

Form 5500

Annual Return/Report of Employee Benefit Plan

OMB Nos. 1210-0110 1210-0089

2024

This Form is Open to Public Inspection

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

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

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

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 [X] 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: [X] Form 5558 [] automatic extension [] the DFVC program [] special extension (enter description)
E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. []

Part II Basic Plan Information—enter all requested information

1a Name of plan ACCESS POOLED EMPLOYER PLAN- SERIES II
1b Three-digit plan number (PN) 005
1c Effective date of plan 01/01/2023
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) ACCESS PLANS LLC
940 W. FM 544 UNIT 1749 WYLIE, TX 75098
2b Employer Identification Number (EIN) 85-3473108
2c Plan Sponsor's telephone number 214-552-5064
2d Business code (see instructions) 541990

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.

Table with 4 columns: SIGN HERE, Signature of plan administrator, Date, Enter name of individual signing as plan administrator. Includes rows for employer/plan sponsor and DFE.

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

Form 5500 (2024) v. 240311

3a Plan administrator's name and address <input type="checkbox"/> Same as Plan Sponsor ALERUS FINANCIAL NA 2300 S. COLUMBIA GRAND FORKS, ND 58201	3b Administrator's EIN 45-0140105 3c Administrator's telephone number 800-433-1685
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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
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5 Total number of participants at the beginning of the plan year	5	2231
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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).	
6a(1) Total number of active participants at the beginning of the plan year	2131
6a(2) Total number of active participants at the end of the plan year	7415
b Retired or separated participants receiving benefits	24
c Other retired or separated participants entitled to future benefits	155
d Subtotal. Add lines 6a(2) , 6b , and 6c	7594
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	0
f Total. Add lines 6d and 6e	7594
g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	636
g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	1867
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	34

7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7
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8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:
 2A 2E 2F 2G 2J 2K 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) (1) <input type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input checked="" type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) <input type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input checked="" type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor
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10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

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

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

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

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

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

Receipt Confirmation Code _____

SCHEDULE 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 ACCESS POOLED EMPLOYER PLAN- SERIES II	B Three-digit plan number (PN) ▶	005
C Plan sponsor's name as shown on line 2a of Form 5500 ACCESS PLANS LLC	D Employer Identification Number (EIN) 85-3473108	

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)

ALERUS FINANCIAL NA

45-6062081

(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 21 24 37 50 64	NONE	138466	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)

LEE CPA GROUP

81-4637885

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10	NONE	19027	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

Part I Service Provider Information (continued)

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

(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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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.	OMB No. 1210-0110 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 ACCESS POOLED EMPLOYER PLAN- SERIES II	B Three-digit plan number (PN) ▶ 005
C Plan sponsor's name as shown on line 2a of Form 5500 ACCESS PLANS LLC	D Employer Identification Number (EIN) 85-3473108

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	167972	1903910
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	4365	211553
(2) Participant contributions	1b(2)	46727	178069
(3) Other	1b(3)		80121
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		801824
(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)	52020	563910
(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)	16321538	71139563
(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	16592622	74878950
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h		2110886
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j	1219	152179
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	1219	2263065
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	16591403	72615885

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)	2291280	
(B) Participants.....	2a(1)(B)	4922590	
(C) Others (including rollovers).....	2a(1)(C)	227875	
(2) Noncash contributions.....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		7441745
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)		
(B) U.S. Government securities.....	2b(1)(B)		
(C) Corporate debt instruments.....	2b(1)(C)		
(D) Loans (other than to participants).....	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)	17234	
(F) Other.....	2b(1)(F)	23703	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		40937
(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)	2335690	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		2335690
(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)		1480027
c Other income	2c		12256
d Total income. Add all income amounts in column (b) and enter total	2d		11310655

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	3013947	
(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)		3013947
f Corrective distributions (see instructions)	2f		152179
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)		
(5) Investment advisory and investment management fees	2i(5)		
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)	157493	
(11) Other expenses	2i(11)		
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		157493
j Total expenses. Add all expense amounts in column (b) and enter total	2j		3323619

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		7987036
l Transfers of assets:			
(1) To this plan	2l(1)		48487897
(2) From this plan	2l(2)		450451

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: **LEE CPA GROUP**

(2) EIN: **81-4637885**

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"/>	301552
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 type="checkbox"/>	<input checked="" type="checkbox"/>	
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)
ARH FOCUSED CARE GROUP LLC CBA BRIGHTSTAR CARE NORTH HOUSTON THE WOODLANDS	83-4188237	001
JOSEPH VAN CURA OD PC 401(K) PROFIT SHARING PLAN & TRUST	93-4836561	005
LJ MANAGEMENT INC.	93-4117901	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>ACCESS POOLED EMPLOYER PLAN- SERIES II</u>	B Three-digit plan number (PN) ▶	<u>005</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>ACCESS PLANS LLC</u>	D Employer Identification Number (EIN) <u>85-3473108</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): 45-6062081

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

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

3	
---	--

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

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? 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 Q702486A.

