

<p style="text-align: center;">Form 5500</p> <p style="text-align: center; font-size: small;">Department of the Treasury Internal Revenue Service</p> <hr/> <p style="text-align: center; font-size: small;">Department of Labor Employee Benefits Security Administration</p> <hr/> <p style="text-align: center; font-size: x-small;">Pension Benefit Guaranty Corporation</p>	<p>Annual Return/Report of Employee Benefit Plan</p> <p style="font-size: small;">This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).</p> <p style="text-align: center;">▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	<p style="font-size: x-small;">OMB Nos. 1210-0110 1210-0089</p> <hr/> <p style="font-size: large; font-weight: bold; text-align: center;">2024</p> <hr/> <p style="text-align: center; font-weight: bold;">This Form is Open to Public Inspection</p>
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Part I Annual Report Identification Information
 For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

A This return/report is for: a multiemployer plan a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)

a single-employer plan a DFE (specify) _____

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

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

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

D Check box if filing under: Form 5558 automatic extension the DFVC program

special extension (enter description) _____

E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here.

Part II Basic Plan Information—enter all requested information

<p>1a Name of plan <u>JULY POOLED EMPLOYER PLAN #2</u></p>	<p>1b Three-digit plan number (PN) ▶ <u>003</u></p>
<p>2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>JULY BUSINESS SERVICES</u></p> <p><u>P.O. BOX 2208</u> <u>WACO, TX 76703</u></p>	<p>1c Effective date of plan <u>01/01/2021</u></p> <p>2b Employer Identification Number (EIN) <u>74-2715820</u></p> <p>2c Plan Sponsor's telephone number <u>888-333-5859</u></p> <p>2d Business code (see instructions) <u>541219</u></p>

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	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

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN	
	3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN	
	4d PN	
5 Total number of participants at the beginning of the plan year	5	5097
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits..... c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6a(1)	4432
	6a(2)	4752
	6b	61
	6c	562
	6d	5375
	6e	7
	6f	5382
	6g(1)	2600
6g(2)	3851	
6h	239	
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	

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

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

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

a Pension Schedules	b General Schedules
(1) <input checked="" type="checkbox"/> R (Retirement Plan Information)	(1) <input checked="" type="checkbox"/> H (Financial Information)
(2) <input type="checkbox"/> MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary	(2) <input type="checkbox"/> I (Financial Information – Small Plan)
(3) <input type="checkbox"/> SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	(3) <input type="checkbox"/> A (Insurance Information) – Number Attached <u>0</u>
(4) <input type="checkbox"/> DCG (Individual Plan Information) – Number Attached _____	(4) <input checked="" type="checkbox"/> C (Service Provider Information)
(5) <input checked="" type="checkbox"/> MEP (Multiple-Employer Retirement Plan Information)	(5) <input type="checkbox"/> D (DFE/Participating Plan Information)
	(6) <input type="checkbox"/> G (Financial Transaction Schedules)

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

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

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

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

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

Receipt Confirmation Code _____

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

A Name of plan JULY POOLED EMPLOYER PLAN #2	B Three-digit plan number (PN) ▶	003
C Plan sponsor's name as shown on line 2a of Form 5500 JULY BUSINESS SERVICES	D Employer Identification Number (EIN) 74-2715820	

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

JULY BUSINESS SERVICES

74-2715820

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15	RECORD-KEEPER	464900	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
A Name of plan JULY POOLED EMPLOYER PLAN #2	B Three-digit plan number (PN) ▶ 003
C Plan sponsor's name as shown on line 2a of Form 5500 JULY BUSINESS SERVICES	D Employer Identification Number (EIN) 74-2715820

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

		(a) Beginning of Year	(b) End of Year
Assets			
a Total noninterest-bearing cash	1a	1044080	129127
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	0	996729
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)	551994	900175
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	36350003	50844160
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)		
(2) Employer real property.....	1d(2)		
e Buildings and other property used in plan operation.....	1e		
f Total assets (add all amounts in lines 1a through 1e).....	1f	37946077	52870191
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h		
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j		
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	0	0
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	37946077	52870191

Part II Income and Expense Statement

2 Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers.....	2a(1)(A)	5335571	
(B) Participants.....	2a(1)(B)	11885667	
(C) Others (including rollovers).....	2a(1)(C)	2070902	
(2) Noncash contributions.....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		19292140
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	46858	
(B) U.S. Government securities.....	2b(1)(B)		
(C) Corporate debt instruments.....	2b(1)(C)		
(D) Loans (other than to participants).....	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)	60776	
(F) Other.....	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		107634
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)		
(B) Common stock.....	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)	738593	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		738593
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)		
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		5105275
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		25243642

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	6313803	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		6313803
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		37386
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)	464900	
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)		
(5) Investment advisory and investment management fees	2i(5)		
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)		
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		464900
j Total expenses. Add all expense amounts in column (b) and enter total	2j		6816089

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		18427553
l Transfers of assets:			
(1) To this plan	2l(1)		737493
(2) From this plan	2l(2)		4240932

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
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	433835
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"/>	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
e Was this plan covered by a fidelity bond?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
i 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"/>	
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
k 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"/>	
l Has the plan failed to provide any benefit when due under the plan?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
m 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"/>	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	<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.)

