

Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security
Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210-0110
1210-0089

2024

This Form is Open to Public Inspection

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

1a Name of plan <u>RETIREMENT BENEFITS GROUP TRUST</u>	1b Three-digit plan number (PN) ▶ <u>001</u> 1c Effective date of plan
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>RETIREMENT BENEFITS GROUP TRUST</u> <u>ALTA TRUST COMPANY</u> <u>3500 S PHILLIPS AVE.</u> <u>STE. 201</u> <u>SIOUX FALLS, SD 57105</u>	2b Employer Identification Number (EIN) <u>85-4092196</u> 2c Plan Sponsor's telephone number <u>303-996-3781</u> 2d Business code (see instructions)

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			
	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	<u>Filed with authorized/valid electronic signature.</u>	<u>10/06/2025</u>	<u>MACKENZIE LOTHERT</u>
	Signature of DFE	Date	Enter name of individual signing as DFE

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

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

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

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

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

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2024 Form M-1 annual report. If the plan was not required to file the 2024 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

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

A Name of plan <u>RETIREMENT BENEFITS GROUP TRUST</u>	B Three-digit plan number (PN)	<u>001</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>RETIREMENT BENEFITS GROUP TRUST</u>	D Employer Identification Number (EIN) <u>85-4092196</u>	

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

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	1401 HAS, INC. 401K PLAN	
b	Name of plan sponsor	1401 HAS, INC.	c EIN-PN 87-3053704-001
a	Plan name	3RD EAST AUTO PARTS, INC. 401(K) PLAN	
b	Name of plan sponsor	3RD EAST AUTO PARTS, INC.	c EIN-PN 82-5144524-001
a	Plan name	4 LEAF ENTERPRISES, INC. 401K PLAN	
b	Name of plan sponsor	4 LEAF ENTERPRISES, INC.	c EIN-PN 87-3254233-001
a	Plan name	4-REDDINGS OF FLORIDA, INC. 401K PLAN	
b	Name of plan sponsor	4-REDDINGS OF FLORIDA, INC.	c EIN-PN 87-3042036-001
a	Plan name	A4C DIGITAL, INC. 401K PLAN	
b	Name of plan sponsor	A4C DIGITAL, INC.	c EIN-PN 87-2717768-001
a	Plan name	AAA SEPTIC SERVICES 401K PLAN	
b	Name of plan sponsor	AAA SEPTIC & RENTAL SERVICES OF IOWA, INC.	c EIN-PN 87-2904939-001
a	Plan name	ACE HEATING & AIR 401K PLAN	
b	Name of plan sponsor	ACE HEATING & AIR CONDITIONING, INC.	c EIN-PN 87-3243005-001
a	Plan name	ADVANCED DISABILITY HOLDINGS, INC. 401K PLAN	
b	Name of plan sponsor	ADVANCED DISABILITY HOLDINGS, INC.	c EIN-PN 87-3054641-001
a	Plan name	AG&M, INC. 401K PLAN	
b	Name of plan sponsor	AG&M, INC.	c EIN-PN 87-2908763-001
a	Plan name	AGILA ENERGY, INC. 401K PLAN	
b	Name of plan sponsor	AGILA ENERGY, INC.	c EIN-PN 87-3693823-001
a	Plan name	ALAN PIERCE PRODUCTIONS, INC. 401K PLAN	
b	Name of plan sponsor	ALAN PIERCE PRODUCTIONS, INC.	c EIN-PN 87-2961852-001
a	Plan name	ALLAZO ELECTRONICS, INC. 401K PLAN	
b	Name of plan sponsor	ALLAZO ELECTRONICS, INC.	c EIN-PN 87-3120694-001

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	ANCHOR ROCK, INC. 401K PLAN	
b	Name of plan sponsor	ANCHOR ROCK, INC.	c EIN-PN 88-1058875-001
a	Plan name	ARDOR HOME CARE REGISTRY, INC. 401K PLAN	
b	Name of plan sponsor	ARDOR HOME CARE REGISTRY, INC.	c EIN-PN 87-2806320-001
a	Plan name	AVIDITY CORPORATION 401K PLAN	
b	Name of plan sponsor	AVIDITY CORPORATION	c EIN-PN 87-2786256-001
a	Plan name	AWM ACQUISTION, INC. 401K PLAN	
b	Name of plan sponsor	AWM ACQUISITION, INC	c EIN-PN 87-2625500-001
a	Plan name	BARDOWN HOLDINGS, INC. 401(K) PLAN	
b	Name of plan sponsor	BARDOWN HOLDINGS, INC.	c EIN-PN 92-3199236-001
a	Plan name	BARRELMAKER ENTERPRISES, INC. 401K PLAN	
b	Name of plan sponsor	BARRELMAKER ENTERPRISES, INC.	c EIN-PN 87-2999812-001
a	Plan name	BAYSIDE COMPANY, INC. 401K PLAN	
b	Name of plan sponsor	BAYSIDE COMPANY, INC.	c EIN-PN 87-3124270-001
a	Plan name	BBQ HUT, INC. 401(K) PLAN	
b	Name of plan sponsor	BBQ HUT, INC.	c EIN-PN 86-3929526-001
a	Plan name	BEACH HOUSE ENTERPRISES, INC. 401K PLAN	
b	Name of plan sponsor	BEACH HOUSE ENTERPRISES, INC.	c EIN-PN 87-3109829-001
a	Plan name	BECH EQUITY, INC. 401(K) PLAN	
b	Name of plan sponsor	BECH EQUITY, INC.	c EIN-PN 93-4028696-001
a	Plan name	BES HOSPITALITY, INC. 401K PLAN	
b	Name of plan sponsor	BES HOSPITALITY, INC.	c EIN-PN 87-2915954-001
a	Plan name	BGBC11, INC. 401K PLAN	
b	Name of plan sponsor	BGBC11, INC.	c EIN-PN 87-3002366-001