<p>SCHEDULE MEP (Form 5500)</p> <p>Department of the Treasury Internal Revenue Service</p> <hr/> <p>Department of Labor Employee Benefits Security Administration</p>	<p>MULTIPLE-EMPLOYER RETIREMENT PLAN INFORMATION</p> <p>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and Section 6058(a) of the Internal Revenue Code (the Code)</p> <p>▶ File as an attachment to Form 5500.</p>	<p>OMB No. 1210-0110</p> <hr/> <p style="text-align: center; font-size: 1.2em;">2024</p> <hr/> <p style="text-align: center;">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 ACCESS POOLED EMPLOYER PLAN- SERIES II</p>	<p>B Three-digit Plan number (PN)..... ▶</p>	<p>005</p>
<p>C Plan administrator's name as shown on line 3a of Form 5500/Form 5500-SF ALERUS FINANCIAL NA</p>	<p>D Administrator's EIN 45-0140105</p>	

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

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

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

Part II Participating Employer Information.

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

2a Name of Participating Employer ARLINGDALE HEALTHCARE, INC	2b EIN 26-3171893	2c Percentage of Total Contributions for the Plan Year 4.82	2d Aggregate Account Balances Attributable to Participating Employer 1205743
2a Name of Participating Employer BRIGHTSTAR CARE NORTH HOUSTON	2b EIN 83-4188237	2c Percentage of Total Contributions for the Plan Year 0.00	2d Aggregate Account Balances Attributable to Participating Employer 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.

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

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
SIZZLING PLATTER, LLC	20-5080806	19.15	13979380
BRIDGEWATER BALANCE & HEARING	20-2971150	1.24	224481
WOOD YOU RELAX BAMA	82-4560886	1.64	209224
SUIT YOUR TASTE LLC	46-3849847	1.22	337474
PULSEWORKS, LLC	58-2369172	1.96	811188
SAND REVOLUTION II, LLC	82-4090299	5.39	592019
JAMES LUTONSKY DDS, PLLC	81-1359627	1.36	626863
PIERCE MCCOY, PLLC	46-2230302	2.02	1201895
MECHANIC ADVISOR	06-1790265	2.31	341843

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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
BUNGALOW HOME LLC	86-1554174	0.50	38104
LJ MANAGEMENT INC.	93-4117901	0.00	0
PROMISE CARE	20-4304229	0.44	32780
BRIGHT MORNING CONSULTING	82-3463161	1.91	140940
GRABLE MARTIN PLLC	46-3221096	3.30	519798
BRIGHTSTAR OF W. CENTRAL LAS VEGAS	46-1036216	2.33	706532
FULTON JEANG	93-2126264	1.86	145190
GLENN BOUCK	36-4108575	0.08	12580
TIGER HEALTHCARE LLC	20-5072876	0.90	213982

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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
SHAVER LAW GROUP DBA MY RIA LAWYER	46-1157637	0.55	99115
BARRY'S CABINET & MILLWORK	84-1252283	0.65	171672
PCCW LLC DBA WELLTOPIA PHARMACY	81-2739617	0.18	28514
CRESCENT SKIES STAFFING LLC	93-4718526	0.59	122338
COWBOY LEADERS LLC	93-3904552	0.39	66551
SPORTS REFERENCE	30-0452468	8.47	2133574
MARTHA HARDAWAY DMD MS PA	26-1244149	0.49	148599
THE GODDARD SCHOOL OF SHORT PUMP	54-1939645	0.10	8313
THE BIMECO GROUP	26-0420039	1.97	1016106

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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
GOODSPEED MERRILL	27-4077022	1.40	2818927
PRESERVE PROPERTY MANAGEMENT CO.	84-4906346	1.29	92162
FOUR PAWS ANIMAL HOSPITAL	35-2202582	0.25	146377
TRESTLES COASTAL CUISINE	38-4034689	0.05	19969
PROACTIVE PHYSICIANS OF MARIETTA	81-5165189	0.28	106927
ROCKY MOUNTAIN PEDIATRIC UROLOGY	84-1199652	0.99	3403974
ATLNATIC PROPERTIES MGMT CORP.	13-4221925	0.69	3102349
MATTHEW B. KEEFFER DMD PC	81-2876754	0.15	94259
DIABLO DIGESTIVE CARE INC.	45-3778462	0.32	1113332

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
MARK SPVIEY ORTHOPEDIC CLINIC	04-3800503	0.49	324476
HV HOWARD ENTERPRISES	59-3714036	0.28	243078
THE ROSE HOUSE	22-3671031	0.05	22528
RHODIUM SHARED SERVICES LLC	86-1205868	1.18	614504
SERVICEMASTER OF LAFAYETTE	90-0784898	0.14	47124
BEST CORPORATION INC.	77-0603969	0.49	65691
PERSONA MILL INC.	46-3048679	0.00	40424
OZ MEDICAL SOLUTIONS	92-0890105	0.10	41581
FORTIS MANAGEMENT GROUP LLC	04-2577763	1.30	854311

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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
WORLD TREE TECHNOLOGIES INC.	26-0042837	0.20	316689
HITCHCOCK HEALTH INSTITUTE P.A.	20-3520776	0.30	288741
VELAZQUES MEDICAL PRACTICE	51-0604881	0.11	18003198
STONE DENTAL	82-0703875	0.12	94850
JOYCE BEAUTY SUPPLY INC	20-2196033	0.67	278014
JOYCE BEAUTY SUPPLY SALON	46-2456903	0.24	147680
THE GODDARD SCHOOL OF CEDAR PARK	41-2240427	0.35	1201790
TEMPS INC.	32-0098856	0.14	37521
KAJABI LLC	27-2992654	17.11	23440435