5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)
EAGLE METALCRAFT 401K PLAN	87-2855087	001
MODERN DIMENSIONS TILE AND STONE, INC. 401(K) PROFIT SHARING PLAN	46-5699072	001
TRUCK MIXER SUPPLY & MFG., INC. 401K PLAN	62-0434341	001
SHS NH, LLC DBA 360 SHS 401K PLAN	45-5304342	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.)

5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)
ANDERSON PHYSICAL THERAPY, LLC 401K PLAN	27-0674606	001
MFDD HOLDING, LLC 401K PLAN	45-3817907	001

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

SCHEDULE R (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

A Name of plan <u>JULY POOLED EMPLOYER PLAN #2</u>	B Three-digit plan number (PN) ▶	<u>003</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>JULY BUSINESS SERVICES</u>	D Employer Identification Number (EIN) <u>74-2715820</u>	

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

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

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

1		0
---	--	---

2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):
 EIN(s): 27-3169253

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

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

3	
---	--

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

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

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

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

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

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

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part VII IRS Compliance Questions

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

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

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

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

<p>A Name of plan JULY POOLED EMPLOYER PLAN #2</p>	<p>B Three-digit Plan number (PN)..... ▶</p>	<p>003</p>
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<p>C Plan administrator's name as shown on line 3a of Form 5500/Form 5500-SF JULY BUSINESS SERVICES</p>	<p>D Administrator's EIN 74-2715820</p>
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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	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
1 CHOICE TUTORING, LLC	80-0967520	0.00	0
1 HEART HOSPICE AND PALLIATIVE CARE, INC.	84-4713229	0.89	391052

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.

<p>2e Does the plan include any individuals not participating through an employer or who are individual working owners?</p>	<p>2e</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>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.</p>	<p>2f</p>	
<p>2g If you answer "Yes" in Line 2e, enter the aggregate account balances for all such individuals that are not listed on line 2a.</p>	<p>2g</p>	

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

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

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

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

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

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
100% CHIROPRACTIC SWENSON LLC	87-4717381	0.00	3537
3 KINGS ENTERPRISES, LLC	81-4000623	0.20	69034
828 LOGISTICS, LLC	61-1896897	1.40	1079664
BAUTISTA ELITE SERVICES LLC	86-1828560	0.06	26757
ABSOLUT ELECTRIC INC.	26-2213622	0.13	41228
ABCOTANT, LLC	83-3763357	0.26	45968
ACE AIR MANUFACTURING	95-1958820	0.20	98977
ACE BORING & EXCAVATING, LLC	81-5444156	0.19	38411
ALBERTO MORENO JR. INSURANCE AND FINANCIAL SERVICES, LLC	82-2518514	0.04	6313

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
ALL AMERICAN REPIPE & PLUMBING INC	47-1122656	0.12	64165
ALL IN ALL HOME CARE	81-3985606	0.40	98980
ALLPETS VETERINARY CLINIC	46-2641480	0.04	22026
ALPHA RING US	81-1259859	1.27	664828
AM EXCAVATING LLC	55-0821226	0.20	56386
ANDERSON PHYSICAL THERAPY, LLC	27-0674606	0.33	0
ANGELICA MARTINEZ FAMILY PRACTICE PLLC	82-3284354	0.01	2101
ARCH IN BUZZ, INC	83-2559559	0.12	72063
ASHLAN VILLAGE INC.	26-3501326	0.30	50979

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
AMBIT SOLUTIONS LLC	26-2638459	0.66	141966
ATLANTIC AUTO SALES INC	82-1392324	0.15	52488
AUTISM DIAGNOSTIC EVALUATIONS RESOURCES & SERVICES, INC.	27-2112814	0.30	54372
AUTOWERKES MAINE, INC.	20-2780717	1.75	313539
AVDYNE AEROSERVICES, LLC	52-2231380	0.50	87026
AXIUM ELECTRIC DBA AUTOMATED CONTROLS	75-2693522	4.56	787648
B. H. MURPHY GENERAL CONTRACTOR, INC.	95-3797517	0.21	92845
BAIR'S MASONRY	23-2808270	0.16	124629
BF&R FENCE	83-1904549	0.13	78231

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
BILLINGS SEAFOOD GUYS	82-3803126	0.09	16302
BLACK MARKET ENTERPRISES DBA GUARDIAN PLUMBING	26-3136159	0.31	76369
BLESSED HEALTHCARE PROFESSIONALS, INC.	26-0681387	0.00	0
BLESSED SUPPORT PROFESSIONALS, INC.	84-1752482	0.00	0
BLUFFTON PEST MANAGEMENT LLC	82-5317583	0.24	77381
BP ELECTRIC LLC	83-1830373	0.10	17800
ARCHEYY AND FRIENDS LLC DBA BRATPAK DOG KAMP	82-1427534	0.22	39130
BRIGHT START EARLY CARE & PRESCHOOL LLC	36-4647101	0.54	94380
BROOKS PRUEHS DENTAL, PLLC DBA WHITE OAK DENTAL	47-1743378	0.25	160384

