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| <div>Form 5500</div> <div>Department of the Treasury<br/>Internal Revenue Service</div> <div>Department of Labor<br/>Employee Benefits Security<br/>Administration</div> <div>Pension Benefit Guaranty Corporation</div> | <div>Annual Return/Report of Employee Benefit Plan</div> <div>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).</div> <div>▶ Complete all entries in accordance with the instructions to the Form 5500.</div> | <div>OMB Nos. 1210-0110<br/>1210-0089</div> <div>2024</div> <div>This Form is Open to Public Inspection</div> |
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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: <div><div><input type="checkbox"/> a multiemployer plan</div><div><input checked="" type="checkbox"/> a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)</div><div><input type="checkbox"/> a single-employer plan</div><div><input type="checkbox"/> a DFE (specify) _____</div></div> |
| B                                                                                          | This return/report is: <div><div><input type="checkbox"/> the first return/report</div><div><input type="checkbox"/> the final return/report</div><div><input type="checkbox"/> an amended return/report</div><div><input type="checkbox"/> a short plan year return/report (less than 12 months)</div></div>                                                                                                 |
| C                                                                                          | If the plan is a collectively-bargained plan, check here. .... ▶ <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                     |
| D                                                                                          | Check box if filing under: <div><div><input checked="" type="checkbox"/> Form 5558</div><div><input type="checkbox"/> automatic extension</div><div><input type="checkbox"/> the DFVC program</div><div><input type="checkbox"/> special extension (enter description)</div></div>                                                                                                                            |
| E                                                                                          | If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. .... ▶ <input type="checkbox"/>                                                                                                                                                                                                                                                                                      |

|         |                                                                                                                                                                                                                                                                                                                      |    |                                                    |
|---------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|----------------------------------------------------|
| Part II | Basic Plan Information—enter all requested information                                                                                                                                                                                                                                                               |    |                                                    |
| 1a      | Name of plan<br>JULY POOLED EMPLOYER PLAN #1                                                                                                                                                                                                                                                                         | 1b | Three-digit plan number (PN) ▶ 002                 |
|         |                                                                                                                                                                                                                                                                                                                      | 1c | Effective date of plan<br>01/01/2021               |
| 2a      | Plan sponsor's name (employer, if for a single-employer plan)<br>Mailing address (include room, apt., suite no. and street, or P.O. Box)<br>City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)<br>JULY BUSINESS SERVICES<br><br>P.O. BOX 2208<br>WACO, TX 76703 | 2b | Employer Identification Number (EIN)<br>74-2715820 |
|         |                                                                                                                                                                                                                                                                                                                      | 2c | Plan Sponsor's telephone number<br>888-333-5859    |
|         |                                                                                                                                                                                                                                                                                                                      | 2d | Business code (see instructions)<br>541219         |
|         |                                                                                                                                                                                                                                                                                                                      |    |                                                    |

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

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

|           |                                                   |            |                                                              |
|-----------|---------------------------------------------------|------------|--------------------------------------------------------------|
| SIGN HERE | Filed with authorized/valid electronic signature. | 10/10/2025 | HEATHER STEWART                                              |
|           | Signature of plan administrator                   | Date       | Enter name of individual signing as plan administrator       |
| SIGN HERE |                                                   |            |                                                              |
|           | Signature of employer/plan sponsor                | Date       | Enter name of individual signing as employer or plan sponsor |
| SIGN HERE |                                                   |            |                                                              |
|           | Signature of DFE                                  | Date       | Enter name of individual signing as DFE                      |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                            |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <b>3b</b> Administrator's EIN<br><br><b>3c</b> Administrator's telephone number<br><br><div style="background-color: #cccccc; height: 40px; width: 100%;"></div>                                                                                                                                                                           |
| <b>4</b> If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report:<br><b>a</b> Sponsor's name<br><b>c</b> Plan Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>4b</b> EIN<br><br><b>4d</b> PN                                                                                                                                                                                                                                                                                                          |
| <b>5</b> Total number of participants at the beginning of the plan year                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <b>5</b> 3522                                                                                                                                                                                                                                                                                                                              |
| <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> ).<br><b>a(1)</b> Total number of active participants at the beginning of the plan year .....<br><b>a(2)</b> Total number of active participants at the end of the plan year .....<br><b>b</b> Retired or separated participants receiving benefits .....<br><b>c</b> Other retired or separated participants entitled to future benefits .....<br><b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> .....<br><b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. ....<br><b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> .....<br><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) .....<br><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) .....<br><b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested..... | <div style="background-color: #cccccc; height: 20px; width: 100%;"></div> <div style="background-color: #cccccc; height: 20px; width: 100%;"></div> <b>6a(1)</b> 3124<br><b>6a(2)</b> 3275<br><b>6b</b> 100<br><b>6c</b> 410<br><b>6d</b> 3785<br><b>6e</b> 0<br><b>6f</b> 3785<br><b>6g(1)</b> 1695<br><b>6g(2)</b> 2625<br><b>6h</b> 111 |
| <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:

2E 2F 2G 2J 2K 2S 2T 2W 3D

**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)<br>(1) <input type="checkbox"/> Insurance<br>(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts<br>(3) <input checked="" type="checkbox"/> Trust<br>(4) <input type="checkbox"/> General assets of the sponsor | <b>9b</b> Plan benefit arrangement (check all that apply)<br>(1) <input type="checkbox"/> Insurance<br>(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts<br>(3) <input checked="" type="checkbox"/> Trust<br>(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 0
- (4) ☒ **C** (Service Provider Information)
- (5) ☐ **D** (DFE/Participating Plan Information)
- (6) ☐ **G** (Financial Transaction Schedules)

**Part III Form M-1 Compliance Information (to be completed by welfare benefit plans)**

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

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

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

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

Receipt Confirmation Code \_\_\_\_\_

|                                                                                                                                                                                                                                              |                                                                                                                                                                                                                             |                                         |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|
| <div>SCHEDULE C</div> <div>(Form 5500)</div> <div>Department of the Treasury<br/>Internal Revenue Service</div> <div>Department of Labor<br/>Employee Benefits Security Administration</div> <div>Pension Benefit Guaranty Corporation</div> | <div>Service Provider Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</div> <div>▶ File as an attachment to Form 5500.</div> | OMB No. 1210-0110                       |
|                                                                                                                                                                                                                                              |                                                                                                                                                                                                                             | 2024                                    |
|                                                                                                                                                                                                                                              |                                                                                                                                                                                                                             | This Form is Open to Public Inspection. |

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

|                                                                                                                |                                                                                    |
|----------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------|
| <div>A</div> <div>Name of plan</div> <div>JULY POOLED EMPLOYER PLAN #1</div>                                   | <div>B</div> <div>Three-digit plan number (PN)</div> <div>▶</div> <div>002</div>   |
| <div>C</div> <div>Plan sponsor's name as shown on line 2a of Form 5500</div> <div>JULY BUSINESS SERVICES</div> | <div>D</div> <div>Employer Identification Number (EIN)</div> <div>74-2715820</div> |

|        |                                                 |
|--------|-------------------------------------------------|
| 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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**(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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**(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)

JULY BUSINESS SERVICES

74-2715820

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 15                     | RECORD KEEPER                                                                                     | 326266                                                                 | 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)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>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"/>                                     |

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

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>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.

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

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

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

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

**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:

|                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                   |                                        |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------|
| <div>SCHEDULE H</div> <div>(Form 5500)</div> <div>Department of the Treasury<br/>Internal Revenue Service</div> <div>Department of Labor<br/>Employee Benefits Security Administration</div> <div>Pension Benefit Guaranty Corporation</div> | <div>Financial Information</div> <div>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).</div> <div>▶ File as an attachment to Form 5500.</div> | OMB No. 1210-0110                      |
|                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                   | 2024                                   |
|                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                   | This Form is Open to Public Inspection |

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

|                                                                                  |                                                      |
|----------------------------------------------------------------------------------|------------------------------------------------------|
| A Name of plan<br>JULY POOLED EMPLOYER PLAN #1                                   | B Three-digit plan number (PN) ▶<br>002              |
| C Plan sponsor's name as shown on line 2a of Form 5500<br>JULY BUSINESS SERVICES | D Employer Identification Number (EIN)<br>74-2715820 |

| Part I                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Asset and Liability Statement |                       |                 |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------|-----------------------|-----------------|
| <b>1</b> 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. <b>Round off amounts to the nearest dollar.</b> 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>                     | 0                     | 180039          |
| <b>b</b> Receivables (less allowance for doubtful accounts):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                               |                       |                 |
| <b>(1)</b> Employer contributions .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>1b(1)</b>                  |                       |                 |
| <b>(2)</b> Participant contributions.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <b>1b(2)</b>                  |                       |                 |
| <b>(3)</b> Other .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>1b(3)</b>                  |                       |                 |
| <b>c</b> General investments:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                               |                       |                 |
| <b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <b>1c(1)</b>                  | 157579                | 1359998         |
| <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>                  | 335818                | 436128          |
| <b>(9)</b> Value of interest in common/collective trusts .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <b>1c(9)</b>                  |                       |                 |
| <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>                 | 25219650              | 46192156        |
| <b>(14)</b> Value of funds held in insurance company general account (unallocated contracts).....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>1c(14)</b>                 |                       |                 |
| <b>(15)</b> Other.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>1c(15)</b>                 |                       |                 |

|                                                                           |              |                       |                 |
|---------------------------------------------------------------------------|--------------|-----------------------|-----------------|
| <b>1d</b> Employer-related investments:                                   |              | (a) Beginning of Year | (b) End of Year |
| (1) Employer securities .....                                             | <b>1d(1)</b> |                       |                 |
| (2) Employer real property .....                                          | <b>1d(2)</b> |                       |                 |
| <b>e</b> Buildings and other property used in plan operation .....        | <b>1e</b>    |                       |                 |
| <b>f</b> Total assets (add all amounts in lines 1a through 1e) .....      | <b>1f</b>    | 25713047              | 48168321        |
| <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>    |                       |                 |
| <b>k</b> Total liabilities (add all amounts in lines 1g through 1j) ..... | <b>1k</b>    | 0                     | 0               |
| <b>Net Assets</b>                                                         |              |                       |                 |
| <b>l</b> Net assets (subtract line 1k from line 1f) .....                 | <b>1l</b>    | 25713047              | 48168321        |

**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: (A) Employers .....                                  | <b>2a(1)(A)</b> | 4776828    |           |
| (B) Participants .....                                                                        | <b>2a(1)(B)</b> | 9780896    |           |
| (C) Others (including rollovers) .....                                                        | <b>2a(1)(C)</b> | 574495     |           |
| (2) Noncash contributions .....                                                               | <b>2a(2)</b>    |            |           |
| (3) Total contributions. Add lines <b>2a(1)(A)</b> , (B), (C), and line <b>2a(2)</b> .....    | <b>2a(3)</b>    |            | 15132219  |
| <b>b Earnings on investments:</b>                                                             |                 |            |           |
| (1) Interest:                                                                                 |                 |            |           |
| (A) Interest-bearing cash (including money market accounts and certificates of deposit) ..... | <b>2b(1)(A)</b> | 41224      |           |
| (B) U.S. Government securities .....                                                          | <b>2b(1)(B)</b> |            |           |
| (C) Corporate debt instruments .....                                                          | <b>2b(1)(C)</b> |            |           |
| (D) Loans (other than to participants) .....                                                  | <b>2b(1)(D)</b> |            |           |
| (E) Participant loans .....                                                                   | <b>2b(1)(E)</b> | 24013      |           |
| (F) Other .....                                                                               | <b>2b(1)(F)</b> |            |           |
| (G) Total interest. Add lines <b>2b(1)(A)</b> through (F) .....                               | <b>2b(1)(G)</b> |            | 65237     |
| (2) Dividends: (A) Preferred stock .....                                                      | <b>2b(2)(A)</b> |            |           |
| (B) Common stock .....                                                                        | <b>2b(2)(B)</b> |            |           |
| (C) Registered investment company shares (e.g. mutual funds) .....                            | <b>2b(2)(C)</b> | 1350920    |           |
| (D) Total dividends. Add lines <b>2b(2)(A)</b> , (B), and (C) .....                           | <b>2b(2)(D)</b> |            | 1350920   |
| (3) Rents .....                                                                               | <b>2b(3)</b>    |            |           |
| (4) Net gain (loss) on sale of assets: (A) Aggregate proceeds .....                           | <b>2b(4)(A)</b> |            |           |
| (B) Aggregate carrying amount (see instructions) .....                                        | <b>2b(4)(B)</b> |            |           |
| (C) Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result .....            | <b>2b(4)(C)</b> |            |           |
| (5) Unrealized appreciation (depreciation) of assets: (A) Real estate .....                   | <b>2b(5)(A)</b> |            |           |
| (B) Other .....                                                                               | <b>2b(5)(B)</b> |            |           |
| (C) Total unrealized appreciation of assets. Add lines <b>2b(5)(A)</b> and (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> |            | 2178224   |
| <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>     |            | 18726600  |

**Expenses**

|                                                                                             |               |         |         |
|---------------------------------------------------------------------------------------------|---------------|---------|---------|
| <b>e</b> Benefit payment and payments to provide benefits:                                  |               |         |         |
| (1) Directly to participants or beneficiaries, including direct rollovers .....             | <b>2e(1)</b>  | 5191293 |         |
| (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>  |         | 5191293 |
| <b>f</b> Corrective distributions (see instructions) .....                                  | <b>2f</b>     |         |         |
| <b>g</b> Certain deemed distributions of participant loans (see instructions) .....         | <b>2g</b>     |         | 40260   |
| <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>  | 326266  |         |
| (3) Recordkeeping fees .....                                                                | <b>2i(3)</b>  |         |         |
| (4) IQPA audit fees .....                                                                   | <b>2i(4)</b>  |         |         |
| (5) Investment advisory and investment management fees .....                                | <b>2i(5)</b>  |         |         |
| (6) Bank or trust company trustee/custodial fees .....                                      | <b>2i(6)</b>  |         |         |
| (7) Actuarial fees .....                                                                    | <b>2i(7)</b>  |         |         |
| (8) Legal fees .....                                                                        | <b>2i(8)</b>  |         |         |
| (9) Valuation/appraisal fees .....                                                          | <b>2i(9)</b>  |         |         |
| (10) Other trustee fees and expenses .....                                                  | <b>2i(10)</b> |         |         |
| (11) Other expenses .....                                                                   | <b>2i(11)</b> |         |         |
| (12) Total administrative expenses. Add lines <b>2i(1)</b> through <b>(11)</b> .....        | <b>2i(12)</b> |         | 326266  |
| <b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total ..... | <b>2j</b>     |         | 5557819 |