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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
TFM22 LLC	88-2078266	0.12	89921
PRIVATE PHYSICIANS MED PRACTICE	82-2554094	0.44	313612
AJCET RESTORATION SERVICES LLC	81-1972299	0.06	72597
AMAZING SMILES DENTISTRY	45-4916487	0.20	57391
MDSS INC. DBA MIDWAY GLASS	82-5366041	0.27	170689
B.B.W.M. LEASE PARTNERS LLC	84-3397697	0.84	548503
FARROW-GILLESPIE HEALTH WILMOTH	26-0309920	0.86	612318
COONEY FAMILY DENTAL	47-4289208	0.35	271882
HOURLASS MANAGEMENT CORPORATION	27-1394043	0.68	6099199

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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
JOSEPH VAN CURA , OD PC	93-4836561	0.22	419
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
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2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer

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 R58DAD5KP

ACCESS POOLED EMPLOYER PLAN - SERIES II

**FINANCIAL STATEMENTS AND
SUPPLEMENTAL SCHEDULES**

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



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INDEPENDENT AUDITORS' REPORT

To the Plan Sponsor of Access Pooled Employer Plan - Series II
Wylie, Texas

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

We have performed an audit of the financial statements of Access Pooled Employer Plan - Series II, 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, the related statement of changes in net assets available for benefits for the year ended December 31, 2024, and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audit of Access Pooled Employer Plan - Series II'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 audit 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 and for the years ended December 31, 2024 and 2023, stating that the certified investment information, as described in Note 3 to the financial statements, is complete and accurate.

Opinion

In our opinion, based on our 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 financial statements, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.
- the information in the financial statements 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 (GAAS). Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of Access Pooled Employer Plan - Series II and to meet our other ethical responsibilities in accordance with the relevant ethical requirements relating to our audit. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

Responsibilities of Management for the Financial Statements

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

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

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

Auditor's Responsibilities for the Audit of the Financial Statements

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

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.

- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of Access Pooled Employer Plan - Series II'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 Access Pooled Employer Plan - Series II'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 accounting principles generally accepted in the United States of America.

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

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

Other Matter—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 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 schedules, 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 GAAS. For information included in the supplemental schedules 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, are presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion—

- the form and content of the supplemental schedules, other than the information in the supplemental schedules that agreed to or is derived from the certified investment information, are 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).

Gee CPA audit group

Sacramento, California
October 3, 2025

ACCESS POOLED EMPLOYER PLAN - SERIES II
STATEMENT OF NET ASSETS AVAILABLE FOR BENEFITS
DECEMBER 31, 2024 AND 2023

<u>ASSETS</u>		<u>2024</u>	<u>2023</u>
Non-interest bearing cash	\$	1,903,910	\$ -
Investments, at fair value (note 4)		71,941,387	16,489,510
Receivables			
Employer contributions		211,553	46,727
Participant contributions		178,069	4,365
Note receivable from participants		563,910	52,020
Other		80,121	-
Total receivables		<u>1,033,653</u>	<u>103,112</u>
Total assets		<u>74,878,950</u>	<u>16,592,622</u>
 <u>LIABILITIES</u> 			
Excess contributions payable		152,179	1,219
Operating payables		<u>2,110,886</u>	<u>-</u>
Total liabilities		<u>2,263,065</u>	<u>1,219</u>
Net assets available for benefits	\$	<u><u>72,615,885</u></u>	\$ <u><u>16,591,403</u></u>

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

ACCESS POOLED EMPLOYER PLAN - SERIES II

STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
FOR THE YEAR ENDED DECEMBER 31, 2024

Additions:

Investment income:

Net appreciation in fair value of investments	\$ 1,480,027
Interest on participant loans	17,234
Interest	23,703
Dividends	2,335,690
Other income	12,256
Net investment gain	3,868,910

Contributions:

Employer	2,291,280
Participants	4,922,590
Rollovers	227,875
Total contributions	7,441,745
Total additions	11,310,655

Deductions:

Benefits paid to participants	3,013,947
Corrective distributions	152,179
Expenses	157,493
Total deductions	3,323,619
Net increase in net assets available for benefits	7,987,036

Transfers:

To this plan	48,487,897
From this plan	450,451

Net assets available for benefits:

Beginning of year	16,591,403
End of year	\$ 72,615,885

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

ACCESS POOLED EMPLOYER PLAN - SERIES II

NOTES TO THE FINANCIAL STATEMENTS DECEMBER 31, 2024 AND 2023

NOTE 1: DESCRIPTION OF PLAN

The following description of the Access Pooled Employer Plan - Series II (the PEP) is provided for general information purposes only. Participants should refer to the PEP basic plan document, and the applicable adoption agreement for the participant's employer which has chosen to participate in the PEP (Participating Employer) for a more complete description of the PEP's provisions.