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
BROTHERS' KEEPER, INC.	77-0691743	0.32	67786
BRUCE M. JOHNSON PLUMBING INC.	38-2327842	0.23	188665
BUDDY & BUG, LLC	84-2873352	0.35	61183
BUTLER FIELD SERVICES, LLC	92-0606933	1.11	401446
C1 ELECTRIC	88-2020273	0.00	19610
CANASTOTA PIZZA, INC.	45-5173069	0.22	175890
CCS PARTNERS, INC.	83-1313999	0.22	233358
CHATTANOOGA CHILDREN'S CLINIC, PLLC	46-1909802	1.02	433586
CHRISTOPHER KERNER	20-5833073	0.01	0

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

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
CINCINNATI AFL-CIO LABOR COUNCIL	31-0623251	0.08	99612
ON TIME SALES LLC DBA CLEANSE TEC	20-0441384	0.45	119943
CLEVELAND ACADEMY, LLC	81-2844072	0.07	12026
CLINT LUKENS REALTY	26-2972168	0.32	99679
COASTAL MARKETING GROUP, INC.	33-0929622	0.82	593502
COLONIAL GREEN PRODUCTS, LLC	27-3828801	0.14	116422
COMPLETE HEALTH DENTISTRY	46-4544769	0.70	374072
CONAWAY ELECTRICAL SERVICE, INC.	58-1411563	9.23	10003249
RUDELL HOME LLC	45-5040771	0.30	110635

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.

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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
COOPER'S CASK COFFEE LLC	47-3374906	0.05	128832
CORCORAN TRANSPORTATION GROUP INC.	81-0392755	1.40	1358527
CREDIT ABSOLUTE	46-0630987	0.02	12371
CYBERCRIME SUPPORT NETWORK	82-1013947	0.05	115028
D.R. TRAILER SALES INC.	38-3457383	1.28	628608
DAVID N REAVIS MD PC	26-1331538	0.44	1006477
DELTA TRUCKING GO INC.	84-4075145	0.09	29147
DESIGNS BY HUMAN, INC.	87-1497662	0.00	478
DLC INC	92-0927174	0.18	64796

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Part II Participating Employer Information (Continued).

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DOZEN SOFTWARE, LLC	99-2176971	0.20	34914
DR. NICOLAAS VAN ZYL, DDS	62-1020032	0.47	108221
DRIFT DAY SPA, INC.	92-1354678	0.31	55719
BOWER INDUSTRIES, INC. DBA EAGLE METALCRAFT	87-2855087	0.04	0
EARL'S PLUMBING, HEATING & AIR INC.	20-8285836	2.48	436011
EAST AFRICAN BAKERY	27-4395520	0.09	16259
ED BOGNER MECHANICAL	77-0128049	0.67	495540
EDGEBORO INTERNATIONAL, INC.	22-3454741	1.24	506043
EDNA'S RESIDENTIAL CARE INC.	74-3212809	0.04	23120

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ELEVATION ROOFING AND GUTTERS, LLC	87-3935104	0.05	28302
ENMAN STAMPING & ASSEMBLIES, INC.	20-1705251	0.97	344689
EXCELSIOR VILLAGE ACADEMIES	88-2042258	0.04	7490
FAST CARS LTD.	65-1307523	0.57	241371
FIESTA MEXICAN RESTAURANTS, INC	90-0187959	0.06	9689
FLAT OUT RECOVERY & RECHARGE	85-2716076	0.50	85874
FLOWOOD DRUG COMPANY, LLC	88-0793582	0.04	7051
FOREIGN AUTO TECH	33-0938493	0.07	21669
FOSKEY HEATING AND AIR LLC	20-5549509	0.18	89388

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FOSTER PLUMBING AND HEATING, INC	81-1170629	0.00	0
FOX RUN ANIMAL HOSPITAL	47-3741322	0.07	12091
FREDERICK COUNTY CONSUMER COOPERATIVE	52-1228408	0.90	156865
FROTHY MONKEY, LLC	45-2388519	0.43	73851
G.E. GENERAL CONSTRUCTION CONTRACTORS, INC.	87-0742264	0.11	240540
GEMILAN HOME CARE CENTER	77-0390277	0.22	80024
GENTLE HEARTS LIVING SOLUTIONS, LLC	83-2147209	0.16	0
GOLDNER PLUMBING	13-3015040	0.27	95124
GOLF CARS UNLIMITED, INC.	54-2144205	0.37	180634

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GREAT LAKES SENIOR LIVING INC.	39-2028349	0.98	170900
GREAT PARK INSURANCE SERVICES, INC.	82-3723418	0.62	363836
GREATER MIDWEST EXTERIORS	84-2953019	0.50	89561
GREEN ELEMENTS LAWN CARE, LLC	82-4351732	0.01	950
GREENCOURT LEGAL TECHNOLOGIES, LLC	46-5027679	2.17	1960977
GREGORY D. LEWEN, M.D., P.L.L.C.	27-4554510	0.41	281035
GROUNDWORKS LANDSCAPE & MAINTENANCE, LLC	86-2314883	0.04	11213
GRUENE ENVIRONMENTAL COMPANIES, LLC	45-3588793	0.00	0
GS REFERRAL CLUBS, LLC	26-2051400	0.06	13884

