

<p style="text-align: center;"><b>Form 5500</b></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><b>Annual Return/Report of Employee Benefit Plan</b></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;"><b>▶ Complete all entries in accordance with the instructions to the Form 5500.</b></p>	<p style="font-size: x-small;">OMB Nos. 1210-0110 1210-0089</p> <hr/> <p style="font-size: large; text-align: center;"><b>2024</b></p> <hr/> <p style="text-align: center;"><b>This Form is Open to Public Inspection</b></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) C

**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><b>1a</b> Name of plan <u>CABANA TARGET DRAWDOWN 7</u></p>	<p><b>1b</b> Three-digit plan number (PN) ▶ <u>001</u></p>
<p><b>2a</b> 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>ALTA TRUST COMPANY</u></p> <p><u>3500 S PHILLIPS AVE.</u> <u>STE. 201</u> <u>SIOUX FALLS, SD 57105</u></p>	<p><b>1c</b> Effective date of plan</p> <hr/> <p><b>2b</b> Employer Identification Number (EIN) <u>83-2571523</u></p> <p><b>2c</b> Plan Sponsor's telephone number <u>303-996-3781</u></p> <p><b>2d</b> Business code (see instructions)</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.

<b>SIGN HERE</b>		Date	
	Signature of plan administrator		Enter name of individual signing as plan administrator
<b>SIGN HERE</b>		Date	
	Signature of employer/plan sponsor		Enter name of individual signing as employer or plan sponsor
<b>SIGN HERE</b>	<u>Filed with authorized/valid electronic signature.</u>	<u>10/01/2025</u>	<u>MACKENZIE LOTHERT</u>
	Signature of DFE	Date	Enter name of individual signing as DFE

<b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	<b>3b</b> Administrator's EIN  <b>3c</b> Administrator's telephone number  <div style="background-color: #cccccc; height: 40px; width: 100%;"></div>
<b>4</b> 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: <b>a</b> Sponsor's name <b>c</b> Plan Name	<b>4b</b> EIN  <b>4d</b> PN
<b>5</b> Total number of participants at the beginning of the plan year	<b>5</b>
<b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ). <b>a(1)</b> Total number of active participants at the beginning of the plan year ..... <b>a(2)</b> Total number of active participants at the end of the plan year ..... <b>b</b> Retired or separated participants receiving benefits..... <b>c</b> Other retired or separated participants entitled to future benefits ..... <b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> ..... <b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. .... <b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> ..... <b>g(1)</b> Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) ..... <b>g(2)</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) ..... <b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	<div style="background-color: #cccccc; height: 20px; width: 100%;"></div> <b>6a(1)</b> <b>6a(2)</b> <b>6b</b> <b>6c</b> <b>6d</b> <b>6e</b> <b>6f</b> <b>6g(1)</b> <b>6g(2)</b> <b>6h</b>
<b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) .....	<b>7</b>

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

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

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

<b>a Pension Schedules</b> (1) <input type="checkbox"/> <b>R</b> (Retirement Plan Information) (2) <input type="checkbox"/> <b>MB</b> (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) <input type="checkbox"/> <b>SB</b> (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary (4) <input type="checkbox"/> <b>DCG</b> (Individual Plan Information) – Number Attached _____ (5) <input type="checkbox"/> <b>MEP</b> (Multiple-Employer Retirement Plan Information)	<b>b General Schedules</b> (1) <input checked="" type="checkbox"/> <b>H</b> (Financial Information) (2) <input type="checkbox"/> <b>I</b> (Financial Information – Small Plan) (3) <input type="checkbox"/> <b>A</b> (Insurance Information) – Number Attached _____ (4) <input type="checkbox"/> <b>C</b> (Service Provider Information) (5) <input checked="" type="checkbox"/> <b>D</b> (DFE/Participating Plan Information) (6) <input type="checkbox"/> <b>G</b> (Financial Transaction Schedules)
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**Part III Form M-1 Compliance Information (to be completed by welfare benefit plans)**

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**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.

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**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 \_\_\_\_\_

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<b>SCHEDULE D</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>	<b>DFE/Participating Plan Information</b>  This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).  <b>▶ File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2024</b>  <b>This Form is Open to Public Inspection.</b>
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

<b>A</b> Name of plan <u>CABANA TARGET DRAWDOWN 7</u>	<b>B</b> Three-digit plan number (PN) ▶	<u>001</u>
<b>C</b> Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>ALTA TRUST COMPANY</u>	<b>D</b> Employer Identification Number (EIN) <u>83-2571523</u>	

<b>Part I</b>	<b>Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)</b> (Complete as many entries as needed to report all interests in DFEs)
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<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>ALTA TRUST SHORT TERM INVESTMENT</u>		
<b>b</b> Name of sponsor of entity listed in (a): <u>ALTA TRUST</u>		
<b>c</b> EIN-PN <u>92-0398350-001</u>	<b>d</b> Entity code <u>C</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>216044</u>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
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<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

