

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 2024 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
A	This return/report is for: ☐ a multiemployer plan ☒ a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.) ☐ a single-employer plan ☐ a DFE (specify) _____
B	This return/report is: ☐ the first return/report ☐ the final return/report ☐ an amended return/report ☐ a short plan year return/report (less than 12 months)
C	If the plan is a collectively-bargained plan, check here. ▶ ☐
D	Check box if filing under: ☒ Form 5558 ☐ automatic extension ☐ the DFVC program ☐ special extension (enter description)
E	If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. ▶ ☐

Part II	Basic Plan Information—enter all requested information
1a	Name of plan RMS EASYPLAN
1b	Three-digit plan number (PN) ▶ 006
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.

SIGN HERE	Filed with authorized/valid electronic signature.	10/13/2025	AMY WALLACEA2309662
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address ☐ 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
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN
	4d PN
5 Total number of participants at the beginning of the plan year	5 3132
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6a(1) 3059
	6a(2) 3738
	6b 30
	6c 389
	6d 4157
	6e 0
	6f 4157
	6g(1) 583
	6g(2) 3578
6h 111	
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 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) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ 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) ☒ **R** (Retirement Plan Information)
- (2) ☐ **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- (3) ☐ **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary
- (4) ☐ **DCG** (Individual Plan Information) – Number Attached _____
- (5) ☒ **MEP** (Multiple-Employer Retirement Plan Information)

b General Schedules

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

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) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	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.	OMB No. 1210-0110
		2024
		This Form is Open to Public Inspection.
For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024		
A Name of plan RMS EASYPLAN	B Three-digit plan number (PN) ▶	006
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)
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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	217443	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

(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	13000	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

(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 ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	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

For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024		
A Name of plan RMS EASYPLAN	B Three-digit plan number (PN) ▶	006
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.

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	26849	3199171
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	140952	1795142
(2) Participant contributions	1b(2)	70970	479177
(3) Other	1b(3)		12955
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		1120455
(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)	54433	708122
(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)	11557898	118561674
(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	11851102	125876696
Liabilities			
g Benefit claims payable	1g		
h Operating payables	1h		3319566
i Acquisition indebtedness	1i		
j Other liabilities	1j	34447	108009
k Total liabilities (add all amounts in lines 1g through 1j)	1k	34447	3427575
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	11816655	122449121

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)	5751619	
(B) Participants	2a(1)(B)	9978526	
(C) Others (including rollovers)	2a(1)(C)	8380912	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		24111057
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)	28416	
(F) Other	2b(1)(F)	74297	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		102713
(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)	4092088	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		4092088
(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)		2992621
c Other income	2c		91201
d Total income. Add all income amounts in column (b) and enter total	2d		31389680

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	6497738	
(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)		6497738
f Corrective distributions (see instructions)	2f		108009
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)		
(5) Investment advisory and investment management fees	2i(5)		
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	230443	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		230443
j Total expenses. Add all expense amounts in column (b) and enter total	2j		6836190

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		24553490
l Transfers of assets:			
(1) To this plan	2l(1)		86080598
(2) From this plan	2l(2)		1622

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.)	☒	☐	812694
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	☐	☒	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	☐	☒	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	☐	☒	
e Was this plan covered by a fidelity bond?	☐	☒	
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	☐	☒	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	☐	☒	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	☐	☒	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	☒	☐	
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	☐	☒	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	☐	☒	
l Has the plan failed to provide any benefit when due under the plan?	☐	☒	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	☐	☒	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	☐	☐	

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

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

5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)
TRINET 401(K) PLAN	48-1304650	333
INTELLIHOME LLC	81-4296130	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) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation		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.		OMB No. 1210-0110 2024 This Form is Open to Public Inspection.	
For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024					
A Name of plan RMS EASYPLAN				B Three-digit plan number (PN) ▶	006
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 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					
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					
For Paperwork Reduction Act Notice, see the Instructions for Form 5500.				Schedule R (Form 5500) 2024 v. 240311	

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

14 Enter the number of deferred vested and retired participants (inactive participants), as of the beginning of the plan year, whose contributing employer is no longer making contributions to the plan for:		
a The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: ☐ last contributing employer ☐ alternative ☐ reasonable approximation (see instructions for required attachment).....	14a	
b The plan year immediately preceding the current plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....	14b	
c The second preceding plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....	14c	

15 Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:		
a The corresponding number for the plan year immediately preceding the current plan year	15a	
b The corresponding number for the second preceding plan year	15b	

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

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

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

SCHEDULE MEP (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration	MULTIPLE-EMPLOYER RETIREMENT PLAN 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 RMS EASYPLAN	B Three-digit Plan number (PN)..... ►	006
C Plan administrator's name as shown on line 3a of Form 5500/Form 5500-SF ALERUS FINANCIAL NA	D Administrator's EIN 45-0140105	

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

2a Name of Participating Employer PAUL'S WATER WORKS	2b EIN 01-0575764	2c Percentage of Total Contributions for the Plan Year 0.53	2d Aggregate Account Balances Attributable to Participating Employer 263773
2a Name of Participating Employer INTELLIHOME	2b EIN 42-9613081	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	☐ Yes ☒ No
2f If you answer "Yes" in line 2e, enter a good faith estimate of the percentage of total contributions made by all such individuals that are not listed on line 2a during the plan year.	2f	
2g If you answer "Yes" in Line 2e, enter the aggregate account balances for all such individuals that are not listed on line 2a.	2g	

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

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

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

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
KEVIN WENDELL	45-3341587	1.13	1364538
HSR ENTERPRISES	47-4180996	0.02	18141
GENECIS BIO	92-3261395	0.00	0
EXCEL FINISH CO.	80-0016381	0.04	48830
OVERHEAD DOOR OF DANVERS	47-2357997	0.04	47535
GOLD ATHLETICS	26-2296178	0.12	147283
JIGSAW LIFE SAFETY	92-3490401	0.17	202913
CTH	82-5391023	0.23	27238031
PEARSON WALLACE INSURNACE	83-2779748	0.03	37756