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GSM MARKETING LLC	27-1631551	0.48	234568
GUTTER DONE, LLC	45-2956665	0.14	64589
HAPPY DENTAL & ORTHODONTICS	87-1007959	0.31	87259
HEARTLAND SOCCER ASSOCIATION, INC.	48-0866961	0.87	238387
HERENDEEN BROTHERS HARDWARE CORP.	16-0800402	0.10	60161
HERITAGE CHRISTIAN SCHOOL OF OHIO	34-1026284	0.60	266773
HIGHWAY STUDIO, LLC	83-4215003	0.70	1098268
HINE FINE JEWELRY, LLC	84-5057825	0.00	13532
HOMES ON DEMAND	38-3846648	0.00	497220

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HVAC EXPERTS	27-4485783	0.60	265807
IDEAL CHILDCARE DEVELOPMENT CENTER	61-1668008	0.53	95059
INNOVATIVE PHARMACY SOLUTIONS, INC.	92-3211557	0.93	300525
INTEGRATED HEALTHCARE GROUP, INC.	26-3485544	1.00	479972
IRWIN'S AIR, INC.	82-2976468	0.26	137881
J & L FAMILY AUTOMOTIVE REPAIR DBA FRIENDLY AUTOMOTIVE SERVICE	81-3656482	0.63	336238
J. RILEY DISTILLERY	46-2817311	0.20	96340
JASON M. BERG DDS PA	82-2987704	0.24	42435
JEFFERSON COUNTY NURSING HOME	64-0827462	0.10	18113

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JILLIAN'S LITTLE JUNGLE LLC	85-4388727	0.04	10661
JJ & H EXPRESS, INC.	82-2021723	0.03	8637
JONES' FORT	68-0221047	0.00	18918
JORGENSEN PROF CORP, P.S.	26-4285292	0.81	1037267
JPB DESIGNS, INC.	46-1093426	0.23	79068
JUMPSTART CREATIVE CHILD DEVELOPMENT CENTER, LLC	47-2900252	0.30	51728
KAZI BROTHERS, INC. DBA JAY VEE LIQUORS	82-0667750	0.14	74413
KB INTERNATIONAL, LLC	27-5460100	0.82	309782
KELLOGG MEMORIALS	41-2154818	0.31	138855

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KEYS COMPUTER SPECIALIST, INC.	65-1138450	0.14	87797
KIMAR, LLC	02-0363412	0.17	441488
LEE ARMSTRONG COMPANY INC, DBA LAC FLOORING	95-4240804	0.32	186489
LATZERO BUSINESS SOLUTIONS, LLC	83-3317449	0.35	59754
LIBERATION ACADEMY	84-2365917	0.00	1019
LILLIAN'S ITALIAN KITCHEN INC.	27-4044794	0.65	306598
LITTLE ROCK PAIN & REHABILITATION	26-3325205	0.11	70429
LIVESTOCK RUBBISH REMOVAL, LLC	82-1340610	0.12	20289
LOWCO GARDENERS LLC	85-3533607	0.00	21083

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LULICH AND ATTORNEYS, PA	59-2809996	0.87	188661
LUNA BRAND MANAGEMENT	82-4373758	0.12	43548
LYNN DURKIN CPA	94-3448082	0.16	60379
MARTHA'S DAYCARE INC.	20-2763349	0.22	40083
MASTERS PEST CONTROL INC.	26-0040074	0.29	76966
MBF LLC	87-3930368	0.03	4389
MCM METAL BUILDINGS, LLC	83-1214444	0.16	67636
MEADOWBROOK COLLISION INC.	46-2554111	0.57	1102692
MFDD HOLDING, LLC	45-3817907	1.06	0

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MICHAEL H. BIEN M.D., INC.	20-1831463	0.23	39319
MID-ATLANTIC NEUROLOGY CONSULTANTS, LLC	26-2344263	1.27	1156239
MIKE MORE MILES	87-4040264	0.07	12293
MILLER 3 ENGINEERING	84-3110565	0.08	14338
MIRAGE SPORTFISHING & COMMERCIAL FISHERIES	26-1820228	0.40	88425
MJK NETWORK SOLUTIONS, LLC	26-4794014	0.29	161698
MN HOME SOLUTIONS INC.	26-0267224	0.97	382650
MODERN DIMENSIONS TILE AND STONE, INC.	46-5699072	0.47	0
MORTGAGE NERDS LLC	84-4035456	0.16	239924