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	BIG BEAR SOLUTIONS, INC 401K PLAN	
b	Name of plan sponsor	BIG BEAR SOLUTIONS INC	c EIN-PN 87-2634438-001
a	Plan name	BISON CARRIERS, INC. 401K PLAN	
b	Name of plan sponsor	BISON CARRIERS, INC	c EIN-PN 88-1657695-001
a	Plan name	BKJB, INC 401K PLAN	
b	Name of plan sponsor	BKJB, INC	c EIN-PN 87-2212017-001
a	Plan name	BLACKBURN RANCH, INC. 401K PLAN	
b	Name of plan sponsor	BLACKBURN RANCH, INC.	c EIN-PN 87-3233972-001
a	Plan name	BMC BREWING COMPANY 401K PLAN	
b	Name of plan sponsor	BITE MY COOKIES BREWING COMPANY, INC	c EIN-PN 87-2583035-001
a	Plan name	BO SMITH ENTERPRISES, INC. 401K PLAN	
b	Name of plan sponsor	BO SMITH ENTERPRISES, INC.	c EIN-PN 87-3017117-001
a	Plan name	BOOTH CONSTRUCTION ENTERPRISE, INC. 401K PLAN	
b	Name of plan sponsor	BOOTH CONSTRUCTION ENTERPRISE, INC.	c EIN-PN 88-0955187-001
a	Plan name	BOYLE VENTURES, INC. 401K PLAN	
b	Name of plan sponsor	BOYLE VENTURES, INC.	c EIN-PN 87-3258457-001
a	Plan name	BRADYK INVESTMENTS, INC. 401K PLAN	
b	Name of plan sponsor	BRADYK INVESTMENTS, INC	c EIN-PN 87-3248460-001
a	Plan name	C3M ENTERPRISES, INC. 401K PLAN	
b	Name of plan sponsor	C3M ENTERPRISES, INC.	c EIN-PN 87-3253763-001
a	Plan name	CALIBRATION, INC. 401K PLAN	
b	Name of plan sponsor	CALIBRATION, INC.	c EIN-PN 87-3734880-001
a	Plan name	CHICAGO NORTHSORE FITNESS, INC. 401K PLAN	
b	Name of plan sponsor	CHICAGO NORTHSORE FITNESS, INC.	c EIN-PN 87-3251684-001

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
<small>(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)</small>			
a	Plan name	CKC GUTTER SPECIALISTS, CO. 401K PLAN	
b	Name of plan sponsor	CKC GUTTER SPECIALISTS, CO.	c EIN-PN 92-3429251-001
a	Plan name	CLAYTOR ENTERPRISES, INC 401K PLAN	
b	Name of plan sponsor	CLAYTOR ENTERPRISES, INC	c EIN-PN 87-2536548-001
a	Plan name	CMJC ENTERPRISES, INC. 401K PLAN	
b	Name of plan sponsor	CMJC ENTERPRISES, INC.	c EIN-PN 87-3143558-001
a	Plan name	COLLIMARE ENTERPRISES, INC. 401K PLAN	
b	Name of plan sponsor	COLLIMARE ENTERPRISES, INC.	c EIN-PN 87-2806950-001
a	Plan name	CORKS WINE & SPIRITS 401K PLAN	
b	Name of plan sponsor	CORKS WINE & SPIRITS INCORPORATED	c EIN-PN 87-3204622-001
a	Plan name	COTTER'S SEWER, INC. 401K PLAN	
b	Name of plan sponsor	COTTER'S SEWER, INC.	c EIN-PN 87-3214365-001
a	Plan name	CUMBERLAND WATERSPORTS, INC. 401K PLAN	
b	Name of plan sponsor	CUMBERLAND WATERSPORTS, INC.	c EIN-PN 87-3229898-001
a	Plan name	D DAVIS HOLDING, INC 401K PLAN	
b	Name of plan sponsor	D DAVIS HOLDING, INC	c EIN-PN 87-2157981-001
a	Plan name	DACEMI, INC. 401K PLAN	
b	Name of plan sponsor	DACEMI, INC.	c EIN-PN 87-3253162-001
a	Plan name	DAK SMITH, INC. 401K PLAN	
b	Name of plan sponsor	DAK SMITH, INC.	c EIN-PN 87-2983935-001
a	Plan name	DEL SOUL, INC. 401K PLAN	
b	Name of plan sponsor	DEL SOUL, INC.	c EIN-PN 87-3119993-001
a	Plan name	DEWISE, INC 401K PLAN	
b	Name of plan sponsor	DEWISE, INC	c EIN-PN 87-1166175-001