**Net Income and Reconciliation**

|                                                                               |              |  |          |
|-------------------------------------------------------------------------------|--------------|--|----------|
| <b>k</b> Net income (loss). Subtract line <b>2j</b> from line <b>2d</b> ..... | <b>2k</b>    |  | 13168781 |
| <b>l</b> Transfers of assets:                                                 |              |  |          |
| (1) To this plan .....                                                        | <b>2l(1)</b> |  | 11406067 |
| (2) From this plan .....                                                      | <b>2l(2)</b> |  | 2119574  |

**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: **HOLBROOK & MANTER**

(2) EIN: **31-0998651**

**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.)                 | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | 266897 |
| <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.) | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |        |
| <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.)                                                                                                                             | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |        |
| <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.)                                                                                                                  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |        |
| <b>e</b> Was this plan covered by a fidelity bond?                                                                                                                                                                                                                                                         | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | 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?                                                                                                                                                                          | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |        |
| <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?                                                                                                                                       | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |        |
| <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?                                                                                                                             | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |        |
| <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.)                                                                                                                                                   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |        |
| <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.)                                                                                     | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |        |
| <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?                                                                                                                                              | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |        |
| <b>l</b> Has the plan failed to provide any benefit when due under the plan?                                                                                                                                                                                                                               | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |        |
| <b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)                                                                                                                                                                                     | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |        |
| <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.                                                                                                                        | <input type="checkbox"/>            | <input type="checkbox"/>            |        |

**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) |
|-------------------------------------------------|---------------------|--------------------|
| MIGUEL DAIRY SERVICE & SUPPLY, INC. 401(K) PLAN | 27-0237678          | 001                |
| KDC KITCHEN & BATH GALLERY INC. 401K PLAN       | 84-4045885          | 001                |
| XANO, INC 401K PLAN                             | 47-1042781          | 001                |
| ALLIGATOR PLUMBING 401K PLAN                    | 81-3237306          | 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) |
|---------------------------------------|---------------------|--------------------|
| AAVERSAL GLOBAL RELOCATIONS 401K PLAN | 83-4427582          | 001                |
| R2O, LLC 401K PLAN                    | 20-3043918          | 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 \_\_\_\_\_.

|                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|
| <div>SCHEDULE R<br/>(Form 5500)<br/><br/>Department of the Treasury<br/>Internal Revenue Service<br/><br/>Department of Labor<br/>Employee Benefits Security Administration<br/><br/>Pension Benefit Guaranty Corporation</div>                                                                                                                            | <div>Retirement Plan Information</div> <div>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).</div> <div>▶ File as an attachment to Form 5500.</div> | <div>OMB No. 1210-0110</div> <div>2024</div> <div>This Form is Open to Public Inspection.</div> |
| For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| A Name of plan<br>JULY POOLED EMPLOYER PLAN #1                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                  | B Three-digit plan number (PN) ▶ 002                                                            |
| C Plan sponsor's name as shown on line 2a of Form 5500<br>JULY BUSINESS SERVICES                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                  | D Employer Identification Number (EIN)<br>74-2715820                                            |
| Part I                                                                                                                                                                                                                                                                                                                                                     | Distributions                                                                                                                                                                                                                                                                                    |                                                                                                 |
| All references to distributions relate only to payments of benefits during the plan year.                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| 1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                  | 1 0                                                                                             |
| 2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):<br><br>EIN(s): 75-3182674                                                                                                       |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| 3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year .....                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                  | 3                                                                                               |
| Part II                                                                                                                                                                                                                                                                                                                                                    | Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)                                                                                                                           |                                                                                                 |
| 4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A                                                                                                                                                        |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| If the plan is a defined benefit plan, go to line 8.                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| 5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____                                                                                                                                  |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| 6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) .....                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                  | 6a                                                                                              |
| b Enter the amount contributed by the employer to the plan for this plan year .....                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                  | 6b                                                                                              |
| c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                  | 6c                                                                                              |
| If you completed line 6c, skip lines 8 and 9.                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| 7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> 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? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| Part III                                                                                                                                                                                                                                                                                                                                                   | Amendments                                                                                                                                                                                                                                                                                       |                                                                                                 |
| 9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box..... <input type="checkbox"/> Increase <input type="checkbox"/> Decrease <input type="checkbox"/> Both <input type="checkbox"/> No          |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| Part IV                                                                                                                                                                                                                                                                                                                                                    | ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.                                                                                                                                                       |                                                                                                 |
| 10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| 11 a Does the ESOP hold any preferred stock? ..... <input type="checkbox"/> Yes <input type="checkbox"/> 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.) ..... <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                             |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| 12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| For Paperwork Reduction Act Notice, see the Instructions for Form 5500.                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| Schedule R (Form 5500) 2024 v. 240311                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                  |                                                                                                 |

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

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

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

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

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

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

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

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

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

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

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

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

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

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

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

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

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

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

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

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

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

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

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

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

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

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

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

**a** The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: ☐ last contributing employer ☐ alternative ☐ reasonable approximation (see instructions for required attachment).....

**14a**

**b** The plan year immediately preceding the current plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....

**14b**

**c** The second preceding plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....

**14c**

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

**a** The corresponding number for the plan year immediately preceding the current plan year.....

**15a**

**b** The corresponding number for the second preceding plan year.....

**15b**

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

**a** Enter the number of employers who withdrew during the preceding plan year.....

**16a**

**b** If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers.....

**16b**

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

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

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

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

**a** Enter the percentage of plan assets held as:

Public Equity: \_\_\_\_\_% Private Equity: \_\_\_\_\_% Investment-Grade Debt and Interest Rate Hedging Assets: \_\_\_\_\_%

High-Yield Debt: \_\_\_\_\_% Real Assets: \_\_\_\_\_% Cash or Cash Equivalents: \_\_\_\_\_% Other: \_\_\_\_\_%

**b** Provide the average duration of the Investment-Grade Debt and Interest Rate Hedging Assets:

☐ 0-5 years ☐ 5-10 years ☐ 10-15 years ☐ 15 years or more

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

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

**b** If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:

☐ Yes.

☐ No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.

☐ No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.

☐ No. Other. Provide explanation.....

## **Part VII IRS Compliance Questions**

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

**21b** If this is a Code section 401(k) plan, check all boxes that apply to indicate how the plan is intended to satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under Code sections 401(k)(3) and 401(m)(2).

☐ Design-based safe harbor method

☐ "Prior year" ADP test

☐ "Current year" ADP test

☐ N/A

**22** If the plan sponsor is an adopter of a pre-approved plan that received a favorable IRS Opinion Letter, enter the date of the Opinion Letter 06 / 30 / 2020 (MM/DD/YYYY) and the Opinion Letter serial number Q703180A.

|                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                     |                                                                                                    |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------|
| <div>SCHEDULE MEP<br/>(Form 5500)</div> <div>Department of the Treasury<br/>Internal Revenue Service</div> <div>Department of Labor<br/>Employee Benefits Security Administration</div> | <div>MULTIPLE-EMPLOYER RETIREMENT<br/>PLAN INFORMATION</div> <div>This schedule is required to be filed under section 104 of the<br/>Employee Retirement Income Security Act of 1974 (ERISA) and<br/>Section 6058(a) of the Internal Revenue Code (the Code)</div> <div>► File as an attachment to Form 5500.</div> | <div>OMB No. 1210-0110</div> <div>2024</div> <div>This Form is Open to Public<br/>Inspection</div> |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------|

|                                                                                                     |                                          |     |
|-----------------------------------------------------------------------------------------------------|------------------------------------------|-----|
| For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024          |                                          |     |
| A Name of plan<br>JULY POOLED EMPLOYER PLAN #1                                                      | B Three-digit<br>Plan number (PN)..... ► | 002 |
|                                                                                                     |                                          |     |
| C Plan administrator's name as shown on line 3a of Form 5500/Form 5500-SF<br>JULY BUSINESS SERVICES | D Administrator's EIN<br>74-2715820      |     |

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

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

a ☐ association retirement plan (See 29 CFR 2510.3-55) (Complete Part II)

b ☐ professional employer organization plan (PEO Plan) (See 29 CFR 29 CFR 2510.3-55) (Complete Part II)

c ☒ pooled employer plan (PEP) (See 29 CFR 2510.3-44) (Complete Parts II and III)

d ☐ other multiple-employer pension plan (Describe) \_\_\_\_\_ (Complete Part II)

|         |                                     |
|---------|-------------------------------------|
| Part II | Participating Employer Information. |
|---------|-------------------------------------|

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

|                                                         |                      |                                                                   |                                                                                   |
|---------------------------------------------------------|----------------------|-------------------------------------------------------------------|-----------------------------------------------------------------------------------|
| 2a Name of Participating Employer<br>180 REALTY, INC.   | 2b EIN<br>45-4199582 | 2c Percentage of Total Contributions<br>for the Plan Year<br>0.16 | 2d Aggregate Account Balances Attributable<br>to Participating Employer<br>503457 |
| 2a Name of Participating Employer<br>3E MANAGEMENT, LLC | 2b EIN<br>81-2476932 | 2c Percentage of Total Contributions<br>for the Plan Year<br>1.73 | 2d Aggregate Account Balances Attributable<br>to Participating Employer<br>463064 |

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

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

**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 |
|-----------------------------------------|------------|--------------------------------------------------------|----------------------------------------------------------------------|
| 5 TALENTS, INC DBA HOME PROS            | 32-0602303 | 0.64                                                   | 95684                                                                |
| AAVERSAL GLOBAL RELOCATIONS             | 83-4427582 | 0.17                                                   | 1                                                                    |
| ACCORD CHILDREN'S THERAPY, LLC          | 27-1262229 | 0.95                                                   | 138126                                                               |
| ADAM R. BROWN, DDS, PLLC                | 84-3577899 | 0.63                                                   | 287801                                                               |
| ADVANCED HEALTH SALES & CONSULTING, LLC | 27-3558682 | 0.44                                                   | 0                                                                    |
| ALLIGATOR PLUMBING                      | 81-3237306 | 0.05                                                   | 6                                                                    |
| AMPED UP POWER SOLUTIONS, LLC           | 87-2721705 | 0.31                                                   | 85552                                                                |
| ANCIENT CITY CAPITAL LLC                | 30-1271777 | 0.18                                                   | 64552                                                                |
| ANDERSON FOOD SERVICE LLC               | 88-2510328 | 0.07                                                   | 95335                                                                |

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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 |
|-----------------------------------|------------|--------------------------------------------------------|----------------------------------------------------------------------|
| ANGELO & WHITE APC                | 33-0704435 | 1.30                                                   | 546940                                                               |
| ANGLE SUBS LLC                    | 86-1693897 | 0.03                                                   | 4889                                                                 |
| APEX INTEGRATED SYSTEMS LLC       | 81-2581861 | 0.14                                                   | 46759                                                                |
| APM WEALTH, LLC                   | 82-1703511 | 0.21                                                   | 208722                                                               |
| APPALOOSA GRILL LLC               | 84-1566893 | 0.34                                                   | 152044                                                               |
| AQTORO                            | 82-3908250 | 0.28                                                   | 233450                                                               |
| ARMORED ALARM                     | 87-4433232 | 0.45                                                   | 73599                                                                |
| ARSIDEKICKS, LLC                  | 92-1739871 | 0.30                                                   | 270550                                                               |
| AUSTIN GOLF CLUB                  | 74-2860378 | 0.66                                                   | 97465                                                                |

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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 |
|-----------------------------------|------------|--------------------------------------------------------|----------------------------------------------------------------------|
| AVI ENTRUST CORP.                 | 82-1517269 | 0.45                                                   | 112338                                                               |
| BACKYARD CREATIONS INC            | 52-1714335 | 0.21                                                   | 32364                                                                |
| BAER CONSULTING INCORPORATED      | 84-1175012 | 0.15                                                   | 60874                                                                |
| BARTOW ETHANOL OF FLORIDA, LLC    | 59-3325200 | 0.89                                                   | 221563                                                               |
| BAY AREA INSURANCE GROUP, LLC     | 11-3822851 | 0.74                                                   | 191194                                                               |
| BEE GREEN PEST SOLUTIONS, LLC     | 26-4776928 | 0.36                                                   | 55105                                                                |
| BEEM IRRIGATION, INC              | 52-1868188 | 2.33                                                   | 878951                                                               |
| BERNARD S. PAK, DDS, PS           | 91-2106161 | 0.00                                                   | 0                                                                    |
| BIG-O PEST CONTROL, LLC           | 83-2963498 | 0.90                                                   | 359407                                                               |

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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 |
|--------------------------------------------------------------------------------|------------|--------------------------------------------------------|----------------------------------------------------------------------|
| BKT HEARING LLC                                                                | 81-5459261 | 0.12                                                   | 17436                                                                |
| 2a Name of Participating Employer<br>BLACKSON BRICK CO., INC.                  | 75-2494747 | 1.08                                                   | 699256                                                               |
| 2a Name of Participating Employer<br>BLUE RIDGE TIRE & AUTOMOTIVE OF GALAX LLC | 92-3793173 | 0.06                                                   | 30929                                                                |
| 2a Name of Participating Employer<br>BLUE TARTANS, INC., THE CHEF'S TABLE      | 04-3582813 | 1.21                                                   | 588640                                                               |
| 2a Name of Participating Employer<br>BOARD AND BRUSH, LLC                      | 47-2608197 | 0.89                                                   | 1244713                                                              |
| 2a Name of Participating Employer<br>BOATER'S CHOICE MARINE, INC               | 61-1423995 | 0.53                                                   | 79521                                                                |
| 2a Name of Participating Employer<br>BRACKER'S GOOD EARTH CLAYS, INC.          | 48-1197055 | 0.94                                                   | 294851                                                               |
| 2a Name of Participating Employer<br>BROKERS' CHOICE OF AMERICA INC.           | 84-1157290 | 1.10                                                   | 345908                                                               |
| 2a Name of Participating Employer<br>BROW BETTY LLC                            | 90-0867749 | 0.04                                                   | 15899                                                                |