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MT DELIVERY LLC	83-4081005	0.28	93722
MUSSELMAN HOME IMPROVEMENTS, LLC	47-2900284	0.19	384703
MYTOD	86-3886076	0.41	238435
MZM PROPERTIES LLC	20-8098146	0.05	20139
NANCY COURSER MMS LLC	85-2482078	0.27	141959
NATIONAL PROPERTY SERVICES III, INC. DBA A2Z ROOFING, INC.	02-0779209	1.17	204942
NELSON CONSULTING GROUP CORP	47-5602893	0.17	51631
NEOLY HOME CARE LLC	47-4894365	0.31	51856
NEUPANE INC. DBA FANDEE'S RESTAURANT	88-2969501	0.02	3772

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NEW AGE ELECTRIC, LLC	83-4131787	0.12	20451
NEWAGE PRODUCTS INC.	98-1218711	0.12	40748
NORTHMEN VENTURES, LLC - DBA NORTHMEN ELECTRIC	85-4354733	0.15	26524
NOVATERRA BIOLOGICAL CONSULTING, INC.	84-4907422	0.27	45778
OBACH PHYSICAL THERAPY CLINIC LLC	47-2768428	0.33	163116
OHA SERVICES, LLC	83-2899545	0.14	22618
ONCALL TREE SERVICE LLC	84-4739129	0.01	2
ONE WEALTH MANAGEMENT LLC	87-2531281	0.30	181208
OPIX SYSTEMS, LLC	90-1254232	1.00	197547

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ORTHOPEDIC PHYSICAL THERAPY ASSOCIATES	26-3360339	0.21	74311
PACIFIC ELECTRICAL SERVICES, INC.	86-2403404	0.15	22103
PASSIFORNIA REPAIR CENTER, LLC DBA CAL TRUCK BODY AND PAINT	99-3206208	0.01	1256
PERSCO INC DBA DUNIVIN'S TOWING SERVICE	33-0434351	0.01	1716
PETRO PLUMBING & MECHANICAL COMPANY	45-2382839	0.27	48423
PIACE PIZZA, LLC	27-1720013	0.08	35896
PIEDMONTE & CO, LLC	81-1115399	0.02	3215
PINARD LANDSCAPING	04-2978030	0.19	93080
PINNACLE INVESTIGATIONS CORP.	33-1003675	0.23	39648

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PRECISION CRATES INC.	47-1554745	0.52	135123
PSYCTALENT LLC	84-2021303	0.08	36943
QUALITY INTERIOR FINISHES LLC	45-2996479	0.15	26345
R&J PAINTING SERVICES, INC.	91-2173221	0.19	69053
R.F. ELECTRIC, LLC	47-2504825	0.28	352326
REGAL CONSTRUCTION SERVICES, CORP	93-4477381	0.01	4462
RESTORATION AND RENOVATION SERVICES	88-3304049	0.23	47678
RESURGEONCE, LLC	46-1318247	0.12	20880
RHEINECKER CHIROPRACTIC CARE, P.C.	82-4032053	0.05	9653

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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
THE RJS ORGANIZATION INC	82-3107386	0.69	270300
ROCHETTE CONSULTING SERVICES, LLC	81-3855150	0.06	145655
ROD TRANSPORT INC DBA ROD CONSTRUCTION	94-2579652	0.23	40459
ROYAL PLUMBING AND CONSTRUCTION LLC	47-1534376	0.15	60945
RTL ENTERPRISES INC. DBA ARTHUR MURRAY DANCE STUDIO OF MERRILLVILLE	35-1640609	0.56	292378
RYAN'S PLACE, LLC	84-4546121	0.10	31277
SANDHOLLOW HOMES LLC	11-3770643	0.14	73098
SAVI, PLLC	46-3778329	0.22	38879
SCOTTSDALE H2O WORKS, INC	20-3565485	0.30	109403

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
GARDINER CAPITAL LLC DBA SERVICE TEAM OF PROFESSIONALS	47-4715964	0.26	98565
SHRESTHA INC.	83-1960962	0.02	27423
SHS NH, LLC DBA 360 SHS	45-5304342	0.77	0
SIEH MOVING LLC	86-2038847	0.19	91439
SIGNATURE MEDICAL CLINICS INC	95-4828822	0.61	688940
WOOF AND MEOW VET INC. DBA SISK VETERINARY HOSPITAL	46-4082669	0.35	61676
SM FINANCIAL SERVICES INC	26-2439572	0.13	56471
SMART THERAPY MENTAL HEALTH COUNSELING PROFESSIONAL CORPORATION	87-3216145	0.72	287566
SOCA BUSINESS SERVICES, LLC	83-2486023	0.27	53263

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Part II Participating Employer Information (Continued).