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	DNS INFORMATION TECHNOLOGY, INC. 401K PLAN	
b	Name of plan sponsor	DNS INFORMATION TECHNOLOGY	c EIN-PN 87-3118903-001
a	Plan name	DRAGOLIC INDUSTRIES, INC. 401K PLAN	
b	Name of plan sponsor	DRAGOLIC INDUSTRIES, INC.	c EIN-PN 88-1527894-001
a	Plan name	DRAKE BURCHETT 401K PLAN	
b	Name of plan sponsor	DRAKE BURCHETT TAX & ACCOUNTING, INC.	c EIN-PN 87-3214149-001
a	Plan name	E&J AUTO PARTS, INC 401K PLAN	
b	Name of plan sponsor	E&J AUTO PARTS, INC	c EIN-PN 81-2250262-001
a	Plan name	ECO EXPRESS INDUSTRIES, INC. 401K PLAN	
b	Name of plan sponsor	ECO EXPRESS INDUSTRIES, INC.	c EIN-PN 87-3121101-001
a	Plan name	EDUCASSAN, INC 401K PLAN	
b	Name of plan sponsor	EDUCASSAN, INC	c EIN-PN 87-2624111-001
a	Plan name	EKTE VERDI HARDWARE, INC. 401K PLAN	
b	Name of plan sponsor	EKTE VERDI HARDWARE, INC.	c EIN-PN 87-3246928-001
a	Plan name	ELEVATION ADVENTURE 401K PLAN	
b	Name of plan sponsor	ELEVATION AND ADVENTURE AND FITNESS, INC.	c EIN-PN 87-4315654-001
a	Plan name	ELITE LASER PLUS, INC. 401K PLAN	
b	Name of plan sponsor	ELITE LASER PLUS, INC.	c EIN-PN 87-3245985-001
a	Plan name	EMERA, INC. 401(K) PLAN	
b	Name of plan sponsor	EMERA, INC.	c EIN-PN 99-2124994-001
a	Plan name	ER BENEFITS MANAGEMENT, INC 401K PLAN	
b	Name of plan sponsor	ER BENEFITS MAGEMENT, INC	c EIN-PN 87-2819652-001
a	Plan name	EWT ENTERPRISES, INC. 401K PLAN	
b	Name of plan sponsor	EWT ENTERPRISES, INC.	c EIN-PN 87-3225514-001

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	EXPRESS AUTO SALES III, INC. 401K PLAN	
b	Name of plan sponsor	EXPRESS AUTO SALES III, INC.	c EIN-PN 87-3212129-001
a	Plan name	FARCOUNTRY INCORPORATED 401K PLAN	
b	Name of plan sponsor	FARCOUNTRY INCORPORATED	c EIN-PN 87-3230054-001
a	Plan name	FAZTEX RESTAURANTS, INC. 401K PLAN	
b	Name of plan sponsor	FAZTEX RESTAURANTS, INC.	c EIN-PN 87-3053907-001
a	Plan name	FLOODED BLESSINGS, INC. 401(K) PLAN	
b	Name of plan sponsor	FLOODED BLESSINGS, INC.	c EIN-PN 86-2130333-001
a	Plan name	FOUR C'S ENTERPRISES, INC. 401K PLAN	
b	Name of plan sponsor	FOUR C'S ENTERPRISES, INC.	c EIN-PN 87-3056210-001
a	Plan name	GAMBINO INSULATION, INC. 401K PLAN	
b	Name of plan sponsor	GAMBINO INSULATION, INC.	c EIN-PN 87-3229534-001
a	Plan name	GARWELL ENTERPRISES, INC. 401K PLAN	
b	Name of plan sponsor	GARWELL ENTERPRISES, INC.	c EIN-PN 87-3228314-001
a	Plan name	GOOD SEEDS HOLDING, INC. 401(K) PLAN	
b	Name of plan sponsor	GOOD SEEDS HOLDING, INC.	c EIN-PN 99-4764780-001
a	Plan name	GOOD TIME MARGARITAS, INC. 401(K) PLAN	
b	Name of plan sponsor	GOOD TIME MARGARITAS, INC.	c EIN-PN 99-3980487-001
a	Plan name	GREEN ENERGY CONCEPTS, INC 401K PLAN	
b	Name of plan sponsor	GREEN ENERGY CONCEPTS, INC.	c EIN-PN 87-3213324-001
a	Plan name	HAMMERHEAD INDUSTRIES, INC. 401K PLAN	
b	Name of plan sponsor	HAMMERHEAD INDUSTRIES, INC.	c EIN-PN 87-3222380-001
a	Plan name	HARN INVESTMENTS, INC. 401K PLAN	
b	Name of plan sponsor	HARN INVESTMENTS, INC.	c EIN-PN 87-3228723-001