General

The PEP is a pooled employer plan established by Access Plans LLC, the Plan Sponsor, and administered by Alerus Financial, N.A., the Pooled Plan Provider (PPP). The PEP was established under the Setting Every Community Up for Retirement Enhancement Act of 2019 (SECURE Act) on January 1, 2023. The PEP is a defined contribution profit sharing plan covering eligible employees of the Participating Employers, and is intended to qualify under the Internal Revenue Code (IRC), sections 401(a) and 501(a). The PEP is intended to constitute a multiple-employer plan, as described under IRC sections 410(a), 411, 413(c), and 415. Each Participating Employer elects its own provisions related to eligibility, contributions, notes receivable from participants, and payment of benefits. The PEP is subject to the applicable provisions of the Employee Retirement Income Security Act of 1974, as amended (ERISA).

The PEP's PPP is responsible for the oversight of the PEP. The Plan's Additional Named Fiduciary is responsible for the Plan's investments (including, if applicable, engaging any investment manager) and monitoring investment performance.

Eligibility

Only those employees of the Participating Employers who are designated by the Participating Employer in its adoption agreement as eligible employees shall be eligible to participate in the PEP. 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 PEP.

Contributions

Each year, participants in the PEP may voluntarily contribute pre-tax, Roth, and/or after-tax contributions of their eligible compensation, as defined by the PEP and Participating Employer adoption agreement, subject to applicable limits established by law and the Internal Revenue Service (IRS). Participating Employers may elect safe harbor or non-safe harbor contribution provisions as well as compensation definitions. Participants who have attained age 50 before the end of the PEP year are eligible to make catch-up contributions. Participants direct their contributions into various investment options offered by the PEP.

ACCESS POOLED EMPLOYER PLAN - SERIES II

NOTES TO THE FINANCIAL STATEMENTS
DECEMBER 31, 2024 AND 2023

NOTE 1: DESCRIPTION OF PLAN (CONTINUED)

Contributions (Continued)

The Participating Employers in the PEP 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 adoption agreement, unless the participant affirmatively opts out.

Under the terms of the Participating Employer adoption agreements, the Participating Employers may elect to make matching contributions and nonelective contributions to the PEP. Participating Employers may also elect to make true-up matching contributions. Participating Employer contributions, if any, are recorded in the year for which the contributions apply. Aggregate Participating Employer contributions for the year ended December 31, 2024 amounted to \$2,291,280. Participating Employer contributions are invested in funds in accordance with the participant's direction and the PEP's provisions. Contributions are subject to certain IRS limitations.

Participant Accounts

Each participant's account is credited with the participant's own contributions and an allocation of net earnings from investments and changes in investment values. Allocations are based on each participant's contributions, earnings, or account balances, as defined by the PEP and Participating Employer adoption agreement. The benefit to which a participant is entitled is limited to the benefit that can be provided from the participant's account. Participants select the investments into which their contributions are invested. Participant accounts are charged with an allocation of administrative expenses that are paid by the PEP.

Payment of Benefits

Upon termination of service due to death, disability, or retirement, a participant may elect to receive either a lump-sum amount equal to the value of the participant's vested interest in his or her account or may elect to take installments payments or partial distributions based on the Participating Employer's adoption agreement. Terminated participants whose balances are less than \$5,000 will be automatically distributed. For such balances exceeding \$5,000, subject to certain requirements, participants may leave their account balance in the PEP. For termination of service for other reasons, a participant may receive the value of the vested interest in his or her account as a lump-sum distribution. Participants may request withdrawal from their contribution accounts for financial hardship or after attaining the age of 59½. The distribution of the participant's account must commence no later than April 1 following the calendar year in which the participant attains age 73.

ACCESS POOLED EMPLOYER PLAN - SERIES II

NOTES TO THE FINANCIAL STATEMENTS
DECEMBER 31, 2024 AND 2023

NOTE 1: DESCRIPTION OF PLAN (CONTINUED)

Vesting

Participants are always fully vested in their own contributions and all earnings thereon. Vesting in the Participating Employer's contribution portion of their accounts, plus actual earnings thereon, is based on years of service ranging from immediate to six years graded as elected by the Participating Employer. Participant accounts become fully vested upon reaching normal retirement age (65), death, disability, or termination of the PEP.

Participant Loans

Loans to participants consist of promissory notes received from participants in exchange for the distribution of cash from the PEP. A participant is allowed to borrow a minimum of \$1,000, up to one-half of the vested balance of their account balance, up to a maximum of \$50,000. Loans must be repaid over no more than a five-year period with the exception of a loan for the participants' principal residence that may have a repayment period beyond five years. Principal and interest are paid not less frequently than quarterly or ratably through payroll deductions. Loans to participants are stated at the principal amount outstanding, which approximates fair value.

Forfeitures

Forfeitures of nonvested employer contributions if any shall be used to reduce Participating Employer contributions and can be applied to reduce administrative expenses charged to the PEP, for the plan year in which they occurred or thereafter. During the year ended December 31, 2024, forfeitures totaling \$ 25,246 were utilized to pay administrative fees. As of December 31, 2024, and 2023, there were \$90,185 and \$16,461, respectively, in forfeiture nonvested accounts available for future use.

Investment Options

Participants may direct the investment of all contributions into various investment options offered by the PEP.