**c** EIN-PN

**d** Entity code

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

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

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

**c** EIN-PN

**d** Entity code

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

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
<b>a</b>	Plan name 3-D WELDING INC 401K PLAN	
<b>b</b>	Name of plan sponsor 3-D WELDING INC.	<b>c</b> EIN-PN 46-2454478-001
<b>a</b>	Plan name ABOUT KITCHENS AND BATHS LLC 401K PLAN	
<b>b</b>	Name of plan sponsor ABOUT KITCHENS AND BATHS LLC	<b>c</b> EIN-PN 45-3911430-001
<b>a</b>	Plan name ACE ELECTRIC-JONES CO., INC. PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor ACE ELECTRIC-JONES CO., INC.	<b>c</b> EIN-PN 48-1030846-001
<b>a</b>	Plan name ADVANCED FAMILY MEDICINE 401K PLAN	
<b>b</b>	Name of plan sponsor ADVANCED FAMILY MEDICINE	<b>c</b> EIN-PN 20-1328487-001
<b>a</b>	Plan name ALLIANCE INDUSTRIAL GROUP 401K PLAN	
<b>b</b>	Name of plan sponsor ALLIANCE INDUSTRIAL GROUP	<b>c</b> EIN-PN 93-1314507-002
<b>a</b>	Plan name ALVORD-TAYLOR, INC. 401K PLAN	
<b>b</b>	Name of plan sponsor ALVORD-TAYLOR, INC.	<b>c</b> EIN-PN 93-0632048-001
<b>a</b>	Plan name AMERICA'S SWIMMING POOL CO- CHATTANOOGA	
<b>b</b>	Name of plan sponsor ASP OF CHATTANOOGA	<b>c</b> EIN-PN 26-3596714-001
<b>a</b>	Plan name ANGELA STYLES MD DERMATOLOGY & DERMATOPATHOLOGY PLLC 401K PLAN	
<b>b</b>	Name of plan sponsor STYLES DERMATOLOGY & DERMATOPATHOLOGY	<b>c</b> EIN-PN 71-0849289-001
<b>a</b>	Plan name ANGLIN CONSULTING GROUP 401K PLAN	
<b>b</b>	Name of plan sponsor ANGLIN CONSULTING GROUP, INC.	<b>c</b> EIN-PN 45-2276355-002
<b>a</b>	Plan name APPAREL DISTRIBUTION, INC. 401K PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor APPAREL DISTRIBUTION, INC.	<b>c</b> EIN-PN 22-3308781-001
<b>a</b>	Plan name APPLE PLUMBING & HEATING, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor APPLE PLUMBING & HEATING, INC.	<b>c</b> EIN-PN 52-1871130-001
<b>a</b>	Plan name APPLEGATE MEDICAL ASSOC. LLP 401K PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor APPLEGATE MEDICAL ASSOC. LLP	<b>c</b> EIN-PN 93-0800713-002

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	ARTHUR TERKEURST, LLC 401K PLAN	
<b>b</b>	Name of plan sponsor	ARTHUR TERKEURST, LLC	<b>c</b> EIN-PN 47-1971190-001
<b>a</b>	Plan name	B&B COMPANY 401K	
<b>b</b>	Name of plan sponsor	B&B COMPANY INC	<b>c</b> EIN-PN 56-2286979-001
<b>a</b>	Plan name	BA JAH CONSULTING 401(K) PLAN	
<b>b</b>	Name of plan sponsor	BA JAH CONSULTING, LLC	<b>c</b> EIN-PN 82-0860751-001
<b>a</b>	Plan name	BEN WILLIS 401K PLAN FKA WILLIS FINANCIAL CORPORATION 401K PLAN	
<b>b</b>	Name of plan sponsor	WILLIS FINANCIAL CORPORATION	<b>c</b> EIN-PN 54-1973493-001
<b>a</b>	Plan name	BENINGO EMBEDDED GROUP LLC 401K PLAN	
<b>b</b>	Name of plan sponsor	BENINGO EMBEDDED GROUP LLC	<b>c</b> EIN-PN 45-3600500-001
<b>a</b>	Plan name	BLENDPACK INC. 401K PROFIT SHARING PLAN & TRUST	
<b>b</b>	Name of plan sponsor	BLENPACK INC.	<b>c</b> EIN-PN 46-4949075-001
<b>a</b>	Plan name	BLJS DENTAL, LLC 401K PLAN	
<b>b</b>	Name of plan sponsor	BLJS DENTAL, LLC	<b>c</b> EIN-PN 85-4349963-001
<b>a</b>	Plan name	BORROW SMART MORTGAGE, INC 401K PLAN	
<b>b</b>	Name of plan sponsor	BORROW SMART MORTGAGE, INC	<b>c</b> EIN-PN 84-2042616-001
<b>a</b>	Plan name	BRIGHT BEGINNINGS ELC 401K PLAN	
<b>b</b>	Name of plan sponsor	BRIGHT BEGINNINGS EARLY LEARNING CENTER INC.	<b>c</b> EIN-PN 83-0856374-001
<b>a</b>	Plan name	C.CASEY LANDSCAPE CONSTRUCTION 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	C.CASEY LANDSCAPE CONSTRUCTION	<b>c</b> EIN-PN 46-2715048-001
<b>a</b>	Plan name	CABANA PEP SOLUTION	
<b>b</b>	Name of plan sponsor	TRG FIDUCIARY SERVICES, LLC	<b>c</b> EIN-PN 82-3967259-035
<b>a</b>	Plan name	CABANA, LLC 401K	
<b>b</b>	Name of plan sponsor	CABANA, LLC	<b>c</b> EIN-PN 26-1597641-001