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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
TREND MOVING	82-4085383	0.17	209706
2a Name of Participating Employer RALIS SERVICES CORP.	2b EIN 47-2620600	2c Percentage of Total Contributions for the Plan Year 5.22	2d Aggregate Account Balances Attributable to Participating Employer 6293703
2a Name of Participating Employer INTEGRATIVE ACUPUNCTURE & ORIENTAL MEDICINE	2b EIN 27-1824274	2c Percentage of Total Contributions for the Plan Year 0.10	2d Aggregate Account Balances Attributable to Participating Employer 125443
2a Name of Participating Employer JAMES & MATTHEW	2b EIN 26-1567731	2c Percentage of Total Contributions for the Plan Year 0.82	2d Aggregate Account Balances Attributable to Participating Employer 984714
2a Name of Participating Employer CHILDREN'S MEDICAL GROUP OF AUSTIN	2b EIN 88-3260022	2c Percentage of Total Contributions for the Plan Year 0.37	2d Aggregate Account Balances Attributable to Participating Employer 451588
2a Name of Participating Employer VAYU ROBOTICS	2b EIN 87-3203654	2c Percentage of Total Contributions for the Plan Year 0.30	2d Aggregate Account Balances Attributable to Participating Employer 362936
2a Name of Participating Employer VIRGINIA TUPKERS INTERIORS	2b EIN 26-4203148	2c Percentage of Total Contributions for the Plan Year 0.11	2d Aggregate Account Balances Attributable to Participating Employer 131455
2a Name of Participating Employer SAMAR REAL ESTATE SOLUTIONS	2b EIN 83-2446939	2c Percentage of Total Contributions for the Plan Year 0.01	2d Aggregate Account Balances Attributable to Participating Employer 11819
2a Name of Participating Employer JSK RX LLC	2b EIN 88-1930026	2c Percentage of Total Contributions for the Plan Year 0.01	2d Aggregate Account Balances Attributable to Participating Employer 16526

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
INBLOOM HEALTH	47-1873819	0.07	79228
2a Name of Participating Employer AMERICA'S BOX CHOICE	2b EIN 20-4273023	2c Percentage of Total Contributions for the Plan Year 0.15	2d Aggregate Account Balances Attributable to Participating Employer 185583
2a Name of Participating Employer GFM ENTERPRISES, INC.	2b EIN 20-4782462	2c Percentage of Total Contributions for the Plan Year 0.16	2d Aggregate Account Balances Attributable to Participating Employer 196533
2a Name of Participating Employer COACHEM INC.	2b EIN 88-0871223	2c Percentage of Total Contributions for the Plan Year 1.22	2d Aggregate Account Balances Attributable to Participating Employer 1465015
2a Name of Participating Employer WILCO COMMERCIAL	2b EIN 93-1638526	2c Percentage of Total Contributions for the Plan Year 0.11	2d Aggregate Account Balances Attributable to Participating Employer 131849
2a Name of Participating Employer SHAPIRO EDUCATIONAL & BEHAVIORAL CONSULTANTS	2b EIN 46-3577329	2c Percentage of Total Contributions for the Plan Year 0.00	2d Aggregate Account Balances Attributable to Participating Employer 0
2a Name of Participating Employer TECHNICUT USA INC,	2b EIN 06-0925218	2c Percentage of Total Contributions for the Plan Year 0.04	2d Aggregate Account Balances Attributable to Participating Employer 52837
2a Name of Participating Employer PRIME WATERPROOFING & ROOFING	2b EIN 72-1566820	2c Percentage of Total Contributions for the Plan Year 0.11	2d Aggregate Account Balances Attributable to Participating Employer 135196
2a Name of Participating Employer AABLE LICENSE CONSULTANTS	2b EIN 51-0307589	2c Percentage of Total Contributions for the Plan Year 0.02	2d Aggregate Account Balances Attributable to Participating Employer 22812

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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
TEXAS COMMUNICATIONS	75-1452047	73.00	884800
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
GREENWAVE TECHNOLOGY SOLUTIONS	46-2612944	0.09	103002
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
CAPITAL STRATEGIC SOLUTIONS	83-3329983	0.08	92841
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
DYNASTY ELECTRIC	27-1742088	2.33	2804359
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
KRUM VETERINARY HOSPITAL	45-4357367	23.00	281081
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
TABLETS PHARMACY	84-3963645	0.06	70656
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
PAROS GROUP	83-9781003	0.05	66289
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
ALASDAIR GOLDSTEIN MD PA	74-2931655	1.38	1662314
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
WEST COBB PRIMARY PREP	26-3362403	0.10	123862

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
FRACAL EDUCATION GROUP	87-3005450	0.09	103288
FINANCIAL BENEFITS CONSULTING	82-5499398	0.04	53773
ROBERT CALZINI CPA LLC	82-3067033	0.30	359001
TOUCHSTONE CLOSING & ESCROW	81-0825255	3.86	4650002
INVICTA CONSTRUCTION SOLUTIONS	85-4191233	0.06	75468
GREAT LAKES REALITY LAB LLC	85-2534682	0.07	89455
WINTHROP SUPPLY COMPANY, INC.	35-0764379	0.12	148442
SUZANNE EDWARDS DMD	23-3065908	0.04	45713
ALZEIN MEDICAL LTD	36-4127608	0.04	51689

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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
VAN BEBBER & ASSOCIATES	59-2522690	0.07	84875
HOUSTON PECAN COMPANY	74-1260022	19.00	226346
QUAKER CITY APPLIANCE SERVICES	23-2915934	0.75	901135
WEBSTER INSURANCE SERVICES LLC	82-1652501	0.04	44456
BAYSTATE FINANCIAL LLC	04-3341217	7.46	8990424
CASCIO & SONS CONSTRUCTION	47-2437850	0.06	74559
BTPM HEALTHCARE LLC	45-2547946	0.04	48612
MICHAEL PETROVICK ARCHITECTS	84-4086997	0.11	138648
GAHANNA DENTAL PARTNERS	27-4581100	0.01	9874

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Part II Participating Employer Information (Continued).

