

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) <u>G</u> ☐ 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 INDUSTRIAL MANUFACTURING PROFESSIONAL AND COMMERCIAL TRUST
1b	Three-digit plan number (PN) ▶ 501
1c	Effective date of plan 01/01/1970
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) INDUSTRIAL MANUFACTURING AND PROFESSIONAL COMMERCIAL TRUST 230 LEXINGTON GREEN CIRCLE STE 400 LEXINGTON, KY 40503
2b	Employer Identification Number (EIN) 61-6096328
2c	Plan Sponsor's telephone number 888-999-7741
2d	Business code (see instructions) 238900

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.	10/14/2025	STEPHANIE COOLEY
	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	Filed with authorized/valid electronic signature.	10/14/2025	STEPHANIE COOLEY
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address ☒ Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN 4d PN
5 Total number of participants at the beginning of the plan year	5 4044
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) 4044 6a(2) 4983 6b 0 6c 0 6d 4983 6e 6f 6g(1) 6g(2) 6h
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:

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

4A 4B 4D 4T

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 15
- (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 163865897

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance 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. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	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 INDUSTRIAL MANUFACTURING PROFESSIONAL AND COMMERCIAL TRUST	B Three-digit plan number (PN) ▶	501
C Plan sponsor's name as shown on line 2a of Form 5500 INDUSTRIAL MANUFACTURING AND PROFESSIONAL COMMERCIAL TRUST	D Employer Identification Number (EIN) 61-6096328	

Part I	Information Concerning Insurance Contract Coverage, Fees, and Commissions	Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.
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1 Coverage Information:

(a) Name of insurance carrier
DELTA DENTAL OF KENTUCKY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
61-0659432	54674	000M00050	1581	01/01/2024	12/31/2024

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid	(b) Total amount of fees paid

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
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(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4 Current value of plan's interest under this contract in the general account at year end	4	
5 Current value of plan's interest under this contract in separate accounts at year end.....	5	

6 Contracts With Allocated Funds:**a** State the basis of premium rates ▶

b Premiums paid to carrier	6b	
c Premiums due but unpaid at the end of the year	6c	
d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶	6d	

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity
(3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee
(3) ☐ guaranteed investment (4) ☐ other ▶

b Balance at the end of the previous year	7b	
c Additions: (1) Contributions deposited during the year	7c(1)	
(2) Dividends and credits.....	7c(2)	
(3) Interest credited during the year.....	7c(3)	
(4) Transferred from separate account	7c(4)	
(5) Other (specify below)..... ▶	7c(5)	
(6) Total additions	7c(6)	
d Total of balance and additions (add lines 7b and 7c(6))	7d	
e Deductions:		
(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	
(2) Administration charge made by carrier.....	7e(2)	
(3) Transferred to separate account	7e(3)	
(4) Other (specify below)..... ▶	7e(4)	
(5) Total deductions	7e(5)	
f Balance at the end of the current year (subtract line 7e(5) from line 7d).....	7f	0

Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- a** ☐ Health (other than dental or vision)
b ☒ Dental
c ☐ Vision
d ☐ Life insurance
e ☐ Temporary disability (accident and sickness)
f ☐ Long-term disability
g ☐ Supplemental unemployment
h ☐ Prescription drug
i ☐ Stop loss (large deductible)
j ☐ HMO contract
k ☐ PPO contract
l ☐ Indemnity contract
m ☐ Other (specify) ▶

9 Experience-rated contracts:

a Premiums: (1) Amount received	9a(1)	396720	
(2) Increase (decrease) in amount due but unpaid	9a(2)	-1764	
(3) Increase (decrease) in unearned premium reserve	9a(3)		
(4) Earned ((1) + (2) - (3))	9a(4)		394956
b Benefit charges (1) Claims paid	9b(1)	306803	
(2) Increase (decrease) in claim reserves	9b(2)	-1777	
(3) Incurred claims (add (1) and (2))	9b(3)		305026
(4) Claims charged	9b(4)		
c Remainder of premium: (1) Retention charges (on an accrual basis) --			
(A) Commissions	9c(1)(A)		
(B) Administrative service or other fees	9c(1)(B)	63193	
(C) Other specific acquisition costs	9c(1)(C)		
(D) Other expenses	9c(1)(D)		
(E) Taxes	9c(1)(E)		
(F) Charges for risks or other contingencies	9c(1)(F)	4345	
(G) Other retention charges	9c(1)(G)		
(H) Total retention	9c(1)(H)		67538
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)	9c(2)		
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement	9d(1)		
(2) Claim reserves	9d(2)		926
(3) Other reserves	9d(3)		
e Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)	9e		

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier	10a	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. Specify nature of costs.	10b	

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? ☐ Yes ☒ No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance 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. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	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 INDUSTRIAL MANUFACTURING PROFESSIONAL AND COMMERCIAL TRUST	B Three-digit plan number (PN) ▶	501
C Plan sponsor's name as shown on line 2a of Form 5500 INDUSTRIAL MANUFACTURING AND PROFESSIONAL COMMERCIAL TRUST	D Employer Identification Number (EIN) 61-6096328	

Part I	Information Concerning Insurance Contract Coverage, Fees, and Commissions	Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.
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1 Coverage Information:

(a) Name of insurance carrier
DELTA DENTAL OF KENTUCKY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
61-0659432	54674	000M0028	606	01/01/2024	12/31/2024

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid	(b) Total amount of fees paid

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

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	(c) Amount	(d) Purpose	

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(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4 Current value of plan's interest under this contract in the general account at year end	4	
5 Current value of plan's interest under this contract in separate accounts at year end.....	5	

6 Contracts With Allocated Funds:**a** State the basis of premium rates ▶

b Premiums paid to carrier	6b	
c Premiums due but unpaid at the end of the year	6c	
d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶	6d	

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity
(3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee
(3) ☐ guaranteed investment (4) ☐ other ▶

b Balance at the end of the previous year	7b	
c Additions: (1) Contributions deposited during the year	7c(1)	
(2) Dividends and credits.....	7c(2)	
(3) Interest credited during the year.....	7c(3)	
(4) Transferred from separate account	7c(4)	
(5) Other (specify below)..... ▶	7c(5)	
(6) Total additions	7c(6)	
d Total of balance and additions (add lines 7b and 7c(6))	7d	
e Deductions:		
(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	
(2) Administration charge made by carrier.....	7e(2)	
(3) Transferred to separate account	7e(3)	
(4) Other (specify below)..... ▶	7e(4)	
(5) Total deductions	7e(5)	
f Balance at the end of the current year (subtract line 7e(5) from line 7d).....	7f	0

Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- a** ☐ Health (other than dental or vision)
 b ☒ Dental
 c ☐ Vision
 d ☐ Life insurance
e ☐ Temporary disability (accident and sickness)
 f ☐ Long-term disability
 g ☐ Supplemental unemployment
 h ☐ Prescription drug
i ☐ Stop loss (large deductible)
 j ☐ HMO contract
 k ☐ PPO contract
 l ☐ Indemnity contract
m ☐ Other (specify) ▶

9 Experience-rated contracts:

a Premiums: (1) Amount received	9a(1)	149831	
(2) Increase (decrease) in amount due but unpaid	9a(2)	-3963	
(3) Increase (decrease) in unearned premium reserve	9a(3)		
(4) Earned ((1) + (2) - (3))	9a(4)		145868
b Benefit charges (1) Claims paid	9b(1)	103026	
(2) Increase (decrease) in claim reserves	9b(2)	598	
(3) Incurred claims (add (1) and (2))	9b(3)		103624
(4) Claims charged	9b(4)		
c Remainder of premium: (1) Retention charges (on an accrual basis) --			
(A) Commissions	9c(1)(A)		
(B) Administrative service or other fees	9c(1)(B)	26110	
(C) Other specific acquisition costs	9c(1)(C)		
(D) Other expenses	9c(1)(D)		
(E) Taxes	9c(1)(E)		
(F) Charges for risks or other contingencies	9c(1)(F)	2188	
(G) Other retention charges	9c(1)(G)		
(H) Total retention	9c(1)(H)		28298
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)	9c(2)		
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement	9d(1)		
(2) Claim reserves	9d(2)		314
(3) Other reserves	9d(3)		
e Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)	9e		

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier	10a	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. Specify nature of costs.	10b	

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? ☐ Yes ☒ No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance 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. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	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 INDUSTRIAL MANUFACTURING PROFESSIONAL AND COMMERCIAL TRUST	B Three-digit plan number (PN) ▶	501
C Plan sponsor's name as shown on line 2a of Form 5500 INDUSTRIAL MANUFACTURING AND PROFESSIONAL COMMERCIAL TRUST	D Employer Identification Number (EIN) 61-6096328	

Part I	Information Concerning Insurance Contract Coverage, Fees, and Commissions	Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.
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1 Coverage Information:

(a) Name of insurance carrier
AMERICAN UNITED LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
35-0145825	60895	G0614063	57	01/01/2024	12/31/2024

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid 1017	(b) Total amount of fees paid 755
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3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
KENTUCKY RETAIL FEDERATION 340 DEMOCRAT DR
FRANKFORT, KY 40601

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
1017			4

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
UMR 230 LEXINGTON GREEN CIRCLE
STE 400
LEXINGTON, KY 40503

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
	378		4

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

DELTA DENTAL OF KY

10100 LINN STATION RD
LOUISVILLE, KY 40223

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
	377		4

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

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	(c) Amount	(d) Purpose	

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(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4 Current value of plan's interest under this contract in the general account at year end	4	
5 Current value of plan's interest under this contract in separate accounts at year end.....	5	

6 Contracts With Allocated Funds:**a** State the basis of premium rates ▶

b Premiums paid to carrier	6b	
c Premiums due but unpaid at the end of the year	6c	
d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶	6d	

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity
(3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee
(3) ☐ guaranteed investment (4) ☐ other ▶

b Balance at the end of the previous year	7b	
c Additions: (1) Contributions deposited during the year	7c(1)	
(2) Dividends and credits.....	7c(2)	
(3) Interest credited during the year.....	7c(3)	
(4) Transferred from separate account	7c(4)	
(5) Other (specify below)..... ▶	7c(5)	
(6) Total additions	7c(6)	
d Total of balance and additions (add lines 7b and 7c(6))	7d	
e Deductions:		
(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	
(2) Administration charge made by carrier.....	7e(2)	
(3) Transferred to separate account	7e(3)	
(4) Other (specify below)..... ▶	7e(4)	
(5) Total deductions	7e(5)	
f Balance at the end of the current year (subtract line 7e(5) from line 7d).....	7f	0

Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- a** ☐ Health (other than dental or vision)
b ☐ Dental
c ☐ Vision
d ☒ Life insurance
e ☒ Temporary disability (accident and sickness)
f ☐ Long-term disability
g ☐ Supplemental unemployment
h ☐ Prescription drug
i ☐ Stop loss (large deductible)
j ☐ HMO contract
k ☐ PPO contract
l ☐ Indemnity contract
m ☐ Other (specify) ▶

9 Experience-rated contracts:

a Premiums: (1) Amount received	9a(1)		
(2) Increase (decrease) in amount due but unpaid	9a(2)		
(3) Increase (decrease) in unearned premium reserve	9a(3)		
(4) Earned ((1) + (2) - (3))		9a(4)	
b Benefit charges (1) Claims paid	9b(1)		
(2) Increase (decrease) in claim reserves	9b(2)		
(3) Incurred claims (add (1) and (2))		9b(3)	
(4) Claims charged		9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --			
(A) Commissions	9c(1)(A)		
(B) Administrative service or other fees	9c(1)(B)		
(C) Other specific acquisition costs	9c(1)(C)		
(D) Other expenses	9c(1)(D)		
(E) Taxes	9c(1)(E)		
(F) Charges for risks or other contingencies	9c(1)(F)		
(G) Other retention charges	9c(1)(G)		
(H) Total retention		9c(1)(H)	
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)		9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement		9d(1)	
(2) Claim reserves		9d(2)	
(3) Other reserves		9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)		9e	

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier	10a	7547
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. Specify nature of costs.	10b	

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? ☐ Yes ☒ No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance 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. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	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 INDUSTRIAL MANUFACTURING PROFESSIONAL AND COMMERCIAL TRUST	B Three-digit plan number (PN) ▶	501
C Plan sponsor's name as shown on line 2a of Form 5500 INDUSTRIAL MANUFACTURING AND PROFESSIONAL COMMERCIAL TRUST	D Employer Identification Number (EIN) 61-6096328	

Part I	Information Concerning Insurance Contract Coverage, Fees, and Commissions	Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.
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1 Coverage Information:

(a) Name of insurance carrier
ANTHEM HEALTH PLANS OF KENTUCKY INC.

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
61-1237516	95120	ASGHOME	912	07/01/2023	06/30/2024

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid 230972	(b) Total amount of fees paid 258
--	--------------------------------------

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
SHEPHERD INSURANCE LLC
111 CONGRESSIONAL BLVD STE 100
CARMEL, IN 46032

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
230972	258		3

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4 Current value of plan's interest under this contract in the general account at year end	4	
5 Current value of plan's interest under this contract in separate accounts at year end.....	5	

6 Contracts With Allocated Funds:**a** State the basis of premium rates ▶

b Premiums paid to carrier	6b	
c Premiums due but unpaid at the end of the year	6c	
d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶	6d	

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity
(3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee
(3) ☐ guaranteed investment (4) ☐ other ▶

b Balance at the end of the previous year	7b	
c Additions: (1) Contributions deposited during the year	7c(1)	
(2) Dividends and credits.....	7c(2)	
(3) Interest credited during the year.....	7c(3)	
(4) Transferred from separate account	7c(4)	
(5) Other (specify below)..... ▶	7c(5)	
(6) Total additions	7c(6)	
d Total of balance and additions (add lines 7b and 7c(6))	7d	
e Deductions:		
(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	
(2) Administration charge made by carrier.....	7e(2)	
(3) Transferred to separate account	7e(3)	
(4) Other (specify below)..... ▶	7e(4)	
(5) Total deductions	7e(5)	
f Balance at the end of the current year (subtract line 7e(5) from line 7d).....	7f	0

Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- a** ☐ Health (other than dental or vision)
b ☒ Dental
c ☒ Vision
d ☐ Life insurance
e ☐ Temporary disability (accident and sickness)
f ☐ Long-term disability
g ☐ Supplemental unemployment
h ☐ Prescription drug
i ☐ Stop loss (large deductible)
j ☐ HMO contract
k ☒ PPO contract
l ☐ Indemnity contract
m ☐ Other (specify) ▶

9 Experience-rated contracts:

a Premiums: (1) Amount received	9a(1)		
(2) Increase (decrease) in amount due but unpaid	9a(2)		
(3) Increase (decrease) in unearned premium reserve	9a(3)		
(4) Earned ((1) + (2) - (3))		9a(4)	
b Benefit charges (1) Claims paid	9b(1)		
(2) Increase (decrease) in claim reserves	9b(2)		
(3) Incurred claims (add (1) and (2))		9b(3)	
(4) Claims charged		9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --			
(A) Commissions	9c(1)(A)		
(B) Administrative service or other fees	9c(1)(B)		
(C) Other specific acquisition costs	9c(1)(C)		
(D) Other expenses	9c(1)(D)		
(E) Taxes	9c(1)(E)		
(F) Charges for risks or other contingencies	9c(1)(F)		
(G) Other retention charges	9c(1)(G)		
(H) Total retention		9c(1)(H)	
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)		9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement		9d(1)	
(2) Claim reserves		9d(2)	
(3) Other reserves		9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)		9e	

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier	10a	8781087
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. Specify nature of costs.	10b	

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? ☐ Yes ☒ No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance 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. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	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 INDUSTRIAL MANUFACTURING PROFESSIONAL AND COMMERCIAL TRUST	B Three-digit plan number (PN) ▶	501
C Plan sponsor's name as shown on line 2a of Form 5500 INDUSTRIAL MANUFACTURING AND PROFESSIONAL COMMERCIAL TRUST	D Employer Identification Number (EIN) 61-6096328	

Part I	Information Concerning Insurance Contract Coverage, Fees, and Commissions	Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.
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1 Coverage Information:

(a) Name of insurance carrier
ANTHEM HEALTH PLANS OF KENTUCKY, INC.

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
61-1237516	95120	ASGKYWT	245	05/01/2023	04/30/2024

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid 37202	(b) Total amount of fees paid
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3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
SHEPHERD INSURANCE LLC
111 CONGRESSIONAL BLVD
STE 100
CARMEL, IN 46032

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
24869			3

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
PHIL BROWN INSURANCE AGENCY
9300 SHELBYVILLE ROAD
LOUISVILLE, KY 40222

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
10848			3

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

HOUCHENS INSURANCE

1750 SCOTTSVILLE RD.
BOWLING GREEN, KY 42104

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
1485			3

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

BETTER SOURCE BENEFIT

340 CLIFTY STREET
SOMERSET, KY 42501

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
			3

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

PREFERRED BENEFITS LLC

3702 BROWNSBORO RD
LOUISVILLE, KY 40207

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
			3

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4 Current value of plan's interest under this contract in the general account at year end	4	
5 Current value of plan's interest under this contract in separate accounts at year end.....	5	

6 Contracts With Allocated Funds:**a** State the basis of premium rates ▶

b Premiums paid to carrier	6b	
c Premiums due but unpaid at the end of the year	6c	
d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶	6d	

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity
(3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee
(3) ☐ guaranteed investment (4) ☐ other ▶

b Balance at the end of the previous year	7b	
c Additions: (1) Contributions deposited during the year	7c(1)	
(2) Dividends and credits.....	7c(2)	
(3) Interest credited during the year.....	7c(3)	
(4) Transferred from separate account	7c(4)	
(5) Other (specify below)..... ▶	7c(5)	
(6) Total additions	7c(6)	
d Total of balance and additions (add lines 7b and 7c(6))	7d	
e Deductions:		
(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	
(2) Administration charge made by carrier.....	7e(2)	
(3) Transferred to separate account	7e(3)	
(4) Other (specify below)..... ▶	7e(4)	
(5) Total deductions	7e(5)	
f Balance at the end of the current year (subtract line 7e(5) from line 7d).....	7f	0

Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- a** ☐ Health (other than dental or vision)
b ☒ Dental
c ☒ Vision
d ☒ Life insurance
e ☐ Temporary disability (accident and sickness)
f ☐ Long-term disability
g ☐ Supplemental unemployment
h ☐ Prescription drug
i ☐ Stop loss (large deductible)
j ☐ HMO contract
k ☒ PPO contract
l ☐ Indemnity contract
m ☐ Other (specify) ▶

9 Experience-rated contracts:

a Premiums: (1) Amount received	9a(1)		
(2) Increase (decrease) in amount due but unpaid	9a(2)		
(3) Increase (decrease) in unearned premium reserve	9a(3)		
(4) Earned ((1) + (2) - (3))		9a(4)	
b Benefit charges (1) Claims paid	9b(1)		
(2) Increase (decrease) in claim reserves	9b(2)		
(3) Incurred claims (add (1) and (2))		9b(3)	
(4) Claims charged		9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --			
(A) Commissions	9c(1)(A)		
(B) Administrative service or other fees	9c(1)(B)		
(C) Other specific acquisition costs	9c(1)(C)		
(D) Other expenses	9c(1)(D)		
(E) Taxes	9c(1)(E)		
(F) Charges for risks or other contingencies	9c(1)(F)		
(G) Other retention charges	9c(1)(G)		
(H) Total retention		9c(1)(H)	
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)		9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement		9d(1)	
(2) Claim reserves		9d(2)	
(3) Other reserves		9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)		9e	

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier	10a	1410713
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. Specify nature of costs.	10b	

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? ☐ Yes ☒ No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance 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. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	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	B Three-digit plan number (PN)	501
INDUSTRIAL MANUFACTURING PROFESSIONAL AND COMMERCIAL TRUST		
C Plan sponsor's name as shown on line 2a of Form 5500	D Employer Identification Number (EIN)	
INDUSTRIAL MANUFACTURING AND PROFESSIONAL COMMERCIAL TRUST		
61-6096328		

Part I	Information Concerning Insurance Contract Coverage, Fees, and Commissions	Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.
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1 Coverage Information:

(a) Name of insurance carrier

ANTHEM HEALTH PLANS OF KENTUCKY INC.