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
<small>(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)</small>			
<b>a</b>	Plan name	CABANA, LLC 401K PLAN	
<b>b</b>	Name of plan sponsor	CABANA, LLC	<b>c</b> EIN-PN 26-0750555-001
<b>a</b>	Plan name	CARING PEOPLE LLC 401K	
<b>b</b>	Name of plan sponsor	CARING PEOPLE LLC	<b>c</b> EIN-PN 47-2063207-001
<b>a</b>	Plan name	CAROLINA FAMILY CHIROPRACTIC 401K PLAN	
<b>b</b>	Name of plan sponsor	CAROLINA FAMILY CHIROPRACTIC	<b>c</b> EIN-PN 56-2165192-001
<b>a</b>	Plan name	CBCS HOSPITALITY LLC 401K PLAN	
<b>b</b>	Name of plan sponsor	CBCS HOSPITALITY LLC	<b>c</b> EIN-PN 84-3376534-001
<b>a</b>	Plan name	CDSHELEY, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	CDSHELEY, LLC	<b>c</b> EIN-PN 81-3014756-001
<b>a</b>	Plan name	CENTRAL MARYLAND PRIMARY CARE ASSOCIATES 401K PLAN	
<b>b</b>	Name of plan sponsor	CENTRAL MARYLAND PRIMARY CARE ASSOCIATES	<b>c</b> EIN-PN 52-2000257-002
<b>a</b>	Plan name	CHICK-FIL-A DENVER 401(K) PLAN	
<b>b</b>	Name of plan sponsor	SHANNON MUNZE HOLLAND, A SOLE PROPRIETOR	<b>c</b> EIN-PN 27-0368534-001
<b>a</b>	Plan name	CLEAR2CLOSE RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	CLEAR2CLOSE HOME LOANS CORPORATION	<b>c</b> EIN-PN 82-3533626-001
<b>a</b>	Plan name	COASTLINE BAPTIST CHURCH 401K PLAN	
<b>b</b>	Name of plan sponsor	COASTLINE BAPTIST CHURCH OF NORTH SAN DIEGO COUNTY	<b>c</b> EIN-PN 33-0818351-001
<b>a</b>	Plan name	COCOON INC 401K	
<b>b</b>	Name of plan sponsor	COCOON, INC.	<b>c</b> EIN-PN 36-4927824-001
<b>a</b>	Plan name	COMMUNITY ACCESS TELEVISION 401K PLAN	
<b>b</b>	Name of plan sponsor	COMMUNITY ACCESS TELEVISION	<b>c</b> EIN-PN 71-0714937-001
<b>a</b>	Plan name	COMMUNITY VISION, INC. 401K PLAN	
<b>b</b>	Name of plan sponsor	COMMUNITY VISION, INC.	<b>c</b> EIN-PN 20-1288169-003

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	DANIEL D SCHRADER MD PLLC 401K AND PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	THE HEART CLINIC	<b>c</b> EIN-PN 32-0236572-001
<b>a</b>	Plan name	DEANS DUETS LLC 401K PLAN	
<b>b</b>	Name of plan sponsor	DEANS DUETS LLC	<b>c</b> EIN-PN 81-1309856-001
<b>a</b>	Plan name	DM CRAIG INVESTMENTS 401K PLAN	
<b>b</b>	Name of plan sponsor	DM CRAIG INVESTMENTS	<b>c</b> EIN-PN 86-1340301-001
<b>a</b>	Plan name	EDUCATIONAL CONSORTIUM FOR TELE COMMUNICATIONS SAVINGS 401(K) PLAN	
<b>b</b>	Name of plan sponsor	EDUCATIONAL CONSORTIUM FOR TELECOMMUNICATIONS SAVINGS	<b>c</b> EIN-PN 23-2926779-001
<b>a</b>	Plan name	ELEGANT EYES INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ELEGANT EYES INC.	<b>c</b> EIN-PN 22-2848937-001
<b>a</b>	Plan name	ELEVATED FINANCIAL & TAX, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ELEVATED FINANCIAL & TAX, LLC	<b>c</b> EIN-PN 47-2999293-001
<b>a</b>	Plan name	ENVIRONMENTAL ENTERPRISE GROUP, INC. 401K PLAN	
<b>b</b>	Name of plan sponsor	ENVIRONMENTAL ENTERPRISE GROUP, INC.	<b>c</b> EIN-PN 71-0658433-001
<b>a</b>	Plan name	ESTHETICS CENTER MANGEMENT COMPANY, LLC 401K PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	ESTHETICS CENTER MANAGEMENT COMPANY, LLC	<b>c</b> EIN-PN 85-3359912-001
<b>a</b>	Plan name	EUGENICORP EFH 401K	
<b>b</b>	Name of plan sponsor	EUGENICORP EFH	<b>c</b> EIN-PN 45-4421614-001
<b>a</b>	Plan name	EWING ELECTRIC 401K	
<b>b</b>	Name of plan sponsor	EWING ELECTRIC CO	<b>c</b> EIN-PN 47-3754943-001
<b>a</b>	Plan name	FREEDOM ENTERPRISES, INC. 401K PLAN	
<b>b</b>	Name of plan sponsor	FREEDOM ENTERPRISES, INC.	<b>c</b> EIN-PN 91-2065619-001
<b>a</b>	Plan name	FREZ-N-STOR, INC. 401 (K) RETIREMENT PLAN M-Z	
<b>b</b>	Name of plan sponsor	FREZ-N-STOR, INC.	<b>c</b> EIN-PN 71-0711463-001