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2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
SR PLASTIC SURGERY PC	83-2297857	0.02	24032
DEAN HAGLER LTD	75-2889671	3.99	4808664
CORNELL ORTHOTICS & PROSTHETICS	04-2866491	0.40	482322
FAMILY DENTISTRY OF WEST ROXBURY	86-3734541	0.02	20453
FIFTH AND KENNY ANIMAL HOSPITAL	26-4218432	0.04	52667
GILES ELETRIC LLC	47-2653672	0.13	151941
PARALLEL PETROLEUM	61-1700396	4.61	5557680
LIFT CONSULTING LLC	47-2367406	0.38	454936
PLANNERKATE LLC	47-2871213	0.46	549535

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GOLDEN INSURANCE AGENCY	45-5318643	0.09	102850
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
MICHAEL HUGHES TUFTON DDS PROFESSIONAL LLC	88-3351138	0.01	16968
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
ARBORMASTER TRAINING INC.	04-3300575	0.08	92772
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
RHS CONSTRUCTION SERVICES LLC	45-1439640	1.40	1685932
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
SUNDANCE SADC	80-0847607	0.03	39966
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
T. N. BOWES HEATING & AIR CONDITION	52-1911071	0.84	1013737
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
KORO BAS INC.	83-2800334	0.39	465877
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
PACTV	04-3367927	1.03	1243260
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
SOHO REPERTORY THEATRE INC.	13-2885288	0.02	28314

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FRONTIER INNOVATIONS LLC	27-1549826	0.14	171693
SUNBURST PET SUPPLIES	86-0492511	0.27	326859
MY OWN PLACE INC.	20-1560679	2.61	3142080
CMR MERTAX ADVISORS	93-4181704	0.35	422671
ALEXANDER WRIGHT AND ASSOCIATES	47-1244963	0.12	145489
AMEER PHARMACY, INC.	83-3674532	0.00	1252
BEHAVIORAL CONSULTING OF TAMPA BAY, INC.	73-1703319	0.76	921133
360 ENGINEERING P.C	82-3126073	0.06	72519
RED CARD MEDIA	27-2557897	0.07	78899

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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
DSI INC.	20-4743148	0.27	329072
2a Name of Participating Employer SISTERS OF CHARITY HOUSING DEVELOPMENT CORP	13-4031037	0.04	51395
2a Name of Participating Employer 87TH & HARLEM CRESCENT PHARMACY	83-3557077	0.02	18397
2a Name of Participating Employer FLOORING DIRECT MAUI INC.	20-5858344	0.01	8840
2a Name of Participating Employer GUS BROTHERS CONSTRUCTION LLC	82-4212672	0.00	5906
2a Name of Participating Employer STRATEGIC PROMOTIONS & PRINTING	27-4431513	0.08	100878
2a Name of Participating Employer DPRB ENTERPRISES LLC	82-2068257	0.07	83876
2a Name of Participating Employer INTOWN PLUMBING	46-5160926	0.03	38201
2a Name of Participating Employer KATHERINE F. STEWARD DDS LLC	83-2754590	0.30	366457

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ROCKWELL DANCE CENTER LLC	82-1165722	0.02	28742
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
THERMOTANE PROPANE, LLC	59-0585327	0.11	136109
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
MESA LAW PLLC	88-3602678	0.01	16619
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
KONSTANTINOS TSAKALOS	93-2311051	0.01	16233
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
CATALYST FINANCIAL PARTNERS LLC	83-1688640	0.10	121150
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
LOOP LINEN SERVICE	72-1151814	0.48	573994
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
SOLID ROCK TEEN CENTERS	86-0808609	0.51	615350
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
HIGHLAND PEAK WEALTH	85-4280426	0.18	220446
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
W.S. BESSETT INC.	01-0401579	1.65	1987287

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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
CAW TECHNOLOGY GROUP LLC	46-2085717	0.28	334969
RE-ARCHITECTING LLC	81-2367436	0.32	390644
KNOWLES TREE SERVICE	02-0513754	5.00	57467
INTERIOR WALL AND CEILING	27-4049314	0.05	61301
VANCO COMMERCIAL SERVICE LLC	20-5490463	2.49	3006667
COMMUNIQUE USA INC.	14-1889171	0.05	57411
LABEL MAKER LLC	84-4411297	0.01	16023
DUNCAN APPLIANCE SERVICE INC.	03-0572699	0.02	24502
PETE THE GREEK	81-3107540	0.11	137781

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AERAS MEP INC.	85-3778211	0.02	20527
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
ELITE CARDIOVASCULAR GROUP PLLC	87-2639599	0.12	142317
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
OURLANDO LLC	99-0686718	0.10	115177
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
WIRE INNOVATION LLC	81-4326968	0.00	5326
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
OXFORD FAMILY DENTISTRY	93-4684579	0.10	119935
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
PARLAY STUDIOS LLC	90-0502309	0.04	45089
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
SOUTH TEXAS VASCULAR SPECIALIST PLLC	93-3644626	0.18	222039
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
CLOSET FACTORY - BRUZZESI ENT.	32-0070677	1.07	128753584
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
STRATEGIC SOURCING INTERNATIONAL	26-3085024	0.46	551491

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MED-VET PHARMACEUTICALS INC.	41-0972010	4.06	4900828
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
SARAH WHITESIDE PHYSICAL THERAPY	86-2039507	0.04	45455
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
THE WANAMAKER PROJECT	85-3827120	0.06	76311
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
NEW ENGLAND FLOORING SOLUTIONS LLC	83-1797729	0.01	9488
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
SPARK BUSINESS CONSULTING INC.	46-3402954	0.21	254304
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
LUNATECH INC	26-3256708	0.01	8089
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
SUNRISE SERVICES	91-1013396	8.63	10403592
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
THE ARBA GROUP, INC.	95-4071433	3.27	3936967
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
SYNERGY MV, INC.	72-2996584	0.00	4476