NOTE 2: SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

The accompanying financial statements are prepared using the accrual basis of accounting.

ACCESS POOLED EMPLOYER PLAN - SERIES II

NOTES TO THE FINANCIAL STATEMENTS
DECEMBER 31, 2024 AND 2023

NOTE 2: SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

Use of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions which affect the reported amounts of net assets available for benefits at the date of the financial statements and the reported amounts of changes in net assets available for benefits during the reporting period. Actual results could differ from those estimates.

Notes Receivable from Participants

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

Investment Valuation and Income Recognition

Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer liability in an orderly transaction between market participants at the measurement date. The PEP's Investment Committee determines the PEP's valuation policies utilizing information provided by its investment advisors, custodians, and insurance company. See Note 4 for a discussion of fair value measurements. Purchases and sales of securities are recorded on a trade-date basis.

Net appreciation includes the PEP's gains and losses on investments bought and sold as well as held during the year.

Excess Contributions Payable

Amounts payable to participants for contributions in excess of amounts allowed by the IRS are recorded as a liability with a corresponding reduction to contributions. The Plan distributed the 2024 excess contributions to the applicable participants after December 31, 2024.

Payment of Benefits

Benefits are recorded when paid.

ACCESS POOLED EMPLOYER PLAN - SERIES II

NOTES TO THE FINANCIAL STATEMENTS
DECEMBER 31, 2024 AND 2023

NOTE 2: SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

Operating Payables

The amounts reported represent timing differences arising from investment transactions executed through the plan's omnibus trading account. Participant trades are aggregated and transmitted to the custodian on a trade-date basis; the corresponding cash settlements occur shortly thereafter.

NOTE 3: CERTIFIED INVESTMENT INFORMATION (UNAUDITED)

The PPP has elected the method of compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosures under ERISA. Accordingly, Alerus, the PPP and plan administrator of the PEP, has certified as being complete and accurate the following information as of December 31, 2024 and 2023, and for the year then ended December 31, 2024.

- Investments and notes receivable from participants are reflected on the accompanying statement of net assets available for benefits
- Net appreciation in fair value of investments, interest on investments, dividends, and interest income on notes receivable from participants are reflected on the accompanying statement of changes in net assets available for benefits
- Investments are reflected on the schedule of assets (held at end of year)

NOTE 4: FAIR VALUE MEASUREMENTS

Financial Accounting Standards Board (FASB) Accounting Standards Codification (ASC) Topic 820, Fair Value Measurements and Disclosures, provides the 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 FASB ASC Topic 820 are described as follows:

- Level 1) Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets.

ACCESS POOLED EMPLOYER PLAN - SERIES II

NOTES TO THE FINANCIAL STATEMENTS
DECEMBER 31, 2024 AND 2023

NOTE 4: FAIR VALUE MEASUREMENTS (CONTINUED)

- Level 2) Inputs to the valuation methodology include quoted prices for similar assets or liabilities in active markets; quoted prices for identical or similar assets or liabilities in inactive markets; inputs other than quoted prices that are observable for the asset or liability; inputs that are derived principally from or corroborated by observable market data by correlation or other means. If the asset or liability has a specified (contractual) term, the level 2 input must be observable for substantially the full term of the asset or liability.
- Level 3) Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

The asset or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques 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.

Interest-bearing cash: Valued at the daily closing price as reported by the fund.

Registered investment accounts (mutual funds): Valued at the daily closing price as reported by the fund. Mutual funds held by the Plan are open-end mutual funds that are registered with the Securities and Exchange Commission. These 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.

The valuation methods used by the PEP may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although the PEP 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.

Net appreciation in fair value of investments includes net unrealized and net realized gains and losses on investments during the year and is presented net of investment expenses. Investment income is allocated to individual participant accounts based upon the participant's share of the investment fund.

ACCESS POOLED EMPLOYER PLAN - SERIES II

NOTES TO THE FINANCIAL STATEMENTS
DECEMBER 31, 2024 AND 2023

NOTE 4: FAIR VALUE MEASUREMENTS (CONTINUED)

As of December 31, 2024, assets in the PEP, as defined by ASC Topic 820, were as follows:

	Assets at fair value as of December 31, 2024			
	Level 1	Level 2	Level 3	Total
Interest bearing cash	\$ 801,824	-	-	\$ 801,824
Registered investment companies	71,139,563	-	-	71,139,563
Total investments, at fair value	\$ 71,941,387	-	-	\$ 71,941,387

As of December 31, 2023, assets in the plan, as defined by ASC Topic 820, were as follows:

	Assets at fair value as of December 31, 2023			
	Level 1	Level 2	Level 3	Total
Interest bearing cash	\$ 167,972	-	-	\$ 167,972
Registered investment companies	16,321,538	-	-	16,321,538
Total investments at fair value	\$ 16,489,510	-	-	\$ 16,489,510

NOTE 5: PLAN TERMINATION

Although the Plan Sponsor expects to continue the PEP indefinitely, it has the right under the PEP to suspend its contributions at any time and to terminate the PEP subject to the provisions of ERISA. In the event of PEP termination, all accounts become fully vested and non-forfeitable. PEP assets would first be used to pay any expenses properly charged to the PEP. The remaining PEP assets would then be distributed to participants.

