

<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) \_\_\_\_\_

**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>QUESTCO COMPANIES RETIREMENT PLAN</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>QUESTCO HOLDINGS, INC.</u></p> <p><u>480 WILDWOOD FOREST DR. SUITE 250</u> <u>THE WOODLANDS, TX 77380</u></p>	<p><b>1c</b> Effective date of plan <u>01/01/2001</u></p> <p><b>2b</b> Employer Identification Number (EIN) <u>81-2333797</u></p> <p><b>2c</b> Plan Sponsor's telephone number <u>936-756-1980</u></p> <p><b>2d</b> Business code (see instructions) <u>561300</u></p>

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

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

<b>SIGN HERE</b>	Filed with authorized/valid electronic signature.	10/09/2025	CHRISTY ARNOLD
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
<b>SIGN HERE</b>	Filed with authorized/valid electronic signature.	10/09/2025	CHRISTY ARNOLD
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
<b>SIGN HERE</b>			
	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	
<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>	16501
<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.....	<b>6a(1)</b>	11961
	<b>6a(2)</b>	11428
	<b>6b</b>	0
	<b>6c</b>	5178
	<b>6d</b>	16606
	<b>6e</b>	0
	<b>6f</b>	16606
	<b>6g(1)</b>	10942
	<b>6g(2)</b>	11809
<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:  
 2A 2E 2F 2G 2J 2K 2R 2S 2T 3D 3H 2V

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

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

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

**a Pension Schedules**

- (1)  **R** (Retirement Plan Information)
- (2)  **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- (3)  **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary
- (4)  **DCG** (Individual Plan Information) – Number Attached \_\_\_\_\_
- (5)  **MEP** (Multiple-Employer Retirement Plan Information)

**b General Schedules**

- (1)  **H** (Financial Information)
- (2)  **I** (Financial Information – Small Plan)
- (3)  **A** (Insurance Information) – Number Attached \_\_\_\_\_
- (4)  **C** (Service Provider Information)
- (5)  **D** (DFE/Participating Plan Information)
- (6)  **G** (Financial Transaction Schedules)

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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 C</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>Service Provider 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 <b>QUESTCO COMPANIES RETIREMENT PLAN</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>QUESTCO HOLDINGS, INC.</b>	<b>D</b> Employer Identification Number (EIN) <b>81-2333797</b>	

**Part I Service Provider Information (see instructions)**

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

**1 Information on Persons Receiving Only Eligible Indirect Compensation**

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

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

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

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

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

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

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

SLAVIC INTEGRATED ADMINISTRATION

65-0608221

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 37 38 50 63 64 67 68 71 72	TPA	1683945	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

SLAVIC MUTUAL FUND MANGEMENT

59-2749576

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	INVESTMENT MGMT	646829	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

FIDUCIARY ALLIANCE, LLC

511 RHETT STREET SUITE 2A  
GREENVILLE, SC 29601

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27	ADVISOR	443521	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

QUESTCO COMPANIES

81-2333797

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
14	PLAN ADMINISTRATOR	110015	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

UHY, LLP

20-0694403

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10	AUDITOR	38438	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

**Part I Service Provider Information (continued)**

3. If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received \$1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

<b>(a)</b> Enter service provider name as it appears on line 2	<b>(b)</b> Service Codes (see instructions)	<b>(c)</b> Enter amount of indirect compensation
<b>(d)</b> Enter name and EIN (address) of source of indirect compensation	<b>(e)</b> Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
<b>(a)</b> Enter service provider name as it appears on line 2	<b>(b)</b> Service Codes (see instructions)	<b>(c)</b> Enter amount of indirect compensation
<b>(d)</b> Enter name and EIN (address) of source of indirect compensation	<b>(e)</b> Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
<b>(a)</b> Enter service provider name as it appears on line 2	<b>(b)</b> Service Codes (see instructions)	<b>(c)</b> Enter amount of indirect compensation
<b>(d)</b> Enter name and EIN (address) of source of indirect compensation	<b>(e)</b> Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

**Part II Service Providers Who Fail or Refuse to Provide Information**

**4** Provide, to the extent possible, the following information for each service provider who failed or refused to provide the information necessary to complete this Schedule.

<b>(a)</b> Enter name and EIN or address of service provider (see instructions)	<b>(b)</b> Nature of Service Code(s)	<b>(c)</b> Describe the information that the service provider failed or refused to provide

<b>(a)</b> Enter name and EIN or address of service provider (see instructions)	<b>(b)</b> Nature of Service Code(s)	<b>(c)</b> Describe the information that the service provider failed or refused to provide

<b>(a)</b> Enter name and EIN or address of service provider (see instructions)	<b>(b)</b> Nature of Service Code(s)	<b>(c)</b> Describe the information that the service provider failed or refused to provide

<b>(a)</b> Enter name and EIN or address of service provider (see instructions)	<b>(b)</b> Nature of Service Code(s)	<b>(c)</b> Describe the information that the service provider failed or refused to provide

<b>(a)</b> Enter name and EIN or address of service provider (see instructions)	<b>(b)</b> Nature of Service Code(s)	<b>(c)</b> Describe the information that the service provider failed or refused to provide

<b>(a)</b> Enter name and EIN or address of service provider (see instructions)	<b>(b)</b> Nature of Service Code(s)	<b>(c)</b> Describe the information that the service provider failed or refused to provide

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

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<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>QUESTCO COMPANIES RETIREMENT PLAN</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>QUESTCO HOLDINGS, INC.</u>	<b>D</b> Employer Identification Number (EIN) <u>81-2333797</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>MORLEY STABLE VALUE FUND</u>		
<b>b</b> Name of sponsor of entity listed in (a): <u>PRINCIPAL GLOBAL INVESTORS TRUST COMPANY</u>		
<b>c</b> EIN-PN <u>93-6274329-025</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>1606853</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):		
<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)

**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)

**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)



<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>QUESTCO COMPANIES RETIREMENT PLAN</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>QUESTCO HOLDINGS, INC.</b>	<b>D</b> Employer Identification Number (EIN) <b>81-2333797</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.

Assets		(a) Beginning of Year	(b) End of Year
<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>	1412948	1155158
<b>(2)</b> Participant contributions .....	<b>1b(2)</b>	1383605	607076
<b>(3)</b> Other .....	<b>1b(3)</b>	59747	21998
<b>c</b> General investments:			
<b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....	<b>1c(1)</b>	10675774	8221270
<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>	5647690	7218262
<b>(9)</b> Value of interest in common/collective trusts .....	<b>1c(9)</b>	1634297	1606854
<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>	348696997	422491248
<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>	243114	253209

<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>	369754172	441575075
<b>Liabilities</b>			
<b>g</b> Benefit claims payable.....	<b>1g</b>		
<b>h</b> Operating payables.....	<b>1h</b>		
<b>i</b> Acquisition indebtedness.....	<b>1i</b>		
<b>j</b> Other liabilities.....	<b>1j</b>	244282	
<b>k</b> Total liabilities (add all amounts in lines 1g through 1j).....	<b>1k</b>	244282	0
<b>Net Assets</b>			
<b>l</b> Net assets (subtract line 1k from line 1f).....	<b>1l</b>	369509890	441575075

**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>	20657122	
<b>(B)</b> Participants.....	<b>2a(1)(B)</b>	47782921	
<b>(C)</b> Others (including rollovers).....	<b>2a(1)(C)</b>	6341632	
(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>		74781675
<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>		
<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>	444273	
<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>		444273
<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>	10046954	
<b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....	<b>2b(2)(D)</b>		10046954
(3) 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>		43451761
<b>c</b> Other income .....	<b>2c</b>		
<b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total.....	<b>2d</b>		128724663

**Expenses**

<b>e</b> Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	<b>2e(1)</b>	45684687	
(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>		45684687
<b>f</b> Corrective distributions (see instructions) .....	<b>2f</b>		151189
<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>	1793960	
(3) Recordkeeping fees .....	<b>2i(3)</b>		
(4) IQPA audit fees .....	<b>2i(4)</b>	38438	
(5) Investment advisory and investment management fees .....	<b>2i(5)</b>	1090351	
(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>		
(12) Total administrative expenses. Add lines <b>2i(1)</b> through <b>(11)</b> .....	<b>2i(12)</b>		2922749
<b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total.....	<b>2j</b>		48758625

**Net Income and Reconciliation**

<b>k</b> Net income (loss). Subtract line <b>2j</b> from line <b>2d</b> .....	<b>2k</b>		79966038
<b>l</b> Transfers of assets:			
(1) To this plan.....	<b>2l(1)</b>		45687215
(2) From this plan .....	<b>2l(2)</b>		53588068

**Part III Accountant's Opinion**

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

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

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

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

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

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

(1) Name: UHY, LLP

(2) EIN: 20-0694403

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

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

**Part IV Compliance Questions**

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

During the plan year:

	Yes	No	Amount
<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.)		X	
<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.)		X	
<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.)		X	
<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.)		X	
<b>e</b> Was this plan covered by a fidelity bond?	X		500000
<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?		X	
<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?		X	
<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?		X	
<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.)	X		
<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.)		X	
<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?		X	
<b>l</b> Has the plan failed to provide any benefit when due under the plan?		X	
<b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		X	
<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)
MARKET MAKER U.S. HOLDINGS, INC. 401(K) PLAN	36-5007198	001
TRINET 401(K) PLAN	48-1304650	333
INSPERITY 401(K) PLAN	76-0178498	001
GERHARDI INC 401K PLAN AND TRUST	81-3129208	001

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

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

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

<b>5b(1)</b> Name of plan(s)	<b>5b(2)</b> EIN(s)	<b>5b(3)</b> PN(s)
IEC SUPPLY LLC 401(K) PROFIT SHARING PLAN AND TRUST	61-1418086	002
INTUITIVE MACHINES 401(K) PLAN	46-4004460	001
ADP TOTALSOURCE RETIREMENT SAVINGS PLAN	59-2452823	001
ABEL HR MULTI 401(K) AND SAVINGS PLAN	56-1345903	001

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

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

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

<b>5b(1)</b> Name of plan(s)	<b>5b(2)</b> EIN(s)	<b>5b(3)</b> PN(s)
BTC MOBILITY 401(K) RETIREMENT PLAN	99-0377610	001
GYE NYAME LLC 401(K) PLAN	88-4153861	002
BUMBLE MANAGEMENT LLC 401(K)	83-2252073	001
G & A PARTNERS MULTIPLE EMPLOYER 401(K) PLAN	76-0461926	001

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

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

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

<b>5b(1)</b> Name of plan(s)	<b>5b(2)</b> EIN(s)	<b>5b(3)</b> PN(s)
CARBONHELIX LLC 401(K) PLAN	47-4635451	001
HKA GLOBAL, INC. 401K PLAN	81-4602170	001
SONORAN TECHNOLOGY AND PROFESSIONAL SERVICES--ATLUS 401(K) PLAN	20-8467218	009
SONORAN TECHNOLOGY AND PROFESSIONAL SERVICES--ATLUS 401(K) PLAN	20-8467218	010