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	HCHTM, INC. 401(K) PLAN	
b	Name of plan sponsor	HCHTM, INC.	c EIN-PN 93-4429335-001
a	Plan name	HIGHPOINTE ESTATE, INC. 401K PLAN	
b	Name of plan sponsor	HIGHPOINTE ESTATE, INC.	c EIN-PN 87-3224335-001
a	Plan name	HIRAIL CROSSINGS, INC. 401K PLAN	
b	Name of plan sponsor	HIRAIL CROSSINGS, INC.	c EIN-PN 87-3116136-001
a	Plan name	HUNYGIRLS VENTURES, INC. 401K PLAN	
b	Name of plan sponsor	HUNYGURLS VENTURES, INC.	c EIN-PN 87-3107332-001
a	Plan name	IDTE CORP 401K PLAN	
b	Name of plan sponsor	IDTE CORP	c EIN-PN 84-4732229-001
a	Plan name	INDUSTEER, INC. 401K PLAN	
b	Name of plan sponsor	INDUSTEER, INC.	c EIN-PN 87-3095701-001
a	Plan name	ING SPIRITS OPERATIONS, INC. 401(K) PLAN	
b	Name of plan sponsor	ING SPIRITS OPERATIONS, INC.	c EIN-PN 99-0825763-001
a	Plan name	INSPIRATIONAL, INC. 401(K) PLAN	
b	Name of plan sponsor	INSPIRATIONAL, INC.	c EIN-PN 83-3778209-001
a	Plan name	INTERNATIONAL BUSINESS EXCHANGE 401(K) PLAN	
b	Name of plan sponsor	INTERNATIONAL BUSINESS EXCHANGE, INC.	c EIN-PN 86-3816664-001
a	Plan name	ISAAC INSURANCE AGENCY, INC. 401K PLAN	
b	Name of plan sponsor	ISAAC INSURANCE AGENCY, INC.	c EIN-PN 81-1206500-001
a	Plan name	J MARGARETTE INC 401K PLAN	
b	Name of plan sponsor	J MARGARETTE INC	c EIN-PN 92-2144921-001
a	Plan name	J.L. SMITH & CO., INC. 401K PLAN	
b	Name of plan sponsor	J.L. SMITH & CO., INC.	c EIN-PN 87-2953528-001

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

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

a	Plan name	JBIRD ENTERPRISES, INC 401K PLAN	c	EIN-PN	86-1479418-001
b	Name of plan sponsor	JBIRD ENTERPRISES, INC	c	EIN-PN	86-1479418-001
a	Plan name	JBTJKST INVESTMENTS, INC 401K PLAN	c	EIN-PN	87-2626325-001
b	Name of plan sponsor	JBTJKST INVESTMENTS, INC.	c	EIN-PN	87-2626325-001
a	Plan name	JC3 TELECOMMUNICATIONS GROUP 401K PLAN	c	EIN-PN	87-3116268-001
b	Name of plan sponsor	JC3 TELECOMMUNICATIONS GROUP, INC.	c	EIN-PN	87-3116268-001
a	Plan name	JEGLINSKI GROUP, INC 401K PLAN	c	EIN-PN	87-2806925-001
b	Name of plan sponsor	JEGLINSKI GROUP, INC	c	EIN-PN	87-2806925-001
a	Plan name	JOPPA CAPITAL VENTURES, INC. 401K PLAN	c	EIN-PN	87-3250034-001
b	Name of plan sponsor	JOPPA CAPITAL VENTURES, INC.	c	EIN-PN	87-3250034-001
a	Plan name	KA OF CSP, INC. 401(K) PLAN	c	EIN-PN	86-1910817-001
b	Name of plan sponsor	KA OF CSP, INC.	c	EIN-PN	86-1910817-001
a	Plan name	KARDO PROPERTIES COMPANY 401K PLAN	c	EIN-PN	87-3205935-001
b	Name of plan sponsor	KARDO PROPERTIES COMPANY	c	EIN-PN	87-3205935-001
a	Plan name	KASKA COMPANIES, INC 401K PLAN	c	EIN-PN	87-2756525-001
b	Name of plan sponsor	KASKA COMPANIES, INC	c	EIN-PN	87-2756525-001
a	Plan name	KENNAN HOLDINGS, INC. 401K PLAN	c	EIN-PN	87-3122416-001
b	Name of plan sponsor	KENNAN HOLDINGS, INC.	c	EIN-PN	87-3122416-001
a	Plan name	KIDS MOMENTUM, INC. 401K PLAN	c	EIN-PN	87-3228815-001
b	Name of plan sponsor	KIDS MOMENTUM, INC.	c	EIN-PN	87-3228815-001
a	Plan name	KIRKLAND FAMILY PROPERTIES, INC 401K PLAN	c	EIN-PN	87-2562073-001
b	Name of plan sponsor	KIRKLAND FAMILY PROPETIES, INC	c	EIN-PN	87-2562073-001
a	Plan name	KRJ SERVICES, INC. 401K PLAN	c	EIN-PN	87-3115302-001
b	Name of plan sponsor	KRJ SERVICES, INC.	c	EIN-PN	87-3115302-001

