	10,906,054
	Vanguard Total Stock Market Index Admiral	Mutual Fund	N/A	8,583,702
	Vanguard Information Tech Idx Admir SHS	Mutual Fund	N/A	8,463,081
	USAA Nasdaq 100 Index R6	Mutual Fund	N/A	7,904,054
	Fidelity Freedom® Index 2025 Instl Prem	Mutual Fund	N/A	7,837,431
	Fidelity Freedom® Index 2020 Instl Prem	Mutual Fund	N/A	6,716,975
	American Growth Portfolio CL R6	Mutual Fund	N/A	4,354,642
	Vanguard Small-Cap Index Adm	Mutual Fund	N/A	4,253,527
	Bond Fund of America R6	Mutual Fund	N/A	4,207,546
	Ameriprise Trust Stable Value Gov'tTier I	Collective Trust Fund	N/A	3,608,203
	Vanguard Mid Cap Index Adm	Mutual Fund	N/A	3,410,642
	American Mutual Fund R6	Mutual Fund	N/A	2,792,566
	Washington Mutual Investor Fund CL R6	Mutual Fund	N/A	2,578,341
	Vanguard Small-Cap Value Index Admiral	Mutual Fund	N/A	2,574,535
	Vanguard Developed Markets Index Admiral	Mutual Fund	N/A	2,346,280
	Fidelity Freedom® Index 2065 Instl Prm	Mutual Fund	N/A	2,183,688
	Vanguard International Growth Adm	Mutual Fund	N/A	1,934,969
	Fidelity Money Market	Mutual Fund	N/A	1,859,038
	Prudential High Yield Class Z	Mutual Fund	N/A	1,803,458
	Vanguard Real Estate Index Admiral	Mutual Fund	N/A	1,713,285
	American Funds New Perspective R6	Mutual Fund	N/A	1,656,000
	Fidelity Freedom® Index 2015 Instl Prem	Mutual Fund	N/A	1,609,843
	Vanguard Total Intl Stock Index Admiral	Mutual Fund	N/A	1,562,259
	American Funds Income Portfolio R6	Mutual Fund	N/A	1,501,095
	Vanguard Mid-Cap Value Index Admiral	Mutual Fund	N/A	1,488,587
	Vanguard Health Care Index Admiral Shares	Mutual Fund	N/A	1,257,111
	Vanguard Energy Index Adm	Mutual Fund	N/A	1,188,910
	American Funds New World R6	Mutual Fund	N/A	1,035,450
	Fidelity Freedom® Index Inc Instl Prem	Mutual Fund	N/A	995,361
	Franklin Small-Mid Cap Growth R6	Mutual Fund	N/A	889,629
	Vanguard Explorer Adm	Mutual Fund	N/A	887,092
	Vanguard Financials Index Admiral SHRS	Mutual Fund	N/A	594,734
	Vanguard Utilities Index Admiral CL	Mutual Fund	N/A	540,184
	Capital World Bond Fund CL R6	Mutual Fund	N/A	288,438
	Fidelity Freedom® Index 2015 Instl Prem	Mutual Fund	N/A	18,215
*	Notes receivable from participants	Rates range from 4.25% to 10.25%	N/A	3,997,560
	Total			\$ 296,145,810

**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

2024

This Form is Open to Public Inspection

For calendar plan year 2024 or fiscal plan year beginning		and ending
A Name of plan	B Three-digit plan number (PN) ▶	
C Plan sponsor's name as shown on line 2a of Form 5500	D Employer Identification Number (EIN)	

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)	
(2) Participant contributions.....	1b(2)	
(3) Other	1b(3)	
c General investments:		
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	
(2) U.S. Government securities	1c(2)	
(3) Corporate debt instruments (other than employer securities):		
(A) Preferred	1c(3)(A)	
(B) All other.....	1c(3)(B)	
(4) Corporate stocks (other than employer securities):		
(A) Preferred.....	1c(4)(A)	
(B) Common	1c(4)(B)	
(5) Partnership/joint venture interests	1c(5)	
(6) Real estate (other than employer real property)	1c(6)	
(7) Loans (other than to participants).....	1c(7)	
(8) Participant loans	1c(8)	
(9) Value of interest in common/collective trusts	1c(9)	
(10) Value of interest in pooled separate accounts	1c(10)	
(11) Value of interest in master trust investment accounts.....	1c(11)	
(12) Value of interest in 103-12 investment entities	1c(12)	
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	
(15) Other.....	1c(15)	

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

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.

		(a) Amount	(b) Total
Income			
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)	
	(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)	
(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)	
	(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)	
(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		
d Total income. Add all income amounts in column (b) and enter total.....	2d		

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)		
(12) Total administrative expenses. Add lines 2i(1) through (11).....	2i(12)		
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		

Net Income and Reconciliation

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

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name:

(2) EIN:

d The opinion of an independent qualified public accountant is **not attached** because:

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

Part IV Compliance Questions

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

During the plan year:

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

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

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

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

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

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

Attachment to 2024 Form 5500
Schedule H, line 4i - Schedule of Assets (Held at End of Year)

Plan Name Resource Management, Inc. 401(k) Plan
Plan Sponsor's Name Resource Management, Inc.