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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 |
|-----------------------------------|------------|--------------------------------------------------------|----------------------------------------------------------------------|
| BSO DENTAL PLLC                   | 93-3308568 | 0.63                                                   | 91809                                                                |
| BUCHANAN OPALACH ARCHITECTS       | 46-1867474 | 0.00                                                   | 958942                                                               |
| BUILDING MAINTENANCE SYSTEMS INC  | 52-2167605 | 0.41                                                   | 61022                                                                |
| BURLETT PAINTING, LLC             | 26-1148927 | 0.46                                                   | 287614                                                               |
| CACTUS LAND COMPANY, LLC          | 84-1255109 | 0.09                                                   | 0                                                                    |
| CALHOUN HEALTH & SPINE LLC        | 92-2096102 | 0.10                                                   | 45627                                                                |
| CAMPUS AUTOMOTIVE, INC.           | 27-4277929 | 0.67                                                   | 115492                                                               |
| CANARY ADVISORS                   | 92-0530985 | 0.96                                                   | 223877                                                               |
| CARAVELLE LIGHTING, INC.          | 36-3116988 | 0.44                                                   | 133618                                                               |

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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 |
|--------------------------------------------|------------|--------------------------------------------------------|----------------------------------------------------------------------|
| CASTLE HILL BUILDERS, LLC                  | 47-1795783 | 0.18                                                   | 94617                                                                |
| 2a Name of Participating Employer          | 2b EIN     | 2c Percentage of Total Contributions for the Plan Year | 2d Aggregate Account Balances Attributable to Participating Employer |
| CATALINA COFFEE & COOKIE CO. LLC           | 88-1896560 | 0.31                                                   | 147672                                                               |
| 2a Name of Participating Employer          | 2b EIN     | 2c Percentage of Total Contributions for the Plan Year | 2d Aggregate Account Balances Attributable to Participating Employer |
| CGEM LLC                                   | 88-2329692 | 0.17                                                   | 32251                                                                |
| 2a Name of Participating Employer          | 2b EIN     | 2c Percentage of Total Contributions for the Plan Year | 2d Aggregate Account Balances Attributable to Participating Employer |
| CHADWICK'S ON THE STRAND, INC.             | 54-1076903 | 0.15                                                   | 21674                                                                |
| 2a Name of Participating Employer          | 2b EIN     | 2c Percentage of Total Contributions for the Plan Year | 2d Aggregate Account Balances Attributable to Participating Employer |
| CHRIST HEALTH CENTER, INC.                 | 20-1935552 | 6.74                                                   | 5215122                                                              |
| 2a Name of Participating Employer          | 2b EIN     | 2c Percentage of Total Contributions for the Plan Year | 2d Aggregate Account Balances Attributable to Participating Employer |
| CHRISTOPHER BRAUD DDS LLC                  | 85-3372520 | 0.04                                                   | 145041                                                               |
| 2a Name of Participating Employer          | 2b EIN     | 2c Percentage of Total Contributions for the Plan Year | 2d Aggregate Account Balances Attributable to Participating Employer |
| CLEAR SKIES TITLE AGENCY                   | 46-5040199 | 0.51                                                   | 1557488                                                              |
| 2a Name of Participating Employer          | 2b EIN     | 2c Percentage of Total Contributions for the Plan Year | 2d Aggregate Account Balances Attributable to Participating Employer |
| COMMUNITY CONNECTIONS SUPPORT SERVICES LLC | 47-4637381 | 0.97                                                   | 254068                                                               |
| 2a Name of Participating Employer          | 2b EIN     | 2c Percentage of Total Contributions for the Plan Year | 2d Aggregate Account Balances Attributable to Participating Employer |
| COMMUNITY MULTI-SERVICES INC               | 52-1143474 | 2.71                                                   | 394646                                                               |

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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 |
|------------------------------------------------|------------|--------------------------------------------------------|----------------------------------------------------------------------|
| COOPER DEMOLITION LLC DBA EARTHWISE DEMOLITION | 93-2463751 | 0.21                                                   | 49232                                                                |
| COSTA HONEYCUTT, LLC                           | 87-3697712 | 0.36                                                   | 88877                                                                |
| CPA FINANCIAL GROUP, INC                       | 33-0342027 | 0.19                                                   | 66033                                                                |
| CROWN AUTO REPAIR LLC                          | 32-0687438 | 0.63                                                   | 314332                                                               |
| KEG INC. D.B.A. D.T.'S LIQUOR                  | 26-1792913 | 0.37                                                   | 185587                                                               |
| DARROW WELLNESS INSTITUTE, INC.                | 26-2880430 | 0.16                                                   | 678990                                                               |
| DAVID'S MONEY CENTERS OF ROCKLAND, LLC         | 13-3806254 | 0.21                                                   | 443287                                                               |
| DAWN WEHKING DDS PC                            | 46-0658832 | 0.69                                                   | 393256                                                               |
| DELTA REFRIGERATION CORPORATION                | 26-4308806 | 0.53                                                   | 78062                                                                |

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|---------------------------------------------|------------|--------------------------------------------------------|----------------------------------------------------------------------|
| DEPAZ CABRERA LAW PLLC                      | 83-0649640 | 0.13                                                   | 78837                                                                |
| DIAL CONSTRUCTION, LLC                      | 45-3981028 | 0.24                                                   | 57604                                                                |
| DONERIGHT MANAGEMENT LLC                    | 45-3582596 | 0.63                                                   | 231644                                                               |
| EBIKES HAWAII                               | 46-3415180 | 0.05                                                   | 7608                                                                 |
| ELEVATED TECH LLC DBA ELEVATED TECHNOLOGIES | 92-2488009 | 0.22                                                   | 103338                                                               |
| ENERTEL HOLDINGS, LLC                       | 82-3914134 | 0.36                                                   | 65022                                                                |
| ESOTECH INC.                                | 26-2414949 | 0.82                                                   | 179974                                                               |
| EWALD SNEAD FORD INC DBA CAMPUS FORD        | 54-1591672 | 0.53                                                   | 122040                                                               |
| INTERNET SUCCESS, LLC DBA SUNNY ROAD        | 26-0380997 | 0.46                                                   | 406143                                                               |

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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 |
|--------------------------------------|------------|--------------------------------------------------------|----------------------------------------------------------------------|
| FIRST LINK TECHNOLOGY, INC           | 84-1580474 | 0.23                                                   | 142300                                                               |
| FIRST TEAM SPORTS OF THE CAROLINAS   | 57-0990932 | 0.67                                                   | 641614                                                               |
| FORT PIERCE SMILES                   | 95-1547998 | 0.02                                                   | 2783                                                                 |
| FRIDAY FINANCIAL, INC.               | 99-0492561 | 0.31                                                   | 379527                                                               |
| FRONTIER ELECTRICAL, LLC             | 88-2910894 | 0.29                                                   | 56956                                                                |
| FURGENT CARE                         | 93-2300066 | 0.13                                                   | 17980                                                                |
| GAME PLAN SPORTS & ENTERTAINMENT LLC | 82-1618689 | 0.11                                                   | 16096                                                                |
| GOOD HEALTH WILL                     | 20-4683508 | 0.07                                                   | 13957                                                                |
| GOURMET PIZZA OF CHEVERLY LLC        | 46-4131076 | 0.00                                                   | 581                                                                  |

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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 |
|------------------------------------------------------|------------|--------------------------------------------------------|----------------------------------------------------------------------|
| GRAND MEADOWS NUTRITIONAL PRODUCTS, INC.             | 33-0701325 | 0.00                                                   | 311695                                                               |
| SUSTAINABILITY DASHBOARD TOOLS DBA GREEN2SUSTAINABLE | 26-4331256 | 0.37                                                   | 36152                                                                |
| HAIR SOLUTIONS, LLC                                  | 26-3635301 | 0.06                                                   | 364981                                                               |
| HARRY P TREON INC.                                   | 04-3252124 | 0.56                                                   | 228328                                                               |
| HEARTLAND VALUATION SERVICE LLC                      | 46-2773157 | 0.42                                                   | 162116                                                               |
| HEARTS IN MOTION, LLC                                | 82-0767312 | 0.05                                                   | 6796                                                                 |
| HUNT VALLEY TILE & STONE, LLC                        | 20-4804169 | 0.44                                                   | 427071                                                               |
| IBRAHIM & RAO, LLP                                   | 27-0909068 | 0.24                                                   | 66905                                                                |
| IFA WEALTH, INC.                                     | 54-1865657 | 0.23                                                   | 35145                                                                |

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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 |
|------------------------------------------------------------------------|------------|--------------------------------------------------------|----------------------------------------------------------------------|
| INNOVATIVE SYSTEMS DESIGN AND TRAINING, INC.                           | 52-1508876 | 0.67                                                   | 2074325                                                              |
| INSPIREAN GROUP, INC.                                                  | 88-4319479 | 0.08                                                   | 227687                                                               |
| INTERACT ON SHELF, LLC                                                 | 47-2171669 | 2.02                                                   | 1084637                                                              |
| INVESTORS PORTFOLIO SERVICES                                           | 45-3960846 | 0.51                                                   | 207268                                                               |
| JAMES M. MCGEE DMD PC                                                  | 20-1793602 | 0.30                                                   | 96490                                                                |
| JB KEY SAFETY RESOURCES LLC                                            | 46-1224601 | 0.50                                                   | 208906                                                               |
| JOHNSTON MARKLEE & ASSOCIATES                                          | 95-4719650 | 0.57                                                   | 191204                                                               |
| JONATHAN H. WARMFLASH DMD PC DBA NEIGHBORHOOD DENTIST JH WARMFLASH DMD | 27-2395766 | 0.40                                                   | 245906                                                               |
| K&C CHEMISTRY LLC DBA ARTHUR MURRAY LWR                                | 84-2916262 | 0.01                                                   | 0                                                                    |

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|-----------------------------------|------------|--------------------------------------------------------|----------------------------------------------------------------------|
| KARECO INTERNATIONAL INC          | 91-2079034 | 0.26                                                   | 98317                                                                |
| KAVE ENTERPRISES, LLC             | 54-2020558 | 0.69                                                   | 606762                                                               |
| KDC KITCHEN & BATH GALLERY INC.   | 84-4045885 | 1.20                                                   | 1                                                                    |
| KEOWEE CONSTRUCTION SERVICES, LLC | 86-1925199 | 0.17                                                   | 87047                                                                |
| KESTREL DESIGN GROUP              | 45-5247352 | 0.28                                                   | 254679                                                               |
| KIDBRIDGE LEARNING CENTERS LLC    | 27-3393982 | 0.84                                                   | 377                                                                  |
| KIDRON MEHTA FINANCIAL GROUP      | 92-0480295 | 1.10                                                   | 650431                                                               |
| KIDWELL'S KLEANING LLC            | 36-4680773 | 0.22                                                   | 33487                                                                |
| KIROSH INC.                       | 94-2579879 | 0.33                                                   | 100148                                                               |

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|-------------------------------------------------------|------------|--------------------------------------------------------|----------------------------------------------------------------------|
| KLASS FAMILY THERAPY P.C.                             | 93-3050378 | 0.01                                                   | 975                                                                  |
| L & K CARPET ONE                                      | 82-0534572 | 0.00                                                   | 0                                                                    |
| TINA DUNN BUSINESS SERVICES DBA LAS VEGAS BOOKKEEPING | 81-1983950 | 0.30                                                   | 79329                                                                |
| LAZY E TRANSPORT, LLC                                 | 27-3558792 | 0.36                                                   | 65027                                                                |
| LEE LOGISTICS, INC.                                   | 84-3748460 | 0.42                                                   | 214487                                                               |
| LIMITLESS ESCAPE GAMES, INC                           | 81-3768458 | 0.31                                                   | 64631                                                                |
| MACELIS INC.                                          | 90-0131218 | 0.31                                                   | 92172                                                                |
| MAINSAIL ADVISOR GROUP, LLC                           | 04-3440391 | 0.11                                                   | 25938                                                                |
| MARC W. WORDEN FAMILY DENTISTRY DDS, PLLC             | 85-2165600 | 0.15                                                   | 171160                                                               |

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|-----------------------------------|------------|--------------------------------------------------------|----------------------------------------------------------------------|
| MARK W TODD ARCHITECTS, INC.      | 20-1529703 | 0.35                                                   | 81472                                                                |
| MATHEWS TREE SERVICE              | 87-3272989 | 0.15                                                   | 25907                                                                |
| MATTHEWS & JOHNSON CPAS, LLC      | 83-2465428 | 0.01                                                   | 0                                                                    |
| MESSETT FINANCIAL LLC             | 26-4143909 | 0.71                                                   | 286130                                                               |
| MICHAEL S. WILENSKY LLC           | 45-2311249 | 0.55                                                   | 110814                                                               |
| MIGUEL DAIRY SERVICE              | 27-0237678 | 0.00                                                   | 0                                                                    |
| MOBILE MERCHANDISERS, INC.        | 91-1720276 | 0.19                                                   | 312498                                                               |
| MY FAMILY DENTISTRY PLLC          | 90-0409235 | 0.84                                                   | 220175                                                               |
| NATIONAL LEASE ADVISORS, LLC      | 85-2714721 | 0.97                                                   | 376102                                                               |

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|------------------------------------------------------------------------|----------------------|----------------------------------------------------------------|--------------------------------------------------------------------------------|
| NEIGHBORHOOD CONTRACTING LLC                                           | 84-3160261           | 0.06                                                           | 20844                                                                          |
| 2a Name of Participating Employer<br>NELSON LAW GROUP LLC              | 2b EIN<br>45-5379244 | 2c Percentage of Total Contributions for the Plan Year<br>0.26 | 2d Aggregate Account Balances Attributable to Participating Employer<br>444538 |
| 2a Name of Participating Employer<br>OASIS ONLINE                      | 2b EIN<br>88-0436226 | 2c Percentage of Total Contributions for the Plan Year<br>0.64 | 2d Aggregate Account Balances Attributable to Participating Employer<br>311752 |
| 2a Name of Participating Employer<br>OJMAR US LLC                      | 2b EIN<br>46-4088587 | 2c Percentage of Total Contributions for the Plan Year<br>0.23 | 2d Aggregate Account Balances Attributable to Participating Employer<br>72503  |
| 2a Name of Participating Employer<br>OLD DUTCHMAN'S WROUGHT IRON, INC. | 2b EIN<br>20-2387235 | 2c Percentage of Total Contributions for the Plan Year<br>0.69 | 2d Aggregate Account Balances Attributable to Participating Employer<br>550245 |
| 2a Name of Participating Employer<br>OUT WEST BUSINESS SERVICES, LLC   | 2b EIN<br>81-4341937 | 2c Percentage of Total Contributions for the Plan Year<br>0.32 | 2d Aggregate Account Balances Attributable to Participating Employer<br>53020  |
| 2a Name of Participating Employer<br>PARAMOUNT BUILDING COMPANY, LLC   | 2b EIN<br>20-1718984 | 2c Percentage of Total Contributions for the Plan Year<br>0.35 | 2d Aggregate Account Balances Attributable to Participating Employer<br>100761 |
| 2a Name of Participating Employer<br>PEAK HOME PERFORMANCE LLC         | 2b EIN<br>83-4449125 | 2c Percentage of Total Contributions for the Plan Year<br>0.75 | 2d Aggregate Account Balances Attributable to Participating Employer<br>152098 |
| 2a Name of Participating Employer<br>PIVIT STRATEGY, LLC               | 2b EIN<br>87-3850790 | 2c Percentage of Total Contributions for the Plan Year<br>0.00 | 2d Aggregate Account Balances Attributable to Participating Employer<br>11716  |