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

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

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

<b>5b(1)</b> Name of plan(s)	<b>5b(2)</b> EIN(s)	<b>5b(3)</b> PN(s)
SONORAN TECHNOLOGY AND PROFESSIONAL SERVICES--ATLUS 401(K) PLAN	20-8467218	011
EXTENSIS GROUP RETIREMENT SAVINGS PLAN	56-0815483	002
VESTED HR SOLUTIONS, LLC RETIREMENT SAVINGS PLAN	84-2321487	001
VENSURE EMPLOYER SERVICES, INC. 401(K) PROFIT SHARING PLAN	37-1508469	001

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

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

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

<b>5b(1)</b> Name of plan(s)	<b>5b(2)</b> EIN(s)	<b>5b(3)</b> PN(s)
AUTO RESCUE 401(K) PLAN	92-0692225	001
JUSTWORKS RETIREMENT SAVINGS PLAN-KJ TECHNOLOGY CONSULTING INC.	46-2283648	333
PALMER JOHNSON INCENTIVE SAVINGS PLAN	39-0746894	002
INFORMA USA, INC. 401(K) PLAN	04-2991330	001

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

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

<b>5b(1)</b> Name of plan(s)	<b>5b(2)</b> EIN(s)	<b>5b(3)</b> PN(s)
FRANKCRUM RETIREMENT SAVINGS PLAN	59-2626531	333
ARC INSPECTION SERVICES, LLC 401(K) PLAN	82-1551243	001
HMJ SERVICES LLC 401(K) PLAN	83-3315851	001
METRO ACCOUNTING AND PROFESSIONAL 401(K) PLAN	81-1857022	001

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

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

<b>SCHEDULE R</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>Retirement Plan Information</b>  This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).  <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>QUESTCO COMPANIES RETIREMENT PLAN</u>	<b>B</b> Three-digit plan number (PN) ▶	<u>001</u>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <u>QUESTCO HOLDINGS, INC.</u>	<b>D</b> Employer Identification Number (EIN) <u>81-2333797</u>	

<b>Part I</b>	<b>Distributions</b>
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**All references to distributions relate only to payments of benefits during the plan year.**

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

1	
---	--

**2** Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):  
 EIN(s): 65-0708495 58-1428634

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

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

3	
---	--

<b>Part II</b>	<b>Funding Information</b> (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)
----------------	---

**4** Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? .....  Yes  No  N/A  
**If the plan is a defined benefit plan, go to line 8.**

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

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

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

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

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

<b>Part III</b>	<b>Amendments</b>
-----------------	-------------------

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

<b>Part IV</b>	<b>ESOPs</b> (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.
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**10** Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? .....  Yes  No

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

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

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

**Part V Additional Information for Multiemployer Defined Benefit Pension Plans**

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

**a** Name of contributing employer \_\_\_\_\_

**b** EIN \_\_\_\_\_ **c** Dollar amount contributed by employer \_\_\_\_\_

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

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

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

**a** Name of contributing employer \_\_\_\_\_

**b** EIN \_\_\_\_\_ **c** Dollar amount contributed by employer \_\_\_\_\_

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

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

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

**a** Name of contributing employer \_\_\_\_\_

**b** EIN \_\_\_\_\_ **c** Dollar amount contributed by employer \_\_\_\_\_

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

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

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

**a** Name of contributing employer \_\_\_\_\_

**b** EIN \_\_\_\_\_ **c** Dollar amount contributed by employer \_\_\_\_\_

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

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

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

**a** Name of contributing employer \_\_\_\_\_

**b** EIN \_\_\_\_\_ **c** Dollar amount contributed by employer \_\_\_\_\_

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

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

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

**a** Name of contributing employer \_\_\_\_\_

**b** EIN \_\_\_\_\_ **c** Dollar amount contributed by employer \_\_\_\_\_

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

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

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

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

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

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

<b>a</b> The corresponding number for the plan year immediately preceding the current plan year .....	<b>15a</b>	
<b>b</b> The corresponding number for the second preceding plan year .....	<b>15b</b>	

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

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

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

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

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

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

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

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

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

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

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

**Part VII IRS Compliance Questions**

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

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

**22** If the plan sponsor is an adopter of a pre-approved plan that received a favorable IRS Opinion Letter, enter the date of the Opinion Letter 06 / 30 / 2022 (MM/DD/YYYY) and the Opinion Letter serial number Q702352A.

<p><b>SCHEDULE MEP (Form 5500)</b></p> <p>Department of the Treasury Internal Revenue Service</p> <hr/> <p>Department of Labor Employee Benefits Security Administration</p>	<p><b>MULTIPLE-EMPLOYER RETIREMENT PLAN INFORMATION</b></p> <p>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and Section 6058(a) of the Internal Revenue Code (the Code)</p> <p>▶ <b>File as an attachment to Form 5500.</b></p>	<p>OMB No. 1210-0110</p> <hr/> <p style="font-size: 24pt; font-weight: bold; text-align: center;">2024</p> <hr/> <p style="text-align: center;"><b>This Form is Open to Public Inspection</b></p>
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For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

<p><b>A</b> Name of plan <b>QUESTCO COMPANIES RETIREMENT PLAN</b></p>	<p><b>B</b> Three-digit Plan number (PN)..... ▶</p>	<p><b>001</b></p>
<p><b>C</b> Plan administrator's name as shown on line 3a of Form 5500/Form 5500-SF <b>QUESTCO HOLDINGS, INC.</b></p>	<p><b>D</b> Administrator's EIN <b>81-2333797</b></p>	

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

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

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

**Part II Participating Employer Information.**

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

<b>2a</b> Name of Participating Employer <b>QUESTCO HOLDINGS INC</b>	<b>2b</b> EIN <b>26-4169366</b>	<b>2c</b> Percentage of Total Contributions for the Plan Year <b>3.18</b>	<b>2d</b> Aggregate Account Balances Attributable to Participating Employer <b>13027678</b>
<b>2a</b> Name of Participating Employer <b>PLUSPLUS USA</b>	<b>2b</b> EIN <b>81-0948232</b>	<b>2c</b> Percentage of Total Contributions for the Plan Year <b>0.15</b>	<b>2d</b> Aggregate Account Balances Attributable to Participating Employer <b>208771</b>

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

<b>2e</b> Does the plan include any individuals not participating through an employer or who are individual working owners?	<b>2e</b>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>2f</b> If you answer "Yes" in line 2e, enter a good faith estimate of the percentage of total contributions made by all such individuals that are not listed on line 2a during the plan year.	<b>2f</b>	
<b>2g</b> If you answer "Yes" in Line 2e, enter the aggregate account balances for all such individuals that are not listed on line 2a.	<b>2g</b>	

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

**Schedule MEP (2024)  
v. 240311**

**Part II Participating Employer Information (Continued).**

Use this page for additional participating employer information.

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

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

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
THE SEABROOK OF HILTON HEAD INC	57-0559295	0.42	1667978
CHEMFLOW PRODUCTS	26-4637748	0.00	18432
CLAYCON OIL LLC	82-4787049	0.32	452358
CURRY BOUDREAUX ARCHITECTS	76-0391114	0.14	1073533
CONCRETE LEVELING SOLUTIONS	81-3790811	0.00	78350
ACCESS ADVANCE LLC	47-3139358	0.67	4850657
BETTY BLOCKS USA INC	61-1851131	0.05	44961
ACACIA ORIGINALS	76-0562237	0.00	0
QUESTCO HOLDINGS INC PLAN EXPENSE REIMBURSEMENT ACCOUNT	39-4256981	0.00	142670

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**Part II Participating Employer Information (Continued).**

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

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
FAST BREAK LC DBA BALCO SYSTEMS	20-2528089	0.23	1824646
INVESTIGATIONS LAW GROUP LLC	26-0875739	0.21	562152
MAC CONSULTING LP DBA ALLIANCE CONSULTING	20-2001313	0.18	1955867
PALADIN DATA CORPORATION	93-0927111	0.74	2810058
SAN ANTONIO BELTING PULLEY CO INC	04-3636306	0.20	600139
THE ASCEND GROUP INC	75-2685950	0.30	3587660
GROF USA DISTRIBUTORS INC	65-1949063	0.05	102903
INNOVATIVE RESEARCH OF WEST FLORIDA INC	14-1847464	0.13	400031
3BMH INVESTMENTS	26-3557329	0.01	36709

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**Part II Participating Employer Information (Continued).**

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

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
4MENU INC	76-0188129	0.00	354714
ACCORD LLC	81-1383125	0.23	1174249
ACE NDT LLC	46-3834187	0.00	151961
ACTIVE DEVELOPMENT THERAPIES	20-1069250	0.04	393318
AETOS CONSTRUCTION LLC	30-0771183	0.18	665702
ALL PRO MANAGEMENT COMPANY LLC	99-0660601	0.04	141540
AM PM DIESEL SERVICES INC	47-3311419	0.14	429677
AMERICAN DRYWALL SERVICES INC	74-2184281	0.00	151438
AMERICAN MARKSMAN ARKANSAS	81-4951225	0.00	2465

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**Part II Participating Employer Information (Continued).**

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2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
AMERICAN MARKSMAN LLC	81-1042440	0.12	369776
ARC INSPECTION SERVICES LLC	82-1551243	0.00	0
AST TURBO	61-1778192	0.32	516210
BAYOU CITY WALL SYSTEMS	76-0522146	0.00	161956
BB INTERNATIONAL INC	20-3082032	0.13	1311811
BETTER CARE CHIROPRACTIC	20-5443176	0.00	6980
BIRDWELL SERVCON INC	76-0624712	0.00	111331
BLUFFTON SELF HELP	57-0862658	0.12	305356
BUDDY DOYLES CAR CLINIC LLC	81-2357438	0.00	3630

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**Part II Participating Employer Information (Continued).**

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2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
CAPITOL SCIENTIFIC INC	74-1490119	0.24	1193334
CENTER FOR BALANCE NEUROLOGICAL PHYSICAL THERAPY DBA BALAN	83-0386782	0.00	20610
CHEMPAK INTERNATIONAL	36-3687855	0.01	1335520
CLEAR HEALTHCARE SOLUTIONS	47-0698512	0.03	264400
CLEAR RECOVERY INC	47-0559066	0.16	1728274
COMMUNITY SOLUTIONS UNLIMITED	46-1700450	0.03	58751
CONSUMER TITLE ESCROW	83-0778962	0.01	65865
CRC RETREAT PARTNERS INC	68-0658686	0.14	575974
CURTIS WAGNER PLASTICS CORP	76-0381350	0.15	652247

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2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
POWELL LAW GROUP	47-1549124	0.09	270217
DYNAMIS ENERGY LLC DBA UNITED ENERGY SERVICES	45-4071996	0.39	1896176
E G AMISH FURNITURE	86-3165743	0.07	350608
ESTRATEGY SOLUTIONS	74-2957873	0.08	149940
FIRST CARE MANAGEMENT GROUP LLC	47-0841318	0.00	140278
FIRSTSYNC LLC DBA PHYSICIANS CHOICE PRIVATE DUTY	20-8563397	0.10	538240
FOREMARK PERFORMANCE CHEMICALS INC	82-1408188	0.02	0
GAP ENGINEERING	20-0797158	0.00	228927
GENETIVISION CORPORATION 2810	20-4550357	0.08	520494