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	KUEFFER CAPITAL, INC. 401(K) PLAN	
b	Name of plan sponsor	KUEFFER CAPITAL, INC.	c EIN-PN 93-3311727-001
a	Plan name	LANDING AT TALLMAN BREWING, INC. 401(K) PLAN	
b	Name of plan sponsor	THE LANDING AT TALLMAN BREWING, INC.	c EIN-PN 86-3343321-001
a	Plan name	LBF CORPORATION 401K PLAN	
b	Name of plan sponsor	LBF CORPORATION	c EIN-PN 87-3232507-001
a	Plan name	LCB VENTURES, INC 401K PLAN	
b	Name of plan sponsor	LCB VENTURES, INC	c EIN-PN 87-1789207-001
a	Plan name	LEAD TURN CAPITAL, INC. 401K PLAN	
b	Name of plan sponsor	LEAD TURN CAPITAL, INC.	c EIN-PN 87-3269197-001
a	Plan name	LEFORS ENERGY SERVICES, INC. 401K PLAN	
b	Name of plan sponsor	LEFORS ENERGY SERVICES, INC.	c EIN-PN 87-3243785-001
a	Plan name	LIBERTY YOUTH ACADEMY 401K PLAN	
b	Name of plan sponsor	LIBERTY YOUTH ACADEMY, INC	c EIN-PN 87-1308812-001
a	Plan name	LITSWD, INC. 401K PLAN	
b	Name of plan sponsor	LITSWD, INC.	c EIN-PN 87-3233517-001
a	Plan name	LMZ RESTAURANT GROUP, INC. 401K PLAN	
b	Name of plan sponsor	LMZ RESTAURANT GROUP, INC.	c EIN-PN 87-3022213-001
a	Plan name	LONE STAR GS VENTURES, INC. 401K PLAN	
b	Name of plan sponsor	LONE STAR GS VENTURES, INC.	c EIN-PN 87-3098440-001
a	Plan name	LONE STAR SCHOLASTICS 401K PLAN	
b	Name of plan sponsor	LONE STAR SCHOLASTICS AND CHILDCARE, INC.	c EIN-PN 87-1066464-001
a	Plan name	M SPITZER THNT, INC 401K PLAN	
b	Name of plan sponsor	M SPITZER THNT, INC	c EIN-PN 87-1265510-001

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	M&D MOBILITY, INC 401(K) PLAN	
b	Name of plan sponsor	M&D MOBILITY, INC.	c EIN-PN 93-3625059-001
a	Plan name	M&M HOLDINGS I, INC 401K PLAN	
b	Name of plan sponsor	M&M HOLDINGS I, INC	c EIN-PN 87-2320408-001
a	Plan name	M&M SWIM, INC. 401K PLAN	
b	Name of plan sponsor	M&M SWIM, INC.	c EIN-PN 87-3077398-001
a	Plan name	M&S DREAMSCAPES, INC. 401(K) PLAN	
b	Name of plan sponsor	M&S DREAMSCAPES, INC.	c EIN-PN 93-3746584-001
a	Plan name	MANDISH CPA, PC 401K PLAN	
b	Name of plan sponsor	MANDISH CPA, PC	c EIN-PN 87-2274428-001
a	Plan name	MANN DOWN ENTERPRISES, INC 401K PLAN	
b	Name of plan sponsor	MANN DOWN ENTERPRISES, INC.	c EIN-PN 87-2980689-001
a	Plan name	MARKSMAN AUTO BODY CO. 401K PLAN	
b	Name of plan sponsor	MARKSMAN AUTO BODY CO.	c EIN-PN 87-3065061-001
a	Plan name	MASON CAPITAL HOLDINGS, INC 401K PLAN	
b	Name of plan sponsor	MASON CAPITAL HOLDINGS, INC	c EIN-PN 87-2407584-001
a	Plan name	MAVERICK STITCHING, INC. 401K PLAN	
b	Name of plan sponsor	MAVERICK STITCHING, INC.	c EIN-PN 87-3917191-001
a	Plan name	MEDI EASY SOFTWARE 401K PLAN	
b	Name of plan sponsor	MEDI EASY SOFTWARE SPECIALTIES, INC.	c EIN-PN 87-2977092-001
a	Plan name	MI VIDA SENIOR LIVING 401K PLAN	
b	Name of plan sponsor	MI VIDA SENIOR LIVING	c EIN-PN 88-2708352-001
a	Plan name	MIDLAND SPECIALTY, INC 401K PLAN	
b	Name of plan sponsor	MIDLAND SPECIALTY, INC.	c EIN-PN 93-2595329-001