NOTE 6: TAX STATUS

The Plan Sponsor has adopted the Alerus Financial, N.A. Non-Standardized Pre-Approved Profit Sharing/Money Purchase/CODA plan. The Internal Revenue Service ("IRS") has informed Alerus Financial, N.A. in a letter dated June 30, 2020, that its non-standardized defined contribution plan is designed in accordance with applicable sections of the IRC, and any Plan sponsor adopting this form of the non-standardized defined contribution plan will be considered to have a plan qualified under applicable sections of the IRC. Therefore, the PEP and related trust are tax-exempt, and once qualified, the PEP is required to operate in conformity with the IRC to maintain its qualification. The PPP believes that the PEP is designed, and is currently being operated, in compliance with the applicable requirements of the IRC and, therefore, believes the PEP is qualified as a tax-exempt trust.

ACCESS POOLED EMPLOYER PLAN - SERIES II

NOTES TO THE FINANCIAL STATEMENTS
DECEMBER 31, 2024 AND 2023

NOTE 6: TAX STATUS (CONTINUED)

GAAP requires PEP management to evaluate tax positions taken by the PEP and recognize a tax liability (or asset) if the PEP has taken an uncertain position that more likely than not would not be sustained upon examination by the applicable authorities. The PEP is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

NOTE 7: PLAN TRANSFERS

In the normal course of business, the PPP adds Participating Employers, and assets from the Participating Employers qualified plans are transferred into the PEP, when administratively feasible to do so. Likewise, as Participating Employers leave the PEP and adopt different qualified plans, assets attributable to these outgoing Participating Employers are transferred out of the PEP.

NOTE 8: RISKS AND UNCERTAINTIES

The PEP 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 statement of net assets available for benefits.

NOTE 9: PARTY-IN-INTEREST TRANSACTIONS

Certain PEP investments are managed by Alerus. Alerus is the PPP, as defined by the PEP, and therefore, these transactions qualify as party-in-interest transactions. Any purchase and sales of investments in the custodian are open market transactions at fair market value. Fees incurred by the PEP for investment management services are included in net appreciation in fair value of investments. These fees are paid to the investment fund manager and may include certain revenue-sharing fees that are paid to Alerus, other investment custodians, and investment advisors.

Additionally, the Plan Sponsor, Access Plans LLC, is also a party-in-interest to the PEP, however, there were no transactions with the Plan Sponsor other than the funding of contributions to the PEP and payment of certain administrative expenses of the Plan. The PEP also allows for the issuance of notes receivable to participants in accordance with the related regulations. Such transactions are permitted under the provisions of the PEP and are exempt from the prohibition of party-in-interest transactions under ERISA.

ACCESS POOLED EMPLOYER PLAN - SERIES II

NOTES TO THE FINANCIAL STATEMENTS
DECEMBER 31, 2024 AND 2023

NOTE 10: EXCESS CONTRIBUTIONS PAYABLE

Participating Employers of the PEP failed the nondiscrimination testing for the year ended December 31, 2024. Excess contributions amounting to \$152,179 are recorded as a liability on the accompanying statements of net assets available for benefits and as a corrective distribution for the year. The applicable Participating Employers have reimbursed these excess contributions to its participants during 2025.

NOTE 11: NON-EXEMPT TRANSACTIONS

During the Plan year ended December 31, 2024, certain Participating Employers failed to remit timely to the Plan's custodian certain employee contributions totaling \$293,881, respectively, during the period prescribed by the Department of Labor regulations. Delays in remitting contributions to the custodian were due to administrative errors, and during 2024 the applicable Participating Employers made partial contributions to the affected participants' accounts to compensate those participants for potential lost earnings due to the delay. Subsequent to year end the applicable Participating Employers will make the remaining contributions to the affected participants' accounts to compensate those participants for potential lost earnings due to the delay.

NOTE 12: SUBSEQUENT EVENTS

Subsequent events are events or transactions that occur after the statement of net assets available for benefits date but before the financial statements are available to be issued. The PEP recognizes in the financial statements the effects of all subsequent events that provide additional evidence about conditions that existed at the date of the statement of net assets available for benefits, including the estimates inherent in the process of preparing the financial statements. The PEP's financial statements do not recognize subsequent events that provide evidence about conditions that did not exist at the date of the statement of net assets available for benefits but arose after the statement of net assets available for benefits date and before the financial statements are available to be issued.

The PEP has evaluated subsequent events through October 3, 2025, the date the financial statements were available to be issued.