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

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

<b>a</b> Plan name	FREZ-N-STOR, INC. 401K RETIREMENT PLAN	
<b>b</b> Name of plan sponsor	FREZ-N-STOR, INC.	<b>c</b> EIN-PN 71-0711463-001
<b>a</b> Plan name	FULLNESS FOOD INC 401K PLAN	
<b>b</b> Name of plan sponsor	FULLNESS FOOD INC	<b>c</b> EIN-PN 84-3220691-001
<b>a</b> Plan name	G STREET INTEGRATED HEALTH 401K PLAN	
<b>b</b> Name of plan sponsor	G STREET INTEGRATED HEALTH	<b>c</b> EIN-PN 82-2504013-001
<b>a</b> Plan name	GAIS CONSTRUCTION, INC. 401(K) PLAN	
<b>b</b> Name of plan sponsor	GAIS CONSTRUCTION, INC.	<b>c</b> EIN-PN 56-1718824-001
<b>a</b> Plan name	GOSCHIE MCCARTHY & ASSOCIATES, INC. 401K PROFIT SHARING PLAN	
<b>b</b> Name of plan sponsor	GOSCHIE MCCARTHY & ASSOCIATES, INC.	<b>c</b> EIN-PN 93-1256849-001
<b>a</b> Plan name	GPS CONCEPTS, INC 401K PLAN	
<b>b</b> Name of plan sponsor	GPS CONCEPTS, INC.	<b>c</b> EIN-PN 83-2751590-001
<b>a</b> Plan name	GW FAITH ENTERPRISES LLC 401(K) PLAN	
<b>b</b> Name of plan sponsor	GW FAITH ENTERPRISES LLC	<b>c</b> EIN-PN 47-1971425-001
<b>a</b> Plan name	HART & COCO PROSTHODONTICS PLLC	
<b>b</b> Name of plan sponsor	HART & COCO PROSTHODONTICS PLLC	<b>c</b> EIN-PN 26-4378535-001
<b>a</b> Plan name	HECKMAN & THIEMANN MOTORS 401K PLAN	
<b>b</b> Name of plan sponsor	HECKMAN & THIEMANN MOTORS	<b>c</b> EIN-PN 93-1016618-001
<b>a</b> Plan name	HEIZER FINANCIAL GROUP, INC. 401K PLAN	
<b>b</b> Name of plan sponsor	HEIZER FINANCIAL GROUP, INC.	<b>c</b> EIN-PN 46-3934494-001
<b>a</b> Plan name	HERE TO SERVE TD LLC 401K PLAN	
<b>b</b> Name of plan sponsor	HERE TO SERVE TD LLC	<b>c</b> EIN-PN 81-3267059-001
<b>a</b> Plan name	HESSE & HESSE, P.C. 401K PROFIT SHARING PLAN	
<b>b</b> Name of plan sponsor	HESSE & HESSE, PC.	<b>c</b> EIN-PN 26-3623943-001

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	HGHB 401(K) PLAN	
<b>b</b>	Name of plan sponsor	HGHB	<b>c</b> EIN-PN 94-1634818-002
<b>a</b>	Plan name	ICLARITY SOLUTIONS GROUP, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ICLARITY SOLUTIONS GROUP	<b>c</b> EIN-PN 92-2107454-001
<b>a</b>	Plan name	INDIAN OIL CO., INC. 401K PLAN	
<b>b</b>	Name of plan sponsor	INDIAN CO., INC	<b>c</b> EIN-PN 48-1188311-001
<b>a</b>	Plan name	INSPIRATION DAY TREATMENT 401K PLAN	
<b>b</b>	Name of plan sponsor	INSPIRATION DAY TREATMENT INC.	<b>c</b> EIN-PN 26-1424515-001
<b>a</b>	Plan name	INTELLIC INTEGRATION, LLC 401 (K) PLAN	
<b>b</b>	Name of plan sponsor	INTELLIC INTEGRATION, LLC	<b>c</b> EIN-PN 47-4872050-001
<b>a</b>	Plan name	ISHMAL FAMILY HOLDINGS, LLC 401K PLAN	
<b>b</b>	Name of plan sponsor	ISHMAL FAMILY HOLDINGS, LLC	<b>c</b> EIN-PN 84-3176494-001
<b>a</b>	Plan name	J&D HEATING AND AIR CONDITIONING 401K PLAN	
<b>b</b>	Name of plan sponsor	J&D HEATING AND AIR CONDITIONING	<b>c</b> EIN-PN 84-1431141-001
<b>a</b>	Plan name	J-BOOKS SERVICES INC 401K PLAN	
<b>b</b>	Name of plan sponsor	J-BOOKS SERVICES INC	<b>c</b> EIN-PN 84-4124340-001
<b>a</b>	Plan name	JOHN C. SCHILT, DDS, PC 401K PLAN	
<b>b</b>	Name of plan sponsor	JOHN C. SCHILT, DDS, PC	<b>c</b> EIN-PN 93-1311048-001
<b>a</b>	Plan name	JONES OUTDOOR ADVERTISING, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	JONES OUTDOOR ADVERTISING, INC.	<b>c</b> EIN-PN 86-0486984-001
<b>a</b>	Plan name	KAR HULL STREET LLC 401K PLAN	
<b>b</b>	Name of plan sponsor	KAR HULL STREET LLC	<b>c</b> EIN-PN 47-1960095-001
<b>a</b>	Plan name	KLK SUSHI, INC. 401K PLAN	
<b>b</b>	Name of plan sponsor	KLK SUSHI INC. DBA SUSHI TOMO	<b>c</b> EIN-PN 82-3476992-001