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	MIKO'S CORPORATION 401K PLAN	
b	Name of plan sponsor	MIKO'S CORPORATION	c EIN-PN 87-2918066-001
a	Plan name	MLAW3, INC. 401K PLAN	
b	Name of plan sponsor	MLAW3, INC.	c EIN-PN 87-4657868-001
a	Plan name	MOUNTAIN QUEST MANAGEMENT, INC. 401K PLAN	
b	Name of plan sponsor	MOUNTAIN QUEST MANAGEMENT, INC.	c EIN-PN 87-3001454-001
a	Plan name	MURPHY BUSINESS 401K PLAN	
b	Name of plan sponsor	MURPHY BUSINESS & FINANCIAL CORPORATION, LLC	c EIN-PN 87-3123177-001
a	Plan name	NALEDI INC. 401(K) PLAN	
b	Name of plan sponsor	NALEDI INC.	c EIN-PN 99-2945251-001
a	Plan name	NATIVE ENDEAVORS, INC 401K PLAN	
b	Name of plan sponsor	NATIVE ENDEAVORS, INC	c EIN-PN 87-1302183-001
a	Plan name	NEXT CHAPTER FITNESS, INC. 401K PLAN	
b	Name of plan sponsor	NEXT CHAPTER FITNESS, INC.	c EIN-PN 92-2981478-001
a	Plan name	NOVA ATHLETICS, INC. 401K PLAN	
b	Name of plan sponsor	NOVA ATHLETICS, INC.	c EIN-PN 87-3256132-001
a	Plan name	NUNN & NUNN, INC. 401K PLAN	
b	Name of plan sponsor	NUNN & NUNN, INC.	c EIN-PN 87-3232460-001
a	Plan name	OHIO HEAT EXCHANGE, INC 401K PLAN	
b	Name of plan sponsor	OHIO HEAT EXCHANGE, INC	c EIN-PN 87-2365791-001
a	Plan name	ORBIT MOTORS, INC 401K PLAN	
b	Name of plan sponsor	ORBIT MOTORS, INC	c EIN-PN 84-4735233-001
a	Plan name	ORBIT MOTORS, INC. 401K PLAN	
b	Name of plan sponsor	ORBIT MOTORS, INC.	c EIN-PN 87-4735233-001

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	PANETCARNE, INC. 401K PLAN	
b	Name of plan sponsor	PANETCARNE, INC.	c EIN-PN 87-3214232-001
a	Plan name	PB & J HOSPITALITY, INC. 401K PLAN	
b	Name of plan sponsor	PB & J HOSPITALITY, INC.	c EIN-PN 87-3243494-001
a	Plan name	PEDRICK, INC. 401K PLAN	
b	Name of plan sponsor	PEDRICK, INC.	c EIN-PN 87-3233625-001
a	Plan name	PERFORMANCE RESULTS PLUS, INC. 401(K) PLAN	
b	Name of plan sponsor	PERFORMANCE RESULTS PLUS, INC.	c EIN-PN 85-3589634-001
a	Plan name	PERINAS, INC. 401K PLAN	
b	Name of plan sponsor	PERINAS, INC.	c EIN-PN 87-3245378-001
a	Plan name	PIPES FAMILY INVESTMENTS, INC. 401K PLAN	
b	Name of plan sponsor	PIPES FAMILY INVESTMENTS, INC.	c EIN-PN 87-3037178-001
a	Plan name	PIVOTAL BREWING COMPANY 401(K) PLAN	
b	Name of plan sponsor	PIVOTAL BREWING COMPANY	c EIN-PN 86-3713259-001
a	Plan name	PJSG, INC. 401K PLAN	
b	Name of plan sponsor	PJSG, INC.	c EIN-PN 87-3182986-001
a	Plan name	PRINCETON DISTRIBUTION, INC. 401K PLAN	
b	Name of plan sponsor	PRINCETON DISTRIBUTION, INC.	c EIN-PN 87-3252894-001
a	Plan name	PROFIT REALTY COMPANY 401K PLAN	
b	Name of plan sponsor	PROFIT REALTY COMPANY	c EIN-PN 87-3247602-001
a	Plan name	R&K SERVICES, INC. 401K PLAN	
b	Name of plan sponsor	R&K SERVICES, INC.	c EIN-PN 87-3244357-001
a	Plan name	RAGIN' CAJUN FOOD AND FUEL, INC. 401K PLAN	
b	Name of plan sponsor	RAGIN' CAJUN FOOD AND FUEL, INC.	c EIN-PN 87-3257566-001