Supplemental Schedules

ACCESS POOLED EMPLOYER PLAN - SERIES II

EIN 85-3473108

PLAN NUMBER: 006

SCHEDULE H, LINE 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR)

DECEMBER 31, 2024

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment	(d) Cost	(e) Current Value
	<u>Interest-Bearing Cash</u>			
*	ALERUS MMKT	Interest-Bearing Cash	** \$	801,824
	<u>Registered Investment Companies</u>			
	AMERICAN FUNDS TARGET DATE RET 2055 R6	Registered Investment Company	**	6,055,241
	AMERICAN FUNDS TARGET RETIREMENT 2010	Registered Investment Company	**	59,092
	AMERICAN FUNDS TARGET RETIREMENT 2015	Registered Investment Company	**	305,585
	AMERICAN FUNDS TARGET RETIREMENT 2020	Registered Investment Company	**	2,022,399
	AMERICAN FUNDS TARGET RETIREMENT 2025	Registered Investment Company	**	4,963,082
	AMERICAN FUNDS TARGET RETIREMENT 2030	Registered Investment Company	**	6,166,116
	AMERICAN FUNDS TARGET RETIREMENT 2035	Registered Investment Company	**	4,455,658
	AMERICAN FUNDS TARGET RETIREMENT 2040	Registered Investment Company	**	5,571,456
	AMERICAN FUNDS TARGET DATE RETIRMENT 2045	Registered Investment Company	**	7,908,785
	AMERICAN FUNDS TARGET DATE RETIREMENT 2050	Registered Investment Company	**	6,867,697
	AMERICAN 2060 TARGET DATE RET R6	Registered Investment Company	**	4,103,930
	AMERICAN FUNDS 2070 TRGT DATE RETRMT R6	Registered Investment Company	**	454
	AMERICAN FUNDS 2065 TARGET DATE RETIREMENT FUND	Registered Investment Company	**	561,288
	BAIRD SHORT TERM BOND INSTL	Registered Investment Company	**	132,397
	DODGE & COX INCOME FUND	Registered Investment Company	**	153,535
	FIDELITY US BOND INDEX FUND	Registered Investment Company	**	621,420
	PIMCO GLOBAL BOND OPPORTUNITES (USD HEDGED) INST	Registered Investment Company	**	85,932
	PGIM HIGH YIELD R6	Registered Investment Company	**	330,214
	VANGUARD INFLATION PROTECTED SECS ADMIRAL CLASS FUND #5119	Registered Investment Company	**	284,677
	COHEN & STEERS REALTY SHARES INSTL	Registered Investment Company	**	202,986
	FIDELITY 500 INDEX FUND	Registered Investment Company	**	12,918,640
	FIDELITY SMALL CAP INDEX	Registered Investment Company	**	1,353,097
	FIDELITY MID CAP INDEX INSTL	Registered Investment Company	**	1,590,783
	JO MORGAN GROWTH ADVANTAGE R6	Registered Investment Company	**	1,757,953
	PARNASSUS CORE EQUITY INSTL	Registered Investment Company	**	413,343
	VANGUARD WINDSOR ADMIRAL #5022	Registered Investment Company	**	962,258
	FIDELITY INTERNATIONAL INDEX FUND	Registered Investment Company	**	757,540
	FIRST EAGLE GLOBAL FUND	Registered Investment Company	**	189
	MFS INTERNATIONAL EQUITY FUND CL R6	Registered Investment Company	**	273,030
	AMERICAN FUNDS NEW WORLD R6	Registered Investment Company	**	260,786
	Total Registered Investment Companies			<u>71,139,563</u>
*	<u>Participant Loans</u>	Interest Rates at (4.25% ~ 10.50%)	\$0	<u>563,910</u>
	Total investments		\$	<u><u>72,505,297</u></u>

* Denotes party-in-interest

** Not applicable as all investments are participant-directed

ACCESS POOLED EMPLOYER PLAN - SERIES II

EIN 85-3473108

PLAN NUMBER: 006

SCHEDULE H, LINE 4a – SCHEDULE OF DELINQUENT PARTICIPANT CONTRIBUTIONS
DECEMBER 31, 2024

Participant Contributions Transferred Late to Plan	Total That Constitute Nonexempt Prohibited Transactions			
Check Here If Late Participant Loan Repayments Are Included <input data-bbox="349 743 422 819" type="checkbox"/>	Contributions Not Corrected	Contributions Corrected Outside VFCP	Contributions Pending Correction in VFCP	Total Fully Corrected Under Voluntary Fiduciary Correction Program (VFCP) and Prohibited Transaction Exemption 2002-51
\$ 293,881	\$ 191,429	\$ 96,689	-	\$ 5,763
\$ 7,671	-	\$ 7,671	-	-
-	-	-	-	-

POOLED EMPLOYER PLAN PARTICIPATING EMPLOYER INFORMATION

ACCESS POOLED EMPLOYER PLAN - SERIES II
EIN: 85-3473108
PN: 005
Plan Year End: December 31, 2024