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	KNIERIM ENTERPRISES, INC 401K PLAN	
<b>b</b>	Name of plan sponsor	KNIERIM ENTERPRISES, INC	<b>c</b> EIN-PN 71-0830188-001
<b>a</b>	Plan name	KNIERIM ENTERPRISES, INC CASH BALANCE PLAN	
<b>b</b>	Name of plan sponsor	KNIERIM ENTERPRISES, INC	<b>c</b> EIN-PN 71-0830188-001
<b>a</b>	Plan name	L3 RESTAURANT GROUP 401K	
<b>b</b>	Name of plan sponsor	L3 RESTAURANT GROUP	<b>c</b> EIN-PN 88-2071504-001
<b>a</b>	Plan name	LANDRY & SONS ACOUSTICS, INC. 401K PROFIT SHARING PLAN AND TRUST	
<b>b</b>	Name of plan sponsor	LANDRY & SONS, ACOUSTICS, INC.	<b>c</b> EIN-PN 01-0419620-001
<b>a</b>	Plan name	LONGS BUILDING SUPPLY, INC. 401K PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	LONGS BUILDING SUPPLY, INC.	<b>c</b> EIN-PN 93-0950013-001
<b>a</b>	Plan name	M & A HOPKINS ENTERPRISES SOLO K PLAN	
<b>b</b>	Name of plan sponsor	M&A HOPKINS ENTERPRISES	<b>c</b> EIN-PN 84-2310868-001
<b>a</b>	Plan name	MAIDPRO OF ASHEVILLE 401K PLAN	
<b>b</b>	Name of plan sponsor	HMS HANDPRINTS LLC	<b>c</b> EIN-PN 85-1351826-001
<b>a</b>	Plan name	MCAULEY FINE JEWELRY, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	MCAULEY FINE JEWELRY, LLC	<b>c</b> EIN-PN 81-3158812-001
<b>a</b>	Plan name	MEDARK 401K AND PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	MEDARK	<b>c</b> EIN-PN 26-3427507-001
<b>a</b>	Plan name	METRO TEST & BALANCE, INC. 401K PLAN	
<b>b</b>	Name of plan sponsor	METRO TEST & BALANCE, INC.	<b>c</b> EIN-PN 52-1800676-001
<b>a</b>	Plan name	MG REAL ESTATE GROUP, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	MG REAL ESTATE GROUP, INC.	<b>c</b> EIN-PN 83-0532613-001
<b>a</b>	Plan name	MIDLAND PHARMACY, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	MIDLAND PHARMACY, LLC 401(K) PLAN	<b>c</b> EIN-PN 83-2545703-001

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
<small>(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)</small>			
<b>a</b>	Plan name	MURRAY AND SONS CONSTRUCTION CO. INC 401K PLAN	
<b>b</b>	Name of plan sponsor	MURRAY AND SONS CONSTRUCTION CO INC.	<b>c</b> EIN-PN 48-0973452-001
<b>a</b>	Plan name	NESPON, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	NESPON, INC.	<b>c</b> EIN-PN 26-3429073-001
<b>a</b>	Plan name	NESPON, INC. CASH BALANCE PLAN	
<b>b</b>	Name of plan sponsor	NESPON., INC.	<b>c</b> EIN-PN 26-3429073-002
<b>a</b>	Plan name	NETSTANDARD, INC. EMPLOYEES 401K PLAN	
<b>b</b>	Name of plan sponsor	NETSTANDARD, INC.	<b>c</b> EIN-PN 48-1194936-001
<b>a</b>	Plan name	NICHOLAS ISAAC LLC 401K PLAN	
<b>b</b>	Name of plan sponsor	NICHOLAS ISAAC LLC	<b>c</b> EIN-PN 87-1540584-001
<b>a</b>	Plan name	NORTHWEST ARKANSAS UROLOGY ASSOCIATES, PLLC 401K PLAN	
<b>b</b>	Name of plan sponsor	NORTHWEST ARKANSAS UROLOGY	<b>c</b> EIN-PN 46-1516961-002
<b>a</b>	Plan name	NOTHING WASTED FOODS 401K	
<b>b</b>	Name of plan sponsor	NOTHING WASTED FOODS INC	<b>c</b> EIN-PN 47-2059809-001
<b>a</b>	Plan name	O'CONNELL PENSION CONSULTING, INC. 401K PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	O'CONNELL PENSION CONSULTING, INC.	<b>c</b> EIN-PN 41-2064284-001
<b>a</b>	Plan name	OMNIA BENEFIT PARTNERS, LLC RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	OMNIA BENEFIT PARTNERS, LLC	<b>c</b> EIN-PN 82-2510404-001
<b>a</b>	Plan name	OPTICAL ELEGANCE INC 401K PLAN	
<b>b</b>	Name of plan sponsor	OPTICAL ELEGANCE INC	<b>c</b> EIN-PN 22-3762163-001
<b>a</b>	Plan name	OREGON PSYCHIATRIC PARTNERS 401K PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	OREGON PSYCHIATRIC PARTNERS LLP	<b>c</b> EIN-PN 93-1234820-001
<b>a</b>	Plan name	OUR PLEASURE LLC 401K	
<b>b</b>	Name of plan sponsor	OUR PLEASURE LLC	<b>c</b> EIN-PN 85-1518012-001