EIN: 87-0499948
PN: 333

(a)	(b) Identity of issue, 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
	AMERICAN FUNDS	AMERICAN FUNDS AMERICAN BALANCED R6	0	12,709,572
	AMERICAN FUNDS	AMERICAN FUNDS GROWTH PORTFOLIO R6	0	3,991,914
	AMERICAN FUNDS	AMERICAN FUNDS GROWTH AND INCOME PORTFOLIO CLASS R-6	0	11,209,281
	AMERICAN FUNDS	AMERICAN FUNDS INCOME PORTFOLIO R6	0	1,358,006
	AMERICAN FUNDS	AMERICAN FUNDS AMERICAN MUTUAL R6	0	1,259,345
	FIDELITY	FIDELITY FREEDOM INDEX 2060	0	6,069,932
	FIDELITY	FIDELITY FREEDOM INDEX 2055	0	12,841,028

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PN: 333

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value.	(d) Cost	(e) Current value
	FIDELITY	FIDELITY FREEDOM INDEX 2050	0	17,362,391
	FIDELITY	FIDELITY FREEDOM INDEX 2045	0	20,831,779
	FIDELITY	FIDELITY FREEDOM INDEX 2040	0	20,043,725
	FIDELITY	FIDELITY FREEDOM INDEX 2035	0	20,630,311
	FIDELITY	FIDELITY FREEDOM INDEX 2030	0	21,578,962
	FIDELITY	FIDELITY FREEDOM INDEX 2065	0	1,285,651
	FIDELITY	FIDELITY 500 INDEX FUND	0	15,077,033

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

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Plan Sponsor's Name Resource Management, Inc.

EIN: 87-0499948
PN: 333

(a)	(b) Identity of issue, 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
	FRANKLIN	FRANKLIN SMALL-MID CAP GROWTH R6	0	785,784
	AMERICAN FUNDS	AMERICAN FUNDS NEW PERSPECTIVE R6	0	1,321,116
	AMERICAN FUNDS	AMERICAN FUNDS NEW WORLD R6	0	760,373
	USAA	USAA NASDAQ 100 INDX R6	0	5,751,181
	VANGUARD	VANGUARD SPECIALIZED FD VANGUARD REAL ESTATE INDEX ADMIRAL	0	1,228,779
	VANGUARD	VANGUARD TOTAL INTL STOCK INDEX ADMIRAL	0	1,481,868
	VANGUARD	VANGUARD INTERNATIONAL GROWTH ADM	0	1,751,286

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

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Plan Sponsor's Name Resource Management, Inc.

EIN: 87-0499948
PN: 333

(a)	(b) Identity of issue, 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
	VANGUARD	VANGUARD EXPLORER ADM	0	822,570
	VANGUARD	VANGUARD SMALL CAP VALUE INDEX ADMIRAL	0	743,782
	VANGUARD	VANGUARD MID-CAP VALUE INDEX ADMIRAL	0	1,131,542
	VANGUARD	VANGUARD DEVELOPED MARKETS IDX ADMIRAL	0	549,499
	VANGUARD	VANGUARD UTILITIES INDEX ADM	0	298,217
	VANGUARD	VANGUARD INFORMATION TECHNOLOGY IDX ADM	0	5,337,495
	VANGUARD	VANGUARD HEALTH CARE INDEX ADM	0	1,201,203

Attachment to 2024 Form 5500
Schedule H, line 4i - Schedule of Assets (Held at End of Year)

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Plan Sponsor's Name Resource Management, Inc.

EIN: 87-0499948
PN: 333

(a)	(b) Identity of issue, 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
	VANGUARD	VANGUARD FINANCIALS INDEX ADM	0	458,150
	VANGUARD	VANGUARD ENERGY INDEX ADM	0	1,160,825
	VANGUARD	VANGUARD MID CAP INDEX ADM	0	2,839,622
	VANGUARD	VANGUARD SMALL CAP INDEX ADM	0	2,747,214
	VANGUARD	VANGUARD TOTAL STOCK MKT IDX ADM	0	6,101,302
	AMERICAN FUNDS	AMERICAN FUNDS WASHINGTON MUTUAL R6	0	2,643,137
	AMERICAN FUNDS	AMERICAN FUNDS BOND FUND OF AMER R6	0	3,314,929

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

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Plan Sponsor's Name Resource Management, Inc.

EIN: 87-0499948
PN: 333

(a)	(b) Identity of issue, 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
	AMERICAN FUNDS	AMERICAN FUNDS CAPITAL WORLD BOND R6	0	327,493
	FIDELITY	FIDELITY FREEDOM INDEX 2025	0	13,232,882
	FIDELITY	FIDELITY FREEDOM INDEX 2020	0	7,762,812
	FIDELITY	FIDELITY FREEDOM INDEX 2015	0	1,588,709
	FIDELITY	FIDELITY FREEDOM INDEX INC	0	1,695,416
	PRUDENTIAL	PRUDENTIAL HIGH-YIELD Z	0	502,686
	AMERIPRSE	AMERIPRSE TR COLL INVT TR STABLE CAP FD A	0	4,560,395