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|-----------------------------------------|------------|--------------------------------------------------------|----------------------------------------------------------------------|
| PMD CONSULTING, INC.                    | 83-3658871 | 0.19                                                   | 316027                                                               |
| PRECISION ELECTRICAL CONTRACTORS L.L.C. | 05-0567332 | 2.16                                                   | 569215                                                               |
| PRIME MEDICAL REHABILITATION PC         | 26-0409399 | 0.21                                                   | 31447                                                                |
| PROCLEAN FLOORCARE, LLC                 | 82-3849536 | 0.63                                                   | 93134                                                                |
| PROST HOLDINGS LLC                      | 84-2159093 | 1.04                                                   | 199156                                                               |
| QUALITY GRINDING INC.                   | 26-3324166 | 0.21                                                   | 32047                                                                |
| R&D METAL FABRICATORS INC               | 95-2707517 | 1.03                                                   | 398172                                                               |
| R.I.C. PLUMBING INC.                    | 16-1406241 | 1.27                                                   | 598125                                                               |
| R2O, LLC                                | 20-3043918 | 0.02                                                   | 6                                                                    |

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|-------------------------------------------|------------|--------------------------------------------------------|----------------------------------------------------------------------|
| RAMAN NAZARI DDS INC.                     | 84-4852615 | 0.19                                                   | 86758                                                                |
| RED RADISH UPSTATE, LLC                   | 84-3915537 | 0.26                                                   | 40098                                                                |
| REVITALIZED INTEGRATED BODY SYSTEMS       | 80-0546953 | 0.05                                                   | 0                                                                    |
| ROBERT A PASCAL YOUTH AND FAMILY SERVICES | 23-7129316 | 1.36                                                   | 497312                                                               |
| ROSE TAX & FINANCIAL                      | 81-4850608 | 0.11                                                   | 27448                                                                |
| RYNO INVESTMENTS LLC                      | 27-1700615 | 0.13                                                   | 29606                                                                |
| SCHROCK'S CUSTOM WOODWORKING, LLC         | 47-1635337 | 0.64                                                   | 96879                                                                |
| SCOTT PROSSER FINANCIAL GROUP             | 93-4841936 | 0.22                                                   | 48418                                                                |
| SEABOARD OIL CO.                          | 75-2275736 | 1.14                                                   | 324230                                                               |

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|--------------------------------------|------------|--------------------------------------------------------|----------------------------------------------------------------------|
| SEATTLE SHOWER DOOR DBA AL'S GLASS   | 83-2279632 | 0.75                                                   | 239465                                                               |
| 2a Name of Participating Employer    | 2b EIN     | 2c Percentage of Total Contributions for the Plan Year | 2d Aggregate Account Balances Attributable to Participating Employer |
| SERENDIPITY CREATIVE PRODUCTIONS INC | 46-5368652 | 0.00                                                   | 53723                                                                |
| 2a Name of Participating Employer    | 2b EIN     | 2c Percentage of Total Contributions for the Plan Year | 2d Aggregate Account Balances Attributable to Participating Employer |
| SHANNON MOORE, O.D., P.C.            | 84-3222876 | 0.32                                                   | 234619                                                               |
| 2a Name of Participating Employer    | 2b EIN     | 2c Percentage of Total Contributions for the Plan Year | 2d Aggregate Account Balances Attributable to Participating Employer |
| SHAVERS FORK FIRE RESCUE INC.        | 55-0619425 | 0.37                                                   | 362003                                                               |
| 2a Name of Participating Employer    | 2b EIN     | 2c Percentage of Total Contributions for the Plan Year | 2d Aggregate Account Balances Attributable to Participating Employer |
| SHOOTER CONSTRUCTION                 | 31-1280145 | 0.85                                                   | 290869                                                               |
| 2a Name of Participating Employer    | 2b EIN     | 2c Percentage of Total Contributions for the Plan Year | 2d Aggregate Account Balances Attributable to Participating Employer |
| SOCIUS ACCOUNTING SOLUTIONS, LLC     | 87-4425627 | 0.33                                                   | 88016                                                                |
| 2a Name of Participating Employer    | 2b EIN     | 2c Percentage of Total Contributions for the Plan Year | 2d Aggregate Account Balances Attributable to Participating Employer |
| SOUTHEAST DESIGN INTERNATIONAL, INC. | 20-0552130 | 0.04                                                   | 60219                                                                |
| 2a Name of Participating Employer    | 2b EIN     | 2c Percentage of Total Contributions for the Plan Year | 2d Aggregate Account Balances Attributable to Participating Employer |
| SOUTHPOINT CHURCH, INC.              | 20-5147367 | 0.09                                                   | 14166                                                                |
| 2a Name of Participating Employer    | 2b EIN     | 2c Percentage of Total Contributions for the Plan Year | 2d Aggregate Account Balances Attributable to Participating Employer |
| SPARX GROUP, INC.                    | 88-1632919 | 0.63                                                   | 91754                                                                |

**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 |
|------------------------------------------|------------|--------------------------------------------------------|----------------------------------------------------------------------|
| SPECTRUM FAMILY OF COMPANIES LLC         | 20-2861315 | 0.40                                                   | 142208                                                               |
| SPEECHCOM INCORPORATED                   | 33-0324111 | 0.59                                                   | 882595                                                               |
| SPINE BY DESIGN FAMILY CHIROPRACTIC, LLC | 87-4748193 | 0.03                                                   | 3882                                                                 |
| STAN'S AUTO SERVICE INC                  | 84-1105148 | 0.03                                                   | 10409                                                                |
| STARLIGHT BICYCLES, LLC                  | 30-0677856 | 0.49                                                   | 111082                                                               |
| STI JM HOLDINGS 1, LLC                   | 84-3159451 | 0.11                                                   | 14163                                                                |
| STRAIGHT-LINE PEO, LLC                   | 82-3228759 | 0.49                                                   | 281395                                                               |
| STRYKER FIRE & SECURITY                  | 47-4736350 | 1.28                                                   | 417060                                                               |
| SUNU LINDEN HILLS PLLC                   | 46-1218151 | 0.11                                                   | 39024                                                                |

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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 |
|-------------------------------------------------------|------------|--------------------------------------------------------|----------------------------------------------------------------------|
| SUPERIOR WELLNESS US INC                              | 99-0759830 | 0.14                                                   | 20390                                                                |
| 2a Name of Participating Employer                     | 2b EIN     | 2c Percentage of Total Contributions for the Plan Year | 2d Aggregate Account Balances Attributable to Participating Employer |
| SW EXCAVATING INC.                                    | 54-1867601 | 0.90                                                   | 211979                                                               |
| 2a Name of Participating Employer                     | 2b EIN     | 2c Percentage of Total Contributions for the Plan Year | 2d Aggregate Account Balances Attributable to Participating Employer |
| TAWAPA INC.                                           | 20-8630166 | 1.40                                                   | 661360                                                               |
| 2a Name of Participating Employer                     | 2b EIN     | 2c Percentage of Total Contributions for the Plan Year | 2d Aggregate Account Balances Attributable to Participating Employer |
| TECO INDUSTRIES OF MARYLAND, INC.                     | 04-2932868 | 0.72                                                   | 197720                                                               |
| 2a Name of Participating Employer                     | 2b EIN     | 2c Percentage of Total Contributions for the Plan Year | 2d Aggregate Account Balances Attributable to Participating Employer |
| TEXCELLENT PIZZA, LLC                                 | 45-5178941 | 0.57                                                   | 85016                                                                |
| 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 BARWICK LAW FIRM, LLC                             | 92-3611411 | 0.09                                                   | 18462                                                                |
| 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 CENTER FOR PLASTIC SURGERY AT RIDGEWOOD HILL, LLC | 11-3822320 | 1.27                                                   | 1344501                                                              |
| 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 FOUNDRY GOLF CLUB, INC.                           | 27-2287274 | 0.19                                                   | 26955                                                                |
| 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 HOPE INSTITUTE OF AMERICA LLC                     | 88-3541832 | 0.04                                                   | 8655                                                                 |

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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 |
|---------------------------------------------------------------------------------------------|------------|--------------------------------------------------------|----------------------------------------------------------------------|
| THE ROPE COMPANY LLC                                                                        | 46-2574387 | 0.12                                                   | 17692                                                                |
| 2a Name of Participating Employer<br>THE SILVER CREEK ASSOCIATION INC.                      | 55-0704438 | 0.81                                                   | 300923                                                               |
| 2a Name of Participating Employer<br>THOMAS J CROGHAN DDS PC                                | 61-1402076 | 0.00                                                   | 0                                                                    |
| 2a Name of Participating Employer<br>WESTERN SUN ENTERPRISES, INC. DBA<br>THREE D ELECTRIC  | 68-0181284 | 2.20                                                   | 1554353                                                              |
| 2a Name of Participating Employer<br>TONICA JOHNSON, MD, PLLC                               | 82-2769005 | 0.50                                                   | 233237                                                               |
| 2a Name of Participating Employer<br>TRIANGLE RESCUE PROFESSIONAL<br>STAFFING SERVICES, LLC | 92-0782120 | 0.59                                                   | 201988                                                               |
| 2a Name of Participating Employer<br>TRUE DOGS LLC                                          | 46-2609529 | 0.09                                                   | 39932                                                                |
| 2a Name of Participating Employer<br>TURN KEY ROOFING, LLC                                  | 27-3605559 | 0.55                                                   | 665818                                                               |
| 2a Name of Participating Employer<br>TUSK BUILDERS LLC                                      | 84-3396444 | 0.00                                                   | 571                                                                  |

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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 |
|------------------------------------------|------------|--------------------------------------------------------|----------------------------------------------------------------------|
| ULTIMATE - A TECH, INC.                  | 84-2432100 | 0.13                                                   | 19289                                                                |
| 2a Name of Participating Employer        | 2b EIN     | 2c Percentage of Total Contributions for the Plan Year | 2d Aggregate Account Balances Attributable to Participating Employer |
| UNION MUTUAL INSURANCE COMPANY           | 73-0551697 | 0.47                                                   | 107726                                                               |
| 2a Name of Participating Employer        | 2b EIN     | 2c Percentage of Total Contributions for the Plan Year | 2d Aggregate Account Balances Attributable to Participating Employer |
| VENUE SALON, LLC                         | 82-3093399 | 0.24                                                   | 70851                                                                |
| 2a Name of Participating Employer        | 2b EIN     | 2c Percentage of Total Contributions for the Plan Year | 2d Aggregate Account Balances Attributable to Participating Employer |
| WORDS & MOTION SPEECH THERAPY GROUP INC. | 84-2020191 | 0.56                                                   | 181010                                                               |
| 2a Name of Participating Employer        | 2b EIN     | 2c Percentage of Total Contributions for the Plan Year | 2d Aggregate Account Balances Attributable to Participating Employer |
| XANO, INC                                | 47-1042781 | 0.69                                                   | 0                                                                    |
| 2a Name of Participating Employer        | 2b EIN     | 2c Percentage of Total Contributions for the Plan Year | 2d Aggregate Account Balances Attributable to Participating Employer |
| YRC MANAGEMENT, LLC                      | 81-4476507 | 3.13                                                   | 2035983                                                              |
| 2a Name of Participating Employer        | 2b EIN     | 2c Percentage of Total Contributions for the Plan Year | 2d Aggregate Account Balances Attributable to Participating Employer |
| ZENITHEN USA, LLC                        | 45-5551446 | 0.07                                                   | 10774                                                                |
| 2a Name of Participating Employer        | 2b EIN     | 2c Percentage of Total Contributions for the Plan Year | 2d Aggregate Account Balances Attributable to Participating Employer |
| 2a Name of Participating Employer        | 2b EIN     | 2c Percentage of Total Contributions for the Plan Year | 2d Aggregate Account Balances Attributable to Participating Employer |

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|                 |                                         |
|-----------------|-----------------------------------------|
| <b>Part III</b> | <b>Pooled Employer Plan Information</b> |
|-----------------|-----------------------------------------|

**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 R1869JP01



**JULY POOLED EMPLOYER PLAN #1**

**FINANCIAL STATEMENTS AND  
ERISA-REQUIRED SUPPLEMENTAL SCHEDULES**

**AS OF DECEMBER 31, 2024 AND 2023  
AND FOR THE YEAR ENDED DECEMBER 31, 2024**

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## INDEPENDENT AUDITORS' REPORT

To the Administrative Committee of  
the July Pooled Employer Plan #1

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

We have performed audits of the accompanying financial statements of the **July Pooled Employer Plan #1** (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** (modified cash basis), 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 4 to the financial statements, is complete and accurate.

### Opinion

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

- the amounts and disclosures in the accompanying financial statements, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with the modified cash basis of accounting, which is a basis of accounting other than accounting principles generally accepted in the United States of America.
- the information in the accompanying 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).

MEMBERS

AMERICAN INSTITUTE OF  
CERTIFIED PUBLIC ACCOUNTANTS

OHIO SOCIETY OF  
CERTIFIED PUBLIC ACCOUNTANTS

## **Basis for Opinion**

We conducted our audits in accordance with auditing standards generally accepted in the United States of America. 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.

## **Basis of Accounting**

We draw attention to Note 2 of the financial statements, which describes the basis of accounting. The financial statements and supplemental schedules are prepared on the modified cash basis of accounting, which is a basis of accounting other than accounting principles generally accepted in the United States of America. Our opinion is not modified with respect to that matter.