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

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
SOLANKI ENDODONTICS	84-4013972	0.43	316916
SOLUTION, INC	26-2834369	0.39	171608
SOUTHERN HOME CRAFTERS, LLC	83-3761266	0.60	104167
SPECTRUM COMMUNITY SERVICES, INC.	23-2121180	1.63	1107200
SPOTTED, INC.	92-0280276	0.04	18234
STARDUST SPORTFISHING, A CALIFORNIA CORPORATION	47-3339973	0.22	195868
STRUCTURAL WOOD CORPORATION	16-1213620	2.16	1728703
SUMMERWIND MANOR	75-3260124	0.03	0
SURENDRA ADHIKARI DBA FAST N EASY FOOD MART	45-3849836	0.50	247872

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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
SURTI HOSPITALITY GROUP, LLC DBA TAILOR NASHVILLE	83-2034774	0.15	21511
SWEET BABY RAY'S BARBEQUE WOOD DALE, LLC	20-2305015	1.48	1174903
TAMBAS, LLC	82-3826251	0.25	126788
TATE LAW OFFICES, PLLC	84-2977780	0.09	45857
THE ANSWER FOSTER CARE	93-4563820	0.05	9375
THE HOSE CONNECTION INC.	41-2157042	0.48	244198
THE ROOF MASTERS INC.	83-3098559	0.40	207158
THE SHEPHERD'S HAND, INC.	27-1452883	0.19	110262
TIMBER FRAMERS GUILD, INC	81-4201896	0.08	51927

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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
TINT PRO, INC.	46-4984504	0.37	65567
TIOGA MILLWRIGHTS, LLC	27-4628392	0.05	35632
TOTAL SENIOR CARE	82-4914036	0.43	76903
TRIPLE A LOCATING SERVICE	47-2249670	0.02	3406
TRIPLE G CONTRACTING, LLC	47-3019947	0.15	33758
TRUCK MIXER SUPPLY & MFG., INC.	62-0434341	0.25	0
T-SHIRTS IN 24	84-2961575	0.04	14427
TUSCALOOSA PAINT AND DECORATING, INC. DBA COTTAGE SUPPLY COMPANY	77-0603868	0.90	533473
ALLIED COMMUNITY CARE, INC.	33-3146095	0.48	186148

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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
UNIVERSAL TRANSPORTATION SOLUTIONS, INC	45-3183856	0.43	83285
W.D. OLSON & ASSOCIATES, INC.	39-1934842	0.33	59529
WACO TEJAS, LLC	92-1018954	0.84	715789
ONE HAT ENTERPRISES, INC. DBA WATERS EDGE WINERY LB	84-2053008	0.03	7068
WE RENT BILLINGS, INC.	47-4489567	0.12	27350
WEALTHKEEL LLC	47-3667301	0.35	276984
WEBER SAND AND GRAVEL, INC	38-2637139	0.77	334688
WORLDWIDE HEALTH ALLIANCE, INC.	46-1552780	0.91	464437
PRIMERICA	81-5323472	0.06	16683

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

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

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

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

ACK ID R1869PQL9



JULY POOLED EMPLOYER PLAN #2

**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 #2

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 #2** (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 audit 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).

Basis for Opinion

We conducted our audit 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).

Shullrock & Mante
Certified Public Accountants

Columbus, Ohio
October 10, 2025

JULY POOLED EMPLOYER PLAN #2
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS (MODIFIED CASH BASIS)
DECEMBER 31, 2024 AND 2023

	<u>2024</u>	<u>2023</u>
ASSETS:-		
Cash	\$ 129,127	\$ 1,044,080
Investments, at fair value	51,840,889	36,350,003
Notes receivable from participants	<u>900,175</u>	<u>551,994</u>
Total net assets available for benefits	<u>\$ 52,870,191</u>	<u>\$ 37,946,077</u>

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

JULY POOLED EMPLOYER PLAN #2
STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
(MODIFIED CASH BASIS)
FOR THE YEAR ENDED DECEMBER 31, 2024

	2024
ADDITIONS:-	
Net appreciation of investments	\$ 5,105,275
Interest and dividends	785,451
Interest on notes receivables from participants	60,776
Total investment income	5,951,502
Contributions:-	
Participant contributions	11,885,667
Employer contributions	5,335,571
Rollover contributions	2,070,902
Total contributions	19,292,140
Total additions	25,243,642
DEDUCTIONS:-	
Benefits paid to participants	6,351,189
Administrative expenses	464,900
Total deductions	6,816,089
NET INCREASE BEFORE TRANSFERS	18,427,553
Transfer in of Funds	737,493
Transfer out of Funds	(4,240,932)
Net assets available for benefits - beginning of year	37,946,077
Net assets available for benefits - end of year	\$ 52,870,191

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

JULY POOLED EMPLOYER PLAN #2
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 #2 (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 pre-tax 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 or losses. Participant accounts are charged with an allocation of administrative expenses that are paid by the Plan. Allocations are based on participant earnings or 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 #2
NOTES TO FINANCIAL STATEMENTS (Modified Cash Basis)
DECEMBER 31, 2024 AND 2023

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 Presentation

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 #2
NOTES TO FINANCIAL STATEMENTS (Modified Cash Basis)
DECEMBER 31, 2024 AND 2023

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 \$737,493. During the year ended December 31, 2023, transfers out of the Plan to other qualified plans totaled \$4,240,932.

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.

Cash, notes receivable and related interest income from notes receivable were not certified by the Mid Atlantic Trust Company, the Custodian of the Plan.