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2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
GH AMERICA INVESTMENTS GROUP INC	47-3628372	0.18	858796
GH PACVEST LLC	81-4268323	0.00	12408
GHA CAPSTONE LLC	35-2557849	0.18	357600
GVCC INC	27-2981067	0.05	462950
HASTINGS FOODS LLC	20-3316344	0.01	19920
HMJ SERVICES LLC	83-3315851	0.01	0
HOUSTONPASADENA APACHE OIL COMPANY	74-1715124	0.12	1098485
INTUITIVE MACHINES LLC	46-4004460	0.26	0
J G SALES INC	74-2735169	0.07	201868

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2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
KL CHEMPAK	23-2812397	0.01	349864
KESCO SUPPLY INC	74-1858702	0.07	649976
KOLEYS RELIGIOUS SUPPLY LLC DBA THE COSGRAVE COMPANY	20-2417240	0.05	397403
KOLEYS INC	47-0213250	0.14	1451426
LAW OFFICE OF PATRICIA GARCIA BILLINGS PLLC	27-3215214	0.01	185613
LINUS PRODUCTS INC	20-1709674	0.00	18533
MAAS NURSERY INC	74-2007671	0.12	480729
MASTER MACHINE INC	76-0106323	0.01	158051
ORCA PC DBA MEDIX OCCUPATIONAL HEALTH SERVICES	47-0822624	0.37	1715481

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

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
MID AMERICA PUMP SUPPLY INC	47-0670509	0.42	5921216
FARLEY MANAGEMENT GROUP DBA MIRACLE DENTAL LAB	99-2480342	0.14	402456
MULTIFAMILY MANAGEMENT MINISTRIES	74-1306767	0.19	1052465
P L CAPITAL CORP INC	47-0795997	0.07	887203
PERIMETER SOLUTIONS LP	76-0802660	3.49	16512809
PERKINS DRILLING TOOLS INC	76-0378443	0.04	280848
PHYSICIANS CHOICE NEBRASKA LLC	11-3720366	0.11	1369581
PINNACLE STORAGE MANAGERS LLC	81-1747196	0.00	66
PLATINUM COPIER SOLUTIONS LLC	61-1535988	0.00	113

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**Part II Participating Employer Information (Continued).**

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PROTECH NUTRITION INC	80-0226775	0.01	32231
PURA VIDA INVESTMENTS LLC	90-0874746	0.30	2124085
RD HOWARD CONSTRUCTION	30-0176993	0.00	25221
RELIABLE BUSINESS RESOURCES ENTERPRISES LLC DBA RBR MACHINE	86-1212581	0.23	556294
RDW INC DBA ASAP EXPRESS	47-0825298	0.08	315467
RIVER OAKS RUG CLEANERS	76-0206382	0.05	657896
RLB CONSTRUCTION DBA ROOFTEC	76-0472889	0.08	210936
SERVICE STEEL WAREHOUSE	76-0563341	1.60	10562168
SLOTS MACHINE	20-3316662	0.00	2333

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JS WATER CO LLC	04-3833352	0.00	25862
STOCK SEED FARMS INC	47-0608792	0.00	1
SUNSHINE POOLS	74-2023442	0.27	2001158
SUPERIOR CONTROL SECURITY INC	20-4815699	0.08	441810
TAYLOR FAMILY PRACTICE	71-0959498	0.00	248
TEXAS ASPHALT PAVEMENT ASSOCIATION	74-1445769	0.16	569647
THE BRIDGE INC	47-0591629	0.11	478861
WAVELENGTH ENTERPRISES LTD	06-1594919	0.10	234156
WDN INC	76-0521433	0.11	0

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WESTECH ELECTRIC INC	20-2346955	0.07	863630
WESTECH SUPPLY COMPANY	20-0637311	0.08	997605
WINDCOM SERVICES	86-1156893	0.15	377575
WINRIGHT PERSONNEL LP	82-3405099	0.00	643
WORKFIT	87-0704264	0.06	349402
XTREME LASHES	20-2971594	0.06	941609
YOUNG TRUCK TRAILER INC	47-0722835	0.01	19752
HVM TECHNOLOGY INC	20-1680270	0.11	489218
QD RESTORATION LLC	81-3798375	0.01	22724

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ASPIRE HOSPITAL	26-2835957	0.03	75676
GENSOLUTIONS LLC	46-1905590	0.05	329350
DAT ENERGY SERVICES LLC	82-1096029	0.00	3892
HOUSTON THERMAL PROCESSING DBA HOUSTON HEAT TREAT	20-8236281	0.11	775489
MEDPERM URGENT CARE CENTER TRUST	92-6561961	0.01	84623
GRACE SCHOOL THEOLOGY	76-0690847	0.29	1368864
JENSEN EQUIPMENT	39-1035397	0.00	62861
CRYMAR FINISHES	82-1796686	0.01	15795
CORVIA LLC	36-4903404	1.13	3247011

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ABASCO LLC	20-2621261	0.00	133903
PROHYGIENE DBA ENVIRO MASTER SERVICES	45-3579648	0.02	40866
ACTION AIR FREIGHT SERVICES INC	74-2632465	0.00	1460
UNIQUE LOGISTICS INTERNATIONAL NYC LLC	20-4661272	0.92	5055763
UNIQUE LOGISTICS INTERNATIONAL BOS INC	04-3403898	0.10	3494424
QUESTCO HOLDINGS INC SUSPENSE ACCOUNT	81-2333700	0.00	2820293
MILLARD SPRINKLER INC	47-0786521	0.21	1986324
NORTHWEST AIRPORT MANAGEMENT LP	76-0591851	0.01	128553
SUTHERLAND PRODUCTS INC	56-1153212	0.15	986646

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DESERT VALLEY PEDIATRIC THERAPY	20-8475411	0.17	516594
SEANAIR LLC	85-1650576	0.18	587223
TEXAS POOL GUY LLC	81-5419686	0.01	68249
METRO ACCOUNTING AND PROFESSIONAL	81-1857022	0.25	0
SONORAN TECHNOLOGY	20-8467218	0.02	0
CATCH GLOBAL FOUNDATION	46-5369024	0.15	281532
SONORAN TECHNOLOGY	20-8467218	0.00	1016
SONORAN TECHNOLOGY	20-8467218	0.02	1347
EXPERTOX INC	76-0651367	0.01	6680

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NORTHGATE COUNTRY CLUBWALDEN GOLF CLUB	46-1203151	0.00	241
HYLAINE LLC	82-2644693	0.11	0
NEXT WAVE ENERGY PARTNERS LP	47-1660527	1.93	6361825
CANYON MIDSTREAM PARTNERS II LLC REDCLIFF MIDSTREAM LLC	81-1077316	0.00	1478656
JUNGLE DISK LLC	47-4941806	0.00	0
BLEYL INTERESTS INC DBA BLEYL ENGINEERING	76-0455264	1.88	11145568
PHOENIX PLASTICS LP	27-1535468	0.01	33224
PALM BEACH CAPITAL MANAGEMENT IV LLC	81-0725332	0.40	3090368
BELL CREEK FEEDERS	85-2244259	0.01	400794

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24 FOUNDATION	20-3768277	0.01	62668
NORTHEAST TECHNICAL SERVICES CO INC	34-1438512	0.45	5076798
CHOICE BALLAST SOLUTIONS LLC	46-4273338	0.01	68697
EAGLE PCO LLC	26-3219519	0.00	62731
SPLASH FINANCIAL INC	46-5483037	1.08	5316059
ADVANCE MACHINE TECHNOLOGIES LLC	84-2540757	0.17	794095
UV COUNTRY INC	42-1655301	0.01	42788
MIGUEL E TREVINO MD PA	55-0804098	0.02	38712
BHA JEWELRY LLC	82-0912440	0.11	132618

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DOGCENTRIC VENTURES INC DBA BARK SOCIAL	84-3480943	0.05	111386
FRAC FUEL SOLUTIONS	47-1760352	0.00	83546
ENVIRONMENTAL TREATMENT TECHNOLOGIES LLC	45-0512916	0.00	1405
PB EQUIPMENT INC	90-0933649	0.01	26412
QMODO AI INC	85-3512345	0.08	226319
PRAXIS VENTURES INC	46-4873466	0.20	559573
CAHILL SERVICES OPERATING LLC	47-4532987	1.46	3812388
STAGE 3 SEPARATION LLC	37-1637370	0.51	1262572
DXO CONSULTING LLC	27-1370068	0.00	6794

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TARSUS US HOLDINGS INC	41-2155980	0.05	0
TWG SUPPLY	27-3388870	0.00	0
PAULA J KRUPPSTADT MD PA	20-0130985	0.00	5087
EDGE NATURAL RESOURCES LLC	47-3099268	0.32	1508484
KEELEYTETON ADVISORS LLC	81-4164631	0.42	2307137
M J REIDER ASSOCIATES INC	23-1714835	0.38	2490711
JOLEY PARTNERS LLC	33-2342956	0.21	582455
TISDALE AIR CONDITION HEATING COMPANY	74-1719318	0.03	649013
HAWK ASSOCIATES LLC	80-0553081	0.39	1145587

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LIGHTNING PRODUCTION SERVICES LLC	81-2580661	0.13	213916
EA RESTORATION LLC	47-1814770	0.01	9387
TASTY TOPPINGS INCGOTTBERG AUTO COMPANY	47-0481675	0.28	645215
SCYNCE LED LLC	92-2708148	0.01	47724
WOODLAND MIDSTREAM II PAYROLL LLC	83-2298355	0.00	268483
WOODBIDGE PACIFIC GROUP	46-4393432	1.16	5129072
OSPREY MANAGEMENT LLC	02-0728177	0.04	427586
DYNOMAX DRILLING TOOLS USA INC	46-3112005	0.08	186761
METRO ACCOUNTING AND PROFESSIONAL AWACS	81-1857023	0.61	0

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DATAGRATION SOLUTIONS INC	85-1612186	0.29	650011
US CLOUD LC	04-3843034	1.57	3482229
SUMMATION ENTERPRISE LP	31-1825403	0.04	718945
STI VIBRATION MONITORING INC	27-2182887	0.18	443935
ZIGABYTE CORPORATION	46-3028474	0.07	4983
INGENERON INC	27-0062430	0.18	499667
VALLOW FLOOR COVERINGS INC	37-1135529	0.13	366281
IMEC USA NANOELECTRONICS DESIGN CENTER INC	30-0941966	0.59	2108993
INTERNATIONAL ALLIANCE GROUP LLC	86-2643268	0.35	486806