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

Management is responsible for the preparation and fair presentation of the financial statements in accordance with the modified cash basis of accounting as described in Note 2, which is a comprehensive basis of accounting other than 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 generally accepted auditing standards 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 generally accepted auditing standards, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.

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

Our audit 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 the modified cash basis of accounting.

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 the modified cash basis of accounting.

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 schedules of Schedule H, Line 4i - Schedule of Assets (Held at End of Year) and Schedule H, Line 4a - Schedule of Delinquent Participant Contributions as of or for the year ended December 31, 2024 are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedule, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with generally accepted auditing standards. 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 schedules, we evaluated whether the supplemental schedules, other than the information agreed to or derived from the certified investment information, including their form and content, is 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 schedules, other than the information in the supplemental schedules 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 schedules 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).

*Shulbrook & Mante*

Certified Public Accountants

Columbus, Ohio  
October 10, 2025

**JULY POOLED EMPLOYER PLAN #1**  
**STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS (MODIFIED CASH BASIS)**  
**DECEMBER 31, 2024 AND 2023**

---

|                                            | <u><b>2024</b></u>       | <u><b>2023</b></u>       |
|--------------------------------------------|--------------------------|--------------------------|
| <b>ASSETS:-</b>                            |                          |                          |
| Cash                                       | \$ 180,039               | \$ 157,579               |
| Investments, at fair value                 | 47,552,154               | 25,219,650               |
| Notes receivable from participants         | <u>436,128</u>           | <u>335,818</u>           |
| <b>Total assets available for benefits</b> | <u><u>48,168,321</u></u> | <u><u>25,713,047</u></u> |

The accompanying notes are an integral part of these financial statements.

**JULY POOLED EMPLOYER PLAN #1**  
**STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS**  
**(MODIFIED CASH BASIS)**  
**FOR THE YEAR ENDED DECEMBER 31, 2024**

---

|                                                              | <b>2024</b>                 |
|--------------------------------------------------------------|-----------------------------|
| <b>ADDITIONS:-</b>                                           |                             |
| Net appreciation of investments                              | \$ 2,178,224                |
| Interest and dividends                                       | 1,392,144                   |
| Interest on notes receivables from participants              | <u>24,013</u>               |
| Total investment income                                      | 3,594,381                   |
| <b>Contributions:-</b>                                       |                             |
| Participant contributions                                    | 9,780,896                   |
| Employer contributions                                       | 4,776,828                   |
| Rollover contributions                                       | <u>574,495</u>              |
| Total contributions                                          | <u>15,132,219</u>           |
| Total additions                                              | 18,726,600                  |
| <b>DEDUCTIONS:-</b>                                          |                             |
| Benefits paid to participants                                | 5,231,553                   |
| Administrative Expenses                                      | <u>326,266</u>              |
| Total deductions                                             | <u>5,557,819</u>            |
| <b>NET INCREASE BEFORE TRANSFERS</b>                         | 13,168,781                  |
| Transfer of Funds-To this Plan                               | 11,406,067                  |
| Transfer of Funds-From this Plan                             | ( 2,119,574)                |
| <b>Net assets available for benefits - beginning of year</b> | <u>25,713,047</u>           |
| <b>Net assets available for benefits - end of year</b>       | <u><u>\$ 48,168,321</u></u> |

The accompanying notes are an integral part of these financial statements.

**JULY POOLED EMPLOYER PLAN #1**  
NOTES TO FINANCIAL STATEMENTS (Modified Cash Basis)  
DECEMBER 31, 2024 AND 2023

---

**NOTE 1 - DESCRIPTION OF THE PLAN**

The following description of July Pooled Employer Plan #1 (the Plan) provides only general information. Participants should refer to the Plan document and their Employer's participation agreements and summary Plan description for a more complete description of the Plan's provisions.

***General***

The Plan is a Pooled Employer Plan (PEP) established by July Business Services, LLC, the Pooled Plan Provider (PPP). The Plan was established under the Setting Every Community Up for Retirement Act of 2019 (SECURE Act) on August 6, 2021. The Plan is a defined contribution plan covering eligible employees of the Participating Employers, and is intended to qualify under Internal Revenue Code of 1986, as amended (IRC or Code), sections 401(a) and 501(a). The Plan is intended to constitute as a multiple employer plan, as described under Code sections 410(a), 411, 413, and 415. Each Participating Employer elects their own provisions related to eligibility, contributions, notes receivable from participants, and payments of benefits. The Plan is subject to the applicable provisions of the Employee Retirement Income Security Act of 1974, as amended (ERISA).

***Eligibility***

Only those employees of any Participating Employer who are designated by the Participating Employer in its participation agreement as eligible employees shall be eligible to participate in the Plan. Participating Employers may define eligibility requirements based on factors such as age, service, or employee type. Eligible employees shall be eligible to make participant contributions and receive allocations of employer contributions if and to the extent specified in the applicable adoption agreement or otherwise provided by the Plan.

***Contributions***

Each year eligible participants may make pretax and Roth contributions of their eligible compensation, as defined by the Plan and Participating Employer participation agreement, subject to applicable limits established by law. Participating Employers may elect safe harbor or non-safe harbor contribution provisions as well as compensation definitions. Under certain circumstances, eligible employees may make rollover contributions to the Plan. Participants who have attained age 50 before the end of the Plan year are eligible to make catch-up contributions. Participants direct their contributions into various investment options offered by the Plan. The Participating Employers in the Plan may elect automatic enrollment and escalation features. Accordingly, the Participating Employer will automatically withhold a defined percentage of an eligible participant's compensation based on the Participating Employer's participation agreement, unless the participant affirmatively opts out.

Under the terms of the Participating Employer participation agreements, the Participating Employers may elect to make safe harbor, matching contributions, nonelective contributions, qualified nonelective contributions (QNECs) or qualified matching contributions (QMACs) to the Plan. Participating Employers may also elect to make true-up matching contributions.

***Participant Accounts and Allocations***

Each participant's account is credited with the participant's contributions, the participating employers' contributions, (if applicable), and an allocation of Plan earnings (losses). 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 participant transactions, as defined. The benefit to which a participant is entitled is the benefit that can be provided by the participant's vested account.

**JULY POOLED EMPLOYER PLAN #1**  
NOTES TO FINANCIAL STATEMENTS (Modified Cash Basis)  
DECEMBER 31, 2024 AND 2023

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***Vesting***

Participants are immediately vested in their contributions plus actual earnings thereon. Vesting in the Participating Employer contribution portion of their accounts, plus actual earnings thereon, is based on years of service ranging from immediate to six years graded or cliff vesting, as elected by each Participating Employer. Notwithstanding the above, participants are fully vested in the participating employers' contributions upon reaching retirement age, death disability, or termination of the Plan.

***Notes Receivables from Participants***

Participants may borrow from their fund accounts a minimum of \$1,000 up to a maximum equal to the lesser of \$50,000 or 50% of their vested account balance. The notes are secured by the balance in the participant's account and bear interest as determined by the PPP, which is prime rate plus 1% as of the effective date of the loan request. Principal and interest is paid ratably through payroll deductions.

***Payment of Benefits***

Upon termination of service due to death, disability, or retirement, a participant may elect to receive the value of the vested interest in their account in the form of a lump sum distribution or installments based on the Participating Employer's participation agreement. The Plan may allow for in-service distributions if a participant reaches age 59½ and hardship distributions subject to the Participating Employer's participation agreement. If a participant terminates employment and the participant's account balance does not exceed \$5,000, the benefit payment is paid without the participant's consent and is paid in the form of a single lump-sum.

***Forfeitures***

Forfeited nonvested accounts can be used to pay administrative expenses and to reduce future Participating Employer contributions.

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

***Basis of Accounting***

The accompanying financial statements of the Plan are prepared on the modified cash basis of accounting, which is a basis of accounting other than accounting principles generally accepted in the United States of America. Under that basis, certain additions are recognized when received and certain deductions are recognized when paid. Investments are stated at fair value. The modified cash basis of accounting differs from accounting principles generally accepted in the United States of America primarily because the effects of outstanding contributions and outstanding expenses are not included in the financial statements.

***Use of Estimates***

The preparation of financial statements in accordance with the modified cash basis of accounting requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and changes therein, and disclosure of contingent assets and liabilities. Actual results could differ from those estimates.

***Investment Valuation and Income Recognition***

The Plan's investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 5 for discussion of fair value measurements. Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation/depreciation includes the Plan's gains and losses on investments bought and sold as well as held during the year.

**JULY POOLED EMPLOYER PLAN #1**  
NOTES TO FINANCIAL STATEMENTS (Modified Cash Basis)  
DECEMBER 31, 2024 AND 2023

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***Notes Receivables from Participants***

Notes receivables from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Interest income is recorded on the accrual basis. Related fees are recorded as administrative expenses and are expensed when they are incurred. No allowance for credit losses has been recorded as of December 31, 2024 or 2023. Delinquent notes receivable are recorded as distributions on the basis of the terms of the Plan document.

***Payment of Benefits***

Benefits are recorded when paid.

**NOTE 3 - TRANSFER OF FUNDS**

Upon termination or new entrance of a Participating Employer, funds may be transferred to or from other qualified plans. During the year ended December 31, 2024, transfers into the Plan from other qualified plans totaled \$11,406,067. During the year ended December 31, 2023, transfers out of the Plan to other qualified plans totaled \$2,119,574.

**NOTE 4 - SUMMARY OF INFORMATION CERTIFIED BY THE CUSTODIAN (UNAUDITED)**

The Plan Administrator has obtained a certification from the Custodian that the information provided to the Plan Administrator by the Custodian is complete and accurate in accordance with 29 CFR 2520.103-5 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

A summary of information included in the financial statements, which has been certified, is as follows:

|                                                    | <b>2024</b> | <b>2023</b> |
|----------------------------------------------------|-------------|-------------|
| Cash                                               | \$ 180,039  | \$ 157,579  |
| Investments at fair value                          | 47,552,154  | 25,219,650  |
| Notes receivable from participants                 | 436,128     | 335,818     |
| Net appreciation of investments                    | 2,178,224   |             |
| Interest and dividends                             | 1,392,144   |             |
| Interest on notes receivables<br>from participants | 24,013      |             |

**NOTE 5 - FAIR VALUE MEASUREMENTS**

Accounting Standards Codification (ASC) 820 establishes a framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to unobservable inputs (Level 3 measurements). The three levels of the fair value hierarchy under ASC 820 are described below:

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;

**JULY POOLED EMPLOYER PLAN #1**  
NOTES TO FINANCIAL STATEMENTS (Modified Cash Basis)  
DECEMBER 31, 2024 AND 2023

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- 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.

Level 3: Unobservable inputs for which there is little or no market data, which require the reporting entity to develop its own assumptions.

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

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

Mutual Funds: (including money market mutual funds) – Valued at the daily closing price as reported by the fund. Mutual funds held by the Plan are open-ended mutual funds that are registered with the Securities and Exchange Commission. The funds are required to publish their daily net asset value (NAV) and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded (Level 1).

The methods described above may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, while the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

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

| <b>Assets at fair value as of December 31, 2024</b> |                      |                |                |                      |
|-----------------------------------------------------|----------------------|----------------|----------------|----------------------|
|                                                     | <b>Level 1</b>       | <b>Level 2</b> | <b>Level 3</b> | <b>Total</b>         |
| Mutual Funds                                        | \$ 47,552,154        | \$ 0           | \$ 0           | \$ 47,552,154        |
| Total investments at fair value                     | <u>\$ 47,552,154</u> | <u>\$ 0</u>    | <u>\$ 0</u>    | <u>\$ 47,552,154</u> |

| <b>Assets at fair value as of December 31, 2023</b> |                      |                |                |                      |
|-----------------------------------------------------|----------------------|----------------|----------------|----------------------|
|                                                     | <b>Level 1</b>       | <b>Level 2</b> | <b>Level 3</b> | <b>Total</b>         |
| Mutual Funds                                        | \$ 25,219,650        | \$ 0           | \$ 0           | \$ 25,219,650        |
| Total investments at fair value                     | <u>\$ 25,219,650</u> | <u>\$ 0</u>    | <u>\$ 0</u>    | <u>\$ 25,219,650</u> |

**NOTE 6 - PLAN TERMINATION**

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

**JULY POOLED EMPLOYER PLAN #1**  
NOTES TO FINANCIAL STATEMENTS (Modified Cash Basis)  
DECEMBER 31, 2024 AND 2023

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**NOTE 7 - INCOME TAX STATUS**

The Plan has not received an opinion letter from the IRS indicating that the Plan is designed in accordance with the applicable section of the IRC. However, the Plan administrator believes that the Plan is designed and being operated in compliance with the applicable requirements of the IRC and, therefore, believes that the Plan is qualified, and the related trust is tax-exempt.

The modified cash basis of accounting requires Plan management to evaluate if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

**NOTE 8 - RISKS AND UNCERTAINTIES**

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

The classification of investment and investment earnings reported in the financial statements may differ from the classification on the Form 5500 due to different reporting requirements on Form 5500.

**NOTE 9 - PARTY IN INTEREST TRANSACTIONS**

Certain participants have the ability to borrow on their vested account balances. As the individuals are participants in the Plan, these transactions qualify as party-in-interest transactions. As Matrix Trust Company is the Plan's Custodian and July Business Services, LLC is the third-party recordkeeper, these transactions qualify as party-in-interest transactions.

**NOTE 10 - PROHIBITED TRANSACTIONS**

During the year ended December 31, 2024 and 2023, there were instances where Participating Employers failed to timely remit employee 401(k) deferral contributions and loan repayments to the Plan for certain payroll periods within the timeframe prescribed by the Department of Labor. These are deemed prohibited transactions in accordance with ERISA and the IRC. As of December 31, 2024 and 2023, approximately \$266,000 and \$192,000, respectively, were considered to be prohibited transactions and delinquent participant contributions. The PPP files the appropriate Form 5330. The reimbursement for lost earnings was not material to the Plan financial statements.

**NOTE 11 - SUBSEQUENT EVENTS**

The Plan has evaluated events and transactions for potential recognition or disclosure through October 10, 2025, the date the financial statements were available to be issued.