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
61-1237516	95120	ASGKRA	1209	07/01/2023	06/30/2024

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid	(b) Total amount of fees paid
391289	410

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

KY RETAIL FEDERATION INS 512 CAPITAL AVE
FRANKFORT, KY 40601

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
166342			3

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

PHIL BROWN INSURANCE AGENCY 9300 SHELBYVILLE ROAD
LOUISVILLE, KY 40222

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
51611	166		3

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

SHEPHERD INSURANCE LLC

111 CONGRESSIONAL BLD
CARMEL, IN 46032

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
46950			3

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

FOSTER INSURANCE SERVICES INC

900 RIDGE POINT DRIVE
LOUISVILLE, KY 40299

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
29740			3

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

BENEFIT INSURANCE MARKETING INC

1151 RED MILE ROAD
LEXINGTON, KY 40504

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
22952	207		3

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

HOUCHENS INSURANCE

1240 FAIRWAY STREET
BOWLING GREEN, KY 42103

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
20777	34		3

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

RIDDLE INSURANCE LLC

245 SOUTH MAIN STREET
MADISONVILLE, KY 42431

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
15521			3

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

PCF INSURANCE SERVICES

21300 VICTORY BLVD
WOODLAND HILLS, CA 91367

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
9508			

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

JOHN GLASCOCK

PO BOX 23501
LOUISVILLE, KY 40223

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
9046			3

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

THE HINTON AGENCY

306 WEDDLE STREET
SOMERSET, KY 41041

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
5369			3

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

BETTER SOURCE BENEFIT CO

340 CLIFTY STREET, STE 4
SOMERSET, KY 42501

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
4707			4

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

FSAB LLC

222 E WITHERSPOON SUITE 105B
LOUISVILLE, KY 40202

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
4344			3

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

THE LIFE ASSOCIATES INC

PO BOX 226
BENTON, KY 42025

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
1995			3

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

KEYSTONE INSURANCE & BEN GROUP

13800 JACKSON ROAD
MISHAWAKA, IN 46544

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
1983	3		

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

ASSURED PARTNERS NL LLC

4500 TOWN CENTER BLVD, STE 200
LOUISVILLE, KY 40206

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
222			3

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

BUSINESS BENEFITS

211 GRANDVIEW
FORT MITCHELL, KY 41017

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
222			4

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

TRIPLE CROWN INSURANCE LLC

9200 SHELBYVILLE ROAD
LOUISVILLE, KY 40222

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
			3

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

HIRAM D SNOWDEN & ASSOC

812 LYNDON LANE
LOUISVILLE, KY 40222

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
			3

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

FOWLER SECURITIES & BENEFITS

300 DISTILLERY COMMONS
LOUISVILLE, KY 40206

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
			3

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

J CRAIG RIDDLE

PO BOX 549
MADISONVILLE, KY 42431

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

MEDLINK INC

2001 LAKE POINT WAY
LOUISVILLE, KY 40223

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
			3

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

PLAPPERT INS AGENCY

12700 TOWNEPARK WAY
LOUISVILLE, KY 40243

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
			3

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

THE LIFE ASSOCIATES

PO BOX 226
BENTON, KY 42025

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

INSURANCE SPECIALISTS LLC

1750 SCOTTSVILLE RD
LOUISVILLE, KY 42104

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

VAN METER INSURANCE AGENCY LLC

11420 BLUEGRASS PARKWAY
LOUISVILLE, KY 42103

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
			3

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

HIRAM D SNOWDEN & ASSOCIATES

812 LYNDON LANE
LOUISVILLE, KY 40222

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
			3

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

PREFERRED BENEFITS LLC

3702 BROWNSBORO ROAD
LOUISVILLE, KY 40207

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
			3

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

BENJAMIN J. BYRNE

9400 WILLIAMSBURG PLAZA
LOUISVILLE, KY 40222

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
			3

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

THE UNDERWRITERS GROUP

PO BOX 23790
LOUISVILLE, KY 40223

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
			3

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

HATFIELD LOUISVILLE LLC

12800 TOWN PARK WAY
LOUISVILLE, KY 40243

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4 Current value of plan's interest under this contract in the general account at year end	4	
5 Current value of plan's interest under this contract in separate accounts at year end.....	5	

6 Contracts With Allocated Funds:**a** State the basis of premium rates ▶

b Premiums paid to carrier	6b	
c Premiums due but unpaid at the end of the year	6c	
d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶	6d	

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity
(3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee
(3) ☐ guaranteed investment (4) ☐ other ▶

b Balance at the end of the previous year	7b	
c Additions: (1) Contributions deposited during the year	7c(1)	
(2) Dividends and credits.....	7c(2)	
(3) Interest credited during the year.....	7c(3)	
(4) Transferred from separate account	7c(4)	
(5) Other (specify below)..... ▶	7c(5)	
(6) Total additions	7c(6)	
d Total of balance and additions (add lines 7b and 7c(6))	7d	
e Deductions:		
(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	
(2) Administration charge made by carrier.....	7e(2)	
(3) Transferred to separate account	7e(3)	
(4) Other (specify below)..... ▶	7e(4)	
(5) Total deductions	7e(5)	
f Balance at the end of the current year (subtract line 7e(5) from line 7d).....	7f	0

Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- a** ☒ Health (other than dental or vision)
b ☐ Dental
c ☐ Vision
d ☐ Life insurance
e ☐ Temporary disability (accident and sickness)
f ☐ Long-term disability
g ☐ Supplemental unemployment
h ☐ Prescription drug
i ☐ Stop loss (large deductible)
j ☐ HMO contract
k ☐ PPO contract
l ☐ Indemnity contract
m ☐ Other (specify) ▶

9 Experience-rated contracts:

a Premiums: (1) Amount received	9a(1)		
(2) Increase (decrease) in amount due but unpaid	9a(2)		
(3) Increase (decrease) in unearned premium reserve	9a(3)		
(4) Earned ((1) + (2) - (3))		9a(4)	
b Benefit charges (1) Claims paid	9b(1)		
(2) Increase (decrease) in claim reserves	9b(2)		
(3) Incurred claims (add (1) and (2))		9b(3)	
(4) Claims charged		9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --			
(A) Commissions	9c(1)(A)		
(B) Administrative service or other fees	9c(1)(B)		
(C) Other specific acquisition costs	9c(1)(C)		
(D) Other expenses	9c(1)(D)		
(E) Taxes	9c(1)(E)		
(F) Charges for risks or other contingencies	9c(1)(F)		
(G) Other retention charges	9c(1)(G)		
(H) Total retention		9c(1)(H)	
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)		9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement		9d(1)	
(2) Claim reserves		9d(2)	
(3) Other reserves		9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)		9e	

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier	10a	11106128
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. Specify nature of costs.	10b	

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? ☐ Yes ☒ No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance 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. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	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	B Three-digit plan number (PN)	501
INDUSTRIAL MANUFACTURING PROFESSIONAL AND COMMERCIAL TRUST		
C Plan sponsor's name as shown on line 2a of Form 5500	D Employer Identification Number (EIN)	
INDUSTRIAL MANUFACTURING AND PROFESSIONAL COMMERCIAL TRUST		
61-6096328		

Part I	Information Concerning Insurance Contract Coverage, Fees, and Commissions	Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.
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1 Coverage Information:

(a) Name of insurance carrier

ANTHEM HEALTH PLANS OF KENTUCKY INC

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
61-1237516	95120	ASGKYTHO	678	01/01/2024	12/31/2024

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid	(b) Total amount of fees paid
152453	

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

BENEFIT INSURANCE MARKETING INC. 1151 RED MILE ROAD LEXINGTON, KY 40504

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
152453			3

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4 Current value of plan's interest under this contract in the general account at year end	4	
5 Current value of plan's interest under this contract in separate accounts at year end.....	5	

6 Contracts With Allocated Funds:**a** State the basis of premium rates ▶

b Premiums paid to carrier	6b	
c Premiums due but unpaid at the end of the year	6c	
d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶	6d	

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity
(3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee
(3) ☐ guaranteed investment (4) ☐ other ▶

b Balance at the end of the previous year	7b	
c Additions: (1) Contributions deposited during the year	7c(1)	
(2) Dividends and credits.....	7c(2)	
(3) Interest credited during the year.....	7c(3)	
(4) Transferred from separate account	7c(4)	
(5) Other (specify below)..... ▶	7c(5)	
(6) Total additions	7c(6)	
d Total of balance and additions (add lines 7b and 7c(6))	7d	
e Deductions:		
(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	
(2) Administration charge made by carrier.....	7e(2)	
(3) Transferred to separate account	7e(3)	
(4) Other (specify below)..... ▶	7e(4)	
(5) Total deductions	7e(5)	
f Balance at the end of the current year (subtract line 7e(5) from line 7d).....	7f	0

Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- a** ☒ Health (other than dental or vision)
b ☒ Dental
c ☒ Vision
d ☐ Life insurance
e ☐ Temporary disability (accident and sickness)
f ☐ Long-term disability
g ☐ Supplemental unemployment
h ☐ Prescription drug
i ☒ Stop loss (large deductible)
j ☐ HMO contract
k ☐ PPO contract
l ☐ Indemnity contract
m ☐ Other (specify) ▶

9 Experience-rated contracts:

a Premiums: (1) Amount received	9a(1)		
(2) Increase (decrease) in amount due but unpaid	9a(2)		
(3) Increase (decrease) in unearned premium reserve	9a(3)		
(4) Earned ((1) + (2) - (3))		9a(4)	
b Benefit charges (1) Claims paid	9b(1)		
(2) Increase (decrease) in claim reserves	9b(2)		
(3) Incurred claims (add (1) and (2))		9b(3)	
(4) Claims charged		9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --			
(A) Commissions	9c(1)(A)		
(B) Administrative service or other fees	9c(1)(B)		
(C) Other specific acquisition costs	9c(1)(C)		
(D) Other expenses	9c(1)(D)		
(E) Taxes	9c(1)(E)		
(F) Charges for risks or other contingencies	9c(1)(F)		
(G) Other retention charges	9c(1)(G)		
(H) Total retention		9c(1)(H)	
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)		9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement		9d(1)	
(2) Claim reserves		9d(2)	
(3) Other reserves		9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)		9e	

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier	10a	500751
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. Specify nature of costs.	10b	

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? ☐ Yes ☒ No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance 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. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	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	B Three-digit plan number (PN)	501
INDUSTRIAL MANUFACTURING PROFESSIONAL AND COMMERCIAL TRUST		
C Plan sponsor's name as shown on line 2a of Form 5500	D Employer Identification Number (EIN)	
INDUSTRIAL MANUFACTURING AND PROFESSIONAL COMMERCIAL TRUST		
61-6096328		

Part I	Information Concerning Insurance Contract Coverage, Fees, and Commissions	Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.
--------	---	--

1 Coverage Information:

(a) Name of insurance carrier
ANTHEM HEALTH PLANS OF KENTUCKY INC.

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
61-1237516	95120	ASGIKAH	63	01/01/2024	12/31/2024

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid	(b) Total amount of fees paid
15544	

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
THE HINTON AGENCY LLC
121 E ELECTRIC AVE
FLEMINGSBURG, KY 41041

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
9376			4

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
KY RETAIL FEDERATION INS AGENCY
340 DEMOCRAT DRIVE
FRANKFORT, KY 40601

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
6168			4

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4 Current value of plan's interest under this contract in the general account at year end	4	
5 Current value of plan's interest under this contract in separate accounts at year end.....	5	

6 Contracts With Allocated Funds:**a** State the basis of premium rates ▶

b Premiums paid to carrier	6b	
c Premiums due but unpaid at the end of the year	6c	
d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶	6d	

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity
(3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee
(3) ☐ guaranteed investment (4) ☐ other ▶

b Balance at the end of the previous year	7b	
c Additions: (1) Contributions deposited during the year	7c(1)	
(2) Dividends and credits.....	7c(2)	
(3) Interest credited during the year.....	7c(3)	
(4) Transferred from separate account	7c(4)	
(5) Other (specify below)..... ▶	7c(5)	
(6) Total additions	7c(6)	
d Total of balance and additions (add lines 7b and 7c(6))	7d	
e Deductions:		
(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	
(2) Administration charge made by carrier.....	7e(2)	
(3) Transferred to separate account	7e(3)	
(4) Other (specify below)..... ▶	7e(4)	
(5) Total deductions	7e(5)	
f Balance at the end of the current year (subtract line 7e(5) from line 7d).....	7f	0

Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- a** ☒ Health (other than dental or vision)
b ☐ Dental
c ☒ Vision
d ☐ Life insurance
e ☐ Temporary disability (accident and sickness)
f ☐ Long-term disability
g ☐ Supplemental unemployment
h ☐ Prescription drug
i ☐ Stop loss (large deductible)
j ☐ HMO contract
k ☒ PPO contract
l ☐ Indemnity contract
m ☐ Other (specify) ▶

9 Experience-rated contracts:

a Premiums: (1) Amount received	9a(1)		
(2) Increase (decrease) in amount due but unpaid	9a(2)		
(3) Increase (decrease) in unearned premium reserve	9a(3)		
(4) Earned ((1) + (2) - (3))		9a(4)	
b Benefit charges (1) Claims paid	9b(1)		
(2) Increase (decrease) in claim reserves	9b(2)		
(3) Incurred claims (add (1) and (2))		9b(3)	
(4) Claims charged		9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --			
(A) Commissions	9c(1)(A)		
(B) Administrative service or other fees	9c(1)(B)		
(C) Other specific acquisition costs	9c(1)(C)		
(D) Other expenses	9c(1)(D)		
(E) Taxes	9c(1)(E)		
(F) Charges for risks or other contingencies	9c(1)(F)		
(G) Other retention charges	9c(1)(G)		
(H) Total retention		9c(1)(H)	
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)		9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement		9d(1)	
(2) Claim reserves		9d(2)	
(3) Other reserves		9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)		9e	

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier	10a	903257
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. Specify nature of costs.	10b	

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? ☐ Yes ☒ No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance 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. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	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 INDUSTRIAL MANUFACTURING PROFESSIONAL AND COMMERCIAL TRUST	B Three-digit plan number (PN) ▶	501
C Plan sponsor's name as shown on line 2a of Form 5500 INDUSTRIAL MANUFACTURING AND PROFESSIONAL COMMERCIAL TRUST	D Employer Identification Number (EIN) 61-6096328	

Part I	Information Concerning Insurance Contract Coverage, Fees, and Commissions	Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.
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1 Coverage Information:

(a) Name of insurance carrier
ANTHEM HEALTH PLANS OF KENTUCKY INC.

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
61-1237516	95120	ASGIPST	387	01/01/2024	12/31/2024

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid 92166	(b) Total amount of fees paid
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3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
PHIL BROWN INSURANCE AGENCY 9300 SHELBYVILLE ROAD
LOUISVILLE, KY 40222

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
49445			4

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
SHEPHERD INSURANCE LLC 111 CONGRESSIONAL BLVD
CARMEL, IN 46032

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
40804			

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

ASSURED PARTNERS

4500 TOWN CENTER BVD
JEFFERSONVILLE, IN 47130

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
1917			

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

LOGAN LAVELLE HUNT

11420 BLUEGRASS PARKWAY
LOUISVILLE, KY 40299

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
			4

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4 Current value of plan's interest under this contract in the general account at year end	4	
5 Current value of plan's interest under this contract in separate accounts at year end.....	5	

6 Contracts With Allocated Funds:**a** State the basis of premium rates ▶

b Premiums paid to carrier	6b	
c Premiums due but unpaid at the end of the year	6c	
d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶	6d	

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity
(3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee
(3) ☐ guaranteed investment (4) ☐ other ▶

b Balance at the end of the previous year	7b	
c Additions: (1) Contributions deposited during the year	7c(1)	
(2) Dividends and credits.....	7c(2)	
(3) Interest credited during the year.....	7c(3)	
(4) Transferred from separate account	7c(4)	
(5) Other (specify below)..... ▶	7c(5)	
(6) Total additions	7c(6)	
d Total of balance and additions (add lines 7b and 7c(6))	7d	
e Deductions:		
(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	
(2) Administration charge made by carrier.....	7e(2)	
(3) Transferred to separate account	7e(3)	
(4) Other (specify below)..... ▶	7e(4)	
(5) Total deductions	7e(5)	
f Balance at the end of the current year (subtract line 7e(5) from line 7d).....	7f	0

Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- a** ☐ Health (other than dental or vision)
b ☒ Dental
c ☒ Vision
d ☐ Life insurance
e ☐ Temporary disability (accident and sickness)
f ☐ Long-term disability
g ☐ Supplemental unemployment
h ☐ Prescription drug
i ☐ Stop loss (large deductible)
j ☐ HMO contract
k ☒ PPO contract
l ☐ Indemnity contract
m ☐ Other (specify) ▶

9 Experience-rated contracts:

a Premiums: (1) Amount received	9a(1)		
(2) Increase (decrease) in amount due but unpaid	9a(2)		
(3) Increase (decrease) in unearned premium reserve	9a(3)		
(4) Earned ((1) + (2) - (3))		9a(4)	
b Benefit charges (1) Claims paid	9b(1)		
(2) Increase (decrease) in claim reserves	9b(2)		
(3) Incurred claims (add (1) and (2))		9b(3)	
(4) Claims charged		9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --			
(A) Commissions	9c(1)(A)		
(B) Administrative service or other fees	9c(1)(B)		
(C) Other specific acquisition costs	9c(1)(C)		
(D) Other expenses	9c(1)(D)		
(E) Taxes	9c(1)(E)		
(F) Charges for risks or other contingencies	9c(1)(F)		
(G) Other retention charges	9c(1)(G)		
(H) Total retention		9c(1)(H)	
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)		9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement		9d(1)	
(2) Claim reserves		9d(2)	
(3) Other reserves		9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)		9e	

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier	10a	3471537
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. Specify nature of costs.	10b	

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? ☐ Yes ☒ No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance 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. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	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 INDUSTRIAL MANUFACTURING PROFESSIONAL AND COMMERCIAL TRUST	B Three-digit plan number (PN) ▶	501
C Plan sponsor's name as shown on line 2a of Form 5500 INDUSTRIAL MANUFACTURING AND PROFESSIONAL COMMERCIAL TRUST	D Employer Identification Number (EIN) 61-6096328	

Part I	Information Concerning Insurance Contract Coverage, Fees, and Commissions	Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.
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1 Coverage Information:

(a) Name of insurance carrier
STANDARD INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
93-0242990	11292	164068	85	01/01/2024	08/31/2024

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid	(b) Total amount of fees paid
5726	2975

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
BENEFIT INSURANCE MARKETING INC. 1151 RED MILE ROAD
LEXINGTON, KY 40504

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
5726	1034		3

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
UMR 230 LEXINGTON CIRCLE GREEN
STE 400
LEXINGTON, KY 40507

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
	1941	ADMINISTRATION FEES	5

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4 Current value of plan's interest under this contract in the general account at year end	4	
5 Current value of plan's interest under this contract in separate accounts at year end.....	5	

6 Contracts With Allocated Funds:**a** State the basis of premium rates ▶

b Premiums paid to carrier	6b	
c Premiums due but unpaid at the end of the year	6c	
d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶	6d	

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity
(3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee
(3) ☐ guaranteed investment (4) ☐ other ▶

b Balance at the end of the previous year	7b	
c Additions: (1) Contributions deposited during the year	7c(1)	
(2) Dividends and credits.....	7c(2)	
(3) Interest credited during the year.....	7c(3)	
(4) Transferred from separate account	7c(4)	
(5) Other (specify below)..... ▶	7c(5)	
(6) Total additions	7c(6)	
d Total of balance and additions (add lines 7b and 7c(6))	7d	
e Deductions:		
(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	
(2) Administration charge made by carrier.....	7e(2)	
(3) Transferred to separate account	7e(3)	
(4) Other (specify below)..... ▶	7e(4)	
(5) Total deductions	7e(5)	
f Balance at the end of the current year (subtract line 7e(5) from line 7d).....	7f	0

Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- a** ☐ Health (other than dental or vision)
b ☐ Dental
c ☐ Vision
d ☐ Life insurance
e ☒ Temporary disability (accident and sickness)
f ☒ Long-term disability
g ☐ Supplemental unemployment
h ☐ Prescription drug
i ☐ Stop loss (large deductible)
j ☐ HMO contract
k ☐ PPO contract
l ☐ Indemnity contract
m ☐ Other (specify) ▶

9 Experience-rated contracts:

a Premiums: (1) Amount received	9a(1)		
(2) Increase (decrease) in amount due but unpaid	9a(2)		
(3) Increase (decrease) in unearned premium reserve	9a(3)		
(4) Earned ((1) + (2) - (3))		9a(4)	
b Benefit charges (1) Claims paid	9b(1)		
(2) Increase (decrease) in claim reserves	9b(2)		
(3) Incurred claims (add (1) and (2))		9b(3)	
(4) Claims charged		9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --			
(A) Commissions	9c(1)(A)		
(B) Administrative service or other fees	9c(1)(B)		
(C) Other specific acquisition costs	9c(1)(C)		
(D) Other expenses	9c(1)(D)		
(E) Taxes	9c(1)(E)		
(F) Charges for risks or other contingencies	9c(1)(F)		
(G) Other retention charges	9c(1)(G)		
(H) Total retention		9c(1)(H)	
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)		9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement		9d(1)	
(2) Claim reserves		9d(2)	
(3) Other reserves		9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)		9e	

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier	10a	69718
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. Specify nature of costs.	10b	

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? ☐ Yes ☒ No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance 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. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	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	B Three-digit plan number (PN)	501
INDUSTRIAL MANUFACTURING PROFESSIONAL AND COMMERCIAL TRUST		
C Plan sponsor's name as shown on line 2a of Form 5500	D Employer Identification Number (EIN)	
INDUSTRIAL MANUFACTURING AND PROFESSIONAL COMMERCIAL TRUST		
61-6096328		

Part I	Information Concerning Insurance Contract Coverage, Fees, and Commissions	Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.
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1 Coverage Information:

(a) Name of insurance carrier					
STANDARD INSURANCE COMPANY					
(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
93-0242990	11292	164068	89	01/01/2024	08/31/2024

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid	(b) Total amount of fees paid
4345	2374

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
BENEFIT INSURANCE MARKETING INC
1151 RED MILE ROAD
LEXINGTON, KY 40504

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
4345	1034		3

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
UMR
230 LEXINGTON GREEN CIRCLE
STE 400
LEXINGTON, KY 40507

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
	1340		5

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4 Current value of plan's interest under this contract in the general account at year end	4	
5 Current value of plan's interest under this contract in separate accounts at year end.....	5	

6 Contracts With Allocated Funds:**a** State the basis of premium rates ▶

b Premiums paid to carrier	6b	
c Premiums due but unpaid at the end of the year	6c	
d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶	6d	

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity
(3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee
(3) ☐ guaranteed investment (4) ☐ other ▶

b Balance at the end of the previous year	7b	
c Additions: (1) Contributions deposited during the year	7c(1)	
(2) Dividends and credits.....	7c(2)	
(3) Interest credited during the year.....	7c(3)	
(4) Transferred from separate account	7c(4)	
(5) Other (specify below)..... ▶	7c(5)	
(6) Total additions	7c(6)	
d Total of balance and additions (add lines 7b and 7c(6))	7d	
e Deductions:		
(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	
(2) Administration charge made by carrier.....	7e(2)	
(3) Transferred to separate account	7e(3)	
(4) Other (specify below)..... ▶	7e(4)	
(5) Total deductions	7e(5)	
f Balance at the end of the current year (subtract line 7e(5) from line 7d).....	7f	0

Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- a** ☐ Health (other than dental or vision)
b ☐ Dental
c ☐ Vision
d ☐ Life insurance
e ☒ Temporary disability (accident and sickness)
f ☒ Long-term disability
g ☐ Supplemental unemployment
h ☐ Prescription drug
i ☐ Stop loss (large deductible)
j ☐ HMO contract
k ☐ PPO contract
l ☐ Indemnity contract
m ☐ Other (specify) ▶

9 Experience-rated contracts:

a Premiums: (1) Amount received	9a(1)		
(2) Increase (decrease) in amount due but unpaid	9a(2)		
(3) Increase (decrease) in unearned premium reserve	9a(3)		
(4) Earned ((1) + (2) - (3))		9a(4)	
b Benefit charges (1) Claims paid	9b(1)		
(2) Increase (decrease) in claim reserves	9b(2)		
(3) Incurred claims (add (1) and (2))		9b(3)	
(4) Claims charged		9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --			
(A) Commissions	9c(1)(A)		
(B) Administrative service or other fees	9c(1)(B)		
(C) Other specific acquisition costs	9c(1)(C)		
(D) Other expenses	9c(1)(D)		
(E) Taxes	9c(1)(E)		
(F) Charges for risks or other contingencies	9c(1)(F)		
(G) Other retention charges	9c(1)(G)		
(H) Total retention		9c(1)(H)	
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)		9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement		9d(1)	
(2) Claim reserves		9d(2)	
(3) Other reserves		9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)		9e	

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier	10a	48266
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. Specify nature of costs.	10b	

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? ☐ Yes ☒ No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance 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. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	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 INDUSTRIAL MANUFACTURING PROFESSIONAL AND COMMERCIAL TRUST	B Three-digit plan number (PN) ▶	501
C Plan sponsor's name as shown on line 2a of Form 5500 INDUSTRIAL MANUFACTURING AND PROFESSIONAL COMMERCIAL TRUST	D Employer Identification Number (EIN) 61-6096328	

Part I	Information Concerning Insurance Contract Coverage, Fees, and Commissions	Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.
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1 Coverage Information:

(a) Name of insurance carrier
STANDARD INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
93-0242990	69019	164796	35	01/01/2024	12/31/2024

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid	(b) Total amount of fees paid
5238	2398

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
BENEFIT INS MARKETING
1151 RED MILE ROAD
LEXINGTON, KY 40504

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
5238			3

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
UMR
230 LEXINGTON GREEN CIRCLE
STE 400
LEXINGTON, KY 40503

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
	2398		

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4 Current value of plan's interest under this contract in the general account at year end	4	
5 Current value of plan's interest under this contract in separate accounts at year end.....	5	

6 Contracts With Allocated Funds:**a** State the basis of premium rates ▶

b Premiums paid to carrier	6b	
c Premiums due but unpaid at the end of the year	6c	
d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶	6d	