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BUMBLE MANAGEMENT	83-2252073	0.01	0
AXELA MGMT LLC AXELA CONSTRUCTION LLC	83-0573807	0.16	192251
OLGIN EFUNE RECYCLING COMPANY	82-3130153	0.00	0
HOUSTON GASTRO INSTITUTE PLLC	46-1804857	0.08	160295
FRACTAL RESOURCES LLC	87-1655727	0.15	324294
BMF SOLUTIONS LLC BMF MILLWORK SOLUTIONS	82-2345569	0.06	271189
MODUS ENGAGEMENT INC	81-3424599	0.00	0
WAO MANAGEMENT LLC	93-1395557	0.82	1186945
BUILDER FUNNEL	82-3697325	0.12	232925

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7TH ECHELON LLC	27-1508148	0.05	81417
NANOCOPOEIA LLC	47-2407281	0.47	2054319
SIMPLY PROTEIN FOR PETS INC	86-1702252	0.18	287842
INX BUILDING MAINTENANCE SOLUTIONS INC	05-0522919	0.17	388049
CREDITSERVE	27-5209258	1.34	3328425
TEXAS ARMORING CORPORATION	74-2818649	0.00	8656
RURAL REHAB PROVIDERS LLC	75-2929799	0.21	520338
RENTAL ZEBRA LLC	45-5022565	0.02	39037
ASHTON COMMERCIAL CONSTRUCTION LLC	74-3183579	0.18	328246

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GREEN LOOP IT SOLUTIONS	45-2712953	0.13	559992
RISENOW LLC	46-1313720	1.48	5933756
STRATITIA INC2C4 TECHNOLOGIES	27-1662748	0.56	3194055
REPUBLIC BANK OF ARIZONA	36-4558074	0.49	1576746
HAMBRIGHT ANIMAL HOSPITAL PLLC	46-5718679	0.40	1445583
NORTH CENTRAL TEXAS TRAUMA REGIONAL ADVISORY COUNCIL INC	75-2534492	0.42	1959258
FIRMAN POWER EQUIPMENT	65-0076799	0.95	2897706
FORTRESS BUILDING PRODUCTS	20-0118276	1.25	8053951
AZHAR VENTURES LLC SILVER RANCH LEARNING LLC	46-0848266	0.00	4141

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**Part II Participating Employer Information (Continued).**

Use this page for additional participating employer information.

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

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

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
JUST VIV LLC	87-2451346	0.13	305373
CAREBOX HEALTHCARE SOLUTIONS INC	47-1561466	0.02	130828
AMERICAN METRO BANK	36-4104140	0.25	988494
SENEGAL SPECIALTY CONTRACTING LLC	74-3057983	0.21	1234621
CALIBER ASSOCIATES INCCALIBER LLC	27-3930666	0.02	0
TEXAS SOCIETY OF PROFESSIONAL ENGINEERS	74-1003495	0.07	666145
CREDIBILITY INTERNATIONAL LLC	27-3554409	0.18	0
EAST COAST LLC	33-1134548	0.01	184421
IEC SUPPLY LLC	61-1418086	0.02	0

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AZEA INSTITUTIONS LLC	84-2443601	0.01	19056
RKTM ACQUISITION CO LLC INDUSTRIAL STORAGE SERVICES LLC	87-2857441	0.57	1173424
WINCHESTER ENERGY LLC	46-5585623	0.11	267753
SMARTER SYSTEMS LLC	75-3264371	0.19	622022
DEHY ALFALFA MILLS INC	35-2739816	0.00	0
SOFTWARE BUILT BY DESIGN INC	47-2104351	0.00	15845
AMERIBULK TRANSPORT LLC	84-3835137	0.03	91067
IVY KIDS YOUNG RANCH	82-5075082	0.01	2661
GROF LOUDOUN VALLEY LLC	86-3231590	0.00	2796

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NEWLAND MORTGAGE INC	83-3467059	0.21	1534862
HUBERT VESTER OPERATING COMPANY LLC	20-0531491	0.73	5905236
GLOBAL MANUFACTURING SERVICES INC	27-1934637	0.01	185153
GEORGE CLINICAL INC	36-4824331	1.60	6546466
RAISEUP FAMILIES	76-0447678	0.05	82360
BEATRICE MECHANICAL CORPORATION INC	47-0726148	0.05	436470
BTT HOLDINGSBEN WENNINGHOFF HOLDINGS	87-4118206	0.05	781427
FAIRWAY CAPITAL LLC	83-1675429	0.00	0
REALLY GREAT READING COMPANY LLC	90-0981289	0.74	1937928

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FRANCHICZAR LLC	38-4016000	0.15	504297
RETHOUGHT INSURANCE CORP	82-1376329	0.41	1114429
IVY KIDS LLCKATY IVY KIDS	72-1538585	0.07	61562
BTR CONTROLS INC	36-3429487	0.23	712685
ZAZEN SURGERY CENTER LLC	82-3792974	0.04	109230
PARAGON CONSTRUCTION COMPANY LLC	61-1964887	0.39	430881
CHANDLER OPERATIONS LLC	46-5372271	0.06	95802
PATHWAYS ASSISTED LIVING MEMORY CARE LLC	37-1703179	0.03	28515
HOUGHTON OPERATIONS LLC	47-5410415	0.00	302

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DYNACARE OPERATIONS LLC	20-8867835	0.02	14379
GENETIC REFLECTIONS LLC	83-1327010	0.00	0
GREENSBORO CEREBRAL PALSY ASSOCIATION INC	56-0591312	0.01	11010
N M ENTERPRISES INC	26-1302086	0.19	859187
ZLINQ INC	82-4681290	0.58	1935336
SOLERA SPECIALTY PHARMACY LLC	46-2221080	0.00	91428
ADVANCED BUILDING SERVICES INC	54-1837664	0.15	834847
WATEARTH INC	26-3679313	0.08	292228
ASPEN AUTO CLINIC LLC TRANSFORMERS INSTITUTE	84-3851194	0.07	180375

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PERMUTA TECHNOLOGIES INC	52-2208050	0.57	3477935
ROCKY MOUNTAIN BIOHAZARD INC	81-4714394	0.05	58402
PROFICIO SURGICAL ASSISTANTS	47-1208933	0.51	1033298
HUBWISE TECHNOLOGY INC	82-2123508	0.11	191744
MINDBODYGREEN LLC	26-3056412	0.43	1171791
THRIVE FAMILY MEDICINE	83-0778875	0.16	607412
ADVANCED AUTOBODY OKATIE	03-0458346	0.00	39091
SPECTRA TRUE COLOUR LLC	02-0578182	0.00	2471
B AND S HOLDINGS LLC	47-1983795	0.12	417571

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BROOKS FURNITURE XPRESS INC	36-4700086	2.19	5960747
BROAD RIVER DENTISTRY LLC	83-1659138	0.05	227385
ECONONMIC DEVELOPMENT PARTNERSHIP	57-0787606	0.10	620234
CLARKSON HALE LLC	46-5227215	0.08	357149
CAPITOL KAWASAKI INC DBA COLUMBIA POWER SPORTS	57-0696296	0.12	343619
D J MACHINERY AND RIGGINGS LLC	03-0095281	0.00	306856
DPX LABS LLC	03-0600423	0.28	623378
FREIGHTBREAKERS LLC	46-3531040	0.08	171705
HAND TANNER FINANCIAL GROUP INC	57-0909399	0.16	1133796

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HILTON HEAD RETINA INSTITUTE LLC	85-3285595	0.11	251455
HEAVY IRON LLC	26-1399952	0.20	418613
TRACY AMOS FULMER CPA PA	57-1039384	0.00	36427
MORRIS GARAGE INC	57-0939298	0.05	126077
MEMORY MATTERS	58-2291775	0.07	243335
MARKET SEARCH CORPORATION	57-0797479	0.02	621830
OMNI PROPERTY MANAGEMENT DEVELOPMENT SERVICES LLC	10-3415573	0.00	4042
PROSTAFFING US LLC	20-5496632	0.07	176565
PRIME CHOICE PACKAGING LLC	56-2207667	0.34	1785002

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PEO LAW FIRM LLC DBA THE PEO LAW FIRM LLC	84-3944398	0.10	327108
ASSOC OF LANDOWERS OF PORT ROYAL PLANTATION	23-7348130	0.11	732136
SRS COMMUNITY REUSE ORGANIZATION	57-0986131	0.20	955283
TIDELINE CPA GROUP LLC	82-1942851	0.26	734101
TRIUNE MERCY CENTER	20-0503624	0.11	363686
VISTA HOLDING GROUP INC	26-0498684	0.17	710868
5 HORIZONS GROUP LLC	26-0716185	0.16	723675
ACUMEN IT	20-8676478	0.30	2240368
CAROLINAPEO INC	20-2420205	0.14	725544

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CONMOTO INC	38-4060558	0.17	532629
CROSS RIVER CARDIOLOGY	46-5505272	0.18	618852
DEVPRO	27-4315673	0.09	147033
DIGITAL REPAIR LLC	26-4249050	0.12	394165
DISTINCTIVE CABINETS LLC	20-2458392	0.04	351772
EMILY K CENTER	56-2230469	0.17	633780
GENESIS MEDIA	20-8733987	0.15	210559
GERHARDI INC	81-3129208	0.01	0
HC CINC	56-1037961	0.10	1129169

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INNOVATIVE BUSINESS SOLUTIONS LLC	26-3404606	0.18	546081
JENISON CONSTRUCTION	56-1607412	0.11	871762
MILLENNIUM WATER ALLIANCE	75-3098460	0.07	488398
PIERCE INSURANCE AGENCY INC	56-1108836	0.32	1938693
PROAD SPORTS INC	62-0912787	0.02	22833
RETAIL ARCHITECTS INC	27-0572209	0.34	2793574
RT GEAR LLC	27-3788935	0.00	212808
SPECIALIZED ROOFING INSULATION INC	20-5489541	0.00	90716
STONE BUILDING SERVICES LLC	47-4240151	0.18	364878

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TURNING POINT INC	58-1698701	0.10	469120
VAN DER NOORD FINANCIAL ADVISORS INC	58-2489382	0.10	501872
MOUTHPIECE EXPRESS LLC	20-2465300	0.06	1188300
SALON DESHANO	06-1700229	0.01	234202
FEREBEEJOHNSON COMPANY INC	54-0461857	0.10	1346144
CUNDIFF HEATING AIR CONDITIONING INC CENTRAL AIR CONDIT	54-1113289	0.17	1107440
BLUE RIDGE DIESEL INJECTION INC	54-0946836	0.05	1056709
NEWHALL MOBILEWORKS	46-2875522	0.00	2709
DOMINION SERVICE AND PARTS LLC	47-2624308	0.05	422097

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CT JAMISONS PRECAST INC	47-5486861	0.00	6574
KUSTOM FILM TINT LLC	46-3658382	0.10	228365
PALMETTO RESIDENTIAL RENTALS LLC	56-2308425	0.43	4652202
CAROLINA YOUTH COALITION	82-4313926	0.09	226525
PS121 MANAGEMENT PA DBA VIDA GYNECOLOGY	83-1069179	0.11	979158
DAIKYONISHIKAWA USA INC	98-0352141	1.82	3318884
FOXFIRE TECHNOLOGIES INC	52-1511133	0.03	178146
EARNNEST	82-2470162	0.12	314319
INTERSERV	16-1698770	0.06	151689