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GREATER ORLANDO BUILDERS ASSOC. INC.	59-0713877	0.12	139454
AA BEARDSLEY, INC	04-3576840	6.00	69049
NEW ENGLAND TRIPS, INC.	45-1690362	0.07	78822
STEAMBOAT WHARF MARINA	92-1497515	0.00	2281
DILLS & ROY CIVIL DESIGN GROUP	01-0838497	0.96	1152471
WOODHULL STUDIO	27-5233135	2.30	2775671
ORLAND DENTAL WELLNESS CENTER PC	36-4620882	0.77	932730
FIREFLY BICYCLES LLC	27-4499888	0.01	9744
CALEM WILLIAMS HOLDINGS INC.	88-1218227	0.32	389160

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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
NOVIN DEVELOPMENT	46-2696246	0.02	24351
2a Name of Participating Employer COUSINS FURNITURE & HOME IMPROVEMENTS CORP.	11-3209969	1.47	1775596
2a Name of Participating Employer CATCHLIGHT INC.	01-0659122	57.00	686116
2a Name of Participating Employer CHICAGO SPORTS & NOVELTY INC.	36-3856658	0.11	137411
2a Name of Participating Employer BIOREM INC.	87-0684339	0.51	614821
2a Name of Participating Employer SHANI KUMARASENA MD PC	04-3525576	0.25	298993
2a Name of Participating Employer TRUE NORTH CAPITAL PROPERTIES	32-0400667	2.30	2774162
2a Name of Participating Employer ACCIDENT CARE CHIROPRACTIC AND MASSAGE INC.	81-0737662	0.15	183219
2a Name of Participating Employer RMC AND ASSOCIATES INC.	92-3994113	0.09	109336

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MCINTYRE LAW OFFICE PLLC	93-2405620	0.17	202700
LITEHOUSE BUILDERS INC.	75-2996758	0.04	49400
FIRE SECURTY ELECTRONICS & COMMUNICATIONS, INC.	86-0646429	0.86	1042700
THE JOVAL MANUFACTURING CO. INC.	72-0477258	0.12	146697
SEVIGNEY INSURANCE AGENCY	01-0401677	0.97	1164139
TUCSON VET SPECIALISTS PLLC	84-3328298	0.01	8520
MAINTENANCE TECH INC.	01-0470090	1.80	2172716
IT FEDERAL SALES LLC	20-3343260	0.14	166532
DURHAM PUBLIC SCHOOLS FOUNDATION	82-2803464	0.10	14690

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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
MADISON ENERGY HOLDINGS LLC	83-3895653	3.83	4613631
JOHNSON INSURANCE SERVICES INC.	56-0732334	1.22	1474166
DIVERSE DIMENSIONS, INC. DBA SILVERIO INSURANCE	04-3680182	0.02	28779
TRAVIS STEWART RE	87-2451692	0.03	37930
JOE MAGGIO LLC	22-3719311	0.04	4678793
RJ NAUTICAL	82-3400664	0.31	373930
CORNERSTONE MECHANICAL SVCS INC.	75-2659157	0.72	870249
WYTHKEN, LLC	65-1177790	0.01	7411
CRICKET PRESS INC.	06-0872433	0.01	8595

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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
BEAVER SOLUTIONS LLC	35-2554232	0.00	1044
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
THE FAMILY CENTER OF MAINE	87-2359560	0.02	24034
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
SWEET LIFE HOSPITALITY, INC.	24-4164950	0.00	4040
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
POWERHOUSE ELECICAL SRVCS, INC.	83-2841676	0.04	50428
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
WYATT BROWN CONSTRUCTION LLC	92-3125689	0.02	25848
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
ROWLAND TRUCK & EQUIPMENT INC.	34-1172561	6.01	7243230
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
AM. ASSC. OF FRANCHISEES & DEALERS	33-6117862	0.08	92617
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
VETERINARY PARTNERS PLC	47-3054144	0.00	702
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
DAVIS AUTO GROUP	99-0387014	6.01	7243230

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 ARDMOR CONSTRUCTION LLC	2b EIN 82-2711190	2c Percentage of Total Contributions for the Plan Year 0.02	2d Aggregate Account Balances Attributable to Participating Employer 18555
2a Name of Participating Employer MORRIS SMITH FORD LEAVENWORTH	2b EIN 87-1470920	2c Percentage of Total Contributions for the Plan Year 0.02	2d Aggregate Account Balances Attributable to Participating Employer 18555
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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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

RMS EASYPLAN

**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 RMS EasyPlan
Wylie, Texas

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

We have performed an audit of the financial statements of RMS EasyPlan, 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 RMS EasyPlan'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 RMS EasyPlan 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 RMS EasyPlan'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 RMS EasyPlan'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 RMS EasyPlan'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.

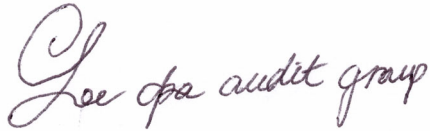
Other Matter—Supplemental Schedules Required by ERISA

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

A handwritten signature in dark ink that reads "Lee CPA audit group". The signature is written in a cursive, flowing style.