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity
(3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee
(3) ☐ guaranteed investment (4) ☐ other ▶

b Balance at the end of the previous year	7b	
c Additions: (1) Contributions deposited during the year	7c(1)	
(2) Dividends and credits.....	7c(2)	
(3) Interest credited during the year.....	7c(3)	
(4) Transferred from separate account	7c(4)	
(5) Other (specify below)..... ▶	7c(5)	
(6) Total additions	7c(6)	
d Total of balance and additions (add lines 7b and 7c(6))	7d	
e Deductions:		
(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	
(2) Administration charge made by carrier.....	7e(2)	
(3) Transferred to separate account	7e(3)	
(4) Other (specify below)..... ▶	7e(4)	
(5) Total deductions	7e(5)	
f Balance at the end of the current year (subtract line 7e(5) from line 7d).....	7f	0

Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- a** ☐ Health (other than dental or vision)
b ☐ Dental
c ☐ Vision
d ☒ Life insurance
e ☐ Temporary disability (accident and sickness)
f ☐ Long-term disability
g ☐ Supplemental unemployment
h ☐ Prescription drug
i ☐ Stop loss (large deductible)
j ☐ HMO contract
k ☐ PPO contract
l ☐ Indemnity contract
m ☐ Other (specify) ▶

9 Experience-rated contracts:

a Premiums: (1) Amount received	9a(1)		
(2) Increase (decrease) in amount due but unpaid	9a(2)		
(3) Increase (decrease) in unearned premium reserve	9a(3)		
(4) Earned ((1) + (2) - (3))		9a(4)	
b Benefit charges (1) Claims paid	9b(1)		
(2) Increase (decrease) in claim reserves	9b(2)		
(3) Incurred claims (add (1) and (2))		9b(3)	
(4) Claims charged		9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --			
(A) Commissions	9c(1)(A)		
(B) Administrative service or other fees	9c(1)(B)		
(C) Other specific acquisition costs	9c(1)(C)		
(D) Other expenses	9c(1)(D)		
(E) Taxes	9c(1)(E)		
(F) Charges for risks or other contingencies	9c(1)(F)		
(G) Other retention charges	9c(1)(G)		
(H) Total retention		9c(1)(H)	
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)		9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement		9d(1)	
(2) Claim reserves		9d(2)	
(3) Other reserves		9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)		9e	

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier	10a	43605
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. Specify nature of costs.	10b	

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? ☐ Yes ☒ No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance 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. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	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 INDUSTRIAL MANUFACTURING PROFESSIONAL AND COMMERCIAL TRUST	B Three-digit plan number (PN) ▶	501
C Plan sponsor's name as shown on line 2a of Form 5500 INDUSTRIAL MANUFACTURING AND PROFESSIONAL COMMERCIAL TRUST	D Employer Identification Number (EIN) 61-6096328	

Part I	Information Concerning Insurance Contract Coverage, Fees, and Commissions	Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.
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1 Coverage Information:

(a) Name of insurance carrier
STANDARD INSURANCE

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
93-0242990	69019	169772	18	01/01/2024	12/31/2024

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid 3337	(b) Total amount of fees paid 1124
--	---------------------------------------

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
BENEFIT INSURANCE MARKETING
1151 RED MILE ROAD
LEXINGTON, KY 40504

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
3337			3

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
UMR
230 LEXINGTON GREEN CIRCLE
LEXINGTON, KY 40503

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
	1124		5

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4 Current value of plan's interest under this contract in the general account at year end	4	
5 Current value of plan's interest under this contract in separate accounts at year end.....	5	

6 Contracts With Allocated Funds:**a** State the basis of premium rates ▶

b Premiums paid to carrier	6b	
c Premiums due but unpaid at the end of the year	6c	
d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶	6d	

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity
(3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee
(3) ☐ guaranteed investment (4) ☐ other ▶

b Balance at the end of the previous year	7b	
c Additions: (1) Contributions deposited during the year	7c(1)	
(2) Dividends and credits.....	7c(2)	
(3) Interest credited during the year.....	7c(3)	
(4) Transferred from separate account	7c(4)	
(5) Other (specify below)..... ▶	7c(5)	
(6) Total additions	7c(6)	
d Total of balance and additions (add lines 7b and 7c(6))	7d	
e Deductions:		
(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	
(2) Administration charge made by carrier.....	7e(2)	
(3) Transferred to separate account	7e(3)	
(4) Other (specify below)..... ▶	7e(4)	
(5) Total deductions	7e(5)	
f Balance at the end of the current year (subtract line 7e(5) from line 7d).....	7f	0

Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- a** ☐ Health (other than dental or vision)
b ☐ Dental
c ☐ Vision
d ☐ Life insurance
e ☐ Temporary disability (accident and sickness)
f ☐ Long-term disability
g ☐ Supplemental unemployment
h ☐ Prescription drug
i ☐ Stop loss (large deductible)
j ☐ HMO contract
k ☐ PPO contract
l ☐ Indemnity contract
m ☐ Other (specify) ▶

9 Experience-rated contracts:

a Premiums: (1) Amount received	9a(1)		
(2) Increase (decrease) in amount due but unpaid	9a(2)		
(3) Increase (decrease) in unearned premium reserve	9a(3)		
(4) Earned ((1) + (2) - (3))		9a(4)	
b Benefit charges (1) Claims paid	9b(1)		
(2) Increase (decrease) in claim reserves	9b(2)		
(3) Incurred claims (add (1) and (2))		9b(3)	
(4) Claims charged		9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --			
(A) Commissions	9c(1)(A)		
(B) Administrative service or other fees	9c(1)(B)		
(C) Other specific acquisition costs	9c(1)(C)		
(D) Other expenses	9c(1)(D)		
(E) Taxes	9c(1)(E)		
(F) Charges for risks or other contingencies	9c(1)(F)		
(G) Other retention charges	9c(1)(G)		
(H) Total retention		9c(1)(H)	
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)		9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement		9d(1)	
(2) Claim reserves		9d(2)	
(3) Other reserves		9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)		9e	

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier	10a	20425
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. Specify nature of costs.	10b	

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? ☐ Yes ☒ No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance 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. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	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 INDUSTRIAL MANUFACTURING PROFESSIONAL AND COMMERCIAL TRUST	B Three-digit plan number (PN) ▶	501
C Plan sponsor's name as shown on line 2a of Form 5500 INDUSTRIAL MANUFACTURING AND PROFESSIONAL COMMERCIAL TRUST	D Employer Identification Number (EIN) 61-6096328	

Part I	Information Concerning Insurance Contract Coverage, Fees, and Commissions	Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.
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1 Coverage Information:

(a) Name of insurance carrier
DELTA DENTAL OF KENTUCKY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
61-0659432	54674	M00027	3	01/01/2024	12/31/2024

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid	(b) Total amount of fees paid

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4 Current value of plan's interest under this contract in the general account at year end	4	
5 Current value of plan's interest under this contract in separate accounts at year end.....	5	

6 Contracts With Allocated Funds:**a** State the basis of premium rates ▶

b Premiums paid to carrier	6b	
c Premiums due but unpaid at the end of the year	6c	
d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶	6d	

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity
(3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee
(3) ☐ guaranteed investment (4) ☐ other ▶

b Balance at the end of the previous year	7b	
c Additions: (1) Contributions deposited during the year	7c(1)	
(2) Dividends and credits.....	7c(2)	
(3) Interest credited during the year.....	7c(3)	
(4) Transferred from separate account	7c(4)	
(5) Other (specify below)..... ▶	7c(5)	
(6) Total additions	7c(6)	
d Total of balance and additions (add lines 7b and 7c(6))	7d	
e Deductions:		
(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	
(2) Administration charge made by carrier.....	7e(2)	
(3) Transferred to separate account	7e(3)	
(4) Other (specify below)..... ▶	7e(4)	
(5) Total deductions	7e(5)	
f Balance at the end of the current year (subtract line 7e(5) from line 7d).....	7f	0

Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- a** ☐ Health (other than dental or vision)
b ☒ Dental
c ☐ Vision
d ☐ Life insurance
e ☐ Temporary disability (accident and sickness)
f ☐ Long-term disability
g ☐ Supplemental unemployment
h ☐ Prescription drug
i ☐ Stop loss (large deductible)
j ☐ HMO contract
k ☐ PPO contract
l ☐ Indemnity contract
m ☐ Other (specify) ▶

9 Experience-rated contracts:

a Premiums: (1) Amount received	9a(1)	161	
(2) Increase (decrease) in amount due but unpaid	9a(2)	-63	
(3) Increase (decrease) in unearned premium reserve	9a(3)		
(4) Earned ((1) + (2) - (3))	9a(4)		98
b Benefit charges (1) Claims paid	9b(1)	215	
(2) Increase (decrease) in claim reserves	9b(2)		
(3) Incurred claims (add (1) and (2))	9b(3)		215
(4) Claims charged	9b(4)		
c Remainder of premium: (1) Retention charges (on an accrual basis) --			
(A) Commissions	9c(1)(A)		
(B) Administrative service or other fees	9c(1)(B)	32	
(C) Other specific acquisition costs	9c(1)(C)		
(D) Other expenses	9c(1)(D)		
(E) Taxes	9c(1)(E)		
(F) Charges for risks or other contingencies	9c(1)(F)	4	
(G) Other retention charges	9c(1)(G)		
(H) Total retention	9c(1)(H)		36
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)	9c(2)		
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement	9d(1)		
(2) Claim reserves	9d(2)		
(3) Other reserves	9d(3)		
e Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)	9e		

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier	10a	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. Specify nature of costs.	10b	

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? ☐ Yes ☒ No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance 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. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	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	B Three-digit plan number (PN)	501
INDUSTRIAL MANUFACTURING PROFESSIONAL AND COMMERCIAL TRUST		
C Plan sponsor's name as shown on line 2a of Form 5500	D Employer Identification Number (EIN)	
INDUSTRIAL MANUFACTURING AND PROFESSIONAL COMMERCIAL TRUST		
61-6096328		

Part I	Information Concerning Insurance Contract Coverage, Fees, and Commissions	Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.
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1 Coverage Information:

(a) Name of insurance carrier
SUN LIFE ASSURANCE COMPANY OF CANNADA

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
38-1082080	80802	IMPACT TRUST	49	07/01/2023	06/30/2024

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid	(b) Total amount of fees paid
	8198

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
ADMINISTRATIVE SERVICES GROUP
230 LEXINGTON GREEN CIRCLE
STE 400
LEXINGTON, KY 40503

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
	8198		5

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4 Current value of plan's interest under this contract in the general account at year end	4	
5 Current value of plan's interest under this contract in separate accounts at year end.....	5	

6 Contracts With Allocated Funds:**a** State the basis of premium rates ▶

b Premiums paid to carrier	6b	
c Premiums due but unpaid at the end of the year	6c	
d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶	6d	

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity
(3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee
(3) ☐ guaranteed investment (4) ☐ other ▶

b Balance at the end of the previous year	7b	
c Additions: (1) Contributions deposited during the year	7c(1)	
(2) Dividends and credits.....	7c(2)	
(3) Interest credited during the year.....	7c(3)	
(4) Transferred from separate account	7c(4)	
(5) Other (specify below)..... ▶	7c(5)	
(6) Total additions	7c(6)	
d Total of balance and additions (add lines 7b and 7c(6))	7d	
e Deductions:		
(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	
(2) Administration charge made by carrier.....	7e(2)	
(3) Transferred to separate account	7e(3)	
(4) Other (specify below)..... ▶	7e(4)	
(5) Total deductions	7e(5)	
f Balance at the end of the current year (subtract line 7e(5) from line 7d).....	7f	0

Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- a** ☐ Health (other than dental or vision)
b ☐ Dental
c ☐ Vision
d ☒ Life insurance
e ☒ Temporary disability (accident and sickness)
f ☒ Long-term disability
g ☐ Supplemental unemployment
h ☐ Prescription drug
i ☐ Stop loss (large deductible)
j ☐ HMO contract
k ☐ PPO contract
l ☐ Indemnity contract
m ☐ Other (specify) ▶

9 Experience-rated contracts:

a Premiums: (1) Amount received	9a(1)		
(2) Increase (decrease) in amount due but unpaid	9a(2)		
(3) Increase (decrease) in unearned premium reserve	9a(3)		
(4) Earned ((1) + (2) - (3))		9a(4)	
b Benefit charges (1) Claims paid	9b(1)		
(2) Increase (decrease) in claim reserves	9b(2)		
(3) Incurred claims (add (1) and (2))		9b(3)	
(4) Claims charged		9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --			
(A) Commissions	9c(1)(A)		
(B) Administrative service or other fees	9c(1)(B)		
(C) Other specific acquisition costs	9c(1)(C)		
(D) Other expenses	9c(1)(D)		
(E) Taxes	9c(1)(E)		
(F) Charges for risks or other contingencies	9c(1)(F)		
(G) Other retention charges	9c(1)(G)		
(H) Total retention		9c(1)(H)	
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)		9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement		9d(1)	
(2) Claim reserves		9d(2)	
(3) Other reserves		9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)		9e	

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier	10a	41175
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. Specify nature of costs.	10b	

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? ☐ Yes ☒ No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

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 INDUSTRIAL MANUFACTURING PROFESSIONAL AND COMMERCIAL TRUST	B Three-digit plan number (PN) ▶	501
C Plan sponsor's name as shown on line 2a of Form 5500 INDUSTRIAL MANUFACTURING AND PROFESSIONAL COMMERCIAL TRUST	D Employer Identification Number (EIN) 61-6096328	

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

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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)

FRANK N HESTAND CPA PSC

261 REGENCY CIRCLE
LEXINGTON, KY 40503

61-1336870

(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	18000	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

UMR

333 WEST VINE STREET
LEXINGTON, KY 40507

39-1995276

(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?
13	NONE	681452	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

CENTRAL BANK & TRUST COMPANY

300 WEST VINE STREET
LEXINGTON, KY 40507

61-0153605

(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?
19 28	NONE	8203	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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)

PERSHING LLC

ONE PERSHING PLAZA
JERSEY CITY, NJ 07399

(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?
19 28	NONE	32274	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

LEWIS AND ELLIS ACTUARIES AND CONS

6600 CHASE OAKS BLVD
PLANO, TX 75023

(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?
11	NONE	52166	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

ANTHEM BLUE CROSS BLUE SHIELD

61-1237516

(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?
12	NONE	249420	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

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)

PAYER MATRIX LLC

1400 N PROVIDENCE ROAD
MEDIA, PA 19063

(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?
16 23	NONE	2209008	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 ☐

(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
ANTHEM BLUE CROSS BLUE SHIELD	12	1837163

(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.
INGENIO RX 450 HEADQUARTERS PLAZA MORRISTOWN, NJ 07960 82-3062245	RX REBATES

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

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

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:

a Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
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103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
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103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)

Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)		
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)		
a	Plan name	IMPACT
b	Name of plan sponsor	ASHLEY'S GARDEN CENTER INC
c	EIN-PN	-501
a	Plan name	IMPACT
b	Name of plan sponsor	HERITAGE INSTALLATIONS LLC
c	EIN-PN	01-7531981-501
a	Plan name	IMPACT
b	Name of plan sponsor	RONEY PLUMBING INC
c	EIN-PN	01-7638695-501
a	Plan name	IMPACT
b	Name of plan sponsor	JIM PHILLIPS INC
c	EIN-PN	01-0744799-501
a	Plan name	IMPACT
b	Name of plan sponsor	STARMONT VENTURES DBA OUTDOOR
c	EIN-PN	01-0745674-501
a	Plan name	IMPACT
b	Name of plan sponsor	STONES & GRANITE OF LEX.,LLC
c	EIN-PN	01-0792048-501
a	Plan name	IMPACT
b	Name of plan sponsor	SPENDTHRIFT FARM, LLC
c	EIN-PN	01-0920006-501
a	Plan name	IMPACT
b	Name of plan sponsor	UPPER RIGHT MARKETING
c	EIN-PN	01-0947350-501
a	Plan name	IMPACT
b	Name of plan sponsor	FOUR STAR SALES LLC
c	EIN-PN	02-0571835-501
a	Plan name	IMPACT
b	Name of plan sponsor	BYERLY HOLDINGS, INC.
c	EIN-PN	02-0634578-501
a	Plan name	IMPACT
b	Name of plan sponsor	STANSBURY ELECTRIC CO., LLC
c	EIN-PN	02-0812878-501
a	Plan name	IMPACT
b	Name of plan sponsor	ROYAL OAK FARM, LLC
c	EIN-PN	03-0413838-501

Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)

(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

a	Plan name	IMPACT	
b	Name of plan sponsor	CRESTWOOD FARM	c EIN-PN 05-0593104-501
a	Plan name	IMPACT	
b	Name of plan sponsor	C & P REAL ESTATE LLC	c EIN-PN 06-1242641-501
a	Plan name	IMPACT	
b	Name of plan sponsor	BUDDY COX BUILDER LLC	c EIN-PN 06-1648907-501
a	Plan name	IMPACT	
b	Name of plan sponsor	VIRGINIA KRAFT PAYSON	c EIN-PN 10-1247301-501
a	Plan name	IMPACT	
b	Name of plan sponsor	OAKLAND MATERIALS & TRANSPORT	c EIN-PN 11-2506141-501
a	Plan name	IMPACT	
b	Name of plan sponsor	CLAUDE MCGAUGHEY	c EIN-PN 11-3274840-501
a	Plan name	IMPACT	
b	Name of plan sponsor	INTEGRATED PEST MANAGEMENT SER	c EIN-PN 11-3669854-501
a	Plan name	IMPACT	
b	Name of plan sponsor	ABNEY AMSTUTZ CENTER	c EIN-PN 11-3820645-501
a	Plan name	IMPACT	
b	Name of plan sponsor	THE JOCKEY CLUB	c EIN-PN 13-0888345-501
a	Plan name	IMPACT	
b	Name of plan sponsor	JOCKEYS' GUILD, INC	c EIN-PN 13-1922798-501
a	Plan name	IMPACT	
b	Name of plan sponsor	NATIONAL THOROUGHBRED RACING	c EIN-PN 13-3895050-501
a	Plan name	IMPACT	
b	Name of plan sponsor	BAKER AND DORTON, PLLC	c EIN-PN 13-4271388-501

Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)

(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

a	Plan name	IMPACT	
b	Name of plan sponsor	AMERICAN MORGAN HORSE ASSOC	c EIN-PN 13-5540007-501
a	Plan name	IMPACT	
b	Name of plan sponsor	PRIMUS REALTY ADVISORS, LLC	c EIN-PN 16-1662999-501
a	Plan name	IMPACT	
b	Name of plan sponsor	PAYNES CONSTR & REMODELING LLC	c EIN-PN 16-1713116-501
a	Plan name	IMPACT	
b	Name of plan sponsor	TED KESSINGER CONSTRUCTION CO	c EIN-PN 20-0172131-501
a	Plan name	IMPACT	
b	Name of plan sponsor	MOSTERT GROUP	c EIN-PN 20-0349381-501
a	Plan name	IMPACT	
b	Name of plan sponsor	CUTTING EDGE LAWN & LANDSCAPING	c EIN-PN 20-0587604-501
a	Plan name	IMPACT	
b	Name of plan sponsor	BROOKDALE SALES	c EIN-PN 20-1076426-501
a	Plan name	IMPACT	
b	Name of plan sponsor	J F LEWIS & CO	c EIN-PN 20-1126358-501
a	Plan name	IMPACT	
b	Name of plan sponsor	HELDERMAN & JACOBS VISION CTR	c EIN-PN 20-1185808-501
a	Plan name	IMPACT	
b	Name of plan sponsor	WILSON & SONS BLDG SUPPLY LLC	c EIN-PN 20-1278664-501
a	Plan name	IMPACT	
b	Name of plan sponsor	RAY ELECTRIC, INC.	c EIN-PN 20-1314061-501
a	Plan name	IMPACT	
b	Name of plan sponsor	PEYTON CONTRACTING	c EIN-PN 20-1536958-501

Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)

(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

a	Plan name	IMPACT	c	EIN-PN	20-1609945-501
b	Name of plan sponsor	WALMAC FARM LLC			
a	Plan name	IMPACT	c	EIN-PN	20-1663318-501
b	Name of plan sponsor	D & J HARDWARE, LLC			
a	Plan name	IMPACT	c	EIN-PN	20-2009967-501
b	Name of plan sponsor	WESTWOOD FARM			
a	Plan name	IMPACT	c	EIN-PN	20-2045502-501
b	Name of plan sponsor	RESPIRE FARM INC.			
a	Plan name	IMPACT	c	EIN-PN	20-2094336-501
b	Name of plan sponsor	CSN LANCASTER PROPERTIES			
a	Plan name	IMPACT	c	EIN-PN	20-2102460-501
b	Name of plan sponsor	BARDSTOWN COUNTRY CLUB			
a	Plan name	IMPACT	c	EIN-PN	20-2554913-501
b	Name of plan sponsor	SHOWCASE SHOWERS INC			
a	Plan name	IMPACT	c	EIN-PN	20-2635440-501
b	Name of plan sponsor	FAMILY EYE HEALTH CENTER			
a	Plan name	IMPACT	c	EIN-PN	20-2841171-501
b	Name of plan sponsor	RCT CONSTRUCTION, INC			
a	Plan name	IMPACT	c	EIN-PN	20-2871389-501
b	Name of plan sponsor	SCREENS OF KENTUCKY LLC			
a	Plan name	IMPACT	c	EIN-PN	20-3007299-501
b	Name of plan sponsor	BLANTON ART GLASS, LLC			
a	Plan name	IMPACT	c	EIN-PN	20-3257951-501
b	Name of plan sponsor	SCH REALTY, LLC			

Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)

(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

a	Plan name	IMPACT	
b	Name of plan sponsor	TOP MARKETING GROUP LLC	c EIN-PN 20-3398614-501
a	Plan name	IMPACT	
b	Name of plan sponsor	ISONS PLUMBING LLC	c EIN-PN 20-3597437-501
a	Plan name	IMPACT	
b	Name of plan sponsor	DIAMOND CREEK FARM	c EIN-PN 20-3610006-501
a	Plan name	IMPACT	
b	Name of plan sponsor	NOONWAY LLC	c EIN-PN 20-3744656-501
a	Plan name	IMPACT	
b	Name of plan sponsor	DERBY'S ENTERPRISES LLC	c EIN-PN 20-3803553-501
a	Plan name	IMPACT	
b	Name of plan sponsor	JUDDMONTE MANAGEMENT, LLC	c EIN-PN 20-3825098-501
a	Plan name	IMPACT	
b	Name of plan sponsor	ARTISTIC KITCHENS, INC.	c EIN-PN 20-3860055-501
a	Plan name	IMPACT	
b	Name of plan sponsor	SHAWHAN PLACE LLC	c EIN-PN 20-3938905-501
a	Plan name	IMPACT	
b	Name of plan sponsor	WINCHESTER FEED COMPANY	c EIN-PN 20-3963598-501
a	Plan name	IMPACT	
b	Name of plan sponsor	STONESTREET THOROUGHBRED	c EIN-PN 20-3999887-501
a	Plan name	IMPACT	
b	Name of plan sponsor	CANE RUN FARM, LLC	c EIN-PN 20-4090569-501
a	Plan name	IMPACT	
b	Name of plan sponsor	TAYLOR MADE SALES AGENCY INC.	c EIN-PN 20-5056277-501

Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)

(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

a	Plan name	IMPACT	
b	Name of plan sponsor	THOMPSON & PETTY INC	c EIN-PN 20-5118630-501
a	Plan name	IMPACT	
b	Name of plan sponsor	JIMMY WELCH TEAM	c EIN-PN 20-5215427-501
a	Plan name	IMPACT	
b	Name of plan sponsor	LEX-ROOTER CO	c EIN-PN 20-5246663-501
a	Plan name	IMPACT	
b	Name of plan sponsor	UNIVERSITY FOOT AND ANKLE	c EIN-PN 20-5456223-501
a	Plan name	IMPACT	
b	Name of plan sponsor	STARK EQUINE SERVICES LLC	c EIN-PN 20-5676522-501
a	Plan name	IMPACT	
b	Name of plan sponsor	J ANDERSON FARMS INC	c EIN-PN 20-8109734-501
a	Plan name	IMPACT	
b	Name of plan sponsor	RJ THIENEMAN REALTY GROUP	c EIN-PN 20-8142938-501
a	Plan name	IMPACT	
b	Name of plan sponsor	UNITED LANDSCAPE SERVICES INC	c EIN-PN 20-8216355-501
a	Plan name	IMPACT	
b	Name of plan sponsor	HANNA RESOURCE GROUP, LLC	c EIN-PN 20-8370710-501
a	Plan name	IMPACT	
b	Name of plan sponsor	GROSSMAN GREEN PLLC	c EIN-PN 20-8615896-501
a	Plan name	IMPACT	
b	Name of plan sponsor	HENSON CONSTRUCTION LLC	c EIN-PN 22-3873137-501
a	Plan name	IMPACT	
b	Name of plan sponsor	KCA EXECUTIVE	c EIN-PN 23-7330593-501

Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)

(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

a	Plan name	IMPACT	
b	Name of plan sponsor	J PERRY HOMES	c EIN-PN 24-4074113-501
a	Plan name	IMPACT	
b	Name of plan sponsor	PARAMOUNT SALES	c EIN-PN 26-0020202-501
a	Plan name	IMPACT	
b	Name of plan sponsor	BROOKS GRADING & EXCAVATION	c EIN-PN 26-0055609-501
a	Plan name	IMPACT	
b	Name of plan sponsor	TACHAU MEEK PLC	c EIN-PN 26-0345228-501
a	Plan name	IMPACT	
b	Name of plan sponsor	BUCHANON'S FLOORS	c EIN-PN 26-0463837-501
a	Plan name	IMPACT	
b	Name of plan sponsor	THE NEUMAN GROUP LLC	c EIN-PN 26-1078797-501
a	Plan name	IMPACT	
b	Name of plan sponsor	STONEHAVEN STEADINGS LLC	c EIN-PN 26-1128054-501
a	Plan name	IMPACT	
b	Name of plan sponsor	SLATE CREEK CONTRACTING SRVICE	c EIN-PN 26-1199560-501
a	Plan name	IMPACT	
b	Name of plan sponsor	ACRES PROPERTIES, LLC	c EIN-PN 26-1407278-501
a	Plan name	IMPACT	
b	Name of plan sponsor	TUBS FLOORS & MORE	c EIN-PN 26-1453896-501
a	Plan name	IMPACT	
b	Name of plan sponsor	HOLLAND DRUG COMPANY LLC	c EIN-PN 26-1474211-501
a	Plan name	IMPACT	
b	Name of plan sponsor	BROOKDALE FARM	c EIN-PN 26-1506979-501

Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)

(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

a	Plan name	IMPACT	
b	Name of plan sponsor	MAXIMUM TRANSPORTATION INC.	c EIN-PN 26-1569778-501
a	Plan name	IMPACT	
b	Name of plan sponsor	T&K DAIRY INC	c EIN-PN 26-1861805-501
a	Plan name	IMPACT	
b	Name of plan sponsor	BLUE HEAVEN FARM, LLC	c EIN-PN 26-1877974-501
a	Plan name	IMPACT	
b	Name of plan sponsor	PM ADVERTISING, LLC	c EIN-PN 26-2299375-501
a	Plan name	IMPACT	
b	Name of plan sponsor	ISAACS PRE-OWNED AUTOS LLC	c EIN-PN 26-2501302-501
a	Plan name	IMPACT	
b	Name of plan sponsor	OAKMONT RANCH LLC	c EIN-PN 26-2613767-501
a	Plan name	IMPACT	
b	Name of plan sponsor	KRIZ,JENKINS,PREWITT & JONES	c EIN-PN 26-2690711-501
a	Plan name	IMPACT	
b	Name of plan sponsor	BLLENHEIM PUBLISHING, LLC	c EIN-PN 26-2702385-501
a	Plan name	IMPACT	
b	Name of plan sponsor	AMERICAN COLLEGE OF BARBERING	c EIN-PN 26-2811902-501
a	Plan name	IMPACT	
b	Name of plan sponsor	SON OF A CARPENTER LLC	c EIN-PN 26-2861245-501
a	Plan name	IMPACT	
b	Name of plan sponsor	D&K HOMES LLC	c EIN-PN 26-3099699-501
a	Plan name	IMPACT	
b	Name of plan sponsor	LEE FAMILY CHIROPRACTIC	c EIN-PN 26-3745856-501

Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)

(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

a	Plan name	IMPACT	
b	Name of plan sponsor	SARVER EQUINE, LLC	c EIN-PN 26-3923566-501
a	Plan name	IMPACT	
b	Name of plan sponsor	MARQUIS EQUINE ADMINISTRTN,LLC	c EIN-PN 26-3984818-501
a	Plan name	IMPACT	
b	Name of plan sponsor	DWB RESTORATION II INC	c EIN-PN 26-4015643-501
a	Plan name	IMPACT	
b	Name of plan sponsor	HENRY & ASSOCIATES PLLC	c EIN-PN 26-4216966-501
a	Plan name	IMPACT	
b	Name of plan sponsor	UNIVERSAL HOMES OF KENTUCKY	c EIN-PN 26-4509945-501
a	Plan name	IMPACT	
b	Name of plan sponsor	DC GROUP, LLC	c EIN-PN 26-4536727-501
a	Plan name	IMPACT	
b	Name of plan sponsor	ANDY DOWNEY LEGAL	c EIN-PN 26-4560162-501
a	Plan name	IMPACT	
b	Name of plan sponsor	TN3 ENTERPRISE LLC	c EIN-PN 26-4665547-501
a	Plan name	IMPACT	
b	Name of plan sponsor	GOULD ELECTRIC LLC	c EIN-PN 27-0000379-501
a	Plan name	IMPACT	
b	Name of plan sponsor	WRIGHTS FARM SERVICE INC	c EIN-PN 27-0132975-501
a	Plan name	IMPACT	
b	Name of plan sponsor	HORSE RACING LABS LLC	c EIN-PN 27-0160858-501
a	Plan name	IMPACT	
b	Name of plan sponsor	DAVID YATES ATTORNEY PLLC	c EIN-PN 27-0362641-501

Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)

(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

a	Plan name	IMPACT	
b	Name of plan sponsor	BED WOOD AND PARTS. LLC	c EIN-PN 27-0449994-501
a	Plan name	IMPACT	
b	Name of plan sponsor	HARVEYEYE PLLC	c EIN-PN 27-0932260-501
a	Plan name	IMPACT	
b	Name of plan sponsor	CM PROCESS SOLUTIONS LLC	c EIN-PN 27-1152850-501
a	Plan name	IMPACT	
b	Name of plan sponsor	COLLABORATIVE CARE MED ASSOC	c EIN-PN 27-1374351-501
a	Plan name	IMPACT	
b	Name of plan sponsor	NEW HAVEN HOMES LLC	c EIN-PN 27-2057267-501
a	Plan name	IMPACT	
b	Name of plan sponsor	BLUEGRASS LAWN CARE OF KY, LLC	c EIN-PN 27-2132149-501
a	Plan name	IMPACT	
b	Name of plan sponsor	SAV-RITE FAMILY PHARMACY	c EIN-PN 27-2227661-501
a	Plan name	IMPACT	
b	Name of plan sponsor	SHOEMAKE TRUCK REPAIR	c EIN-PN 27-2548691-501
a	Plan name	IMPACT	
b	Name of plan sponsor	GREYSTONE FARM	c EIN-PN 27-2922632-501
a	Plan name	IMPACT	
b	Name of plan sponsor	GRAYSON LLC DBA ADC PAVING	c EIN-PN 27-2957839-501
a	Plan name	IMPACT	
b	Name of plan sponsor	EASTWOOD STOVE & OUTDOOR	c EIN-PN 27-2996145-501
a	Plan name	IMPACT	
b	Name of plan sponsor	MPSL GROUP LLC	c EIN-PN 27-3026227-501

Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)

(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

a	Plan name	IMPACT	
b	Name of plan sponsor	PICKETT DESIGN & BLDG SERV LLC	c EIN-PN 27-3035285-501
a	Plan name	IMPACT	
b	Name of plan sponsor	AUTOMATED LIVING LLC	c EIN-PN 27-3052645-501
a	Plan name	IMPACT	
b	Name of plan sponsor	LAKE CUMBERLAND PHARMACY LLC	c EIN-PN 27-3337316-501
a	Plan name	IMPACT	
b	Name of plan sponsor	TFC, LLC	c EIN-PN 27-3396358-501
a	Plan name	IMPACT	
b	Name of plan sponsor	AGAINST THE GRAIN LLC	c EIN-PN 27-3740451-501
a	Plan name	IMPACT	
b	Name of plan sponsor	CAIR HEATING & COOLING LLC	c EIN-PN 27-3794979-501
a	Plan name	IMPACT	
b	Name of plan sponsor	ADVANTAGE CONCEPTS, INC	c EIN-PN 27-3983558-501
a	Plan name	IMPACT	
b	Name of plan sponsor	TALLEY'S PEST CONTROL	c EIN-PN 27-4026691-501
a	Plan name	IMPACT	
b	Name of plan sponsor	DOUG CAUTHEN THOROUGHbred MGT	c EIN-PN 27-4278507-501
a	Plan name	IMPACT	
b	Name of plan sponsor	INNOVATIVE EQUINE MKTG	c EIN-PN 27-4416799-501
a	Plan name	IMPACT	
b	Name of plan sponsor	AG PRODUCTION LLC	c EIN-PN 27-4510688-501
a	Plan name	IMPACT	
b	Name of plan sponsor	METRO DRYWALL LLC	c EIN-PN 27-4703905-501

Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)

(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

a	Plan name	IMPACT	
b	Name of plan sponsor	ELDRIDGE CO LLC	c EIN-PN 27-4744490-501
a	Plan name	IMPACT	
b	Name of plan sponsor	HBL POOLS	c EIN-PN 27-5266981-501
a	Plan name	IMPACT	
b	Name of plan sponsor	BRADLEY THOROUGHBREDS, LLC	c EIN-PN 27-5557065-501
a	Plan name	IMPACT	
b	Name of plan sponsor	TERRACE GROUP DBA KENNETH WOLF	c EIN-PN 30-0005560-501
a	Plan name	IMPACT	
b	Name of plan sponsor	GRILL MASTERS	c EIN-PN 30-0006883-501
a	Plan name	IMPACT	
b	Name of plan sponsor	RIVER CITY FLOORING	c EIN-PN 30-0013453-501
a	Plan name	IMPACT	
b	Name of plan sponsor	POWELL HOMES	c EIN-PN 30-0020014-501
a	Plan name	IMPACT	
b	Name of plan sponsor	JIMMIE LOCKHART AGENT DBA	c EIN-PN 30-0035584-501
a	Plan name	IMPACT	
b	Name of plan sponsor	PATRICK EYE CARE PLLC	c EIN-PN 30-0135056-501
a	Plan name	IMPACT	
b	Name of plan sponsor	BLEVINS LAW, PLLC	c EIN-PN 30-0200264-501
a	Plan name	IMPACT	
b	Name of plan sponsor	BOB COLDIRON PLUMBING INC	c EIN-PN 30-0224834-501
a	Plan name	IMPACT	
b	Name of plan sponsor	FOOT AND ANKLE CARE, PSC	c EIN-PN 30-0252985-501

Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)

(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

a	Plan name	IMPACT	
b	Name of plan sponsor	TJM CUSTOM HOMES	c EIN-PN 30-0296954-501
a	Plan name	IMPACT	
b	Name of plan sponsor	GAPEN CONSTRUCTION &	c EIN-PN 30-6809956-501
a	Plan name	IMPACT	
b	Name of plan sponsor	THE WILLIS MUSIC CO	c EIN-PN 31-0491650-501
a	Plan name	IMPACT	
b	Name of plan sponsor	NU-WAY DRYWALL COMPANY INC	c EIN-PN 31-0674755-501
a	Plan name	IMPACT	
b	Name of plan sponsor	H & O TRANSPORT	c EIN-PN 31-1014940-501
a	Plan name	IMPACT	
b	Name of plan sponsor	CENTRAL KY RIDING FOR HOPE	c EIN-PN 31-1024505-501
a	Plan name	IMPACT	
b	Name of plan sponsor	S. I. ENTERPRISES OF KY INC	c EIN-PN 31-1428028-501
a	Plan name	IMPACT	
b	Name of plan sponsor	WOODSTOCK LLC	c EIN-PN 31-1491174-501
a	Plan name	IMPACT	
b	Name of plan sponsor	LAMBERTS PAINT & BODY	c EIN-PN 31-1492605-501
a	Plan name	IMPACT	
b	Name of plan sponsor	EVERGREEN REAL ESTATE, LLC	c EIN-PN 31-1500740-501
a	Plan name	IMPACT	
b	Name of plan sponsor	WILCO IMPROVEMENTS INC	c EIN-PN 31-1500742-501
a	Plan name	IMPACT	
b	Name of plan sponsor	ONE STROKE INKS	c EIN-PN 31-1502093-501

Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)

(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

a	Plan name	IMPACT	
b	Name of plan sponsor	KENTUCKY AUTO TRUCK	c EIN-PN 31-1518385-501
a	Plan name	IMPACT	
b	Name of plan sponsor	DOUGLAS TIRE INC	c EIN-PN 31-1519618-501
a	Plan name	IMPACT	
b	Name of plan sponsor	DARBY DAN FARM	c EIN-PN 31-1529369-501
a	Plan name	IMPACT	
b	Name of plan sponsor	JANES BROTHERS HARDWARE, INC	c EIN-PN 31-1545733-501
a	Plan name	IMPACT	
b	Name of plan sponsor	ROUSE HOMES INC	c EIN-PN 31-1563395-501
a	Plan name	IMPACT	
b	Name of plan sponsor	HALCYON FARM INC	c EIN-PN 31-1580354-501
a	Plan name	IMPACT	
b	Name of plan sponsor	NEW VOCATIONS RACEHORSE ADOPT	c EIN-PN 31-1681380-501
a	Plan name	IMPACT	
b	Name of plan sponsor	GRANITE AMERICA, INC	c EIN-PN 32-0009529-501
a	Plan name	IMPACT	
b	Name of plan sponsor	LEDGERFIX DBA LEIGH PHOTOGRPHY	c EIN-PN 32-0041435-501
a	Plan name	IMPACT	
b	Name of plan sponsor	PROCESSING EQUIPMENT	c EIN-PN 32-0061999-501
a	Plan name	IMPACT	
b	Name of plan sponsor	SARASOTA PROPERTIES LLC	c EIN-PN 32-0096168-501
a	Plan name	IMPACT	
b	Name of plan sponsor	KY DAIRY DEVELOPMENT COUNCIL	c EIN-PN 32-0146039-501

Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)

(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

a	Plan name	IMPACT	
b	Name of plan sponsor	A2B SYSTEMS INC	c EIN-PN 33-0928375-501
a	Plan name	IMPACT	
b	Name of plan sponsor	BRADFORD M. FINE DPM PLLC	c EIN-PN 33-1150620-501
a	Plan name	IMPACT	
b	Name of plan sponsor	DANIEL E MORIARTY PLLC	c EIN-PN 34-2027928-501
a	Plan name	IMPACT	
b	Name of plan sponsor	H FRED PREUSS DPM	c EIN-PN 35-1754355-501
a	Plan name	IMPACT	
b	Name of plan sponsor	ASSOCIATES IN EYE CARE	c EIN-PN 35-1844966-501
a	Plan name	IMPACT	
b	Name of plan sponsor	MOBILE HOME PARK OF MULDRAUGH	c EIN-PN 35-2032409-501
a	Plan name	IMPACT	
b	Name of plan sponsor	HHS OF LOUISVILLE DBA WATSONS	c EIN-PN 35-2150919-501
a	Plan name	IMPACT	
b	Name of plan sponsor	KY TITLE SERVICES INC. DBA	c EIN-PN 35-2160427-501
a	Plan name	IMPACT	
b	Name of plan sponsor	AFFORDABLE ALUMINUM LLC	c EIN-PN 35-2216724-501
a	Plan name	IMPACT	
b	Name of plan sponsor	ALARM-1 PROTECTIVE SVCS LLC	c EIN-PN 35-2448772-501
a	Plan name	IMPACT	
b	Name of plan sponsor	DALE WUCHTERL LLC	c EIN-PN 35-2476703-501
a	Plan name	IMPACT	
b	Name of plan sponsor	ANNIS & DREYER CONSTRUCTN INC	c EIN-PN 36-4527455-501

Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)

(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

a	Plan name	IMPACT	
b	Name of plan sponsor	PRODUCTION TOOLING & AUTOMTION	c EIN-PN 37-1365805-501
a	Plan name	IMPACT	
b	Name of plan sponsor	US LAWN AND LANDSCAPE LLC	c EIN-PN 37-1465646-501
a	Plan name	IMPACT	
b	Name of plan sponsor	LIQUOR STOP INC	c EIN-PN 37-1479522-501
a	Plan name	IMPACT	
b	Name of plan sponsor	BACKYARD POOLS INC	c EIN-PN 37-1547287-501
a	Plan name	IMPACT	
b	Name of plan sponsor	GREG PETROSKI INTERIOR TRIM	c EIN-PN 37-1705314-501
a	Plan name	IMPACT	
b	Name of plan sponsor	THE BACKSIDE LEARNING CENTER	c EIN-PN 37-1803514-501
a	Plan name	IMPACT	
b	Name of plan sponsor	TRACKSIDE FARM	c EIN-PN 38-2613310-501
a	Plan name	IMPACT	
b	Name of plan sponsor	CONTRACTING SOLUTIONS LLC	c EIN-PN 38-3644739-501
a	Plan name	IMPACT	
b	Name of plan sponsor	BRIAN KEPLINGER OD PSC	c EIN-PN 38-3679423-501
a	Plan name	IMPACT	
b	Name of plan sponsor	KING HOLDINGS LLC	c EIN-PN 38-3680118-501
a	Plan name	IMPACT	
b	Name of plan sponsor	DICKMAN PAINTING & WALLPAPER	c EIN-PN 38-3703878-501
a	Plan name	IMPACT	
b	Name of plan sponsor	A-1 INTERIOR TRIM LLC	c EIN-PN 38-3914630-501

Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)

(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

a	Plan name	IMPACT	
b	Name of plan sponsor	SELENA'S, LLC	c EIN-PN 39-2076439-501
a	Plan name	IMPACT	
b	Name of plan sponsor	KNAPPENBERGER ALARM	c EIN-PN 40-2662688-501
a	Plan name	IMPACT	
b	Name of plan sponsor	STANBACK PROPERTIES	c EIN-PN 40-2746020-501
a	Plan name	IMPACT	
b	Name of plan sponsor	ROGER THOMPSON PAINTING &	c EIN-PN 40-3048826-501
a	Plan name	IMPACT	
b	Name of plan sponsor	BERRY'S BACKHOE SERVICE	c EIN-PN 40-6562831-501
a	Plan name	IMPACT	
b	Name of plan sponsor	JEFFREY BAIRD ASSOCIATES	c EIN-PN 40-6884803-501
a	Plan name	IMPACT	
b	Name of plan sponsor	MARULA PARK STUD LLC	c EIN-PN 40-7275452-501
a	Plan name	IMPACT	
b	Name of plan sponsor	SHELFWORKS	c EIN-PN 40-7900024-501
a	Plan name	IMPACT	
b	Name of plan sponsor	CHRISTIS GIFTS & WHOLESALE	c EIN-PN 40-9271560-501
a	Plan name	IMPACT	
b	Name of plan sponsor	SIENA FARM LLC & AFFILIATE	c EIN-PN 41-2259437-501
a	Plan name	IMPACT	
b	Name of plan sponsor	10 INDUSTRIES, INC.	c EIN-PN 41-3575838-501
a	Plan name	IMPACT	
b	Name of plan sponsor	KIRBY BUILDERS LLC	c EIN-PN 42-1044972-501

Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)

(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

a Plan name IMPACT**b** Name of plan sponsor MCANELLY HEATING & COOLING INC**c** EIN-PN 42-1584914-501**a** Plan name IMPACT**b** Name of plan sponsor CFI INC**c** EIN-PN 43-2014813-501**a** Plan name IMPACT**b** Name of plan sponsor KINDER CONSTRUCTION LLC**c** EIN-PN 43-2029440-501**a** Plan name IMPACT**b** Name of plan sponsor RUNNER TURF**c** EIN-PN 45-0603243-501**a** Plan name IMPACT**b** Name of plan sponsor HORSE RACES NOW, LLC**c** EIN-PN 45-1002713-501**a** Plan name IMPACT**b** Name of plan sponsor JONES BROTHERS FARMS LLC**c** EIN-PN 45-2403407-501**a** Plan name IMPACT**b** Name of plan sponsor GROVER COX LAW OFFICE**c** EIN-PN 45-2465374-501**a** Plan name IMPACT**b** Name of plan sponsor CYCLE SMITHS LLC**c** EIN-PN 45-2520213-501**a** Plan name IMPACT**b** Name of plan sponsor BCS ENTERPRISES LLC**c** EIN-PN 45-2520807-501**a** Plan name IMPACT**b** Name of plan sponsor KEEP FOUNDATION INC.**c** EIN-PN 45-3121642-501**a** Plan name IMPACT**b** Name of plan sponsor DLC HOLDING LLC**c** EIN-PN 45-3144851-501**a** Plan name IMPACT**b** Name of plan sponsor THE FLOORING CENTER KY LLC**c** EIN-PN 45-3166138-501

Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)

(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

a	Plan name	IMPACT	
b	Name of plan sponsor	GARBIG FAMILY EYECARE PSC	c EIN-PN 45-3212310-501
a	Plan name	IMPACT	
b	Name of plan sponsor	LAWSON SHEET METAL	c EIN-PN 45-3233043-501
a	Plan name	IMPACT	
b	Name of plan sponsor	MAKER'S MARK SECRETARIAT CNTR	c EIN-PN 45-3536475-501
a	Plan name	IMPACT	
b	Name of plan sponsor	KESANCA FARMS LLC	c EIN-PN 45-3853967-501
a	Plan name	IMPACT	
b	Name of plan sponsor	HURRICANE HILLS LLC	c EIN-PN 45-4008110-501
a	Plan name	IMPACT	
b	Name of plan sponsor	HIDAWAY FARM DBA HINKLE FARMS	c EIN-PN 45-4409028-501
a	Plan name	IMPACT	
b	Name of plan sponsor	SOUTHEAST EYE ASSOCIATES PLLC	c EIN-PN 45-4541233-501
a	Plan name	IMPACT	
b	Name of plan sponsor	GREENTREE ENTERPRISES LLC	c EIN-PN 45-4657496-501
a	Plan name	IMPACT	
b	Name of plan sponsor	SCHWARTZ INC	c EIN-PN 45-4742200-501
a	Plan name	IMPACT	
b	Name of plan sponsor	GRANT'S GRASS LLC	c EIN-PN 45-4757596-501
a	Plan name	IMPACT	
b	Name of plan sponsor	THOROUGHbred AFTERCARE ALLIANC	c EIN-PN 45-4783644-501
a	Plan name	IMPACT	
b	Name of plan sponsor	HR WORKS INC	c EIN-PN 45-4951238-501

Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)

(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

a	Plan name	IMPACT	
b	Name of plan sponsor	CALIBER HOMES INC	c EIN-PN 45-5007053-501
a	Plan name	IMPACT	
b	Name of plan sponsor	WINNER FURNISHINGS	c EIN-PN 45-5144928-501
a	Plan name	IMPACT	
b	Name of plan sponsor	WILL HARRIS HOMES	c EIN-PN 45-5370012-501
a	Plan name	IMPACT	
b	Name of plan sponsor	HUDSON EYE CENTER	c EIN-PN 45-5383971-501
a	Plan name	IMPACT	
b	Name of plan sponsor	EAGLE MILL FARMS LLC	c EIN-PN 45-5457500-501
a	Plan name	IMPACT	
b	Name of plan sponsor	DPR ENTERPRISES LLC	c EIN-PN 45-5457672-501
a	Plan name	IMPACT	
b	Name of plan sponsor	EQUINE RISK MANAGEMENT GROUP	c EIN-PN 46-0628137-501
a	Plan name	IMPACT	
b	Name of plan sponsor	NORTONVILLE PHARMACY	c EIN-PN 46-0696626-501
a	Plan name	IMPACT	
b	Name of plan sponsor	PAKMED, LLC	c EIN-PN 46-0796468-501
a	Plan name	IMPACT	
b	Name of plan sponsor	BLUE GRASS PEST MANAGEMENT LLC	c EIN-PN 46-0966043-501
a	Plan name	IMPACT	
b	Name of plan sponsor	T A WHITE FARM LLC	c EIN-PN 46-1251848-501
a	Plan name	IMPACT	
b	Name of plan sponsor	DUNROVEN STUD LLC	c EIN-PN 46-1264204-501

Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)

(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

a	Plan name	IMPACT	
b	Name of plan sponsor	AUTOMATED MOSQUITO CONTROL LLC	c EIN-PN 46-1361018-501
a	Plan name	IMPACT	
b	Name of plan sponsor	SISK FARMS LLC	c EIN-PN 46-1393019-501
a	Plan name	IMPACT	
b	Name of plan sponsor	ROSE ALLEN, LLC	c EIN-PN 46-1503406-501
a	Plan name	IMPACT	
b	Name of plan sponsor	ADAIR DRUG LLC	c EIN-PN 46-1562395-501
a	Plan name	IMPACT	
b	Name of plan sponsor	SUMAYA US STABLE, LLC	c EIN-PN 46-1601180-501
a	Plan name	IMPACT	
b	Name of plan sponsor	DB HOMES LLC	c EIN-PN 46-1641805-501
a	Plan name	IMPACT	
b	Name of plan sponsor	BLUEGRASS FAMILY VISION PLLC	c EIN-PN 46-1895188-501
a	Plan name	IMPACT	
b	Name of plan sponsor	CUMBERLAND IRON LLC	c EIN-PN 46-2195725-501
a	Plan name	IMPACT	
b	Name of plan sponsor	EXPERT SERVICES LLC	c EIN-PN 46-2388939-501
a	Plan name	IMPACT	
b	Name of plan sponsor	KENTUCKY AMERICAN SEEDS, LLC	c EIN-PN 46-2404663-501
a	Plan name	IMPACT	
b	Name of plan sponsor	STUDIO 34 PRODUCTIONS	c EIN-PN 46-2432251-501
a	Plan name	IMPACT	
b	Name of plan sponsor	MILLENNIUM KENTUCKY REAL EST.	c EIN-PN 46-2476411-501

Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)

(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

a	Plan name	IMPACT	
b	Name of plan sponsor	HARDWARE & LUMBER OF OLDHAM	c EIN-PN 46-2808691-501
a	Plan name	IMPACT	
b	Name of plan sponsor	PL LYONS ARCHITECTURAL	c EIN-PN 46-2895809-501
a	Plan name	IMPACT	
b	Name of plan sponsor	MAC INDUSTRIES	c EIN-PN 46-2936855-501
a	Plan name	IMPACT	
b	Name of plan sponsor	TRACKSIDE RENTALS& CONST LLC	c EIN-PN 46-3068491-501
a	Plan name	IMPACT	
b	Name of plan sponsor	ENDEAVOR FARM	c EIN-PN 46-3485445-501
a	Plan name	IMPACT	
b	Name of plan sponsor	UNCLE KARL DYSON LLC	c EIN-PN 46-3652354-501
a	Plan name	IMPACT	
b	Name of plan sponsor	GFG CONSTRUCTION SUPPLY LLC	c EIN-PN 46-3677526-501
a	Plan name	IMPACT	
b	Name of plan sponsor	WOOLEY CONSTRUCTION LLC	c EIN-PN 46-3683030-501
a	Plan name	IMPACT	
b	Name of plan sponsor	DON ALBERTO CORPORATION	c EIN-PN 46-3817375-501
a	Plan name	IMPACT	
b	Name of plan sponsor	LAKE CUMBERLAND MARINE	c EIN-PN 46-4301001-501
a	Plan name	IMPACT	
b	Name of plan sponsor	PETRO HAULERS EXPRESS	c EIN-PN 46-4320037-501
a	Plan name	IMPACT	
b	Name of plan sponsor	GARZA BUILDING SERVICE	c EIN-PN 46-4350906-501

Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)

(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

a	Plan name	IMPACT	
b	Name of plan sponsor	COLUMBIANA FARM LLC	c EIN-PN 46-4399878-501
a	Plan name	IMPACT	
b	Name of plan sponsor	KNOWLES FARM	c EIN-PN 46-4512576-501
a	Plan name	IMPACT	
b	Name of plan sponsor	WILKINS FAMILY CONTRACTING LLC	c EIN-PN 46-4518578-501
a	Plan name	IMPACT	
b	Name of plan sponsor	PLAYTOPIA INC	c EIN-PN 46-4787384-501
a	Plan name	IMPACT	
b	Name of plan sponsor	RUT 'N STRUT DISTILLERY LLC	c EIN-PN 46-4858308-501
a	Plan name	IMPACT	
b	Name of plan sponsor	CHERRY RUN FARM LLC	c EIN-PN 46-5344678-501
a	Plan name	IMPACT	
b	Name of plan sponsor	AFTER HOURS HEATING & AIR	c EIN-PN 46-5384246-501
a	Plan name	IMPACT	
b	Name of plan sponsor	HALLEYWOOD FARM LLC	c EIN-PN 47-1012198-501
a	Plan name	IMPACT	
b	Name of plan sponsor	LP CONSTRUCTION DBA PAYNE HOME	c EIN-PN 47-1390461-501
a	Plan name	IMPACT	
b	Name of plan sponsor	HORSE COUNTRY INC	c EIN-PN 47-1608262-501
a	Plan name	IMPACT	
b	Name of plan sponsor	R R ELECTRIC CO LLC	c EIN-PN 47-1681629-501
a	Plan name	IMPACT	
b	Name of plan sponsor	DERB E CIGS	c EIN-PN 47-2137784-501

Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)

(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

a	Plan name	IMPACT	
b	Name of plan sponsor	L'VILLE OUTDOOR TURF PRODUCTS	c EIN-PN 47-2311153-501
a	Plan name	IMPACT	
b	Name of plan sponsor	FAIRWAY LENDING	c EIN-PN 47-2565675-501
a	Plan name	IMPACT	
b	Name of plan sponsor	DUNLAP LAW FIRM PLLC	c EIN-PN 47-2666315-501
a	Plan name	IMPACT	
b	Name of plan sponsor	ROARK & KORUS PLLC	c EIN-PN 47-3009740-501
a	Plan name	IMPACT	
b	Name of plan sponsor	BEVERLY D BAKER ARCHITECT PLLC	c EIN-PN 47-3214805-501
a	Plan name	IMPACT	
b	Name of plan sponsor	GHSW ENTERPRISES LLC	c EIN-PN 47-3377706-501
a	Plan name	IMPACT	
b	Name of plan sponsor	MCNAMEE INC DBA FAMILY PHARMCY	c EIN-PN 47-3442240-501
a	Plan name	IMPACT	
b	Name of plan sponsor	GEORGE WATSON	c EIN-PN 47-3548902-501
a	Plan name	IMPACT	
b	Name of plan sponsor	SJL CONTRACTING LLC	c EIN-PN 47-3614682-501
a	Plan name	IMPACT	
b	Name of plan sponsor	STORM PEAK PARTNERS LLC	c EIN-PN 47-3896265-501
a	Plan name	IMPACT	
b	Name of plan sponsor	TEXO ENTERPRISES INC	c EIN-PN 47-3900638-501
a	Plan name	IMPACT	
b	Name of plan sponsor	ARTISAN SIGNATURE HOMES	c EIN-PN 47-4152726-501

Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)		
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)		
a Plan name IMPACT		
b Name of plan sponsor	SHARK EFFECT MARKETING	c EIN-PN 47-4168382-501
a Plan name IMPACT		
b Name of plan sponsor	BENTLEY SURVEYING	c EIN-PN 47-4208164-501
a Plan name IMPACT		
b Name of plan sponsor	COLYER LAW FIRM	c EIN-PN 47-4210585-501
a Plan name IMPACT		
b Name of plan sponsor	MONSOUR HOMES LLC	c EIN-PN 47-4294132-501
a Plan name IMPACT		
b Name of plan sponsor	HIGHTOWER & YAGER LLC	c EIN-PN 47-4583788-501
a Plan name IMPACT		
b Name of plan sponsor	KO REALTY LLC	c EIN-PN 47-4612280-501
a Plan name IMPACT		
b Name of plan sponsor	CORNERSTONE KITCHEN & BATH LLC	c EIN-PN 47-4773196-501
a Plan name IMPACT		
b Name of plan sponsor	HIDDEN CREEK TRANSPORTATION	c EIN-PN 47-4809161-501
a Plan name IMPACT		
b Name of plan sponsor	TOWN & COUNTRY FARM MANG. LLC	c EIN-PN 47-5231976-501
a Plan name IMPACT		
b Name of plan sponsor	KESSINGER LAW GROUP PLLC	c EIN-PN 47-5319060-501
a Plan name IMPACT		
b Name of plan sponsor	PAGE 2 LLC	c EIN-PN 47-5350370-501
a Plan name IMPACT		
b Name of plan sponsor	BUCKLAND SALES LLC	c EIN-PN 47-5418096-501

Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)		
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)		
a Plan name IMPACT		
b Name of plan sponsor	KENNEY ORTHO GROUP, INC.	c EIN-PN 47-5522301-501
a Plan name IMPACT		
b Name of plan sponsor	LOUISVILLE EYE CENTER, PLLC	c EIN-PN 47-5568788-501
a Plan name IMPACT		
b Name of plan sponsor	D & A WHOLESALE & DISTRIBUTION	c EIN-PN 47-5582182-501
a Plan name IMPACT		
b Name of plan sponsor	KANSAS AFL CIO	c EIN-PN 48-0628333-501
a Plan name IMPACT		
b Name of plan sponsor	BRILLIANT STABLES INC	c EIN-PN 51-0370983-501
a Plan name IMPACT		
b Name of plan sponsor	EQUESTRIAN LAND CONSERVATION	c EIN-PN 52-2136977-501
a Plan name IMPACT		
b Name of plan sponsor	J MIKE ALEXANDER AND ASSOC	c EIN-PN 52-2290134-501
a Plan name IMPACT		
b Name of plan sponsor	BRIAN PAYNE CUSTOM HOMES	c EIN-PN 52-2450915-501
a Plan name IMPACT		
b Name of plan sponsor	SAXONY FARM	c EIN-PN 55-0864775-501
a Plan name IMPACT		
b Name of plan sponsor	M&M CONTRACTORS INC	c EIN-PN 55-0869979-501
a Plan name IMPACT		
b Name of plan sponsor	WAR HORSE PLACE, LLC	c EIN-PN 56-2494321-501
a Plan name IMPACT		
b Name of plan sponsor	BROADBAND ON DEMAND LLC	c EIN-PN 56-2525601-501

Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)		
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)		
a Plan name IMPACT		
b Name of plan sponsor	GOECKE BROTHERS	c EIN-PN 61-0184018-501
a Plan name IMPACT		
b Name of plan sponsor	ASSOCIATION OF RACING COMMISS	c EIN-PN 61-0289940-501
a Plan name IMPACT		
b Name of plan sponsor	MARSHALL COUNTY CO-OP	c EIN-PN 61-0395879-501
a Plan name IMPACT		
b Name of plan sponsor	HOME BUILDERS ASSOC. OF LSVLE	c EIN-PN 61-0409461-501
a Plan name IMPACT		
b Name of plan sponsor	HENRY FRUECHTENICHT, CO	c EIN-PN 61-0415625-501
a Plan name IMPACT		
b Name of plan sponsor	E.H. HARRIS LUMBER CO	c EIN-PN 61-0421685-501
a Plan name IMPACT		
b Name of plan sponsor	FALLS CITY BOAT WORKS INC	c EIN-PN 61-0444390-501
a Plan name IMPACT		
b Name of plan sponsor	LOUISVILLE BAR ASSOCIATION	c EIN-PN 61-0457664-501
a Plan name IMPACT		
b Name of plan sponsor	HOMEBUILDERS ASSOC OF LEX.	c EIN-PN 61-0488040-501
a Plan name IMPACT		
b Name of plan sponsor	THOROUGHBRED CLUB OF AMERICA	c EIN-PN 61-0488425-501
a Plan name IMPACT		
b Name of plan sponsor	IMMANUEL BAPTIST CHURCH	c EIN-PN 61-0510936-501
a Plan name IMPACT		
b Name of plan sponsor	JACKSON WHOLESALE COMPANY	c EIN-PN 61-0514560-501

Part II**Information on Participating Plans (to be completed by DFEs, other than DCGs)**

(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

a	Plan name	IMPACT	
b	Name of plan sponsor	WHITE, MCCANN & STEWART	c EIN-PN 61-0528307-501
a	Plan name	IMPACT	
b	Name of plan sponsor	HOME BUILDERS ASSOC OF KY	c EIN-PN 61-0539290-501
a	Plan name	IMPACT	
b	Name of plan sponsor	BALLARD PETROLEUM CORP	c EIN-PN 61-0544706-501
a	Plan name	IMPACT	
b	Name of plan sponsor	JOHN F TROMPETER CO INC	c EIN-PN 61-0544941-501
a	Plan name	IMPACT	
b	Name of plan sponsor	BAGDAD ROLLER MILLS INC	c EIN-PN 61-0546342-501
a	Plan name	IMPACT	
b	Name of plan sponsor	OWENSBORO FEDERAL CREDIT UNION	c EIN-PN 61-0561509-501
a	Plan name	IMPACT	
b	Name of plan sponsor	HEALTH & EDUCATION FCU	c EIN-PN 61-0566360-501
a	Plan name	IMPACT	
b	Name of plan sponsor	GREEN RIVER AREA FCU	c EIN-PN 61-0567304-501
a	Plan name	IMPACT	
b	Name of plan sponsor	CHARLIE WILSONS APPLIANCE	c EIN-PN 61-0568077-501
a	Plan name	IMPACT	
b	Name of plan sponsor	WOODFORD FEED COMPANY INC	c EIN-PN 61-0569819-501
a	Plan name	IMPACT	
b	Name of plan sponsor	STONELEA FARM	c EIN-PN 61-0581827-501
a	Plan name	IMPACT	
b	Name of plan sponsor	WESTWIND FARMS, INC	c EIN-PN 61-0584819-501

Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)

(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

a	Plan name	IMPACT	
b	Name of plan sponsor	KENTUCKY THOROUGHBRED ASSOC.	c EIN-PN 61-0590716-501
a	Plan name	IMPACT	
b	Name of plan sponsor	HOMEBUILDERS ASSOC OF NO KY	c EIN-PN 61-0591000-501
a	Plan name	IMPACT	
b	Name of plan sponsor	KY OPTOMETRIC ASSN	c EIN-PN 61-0592885-501
a	Plan name	IMPACT	
b	Name of plan sponsor	KENTUCKY RETAIL FEDERATION INC	c EIN-PN 61-0607347-501
a	Plan name	IMPACT	
b	Name of plan sponsor	SALLEE HORSE VANS INC	c EIN-PN 61-0609506-501
a	Plan name	IMPACT	
b	Name of plan sponsor	LANARK FARM	c EIN-PN 61-0611969-501
a	Plan name	IMPACT	
b	Name of plan sponsor	THOMPSON HOMES INC	c EIN-PN 61-0622001-501
a	Plan name	IMPACT	
b	Name of plan sponsor	CARLUS MERCER	c EIN-PN 61-0631433-501
a	Plan name	IMPACT	
b	Name of plan sponsor	ALLENS REALITY INC	c EIN-PN 61-0646861-501
a	Plan name	IMPACT	
b	Name of plan sponsor	STRATTON LUMBER COMPANY INC	c EIN-PN 61-0656100-501
a	Plan name	IMPACT	
b	Name of plan sponsor	KIT FEDERAL CREDIT UNION	c EIN-PN 61-0656683-501
a	Plan name	IMPACT	
b	Name of plan sponsor	ADVANCE DRYWALL	c EIN-PN 61-0657780-501

Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)

(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

a	Plan name	IMPACT	
b	Name of plan sponsor	LICKING VALLEY CAP INC	c EIN-PN 61-0660543-501
a	Plan name	IMPACT	
b	Name of plan sponsor	TOMPKINSVILLE DRUGS LLC	c EIN-PN 61-0660936-501
a	Plan name	IMPACT	
b	Name of plan sponsor	KENTUCKY BROADCASTERS ASSOCIAT	c EIN-PN 61-0663764-501
a	Plan name	IMPACT	
b	Name of plan sponsor	HENRY CO REC CORP	c EIN-PN 61-0671946-501
a	Plan name	IMPACT	
b	Name of plan sponsor	ISENHOUR, INC.	c EIN-PN 61-0673148-501
a	Plan name	IMPACT	
b	Name of plan sponsor	BELL WHITLEY CAA INC	c EIN-PN 61-0700683-501
a	Plan name	IMPACT	
b	Name of plan sponsor	MCMURRY & LIVINGSTON PLLC	c EIN-PN 61-0704846-501
a	Plan name	IMPACT	
b	Name of plan sponsor	BAIRD'S AUTO PARTS, INC	c EIN-PN 61-0706962-501
a	Plan name	IMPACT	
b	Name of plan sponsor	RADCLIFF HOMES	c EIN-PN 61-0715280-501
a	Plan name	IMPACT	
b	Name of plan sponsor	HF MCCLURE MAINTENANCE SRV INC	c EIN-PN 61-0715461-501
a	Plan name	IMPACT	
b	Name of plan sponsor	ELLISON FUNERAL HOME, INC	c EIN-PN 61-0717344-501
a	Plan name	IMPACT	
b	Name of plan sponsor	CONTEMPORARY GALLERIES OF KY	c EIN-PN 61-0718601-501

Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)

(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

a	Plan name	IMPACT	
b	Name of plan sponsor	KY INST FOR EYE HLTH & SURGERY	c EIN-PN 61-0719599-501
a	Plan name	IMPACT	
b	Name of plan sponsor	ADVANZ CREDIT UNION	c EIN-PN 61-0721062-501
a	Plan name	IMPACT	
b	Name of plan sponsor	LOUISVILLE APARTMENT ASSOC	c EIN-PN 61-0721891-501
a	Plan name	IMPACT	
b	Name of plan sponsor	CAVERNDALE FARMS INC	c EIN-PN 61-0724284-501
a	Plan name	IMPACT	
b	Name of plan sponsor	KENTUCKY MANUFACTURING HOUSING	c EIN-PN 61-0732785-501
a	Plan name	IMPACT	
b	Name of plan sponsor	MID-STATES CONSTRUCTION CO.	c EIN-PN 61-0733368-501
a	Plan name	IMPACT	
b	Name of plan sponsor	TONY'S PLUMBING	c EIN-PN 61-0735660-501
a	Plan name	IMPACT	
b	Name of plan sponsor	RUNNYMEDE FARM	c EIN-PN 61-0738998-501
a	Plan name	IMPACT	
b	Name of plan sponsor	KY JUSTICE ASSOCIATION	c EIN-PN 61-0841501-501
a	Plan name	IMPACT	
b	Name of plan sponsor	GOOD FOODS CO-OP, INC	c EIN-PN 61-0848154-501
a	Plan name	IMPACT	
b	Name of plan sponsor	POSTON ELECTRONICS, INC	c EIN-PN 61-0855961-501
a	Plan name	IMPACT	
b	Name of plan sponsor	RUSHER CONSTRUCTION INC	c EIN-PN 61-0859347-501

Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)

(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

a Plan name IMPACT**b** Name of plan sponsor D K WILLIAMS OD PSC**c** EIN-PN 61-0862179-501**a** Plan name IMPACT**b** Name of plan sponsor WOOLDRIDGE BROTHERS, INC.**c** EIN-PN 61-0865483-501**a** Plan name IMPACT**b** Name of plan sponsor ALL WEATHER SYSTEMS INC**c** EIN-PN 61-0865974-501**a** Plan name IMPACT**b** Name of plan sponsor MULTI-PURPOSE CAA**c** EIN-PN 61-0867061-501**a** Plan name IMPACT**b** Name of plan sponsor CHRISTIAN COUNTY GRAIN CO INC**c** EIN-PN 61-0872477-501**a** Plan name IMPACT**b** Name of plan sponsor PADUCAH COOPERATIVE MINISTRY**c** EIN-PN 61-0873781-501**a** Plan name IMPACT**b** Name of plan sponsor WESTCO TRUCKING INC**c** EIN-PN 61-0874290-501**a** Plan name IMPACT**b** Name of plan sponsor H & N DRUG INC**c** EIN-PN 61-0877218-501**a** Plan name IMPACT**b** Name of plan sponsor HAGER INC**c** EIN-PN 61-0880768-501**a** Plan name IMPACT**b** Name of plan sponsor HUNT & KNIGHT**c** EIN-PN 61-0891306-501**a** Plan name IMPACT**b** Name of plan sponsor CHARLES D JENKINS FARM**c** EIN-PN 61-0894060-501**a** Plan name IMPACT**b** Name of plan sponsor LYNN IMAGING**c** EIN-PN 61-0894913-501

Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)