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NC IDEA	01-0702442	0.26	1012774
BLACKSTOCK CONSULTING INC	81-2480295	0.09	380369
BLUE GAS MARINE INC	45-4566497	0.03	42200
MACFAB	56-1345903	0.00	0
NORRIS RIDGE OWNER LLC	84-3588146	0.00	394
DAF INC DBA JP CARLTON COMPANY	57-0681775	0.39	2573737
SERVANT REHABILITATION	84-4112643	0.04	201154
TITAN CHEMICAL TRANSFER SOLUTIONS LLC PUREGREEN EQUIPMENT	45-5474001	0.16	812521
WATKINS BROTHERS INC OF COWPENS	57-0714217	0.17	542369

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GROWTH FOCUSED LLC DBA SHIP SIMPLY	84-2424945	0.00	284234
CEDAR SPRING FAMILY DENTISTRY LLC	81-0684464	0.38	1618551
BEACON PROPERTY SERVICES LLC	85-1041820	0.01	17688
TK SUPPLIES PACKAGING	47-4456439	0.46	2230277
LIVE MOORE REAL ESTATE SERVICES INC	68-0515838	0.09	132991
BAHMUELLER TECHNOLOGIES INC	56-2177049	0.03	57165
ACCREDIT SOLUTIONS INC	61-1949053	0.07	112659
J C COX LLC DBA EUROSPECIALTY INC	86-3509015	0.01	59212
LIIPFERT LAW GROUP PLLC	47-4980917	0.00	52689

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**Part II Participating Employer Information (Continued).**

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

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

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
BRAGG WASTE SERVICE INC	20-0509678	0.06	189591
PEDIATRIC DENTISTRY OF SPARTANBURG	82-2203120	0.11	506416
SUPREME ELASTIC CORPORATION	56-0815483	0.00	53
SUPERCLEAN SERVICE COMPANY INC	75-2304358	0.34	1871810
NORTHSIDE DEVELOPMENT CORP	30-0698663	0.07	132786
MULLIKIN GROUP INC	83-3036963	0.73	1183996
TREIS BLOCKCHAIN LLC	82-3137228	0.02	223718
INVENIAM CAPITAL PARTNERS	47-5299528	0.24	563815
SOLVEITROCKS INC	81-2883175	0.07	190236

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**Part II Participating Employer Information (Continued).**

Use this page for additional participating employer information.

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

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
PROVISTA WEALTH ADVISORS	88-2122749	0.18	0
GRAVITY 9 LLC	88-1445501	0.09	330622
BULIGO CAPITAL NA INC	37-1831638	0.19	337137
WESTERN ROOTS LLC	88-2583297	0.00	1384
THE FRANKLIN SCHOOL	99-1751830	0.11	189774
SERENA GROUP INC	26-4449999	0.16	521255
OMNISCIENCE INC	84-2747484	0.55	1443503
ASCEND CARDIOVASCULAR LLC	36-4040028	0.64	6341216
REHAB ESSENTIALS	30-0275429	0.28	1516085

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**Part II Participating Employer Information (Continued).**

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

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
LAKE TOXAWAY COMPANY	57-0406346	0.06	86691
3WIN CORP	47-5502507	0.53	1671745
ASTER AGING INC	94-2596075	0.04	318758
PRECISION SPORTS PHYSICAL THERAPY	83-1701957	0.01	10356
ADVANCED AUTO BODY II	82-4886464	0.00	114742
NATIONAL ASSET MORTGAGE LLC	45-3062201	0.07	183250
WILLIAMS SYNDROME ASSOCIATION	22-3305007	0.00	0
ML LUBRICATION USA INC	26-2070984	0.08	1045279
LEL INTERNATIONAL INC	64-0961844	0.09	188565

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**Part II Participating Employer Information (Continued).**

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2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
PENROSE MIDSTREAM PAYROLL LLC	92-1054981	0.16	709220
PETROLEUM DISTRIBUTION LLC	83-1648488	0.06	114572
LUCI SYSTEMS LLC	87-2297741	0.25	370409
SOUTHWEST PHARMACY SOLUTIONS INC	41-2063362	0.78	4965679
CURTEC USA LLC	88-2227163	0.16	237329
CLOUD4IA LLC DBA CLOUDFORIA	30-1171398	0.36	942822
PIONEER FUND COS LTD	81-4956814	0.06	83911
INTEGRITY WELDING FABRICATION LLCOLORADO WATERJET LLC	83-3095657	0.03	36830
SENIOR HEALTH AND EDUCATION PARTNERS PLLC	47-1781940	0.38	2763581

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**Part II Participating Employer Information (Continued).**

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SWJC INC DBA CONTINENTAL ENGINES	58-2346625	0.12	0
CARBONHELIX LLC	47-4635451	0.02	0
CRYSTAL HEATING COOLING SERVICE INC	43-0961915	0.04	228754
PREMIEREPC TECHNOLOGY GROUP LLC	20-4584342	0.05	77766
SANIGLAZE INTERNATIONAL LLC	59-3635047	0.13	620525
SSH GOLF ACQUISITION LLC	87-4727938	0.02	15214
CCG CATALYST LLC	45-4197408	0.04	0
DRS INDUSTRIES	88-0959558	0.05	67846
ENVIRONMENTAL HOME PROTECTION	31-1590021	0.10	142573

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WARD MUNGO CONSTRUCTION LLC	56-2416008	0.19	250227
LAWYERS COMMITTEE FOR BETTER HOUSING	36-3134577	0.24	944884
STARWOOD MOUNTAIN RANCH LLC	45-4807596	0.06	90484
GCI OF SPARTANBURG LLC	26-2342530	0.03	32946
BUSINESS ACTUALIZATION	45-4532131	0.04	88155
CARE PROFESSIONAL LIABILITY ASSOCIATION LLC	57-1198664	0.17	749243
AYMING INC	38-4013006	0.35	754186
OCEANVIEW CONSULTING GROUP LLC	84-4732490	0.15	171503
SAI FLIGHT SUPPORTSAI FLIGHT SERVICES INC	46-5027188	0.31	714040

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C C ESTATES DBA CREATIVE RETIREMENT SOLUTIONS GROUP	82-3909672	0.10	266983
SCRC MANAGEMENT INC	45-4857136	0.08	359768
BIMMER RESCUE LLC PARTICIPATING EMPLOYERS	26-2743817	0.02	0
SHAE MEDICAL PLLC	87-1524284	0.06	44516
BELSER LAW FIRM PA	57-0979589	0.14	194937
THE THOMAS TRIO LLC	83-3244591	0.00	0
WTS OF JONESVILLE LLC	45-4125553	0.07	553407
GEAR TIE LLC DBA XTRUDEX	27-1174494	0.15	448122
CEDAR HEIGHTS HOMEOWNERS ASSOCIATION INC	84-1116996	0.00	1534

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ALLIANCE FOR A HEALTHIER SOUTH CAROLINA	92-1097411	0.06	159264
THRIVE FIVE PARTNERS	87-3579574	0.12	126003
EMISSION COOLING SOLUTIONS LLC	30-1337664	0.07	195059
CORINTHIAN HEALTH SERVICES INCCWS SOUTHLAKE LLC	74-2897477	0.86	6473179
SAN ANTONIO APARTMENT ASSOCIATION	74-6085530	0.08	327153
WESTERN VOCATIONAL SERVICES INC	39-1916411	0.09	144035
BUCCI INDUSTRIES USA INC	13-3688242	0.37	3235855
WESTERN ALTERNATIVE CORRECTIONS INC	47-0819067	0.04	38260
SPARK REVENUE LLC	26-0846570	0.25	2770431

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NORTHGATE COUNTRY CLUBWALDEN GOLF CLUB	46-1203151	0.00	152106
SONORAN TECHNOLOGY B1 DYESS	20-8467210	0.10	0
UNITED MINISTRIES	57-0511977	0.16	200794
TEAMLOGIC IT OF COLORADO	92-2694890	0.04	71415
KOCHEK CO LLC	81-3577942	0.17	445294
BATCH 26 COFFEE ROASTING COMPANY	88-4422884	0.09	728050
JW AFFINITY IT LLC	46-4961726	0.33	655780
WEITZMAN NATIONAL MUSEUM OF AMERICAN JEWISH HISTORY	23-7379280	0.38	3229630
CUSTOM SPRINGS MANUFACTURING LLC	47-4864455	0.07	80792

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FLAGSHIP POWER SERVICES LLC	88-3573258	0.04	49089
CHEROENHAKA NOTTOWAY ENTERPRISES LLC	36-4913116	0.23	246903
SANNAM S4 INC	36-4828423	0.08	119258
LCP INVESTOR LLCLCPM VAIL EMPLOYMENT LLC	81-3149877	0.16	5884026
MULTIPLIHR LLC	92-3339262	0.00	602
VIGILINT EXPEDITIONARY SOLUTIONS INC	81-2250666	0.86	2012904
VIGILINT PROTECTIVE HEALTH SOLUTIONS PLLC	22-3936861	0.67	638538
COLORADO ACADEMY OF VETERINARY TECHNOLOGY INC	20-8468052	0.07	72677
CONVENIENT APPLIANCE SERVICE INC	56-1685676	0.19	713512

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DOVLY	84-1790390	0.10	225553
GUNPOWDER INC	47-3253005	0.30	1346130
ROGER AND JAN ENTERPRISES INC	84-1725799	0.02	14503
MILE HIGH CYBER LLC	85-1911707	0.10	205259
HS BRANDS GLOBAL	04-3507666	0.01	138286
TEXAS MULTICHEM LTD	74-2196683	0.36	1302384
SONORAN TECHNOLOGY PROFESSIONAL SERVICES VANCE	20-8467219	0.03	0
SPIGEL PROPERTIES LLC	74-2680768	0.27	1468141
JMA MEDICAL GROUP LTD LLP	20-2041662	0.00	44654

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2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
PROTEUS AUTOSPORT HOLDINGS LLC DBA JESSES GARAGE	87-1230544	0.08	464000
THE NETWORK OF BEHAVIORAL HEALTH PROVIDERS	75-3220882	0.04	107650
SHADE INDUSTRIES INC	90-0629852	0.22	540470
KJ TECHNOLOGY CONSULTING INC	11-3420469	0.17	0
MACHEREYNAGEL INC	22-3559103	0.19	155758
LOWCOUNTRY YOUTH SERVICES	94-3446641	0.01	11087
PH HEALTHCARE SERVICES INC DBA PATRIOT HOSPICE	45-3815342	0.32	1298125
LAKE TOXAWAY COUNTRY CLUB	56-1550040	0.18	126498
SHINE SYSTEMS LLC SHINE MANAGEMENT INC	26-0871283	0.60	3613120