Sacramento, California
October 6, 2025

RMS EASYPLAN

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	\$ 3,199,171	\$ -
Investments, at fair value (note 4)	119,682,129	11,584,747
Receivables		
Employer contributions	1,795,142	140,952
Participant contributions	479,177	70,970
Note receivable from participants	708,122	54,433
Other	12,955	-
Total receivables	<u>2,995,396</u>	<u>266,355</u>
Total assets	<u>125,876,696</u>	<u>11,851,102</u>
	<u>LIABILITIES</u>	
Excess contributions payable	108,009	34,447
Operating payables	<u>3,319,566</u>	<u>-</u>
Total liabilities	<u>3,427,575</u>	<u>34,447</u>
Net assets available for benefits	\$ <u>122,449,121</u>	\$ <u>11,816,655</u>

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

RMS EASYPLAN

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	\$	2,992,621
Interest on participant loans		28,416
Interest		74,297
Dividends		4,092,088
Other Income		91,201
Net investment gain		<u>7,278,623</u>

Contributions:

Employer		5,751,619
Participants		9,978,526
Rollovers		8,380,912
Total contributions		<u>24,111,057</u>
Total additions		<u>31,389,680</u>

Deductions:

Benefits paid to participants		6,497,738
Corrective distributions		108,009
Expenses		230,443
Total deductions		<u>6,836,190</u>
Net increase in net assets available for benefits		24,553,490

Transfers:

To this plan		86,080,598
From this plan		1,622

Net assets available for benefits:

Beginning of year		<u>11,816,655</u>
End of year	\$	<u><u>122,449,121</u></u>

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

RMS EASYPLAN

NOTES TO THE FINANCIAL STATEMENTS DECEMBER 31, 2024 AND 2023

NOTE 1: DESCRIPTION OF PLAN

The following description of the RMS EasyPlan (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. (Alerus), 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, 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.

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 \$5,751,619. 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.

Investment Options

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

RMS EASYPLAN

NOTES TO THE FINANCIAL STATEMENTS DECEMBER 31, 2024 AND 2023

NOTE 1: DESCRIPTION OF PLAN (CONTINUED)

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 Participant 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.

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.

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 \$ 42,658 were utilized to pay administrative fees. As of December 31, 2024, and 2023, there were \$83,156, and \$7,049, respectively, in forfeiture nonvested accounts available for future use.

NOTE 2: SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

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

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 or 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 liabilities with corresponding corrective distribution. The Plan distributed the 2024 excess contributions to the applicable participants after December 31, 2024.

Payment of Benefits

Benefits are recorded when paid.

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. |
|----------|---|

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 and 2023.

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.

RMS EASYPLAN

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:

<u>Assets at fair value as of December 31, 2024</u>				
	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Interest-bearing cash	\$ 1,120,455	-	-	\$ 1,120,455
Registered investment companies	118,561,674	-	-	118,561,674
Total investments, at fair value	<u>\$ 119,682,129</u>	<u>-</u>	<u>-</u>	<u>\$ 119,682,129</u>

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

<u>Assets at fair value as of December 31, 2023</u>				
	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Interest-bearing cash	\$ 26,849	-	-	\$ 26,849
Registered investment companies	11,557,898	-	-	11,557,898
Total investments, at fair value	<u>\$ 11,584,747</u>	<u>-</u>	<u>-</u>	<u>\$ 11,584,747</u>

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.

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: 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 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.

NOTE 8: 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 9: EXCESS CONTRIBUTIONS PAYABLE

Certain Participating Employers of the PEP failed the nondiscrimination test for the year ended December 31, 2024. Excess contributions amounting to \$108,009 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 their participants during 2025.

RMS EASYPLAN

NOTES TO THE FINANCIAL STATEMENTS DECEMBER 31, 2024 AND 2023

NOTE 10: NON-EXEMPT TRANSACTIONS

During the Plan year ended, December 31, 2024, the Company failed to remit timely to the Plan's custodian certain employee contributions totaling \$812,694 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 11: 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 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 6, 2025, the date the financial statements were available to be issued.

Supplemental Schedules

RMS EASYPLAN

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 ALERUS MMKT	Interest-Bearing Cash	** \$	1,120,455
	<u>Registered Investment Companies</u>			
	AMERICAN FUNDS TARGET DATE RET 2055 R6	Registered Investment Company	**	4,244,980
	AMERICAN FUNDS TARGET RETIREMENT 2010	Registered Investment Company	**	374,230
	AMERICAN FUNDS TARGET RETIREMENT 2015	Registered Investment Company	**	2,358,520
	AMERICAN FUNDS TARGET RETIREMENT 2020	Registered Investment Company	**	2,529,005
	AMERICAN FUNDS TARGET RETIREMENT 2025	Registered Investment Company	**	8,364,028
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	AMERICAN FUNDS TARGET RETIREMENT 2035	Registered Investment Company	**	9,455,081
	AMERICAN FUNDS TARGET RETIREMENT 2040	Registered Investment Company	**	12,953,429
	AMERICAN FUNDS TARGET DATE RETIRMENT 2045	Registered Investment Company	**	11,072,854
	AMERICAN FUNDS TARGET DATE RETIREMENT 2050	Registered Investment Company	**	8,043,533
	AMERICAN 2060 TARGET DATE RET R6	Registered Investment Company	**	2,320,963
	AMERICAN FUNDS 2065 TARGET DATE RETIREMENT FUND	Registered Investment Company	**	2,456,258
	BAIRD AGGREGATE BOND INST	Registered Investment Company	**	771,265
	DIMENSIONAL INFLATION-PROTECTED SECURITIES I	Registered Investment Company	**	100,189
	DODGE & COX INCOME FUND	Registered Investment Company	**	768,010
	FEDERATED HERMES INSTL HIGH YIELD BOND FD CL R6	Registered Investment Company	**	575,737
	FIDELITY INTERMEDIATE TREASURY BOND INDEX	Registered Investment Company	**	759,369
	PIMCO GLOBAL BOND OPPORTUNITES (USD HEDGED) INST	Registered Investment Company	**	35,387
	VICTORY Short Term Bond R6	Registered Investment Company	**	1,176,148
	VANGUARD LONG-TERM INVESTMENT GRADE ADMIRAL CL	Registered Investment Company	**	510,142
	BLACKROCK BLACKROCK ADVANTAGE SMALL CAP CORE K	Registered Investment Company	**	811,011
	FIDELITY 500 INDEX FUND	Registered Investment Company	**	14,493,641
	FIDELITY SMALL CAP INDEX	Registered Investment Company	**	1,713,681
	FRANKLIN Real Estate Securities R6	Registered Investment Company	**	280,288
	HARTFORD DIVIDEND AND GROWTH R6	Registered Investment Company	**	1,777,589
	JO MORGAN GROWTH ADVANTAGE R6	Registered Investment Company	**	5,402,149
	JANUS HENDERSON ENTERPRISE FUND CL I	Registered Investment Company	**	753,665
	T ROWE PRICE U.S. EQUITY RESEARCH	Registered Investment Company	**	2,212,620
	THRIVENT MID CAP STOCK S	Registered Investment Company	**	934,643
	VANGUARD INDEX TRUST MID-CAP INDEX FUND ADMIRAL SHS	Registered Investment Company	**	3,901,899
	VICTORY CAPITAL SYCAMORE EST VALUE R6	Registered Investment Company	**	792,555
	FIDELITY INTERNATIONAL INDEX FUND	Registered Investment Company	**	1,223,069
	FIDELITY EMERGING MARKETS INDEX	Registered Investment Company	**	388,509
	FIDELITY Intl Cptl Apprec K6	Registered Investment Company	**	483,211
	GOLMAN SACHS International Equity Inc R6	Registered Investment Company	**	431,348
	MFS INTERNATIONAL EQUITY FUND CL R6	Registered Investment Company	**	328,332
	AMERICAN FUNDS NEW WORLD R6	Registered Investment Company	**	619,756
	Total Registered Investment Companies			118,561,674
*	<u>Participant Loans</u>	Interest Rates (4.25% ~ 10.50%)	\$0	708,122
	Total Investments		\$	120,390,251