(a) Name Of Participating Employer	(b) EIN	(c) Percent Of Total Contributions	(d) Aggregate Account Balance
AJCET Restoration Seletion Services LLC	81-1972299	0.07%	72,598
Amazing Smiles Dentistry	45-4916487	0.19%	56,565
Arlingdale Healthcare, Inc	26-3171893	4.98%	1,204,907
Atlntic Properties Meleerties Mgmt Corp.	13-4221925	0.71%	3,101,828
B.B.W.M. Lease Partners LLC	84-3397697	0.87%	541,911
Barry's Cabinet & Millwork	84-1252283	0.68%	170,357
Best Corporation Inc.	77-0603969	0.51%	36,041
Bridgewater Balance & Hearing	20-2971150	1.21%	219,098
Bright Morning Consulting	82-3463161	1.99%	140,108
Brightstar Care North Houston	83-4188237	0.45%	-
BrightStar of W. Central Las Vegas	46-1036216	2.42%	706,530
Bungalow Home LLC	86-1554174	0.53%	34,261
Cooney Family Dental	47-4289208	0.36%	267,907
Cowboy Leaders LLC	93-3904552	0.41%	67,243
Crescent Skies Seles Staffing LLC	93-4718526	0.66%	125,175
Diablo Digestive Celeive Care Inc.	45-3778462	0.33%	1,113,332
Farrow Gillespie Helepie Health Wilmoth	26-0309920	0.90%	612,946
Fortis Management Gelement Group LLC	04-2577763	1.36%	830,215
Four Paws Aelemal Hospital	35-2202582	0.26%	146,078
Fulton Jeang	93-2126264	0.84%	147,256
Glenn Bouck	36-4108575	0.09%	12,146
Goodspeed Merrill	27-4077022	1.67%	2,833,501
Grable Martin PLLC	46-3221096	3.39%	520,440
Hitchcock Health Institute P.A.	20-3520776	0.86%	326,752
Hourglass Management Corporation	27-1394043	0.71%	6,106,919
HV Howard Enterprises	59-3714036	0.40%	243,078
James Lutonsky DDSeley DDS, PLLC	81-1359627	1.44%	631,368
Joseph Van Cura , OD PC	93-4836561	0.23%	42
Joyce Beauty SeleSupply Inc	20-2196033	0.69%	277,718
Joyce Beauty SeleSupply Salon	46-2456903	0.24%	147,680
Kajabi LLC	27-2992654	19.94%	23,587,237
LJ Management Inc.	93-4117901	1.08%	-
Mark Spviev Oelerthopedic Clinic	04-3800503	0.55%	326,821
Martha Hardaway DMD MS PA	26-1244149	0.55%	151,391
Matthew B. Keeffer DMD PC	81-2876754	0.16%	89,962
MDSS Inc dba Mele Midway Glass	82-5366041	0.35%	175,664
Mechanic Advisor	06-1790265	2.52%	365,217
Oz Medical Solutions	92-0890105	0.12%	42,563
PCCW LLC dba WeleWelltopia Pharmacy	81-2739617	0.19%	28,514
Persona Mill Inc.	46-3048679	0.00%	40,425
Pierce McCoy, PLLC	46-2230302	2.49%	1,238,860
Preserve Property Meleerty Management Co.	84-4906346	1.32%	94,642
Private Physicians Meleicians Med Practice	82-2554094	0.37%	310,595
Proactive Physicians of Marietta	81-5165189	0.34%	110,415
Promise Care	20-4304229	0.46%	32,934
Pulseworks, LLC	58-2369172	2.05%	811,046
Rhodium Shared Seled Services LLC	86-1205868	1.32%	620,901
Rocky Mountain Pelen Pediatric Urology	84-1199652	1.34%	3,403,714
Sand Revolution Ileon II, LLC	82-4090299	5.59%	588,796
ServiceMaster of Lafayette	90-0784898	0.14%	47,204
Shaver Law Group dba My RIA Lawyer	46-1157637	0.60%	101,097
Sizzling Platter, LLC	20-5080806	13.92%	13,841,138

POOLED EMPLOYER PLAN PARTICIPATING EMPLOYER INFORMATION (CONTINUED)

ACCESS POOLED EMPLOYER PLAN - SERIES II
EIN: 85-3473108
PN: 005
Plan Year End: December 31, 2024

(a) Name Of Participating Employer	(b) EIN	(c) Percent Of Total Contributions	(d) Aggregate Account Balance
Sports Reference	30-0452468	7.06%	2,106,268
Stone Dental	82-0703875	0.12%	94,518
Suit Your Taste LLC	46-3849847	1.27%	337,474
TEMPS Inc.	32-0098856	0.09%	37,521
TFM22 LLC	88-2078266	0.15%	91,130
The Bimeco Group	26-0420039	2.69%	1,060,548
The Goddard School of Cedar Park	41-2240427	0.37%	1,201,788
The Goddard School of Short Pump	54-1939645	0.10%	8,314
The Rose House	22-3671031	0.05%	22,528
Tiger Healthcare LLC	20-5072876	0.94%	213,978
Trestles Coastal Cuisine	38-4034689	0.06%	19,915
Velazques Medical Practice	51-0604881	0.23%	188,182
Wood You Relex Bama	82-4560886	1.68%	204,814
World Tree Telechnologies Inc.	26-0042837	0.34%	325,771

ACCESS POOLED EMPLOYER PLAN - SERIES II

EIN 85-3473108

PLAN NUMBER: 006

SCHEDULE H, LINE 4a – SCHEDULE OF DELINQUENT PARTICIPANT CONTRIBUTIONS
DECEMBER 31, 2024

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\$ 7,671	-	\$ 7,671	-	-
-	-	-	-	-

ACCESS POOLED EMPLOYER PLAN - SERIES II

EIN 85-3473108

PLAN NUMBER: 006

SCHEDULE H, LINE 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR)

DECEMBER 31, 2024

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment	(d) Cost	(e) Current Value
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*	ALERUS MMKT	Interest-Bearing Cash	** \$	801,824
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