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

	<u>2024</u>	<u>2023</u>
Investments at fair value	\$ 51,840,889	\$ 36,350,003
Net appreciation of investments	5,105,275	
Interest and dividends	785,451	

NOTE 5 - FAIR VALUE MEASUREMENTS

Accounting Standards Codification ("ASC") No. 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 No. 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 #2
NOTES TO FINANCIAL STATEMENTS (Modified Cash Basis)
DECEMBER 31, 2024 AND 2023

- 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:

	Assets at fair value as of December 31, 2024			
	Level 1	Level 2	Level 3	Total
Mutual Funds	\$ 51,840,889	\$ 0	\$ 0	\$ 51,840,889
Total investments at fair value	\$ 51,840,889	\$ 0	\$ 0	\$ 51,840,889

	Assets at fair value as of December 31, 2023			
	Level 1	Level 2	Level 3	Total
Mutual Funds	\$ 36,350,003	\$ 0	\$ 0	\$ 36,350,003
Total investments at fair value	\$ 36,350,003	\$ 0	\$ 0	\$ 36,350,003

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 #2
NOTES TO FINANCIAL STATEMENTS (Modified Cash Basis)
DECEMBER 31, 2024 AND 2023

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 Mid Atlantic 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 \$433,000 and \$335,000 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 #2
SUPPLEMENTAL SCHEDULE - SCHEDULE H, PART IV, LINE 4i
SCHEDULE OF ASSETS (HELD AT END OF YEAR)
DECEMBER 31, 2024

EIN: 74-2715820
PLAN NUMBER: 003

(a)	(b) Identity of Issuer, Borrower, Lessor or Similar Party	(c) Description of Investment, Including the Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
	Fidelity 500 Index Fund	Mutual Fund	**	\$ 5,709,805
	American Funds 2040 Target Date	Mutual Fund	**	3,932,481
	American Funds 2045 Target Date	Mutual Fund	**	3,737,230
	Nuveen Large Cap Growth Index Fund R6	Mutual Fund	**	3,566,964
	American Funds 2060 Target Date	Mutual Fund	**	2,695,072
	American Funds 2030 Target Date	Mutual Fund	**	2,356,332
	American Funds 2035 Target Date	Mutual Fund	**	2,333,026
	American Funds 2050 Target Date	Mutual Fund	**	2,211,204
	American Funds 2055 Target Date	Mutual Fund	**	1,669,438
	Vanguard Mid-Cap Growth Index	Mutual Fund	**	1,465,150
	Fidelity International Index Fund	Mutual Fund	**	1,361,059
	Vanguard Value Index Fund	Mutual Fund	**	1,333,198
	Horizon ETF Growth with Risk Assist	Mutual Fund	**	1,308,969
	RNC Genter Growth Strategy	Mutual Fund	**	1,257,286
	American Funds 2025 Target Date	Mutual Fund	**	1,032,099
	Fidelity Government Cash Reserves	Mutual Fund	**	996,729
	Vanguard Small Cap Value Index	Mutual Fund	**	907,966
	Nuveen Core Plus Bond Fund	Mutual Fund	**	883,005
	Vanguard Mid-Cap Index	Mutual Fund	**	879,233
	Dimensional 2030 Target Date Retirement	Mutual Fund	**	712,201
	Columbia Small Cap Index Fund	Mutual Fund	**	700,504
	American Funds 2065 Target Date	Mutual Fund	**	684,103
	Dimensional 2045 Target Date Retirement	Mutual Fund	**	623,684
	Vanguard Explorer Fund Admiral Shares	Mutual Fund	**	587,065
	Dimensional 2035 Target Date Retirement	Mutual Fund	**	583,740
	Dana ESG Growth Strategy	Mutual Fund	**	571,990
	American Funds 2020 Target Date	Mutual Fund	**	533,507
	American Funds New World Fund	Mutual Fund	**	484,258
	Dimensional 2050 Target Date Retirement	Mutual Fund	**	450,595
	Horizon ETF Growth	Mutual Fund	**	435,471
	Franklin Templeton Diversified Risk	Mutual Fund	**	411,717
	DFA U.S. Vector Equity Portfolio Institutional Class	Mutual Fund	**	379,479
	Nuveen Lifecycle 2045 Fund R6 Class	Mutual Fund	**	357,042
	Dimensional 2040 Target Date Retirement Income Fund Institutional Class	Mutual Fund	**	321,115
	Dimensional 2055 Target Date Retirement Income Fund Institutional Class	Mutual Fund	**	270,958
	Horizon ETF Focused with Risk Assist-p Strategy	Mutual Fund	**	243,832
	Nuveen Lifecycle 2050 Fund R6 Class	Mutual Fund	**	235,815
	Dimensional 2060 Target Date Retirement Income Fund Institutional Class	Mutual Fund	**	225,209

JULY POOLED EMPLOYER PLAN #2
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: 003