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	RAM INDUSTRIES 401(K) PLAN	
b	Name of plan sponsor	RAM INDUSTRIES ACQUISITIONS, LLC	c EIN-PN 86-4003707-001
a	Plan name	RAMBO B4D CONSTRUCTION, INC. 401K PLAN	
b	Name of plan sponsor	RAMBO B4D CONSTRUCTION, INC.	c EIN-PN 87-3245319-001
a	Plan name	RECMAR PRODUCTS, INC 401K PLAN	
b	Name of plan sponsor	RECMAR PRODUCTS, INC.	c EIN-PN 87-3226660-001
a	Plan name	RICHTERBERG COMPANY 401K PLAN	
b	Name of plan sponsor	RICHTERBERG COMPANY	c EIN-PN 88-3563684-001
a	Plan name	RIVO, INC 401K PLAN	
b	Name of plan sponsor	RIVO, INC	c EIN-PN 87-2477266-001
a	Plan name	RJR VENTURES, INC. 401K PLAN	
b	Name of plan sponsor	RJR VENTURES, INC.	c EIN-PN 87-2993399-001
a	Plan name	SFL ENTERPRISES, INC. 401K PLAN	
b	Name of plan sponsor	SFL ENTERPRISES, INC.	c EIN-PN 87-3299354-001
a	Plan name	SHALOGAN VENTURES, INC. 401K PLAN	
b	Name of plan sponsor	SHALOGAN VENTURES, INC.	c EIN-PN 93-1619894-001
a	Plan name	SIMPLE AF CHEMISTRY, INC. 401K PLAN	
b	Name of plan sponsor	SIMPLE AF CHEMISTRY, INC.	c EIN-PN 87-3212873-001
a	Plan name	SISTERS-IN-SPA, INC. 401K PLAN	
b	Name of plan sponsor	SISTERS-IN-SPA, INC.	c EIN-PN 87-2226806-001
a	Plan name	SJB INDUSTRIES, INC. 401K PLAN	
b	Name of plan sponsor	SJB INDUSTRIES, INC.	c EIN-PN 87-3251090-001
a	Plan name	SOMMERFIELD INDUSTRIES 401K PLAN	
b	Name of plan sponsor	SOMMERFIELD INDUSTRIES INCORPORATED	c EIN-PN 87-3083884-001

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	SORELLE TREE FARM, INC. 401K PLAN	
b	Name of plan sponsor	SORELLE TREE FARM, INC.	c EIN-PN 87-3157446-001
a	Plan name	STAR DOBE, INC. 401K PLAN	
b	Name of plan sponsor	STAR DOBE, INC.	c EIN-PN 87-2959329-001
a	Plan name	STAT DELIVERY & LOGISTICS, INC 401K PLAN	
b	Name of plan sponsor	STAT DELIVERY & LOGISTICS, INC	c EIN-PN 87-2454470-001
a	Plan name	SYSTECH AUTOMOTIVE GROUP, INC. 401K PLAN	
b	Name of plan sponsor	SYSTECH AUTOMOTIVE GROUP, INC.	c EIN-PN 87-3211252-001
a	Plan name	TAB ENTERTAINMENT, INC. 401K PLAN	
b	Name of plan sponsor	TAB ENTERTAINMENT, INC.	c EIN-PN 87-3313768-001
a	Plan name	TAHNAY TELECOM, INC. 401K PLAN	
b	Name of plan sponsor	TAHNAY TELECOM, INC.	c EIN-PN 87-2942400-001
a	Plan name	TAKAC HOLDINGS, INC. 401K PLAN	
b	Name of plan sponsor	TAKAC HOLDINGS, INC	c EIN-PN 87-3274968-001
a	Plan name	TAS VENTURES, INC. 401(K) PLAN	
b	Name of plan sponsor	TAS VENTURES, INC.	c EIN-PN 86-3816188-001
a	Plan name	TC HOLDINGS GROUP, INC. 401K PLAN	
b	Name of plan sponsor	TC HOLDINGS GROUP, INC.	c EIN-PN 84-4743591-001
a	Plan name	TDQ ENTERPRISES, INC. 401K PLAN	
b	Name of plan sponsor	TDQ ENTERPRISES, INC.	c EIN-PN 87-3213145-001
a	Plan name	TECARA GROUP, INC. 401(K) PLAN	
b	Name of plan sponsor	TECARA GROUP, INC.	c EIN-PN 86-3888235-001
a	Plan name	TELOS, INC. 401(K) PLAN	
b	Name of plan sponsor	TELOS, INC.	c EIN-PN 86-2201831-001