(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

a Plan name **IMPACT****b** Name of plan sponsor **CECILS SERVICE STATION INC.****c** EIN-PN **61-0895538-501****a** Plan name **IMPACT****b** Name of plan sponsor **PINKSTON TURF GOODS****c** EIN-PN **61-0898516-501****a** Plan name **IMPACT****b** Name of plan sponsor **D.C. TRIMBLE, INC****c** EIN-PN **61-0899113-501****a** Plan name **IMPACT****b** Name of plan sponsor **CRITTENDEN PRESS INC****c** EIN-PN **61-0899495-501****a** Plan name **IMPACT****b** Name of plan sponsor **E-TOWN EXTERMINATING CO, INC****c** EIN-PN **61-0904647-501****a** Plan name **IMPACT****b** Name of plan sponsor **RAWLINGS & GOINS INC****c** EIN-PN **61-0912116-501****a** Plan name **IMPACT****b** Name of plan sponsor **JIM'S AUTO PARTS****c** EIN-PN **61-0917156-501****a** Plan name **IMPACT****b** Name of plan sponsor **LINGER ENTERPRISES DBA J & L****c** EIN-PN **61-0925308-501****a** Plan name **IMPACT****b** Name of plan sponsor **MILEY HEATING & AIR COND, INC****c** EIN-PN **61-0925477-501****a** Plan name **IMPACT****b** Name of plan sponsor **HIEB CONCRETE****c** EIN-PN **61-0930774-501****a** Plan name **IMPACT****b** Name of plan sponsor **HARDYMON LUMBER INC****c** EIN-PN **61-0930847-501****a** Plan name **IMPACT****b** Name of plan sponsor **FRED BURNS & ASSOCIATES****c** EIN-PN **61-0930985-501**

Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)

(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

a	Plan name	IMPACT	
b	Name of plan sponsor	FIRST DEVELOPMENT CORP OF KY	c EIN-PN 61-0932546-501
a	Plan name	IMPACT	
b	Name of plan sponsor	GARRETT'S FURNITURE COMPANY	c EIN-PN 61-0933755-501
a	Plan name	IMPACT	
b	Name of plan sponsor	DIXON FARMS INC	c EIN-PN 61-0934778-501
a	Plan name	IMPACT	
b	Name of plan sponsor	METRO FABRICATION INC	c EIN-PN 61-0938603-501
a	Plan name	IMPACT	
b	Name of plan sponsor	RICK NITSCHKE ELECTRIC SERVICE	c EIN-PN 61-0939884-501
a	Plan name	IMPACT	
b	Name of plan sponsor	CHENOWETH APPLIANCES	c EIN-PN 61-0940015-501
a	Plan name	IMPACT	
b	Name of plan sponsor	MARTIN CUSTOM BUILDING INC	c EIN-PN 61-0940437-501
a	Plan name	IMPACT	
b	Name of plan sponsor	LOUISVILLE DK REAL ESTATE INC	c EIN-PN 61-0942497-501
a	Plan name	IMPACT	
b	Name of plan sponsor	BET FARMS INC	c EIN-PN 61-0944830-501
a	Plan name	IMPACT	
b	Name of plan sponsor	HAROLD MARSHALL GENERAL CONT	c EIN-PN 61-0949092-501
a	Plan name	IMPACT	
b	Name of plan sponsor	GARY DOUGLAS BUILDER, INC	c EIN-PN 61-0952061-501
a	Plan name	IMPACT	
b	Name of plan sponsor	SUTTON PHARMACY, INC.	c EIN-PN 61-0954681-501

Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)

(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

a	Plan name	IMPACT	
b	Name of plan sponsor	DRAKES FARM SERVICE INC	c EIN-PN 61-0955463-501
a	Plan name	IMPACT	
b	Name of plan sponsor	DEE'S GIFTS AND CRAFTS	c EIN-PN 61-0958419-501
a	Plan name	IMPACT	
b	Name of plan sponsor	AD-RACK INC	c EIN-PN 61-0958552-501
a	Plan name	IMPACT	
b	Name of plan sponsor	CLAIBORNE FARM	c EIN-PN 61-0960305-501
a	Plan name	IMPACT	
b	Name of plan sponsor	VELOCITY MARKETS INC	c EIN-PN 61-0960525-501
a	Plan name	IMPACT	
b	Name of plan sponsor	MALONE LUMBER COMPANY INC	c EIN-PN 61-0964809-501
a	Plan name	IMPACT	
b	Name of plan sponsor	PERSPECTIVES INC	c EIN-PN 61-0967314-501
a	Plan name	IMPACT	
b	Name of plan sponsor	G WATTS HUMPHREY JR	c EIN-PN 61-0970128-501
a	Plan name	IMPACT	
b	Name of plan sponsor	JAMESON ELECTRIC, INC	c EIN-PN 61-0975581-501
a	Plan name	IMPACT	
b	Name of plan sponsor	BOSWELL CONTRACTING INC	c EIN-PN 61-0976698-501
a	Plan name	IMPACT	
b	Name of plan sponsor	PIN OAK STUD, LLC	c EIN-PN 61-0980586-501
a	Plan name	IMPACT	
b	Name of plan sponsor	BLUEGRASS THOROUGHBRED SRV INC	c EIN-PN 61-0980762-501

Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)

(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

a Plan name [IMPACT](#)**b** Name of plan sponsor [SABAK WILSON & LINGO](#)**c** EIN-PN [61-0981131-501](#)**a** Plan name [IMPACT](#)**b** Name of plan sponsor [ECONOMY GLASS INC](#)**c** EIN-PN [61-0982367-501](#)**a** Plan name [IMPACT](#)**b** Name of plan sponsor [TOM SCHREIBER CONSTRUCTION](#)**c** EIN-PN [61-0983786-501](#)**a** Plan name [IMPACT](#)**b** Name of plan sponsor [CARRIAGE STATION FARM INC](#)**c** EIN-PN [61-0989732-501](#)**a** Plan name [IMPACT](#)**b** Name of plan sponsor [THE LOCKER ROOM INC](#)**c** EIN-PN [61-0992716-501](#)**a** Plan name [IMPACT](#)**b** Name of plan sponsor [CRITCHFIELD MEATS INC](#)**c** EIN-PN [61-0994348-501](#)**a** Plan name [IMPACT](#)**b** Name of plan sponsor [D&R VENDING INC](#)**c** EIN-PN [61-0995085-501](#)**a** Plan name [IMPACT](#)**b** Name of plan sponsor [FLAXMAN HOLDINGS LIMITED](#)**c** EIN-PN [61-0995093-501](#)**a** Plan name [IMPACT](#)**b** Name of plan sponsor [GORDONS FARM AND HARDWARE INC](#)**c** EIN-PN [61-0997138-501](#)**a** Plan name [IMPACT](#)**b** Name of plan sponsor [NORMAN RADTKE MD PSC](#)**c** EIN-PN [61-0999462-501](#)**a** Plan name [IMPACT](#)**b** Name of plan sponsor [PEOPLE SELF HELP HOUSING](#)**c** EIN-PN [61-0999804-501](#)**a** Plan name [IMPACT](#)**b** Name of plan sponsor [MILL RIDGE FARM LLLP](#)**c** EIN-PN [61-1001953-501](#)

Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)

(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

a	Plan name	IMPACT	
b	Name of plan sponsor	HAYDON HOMES INC	c EIN-PN 61-1002720-501
a	Plan name	IMPACT	
b	Name of plan sponsor	BAKER'S HEATING AND AIR	c EIN-PN 61-1007594-501
a	Plan name	IMPACT	
b	Name of plan sponsor	SWINEBROAD-DENTON	c EIN-PN 61-1008492-501
a	Plan name	IMPACT	
b	Name of plan sponsor	SUGAR KNOLL FARM	c EIN-PN 61-1010417-501
a	Plan name	IMPACT	
b	Name of plan sponsor	DINE EQUIPMENT COMPANY	c EIN-PN 61-1010735-501
a	Plan name	IMPACT	
b	Name of plan sponsor	CONTINENTAL INDUSTRIES, INC	c EIN-PN 61-1011470-501
a	Plan name	IMPACT	
b	Name of plan sponsor	BEAVIN ELECTRIC CO., INC.	c EIN-PN 61-1014059-501
a	Plan name	IMPACT	
b	Name of plan sponsor	COLEMAN'S DRUG STORE	c EIN-PN 61-1015662-501
a	Plan name	IMPACT	
b	Name of plan sponsor	SOFT SHOE, INC.	c EIN-PN 61-1019506-501
a	Plan name	IMPACT	
b	Name of plan sponsor	CHENOWETH CONSTRUCTION CO, INC	c EIN-PN 61-1026569-501
a	Plan name	IMPACT	
b	Name of plan sponsor	MAAS BROTHERS PAINTING INC	c EIN-PN 61-1028169-501
a	Plan name	IMPACT	
b	Name of plan sponsor	VETCO INC	c EIN-PN 61-1030302-501

Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)

(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

a	Plan name	IMPACT	
b	Name of plan sponsor	A TASTE OF KENTUCKY	c EIN-PN 61-1037582-501
a	Plan name	IMPACT	
b	Name of plan sponsor	ATCHISON CONSTRUCTION CO INC	c EIN-PN 61-1046584-501
a	Plan name	IMPACT	
b	Name of plan sponsor	CENTRAL FARMERS SUPPLY	c EIN-PN 61-1057984-501
a	Plan name	IMPACT	
b	Name of plan sponsor	BEMAK NV, LTD. CO	c EIN-PN 61-1063397-501
a	Plan name	IMPACT	
b	Name of plan sponsor	MIDDLEBROOK FARM	c EIN-PN 61-1065473-501
a	Plan name	IMPACT	
b	Name of plan sponsor	BOONE GARDINER GARDEN CTR	c EIN-PN 61-1067318-501
a	Plan name	IMPACT	
b	Name of plan sponsor	SOMERSET PERFORMANCE AUTO	c EIN-PN 61-1068236-501
a	Plan name	IMPACT	
b	Name of plan sponsor	BE CONCERNED	c EIN-PN 61-1071487-501
a	Plan name	IMPACT	
b	Name of plan sponsor	STEVE CLINE GARAGE SPECIALIST	c EIN-PN 61-1072285-501
a	Plan name	IMPACT	
b	Name of plan sponsor	SOUTHEAST KY POOL SUPPLY CORP	c EIN-PN 61-1073132-501
a	Plan name	IMPACT	
b	Name of plan sponsor	NUCKOLS FARM INC	c EIN-PN 61-1075992-501
a	Plan name	IMPACT	
b	Name of plan sponsor	VALKYRE STUD	c EIN-PN 61-1077193-501

Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)

(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

a	Plan name	IMPACT	
b	Name of plan sponsor	HAGYARD FARM LLC	c EIN-PN 61-1082840-501
a	Plan name	IMPACT	
b	Name of plan sponsor	MCROBERTS & SONS FURNITURE &	c EIN-PN 61-1088668-501
a	Plan name	IMPACT	
b	Name of plan sponsor	RISINGER REMODELING	c EIN-PN 61-1089054-501
a	Plan name	IMPACT	
b	Name of plan sponsor	VIMONT BUILDERS	c EIN-PN 61-1089569-501
a	Plan name	IMPACT	
b	Name of plan sponsor	GUNSTON HALL FARM	c EIN-PN 61-1089613-501
a	Plan name	IMPACT	
b	Name of plan sponsor	TRI-COUNTY FERTILIZER	c EIN-PN 61-1091707-501
a	Plan name	IMPACT	
b	Name of plan sponsor	HANCOCK COUNTY FARM SUPPLY	c EIN-PN 61-1094739-501
a	Plan name	IMPACT	
b	Name of plan sponsor	GRIGGS ENTERPRISES INC	c EIN-PN 61-1096207-501
a	Plan name	IMPACT	
b	Name of plan sponsor	H&W MANAGEMENT CO INC	c EIN-PN 61-1098284-501
a	Plan name	IMPACT	
b	Name of plan sponsor	WHITEHOUSE ELECTRIC INC	c EIN-PN 61-1098827-501
a	Plan name	IMPACT	
b	Name of plan sponsor	CHUCK FOUSHEE CUSTOM HOMES INC	c EIN-PN 61-1100033-501
a	Plan name	IMPACT	
b	Name of plan sponsor	MAYFIELD GRAIN CO INC	c EIN-PN 61-1101861-501

Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)

(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

a	Plan name	IMPACT	
b	Name of plan sponsor	WELCH BUILDERS INC	c EIN-PN 61-1104553-501
a	Plan name	IMPACT	
b	Name of plan sponsor	GLENNWOOD FARM INC	c EIN-PN 61-1105154-501
a	Plan name	IMPACT	
b	Name of plan sponsor	NARDIELLO EQUINE SERVICE CO	c EIN-PN 61-1105272-501
a	Plan name	IMPACT	
b	Name of plan sponsor	MCCANN BLOODSTOCK	c EIN-PN 61-1108600-501
a	Plan name	IMPACT	
b	Name of plan sponsor	MFO	c EIN-PN 61-1110277-501
a	Plan name	IMPACT	
b	Name of plan sponsor	CHARLES T CREECH INC	c EIN-PN 61-1112429-501
a	Plan name	IMPACT	
b	Name of plan sponsor	CARL RAY LANDSCAPE NURSERY INC	c EIN-PN 61-1112498-501
a	Plan name	IMPACT	
b	Name of plan sponsor	COLD SPRING ELECTRICAL	c EIN-PN 61-1116816-501
a	Plan name	IMPACT	
b	Name of plan sponsor	THE COALITION FOR THE HOMELESS	c EIN-PN 61-1118307-501
a	Plan name	IMPACT	
b	Name of plan sponsor	DON JOHNSON CONTRACTING	c EIN-PN 61-1120742-501
a	Plan name	IMPACT	
b	Name of plan sponsor	DAVID GUELDA BLDR INC	c EIN-PN 61-1123877-501
a	Plan name	IMPACT	
b	Name of plan sponsor	DRAFFEN MART INC	c EIN-PN 61-1124034-501

Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)

(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

a	Plan name	IMPACT	
b	Name of plan sponsor	DOUG SMITH PLUMBING	c EIN-PN 61-1125676-501
a	Plan name	IMPACT	
b	Name of plan sponsor	WARD VISION CENTER	c EIN-PN 61-1128178-501
a	Plan name	IMPACT	
b	Name of plan sponsor	LLOYD L CAIN JR OD	c EIN-PN 61-1129194-501
a	Plan name	IMPACT	
b	Name of plan sponsor	GAINESWAY MANAGEMENT CORPORATI	c EIN-PN 61-1129528-501
a	Plan name	IMPACT	
b	Name of plan sponsor	BOWLARAMA INC.	c EIN-PN 61-1129535-501
a	Plan name	IMPACT	
b	Name of plan sponsor	DRS.COOKE, LANDON & SELLERS PSC	c EIN-PN 61-1130540-501
a	Plan name	IMPACT	
b	Name of plan sponsor	DADISMAN BUILDERS INC	c EIN-PN 61-1132001-501
a	Plan name	IMPACT	
b	Name of plan sponsor	SMITH'S LAMINATING SHOP, INC	c EIN-PN 61-1132121-501
a	Plan name	IMPACT	
b	Name of plan sponsor	CRAWFORD EXCAVATING INC.	c EIN-PN 61-1132632-501
a	Plan name	IMPACT	
b	Name of plan sponsor	GREATHOUSE BUILDERS INC	c EIN-PN 61-1133035-501
a	Plan name	IMPACT	
b	Name of plan sponsor	L&J ACQUISITIONS LLC DBA	c EIN-PN 61-1133544-501
a	Plan name	IMPACT	
b	Name of plan sponsor	KEMPER FURNITURE CO., INC.	c EIN-PN 61-1133813-501

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	IMPACT	
b	Name of plan sponsor	BLUEGRASS SEED & FERTILIZER	c EIN-PN 61-1134808-501
a	Plan name	IMPACT	
b	Name of plan sponsor	GLYNN YOUNG'S LANDSCAPING &	c EIN-PN 61-1134956-501
a	Plan name	IMPACT	
b	Name of plan sponsor	ST JOHN CENTER INC	c EIN-PN 61-1135907-501
a	Plan name	IMPACT	
b	Name of plan sponsor	PHASE IV CONTRACTING	c EIN-PN 61-1136658-501
a	Plan name	IMPACT	
b	Name of plan sponsor	HILL N DALE OF KENTUCKY, INC.	c EIN-PN 61-1138319-501
a	Plan name	IMPACT	
b	Name of plan sponsor	MANN CONSULTANT SERVICES	c EIN-PN 61-1140378-501
a	Plan name	IMPACT	
b	Name of plan sponsor	FLACH BROTHERS MASONRY INC	c EIN-PN 61-1147118-501
a	Plan name	IMPACT	
b	Name of plan sponsor	THE FRAME SHOP	c EIN-PN 61-1149564-501
a	Plan name	IMPACT	
b	Name of plan sponsor	ENERGY CONTROL HEATING & AC IN	c EIN-PN 61-1150845-501
a	Plan name	IMPACT	
b	Name of plan sponsor	FOLEY AUTOMOTIVE	c EIN-PN 61-1150921-501
a	Plan name	IMPACT	
b	Name of plan sponsor	THE LEE ROBINSON COMPANY	c EIN-PN 61-1154448-501
a	Plan name	IMPACT	
b	Name of plan sponsor	THE BOOT STORE	c EIN-PN 61-1161802-501

Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)		
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)		
a Plan name IMPACT		
b Name of plan sponsor	S W REYNOLDS CONSTRUCTION INC	c EIN-PN 61-1162811-501
a Plan name IMPACT		
b Name of plan sponsor	BRYANTS SHEET METAL INC	c EIN-PN 61-1162986-501
a Plan name IMPACT		
b Name of plan sponsor	TOP YIELD BLOODSTOCK	c EIN-PN 61-1163673-501
a Plan name IMPACT		
b Name of plan sponsor	SHELBYKY TOURISM COMMISSION	c EIN-PN 61-1163835-501
a Plan name IMPACT		
b Name of plan sponsor	D.T.D. INC	c EIN-PN 61-1164098-501
a Plan name IMPACT		
b Name of plan sponsor	WILKINSON BUILDERS INC	c EIN-PN 61-1166564-501
a Plan name IMPACT		
b Name of plan sponsor	JB LONG & SON BODY SHOP	c EIN-PN 61-1166657-501
a Plan name IMPACT		
b Name of plan sponsor	GRAYSON OPTICAL	c EIN-PN 61-1168821-501
a Plan name IMPACT		
b Name of plan sponsor	JEST CO INC DBA COFFMAN'S	c EIN-PN 61-1170483-501
a Plan name IMPACT		
b Name of plan sponsor	BASTIN OPTOMETRIC CLINIC	c EIN-PN 61-1171529-501
a Plan name IMPACT		
b Name of plan sponsor	WOOD DIMENSIONS, INC	c EIN-PN 61-1174980-501
a Plan name IMPACT		
b Name of plan sponsor	ALBON MEADE & SONS CONSTRUCT'N	c EIN-PN 61-1178030-501

Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)

(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

a	Plan name	IMPACT	
b	Name of plan sponsor	ESPOSITO CONSTRUCTION	c EIN-PN 61-1179553-501
a	Plan name	IMPACT	
b	Name of plan sponsor	DENALI STUD, INC.	c EIN-PN 61-1180770-501
a	Plan name	IMPACT	
b	Name of plan sponsor	W. JEFFREY SCOTT, PSC	c EIN-PN 61-1182053-501
a	Plan name	IMPACT	
b	Name of plan sponsor	HYLAND FILTER SERVICE, INC	c EIN-PN 61-1182659-501
a	Plan name	IMPACT	
b	Name of plan sponsor	EDGEWOOD EYE CENTER	c EIN-PN 61-1182673-501
a	Plan name	IMPACT	
b	Name of plan sponsor	HABITAT FOR HUMANITY BG WC	c EIN-PN 61-1182702-501
a	Plan name	IMPACT	
b	Name of plan sponsor	LAWNCO 1 INC	c EIN-PN 61-1184419-501
a	Plan name	IMPACT	
b	Name of plan sponsor	SOUTHEASTERN FARM SUPPLY, LLC	c EIN-PN 61-1185039-501
a	Plan name	IMPACT	
b	Name of plan sponsor	STERLING DEVELOPMENT GROUP LTD	c EIN-PN 61-1186278-501
a	Plan name	IMPACT	
b	Name of plan sponsor	FINISHING EFFECTS, INC	c EIN-PN 61-1186371-501
a	Plan name	IMPACT	
b	Name of plan sponsor	THOROUGH GRAPHIC SIGNS	c EIN-PN 61-1186904-501
a	Plan name	IMPACT	
b	Name of plan sponsor	LAWRENCEBURG SUPPLY CO	c EIN-PN 61-1187092-501

Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)

(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

a	Plan name	IMPACT	
b	Name of plan sponsor	CONTRACTORS CHOICE INC	c EIN-PN 61-1187408-501
a	Plan name	IMPACT	
b	Name of plan sponsor	COMBS WILBERT INC	c EIN-PN 61-1187439-501
a	Plan name	IMPACT	
b	Name of plan sponsor	BEN TYLER BUILDING & REMODELNG	c EIN-PN 61-1190134-501
a	Plan name	IMPACT	
b	Name of plan sponsor	HOMELESS & HOUSING COALITION	c EIN-PN 61-1191524-501
a	Plan name	IMPACT	
b	Name of plan sponsor	COMMONWEALTH BLDG & CONSTRUCTN	c EIN-PN 61-1192830-501
a	Plan name	IMPACT	
b	Name of plan sponsor	GLASER ENTERPRISES, INC	c EIN-PN 61-1193704-501
a	Plan name	IMPACT	
b	Name of plan sponsor	EVERGREEN IRRIGATION INC	c EIN-PN 61-1195525-501
a	Plan name	IMPACT	
b	Name of plan sponsor	JAMES E BAKER RACING STABLE	c EIN-PN 61-1199538-501
a	Plan name	IMPACT	
b	Name of plan sponsor	NORTHERN KY EYE CENTER	c EIN-PN 61-1200218-501
a	Plan name	IMPACT	
b	Name of plan sponsor	LONDON AUTO SALES LLC	c EIN-PN 61-1201421-501
a	Plan name	IMPACT	
b	Name of plan sponsor	COMLEY'S CARPET WORKS INC	c EIN-PN 61-1202850-501
a	Plan name	IMPACT	
b	Name of plan sponsor	WES WITTEN INC	c EIN-PN 61-1204344-501

Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)		
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)		
a Plan name IMPACT		
b Name of plan sponsor	TEBCO OF KENTUCKY, INC.	c EIN-PN 61-1204901-501
a Plan name IMPACT		
b Name of plan sponsor	GLENARY FARM LLC	c EIN-PN 61-1208870-501
a Plan name IMPACT		
b Name of plan sponsor	WILFERD FARMS INC	c EIN-PN 61-1210552-501
a Plan name IMPACT		
b Name of plan sponsor	EATON SALES, LLC.	c EIN-PN 61-1210850-501
a Plan name IMPACT		
b Name of plan sponsor	BRYAN SMITH PAINTING DBA TOTAL	c EIN-PN 61-1215180-501
a Plan name IMPACT		
b Name of plan sponsor	CUTTER LAWN CARE INC	c EIN-PN 61-1215616-501
a Plan name IMPACT		
b Name of plan sponsor	UPSON DOWNS FARM	c EIN-PN 61-1215870-501
a Plan name IMPACT		
b Name of plan sponsor	KENNETH MCPEEK RACNG STBLS INC	c EIN-PN 61-1216784-501
a Plan name IMPACT		
b Name of plan sponsor	ASHCRAFT REALTY	c EIN-PN 61-1219776-501
a Plan name IMPACT		
b Name of plan sponsor	BLUEGRASS LIGHTNING CONSULTANT	c EIN-PN 61-1220757-501
a Plan name IMPACT		
b Name of plan sponsor	E-TOWN PAINT & DECORATING CTR	c EIN-PN 61-1221859-501
a Plan name IMPACT		
b Name of plan sponsor	DRS VANCE & STOVALL	c EIN-PN 61-1224720-501

Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)

(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

a	Plan name	IMPACT	
b	Name of plan sponsor	MCDOWELL PROFESSIONAL PHARMACY	c EIN-PN 61-1225886-501
a	Plan name	IMPACT	
b	Name of plan sponsor	FIRST GEAR	c EIN-PN 61-1226180-501
a	Plan name	IMPACT	
b	Name of plan sponsor	STEVE KEILER DEVELOPMENT	c EIN-PN 61-1229435-501
a	Plan name	IMPACT	
b	Name of plan sponsor	FABCO MACHINE & SUPPLY INC	c EIN-PN 61-1230231-501
a	Plan name	IMPACT	
b	Name of plan sponsor	MORRIS ELECTRIC COMPANY INC	c EIN-PN 61-1230376-501
a	Plan name	IMPACT	
b	Name of plan sponsor	WALNUT HALL STOCK FARM	c EIN-PN 61-1230415-501
a	Plan name	IMPACT	
b	Name of plan sponsor	MUDCAT CONSTRUCTION	c EIN-PN 61-1231897-501
a	Plan name	IMPACT	
b	Name of plan sponsor	CANDLELIGHT ELECTRIC	c EIN-PN 61-1239609-501
a	Plan name	IMPACT	
b	Name of plan sponsor	OUTDOOR POWER SOURCE INC	c EIN-PN 61-1241962-501
a	Plan name	IMPACT	
b	Name of plan sponsor	TAYLOR BLDG CORP OF AMERICA	c EIN-PN 61-1242958-501
a	Plan name	IMPACT	
b	Name of plan sponsor	PIKE LEGAL GROUP	c EIN-PN 61-1248690-501
a	Plan name	IMPACT	
b	Name of plan sponsor	TMW CONTRACTING, LLC	c EIN-PN 61-1249460-501

Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)

(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

a	Plan name	IMPACT	
b	Name of plan sponsor	HAYDEN FARMS LLC	c EIN-PN 61-1251168-501
a	Plan name	IMPACT	
b	Name of plan sponsor	KITCHEN RESTYLERS INC	c EIN-PN 61-1251241-501
a	Plan name	IMPACT	
b	Name of plan sponsor	ANNVILLE TOWN AND COUNTRY INC	c EIN-PN 61-1251378-501
a	Plan name	IMPACT	
b	Name of plan sponsor	TECHNICARE, INC DBA ABLE CARE	c EIN-PN 61-1251491-501
a	Plan name	IMPACT	
b	Name of plan sponsor	GROSSER & CO REMODELING	c EIN-PN 61-1251995-501
a	Plan name	IMPACT	
b	Name of plan sponsor	ED CECIL CONSTRUCTION INC	c EIN-PN 61-1251996-501
a	Plan name	IMPACT	
b	Name of plan sponsor	BRIGHT PEST CONTROL	c EIN-PN 61-1252271-501
a	Plan name	IMPACT	
b	Name of plan sponsor	R L WILSON MASONRY INC	c EIN-PN 61-1253733-501
a	Plan name	IMPACT	
b	Name of plan sponsor	SUNNY OAK FARM	c EIN-PN 61-1256128-501
a	Plan name	IMPACT	
b	Name of plan sponsor	HARRODS CREEK AUTO	c EIN-PN 61-1258788-501
a	Plan name	IMPACT	
b	Name of plan sponsor	MICHAEL T BARNETT	c EIN-PN 61-1259933-501
a	Plan name	IMPACT	
b	Name of plan sponsor	NO TIE INC DBA	c EIN-PN 61-1261797-501

Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)		
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)		
a Plan name IMPACT		
b Name of plan sponsor	JAMES A FRENCH	c EIN-PN 61-1262461-501
a Plan name IMPACT		
b Name of plan sponsor	SUPERIOR REALTY	c EIN-PN 61-1265302-501
a Plan name IMPACT		
b Name of plan sponsor	PERFORMANCE CONCRETE CONSTRUCT	c EIN-PN 61-1265455-501
a Plan name IMPACT		
b Name of plan sponsor	BARNETT HEATING & AIR	c EIN-PN 61-1266584-501
a Plan name IMPACT		
b Name of plan sponsor	CALDWELL BANKER METRONET	c EIN-PN 61-1269094-501
a Plan name IMPACT		
b Name of plan sponsor	RAMSEY FARM	c EIN-PN 61-1269945-501
a Plan name IMPACT		
b Name of plan sponsor	CHESNUT INC	c EIN-PN 61-1271121-501
a Plan name IMPACT		
b Name of plan sponsor	HOMES BY ANDERSON/TATE INC	c EIN-PN 61-1271435-501
a Plan name IMPACT		
b Name of plan sponsor	BUTCHS AUTOBODY SPECIALTIES IN	c EIN-PN 61-1274031-501
a Plan name IMPACT		
b Name of plan sponsor	CFP THOROUGHBREDS LLC	c EIN-PN 61-1274111-501
a Plan name IMPACT		
b Name of plan sponsor	JIMMY NASH HOMES	c EIN-PN 61-1274801-501
a Plan name IMPACT		
b Name of plan sponsor	EQUINE UNLIMITED INC	c EIN-PN 61-1277183-501

Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)

(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

a Plan name IMPACT**b** Name of plan sponsor WEDDS ENTERPRISES INC**c** EIN-PN 61-1278642-501**a** Plan name IMPACT**b** Name of plan sponsor HUNTERTON FARM**c** EIN-PN 61-1279095-501**a** Plan name IMPACT**b** Name of plan sponsor REDLEE CONSTRUCTION & DEV.**c** EIN-PN 61-1279760-501**a** Plan name IMPACT**b** Name of plan sponsor SPALDING CONSTRUCTION INC.**c** EIN-PN 61-1280183-501**a** Plan name IMPACT**b** Name of plan sponsor MORRISON CONTRACTORS**c** EIN-PN 61-1282666-501**a** Plan name IMPACT**b** Name of plan sponsor JONES BROS TOWING & TRUCKG INC**c** EIN-PN 61-1284210-501**a** Plan name IMPACT**b** Name of plan sponsor BLUEGRASS CANOES**c** EIN-PN 61-1284389-501**a** Plan name IMPACT**b** Name of plan sponsor MENIFEE COUNTY PHARMACY**c** EIN-PN 61-1287536-501**a** Plan name IMPACT**b** Name of plan sponsor MAIN STREET HOMES, INC.**c** EIN-PN 61-1288235-501**a** Plan name IMPACT**b** Name of plan sponsor DAVIS & DAVIS PLUMBING INC**c** EIN-PN 61-1289030-501**a** Plan name IMPACT**b** Name of plan sponsor HI VIEW LIQUORS INC**c** EIN-PN 61-1289547-501**a** Plan name IMPACT**b** Name of plan sponsor LANTERN HILL FARM LLC**c** EIN-PN 61-1292968-501

Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)

(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

a	Plan name	IMPACT	
b	Name of plan sponsor	NORTH OLDHAM ANIMAL HOSPITAL	c EIN-PN 61-1293321-501
a	Plan name	IMPACT	
b	Name of plan sponsor	ELITE PEST CONTROL & LAWN CARE	c EIN-PN 61-1293423-501
a	Plan name	IMPACT	
b	Name of plan sponsor	KAMUF, PACE & KAMUF	c EIN-PN 61-1293915-501
a	Plan name	IMPACT	
b	Name of plan sponsor	MARGAUX FARM	c EIN-PN 61-1294636-501
a	Plan name	IMPACT	
b	Name of plan sponsor	PICCOLA CONSTRUCTION	c EIN-PN 61-1295168-501
a	Plan name	IMPACT	
b	Name of plan sponsor	FRANKLIN PRICE, INC	c EIN-PN 61-1296043-501
a	Plan name	IMPACT	
b	Name of plan sponsor	JAYNE THOMPSON ANTIQUES INC	c EIN-PN 61-1296469-501
a	Plan name	IMPACT	
b	Name of plan sponsor	ULTIMATE LAWN CARE INC	c EIN-PN 61-1297172-501
a	Plan name	IMPACT	
b	Name of plan sponsor	MCRAE FEED LLC	c EIN-PN 61-1298801-501
a	Plan name	IMPACT	
b	Name of plan sponsor	ANTHONY CECIL INSURANCE INC	c EIN-PN 61-1300491-501
a	Plan name	IMPACT	
b	Name of plan sponsor	INNOVATIVE PEST MANAGEMENT INC	c EIN-PN 61-1303377-501
a	Plan name	IMPACT	
b	Name of plan sponsor	ZAC INC DBA CASTLE BUILT HOMES	c EIN-PN 61-1303930-501

Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)

(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

a	Plan name	IMPACT	
b	Name of plan sponsor	REYNOLDS BELL THOROUGHbred	c EIN-PN 61-1304426-501
a	Plan name	IMPACT	
b	Name of plan sponsor	EYE CARE CTR OPTOMETRIST PSC	c EIN-PN 61-1307678-501
a	Plan name	IMPACT	
b	Name of plan sponsor	CORSMEIER ELECTRIC INC.	c EIN-PN 61-1310058-501
a	Plan name	IMPACT	
b	Name of plan sponsor	PAYSON STUD, INC	c EIN-PN 61-1310242-501
a	Plan name	IMPACT	
b	Name of plan sponsor	EAGLE EXPRESS TRUCKING INC	c EIN-PN 61-1311165-501
a	Plan name	IMPACT	
b	Name of plan sponsor	SAV-RITE HOME CARE INC	c EIN-PN 61-1311675-501
a	Plan name	IMPACT	
b	Name of plan sponsor	J&L HOME MEDICAL	c EIN-PN 61-1312099-501
a	Plan name	IMPACT	
b	Name of plan sponsor	STEEL SERVICES OF KY, INC.	c EIN-PN 61-1315028-501
a	Plan name	IMPACT	
b	Name of plan sponsor	MCCLANAHAN EYE CARE	c EIN-PN 61-1315801-501
a	Plan name	IMPACT	
b	Name of plan sponsor	MOORE INNOVATIONS, INC	c EIN-PN 61-1315806-501
a	Plan name	IMPACT	
b	Name of plan sponsor	ECONO GLASS SYSTEMS INC	c EIN-PN 61-1316622-501
a	Plan name	IMPACT	
b	Name of plan sponsor	HENDRICKS REAL ESTATE TEAM	c EIN-PN 61-1317165-501

Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)

(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

a	Plan name	IMPACT	
b	Name of plan sponsor	FERNANDEZ & MOLONEY PLLC	c EIN-PN 61-1319192-501
a	Plan name	IMPACT	
b	Name of plan sponsor	PAUL MCGEE RACING STABLE INC	c EIN-PN 61-1319266-501
a	Plan name	IMPACT	
b	Name of plan sponsor	B C WOODWORKING, INC	c EIN-PN 61-1322516-501
a	Plan name	IMPACT	
b	Name of plan sponsor	BLUEGRASS CUSTOM CABINETS	c EIN-PN 61-1325109-501
a	Plan name	IMPACT	
b	Name of plan sponsor	HBA OF HOPKINSVILLE	c EIN-PN 61-1325244-501
a	Plan name	IMPACT	
b	Name of plan sponsor	DANNENMUELLER H.P	c EIN-PN 61-1326035-501
a	Plan name	IMPACT	
b	Name of plan sponsor	ETHINGTON BUILDING SUPPLY	c EIN-PN 61-1334883-501
a	Plan name	IMPACT	
b	Name of plan sponsor	H E SUTTON FORWARDING CO LLC	c EIN-PN 61-1335273-501
a	Plan name	IMPACT	
b	Name of plan sponsor	HENSLEY, ELAM & ASSOCIATES LLC	c EIN-PN 61-1335419-501
a	Plan name	IMPACT	
b	Name of plan sponsor	LAKE CUMBERLAND TOURISM	c EIN-PN 61-1335467-501
a	Plan name	IMPACT	
b	Name of plan sponsor	RUCKRIEGEL ELECTRIC	c EIN-PN 61-1336064-501
a	Plan name	IMPACT	
b	Name of plan sponsor	OXLEY PROP DBA FAWN LEAP FARM	c EIN-PN 61-1336488-501

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	IMPACT	
b	Name of plan sponsor	CENTRAL KY OPTOMETRIC ASSOC	c EIN-PN 61-1336604-501
a	Plan name	IMPACT	
b	Name of plan sponsor	KENTUCKY EQUINE MANAGEMENT	c EIN-PN 61-1337087-501
a	Plan name	IMPACT	
b	Name of plan sponsor	NURSERY PLACE	c EIN-PN 61-1338187-501
a	Plan name	IMPACT	
b	Name of plan sponsor	HARTWELL FARM	c EIN-PN 61-1338191-501
a	Plan name	IMPACT	
b	Name of plan sponsor	SPRINGWOOD LLC	c EIN-PN 61-1339618-501
a	Plan name	IMPACT	
b	Name of plan sponsor	SHACKELFORD FARMS	c EIN-PN 61-1339677-501
a	Plan name	IMPACT	
b	Name of plan sponsor	HOMELINE/HOMELINE MEDICAL	c EIN-PN 61-1339983-501
a	Plan name	IMPACT	
b	Name of plan sponsor	WESTPORT CUSTOM CABINETS	c EIN-PN 61-1340984-501
a	Plan name	IMPACT	
b	Name of plan sponsor	JMBA, INC.	c EIN-PN 61-1341578-501
a	Plan name	IMPACT	
b	Name of plan sponsor	AUSTIN AND BRENDA PAUL FARM	c EIN-PN 61-1341968-501
a	Plan name	IMPACT	
b	Name of plan sponsor	ANGLERS OUTPOST	c EIN-PN 61-1343721-501
a	Plan name	IMPACT	
b	Name of plan sponsor	K H CLAYTON INC	c EIN-PN 61-1346567-501

Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)

(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

a	Plan name	IMPACT	
b	Name of plan sponsor	SANDY VALLEY FASTENERS, LLC	c EIN-PN 61-1347650-501
a	Plan name	IMPACT	
b	Name of plan sponsor	BRADSHAW PROPERTIES	c EIN-PN 61-1348192-501
a	Plan name	IMPACT	
b	Name of plan sponsor	BETTERSOURCE BENEFITS CO INC	c EIN-PN 61-1349541-501
a	Plan name	IMPACT	
b	Name of plan sponsor	UNITED STATES PONY CLUBS	c EIN-PN 61-1352306-501
a	Plan name	IMPACT	
b	Name of plan sponsor	KEY HOMES - D&E EXCAVATING,LLC	c EIN-PN 61-1353862-501
a	Plan name	IMPACT	
b	Name of plan sponsor	GEORGETOWN TIRE LLC	c EIN-PN 61-1355149-501
a	Plan name	IMPACT	
b	Name of plan sponsor	HOMEWORK RESIDENTIAL RENOVATIO	c EIN-PN 61-1356640-501
a	Plan name	IMPACT	
b	Name of plan sponsor	PATCHEN WILKES FARM, LLC	c EIN-PN 61-1358350-501
a	Plan name	IMPACT	
b	Name of plan sponsor	KEEBLER INTERIOR TRIM INC	c EIN-PN 61-1361191-501
a	Plan name	IMPACT	
b	Name of plan sponsor	BLUEWATER SALES LLC &	c EIN-PN 61-1362264-501
a	Plan name	IMPACT	
b	Name of plan sponsor	CROSBY LAW OFFICES PSC	c EIN-PN 61-1367593-501
a	Plan name	IMPACT	
b	Name of plan sponsor	FLOOR CONCEPTS INC	c EIN-PN 61-1368898-501

Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)

(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

a	Plan name	IMPACT	
b	Name of plan sponsor	HARRIS CONTRACTING INC	c EIN-PN 61-1369719-501
a	Plan name	IMPACT	
b	Name of plan sponsor	WAFORD'S HAY & STRAW	c EIN-PN 61-1371671-501
a	Plan name	IMPACT	
b	Name of plan sponsor	CS CRAWLEY CONSTRUCTION CO LLC	c EIN-PN 61-1372952-501
a	Plan name	IMPACT	
b	Name of plan sponsor	ARK SERVICES, LLC	c EIN-PN 61-1374007-501
a	Plan name	IMPACT	
b	Name of plan sponsor	MATRIX DEVELOPMENT LLC	c EIN-PN 61-1376163-501
a	Plan name	IMPACT	
b	Name of plan sponsor	PHILLIPS HOMES LLC	c EIN-PN 61-1378706-501
a	Plan name	IMPACT	
b	Name of plan sponsor	VALENTI HANLEY PLLC	c EIN-PN 61-1379378-501
a	Plan name	IMPACT	
b	Name of plan sponsor	M & K CONSTRUCTION &	c EIN-PN 61-1379860-501
a	Plan name	IMPACT	
b	Name of plan sponsor	INDEPENDENCE CHIROPRACTIC	c EIN-PN 61-1380466-501
a	Plan name	IMPACT	
b	Name of plan sponsor	THE ZOPPOTH LAW FIRM	c EIN-PN 61-1381312-501
a	Plan name	IMPACT	
b	Name of plan sponsor	DIAMOND FLOORING & CABINETRY	c EIN-PN 61-1381543-501
a	Plan name	IMPACT	
b	Name of plan sponsor	MT. WASHINGTON GARAGE DOOR CO	c EIN-PN 61-1382090-501

Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)

(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

a	Plan name	IMPACT	
b	Name of plan sponsor	WOODS EDGE FARM, LLC	c EIN-PN 61-1382158-501
a	Plan name	IMPACT	
b	Name of plan sponsor	ELM TREE FARM LLC	c EIN-PN 61-1382874-501
a	Plan name	IMPACT	
b	Name of plan sponsor	SHIELDS SERVICE LLC	c EIN-PN 61-1383477-501
a	Plan name	IMPACT	
b	Name of plan sponsor	BAILEY'S MASONRY INC	c EIN-PN 61-1383560-501
a	Plan name	IMPACT	
b	Name of plan sponsor	ESTERLE CONSTRUCTION INC	c EIN-PN 61-1383572-501
a	Plan name	IMPACT	
b	Name of plan sponsor	TOOL SHED RENTAL LLC	c EIN-PN 61-1385535-501
a	Plan name	IMPACT	
b	Name of plan sponsor	GREENS LAWN CARE LLC	c EIN-PN 61-1386716-501
a	Plan name	IMPACT	
b	Name of plan sponsor	FORTIS HOME BUILDERS INC	c EIN-PN 61-1387365-501
a	Plan name	IMPACT	
b	Name of plan sponsor	SMOOTH FINISH AUTO & MECHANIC	c EIN-PN 61-1387665-501
a	Plan name	IMPACT	
b	Name of plan sponsor	PRIMARY EYE CARE ASSOCIATES	c EIN-PN 61-1387930-501
a	Plan name	IMPACT	
b	Name of plan sponsor	D&K PERSFUL CORP	c EIN-PN 61-1388714-501
a	Plan name	IMPACT	
b	Name of plan sponsor	EDWARDS WHOLESALE	c EIN-PN 61-1390698-501

Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)

(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

a	Plan name	IMPACT	
b	Name of plan sponsor	HAWKINS AUTO BODY & PAINT INC	c EIN-PN 61-1392045-501
a	Plan name	IMPACT	
b	Name of plan sponsor	VISION CARE PSC	c EIN-PN 61-1393927-501
a	Plan name	IMPACT	
b	Name of plan sponsor	HOWELL EQUIPMENT	c EIN-PN 61-1394384-501
a	Plan name	IMPACT	
b	Name of plan sponsor	STONER CREEK, LLC	c EIN-PN 61-1395475-501
a	Plan name	IMPACT	
b	Name of plan sponsor	COMPTON & COMPTON EYE CARE	c EIN-PN 61-1397130-501
a	Plan name	IMPACT	
b	Name of plan sponsor	CASTLETON LYONS, INC.	c EIN-PN 61-1397359-501
a	Plan name	IMPACT	
b	Name of plan sponsor	ATLAS FARM	c EIN-PN 61-1397920-501
a	Plan name	IMPACT	
b	Name of plan sponsor	STEVE BAKER BUILDING, LLC	c EIN-PN 61-1397953-501
a	Plan name	IMPACT	
b	Name of plan sponsor	ANDERSON EQUIPMENT CO	c EIN-PN 61-1400920-501
a	Plan name	IMPACT	
b	Name of plan sponsor	MILLER BUILDING SUPPLY, INC	c EIN-PN 61-1401547-501
a	Plan name	IMPACT	
b	Name of plan sponsor	KENTUCKY HORTICULTURE COUNCIL	c EIN-PN 61-1401757-501
a	Plan name	IMPACT	
b	Name of plan sponsor	ASHVIEW FARMS INC	c EIN-PN 61-1418805-501

Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)

(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

a	Plan name	IMPACT	
b	Name of plan sponsor	GARY SEARS MOTORS, INC	c EIN-PN 61-1434651-501
a	Plan name	IMPACT	
b	Name of plan sponsor	HIDDEN BROOK LLC	c EIN-PN 61-1436423-501
a	Plan name	IMPACT	
b	Name of plan sponsor	AMERICAN MILLWORK INC	c EIN-PN 61-1480474-501
a	Plan name	IMPACT	
b	Name of plan sponsor	CARDINAL SURVEYING SERVICES	c EIN-PN 61-1483565-501
a	Plan name	IMPACT	
b	Name of plan sponsor	DUANE REALTY & DEVELOPMENT LLC	c EIN-PN 61-1513673-501
a	Plan name	IMPACT	
b	Name of plan sponsor	BLUE HOLE FARM	c EIN-PN 61-1624890-501
a	Plan name	IMPACT	
b	Name of plan sponsor	GREATER KENTUCKY CREDIT UNION	c EIN-PN 61-6026508-501
a	Plan name	IMPACT	
b	Name of plan sponsor	KENTUCKY PORK PRODUCERS	c EIN-PN 61-6036101-501
a	Plan name	IMPACT	
b	Name of plan sponsor	PEBBLE CREEK APARTMENT, LLC	c EIN-PN 61-6041977-501
a	Plan name	IMPACT	
b	Name of plan sponsor	NORTHERN KY FCU	c EIN-PN 61-6103089-501
a	Plan name	IMPACT	
b	Name of plan sponsor	KY HORSE PARK FOUNDATION INC	c EIN-PN 62-1257717-501
a	Plan name	IMPACT	
b	Name of plan sponsor	PRESTIGE BUILDERS INC	c EIN-PN 62-1335227-501

Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)