(a)	(b) Identity of Issuer, Borrower, Lessor or Similar Party	(c) Description of Investment, Including the Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
	PIMCO Income Fund Institutional Class	Mutual Fund	**	213,651
	Meeder Conservative Growth - P Strategy	Mutual Fund	**	203,936
	Nuveen Lifecycle 2040 Fund R6 Class	Mutual Fund	**	190,883
	Nuveen Lifecycle 2055 Fund R6 Class	Mutual Fund	**	189,244
	Nuveen Lifecycle 2030 Fund R6 Class	Mutual Fund	**	183,197
	Nuveen Lifecycle 2065 Fund R6 Class	Mutual Fund	**	180,456
	American Funds 2015 Target Date	Mutual Fund	**	168,952
	Dimensional 2065 Target Date Retirement	Mutual Fund	**	164,777
	Nuveen Lifecycle 2060 Fund R6 Class	Mutual Fund	**	155,967
	Sage Growth Strategy	Mutual Fund	**	154,618
	RNC Genter Moderate Strategy	Mutual Fund	**	142,232
	Nuveen Lifecycle 2035 Fund R6 Class	Mutual Fund	**	119,721
	Nuveen Lifecycle 2010 Fund R6 Class	Mutual Fund	**	119,609
	Nuveen Lifecycle 2020 Fund R6 Class	Mutual Fund	**	118,111
	Horizon ETF Moderate with Risk Assist	Mutual Fund	**	112,466
	Dana ESG Conservative Growth Strategy	Mutual Fund	**	106,796
	Dana ESG Moderate Growth Strategy	Mutual Fund	**	89,763
	Dimensional 2025 Target Date Retirement	Mutual Fund	**	88,426
	Franklin Templeton Diversified Risk Portfolio Fund Class R-6	Mutual Fund	**	81,190
	Meeder Growth - P Strategy	Mutual Fund	**	75,661
	Horizon ETF Moderate-p Strategy	Mutual Fund	**	75,580
	Meeder Moderate Growth - P Strategy	Mutual Fund	**	75,096
	Dimensional 2020 Target Date Retirement	Mutual Fund	**	64,295
	Nuveen Lifecycle 2025 Fund R6 Class	Mutual Fund	**	57,835
	Horizon ETF Conservative	Mutual Fund	**	56,105
	RNC Genter Income Strategy	Mutual Fund	**	46,356
	Tandem Moderate Aggressive Portfolio	Mutual Fund	**	33,762
	Fidelity Emerging Markets Index Fund	Mutual Fund	**	25,522
	Franklin Templeton Diversified Risk	Mutual Fund	**	23,201
	Morningstar Growth Strategy	Mutual Fund	**	12,615
	Sage ESG Growth Strategy	Mutual Fund	**	11,849
	Investors CHOICE Balanced	Mutual Fund	**	10,236
	Dimensional 2015 Target Date Retirement	Mutual Fund	**	7,944
	Sage Moderate Growth Strategy	Mutual Fund	**	6,396
	Nuveen Lifecycle 2015 Fund R6 Class	Mutual Fund	**	6,171
	Meeder Conservative - P Strategy	Mutual Fund	**	5,667
	Dimensional Retirement Income Fund	Mutual Fund	**	5,164
	Sage ESG Conservative Strategy	Mutual Fund	**	3,379
	PIMCO RealPath Blend 2060 Fund	Mutual Fund	**	2,984
	Dimensional 2010 Target Date Retirement	Mutual Fund	**	1,212
	PIMCO RealPath Blend 2055 Fund	Mutual Fund	**	558
	Investors CHOICE Moderate Growth	Mutual Fund	**	357
	Nuveen S&P 500 Index Fund R6 Class	Mutual Fund	**	352
				66
				51,840,889
	* Notes receivable from participants	Interest: 4.25% - 9.5% With Various Maturities	\$-0-	900,175
			Total \$	52,741,064

* 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 #2
 SUPPLEMENTAL SCHEDULE - SCHEDULE H, LINE 4a
 SCHEDULE OF DELINQUENT PARTICIPANT CONTRIBUTIONS
 DECEMBER 31, 2024

EIN: 74-2715820
PLAN NUMBER: 003

Plan Year Ending	Participant Contributions Transferred Late to Plan	Contributions Not Corrected	Contributions Corrected Outside VFCP	Contributions Pending Correction in VFCP	Total Fully Corrected Under VFCP and PTE 2002-51
December 31, 2023	\$ 335,111	\$ -	\$ 335,111	\$ -	\$ -
December 31, 2024	\$ 433,835	\$ 433,835	\$ -	\$ -	\$ -

JULY POOLED EMPLOYER PLAN #2
SUPPLEMENTAL SCHEDULE - SCHEDULE H, PART IV, LINE 4i
SCHEDULE OF ASSETS (HELD AT END OF YEAR)
DECEMBER 31, 2024

EIN: 74-2715820
PLAN NUMBER: 003

(a)	(b) Identity of Issuer, Borrower, Lessor or Similar Party	(c) Description of Investment, Including the Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
	Fidelity 500 Index Fund	Mutual Fund	**	\$ 5,709,805
	American Funds 2040 Target Date	Mutual Fund	**	3,932,481
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JULY POOLED EMPLOYER PLAN #2
SUPPLEMENTAL SCHEDULE - SCHEDULE H, PART IV, LINE 4i
SCHEDULE OF ASSETS (HELD AT END OF YEAR)
DECEMBER 31, 2024 (Continued)

EIN: 74-2715820
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