* Denotes party-in-interest

** Not applicable as all investments are participant-directed

RMS EASYPLAN

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 V	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
\$ 812,694	\$ 513,011	\$ 299,683	-	-
-	-	-	-	-
-	-	-	-	-

POOLED EMPLOYER PLAN PARTICIPATING EMPLOYER INFORMATION

RMS EASYPLAN
EIN: 85-3473108
PN: 006
Plan Year End: December 31, 2024

(a) Name Of Participating Employer	(b) EIN	(c) Percent Of Total Contributions	(d) Aggregate Account Balance
AA Beardsley, Inc	04-3576840	0.97%	149,831
Aable License Consultants	51-0307589	0.14%	22,812
Accident Care Chiropractic and Massage Inc.	81-0737662	0.09%	196,855
Alasdair Goldstein MD PA	74-2931655	1.13%	1,744,590
Alexander Wright and Associates	47-1244963	0.32%	145,409
Alzein Medical Ltd	36-4127608	0.32%	51,687
Ameer Pharmacy, Inc.	83-3674532	0.01%	2,073
Am. Assc. of Franchisees & Dealers	33-6117862	0.09%	94,344
America's Box Choice	20-4273023	0.52%	195,507
ArborMaster Training Inc.	04-3300575	0.07%	91,836
Ardmor Construction LLC	82-2711190	0.12%	18,250
Aeras MEP Inc.	85-3778211	0.14%	20,528
Baystate Financial LLC	04-3341217	6.40%	8,985,714
Behavioral Consulting of Tampa Bay, Inc.	73-1703319	0.59%	920,511
Beaver Solutions LLC	35-2554232	0.20%	31,343
Biorem Inc.	87-0684339	0.29%	614,812
BTPM Healthcare LLC	45-2547946	0.33%	48,606
Calem Williams Holdings Inc.	88-1218227	0.65%	419,671
Capital Strategic Solutions	83-3329983	0.58%	89,538
Cascio & Sons Construction	47-2437850	0.47%	76,105
Catalyst Financial Partners LLC	83-1688640	0.75%	121,150
Catchlight Inc.	01-0659122	0.11%	687,848
CAW Technology Group LLC	46-2085717	0.40%	334,969
Chicago Sports & Novelty Inc.	36-3856658	0.06%	137,389
Children's Medical Group of Austin	88-3260022	0.49%	451,585
Closet Factory - Bruzzesi Ent.	32-0070677	0.43%	1,293,730
CMR Mertax Advisors	93-4181704	1.22%	513,946
CoachEm Inc.	88-0871223	0.52%	1,465,013
Communique USA Inc.	14-1889171	0.54%	83,183
Cornell Orthotics & Prosthetics	04-2866491	1.44%	473,293
Cornerstone Mechanical Svcs Inc.	75-2659157	0.25%	875,313
Cousins Furniture & Home Improvements Corp.	11-3209969	0.26%	1,775,278
Crickit Press Inc.	06-0872433	0.06%	9,176
Davis Auto Group	99-0387014	0.66%	7,142,586
Dean Hagler Ltd	75-2889671	1.18%	4,807,418
Dills & Roy Civil Design Group	01-0838497	0.36%	1,152,471
Diverse Dimensions, Inc. dba Silverio Insurance	04-3680182	0.19%	27,090
DPRB Enterprises LLC	82-2068257	0.04%	83,877
DSi Inc.	20-4743148	0.19%	329,073
Duncan Appliance Service Inc.	03-0572699	0.21%	32,313
Durham Public Schools Foundation	82-2803464	0.13%	20,036
Dynasty Electric	27-1742088	2.49%	2,804,333
Elite Cardiovascular Group PLLC	87-2639599	0.47%	148,460
360 Engineering P.C	82-3126073	0.45%	72,520
Excel Finish Co.	80-0016381	0.24%	48,805

POOLED EMPLOYER PLAN PARTICIPATING EMPLOYER INFORMATION (CONTINUED)