**JULY POOLED EMPLOYER PLAN #1**  
SUPPLEMENTAL SCHEDULE - SCHEDULE H, PART IV, LINE 4i  
SCHEDULE OF ASSETS (HELD AT END OF YEAR)  
DECEMBER 31, 2024

**EIN: 74-2715820**

**PLAN NUMBER: 002**

| (a) | (b) Identity of Issuer, Borrower,<br>Lessor or Similar Party | (c) Description of Investment, Including<br>the Maturity Date, Rate of Interest,<br>Collateral, Par or Maturity Value | (d) Cost | (e) Current<br>Value |
|-----|--------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------|----------|----------------------|
|     | Fidelity® 500 Index Institutional Prem                       | Mutual Fund                                                                                                           | ** \$    | 4,933,244            |
|     | Dimensional 2045 Trgt-Ins                                    | Mutual Fund                                                                                                           | **       | 3,393,651            |
|     | Dimensional 2040 Trgt-Ins                                    | Mutual Fund                                                                                                           | **       | 2,779,203            |
|     | Dimensional 2055 Trgt-Ins                                    | Mutual Fund                                                                                                           | **       | 2,489,401            |
|     | Dimensional 2050 Trgt-Ins                                    | Mutual Fund                                                                                                           | **       | 2,153,938            |
|     | Dimensional 2065 Trgt-Ins Date Ret Inc Ins                   | Mutual Fund                                                                                                           | **       | 1,828,374            |
|     | Dimensional 2035 Trgt-Ins                                    | Mutual Fund                                                                                                           | **       | 1,789,787            |
|     | Dimensional 2030 Trgt-Ins                                    | Mutual Fund                                                                                                           | **       | 1,504,363            |
|     | Dimensional 2060 Trgt-Ins                                    | Mutual Fund                                                                                                           | **       | 1,434,173            |
|     | Nuveen Core Plus BondFund Inst'l                             | Mutual Fund                                                                                                           | **       | 1,339,447            |
|     | Vanguard Value Index Adm                                     | Mutual Fund                                                                                                           | **       | 1,221,365            |
|     | Fidelity® International Index InstlPrm                       | Mutual Fund                                                                                                           | **       | 1,053,238            |
|     | American Funds 2050 TrgtDate Retire R6                       | Mutual Fund                                                                                                           | **       | 973,079              |
|     | Vanguard Mid Cap Index Admiral                               | Mutual Fund                                                                                                           | **       | 924,515              |
|     | Nuveen Core Plus BondFund Inst'l                             | Mutual Fund                                                                                                           | **       | 886,470              |
|     | American Funds 2045 TrgtDate Retire R6                       | Mutual Fund                                                                                                           | **       | 825,552              |
|     | Fidelity® Government Cash Reserves                           | Mutual Fund                                                                                                           | **       | 789,608              |
|     | Nuveen Lifecycle 2035Fund R6                                 | Mutual Fund                                                                                                           | **       | 742,801              |
|     | Dimensional 2020 Trgt-Ins                                    | Mutual Fund                                                                                                           | **       | 717,754              |
|     | American Funds 2040 TrgtDate Retire R6                       | Mutual Fund                                                                                                           | **       | 713,887              |
|     | Vanguard 500 IndexAdmiral                                    | Mutual Fund                                                                                                           | **       | 705,526              |
|     | Nuveen Lifecycle 2055Fund R6                                 | Mutual Fund                                                                                                           | **       | 675,525              |
|     | American Funds 2055 TrgtDate Retire R6                       | Mutual Fund                                                                                                           | **       | 664,199              |
|     | Vanguard Small CapValue Index Admiral                        | Mutual Fund                                                                                                           | **       | 573,024              |
|     | Vanguard Federal Money Market Investor                       | Mutual Fund                                                                                                           | **       | 570,389              |
|     | Nuveen Lifecycle 2050Fund R6                                 | Mutual Fund                                                                                                           | **       | 566,780              |
|     | Columbia Small Cap IndexInst2                                | Mutual Fund                                                                                                           | **       | 489,475              |
|     | American Funds 2060 TrgtDate Retire R6                       | Mutual Fund                                                                                                           | **       | 482,480              |
|     | Nuveen Lifecycle 2060Fund R6                                 | Mutual Fund                                                                                                           | **       | 456,426              |
|     | Vanguard TargetRetirement 2035 Inv                           | Mutual Fund                                                                                                           | **       | 429,022              |
|     | American Funds 2030 TrgtDate Retire R6                       | Mutual Fund                                                                                                           | **       | 423,701              |
|     | American Funds 2035 TrgtDate Retire R6                       | Mutual Fund                                                                                                           | **       | 421,349              |
|     | Nuveen Lifecycle 2045Fund R6                                 | Mutual Fund                                                                                                           | **       | 420,088              |
|     | Vanguard Total Stock MktIdx Adm                              | Mutual Fund                                                                                                           | **       | 398,789              |
|     | Dimensional 2025 Trgt-Ins                                    | Mutual Fund                                                                                                           | **       | 394,704              |
|     | PIMCO Income Instl                                           | Mutual Fund                                                                                                           | **       | 375,406              |
|     | American Funds NewWorld R6                                   | Mutual Fund                                                                                                           | **       | 329,461              |
|     | Vanguard Mid-Cap GrowthIndex Admiral                         | Mutual Fund                                                                                                           | **       | 326,771              |
|     | Nuveen Lifecycle 2040Fund R6                                 | Mutual Fund                                                                                                           | **       | 323,275              |
|     | Nuveen Lifecycle 2020Fund R6                                 | Mutual Fund                                                                                                           | **       | 297,774              |

**JULY POOLED EMPLOYER PLAN #1**  
SUPPLEMENTAL SCHEDULE - SCHEDULE H, PART IV, LINE 4i  
SCHEDULE OF ASSETS (HELD AT END OF YEAR)  
DECEMBER 31, 2024 (Continued)

**EIN: 74-2715820**

**PLAN NUMBER: 002**

| (a) | (b) Identity of Issuer, Borrower,<br>Lessor or Similar Party | (c) Description of Investment, Including<br>the Maturity Date, Rate of Interest,<br>Collateral, Par or Maturity Value | (d) Cost | (e) Current<br>Value |
|-----|--------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------|----------|----------------------|
|     | Vanguard TargetRetirement 2055 Inv                           | Mutual Fund                                                                                                           | **       | \$ 273,374           |
|     | American Funds 2065 TrgtDate Retire R6                       | Mutual Fund                                                                                                           | **       | 270,402              |
|     | CPS Managed Aggressive                                       | Mutual Fund                                                                                                           | **       | 249,488              |
|     | Vanguard Explorer Adm                                        | Mutual Fund                                                                                                           | **       | 249,057              |
|     | Tandem ModerateAggressive Portfolio                          | Mutual Fund                                                                                                           | **       | 213,438              |
|     | DFA US Vector Equity I                                       | Mutual Fund                                                                                                           | **       | 209,412              |
|     | Tandem ModerateConservative Portfolio                        | Mutual Fund                                                                                                           | **       | 201,564              |
|     | Vanguard TargetRetirement 2060 Inv                           | Mutual Fund                                                                                                           | **       | 180,010              |
|     | JPMorgan US Equity R6                                        | Mutual Fund                                                                                                           | **       | 170,500              |
|     | Vanguard TargetRetirement 2065 Inv                           | Mutual Fund                                                                                                           | **       | 161,815              |
|     | Dimensional 2015 Trgt-Ins                                    | Mutual Fund                                                                                                           | **       | 160,540              |
|     | American Funds 2025 TrgtDate Retire R6                       | Mutual Fund                                                                                                           | **       | 142,574              |
|     | Vanguard TargetRetirement 2045 Inv                           | Mutual Fund                                                                                                           | **       | 142,240              |
|     | Vanguard TargetRetirement 2050 Inv                           | Mutual Fund                                                                                                           | **       | 135,646              |
|     | CPS Managed Aggressive                                       | Mutual Fund                                                                                                           | **       | 133,950              |
|     | Fidelity Advisor EquityGrowth Fund Z                         | Mutual Fund                                                                                                           | **       | 133,905              |
|     | Vanguard DevelopedMarkets Index Admiral                      | Mutual Fund                                                                                                           | **       | 131,946              |
|     | Nuveen Lifecycle 2030Fund R6                                 | Mutual Fund                                                                                                           | **       | 127,253              |
|     | Janus Henderson GlobalAllocation Gr I                        | Mutual Fund                                                                                                           | **       | 119,798              |
|     | Nuveen Lifecycle 2025Fund R6                                 | Mutual Fund                                                                                                           | **       | 102,177              |
|     | Fidelity® Mid-Cap Stock                                      | Mutual Fund                                                                                                           | **       | 97,011               |
|     | T. Rowe Price GlobalMulti-Sector Bond Fund I                 | Mutual Fund                                                                                                           | **       | 82,524               |
|     | Vanguard Tax-ManagedBalanced Adm                             | Mutual Fund                                                                                                           | **       | 82,388               |
|     | Tandem ModerateConservative Portfolio                        | Mutual Fund                                                                                                           | **       | 81,713               |
|     | Vanguard TargetRetirement 2030 Inv                           | Mutual Fund                                                                                                           | **       | 74,250               |
|     | Fidelity® Mid Cap IndexInstl Prem                            | Mutual Fund                                                                                                           | **       | 72,551               |
|     | Vanguard TargetRetirement 2040 Inv                           | Mutual Fund                                                                                                           | **       | 72,244               |
|     | Nuveen Lifecycle 2015Fund R6                                 | Mutual Fund                                                                                                           | **       | 66,267               |
|     | Fidelity® Capital & Income                                   | Mutual Fund                                                                                                           | **       | 63,211               |
|     | American Funds 2020 TrgtDate Retire R6                       | Mutual Fund                                                                                                           | **       | 62,706               |
|     | DFA US Targeted Value I                                      | Mutual Fund                                                                                                           | **       | 61,521               |
|     | PGIM Jen IntlOpportunities Cl R6                             | Mutual Fund                                                                                                           | **       | 61,002               |
|     | CPS Managed Moderate                                         | Mutual Fund                                                                                                           | **       | 59,182               |
|     | CPS Managed Moderate                                         | Mutual Fund                                                                                                           | **       | 57,534               |
|     | Vanguard Short-TermFederal Adm                               | Mutual Fund                                                                                                           | **       | 54,337               |
|     | DFA International SmallCap Value I                           | Mutual Fund                                                                                                           | **       | 52,243               |
|     | DFA Emerging MarketsCore Equity 2                            | Mutual Fund                                                                                                           | **       | 52,210               |
|     | AMG Frontier Small CpGr- Z                                   | Mutual Fund                                                                                                           | **       | 51,215               |
|     | Vanguard Small Cap IndexAdm                                  | Mutual Fund                                                                                                           | **       | 51,204               |
|     | CPS Managed Moderate                                         | Mutual Fund                                                                                                           | **       | 45,375               |

**JULY POOLED EMPLOYER PLAN #1**  
SUPPLEMENTAL SCHEDULE - SCHEDULE H, PART IV, LINE 4i  
SCHEDULE OF ASSETS (HELD AT END OF YEAR)  
DECEMBER 31, 2024 (Continued)

**EIN: 74-2715820**

**PLAN NUMBER: 002**

| (a) | (b) Identity of Issuer, Borrower,<br>Lessor or Similar Party | (c) Description of Investment, Including<br>the Maturity Date, Rate of Interest,<br>Collateral, Par or Maturity Value | (d) Cost | (e) Current<br>Value |
|-----|--------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------|----------|----------------------|
|     | T. Rowe Price GlobalStock I                                  | Mutual Fund                                                                                                           | ** \$    | 42,325               |
|     | Nuveen Lifecycle 2065Fund R6                                 | Mutual Fund                                                                                                           | **       | 41,302               |
|     | DFA Emerging MarketsSmall Cap I                              | Mutual Fund                                                                                                           | **       | 37,517               |
|     | CPS Managed Aggressive                                       | Mutual Fund                                                                                                           | **       | 35,900               |
|     | CPS Managed Moderate                                         | Mutual Fund                                                                                                           | **       | 35,199               |
|     | Great-West ConservativeProfile Instl                         | Mutual Fund                                                                                                           | **       | 33,117               |
|     | CPS Managed Low Risk                                         | Mutual Fund                                                                                                           | **       | 31,498               |
|     | Vanguard LifeStrategyIncome Inv                              | Mutual Fund                                                                                                           | **       | 31,346               |
|     | Vanguard LifeStrategyModerate Gr Inv                         | Mutual Fund                                                                                                           | **       | 31,165               |
|     | Vanguard Emerging MktsStock Idx Adm                          | Mutual Fund                                                                                                           | **       | 30,796               |
|     | Fidelity Advisor Balanced Z                                  | Mutual Fund                                                                                                           | **       | 30,493               |
|     | CPS Managed Aggressive                                       | Mutual Fund                                                                                                           | **       | 30,237               |
|     | Dodge & Cox IncomeFund X                                     | Mutual Fund                                                                                                           | **       | 28,919               |
|     | Janus HendersonBalanced I                                    | Mutual Fund                                                                                                           | **       | 26,440               |
|     | CPS Managed Moderate                                         | Mutual Fund                                                                                                           | **       | 25,223               |
|     | Putnam Small Cap GrowthR6                                    | Mutual Fund                                                                                                           | **       | 24,131               |
|     | Vanguard Intermediate Term Treasury Index                    | Mutual Fund                                                                                                           | **       | 23,224               |
|     | AB Large Cap GrowthFund Z                                    | Mutual Fund                                                                                                           | **       | 22,037               |
|     | MFS® InternationalGrowth Fund R6                             | Mutual Fund                                                                                                           | **       | 20,504               |
|     | Tandem Moderate Portfolio                                    | Mutual Fund                                                                                                           | **       | 18,416               |
|     | Vanguard TargetRetirement Income Inv                         | Mutual Fund                                                                                                           | **       | 17,725               |
|     | BNY Mellon DynamicValue Fund - Cl Y                          | Mutual Fund                                                                                                           | **       | 17,522               |
|     | Invesco Value Opport Fd-Y                                    | Mutual Fund                                                                                                           | **       | 16,757               |
|     | Cohen & Steers RealEstate - Z                                | Mutual Fund                                                                                                           | **       | 15,882               |
|     | Vanguard TargetRetirement 2025 Inv                           | Mutual Fund                                                                                                           | **       | 14,776               |
|     | DFA Short-Term ExtendedQuality I                             | Mutual Fund                                                                                                           | **       | 14,153               |
|     | Tandem Moderate Portfolio                                    | Mutual Fund                                                                                                           | **       | 14,133               |
|     | Vanguard Total BondMarket Index Adm                          | Mutual Fund                                                                                                           | **       | 13,499               |
|     | Nuveen Quant Small/MidCap Equity Fund R6                     | Mutual Fund                                                                                                           | **       | 12,559               |
|     | CPS Managed Low Risk                                         | Mutual Fund                                                                                                           | **       | 12,482               |
|     | Neuberger Berman LargeCap Value R6                           | Mutual Fund                                                                                                           | **       | 12,097               |
|     | Dimensional Retire Inc-Ins                                   | Mutual Fund                                                                                                           | **       | 12,056               |
|     | Bridgeway Small-CapValue                                     | Mutual Fund                                                                                                           | **       | 11,903               |
|     | Tandem ModerateAggressive Portfolio                          | Mutual Fund                                                                                                           | **       | 10,124               |
|     | Vanguard Shrt-TermInfl-Prot Sec Idx Adm                      | Mutual Fund                                                                                                           | **       | 9,404                |
|     | State St Hedged Intl Dev-K                                   | Mutual Fund                                                                                                           | **       | 7,321                |
|     | Calamos Growth & IncomeCl I                                  | Mutual Fund                                                                                                           | **       | 7,112                |
|     | Putnam InternationalValue R6                                 | Mutual Fund                                                                                                           | **       | 7,106                |
|     | Schwab Fundamental International Equity Index                | Mutual Fund                                                                                                           | **       | 7,049                |
|     | American US GovtSecurities R6                                | Mutual Fund                                                                                                           | **       | 6,666                |