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	POWELL ORTHOPEDICS, P.A. 401K PLAN	
<b>b</b>	Name of plan sponsor	MARK POWELL	<b>c</b> EIN-PN 71-0821612-001
<b>a</b>	Plan name	Q3 RESTAURANT GROUP LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	Q3 RESTAURANT GROUP LLC	<b>c</b> EIN-PN 47-4393702-001
<b>a</b>	Plan name	R.W BELLMAN GROUP, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	R.W. BELLMAN GROUP, INC.	<b>c</b> EIN-PN 82-1547404-001
<b>a</b>	Plan name	RCRV RENTALS LLC 401K PROFIT SHARING PLAN & TRUST	
<b>b</b>	Name of plan sponsor	RCRV RENTALS LLC	<b>c</b> EIN-PN 27-1458459-001
<b>a</b>	Plan name	REED'S FUEL COMPANY 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	REED'S FUEL COMPANY	<b>c</b> EIN-PN 93-0503605-001
<b>a</b>	Plan name	RETIREMENT PLANNING SERVICES II, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	RETIREMENT PLANNING SERVICES II, INC.	<b>c</b> EIN-PN 52-1961048-001
<b>a</b>	Plan name	RGC GLASS, INC. 401 (K) PLAN	
<b>b</b>	Name of plan sponsor	RGC GLASS, INC.	<b>c</b> EIN-PN 26-1891917-001
<b>a</b>	Plan name	RICHMOND & ASSOCIATES LANDSCAPING, LTD 401(K) PLAN	
<b>b</b>	Name of plan sponsor	RICHMOND & ASSOCIATES LANDSCAPING, LTD	<b>c</b> EIN-PN 20-0436374-001
<b>a</b>	Plan name	RICHMOND & ASSOCIATES LANDSCAPING, LTD HOURLY EMPLOYEES 401(K) PLAN	
<b>b</b>	Name of plan sponsor	RICHMOND & ASSOCIATES LANDSCAPING, LTD	<b>c</b> EIN-PN 20-0436374-001
<b>a</b>	Plan name	RIVER VALLEY ENDODONTICS 401K PROFIT SHARING PLAN & TRUST	
<b>b</b>	Name of plan sponsor	RIVER VALLEY ENDODONTICS	<b>c</b> EIN-PN 81-1043871-001
<b>a</b>	Plan name	ROBERT F. KENNEDY CENTER FOR JUSTICE & HUMAN RIGHTS TAX SHELTERED ANNUITY PLAN	
<b>b</b>	Name of plan sponsor	ROBERT F. KENNEDY CENTER FOR JUSTICE & HUMAN RIGHTS	<b>c</b> EIN-PN 13-2522784-002
<b>a</b>	Plan name	ROBERT F. KENNEDY MEMORIAL PENSION PLAN	
<b>b</b>	Name of plan sponsor	ROBERT F. KENNEDY CENTER FOR JUSTICE & HUMAN RIGHTS	<b>c</b> EIN-PN 13-2522784-001

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	ROCK HILL BAPTIST CHURCH 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ROCK HILL BAPTIST CHURCH	<b>c</b> EIN-PN 81-2755623-001
<b>a</b>	Plan name	ROOK GROUP, LLC 401K PLAN	
<b>b</b>	Name of plan sponsor	ROOK GROUP, LLC	<b>c</b> EIN-PN 82-2873468-001
<b>a</b>	Plan name	S J PERRY LLC-401K	
<b>b</b>	Name of plan sponsor	S J PERRY LLC	<b>c</b> EIN-PN 47-2174637-001
<b>a</b>	Plan name	SCRUGGS RIDGE AND CO CPAS PA 401K PROFIT SHARING PLAN TRUST	
<b>b</b>	Name of plan sponsor	SCRUGGS RIDGE AND CO CPAS PA	<b>c</b> EIN-PN 20-0304856-001
<b>a</b>	Plan name	SECURE MONEY ADVISORS LLC 401K PLAN	
<b>b</b>	Name of plan sponsor	SECURE MONEY ADVISORS LLC	<b>c</b> EIN-PN 26-1487984-001
<b>a</b>	Plan name	SEWARD'S FOLLY 401K PLAN	
<b>b</b>	Name of plan sponsor	3M SOLUTIONS, LLC	<b>c</b> EIN-PN 92-0778077-001
<b>a</b>	Plan name	SHARED ACHIEVEMENTS ENTERPRISES LLC 401K PLAN	
<b>b</b>	Name of plan sponsor	SHARED ACHIEVEMENTS ENTERPRISES LLC	<b>c</b> EIN-PN 84-4422481-001
<b>a</b>	Plan name	SIMPLE IT CARE 401K PLAN	
<b>b</b>	Name of plan sponsor	ECO SUCCESS GROUP, LLC	<b>c</b> EIN-PN 71-0981985-001
<b>a</b>	Plan name	SMACKOVER FAMILY PRACTICE CLINIC 401K PROFIT SHARING PLAN AND TRUST	
<b>b</b>	Name of plan sponsor	SMACKOVER FAMILY PRACTICE CLINIC	<b>c</b> EIN-PN 54-2118452-001
<b>a</b>	Plan name	SOUTH MOUNTAIN HOSPITALITY GROUP 401(K) PLAN	
<b>b</b>	Name of plan sponsor	SOUTH MOUNTAIN HOSPITALITY GROUP	<b>c</b> EIN-PN 83-2305094-001
<b>a</b>	Plan name	SOUTHWEST PULMONARY ASSOCIATES 401K PROFIT SHARING PLAN AND TRUST	
<b>b</b>	Name of plan sponsor	SOUTHWEST PULMONARY ASSOCIATES	<b>c</b> EIN-PN 75-2551973-001
<b>a</b>	Plan name	SPROWLS EMPLOYEES 401K PLAN	
<b>b</b>	Name of plan sponsor	PACIFIC VIEW LEASING	<b>c</b> EIN-PN 20-2041839-001