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2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
PARK VISTA SENIOR HOUSING MANAGEMENT LLC	27-0573221	0.24	561816
CRUCIBLE CHEMICAL COMPANY	36-2638561	0.06	44525
UNITED WATER RESTORATION GROUP OF CHARLOTTE	83-1713327	0.13	91990
STRATEGIC SPARTANBURG INC	88-3599716	0.02	14066
WEAVER INSURANCE LLC	86-1898313	0.01	10851
ANDERSONS WELDING SERVICE INC	46-4401056	0.04	29832
ADMIRAL PERMIAN OPERATING LLC	88-1667903	0.43	314646
NATIONAL OVARIAN CANCER COALITION INC	65-0628064	0.10	944543
BLUPRINT ONCOLOGY CONCEPTS LLC/BLENDWORKS LLC	81-2087605	0.88	2988209

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TRID PLUMBING LLC	46-4306948	0.00	391128
VIACODE CONSULTING LLC	06-1613147	0.31	228898
MEGA CLINICS LLC	20-2537566	0.19	1672963
TRUTH BROADCASTING CORP	56-1460305	0.03	21055
EDUWORKS CORPORATION	93-1327990	0.54	1972412
LIFELINE PROFESSIONAL COUNSELING SERVICES INC	57-1203051	0.21	845226
COREWORKS HEAT EXCHANGERS LLC	82-1835316	0.49	1066809
PERSHING TECHNOLOGIES	26-4455698	0.32	1137259
ALPHA OMICRON PI FOUNDATION	58-1343315	0.06	155237

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ALPHA OMICRON PI FRATERNITY INC PARTICIPATING EMPLOYERS	62-0950113	0.22	1556830
HIGH FIDELITY	85-1424255	0.16	146400
DARRINS PLACE INC	84-4247450	0.04	60269
ELENTENY HOLDINGS LLC	27-1863325	0.33	1940059
ROVD USA INC	35-2570882	0.00	2966
KEYSTONE PROPERTY MGT LLC	47-3831277	0.15	632222
FOUR WINDS BEHAVIORAL HEALTH INC	46-2965783	0.00	11497
CANCER SUPPORT COMMUNITY ARIZONA	86-0897810	0.06	184515
LUMBEE TRIBE HOLDINGS INC PARTICIPATING EMPLOYERS	45-2850833	0.90	3133599

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

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
TEXAS COMPLETE TRUCK CENTER	47-4157363	0.00	2980
UMIMIU	86-3100476	0.00	1703
THE STATION LAND CO LLC	87-4380263	0.22	475346
JH METROLOGY CO INC	36-2892893	0.08	936852
EMERGE DIAGNOSTICS INC	90-0849392	0.09	352585
PRO MEDICAL EAST LLC	22-3822364	0.01	44749
SUPERIOR JOINING TECHNOLOGIES	36-3863555	0.01	99779
MERRITT GARAGE DOORS AND SERVICES INC	27-0383346	0.06	43833
SWISH BIO LP DBA SWISH	92-2789213	0.03	2748

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

**Part II Participating Employer Information (Continued).**

Use this page for additional participating employer information.

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

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

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
CALAVISTA LP	75-3011216	0.04	791609
PERFORMANCE ALLOY LLC	26-0622129	0.06	946928
DESERT WHALE PRODUCTIONS INC	20-3129882	0.10	187758
ROST MARTIN LLC	85-2980380	0.02	10772
EVALAST AMERICAS LLC	93-3303350	0.18	152034
ZION ZION LLC	20-8032032	0.20	841723
POWDERSIZE LLC	47-4546092	0.35	3714567
FORT CAPITAL LPPOWERS CAPITAL TEAM LLC	46-2744820	0.24	1135748
MASTER MACHINING INC	56-1773312	0.13	823488

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**Part II Participating Employer Information (Continued).**

Use this page for additional participating employer information.

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

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

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
EDWARDS CAPTIAL CORP DBA PRIME REAL ESTATE	74-2439130	0.02	13948
TRAMONTE DESIGN STUDIO LLC	47-4143874	0.04	465441
RIVER RIDGE RENTALS	20-1504543	0.01	459201
COPEVILLE SPECIAL UTILITY DISTRICT	26-1248175	0.04	148237
DENVER PUB VENTURE I LLC PARTICIPATING EMPLOYERS	26-1226846	0.01	7447
DESIGNQUEST LLC	26-2988397	0.06	38574
AE GLOBAL MEDIA INC	56-1806564	0.01	575088
TEXAS CONNECTIVITY LLC	85-3128433	0.02	12422
CLAYCON PACKOUT LLC	93-2306425	0.00	738

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

**Part II Participating Employer Information (Continued).**

Use this page for additional participating employer information.

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

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

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
VET PROS LLC PARTICIPATING EMPLOYERS	86-1424603	0.01	76110
ABSOLUTE SYSTEMS LLC	27-0752388	0.00	45926
THE STOWELL COMPANY INC	41-2181568	0.52	522665
LB SMITH CONSTRUCTION LLC	20-4772342	0.02	57399
TRIPLE J COIL TUBING PRODUCTS LLC	45-4853998	0.06	717894
THE PARC GROUP INC	59-3063755	0.31	2683402
KC TRENDS LLC	26-0045826	0.00	20031
COMTEC SYSTEMS INC	84-0989686	0.00	1069
GERHARDI INC	57-1088358	0.01	201868

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**Part II Participating Employer Information (Continued).**

Use this page for additional participating employer information.

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

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

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
TOTAL DOCUMENT SOLUTIONS INCTDS IT LR LLC	71-0797672	0.11	1900238
BECKER FARMS INC DBA BECKER VINEYARDS	74-2668794	0.06	42878
PEAK3 LTD	82-2400435	0.09	63014
ADVANCED LEGAL SYSTEMS INC	93-1232677	0.01	7596
NEW MEXICO WELLNESS LLC	85-2560896	0.03	17571
HIS WAY AT WORK	26-2522139	0.03	22840
UNITED WAY OF PUEBLO COUNTY COLORADO INC	84-0404917	0.01	6075
ACTION TECHNOLOGY SERVICES LLC	83-4400586	0.01	8302
AREA REAL ESTATE LLC	45-2551717	0.01	99332

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**Part II Participating Employer Information (Continued).**

Use this page for additional participating employer information.

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

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

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
TUYA NOW LLC	36-4821101	0.03	22683
INDUSTRIAL VACUUM TRANSFER SERVICES USA LLC	85-3924438	0.02	14282
WESTERN SKY ENERGY PARTNERS LLC	93-2730349	0.04	25663
MARGAUX NEW YORK INC	88-4360407	0.02	10888
ALTOR LLC	87-1553435	0.02	52820

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

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<b>Part III</b>	<b>Pooled Employer Plan Information</b>
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**Line 3.** All Pooled employer plans must answer all of the questions in Part III, in addition to completing all of Parts I and II.

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

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

ACK ID \_\_\_\_\_

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**QUESTCO COMPANIES  
RETIREMENT PLAN**

AUDITED FINANCIAL STATEMENTS  
AND  
SUPPLEMENTARY INFORMATION

As of December 31, 2024 and 2023  
and for the year ended December 31, 2024

# QUESTCO COMPANIES RETIREMENT PLAN

## TABLE OF CONTENTS

	Page
<b>Independent Auditor's Report</b>	1
<b>Financial Statements</b>	
Statements of Net Assets Available for Benefits	4
Statement of Changes in Net Assets Available for Benefits	5
Notes to Financial Statements	6
<b>Supplementary Information</b>	
Schedule H – Line 4i – Schedule of Assets (Held at End of Year)	17



## INDEPENDENT AUDITOR'S REPORT

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

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

We have performed audits of the accompanying financial statements of the Questco Companies Retirement Plan (the "Plan"), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statements of net assets available for benefits as of December 31, 2024 and 2023, and the related statement of changes in net assets available for benefits for the year ended December 31, 2024, and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audits of the Plan's financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our audits need not extend to any statements or information related to assets held for investment of the Plan (investment information) by a bank or similar institution or insurance carrier that is regulated, supervised, and subject to periodic examination by a state or federal agency, provided that the statements or information regarding assets so held are prepared and certified to by the bank or similar institution or insurance carrier in accordance with 29 CFR 2520.103-5 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA (qualified institution).

Management has obtained certifications from a qualified institution as of December 31, 2024 and 2023, and for the year ended December 31, 2024, stating that the certified investment information, as described in Note 3 to the financial statements, is complete and accurate.

### Opinion

In our opinion, based on our audits and on the procedures performed as described in the Auditor's Responsibilities for the Audit of the Financial Statements section –

- the amounts and disclosures in the financial statements referred to above, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.
- the information in the financial statements referred to above related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

### Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of the Plan and to meet our other ethical responsibilities in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

### **Responsibilities of Management for the Financial Statements**

Management is responsible for the preparation and fair presentation of the financial statements in accordance with accounting principles generally accepted in the United States of America, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error. Management's election of the ERISA Section 103(a)(3)(C) audit does not affect management's responsibility for the financial statements.

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for one year after the date the financial statements are available to be issued.

Management is also responsible for maintaining a current plan instrument, including all plan amendments, administering the Plan, and determining that the Plan's transactions that are presented and disclosed in the financial statements are in conformity with the Plan's provisions, including maintaining sufficient records with respect to each of the participants, to determine the benefits due or which may become due to such participants.

### **Auditor's Responsibilities for the Audit of the Financial Statements**

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audit section of our report, our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with GAAS, we:

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

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

Our audits did not extend to the certified investment information, except for obtaining and reading the certification, comparing the certified investment information with the related information presented and disclosed in the financial statements, and reading the disclosures relating to the certified investment information to assess whether they are in accordance with the presentation and disclosure requirements of accounting principles generally accepted in the United States of America.