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	TEXAMU, INC 401K PLAN	
b	Name of plan sponsor	TEXAMU, INC	c EIN-PN 87-2722839-001
a	Plan name	TEXAS HELPERS, INC. 401K PLAN	
b	Name of plan sponsor	TEXAS HELPERS, INC.	c EIN-PN 87-2910620-001
a	Plan name	THE MILLS CORPORATION 401K PLAN	
b	Name of plan sponsor	THE MILLS CORPORATION	c EIN-PN 87-2338238-001
a	Plan name	TREE OF KNOWLEDGE, INC. 401K PLAN	
b	Name of plan sponsor	TREE OF KNOWLEDGE, INC.	c EIN-PN 87-2854118-001
a	Plan name	TRIAMED HEALTH, INC. 401K PLAN	
b	Name of plan sponsor	TRIAMED HEALTH, INC.	c EIN-PN 87-2789808-001
a	Plan name	TRIGGER TIME 401K PLAN	
b	Name of plan sponsor	TRIGGER TIME INDOOR SHOOTING RANGE, INC	c EIN-PN 87-2272234-001
a	Plan name	TRIQUEST, INC. 401K PLAN	
b	Name of plan sponsor	TRIQUEST, INC.	c EIN-PN 87-3203038-001
a	Plan name	TRITURN ENTERPRISES, INC 401K PLAN	
b	Name of plan sponsor	TRITURN ENTERPRISES, INC	c EIN-PN 87-1533655-001
a	Plan name	TXIT, INC. 401K PLAN	
b	Name of plan sponsor	TXIT, INC.	c EIN-PN 87-2998611-001
a	Plan name	USA CANVAS, LLC 401K PLAN	
b	Name of plan sponsor	USA CANVAS, LLC	c EIN-PN 87-3182711-001
a	Plan name	VASQUEZ BUSINESS INVESTMENTS, INC. 401K PLAN	
b	Name of plan sponsor	VASQUEZ BUSINESS INVESTMENTS, INC.	c EIN-PN 87-3098352-001
a	Plan name	VASTAV, INC. 401K PLAN	
b	Name of plan sponsor	VASTAV, INC.	c EIN-PN 87-3182488-001

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	VAULT ROOMS, INC. 401K PLAN	
b	Name of plan sponsor	VAULT ROOMS	c EIN-PN 87-3087010-001
a	Plan name	WEBTIVITY DESIGN SOLUTIONS 401K PLAN	
b	Name of plan sponsor	WEBTIVITY DESIGN SOLUTIONS OF THE SUNCOAST, INC.	c EIN-PN 87-3232839-001
a	Plan name	WEEKS HOSPITALITY GROUP, INC. 401K PLAN	
b	Name of plan sponsor	WEEKS HOSPITALITY GROUP, INC.	c EIN-PN 87-3612244-001
a	Plan name	WESTERVILLE-WORTHINGTON LEARNING 401K PLAN	
b	Name of plan sponsor	JLR CONSTRUCTION, INC.	c EIN-PN 87-3291162-001
a	Plan name	WHICH WASH, INC. 401K PLAN	
b	Name of plan sponsor	WHICH WASH, INC.	c EIN-PN 87-2975052-001
a	Plan name	WHOSOEVER CORP 401K PLAN	
b	Name of plan sponsor	WHOSOEVER CORP	c EIN-PN 87-4002231-001
a	Plan name	WILLKAUL, INC. 401K PLAN	
b	Name of plan sponsor	WILLKAUL, INC.	c EIN-PN 87-2974111-001
a	Plan name	WIRTHELE FAMILY VENTURES, INC. 401K PLAN	
b	Name of plan sponsor	WIRTHELE FAMILY VENTURES, INC.	c EIN-PN 87-3221988-001
a	Plan name	WOLTERS HOLDINGS, INC. 401K PLAN	
b	Name of plan sponsor	WOLTERS HOLDINGS, INC.	c EIN-PN 87-3240086-001
a	Plan name	YUNEVERNO, INC. 401(K) PLAN	
b	Name of plan sponsor	YUNEVERNO, INC.	c EIN-PN 93-4932807-001
a	Plan name	ZABAVA ENTERPRISES, INC. 401K PLAN	
b	Name of plan sponsor	ZABAVA ENTERPRISES, INC.	c EIN-PN 87-2767014-001
a	Plan name	ZALL ENTERPRISES, INC. 401K PLAN	
b	Name of plan sponsor	ZALL ENTERPRISES, INC.	c EIN-PN 87-3016078-001

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
A Name of plan RETIREMENT BENEFITS GROUP TRUST	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 RETIREMENT BENEFITS GROUP TRUST	D Employer Identification Number (EIN) 85-4092196

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

Assets	(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	
b Receivables (less allowance for doubtful accounts):		
(1) Employer contributions	1b(1)	
(2) Participant contributions	1b(2)	
(3) Other	1b(3)	
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)	42707653
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	55014001
(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	42707653	55014001
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	42707653	55014001

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)	2236490	
(B) Participants.....	2a(1)(B)	4189545	
(C) Others (including rollovers).....	2a(1)(C)	10462206	
(2) Noncash contributions.....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		16888241
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)		4914072
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		21802313

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	8597810	
(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)		8597810
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)	306708	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		306708
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		8904518

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		12897795
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan	2l(2)		591447

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name:

(2) EIN:

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

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

Part IV Compliance Questions

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

During the plan year:

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

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

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

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

5c Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) Yes No Not determined
If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year _____.