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	STANDIFORD VETERINARY CENTER 401(K) PLAN	
<b>b</b>	Name of plan sponsor	STANDIFORD VETERINARY CENTER	<b>c</b> EIN-PN 82-4799646-001
<b>a</b>	Plan name	SYLVAN VETERINARY HOSPITAL RETIREMENT TRUST	
<b>b</b>	Name of plan sponsor	SYLVAN VETERINARY HOSPITAL	<b>c</b> EIN-PN 77-0560853-001
<b>a</b>	Plan name	TEXAS FOOD BRAND CASH BALANCE PENSION PLAN	
<b>b</b>	Name of plan sponsor	TEXAS FOOD BRAND	<b>c</b> EIN-PN 46-2255508-001
<b>a</b>	Plan name	THOMPSON RESTAURANTS, LLC 401K PLAN	
<b>b</b>	Name of plan sponsor	THOMPSON RESTAURANTS, LLC	<b>c</b> EIN-PN 83-1398492-001
<b>a</b>	Plan name	TOPO LOGISTICS 401K PLAN	
<b>b</b>	Name of plan sponsor	TOPO LOGISTICS	<b>c</b> EIN-PN 84-2347770-001
<b>a</b>	Plan name	TRI-F, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	TRI-F, LLC	<b>c</b> EIN-PN 47-1912081-001
<b>a</b>	Plan name	T'S ETC, INC. 401K PLAN	
<b>b</b>	Name of plan sponsor	TT'S ETC INC.	<b>c</b> EIN-PN 20-8326390-001
<b>a</b>	Plan name	TURNING POINT RECOVERY CENTER, INC. 401K PLAN	
<b>b</b>	Name of plan sponsor	TURNING POINT RECOVERY CENTER, INC.	<b>c</b> EIN-PN 27-1336864-001
<b>a</b>	Plan name	TWENTY FOUR RUNNING LLC 401K PLAN	
<b>b</b>	Name of plan sponsor	TWENTY FOUR RUNNING LLC	<b>c</b> EIN-PN 82-5488664-001
<b>a</b>	Plan name	UNITED COMMERCIAL ENERGY PARTNERS, LLC 401K PLAN	
<b>b</b>	Name of plan sponsor	UNITED COMMERCIAL ENERGY PARTNERS, LLC	<b>c</b> EIN-PN 81-3587227-004
<b>a</b>	Plan name	VIVID22 INC 401K PLAN	
<b>b</b>	Name of plan sponsor	VIVID22 INC	<b>c</b> EIN-PN 88-1938686-001
<b>a</b>	Plan name	WAFERNET, INC 401K PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	WAFERNET, INC	<b>c</b> EIN-PN 46-4356870-001



<b>SCHEDULE H</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Financial Information</b>  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).  <b>▶ File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2024</b>  <b>This Form is Open to Public Inspection</b>
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For calendar plan year 2024 or fiscal plan year beginning <b>01/01/2024</b> and ending <b>12/31/2024</b>	
<b>A</b> Name of plan <b>CABANA TARGET DRAWDOWN 7</b>	<b>B</b> Three-digit plan number (PN) ▶ <b>001</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>ALTA TRUST COMPANY</b>	<b>D</b> Employer Identification Number (EIN) <b>83-2571523</b>

<b>Part I</b>	<b>Asset and Liability Statement</b>
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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
<b>Assets</b>		
<b>a</b> Total noninterest-bearing cash .....	<b>1a</b>	
<b>b</b> Receivables (less allowance for doubtful accounts):		
<b>(1)</b> Employer contributions .....	<b>1b(1)</b>	
<b>(2)</b> Participant contributions .....	<b>1b(2)</b>	
<b>(3)</b> Other .....	<b>1b(3)</b>	1463 6428
<b>c</b> General investments:		
<b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....	<b>1c(1)</b>	2798 6230
<b>(2)</b> U.S. Government securities .....	<b>1c(2)</b>	
<b>(3)</b> Corporate debt instruments (other than employer securities):		
<b>(A)</b> Preferred .....	<b>1c(3)(A)</b>	
<b>(B)</b> All other .....	<b>1c(3)(B)</b>	
<b>(4)</b> Corporate stocks (other than employer securities):		
<b>(A)</b> Preferred .....	<b>1c(4)(A)</b>	
<b>(B)</b> Common .....	<b>1c(4)(B)</b>	
<b>(5)</b> Partnership/joint venture interests .....	<b>1c(5)</b>	
<b>(6)</b> Real estate (other than employer real property) .....	<b>1c(6)</b>	
<b>(7)</b> Loans (other than to participants) .....	<b>1c(7)</b>	
<b>(8)</b> Participant loans .....	<b>1c(8)</b>	
<b>(9)</b> Value of interest in common/collective trusts .....	<b>1c(9)</b>	124588 216044
<b>(10)</b> Value of interest in pooled separate accounts .....	<b>1c(10)</b>	
<b>(11)</b> Value of interest in master trust investment accounts .....	<b>1c(11)</b>	
<b>(12)</b> Value of interest in 103-12 investment entities .....	<b>1c(12)</b>	
<b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds) .....	<b>1c(13)</b>	2426017 4200980
<b>(14)</b> Value of funds held in insurance company general account (unallocated contracts) .....	<b>1c(14)</b>	
<b>(15)</b> Other .....	<b>1c(15)</b>	

<b>1d</b> Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	<b>1d(1)</b>		
(2) Employer real property.....	<b>1d(2)</b>		
<b>e</b> Buildings and other property used in plan operation.....	<b>1e</b>		
<b>f</b> Total assets (add all amounts in lines 1a through 1e).....	<b>1f</b>	2554866	4429682
<b>Liabilities</b>			
<b>g</b> Benefit claims payable.....	<b>1g</b>		
<b>h</b> Operating payables.....	<b>1h</b>	2562	3417
<b>i</b> Acquisition indebtedness.....	<b>1i</b>		
<b>j</b> Other liabilities.....	<b>1j</b>		
<b>k</b> Total liabilities (add all amounts in lines 1g through 1j).....	<b>1k</b>	2562	3417
<b>Net Assets</b>			
<b>l</b> Net assets (subtract line 1k from line 1f).....	<b>1l</b>	2552304	4426265