**JULY POOLED EMPLOYER PLAN #1**  
SUPPLEMENTAL SCHEDULE - SCHEDULE H, PART IV, LINE 4i  
SCHEDULE OF ASSETS (HELD AT END OF YEAR)  
DECEMBER 31, 2024 (Continued)

**EIN: 74-2715820**  
**PLAN NUMBER: 002**

| (a) | (b) Identity of Issuer, Borrower,<br>Lessor or Similar Party | (c) Description of Investment, Including<br>the Maturity Date, Rate of Interest,<br>Collateral, Par or Maturity Value | (d) Cost | (e) Current<br>Value |
|-----|--------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------|----------|----------------------|
|     | Federated Hermes MDTMid Cap Growth R6                        | Mutual Fund                                                                                                           | **       | \$ 6,656             |
|     | Vanguard Growth IndexAdmiral                                 | Mutual Fund                                                                                                           | **       | 6,650                |
|     | BlackRock High Yield K                                       | Mutual Fund                                                                                                           | **       | 6,382                |
|     | Vanguard InformationTechnology Idx Adm                       | Mutual Fund                                                                                                           | **       | 6,294                |
|     | Fidelity Advisor Intl SmallCap Z                             | Mutual Fund                                                                                                           | **       | 5,832                |
|     | Vanguard Small CapGrowth Index Admiral                       | Mutual Fund                                                                                                           | **       | 5,024                |
|     | Vanguard Interm-TermBond Index Adm                           | Mutual Fund                                                                                                           | **       | 5,003                |
|     | Lord Abbett Shrt DurInc-R6                                   | Mutual Fund                                                                                                           | **       | 4,981                |
|     | Vanguard ConsumerStaples Index Admiral                       | Mutual Fund                                                                                                           | **       | 4,683                |
|     | Fidelity® Small Cap IndexInstl Prem                          | Mutual Fund                                                                                                           | **       | 4,377                |
|     | Vanguard Health CareIndex Admiral                            | Mutual Fund                                                                                                           | **       | 4,300                |
|     | Tandem ModerateAggressive Portfolio                          | Mutual Fund                                                                                                           | **       | 4,284                |
|     | Nuveen Lifecycle 2010Fund R6                                 | Mutual Fund                                                                                                           | **       | 2,970                |
|     | Lord Abbett BndDebentur-R6                                   | Mutual Fund                                                                                                           | **       | 2,621                |
|     | DFA Short-Duration RealReturn Instl                          | Mutual Fund                                                                                                           | **       | 1,868                |
|     | Vanguard Balanced IndexAdm                                   | Mutual Fund                                                                                                           | **       | 1,607                |
|     | Tandem ModerateAggressive Portfolio                          | Mutual Fund                                                                                                           | **       | 1,580                |
|     | Vanguard TargetRetirement 2020 Inv                           | Mutual Fund                                                                                                           | **       | 1,342                |
|     | Fidelity® EmergingMarkets Idx Instl Prm                      | Mutual Fund                                                                                                           | **       | 1,172                |
|     | Tandem ConservativePortfolio                                 | Mutual Fund                                                                                                           | **       | 840                  |
|     | Nationwide StrategicIncome R6                                | Mutual Fund                                                                                                           | **       | 838                  |
|     | Tandem ModerateAggressive Portfolio                          | Mutual Fund                                                                                                           | **       | 829                  |
|     | Schwab Treasury InflationProtected Sec. Index Fu             | Mutual Fund                                                                                                           | **       | 812                  |
|     | DWS Rreef Real AssetsFund-R6                                 | Mutual Fund                                                                                                           | **       | 806                  |
|     | American Funds Bon R6                                        | Mutual Fund                                                                                                           | **       | 579                  |
|     | (tdif.x 2/07/25)                                             | Mutual Fund                                                                                                           | **       | 456                  |
|     | Allocation Fund                                              | Mutual Fund                                                                                                           | **       | 446                  |
|     | Janus Henderson GlobalAllc Cnsrv I                           | Mutual Fund                                                                                                           | **       | 236                  |
|     | Lord Abbett InflationFocused R6                              | Mutual Fund                                                                                                           | **       | 212                  |
|     | American Funds StrategicBond R-6                             | Mutual Fund                                                                                                           | **       | 202                  |
|     | Tandem ConservativePortfolio                                 | Mutual Fund                                                                                                           | **       | 184                  |
|     | Vanguard Utilities IndexAdm                                  | Mutual Fund                                                                                                           | **       | 181                  |
|     | T. Rowe Price Government Money                               | Mutual Fund                                                                                                           | **       | 1                    |
|     |                                                              |                                                                                                                       | Total    | 47,552,154           |
|     | * Master Cash                                                | Cash                                                                                                                  |          | 180,039              |
|     | * Notes receivable from participants                         | Interest: 4.25% - 9.50%<br>With Various Maturities                                                                    | \$-0-    | 436,128              |
|     |                                                              |                                                                                                                       | Total    | \$ 48,168,321        |

\* Represents party-in-interest as defined by ERISA.

\*\* Cost information has been omitted in accordance with Form 5500 instructions as all investments are participant-directed.

**JULY POOLED EMPLOYER PLAN #1**  
SUPPLEMENTAL SCHEDULE - SCHEDULE H, LINE 4a  
SCHEDULE OF DELINQUENT PARTICIPANT CONTRIBUTIONS  
DECEMBER 31, 2024

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**EIN: 74-2715820**  
**PLAN NUMBER: 002**

| Plan Year Ending  | Participant<br>Contributions<br>Transferred Late to<br>Plan | Contributions<br>Not Corrected | Contributions<br>Corrected<br>Outside VFCP | Contributions<br>Pending<br>Correction in<br>VFCP | Total Fully<br>Corrected Under<br>VFCP and PTE<br>2002-51 |
|-------------------|-------------------------------------------------------------|--------------------------------|--------------------------------------------|---------------------------------------------------|-----------------------------------------------------------|
| December 31, 2023 | \$ 192,627                                                  | \$ -                           | \$ 192,627                                 | \$ -                                              | \$ -                                                      |
| December 31, 2024 | \$ 266,897                                                  | \$ 266,897                     | \$ -                                       | \$ -                                              | \$ -                                                      |

**JULY POOLED EMPLOYER PLAN #1**  
SUPPLEMENTAL SCHEDULE - SCHEDULE H, PART IV, LINE 4i  
SCHEDULE OF ASSETS (HELD AT END OF YEAR)  
DECEMBER 31, 2024

**EIN: 74-2715820**

**PLAN NUMBER: 002**

| (a) | (b) Identity of Issuer, Borrower,<br>Lessor or Similar Party | (c) Description of Investment, Including<br>the Maturity Date, Rate of Interest,<br>Collateral, Par or Maturity Value | (d) Cost | (e) Current<br>Value |
|-----|--------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------|----------|----------------------|
|     | Fidelity® 500 Index Institutional Prem                       | Mutual Fund                                                                                                           | ** \$    | 4,933,244            |
|     | Dimensional 2045 Trgt-Ins                                    | Mutual Fund                                                                                                           | **       | 3,393,651            |
|     | Dimensional 2040 Trgt-Ins                                    | Mutual Fund                                                                                                           | **       | 2,779,203            |
|     | Dimensional 2055 Trgt-Ins                                    | Mutual Fund                                                                                                           | **       | 2,489,401            |
|     | Dimensional 2050 Trgt-Ins                                    | Mutual Fund                                                                                                           | **       | 2,153,938            |
|     | Dimensional 2065 Trgt-Ins Date Ret Inc Ins                   | Mutual Fund                                                                                                           | **       | 1,828,374            |
|     | Dimensional 2035 Trgt-Ins                                    | Mutual Fund                                                                                                           | **       | 1,789,787            |
|     | Dimensional 2030 Trgt-Ins                                    | Mutual Fund                                                                                                           | **       | 1,504,363            |
|     | Dimensional 2060 Trgt-Ins                                    | Mutual Fund                                                                                                           | **       | 1,434,173            |
|     | Nuveen Core Plus BondFund Inst'l                             | Mutual Fund                                                                                                           | **       | 1,339,447            |
|     | Vanguard Value Index Adm                                     | Mutual Fund                                                                                                           | **       | 1,221,365            |
|     | Fidelity® International Index InstlPrm                       | Mutual Fund                                                                                                           | **       | 1,053,238            |
|     | American Funds 2050 TrgtDate Retire R6                       | Mutual Fund                                                                                                           | **       | 973,079              |
|     | Vanguard Mid Cap Index Admiral                               | Mutual Fund                                                                                                           | **       | 924,515              |
|     | Nuveen Core Plus BondFund Inst'l                             | Mutual Fund                                                                                                           | **       | 886,470              |
|     | American Funds 2045 TrgtDate Retire R6                       | Mutual Fund                                                                                                           | **       | 825,552              |
|     | Fidelity® Government Cash Reserves                           | Mutual Fund                                                                                                           | **       | 789,608              |
|     | Nuveen Lifecycle 2035Fund R6                                 | Mutual Fund                                                                                                           | **       | 742,801              |
|     | Dimensional 2020 Trgt-Ins                                    | Mutual Fund                                                                                                           | **       | 717,754              |
|     | American Funds 2040 TrgtDate Retire R6                       | Mutual Fund                                                                                                           | **       | 713,887              |
|     | Vanguard 500 IndexAdmiral                                    | Mutual Fund                                                                                                           | **       | 705,526              |
|     | Nuveen Lifecycle 2055Fund R6                                 | Mutual Fund                                                                                                           | **       | 675,525              |
|     | American Funds 2055 TrgtDate Retire R6                       | Mutual Fund                                                                                                           | **       | 664,199              |
|     | Vanguard Small CapValue Index Admiral                        | Mutual Fund                                                                                                           | **       | 573,024              |
|     | Vanguard Federal Money Market Investor                       | Mutual Fund                                                                                                           | **       | 570,389              |
|     | Nuveen Lifecycle 2050Fund R6                                 | Mutual Fund                                                                                                           | **       | 566,780              |
|     | Columbia Small Cap IndexInst2                                | Mutual Fund                                                                                                           | **       | 489,475              |
|     | American Funds 2060 TrgtDate Retire R6                       | Mutual Fund                                                                                                           | **       | 482,480              |
|     | Nuveen Lifecycle 2060Fund R6                                 | Mutual Fund                                                                                                           | **       | 456,426              |
|     | Vanguard TargetRetirement 2035 Inv                           | Mutual Fund                                                                                                           | **       | 429,022              |
|     | American Funds 2030 TrgtDate Retire R6                       | Mutual Fund                                                                                                           | **       | 423,701              |
|     | American Funds 2035 TrgtDate Retire R6                       | Mutual Fund                                                                                                           | **       | 421,349              |
|     | Nuveen Lifecycle 2045Fund R6                                 | Mutual Fund                                                                                                           | **       | 420,088              |
|     | Vanguard Total Stock MktIdx Adm                              | Mutual Fund                                                                                                           | **       | 398,789              |
|     | Dimensional 2025 Trgt-Ins                                    | Mutual Fund                                                                                                           | **       | 394,704              |
|     | PIMCO Income Instl                                           | Mutual Fund                                                                                                           | **       | 375,406              |
|     | American Funds NewWorld R6                                   | Mutual Fund                                                                                                           | **       | 329,461              |
|     | Vanguard Mid-Cap GrowthIndex Admiral                         | Mutual Fund                                                                                                           | **       | 326,771              |
|     | Nuveen Lifecycle 2040Fund R6                                 | Mutual Fund                                                                                                           | **       | 323,275              |
|     | Nuveen Lifecycle 2020Fund R6                                 | Mutual Fund                                                                                                           | **       | 297,774              |

**JULY POOLED EMPLOYER PLAN #1**  
SUPPLEMENTAL SCHEDULE - SCHEDULE H, PART IV, LINE 4i  
SCHEDULE OF ASSETS (HELD AT END OF YEAR)  
DECEMBER 31, 2024 (Continued)