RMS EASYPLAN
EIN: 85-3473108
PN: 006
Plan Year End: December 31, 2024

(a) Name Of Participating Employer	(b) EIN	(c) Percent Of Total Contributions	(d) Aggregate Account Balance
Family Dentistry of West Roxbury	86-3734541	0.08%	23,315
Fifth and Kenny Animal Hospital	26-4218432	0.35%	52,667
Financial Benefits Consulting	82-5499398	0.34%	48,276
Fire Securty Electronics & Communications, Inc.	86-0646429	0.65%	1,044,245
Firefly Bicycles LLC	27-4499888	0.07%	10,861
Flooring Direct Maui Inc.	20-5858344	0.06%	8,435
Fracal Eduation Group	87-3005450	0.47%	103,192
Gahanna Dental Partners	27-4581100	0.08%	11,926
GFM Enterprises, Inc.	20-4782462	1.38%	287,432
Giles Eletric LLC	47-2653672	1.04%	136,441
Gold Athletics	26-2296178	0.29%	148,439
Golden Insurance Agency	45-5318643	0.28%	105,020
Great Lakes Reality Lab LLC	85-2534682	0.73%	113,702
Greater Orlando Builders Assoc. Inc.	59-0713877	0.12%	141,733
Greenwave Technology Solutions	46-2612944	0.69%	105,384
Gus Brothers Construction LLC	82-4212672	0.05%	7,330
Highland Peak Wealth	85-4280426	0.54%	216,547
Houston Pecan Company	74-1260022	0.16%	227,941
HSR Enterprises	47-4180996	0.10%	18,778
Inbloom Health	47-1873819	0.39%	99,594
Integrative Acupuncture & Oriental Medicine	27-1824274	0.50%	125,442
Interior Wall and Ceiling	27-4049314	0.24%	61,301
Intown Plumbing	46-5160926	0.24%	38,201
Invicta Construction Solutions	85-4191233	0.47%	75,838
IT Federal Sales LLC	20-3343260	1.86%	289,508
James & Matthew	26-1567731	0.65%	970,015
Jigsaw Life Safety	92-3490401	0.34%	210,502
Joe Maggio LLC	22-3719311	0.34%	52,335
Johnson Insurance Services Inc.	56-0732334	0.26%	1,454,100
Katherine F. Steward DDS LLC	83-2754590	0.53%	424,280
Kevin Wendell	45-3341587	0.67%	1,378,934
Knowles Tree Service	02-0513754	0.53%	72,613
Konstantinos Tsakalos	93-2311051	0.20%	31,228
Koro BAS Inc.	83-2800334	0.90%	465,867
Krum Veterinary Hospital	45-4357367	0.33%	281,275
Label Maker LLC	84-4411297	0.25%	38,112
Lift Consulting LLC	47-2367406	0.68%	454,506
Lighthouse Builders Inc.	75-2996758	0.45%	69,292
Loop Linen Service	72-1151814	0.52%	573,992
LunaTech Inc	26-3256708	0.06%	8,879
Madison Energy Holdings LLC	83-3895653	1.70%	4,611,706
Maintenance Tech Inc.	01-0470090	0.74%	2,237,705
McIntyre Law Office PLLC	93-2405620	0.16%	202,666
Med-Vet Pharmaceuticals Inc.	41-0972010	0.81%	4,883,284
Mesa Law PLLC	88-3602678	0.10%	29,888

POOLED EMPLOYER PLAN PARTICIPATING EMPLOYER INFORMATION (CONTINUED)

RMS EASYPLAN
EIN: 85-3473108
PN: 006
Plan Year End: December 31, 2024

(a) Name Of Participating Employer	(b) EIN	(c) Percent Of Total Contributions	(d) Aggregate Account Balance
Michael Hughes Tufton DDS Professional LLC	88-3351138	0.14%	16,588
Michael Petrovick Architects	84-4086997	0.24%	137,744
Morris Smith Ford Leavenworth	87-1470920	0.20%	29,466
My Own Place Inc.	20-1560679	1.60%	3,141,876
New England Trips, Inc.	45-1690362	0.06%	78,742
New England Flooring Solutions LLC	83-1797729	0.51%	9,488
Frontier Innovations LLC	27-1549826	1.10%	179,216
JSK RX LLC	88-1930026	0.10%	16,526
Novin Development	46-2696246	0.16%	16,606
Orland Dental Wellness Center PC	36-4620882	0.12%	935,583
Ourlando LLC	99-0686718	0.72%	115,124
Overhead Door of Danvers	47-2357997	0.24%	47,475
Oxford Family Dentistry	93-4684579	0.22%	120,287
PACTV	04-3367927	0.60%	1,242,698
Parallel Petroleum	61-1700396	1.21%	5,558,285
Parlay Studios LLC	90-0502309	0.14%	44,404
Paros Group	83-9781003	0.45%	68,816
Paul's Water	01-0575764	0.17%	278,342
Pearson Wallace Insurnace	83-2779748	0.22%	49,866
Pete the Greek	81-3107540	0.03%	139,318
PlannerKate LLC	47-2871213	0.43%	549,535
Powerhouse Elecical Srvc, Inc.	83-2841676	0.33%	50,427
Prime Waterproofing & Roofing	72-1566820	0.69%	136,140
Quaker City Appliance Services	23-2915934	0.93%	931,979
Ralis Services Corp.	47-2620600	1.54%	6,270,724
RE-Architecting LLC	81-2367436	0.31%	390,586
Red Card Media	27-2557897	0.76%	120,483
RHS Construction Services LLC	45-1439640	1.15%	1,686,889
RJ Nautical	82-3400664	0.07%	372,594
RMC and Associates Inc.	92-3994113	0.37%	154,945
Robert Calzini CPA LLC	82-3067033	0.13%	358,591
Rockwell Dance Center LLC	82-1165722	0.04%	28,743
Rowland Truck & Equipment Inc.	34-1172561	0.08%	29,471
Samar Real Estate Solutions	83-2446939	0.07%	11,250
Sarah Whiteside Physical Therapy	86-2039507	0.29%	45,455
Sevigney Insurance Agency	01-0401677	1.51%	1,304,205
Shani Kumarasena MD PC	04-3525576	0.31%	335,052
Sisters of Charity Housing Development Corp	13-4031037	0.80%	123,843
Soho Repertory Theatre Inc.	13-2885288	0.13%	32,225
Solid Rock Teen Centers	86-0808609	0.54%	616,375
South Texas Vascular Specialist PLLC	93-3644626	3.21%	495,017
Spark Business Consulting Inc.	46-3402954	0.16%	251,873
SR Plastic Surgery PC	83-2297857	0.25%	30,389
CTH	82-5391023	0.40%	271,462
Steamboat Wharf Marina	92-1497515	0.23%	36,055