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

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

#### **Supplemental Schedules Required by ERISA**

The supplemental schedule, Schedule of Assets (Held at End of Year) as of December 31, 2024 is presented for purposes of additional analysis and is not a required part of the financial statements but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedule, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. For information included in the supplemental schedule that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

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

In our opinion—

- the form and content of the supplemental schedule, other than the information in the supplemental schedule that agreed to or is derived from the certified investment information, is presented, in all material respects, in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.
- the information in the supplemental schedule related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

*UHY LLP*

Sterling Heights, Michigan  
October 2, 2025

**QUESTCO COMPANIES RETIREMENT PLAN**  
**STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS**

	December 31,	
	2024	2023
<b>ASSETS</b>		
Investments at fair value	<b>\$ 430,965,727</b>	\$ 359,615,885
Investment at contract value	<b>1,606,854</b>	1,634,297
Receivables		
Employer contributions	<b>1,155,158</b>	1,412,948
Participant contributions	<b>607,076</b>	1,383,605
Other receivables	<b>21,998</b>	59,747
Notes receivable from participants	<b>7,218,262</b>	5,647,690
Total receivables	<b>9,002,494</b>	8,503,990
Total assets	<b>441,575,075</b>	369,754,172
<b>LIABILITIES - Excess contributions payable</b>	<b>-</b>	244,282
Net assets available for benefits	<b>\$ 441,575,075</b>	\$ 369,509,890

**QUESTCO COMPANIES RETIREMENT PLAN**  
**STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS**  
Year ended December 31, 2024

**ADDITIONS:**

Investment income:	
Net appreciation in the fair value of investments	\$ 43,451,761
Dividends	<u>10,046,954</u>
Total investment income	53,498,715
Interest income on notes receivable from participants	444,273
Contributions:	
Employer	20,657,122
Participants	47,782,921
Rollovers	<u>6,341,632</u>
Total contributions	<u>74,781,675</u>
Total additions	128,724,663

**DEDUCTIONS:**

Benefits paid to participants	45,684,687
Corrective distributions	151,189
Administrative expenses	<u>2,922,749</u>
Total deductions	<u>48,758,625</u>

**NET INCREASE IN NET ASSETS** 79,966,038

**OTHER CHANGES IN NET ASSETS**

Transfers of assets from other plans	45,687,215
Transfers of assets to other plans	<u>(53,588,068)</u>
Net other changes	(7,900,853)

**NET ASSETS AVAILABLE FOR BENEFITS:**

<b>Beginning of year</b>	<u>369,509,890</u>
<b>End of year</b>	<u><u>\$ 441,575,075</u></u>

**QUESTCO COMPANIES RETIREMENT PLAN**  
**NOTES TO FINANCIAL STATEMENTS**  
**December 31, 2024 and 2023**

**NOTE 1 – DESCRIPTION OF THE PLAN**

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

**General**

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

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

The Setting Every Community Up for Retirement Enhancement Act 2.0 of 2022 (the SECURE Act 2.0) was signed into law December 29, 2022. This law, among other things, includes several required and optional provisions that will impact employee benefit plans that go into effect at various times through 2027. The provisions that were required to be implemented during the year ended December 31, 2024 are; 1) pre-death RMDs are not required from Roth accounts, 2) surviving spouse can elect to be treated as deceased employee for purposes of RMD rules, 3) correction period for employee deferral failures is extended to 9 ½ months after the end of the Plan year in which the error was made. The optional provisions that could be implemented during the year ended December 31, 2024 are; 1) the ability to offer non-highly compensated employees an emergency savings account, 2) to increase the cash-out balance to \$7,000, 3) to allow distributions for domestic abuse victim, 4) to allow for emergency expense distribution of up to \$1,000 and 5) to allow auto portability of amounts in that were rolled into an IRA due to cash out rules to be rolled into a new employer’s plan.

**QUESTCO COMPANIES RETIREMENT PLAN**  
**NOTES TO FINANCIAL STATEMENTS**  
**December 31, 2024 and 2023**

**NOTE 1 – DESCRIPTION OF THE PLAN (Continued)**

**General (Continued)**

The Plan adopted several optional provisions of the Secure Act 2.0 during the 2024 plan year including: 1) Hardship distributions are permitted to be self-certified, 2) Long-term part-time employees who do not meet normal eligibility conditions can participate in their employer retirement plan once they have (i) reached age 21, and (ii) have worked at least 500 hours in three consecutive 12-month periods. For eligibility and vesting purposes, years of service prior to 2021 are disregarded. LTPT participants can be excluded for nondiscrimination purposes including the safe harbor plan rules. LTPT employees can be excluded from receiving employer contributions, 3) Effective January 1, 2024, the plan will disregard community property ownership between spouses. The provision will allow couples in community property states to use non-involvement exception in controlled group determinations. This prevents parent-child attribution from creating controlled group between businesses owned separately by the spouses. This also applies to common control and traditional affiliated service groups. If this results in breakup of group, coverage transition rule applies, 4) Effective January 1, 2024, starting with RMD's required in 2024 (except RMD's due by April 1 for those reaching their RMD age in the prior year), pre-death RMD's are no longer required to be made from a designated Roth account maintained under a 401(k), 5) Effective January 1, 2024, the Plan allows for the employers to adopt a discretionary amendment after the end of the year and by the due date of filing the tax return to retroactively increase participants' benefits in the prior year, including but not limited to, adding or increasing nonelective contributions. The amendment is treated as adopted on the last day of the prior plan year, 6) Effective January 1, 2024, the amendment allows a top-heavy plan that covers otherwise excludable employees (employees that do not satisfy the Internal Revenue Code's minimum age and service eligibility rules – age 21 and one year of service) – to perform separate top-heavy testing for excludable and nonexcludable employees. This typically means otherwise excludable employees don't need to get the top-heavy minimum contribution, 7) Under current law, employers must keep the SIMPLE IRA for an entire year. Effective January 1, 2024, the provision permits an employer to elect to replace a SIMPLE IRA plan with a safe harbor 401(k) plan at any time during the year, as long as certain criteria are met. Deferral limit is prorated (by day) between SIMPLE IRA and 402(g) limit during the transition year. The two-year rollover limitation in SIMPLE IRAs converting to a 401(k) is waived, subject to certain requirements. The Plan will be amended for the required provisions in accordance with applicable law and IRS guidance.

**QUESTCO COMPANIES RETIREMENT PLAN**  
**NOTES TO FINANCIAL STATEMENTS**  
**December 31, 2024 and 2023**

**NOTE 1 – DESCRIPTION OF THE PLAN (Continued)**

**Contributions**

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

Each adopting employers' matching contributions are discretionary and determined as a percentage of participant elected deferrals for that employer. For the year ended December 31, 2024, adopting employers contributed a discretionary match at various rates.

If elected, each adopting employer makes a safe harbor matching contribution. For the year ended December 31, 2024, adopting employers contributed from 100% of employee deferrals up to the first 1% and 50% of the next 5% to 100% of employee deferrals up to 5% of compensation.

Each adopting employers' discretionary profit-sharing contributions are determined annually by the adopting employer. Profit sharing contributions are allocated to each participant based upon the ratio of the participant's compensation to the total compensation of the adopting employer. There were no profit-sharing contributions for the year ended December 31, 2024.

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

**QUESTCO COMPANIES RETIREMENT PLAN**  
**NOTES TO FINANCIAL STATEMENTS**  
**December 31, 2024 and 2023**

**NOTE 1 – DESCRIPTION OF THE PLAN (Continued)**

**Participant Accounts**

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

**Vesting**

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

**Notes Receivable from Participants**

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

**Payment of Vested Benefits**

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

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

**QUESTCO COMPANIES RETIREMENT PLAN**  
**NOTES TO FINANCIAL STATEMENTS**  
**December 31, 2024 and 2023**

**NOTE 1 – DESCRIPTION OF THE PLAN (Continued)**

**Forfeited Accounts**

As of December 31, 2024, and 2023, forfeited nonvested accounts totaled \$821,748 and \$806,437, respectively. These will be used to pay plan expenses or reduce employer contributions. During the year ended December 31, 2024, forfeited nonvested accounts in the amount \$887,481 were used to reduce the employer match.

**NOTE 2 – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES**

**Basis of Accounting**

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

**Use of Estimates**

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

**Investment Valuation and Income Recognition**

Investments are stated at fair value (except for the fully benefit-responsive investment contract, which is reported at contract value). Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. Plan management determines the Plan's valuation policies utilizing information provided by the investment advisors and custodian.

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

**Contributions**

Contributions from Plan participants and the matching contributions from the employer are recorded in the year in which the employee contributions are withheld from compensation. No allowance for credit losses had been recorded as of December 31, 2024 and 2023.

**QUESTCO COMPANIES RETIREMENT PLAN**  
**NOTES TO FINANCIAL STATEMENTS**  
**December 31, 2024 and 2023**

**NOTE 2 – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)**

**Notes Receivable from Participants**

Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Interest income is recorded on the accrual basis. Related fees are recorded as administrative expenses and are expensed when they are incurred.

**Payments of Benefits**

Benefits are recorded when paid.

**Expenses**

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

**Subsequent Events**

The plan sponsor has performed a review of events subsequent to the statements of net assets available for benefits date through October 2, 2025, the date the financial statements were available to be issued, and has determined there are no material events that have occurred during this period, except as disclosed in Note 11.

**NOTE 3 – CERTIFIED INVESTMENTS**

Certain information related to investments disclosed in the accompanying financial statements and ERISA-required supplemental schedule, including investments held at December 31, 2024 and 2023, net appreciation in fair value of investments, and dividends for the year ended December 31, 2024, was obtained by management and agreed to or derived from information supplied to the plan administrator and certified as complete and accurate by Fidelity Personal Trust Company, FSB, a qualified institution.

**QUESTCO COMPANIES RETIREMENT PLAN**  
**NOTES TO FINANCIAL STATEMENTS**  
**December 31, 2024 and 2023**

**NOTE 4 – FAIR VALUE MEASUREMENTS**

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

Level 1            Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.

Level 2            Inputs to the valuation methodology include:

- Quoted prices for similar assets or liabilities in active markets;
- Quoted prices for identical or similar assets or liabilities in inactive markets;
- Inputs other than quoted prices that are observable for the asset or liability;
- Inputs that are derived principally from or corroborated by observable market data by correlation or other means.

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

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

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

**QUESTCO COMPANIES RETIREMENT PLAN**  
**NOTES TO FINANCIAL STATEMENTS**  
**December 31, 2024 and 2023**

**NOTE 4 – FAIR VALUE MEASUREMENTS (Continued)**

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

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

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

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

The following tables set forth by level, within the fair value hierarchy, the Plan's investments at fair value as of December 31, 2024 and 2023.

	Assets at Fair Value as of December 31, 2024			
	Level 1	Level 2	Level 3	Total
Money market fund	\$ 8,221,270	\$ -	\$ -	\$ 8,221,270
Mutual funds	422,491,248	-	-	422,491,248
Self-directed brokerage account	253,209	-	-	253,209
Total assets at fair value	<u>\$ 430,965,727</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 430,965,727</u>

  

	Assets at Fair Value as of December 31, 2023			
	Level 1	Level 2	Level 3	Total
Money market fund	\$ 10,675,774	\$ -	\$ -	\$ 10,675,774
Mutual funds	348,696,997	-	-	348,696,997
Self-directed brokerage account	243,114	-	-	243,114
Total assets at fair value	<u>\$ 359,615,885</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 359,615,885</u>

**QUESTCO COMPANIES RETIREMENT PLAN**  
**NOTES TO FINANCIAL STATEMENTS**  
**December 31, 2024 and 2023**

**NOTE 5 – FULLY BENEFIT-RESPONSIVE INVESTMENT CONTRACT**

The Plan holds a traditional fully benefit-responsive investment contract with Morley Financial Services totaling \$1,606,854 and \$1,634,297 as of December 31, 2024 and 2023, respectively. Morley Financial Services maintains the contributions in a general account. The account is credited with earnings on the underlying investments and charged for participant withdrawals and administrative expenses. The guaranteed investment contract issuer is contractually obligated to repay the principal and a specified interest rate that was guaranteed to the Plan. The crediting rate is based on a formula established by the contract issuer. The crediting rate is reviewed on a quarterly basis for resetting. The guaranteed investment contract does not have a maturity date. The contract continues in force until all assets are distributed, or no further payments are due.