**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.

<b>Income</b>		(a) Amount	(b) Total
<b>a Contributions:</b>			
(1) Received or receivable in cash from: <b>(A)</b> Employers.....	<b>2a(1)(A)</b>		
<b>(B)</b> Participants.....	<b>2a(1)(B)</b>		
<b>(C)</b> Others (including rollovers).....	<b>2a(1)(C)</b>		
(2) Noncash contributions.....	<b>2a(2)</b>		
(3) Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> .....	<b>2a(3)</b>		
<b>b Earnings on investments:</b>			
<b>(1) Interest:</b>			
<b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit).....	<b>2b(1)(A)</b>	5155	
<b>(B)</b> U.S. Government securities.....	<b>2b(1)(B)</b>		
<b>(C)</b> Corporate debt instruments.....	<b>2b(1)(C)</b>		
<b>(D)</b> Loans (other than to participants).....	<b>2b(1)(D)</b>		
<b>(E)</b> Participant loans.....	<b>2b(1)(E)</b>		
<b>(F)</b> Other.....	<b>2b(1)(F)</b>		
<b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....	<b>2b(1)(G)</b>		5155
<b>(2) Dividends:</b>			
<b>(A)</b> Preferred stock.....	<b>2b(2)(A)</b>		
<b>(B)</b> Common stock.....	<b>2b(2)(B)</b>		
<b>(C)</b> Registered investment company shares (e.g. mutual funds).....	<b>2b(2)(C)</b>	125170	
<b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....	<b>2b(2)(D)</b>		125170
<b>(3)</b> Rents.....	<b>2b(3)</b>		
<b>(4) Net gain (loss) on sale of assets:</b>			
<b>(A)</b> Aggregate proceeds.....	<b>2b(4)(A)</b>		
<b>(B)</b> Aggregate carrying amount (see instructions).....	<b>2b(4)(B)</b>		
<b>(C)</b> Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result.....	<b>2b(4)(C)</b>		
<b>(5) Unrealized appreciation (depreciation) of assets:</b>			
<b>(A)</b> Real estate.....	<b>2b(5)(A)</b>		
<b>(B)</b> Other.....	<b>2b(5)(B)</b>		
<b>(C)</b> Total unrealized appreciation of assets. Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....	<b>2b(5)(C)</b>		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts .....	<b>2b(6)</b>		
(7) Net investment gain (loss) from pooled separate accounts .....	<b>2b(7)</b>		
(8) Net investment gain (loss) from master trust investment accounts .....	<b>2b(8)</b>		
(9) Net investment gain (loss) from 103-12 investment entities .....	<b>2b(9)</b>		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds) .....	<b>2b(10)</b>		
<b>c</b> Other income .....	<b>2c</b>		15046
<b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total.....	<b>2d</b>		145371

**Expenses**

<b>e</b> Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	<b>2e(1)</b>		
(2) To insurance carriers for the provision of benefits .....	<b>2e(2)</b>		
(3) Other.....	<b>2e(3)</b>		
(4) Total benefit payments. Add lines <b>2e(1)</b> through <b>(3)</b> .....	<b>2e(4)</b>		
<b>f</b> Corrective distributions (see instructions) .....	<b>2f</b>		
<b>g</b> Certain deemed distributions of participant loans (see instructions).....	<b>2g</b>		
<b>h</b> Interest expense.....	<b>2h</b>		
<b>i</b> Administrative expenses:			
(1) Salaries and allowances .....	<b>2i(1)</b>		
(2) Contract administrator fees .....	<b>2i(2)</b>		
(3) Recordkeeping fees .....	<b>2i(3)</b>		
(4) IQPA audit fees .....	<b>2i(4)</b>		
(5) Investment advisory and investment management fees .....	<b>2i(5)</b>		
(6) Bank or trust company trustee/custodial fees .....	<b>2i(6)</b>		
(7) Actuarial fees .....	<b>2i(7)</b>		
(8) Legal fees .....	<b>2i(8)</b>		
(9) Valuation/appraisal fees .....	<b>2i(9)</b>		
(10) Other trustee fees and expenses .....	<b>2i(10)</b>		
(11) Other expenses.....	<b>2i(11)</b>	16631	
(12) Total administrative expenses. Add lines <b>2i(1)</b> through <b>(11)</b> .....	<b>2i(12)</b>		16631
<b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total.....	<b>2j</b>		16631

**Net Income and Reconciliation**

<b>k</b> Net income (loss). Subtract line <b>2j</b> from line <b>2d</b> .....	<b>2k</b>		128740
<b>l</b> Transfers of assets:			
(1) To this plan.....	<b>2l(1)</b>		2333728
(2) From this plan .....	<b>2l(2)</b>		588507

**Part III Accountant's Opinion**

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

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

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

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

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

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

(1) Name:

(2) EIN:

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

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

**Part IV Compliance Questions**

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

During the plan year:

	Yes	No	Amount
<b>a</b> Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)			
<b>b</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.)			
<b>c</b> 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.)			
<b>d</b> 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.)			
<b>e</b> Was this plan covered by a fidelity bond?			
<b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?			
<b>g</b> 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?			
<b>h</b> 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?			
<b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)			
<b>j</b> 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.)			
<b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?			
<b>l</b> Has the plan failed to provide any benefit when due under the plan?			
<b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
<b>n</b> 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.)

<b>5b(1)</b> Name of plan(s)	<b>5b(2)</b> EIN(s)	<b>5b(3)</b> 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 \_\_\_\_\_.