**EIN: 74-2715820**

**PLAN NUMBER: 002**

| (a) | (b) Identity of Issuer, Borrower,<br>Lessor or Similar Party | (c) Description of Investment, Including<br>the Maturity Date, Rate of Interest,<br>Collateral, Par or Maturity Value | (d) Cost | (e) Current<br>Value |
|-----|--------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------|----------|----------------------|
|     | Vanguard TargetRetirement 2055 Inv                           | Mutual Fund                                                                                                           | ** \$    | 273,374              |
|     | American Funds 2065 TrgtDate Retire R6                       | Mutual Fund                                                                                                           | **       | 270,402              |
|     | CPS Managed Aggressive                                       | Mutual Fund                                                                                                           | **       | 249,488              |
|     | Vanguard Explorer Adm                                        | Mutual Fund                                                                                                           | **       | 249,057              |
|     | Tandem ModerateAggressive Portfolio                          | Mutual Fund                                                                                                           | **       | 213,438              |
|     | DFA US Vector Equity I                                       | Mutual Fund                                                                                                           | **       | 209,412              |
|     | Tandem ModerateConservative Portfolio                        | Mutual Fund                                                                                                           | **       | 201,564              |
|     | Vanguard TargetRetirement 2060 Inv                           | Mutual Fund                                                                                                           | **       | 180,010              |
|     | JPMorgan US Equity R6                                        | Mutual Fund                                                                                                           | **       | 170,500              |
|     | Vanguard TargetRetirement 2065 Inv                           | Mutual Fund                                                                                                           | **       | 161,815              |
|     | Dimensional 2015 Trgt-Ins                                    | Mutual Fund                                                                                                           | **       | 160,540              |
|     | American Funds 2025 TrgtDate Retire R6                       | Mutual Fund                                                                                                           | **       | 142,574              |
|     | Vanguard TargetRetirement 2045 Inv                           | Mutual Fund                                                                                                           | **       | 142,240              |
|     | Vanguard TargetRetirement 2050 Inv                           | Mutual Fund                                                                                                           | **       | 135,646              |
|     | CPS Managed Aggressive                                       | Mutual Fund                                                                                                           | **       | 133,950              |
|     | Fidelity Advisor EquityGrowth Fund Z                         | Mutual Fund                                                                                                           | **       | 133,905              |
|     | Vanguard DevelopedMarkets Index Admiral                      | Mutual Fund                                                                                                           | **       | 131,946              |
|     | Nuveen Lifecycle 2030Fund R6                                 | Mutual Fund                                                                                                           | **       | 127,253              |
|     | Janus Henderson GlobalAllocation Gr I                        | Mutual Fund                                                                                                           | **       | 119,798              |
|     | Nuveen Lifecycle 2025Fund R6                                 | Mutual Fund                                                                                                           | **       | 102,177              |
|     | Fidelity® Mid-Cap Stock                                      | Mutual Fund                                                                                                           | **       | 97,011               |
|     | T. Rowe Price GlobalMulti-Sector Bond Fund I                 | Mutual Fund                                                                                                           | **       | 82,524               |
|     | Vanguard Tax-ManagedBalanced Adm                             | Mutual Fund                                                                                                           | **       | 82,388               |
|     | Tandem ModerateConservative Portfolio                        | Mutual Fund                                                                                                           | **       | 81,713               |
|     | Vanguard TargetRetirement 2030 Inv                           | Mutual Fund                                                                                                           | **       | 74,250               |
|     | Fidelity® Mid Cap IndexInstl Prem                            | Mutual Fund                                                                                                           | **       | 72,551               |
|     | Vanguard TargetRetirement 2040 Inv                           | Mutual Fund                                                                                                           | **       | 72,244               |
|     | Nuveen Lifecycle 2015Fund R6                                 | Mutual Fund                                                                                                           | **       | 66,267               |
|     | Fidelity® Capital & Income                                   | Mutual Fund                                                                                                           | **       | 63,211               |
|     | American Funds 2020 TrgtDate Retire R6                       | Mutual Fund                                                                                                           | **       | 62,706               |
|     | DFA US Targeted Value I                                      | Mutual Fund                                                                                                           | **       | 61,521               |
|     | PGIM Jen IntlOpportunities C1 R6                             | Mutual Fund                                                                                                           | **       | 61,002               |
|     | CPS Managed Moderate                                         | Mutual Fund                                                                                                           | **       | 59,182               |
|     | CPS Managed Moderate                                         | Mutual Fund                                                                                                           | **       | 57,534               |
|     | Vanguard Short-TermFederal Adm                               | Mutual Fund                                                                                                           | **       | 54,337               |
|     | DFA International SmallCap Value I                           | Mutual Fund                                                                                                           | **       | 52,243               |
|     | DFA Emerging MarketsCore Equity 2                            | Mutual Fund                                                                                                           | **       | 52,210               |
|     | AMG Frontier Small CpGr- Z                                   | Mutual Fund                                                                                                           | **       | 51,215               |
|     | Vanguard Small Cap IndexAdm                                  | Mutual Fund                                                                                                           | **       | 51,204               |
|     | CPS Managed Moderate                                         | Mutual Fund                                                                                                           | **       | 45,375               |

**JULY POOLED EMPLOYER PLAN #1**  
SUPPLEMENTAL SCHEDULE - SCHEDULE H, PART IV, LINE 4i  
SCHEDULE OF ASSETS (HELD AT END OF YEAR)  
DECEMBER 31, 2024 (Continued)

**EIN: 74-2715820**

**PLAN NUMBER: 002**

| (a) | (b) Identity of Issuer, Borrower,<br>Lessor or Similar Party | (c) Description of Investment, Including<br>the Maturity Date, Rate of Interest,<br>Collateral, Par or Maturity Value | (d) Cost | (e) Current<br>Value |
|-----|--------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------|----------|----------------------|
|     | T. Rowe Price GlobalStock I                                  | Mutual Fund                                                                                                           | ** \$    | 42,325               |
|     | Nuveen Lifecycle 2065Fund R6                                 | Mutual Fund                                                                                                           | **       | 41,302               |
|     | DFA Emerging MarketsSmall Cap I                              | Mutual Fund                                                                                                           | **       | 37,517               |
|     | CPS Managed Aggressive                                       | Mutual Fund                                                                                                           | **       | 35,900               |
|     | CPS Managed Moderate                                         | Mutual Fund                                                                                                           | **       | 35,199               |
|     | Great-West ConservativeProfile Instl                         | Mutual Fund                                                                                                           | **       | 33,117               |
|     | CPS Managed Low Risk                                         | Mutual Fund                                                                                                           | **       | 31,498               |
|     | Vanguard LifeStrategyIncome Inv                              | Mutual Fund                                                                                                           | **       | 31,346               |
|     | Vanguard LifeStrategyModerate Gr Inv                         | Mutual Fund                                                                                                           | **       | 31,165               |
|     | Vanguard Emerging MktsStock Idx Adm                          | Mutual Fund                                                                                                           | **       | 30,796               |
|     | Fidelity Advisor Balanced Z                                  | Mutual Fund                                                                                                           | **       | 30,493               |
|     | CPS Managed Aggressive                                       | Mutual Fund                                                                                                           | **       | 30,237               |
|     | Dodge & Cox IncomeFund X                                     | Mutual Fund                                                                                                           | **       | 28,919               |
|     | Janus HendersonBalanced I                                    | Mutual Fund                                                                                                           | **       | 26,440               |
|     | CPS Managed Moderate                                         | Mutual Fund                                                                                                           | **       | 25,223               |
|     | Putnam Small Cap GrowthR6                                    | Mutual Fund                                                                                                           | **       | 24,131               |
|     | Vanguard Intermediate Term Treasury Index                    | Mutual Fund                                                                                                           | **       | 23,224               |
|     | AB Large Cap GrowthFund Z                                    | Mutual Fund                                                                                                           | **       | 22,037               |
|     | MFS® InternationalGrowth Fund R6                             | Mutual Fund                                                                                                           | **       | 20,504               |
|     | Tandem Moderate Portfolio                                    | Mutual Fund                                                                                                           | **       | 18,416               |
|     | Vanguard TargetRetirement Income Inv                         | Mutual Fund                                                                                                           | **       | 17,725               |
|     | BNY Mellon DynamicValue Fund - Cl Y                          | Mutual Fund                                                                                                           | **       | 17,522               |
|     | Invesco Value Opport Fd-Y                                    | Mutual Fund                                                                                                           | **       | 16,757               |
|     | Cohen & Steers RealEstate - Z                                | Mutual Fund                                                                                                           | **       | 15,882               |
|     | Vanguard TargetRetirement 2025 Inv                           | Mutual Fund                                                                                                           | **       | 14,776               |
|     | DFA Short-Term ExtendedQuality I                             | Mutual Fund                                                                                                           | **       | 14,153               |
|     | Tandem Moderate Portfolio                                    | Mutual Fund                                                                                                           | **       | 14,133               |
|     | Vanguard Total BondMarket Index Adm                          | Mutual Fund                                                                                                           | **       | 13,499               |
|     | Nuveen Quant Small/MidCap Equity Fund R6                     | Mutual Fund                                                                                                           | **       | 12,559               |
|     | CPS Managed Low Risk                                         | Mutual Fund                                                                                                           | **       | 12,482               |
|     | Neuberger Berman LargeCap Value R6                           | Mutual Fund                                                                                                           | **       | 12,097               |
|     | Dimensional Retire Inc-Ins                                   | Mutual Fund                                                                                                           | **       | 12,056               |
|     | Bridgeway Small-CapValue                                     | Mutual Fund                                                                                                           | **       | 11,903               |
|     | Tandem ModerateAggressive Portfolio                          | Mutual Fund                                                                                                           | **       | 10,124               |
|     | Vanguard Shrt-TermInfl-Prot Sec Idx Adm                      | Mutual Fund                                                                                                           | **       | 9,404                |
|     | State St Hedged Intl Dev-K                                   | Mutual Fund                                                                                                           | **       | 7,321                |
|     | Calamos Growth & IncomeCl I                                  | Mutual Fund                                                                                                           | **       | 7,112                |
|     | Putnam InternationalValue R6                                 | Mutual Fund                                                                                                           | **       | 7,106                |
|     | Schwab Fundamental International Equity Index                | Mutual Fund                                                                                                           | **       | 7,049                |
|     | American US GovtSecurities R6                                | Mutual Fund                                                                                                           | **       | 6,666                |

**JULY POOLED EMPLOYER PLAN #1**  
SUPPLEMENTAL SCHEDULE - SCHEDULE H, PART IV, LINE 4i  
SCHEDULE OF ASSETS (HELD AT END OF YEAR)  
DECEMBER 31, 2024 (Continued)

**EIN: 74-2715820**  
**PLAN NUMBER: 002**

| (a) | (b) Identity of Issuer, Borrower,<br>Lessor or Similar Party | (c) Description of Investment, Including<br>the Maturity Date, Rate of Interest,<br>Collateral, Par or Maturity Value | (d) Cost | (e) Current<br>Value |
|-----|--------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------|----------|----------------------|
|     | Federated Hermes MDTMid Cap Growth R6                        | Mutual Fund                                                                                                           | **       | \$ 6,656             |
|     | Vanguard Growth IndexAdmiral                                 | Mutual Fund                                                                                                           | **       | 6,650                |
|     | BlackRock High Yield K                                       | Mutual Fund                                                                                                           | **       | 6,382                |
|     | Vanguard InformationTechnology Idx Adm                       | Mutual Fund                                                                                                           | **       | 6,294                |
|     | Fidelity Advisor Intl SmallCap Z                             | Mutual Fund                                                                                                           | **       | 5,832                |
|     | Vanguard Small CapGrowth Index Admiral                       | Mutual Fund                                                                                                           | **       | 5,024                |
|     | Vanguard Interm-TermBond Index Adm                           | Mutual Fund                                                                                                           | **       | 5,003                |
|     | Lord Abbett Shrt DurInc-R6                                   | Mutual Fund                                                                                                           | **       | 4,981                |
|     | Vanguard ConsumerStaples Index Admiral                       | Mutual Fund                                                                                                           | **       | 4,683                |
|     | Fidelity® Small Cap IndexInstl Prem                          | Mutual Fund                                                                                                           | **       | 4,377                |
|     | Vanguard Health CareIndex Admiral                            | Mutual Fund                                                                                                           | **       | 4,300                |
|     | Tandem ModerateAggressive Portfolio                          | Mutual Fund                                                                                                           | **       | 4,284                |
|     | Nuveen Lifecycle 2010Fund R6                                 | Mutual Fund                                                                                                           | **       | 2,970                |
|     | Lord Abbett BndDebentur-R6                                   | Mutual Fund                                                                                                           | **       | 2,621                |
|     | DFA Short-Duration RealReturn Instl                          | Mutual Fund                                                                                                           | **       | 1,868                |
|     | Vanguard Balanced IndexAdm                                   | Mutual Fund                                                                                                           | **       | 1,607                |
|     | Tandem ModerateAggressive Portfolio                          | Mutual Fund                                                                                                           | **       | 1,580                |
|     | Vanguard TargetRetirement 2020 Inv                           | Mutual Fund                                                                                                           | **       | 1,342                |
|     | Fidelity® EmergingMarkets Idx Instl Prm                      | Mutual Fund                                                                                                           | **       | 1,172                |
|     | Tandem ConservativePortfolio                                 | Mutual Fund                                                                                                           | **       | 840                  |
|     | Nationwide StrategicIncome R6                                | Mutual Fund                                                                                                           | **       | 838                  |
|     | Tandem ModerateAggressive Portfolio                          | Mutual Fund                                                                                                           | **       | 829                  |
|     | Schwab Treasury InflationProtected Sec. Index Fu             | Mutual Fund                                                                                                           | **       | 812                  |
|     | DWS Rreef Real AssetsFund-R6                                 | Mutual Fund                                                                                                           | **       | 806                  |
|     | American Funds Bon R6                                        | Mutual Fund                                                                                                           | **       | 579                  |
|     | (tdif.x 2/07/25)                                             | Mutual Fund                                                                                                           | **       | 456                  |
|     | Allocation Fund                                              | Mutual Fund                                                                                                           | **       | 446                  |
|     | Janus Henderson GlobalAllc Cnsrv I                           | Mutual Fund                                                                                                           | **       | 236                  |
|     | Lord Abbett InflationFocused R6                              | Mutual Fund                                                                                                           | **       | 212                  |
|     | American Funds StrategicBond R-6                             | Mutual Fund                                                                                                           | **       | 202                  |
|     | Tandem ConservativePortfolio                                 | Mutual Fund                                                                                                           | **       | 184                  |
|     | Vanguard Utilities IndexAdm                                  | Mutual Fund                                                                                                           | **       | 181                  |
|     | T. Rowe Price Government Money                               | Mutual Fund                                                                                                           | **       | 1                    |
|     |                                                              |                                                                                                                       | Total    | 47,552,154           |
|     | * Master Cash                                                | Cash                                                                                                                  |          | 180,039              |
|     | * Notes receivable from participants                         | Interest: 4.25% - 9.50%<br>With Various Maturities                                                                    | \$-0-    | 436,128              |
|     |                                                              |                                                                                                                       | Total    | \$ 48,168,321        |

\* Represents party-in-interest as defined by ERISA.

\*\* Cost information has been omitted in accordance with Form 5500 instructions as all investments are participant-directed.