The contract meets the fully benefit-responsive investment contract criteria and therefore is reported at contract value at December 31, 2024 and 2023. Contract value is the relevant measure for fully benefit-responsive investment contracts because this is the amount received by participants if they were to initiate permitted transactions under the terms of the Plan. Contract value, as reported to the Plan by Morley Financial Services, represents contributions made under the contract, plus earnings, less participant withdrawals, and administrative expenses. Participants may ordinarily direct the withdrawal or transfer of all or a portion of their investment at contract value.

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

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

**QUESTCO COMPANIES RETIREMENT PLAN**  
**NOTES TO FINANCIAL STATEMENTS**  
**December 31, 2024 and 2023**

**NOTE 6 – PARTIES-IN-INTEREST TRANSACTIONS**

The Plan allows for transactions with certain parties who may perform services or have fiduciary responsibilities to the Plan, including the Company. During the year ended December 31, 2024, there were direct fees of \$2,922,749 paid to UHY LLP and Slavic Integrated Administration, Inc., and during the years ended December 31, 2024 and 2023, there were transactions involving the investment of plan assets in investment funds maintained by Fidelity Personal Trust Company, FSB, parties-in-interest as defined in Section 3(14) of ERISA. Indirect fees paid by the Plan for investment management services are included in the net appreciation of the fair value of investments.

**NOTE 7 – ASSETS ALLOCATED TO WITHDRAWN PARTICIPANTS**

The Plan had \$404,236 of assets allocated to withdrawn participants as of December 31, 2024 that were distributed to the participants subsequent to year end.

**NOTE 8 – PLAN TERMINATION**

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

**NOTE 9 – TAX STATUS**

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

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

**QUESTCO COMPANIES RETIREMENT PLAN**  
**NOTES TO FINANCIAL STATEMENTS**  
**December 31, 2024 and 2023**

**NOTE 10 – RISKS AND UNCERTAINTIES**

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

**NOTE 11 – SUBSEQUENT EVENTS**

Effective January 1, 2025, the Plan implemented the required provisions of the SECURE Act 2.0 related to including long-term, part-time employees in the Plan and expanding automatic enrollment of at least 3% but not more than 10% during the first year and automatic escalation each plan year up to a minimum of 10% and maximum of 15% reserving the right for opt outs and right to withdrawal deferrals within 90 days of automatic enrollment.

## **SUPPLEMENTARY INFORMATION**

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# QUESTCO COMPANIES RETIREMENT PLAN

EIN # 81-2333797, Plan # 001

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

December 31, 2024

(a) Party in Interest	(b) Identity of issuer, borrower, lessor or similar party	(c) Description of investment, including maturity date, rate of interest, collateral, par or maturity value	(e) Current value
	BlackRock	MSCI EAFE International Index K	\$ 34,569,965
	Dimensional Fund Advisors	Real Estate Securities	1,731,520
	Dimensional Fund Advisors	Inflation Protected SEC Port	1,040,956
	Dimensional Fund Advisors	U.S. Large Cap Growth Portfolio Inst	13,229,311
	Parametric	Commodity Strategies	670,966
*	Fidelity	SDBA	253,209
*	Fidelity	Emerging Markets Index	2,095,700
	Franklin/Templeton	Utilities R6	966,197
*	Fidelity	500 Index	36,988,789
*	Fidelity	US Bond Index	61,929,888
	John Hancock	US Bond R6	1,234,905
	Invesco	Gold & Special Miner	3,612,899
	PGIM	High Yield R6	1,560,716
*	Principal Asset Management	Morley Stable Value Fund	1,606,854
	American Funds	EuroPacific R6	1,195,623
	American Funds	New Perspective R6	5,381,272
	BlackRock	Health Sciences K	2,004,038
	American	Beacon Strategic Income Fund	553,324
	Victory Capital	Short Term Bond Fund R6 Shares	2,815,966
	Vanguard	Life Strategy Growth	1,739,619
	Vanguard	Intermediate-Term Bond Index Admiral	805,294
	Vanguard	Explorer Admiral	2,940,928
	Vanguard	Target Retirement 2055	4,453,302
	Vanguard	Target Retirement 2050	9,325,620
	Vanguard	Target Retirement 2040	9,800,506
	Vanguard	Mid Cap Index Admiral	5,809,158
	Vanguard	Information Technology Index Admiral	12,257,564
	Vanguard	Target Retirement 2065 Inv	1,038,291
	Vanguard	Federal Money Market	8,221,270
	Vanguard	Mid Cap Growth Index Admiral	4,396,382
	Vanguard	Materials Index Admiral	1,013,976
	Vanguard	Mid Cap Value Index Admiral	2,343,370
	Vanguard	Life Strategy Conservative	467,031
	Vanguard	Short-Term Federal Admiral	822,210
	Vanguard	Small Cap Value Index Admiral	3,089,653
	Vanguard	Small Cap Index Admiral	5,167,772
	Vanguard	Life Strategy Moderate	817,571
	Vanguard	Target Retirement 2070	511,340
	Vanguard	Short-Term Inf Prot Index Admiral	4,198,069
	Vanguard	Target Retirement 2030	12,257,207
	Vanguard	Target Retirement Income	3,385,912
	Vanguard	Target Retirement 2045	7,771,633
	Vanguard	Total Stock Market Index Admiral	129,351,301
	Vanguard	Target Retirement 2035	6,558,941
	Vanguard	Target Retirement 2060	3,585,231
	Vanguard	Target Retirement 2025	5,428,127
	Vanguard	Target Retirement 2020	802,631
	Vanguard	Value Index Admiral	10,770,574
			<hr/>
			432,572,581
*	Notes receivable from participants	Notes receivable from participants (interest rates range from 3.25% to 10.5%) due at various dates through November 2039	<hr/>
			7,218,262
			<hr/>
			\$ 439,790,843
			<hr/> <hr/>

See independent auditor's report.

Page 17

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

QUESTCO COMPANIES RETIREMENT PLAN

PLAN # 001

EIN # 81-2333797

(a)	(b) Identity of issuer, borrower, lessor or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current value
	Bespoke	BSPKX - Bespoke		-
	BlackRock	BTMKX - iShares MSCI EAFE International Index Fund Class K		34,569,965
	Dimensional Fund Advisors	DFREX - DFA Real Estate Securities Portfolio Institutional Class		1,731,520
	Dimensional Fund Advisors	DIPSX - DFA Inflation Protected Sec Port		1,040,956
	Dimensional Fund Advisors	DUSLX - DFA U.S. Large Cap Growth Portfolio Inst		13,229,311
	Parametric	EIPCX - Parametric Commodity Strategies		670,966
	Fidelity	FISDB - Fidelity Self-Directed Brokerage Account		253,209
	Fidelity	FPADX - Fidelity Emerging Markets Index		2,095,700
	Franklin/Templeton	FUFRX - Franklin Utilities Fund Class R6		966,197
	Fidelity	FXAIX - Fidelity 500 Index Fund		36,988,789
	Fidelity	FXNAX - Fidelity US Bond Index Fund		61,929,888
	John Hancock	JHBSX - John Hancock Bond R6		1,234,905
	Oppenheimer Funds	OGMIX - Oppenheimer Gold & Special Minerals I		3,612,899
	Prudential	PHYQX - Prudential High Yield CI Q		1,560,716
	Morley	QAKVX - Morley Stable Value Fund		1,606,854
	American Funds	RERGX - American Funds EuroPacific Growth Fund Class R6		1,195,623
	American Funds	RNPGX - American Funds New Perspective R6		5,381,272
	BlackRock	SHSKX - BlackRock Health Sciences K		2,004,038
	American Beacon	TFGYX - American Beacon Strategic Income Fund		553,324
	Victory	URSBX - Victory Short Term Bond Fund R6 Shares		2,815,966
	Vanguard	VASGX - Vanguard Life Strategy Growth		1,739,619
	Vanguard	VBILX - Vanguard Intermediate-Term Bond Index Fund Admiral Shares		805,294
	Vanguard	VBIRX - Vanguard Short-Term Bond Index Fund Admiral Shares		-
	Vanguard	VEVRX - Vanguard Explorer Adm		2,940,928
	Vanguard	VFFVX - Vanguard Target Retirement 2055 Fund Investor Shares		4,453,302
	Vanguard	VFIFX - Vanguard Target Retirement 2050 Fund Investor Shares		9,325,620
	Vanguard	VFORX - Vanguard Target Retirement 2040 Fund Investor Shares		9,800,506
	Vanguard	VIMAX - Vanguard Mid-Cap Index Fund Admiral Shares		5,809,158
	Vanguard	VITAX - Vanguard Information Technology Index Fund Admiral Shares		12,257,565
	Vanguard	VLXVX - Vanguard Target Retirement 2065 Inv		1,038,291
	Vanguard	VMFXX - Vanguard Federal Money Market Fund Investor Shares		8,221,270
	Vanguard	VMGMX - Vanguard Mid-Cap Growth Index Fund Admiral Shares		4,396,382
	Vanguard	VMIAX - Vanguard Materials Index Adm		1,013,976
	Vanguard	VMVAX - Vanguard Mid Cap Value Index Admiral		2,343,370
	Vanguard	VSCGX - Vanguard Life Strategy Conservative		467,031
	Vanguard	VSGDX - Vanguard Short-Term Federal Fund Admiral Shares		822,210
	Vanguard	VSIAX - Vanguard Small Cap Value Index Fund Admiral Shares		3,089,653
	Vanguard	VSMAX - Vanguard Small-Cap Index Fund Admiral Shares		5,167,772
	Vanguard	VSMGX - Vanguard Life Strategy Moderate		817,571
	Vanguard	VSVNX - Vanguard Target Retirement 2070		511,340
	Vanguard	VTAPX - Vanguard Short-Term Inflation-Protected Securities Index Fund Admiral Shares		4,198,069
	Vanguard	VTHRX - Vanguard Target Retirement 2030		12,257,207
	Vanguard	VTINX - Vanguard Target Retirement Income Fund Investor Class		3,385,912
	Vanguard	VTIVX - Vanguard Target Retirement 2045		7,771,633
	Vanguard	VTSAX - Vanguard Total Stock Market Index Fund Admiral Shares		129,351,299
	Vanguard	VTTHX - Vanguard Target Retirement 2035 Fund Investor Shares		6,558,941
	Vanguard	VTTSX - Vanguard Target Retirement 2060 Fund Investor Shares		3,585,231
	Vanguard	VTTVX - Vanguard Target Retirement 2025		5,428,127
	Vanguard	VTWNX - Vanguard Target Retirement 2020		802,631
	Vanguard	VVIAX - Vanguard Value Index Fund Admiral Shares		10,770,574
	Loan	LOAN - Loan 3.25% - 10.50%		7,218,262