POOLED EMPLOYER PLAN PARTICIPATING EMPLOYER INFORMATION (CONTINUED)

RMS EASYPLAN
EIN: 85-3473108
PN: 006
Plan Year End: December 31, 2024

(a) Name Of Participating Employer	(b) EIN	(c) Percent Of Total Contributions	(d) Aggregate Account Balance
Strategic Promotions & Printing	27-4431513	0.36%	100,878
Strategic Sourcing International	26-3085024	0.65%	644,188
Sunburst Pet Supplies	86-0492511	1.17%	381,872
Sundance SADC	80-0847607	0.26%	39,962
Sunrise Services	91-1013396	4.93%	10,409,628
Suzanne Edwards DMD	23-3065908	0.30%	48,703
Sweet Life Hospitality, Inc.	24-4164950	0.32%	50,017
Synergy MV, Inc.	72-2996584	0.03%	4,476
T. N. Bowes Heating & Air Condition	52-1911071	1.32%	1,031,382
Tablets Pharmacy	84-3963645	0.45%	70,659
Technicut USA Inc,	06-0925218	0.30%	52,832
Texas Communications	75-1452047	1.12%	884,450
87th & Harlem Crescent Pharmacy	83-3557077	0.14%	22,941
The Arba Group, Inc.	95-4071433	0.36%	3,936,967
The Family Center of Maine	87-2359560	0.29%	44,033
The Joval Manufacturing Co. Inc.	72-0477258	0.17%	147,997
The Wanamaker Project	85-3827120	0.34%	79,934
Thermotane Propane, LLC	59-0585327	1.05%	147,351
Touchstone Closing & Escrow	81-0825255	4.96%	4,654,255
Travis Stewart RE	87-2451692	0.48%	73,359
Trend Moving	82-4085383	0.42%	209,676
True North Capital Properties	32-0400667	0.46%	2,816,832
Tucson Vet Specialists PLLC	84-3328298	0.06%	7,770
Van Bebber & Associates	59-2522690	0.77%	116,586
Vanco Commerical Service LLC	20-5490463	1.64%	3,006,659
Vayu Robotics	87-3203654	1.94%	376,139
Veterinary Partners PLC	47-3054144	0.11%	16,375
Virginia Tupkers Interiors	26-4203148	0.68%	189,335
W.S. Bessett Inc.	01-0401579	0.15%	1,987,515
Webster Insurance Services LLC	82-1652501	0.29%	46,670
West Cobb Primary Prep	26-3362403	0.19%	123,856
Wilco Commercial	93-1638526	0.33%	131,849
Winthrop Supply Company, Inc.	35-0764379	0.96%	148,418
WiRe Innovation LLC	81-4326968	0.03%	4,983
Woodhull Studio	27-5233135	1.60%	2,782,952
Wyatt Brown Construction LLC	92-3125689	0.17%	25,849
Wythken, LLC	65-1177790	0.05%	7,411
GENECIS BIO	92-3261395	0.01%	-
Shapiro Educational & Behavioral Consultants	46-3577329	0.15%	-

RMS EASYPLAN

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 V	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
\$ 812,694	\$ 513,011	\$ 299,683	-	-
-	-	-	-	-
-	-	-	-	-

RMS EASYPLAN

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>			
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	FIDELITY INTERMEDIATE TREASURY BOND INDEX	Registered Investment Company	**	759,369
	PIMCO GLOBAL BOND OPPORTUNITES (USD HEDGED) INST	Registered Investment Company	**	35,387
	VICTORY Short Term Bond R6	Registered Investment Company	**	1,176,148
	VANGUARD LONG-TERM INVESTMENT GRADE ADMIRAL CL	Registered Investment Company	**	510,142
	BLACKROCK BLACKROCK ADVANTAGE SMALL CAP CORE K	Registered Investment Company	**	811,011
	FIDELITY 500 INDEX FUND	Registered Investment Company	**	14,493,641
	FIDELITY SMALL CAP INDEX	Registered Investment Company	**	1,713,681
	FRANKLIN Real Estate Securities R6	Registered Investment Company	**	280,288
	HARTFORD DIVIDEND AND GROWTH R6	Registered Investment Company	**	1,777,589
	JO MORGAN GROWTH ADVANTAGE R6	Registered Investment Company	**	5,402,149
	JANUS HENDERSON ENTERPRISE FUND CL I	Registered Investment Company	**	753,665
	T ROWE PRICE U.S. EQUITY RESEARCH	Registered Investment Company	**	2,212,620
	THRIVENT MID CAP STOCK S	Registered Investment Company	**	934,643
	VANGUARD INDEX TRUST MID-CAP INDEX FUND ADMIRAL SHS	Registered Investment Company	**	3,901,899
	VICTORY CAPITAL SYCAMORE EST VALUE R6	Registered Investment Company	**	792,555
	FIDELITY INTERNATIONAL INDEX FUND	Registered Investment Company	**	1,223,069
	FIDELITY EMERGING MARKETS INDEX	Registered Investment Company	**	388,509
	FIDELITY Intl Cptl Apprec K6	Registered Investment Company	**	483,211
	GOLMAN SACHS International Equity Inc R6	Registered Investment Company	**	431,348
	MFS INTERNATIONAL EQUITY FUND CL R6	Registered Investment Company	**	328,332
	AMERICAN FUNDS NEW WORLD R6	Registered Investment Company	**	619,756
	Total Registered Investment Companies			118,561,674
*	<u>Participant Loans</u>	Interest Rates (4.25% ~ 10.50%)	\$0	708,122
	Total Investments		\$	120,390,251

* Denotes party-in-interest

** Not applicable as all investments are participant-directed