(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

a	Plan name	IMPACT	
b	Name of plan sponsor	SUN RESIDENTIAL	c EIN-PN 62-1335870-501
a	Plan name	IMPACT	
b	Name of plan sponsor	MARK D ROSS OPTOMETRIST	c EIN-PN 62-1636107-501
a	Plan name	IMPACT	
b	Name of plan sponsor	SPENCER TRUCKING	c EIN-PN 62-1706293-501
a	Plan name	IMPACT	
b	Name of plan sponsor	STACYE LOVE CONSTRUCTION	c EIN-PN 65-1164547-501
a	Plan name	IMPACT	
b	Name of plan sponsor	WESTCO LEASING LLC	c EIN-PN 65-1214247-501
a	Plan name	IMPACT	
b	Name of plan sponsor	GOOD NEIGHBOR PHARMACY	c EIN-PN 68-0548721-501
a	Plan name	IMPACT	
b	Name of plan sponsor	VISIONARY CONSULTANTS INC	c EIN-PN 68-0557930-501
a	Plan name	IMPACT	
b	Name of plan sponsor	ALL THINGS CONSTRUCTION LLC	c EIN-PN 68-0667148-501
a	Plan name	IMPACT	
b	Name of plan sponsor	PARKWAY MONUMENT CO	c EIN-PN 71-0886038-501
a	Plan name	IMPACT	
b	Name of plan sponsor	ADAMS ELECTRIC, LLC	c EIN-PN 71-0936509-501
a	Plan name	IMPACT	
b	Name of plan sponsor	BERNARD FLINT	c EIN-PN 72-1146372-501
a	Plan name	IMPACT	
b	Name of plan sponsor	EYE HEALTH SPECIALIST PLLC	c EIN-PN 73-1667579-501

Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)

(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

a	Plan name	IMPACT	
b	Name of plan sponsor	W.S. FARISH	c EIN-PN 74-0618180-501
a	Plan name	IMPACT	
b	Name of plan sponsor	MANCHESTER FARM	c EIN-PN 74-1374005-501
a	Plan name	IMPACT	
b	Name of plan sponsor	FASIG-TIPTON COMPANY INC	c EIN-PN 74-3257588-501
a	Plan name	IMPACT	
b	Name of plan sponsor	WINSTAR FARM LLC	c EIN-PN 75-2851493-501
a	Plan name	IMPACT	
b	Name of plan sponsor	TREEHAVEN II, LLC	c EIN-PN 75-3086113-501
a	Plan name	IMPACT	
b	Name of plan sponsor	MONTICULE, LLC	c EIN-PN 76-0152189-501
a	Plan name	IMPACT	
b	Name of plan sponsor	RVGP INC	c EIN-PN 77-0605402-501
a	Plan name	IMPACT	
b	Name of plan sponsor	DAVID RICHARDSON BUILDER, INC.	c EIN-PN 80-0090067-501
a	Plan name	IMPACT	
b	Name of plan sponsor	LARKSPUR S CARROLL DVM PLLC	c EIN-PN 80-0204233-501
a	Plan name	IMPACT	
b	Name of plan sponsor	MLS POWERSPORTS LLC	c EIN-PN 80-0224823-501
a	Plan name	IMPACT	
b	Name of plan sponsor	NAROLA LLC	c EIN-PN 80-0704767-501
a	Plan name	IMPACT	
b	Name of plan sponsor	MIDDLETOWN CONTRACTING INC	c EIN-PN 80-0717181-501

Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)

(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

a	Plan name	IMPACT	
b	Name of plan sponsor	STONER MILL FARM, LLC	c EIN-PN 81-0571061-501
a	Plan name	IMPACT	
b	Name of plan sponsor	HAPADZIC TRUCKING LLC	c EIN-PN 81-0779323-501
a	Plan name	IMPACT	
b	Name of plan sponsor	MANITOU FARMS	c EIN-PN 81-0805679-501
a	Plan name	IMPACT	
b	Name of plan sponsor	BUNCH & BROCK PSC	c EIN-PN 81-0945156-501
a	Plan name	IMPACT	
b	Name of plan sponsor	LITTLE FEET CONCRETE INC	c EIN-PN 81-1099938-501
a	Plan name	IMPACT	
b	Name of plan sponsor	JOSH DUKE LLC	c EIN-PN 81-1173921-501
a	Plan name	IMPACT	
b	Name of plan sponsor	JOHNSON AUCTION GROUP LLC	c EIN-PN 81-1326667-501
a	Plan name	IMPACT	
b	Name of plan sponsor	UNBRIDLED HOMES LLC	c EIN-PN 81-1389125-501
a	Plan name	IMPACT	
b	Name of plan sponsor	DEVER ENTERPRISES LLC	c EIN-PN 81-1494047-501
a	Plan name	IMPACT	
b	Name of plan sponsor	MATHES HORSE & CATTLE COMPANY	c EIN-PN 81-1622922-501
a	Plan name	IMPACT	
b	Name of plan sponsor	OAK LODGE	c EIN-PN 81-1642255-501
a	Plan name	IMPACT	
b	Name of plan sponsor	GREATHOUSE FARMS MANGMNT, LLC	c EIN-PN 81-2046493-501

Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)

(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

a	Plan name	IMPACT	
b	Name of plan sponsor	KIRMEL, LLC	c EIN-PN 81-2462056-501
a	Plan name	IMPACT	
b	Name of plan sponsor	ELEVATOR SOLUTIONS INC	c EIN-PN 81-2936059-501
a	Plan name	IMPACT	
b	Name of plan sponsor	H&H PROPERTIES OF MIDDLETOWN	c EIN-PN 81-3540520-501
a	Plan name	IMPACT	
b	Name of plan sponsor	FLOWERS BY MARNIE AND JENNYLLC	c EIN-PN 81-3621089-501
a	Plan name	IMPACT	
b	Name of plan sponsor	BOLAND MALONEY REALTY CO	c EIN-PN 81-3824961-501
a	Plan name	IMPACT	
b	Name of plan sponsor	MUSTANG CONTRACTING LLC	c EIN-PN 81-3922288-501
a	Plan name	IMPACT	
b	Name of plan sponsor	WESCOTT CONSTRUCTION	c EIN-PN 81-4156796-501
a	Plan name	IMPACT	
b	Name of plan sponsor	LIFESTYLE KITCHEN AND BATH	c EIN-PN 81-4176394-501
a	Plan name	IMPACT	
b	Name of plan sponsor	EWS MANAGEMENT INC	c EIN-PN 81-4591094-501
a	Plan name	IMPACT	
b	Name of plan sponsor	FOOT FIRST FARRIER SERVICE	c EIN-PN 81-5051730-501
a	Plan name	IMPACT	
b	Name of plan sponsor	HENLEY FARMS INC	c EIN-PN 81-5053166-501
a	Plan name	IMPACT	
b	Name of plan sponsor	LEWIS DOOR SERVICE	c EIN-PN 81-5182526-501

Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)

(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

a	Plan name	IMPACT	c	EIN-PN	81-5275335-501
b	Name of plan sponsor	KKB PROPERTY MANAGEMENT, LLC			
a	Plan name	IMPACT	c	EIN-PN	81-7073794-501
b	Name of plan sponsor	RANDAL FAMILY TRUST DBA			
a	Plan name	IMPACT	c	EIN-PN	82-1329936-501
b	Name of plan sponsor	TWIN SPIRES CONSTRUCTION			
a	Plan name	IMPACT	c	EIN-PN	82-2059383-501
b	Name of plan sponsor	TECHNOLOGY INNOV RESOURCES LLC			
a	Plan name	IMPACT	c	EIN-PN	82-2355712-501
b	Name of plan sponsor	STONE BRIDGE FARM			
a	Plan name	IMPACT	c	EIN-PN	82-2842316-501
b	Name of plan sponsor	FEED BUCKET LLC			
a	Plan name	IMPACT	c	EIN-PN	82-3047532-501
b	Name of plan sponsor	ABBOTT LIGHTING SOLUTIONS			
a	Plan name	IMPACT	c	EIN-PN	82-3539542-501
b	Name of plan sponsor	H&S 1 KY LEXINGTON, LLC			
a	Plan name	IMPACT	c	EIN-PN	82-3650625-501
b	Name of plan sponsor	PURRFECT DAY CAFE			
a	Plan name	IMPACT	c	EIN-PN	82-3816665-501
b	Name of plan sponsor	COY GILBERT SHEPHERD & WILSON			
a	Plan name	IMPACT	c	EIN-PN	82-3990654-501
b	Name of plan sponsor	FARNSLEY CHIROPRACTIC PLLC			
a	Plan name	IMPACT	c	EIN-PN	82-4098785-501
b	Name of plan sponsor	KEVIN GRIMES APPRAISAL			

Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)

(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

a	Plan name	IMPACT	
b	Name of plan sponsor	ROOTBOUND FARM LLC	c EIN-PN 82-4792328-501
a	Plan name	IMPACT	
b	Name of plan sponsor	JUSTAMERE FARM	c EIN-PN 82-4921969-501
a	Plan name	IMPACT	
b	Name of plan sponsor	FOSSETT ELECTRIC	c EIN-PN 82-4943198-501
a	Plan name	IMPACT	
b	Name of plan sponsor	MORGAN HOMES LLC	c EIN-PN 82-4988683-501
a	Plan name	IMPACT	
b	Name of plan sponsor	BROOKSHIRE FARM	c EIN-PN 82-5249317-501
a	Plan name	IMPACT	
b	Name of plan sponsor	LK MANSFIELD LLC	c EIN-PN 82-5428334-501
a	Plan name	IMPACT	
b	Name of plan sponsor	THREE CHIMNEYS FARM LLC	c EIN-PN 83-0399633-501
a	Plan name	IMPACT	
b	Name of plan sponsor	LAUREL GARDENS INC	c EIN-PN 83-0413811-501
a	Plan name	IMPACT	
b	Name of plan sponsor	EAST POINT STORAGE LLC	c EIN-PN 83-0471614-501
a	Plan name	IMPACT	
b	Name of plan sponsor	HH/ECC	c EIN-PN 83-0972657-501
a	Plan name	IMPACT	
b	Name of plan sponsor	CABINETS WITH CHARACTER, LLC	c EIN-PN 83-1154452-501
a	Plan name	IMPACT	
b	Name of plan sponsor	CS COLLISION LLC DBA IMPACT	c EIN-PN 83-1226880-501

Part II**Information on Participating Plans (to be completed by DFEs, other than DCGs)**

(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

a	Plan name	IMPACT	
b	Name of plan sponsor	EPIC LANDSCAPING LLC DBA LAWN	c EIN-PN 83-1371906-501
a	Plan name	IMPACT	
b	Name of plan sponsor	WHITE BARN FARMS LLC	c EIN-PN 83-1490307-501
a	Plan name	IMPACT	
b	Name of plan sponsor	DIRT WORKS UNLIMITED	c EIN-PN 83-1607070-501
a	Plan name	IMPACT	
b	Name of plan sponsor	CORSER THOROUGHBREDS LLC	c EIN-PN 83-1612623-501
a	Plan name	IMPACT	
b	Name of plan sponsor	ACE HIGH CATTLE LLC	c EIN-PN 83-1687629-501
a	Plan name	IMPACT	
b	Name of plan sponsor	COCANOUGHIER RACING	c EIN-PN 83-1897951-501
a	Plan name	IMPACT	
b	Name of plan sponsor	COMPLETE AUTOMOTIVE REPAIR INC	c EIN-PN 83-1920997-501
a	Plan name	IMPACT	
b	Name of plan sponsor	GLENVIEW SERVICES LLC	c EIN-PN 83-2118376-501
a	Plan name	IMPACT	
b	Name of plan sponsor	C&G PHARMACY	c EIN-PN 83-2717268-501
a	Plan name	IMPACT	
b	Name of plan sponsor	MOORE LAW GROUP PLLC	c EIN-PN 83-2806230-501
a	Plan name	IMPACT	
b	Name of plan sponsor	SNAP PAINTING PLUS LLC	c EIN-PN 83-2810484-501
a	Plan name	IMPACT	
b	Name of plan sponsor	FIVE MILES NORTH LLC	c EIN-PN 83-2914391-501

Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)

(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

a	Plan name	IMPACT	
b	Name of plan sponsor	EYE MAX PLLC	c EIN-PN 84-1662683-501
a	Plan name	IMPACT	
b	Name of plan sponsor	LOBB & HURST PLLC	c EIN-PN 84-2221712-501
a	Plan name	IMPACT	
b	Name of plan sponsor	LIVHEALTH & AFFILIATES	c EIN-PN 84-2665549-501
a	Plan name	IMPACT	
b	Name of plan sponsor	COVENANT PROPERTY GROUP LLC	c EIN-PN 84-2762359-501
a	Plan name	IMPACT	
b	Name of plan sponsor	MATHIESEN RACING LLC	c EIN-PN 84-2891991-501
a	Plan name	IMPACT	
b	Name of plan sponsor	SCATES BUILDERS AT BETHEL PNT	c EIN-PN 84-3417122-501
a	Plan name	IMPACT	
b	Name of plan sponsor	VIBE ELECTRIC LLC	c EIN-PN 84-3490417-501
a	Plan name	IMPACT	
b	Name of plan sponsor	TRIFORCE ENTERPRISES LLC DBA	c EIN-PN 84-3778327-501
a	Plan name	IMPACT	
b	Name of plan sponsor	LIPSCOMB HYDRA CLEANNG SYS LLC	c EIN-PN 84-3908705-501
a	Plan name	IMPACT	
b	Name of plan sponsor	CHARTER CONTRACTING LLC	c EIN-PN 84-4161628-501
a	Plan name	IMPACT	
b	Name of plan sponsor	CLASSIC FEED LLC	c EIN-PN 84-4843941-501
a	Plan name	IMPACT	
b	Name of plan sponsor	CNDZ LLC	c EIN-PN 85-0981338-501

Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)

(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

a	Plan name	IMPACT	
b	Name of plan sponsor	AMPLIFY HORSE RACING INC	c EIN-PN 85-1835865-501
a	Plan name	IMPACT	
b	Name of plan sponsor	SWAMP AG LLC	c EIN-PN 85-2378327-501
a	Plan name	IMPACT	
b	Name of plan sponsor	FORT MYERS LLC	c EIN-PN 85-2572983-501
a	Plan name	IMPACT	
b	Name of plan sponsor	NOREVALE FARM LLC	c EIN-PN 85-2739473-501
a	Plan name	IMPACT	
b	Name of plan sponsor	LESCH ENTERPRISES, LLC	c EIN-PN 85-2855700-501
a	Plan name	IMPACT	
b	Name of plan sponsor	KURTZ INDUSTRIAL LLC	c EIN-PN 85-3181176-501
a	Plan name	IMPACT	
b	Name of plan sponsor	TAILOR MADE AQUISITIONS, LLC	c EIN-PN 85-3270115-501
a	Plan name	IMPACT	
b	Name of plan sponsor	HAMMOND BLOODSTOCK LLC	c EIN-PN 85-3345429-501
a	Plan name	IMPACT	
b	Name of plan sponsor	SNIPP'S EXTREME TILE, INC	c EIN-PN 85-3795175-501
a	Plan name	IMPACT	
b	Name of plan sponsor	CALM REAL ESTATE INVESTMENTS	c EIN-PN 86-1189339-501
a	Plan name	IMPACT	
b	Name of plan sponsor	DISCOUNT TIRE & AUTO INC	c EIN-PN 86-1407145-501
a	Plan name	IMPACT	
b	Name of plan sponsor	RUBY BRANCH FARMS LLC	c EIN-PN 86-1847456-501

Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)

(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

a	Plan name	IMPACT	
b	Name of plan sponsor	STONERIGGS FARM	c EIN-PN 86-2064248-501
a	Plan name	IMPACT	
b	Name of plan sponsor	PB II MANAGEMENT	c EIN-PN 86-3134683-501
a	Plan name	IMPACT	
b	Name of plan sponsor	AVDEVICH HEATING & AIR	c EIN-PN 86-3694073-501
a	Plan name	IMPACT	
b	Name of plan sponsor	JACKIE HORN ATTORNEY AT LAW	c EIN-PN 86-3923108-501
a	Plan name	IMPACT	
b	Name of plan sponsor	MORRIS FARMS LLC	c EIN-PN 87-0796320-501
a	Plan name	IMPACT	
b	Name of plan sponsor	WALTON NIEHAUS LAW PLLC	c EIN-PN 87-0836651-501
a	Plan name	IMPACT	
b	Name of plan sponsor	RUSSMAN REPAIR & RENOVATIONS	c EIN-PN 87-1403399-501
a	Plan name	IMPACT	
b	Name of plan sponsor	GOODE LAW OFFICE PLLC	c EIN-PN 87-1853928-501
a	Plan name	IMPACT	
b	Name of plan sponsor	CHARLIE JOHNS AUTO SALVAGE LLC	c EIN-PN 87-2839871-501
a	Plan name	IMPACT	
b	Name of plan sponsor	BELL EQUINE SURGERY & LAMENESS	c EIN-PN 87-4088092-501
a	Plan name	IMPACT	
b	Name of plan sponsor	HIGHGATE SALES	c EIN-PN 87-4234359-501
a	Plan name	IMPACT	
b	Name of plan sponsor	PEAKE COMPANY LLC	c EIN-PN 87-4297453-501

Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)

(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

a	Plan name	IMPACT	
b	Name of plan sponsor	FLYING EYE PLLC DBA KY EYE CTR	c EIN-PN 87-4558580-501
a	Plan name	IMPACT	
b	Name of plan sponsor	HOOPS ELECTRIC INC	c EIN-PN 87-4578505-501
a	Plan name	IMPACT	
b	Name of plan sponsor	S&M REAL ESTATE MGT	c EIN-PN 87-4605763-501
a	Plan name	IMPACT	
b	Name of plan sponsor	ARC CONSULTING LLC	c EIN-PN 88-0545222-501
a	Plan name	IMPACT	
b	Name of plan sponsor	FUTURE MOUSE NOTES, INC	c EIN-PN 88-1532276-501
a	Plan name	IMPACT	
b	Name of plan sponsor	EYES ON LEX LLC	c EIN-PN 88-1735586-501
a	Plan name	IMPACT	
b	Name of plan sponsor	MATT HOGAN STABLES LLC	c EIN-PN 88-2986489-501
a	Plan name	IMPACT	
b	Name of plan sponsor	DJ SHACKELFORD LLC	c EIN-PN 88-4366983-501
a	Plan name	IMPACT	
b	Name of plan sponsor	A WILSON GENERAL CONTRACTING	c EIN-PN 90-0819820-501
a	Plan name	IMPACT	
b	Name of plan sponsor	OLD FRANKFORT STUD	c EIN-PN 91-1191700-501
a	Plan name	IMPACT	
b	Name of plan sponsor	PRIME IV OF LEXINGTON	c EIN-PN 92-1074389-501
a	Plan name	IMPACT	
b	Name of plan sponsor	JA INVESTMENT HOLDINGS LLC	c EIN-PN 92-1120265-501

Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)

(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

a	Plan name	IMPACT	
b	Name of plan sponsor	WICKER / BRAMMELL PLLC	c EIN-PN 92-1810473-501
a	Plan name	IMPACT	
b	Name of plan sponsor	HOMETOWN PHARMACY	c EIN-PN 92-2028931-501
a	Plan name	IMPACT	
b	Name of plan sponsor	BEAVER BUILDS LLC	c EIN-PN 92-2637619-501
a	Plan name	IMPACT	
b	Name of plan sponsor	BLUE DIAMOND STUD USA LLC	c EIN-PN 92-2742153-501
a	Plan name	IMPACT	
b	Name of plan sponsor	FLYING DUTCHMAN BREEDING RACING	c EIN-PN 92-3509122-501
a	Plan name	IMPACT	
b	Name of plan sponsor	SHADWELL RACING LLC	c EIN-PN 93-1818530-501
a	Plan name	IMPACT	
b	Name of plan sponsor	FICK CONSTRUCTION	c EIN-PN 93-3477339-501
a	Plan name	IMPACT	
b	Name of plan sponsor	WHITE HORSE INSURANCE GROUP	c EIN-PN 93-4483420-501
a	Plan name	IMPACT	
b	Name of plan sponsor	KEITZ CONSTRUCTION LLC	c EIN-PN 94-3445498-501
a	Plan name	IMPACT	
b	Name of plan sponsor	HENRY WATZ RAINE & MARINO	c EIN-PN 94-3458123-501
a	Plan name	IMPACT	
b	Name of plan sponsor	CORINTHIA FARM	c EIN-PN 95-6592668-501
a	Plan name	IMPACT	
b	Name of plan sponsor	STRONACH GROUP LIMITD PRTRNSHP	c EIN-PN 98-1075088-501

Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)

(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

a Plan name IMPACT**b** Name of plan sponsor PERSAUD LEGACY FARMS LLC**c** EIN-PN 99-1728011-501**a** Plan name IMPACT**b** Name of plan sponsor 800% ELITE AUTO SALES LLC**c** EIN-PN 99-3427910-501**a** Plan name**b** Name of plan sponsor**c** EIN-PN**a** Plan name**b** Name of plan sponsor**c** EIN-PN**a** Plan name**b** Name of plan sponsor**c** EIN-PN**a** Plan name**b** Name of plan sponsor**c** EIN-PN**a** Plan name**b** Name of plan sponsor**c** EIN-PN**a** Plan name**b** Name of plan sponsor**c** EIN-PN**a** Plan name**b** Name of plan sponsor**c** EIN-PN**a** Plan name**b** Name of plan sponsor**c** EIN-PN**a** Plan name**b** Name of plan sponsor**c** EIN-PN**a** Plan name**b** Name of plan sponsor**c** EIN-PN

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 INDUSTRIAL MANUFACTURING PROFESSIONAL AND COMMERCIAL TRUST	B Three-digit plan number (PN) 501
C Plan sponsor's name as shown on line 2a of Form 5500 INDUSTRIAL MANUFACTURING AND PROFESSIONAL COMMERCIAL TRUST	D Employer Identification Number (EIN) 61-6096328

Part I	Asset and Liability Statement		
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	1126179	2139804
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	121460	129119
(2) Participant contributions.....	1b(2)		
(3) Other	1b(3)	598218	1243578
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	1796340	1524828
(2) U.S. Government securities	1c(2)	879765	1177514
(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)	909472	1243849
(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)		
(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)	1901204	1796156
(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	7332638	9254848
Liabilities			
g Benefit claims payable.....	1g	1566844	1678168
h Operating payables.....	1h	307850	336736
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j	1362464	1701489
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	3237158	3716393
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	4095480	5538455

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)	51916372	
(B) Participants.....	2a(1)(B)		
(C) Others (including rollovers).....	2a(1)(C)		
(2) Noncash contributions.....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B), (C), and line 2a(2)	2a(3)		51916372
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	71028	
(B) U.S. Government securities.....	2b(1)(B)		
(C) Corporate debt instruments.....	2b(1)(C)	44787	
(D) Loans (other than to participants).....	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)		
(F) Other.....	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F).....	2b(1)(G)		115815
(2) Dividends: (A) Preferred stock.....	2b(2)(A)		
(B) Common stock.....	2b(2)(B)	65659	
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)	69941	
(D) Total dividends. Add lines 2b(2)(A) , (B), and (C).....	2b(2)(D)		135600
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds.....	2b(4)(A)	2098819	
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	2080113	
(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)	59327	
(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)		49232
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		52295052

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	19664423	
(2) To insurance carriers for the provision of benefits	2e(2)	29873163	
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		49537586
f Corrective distributions (see instructions)	2f		
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)	681452	
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)	18000	
(5) Investment advisory and investment management fees	2i(5)	37223	
(6) Bank or trust company trustee/custodial fees	2i(6)	6254	
(7) Actuarial fees	2i(7)	52166	
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	519396	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		1314491
j Total expenses. Add all expense amounts in column (b) and enter total	2j		50852077

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		1442975
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

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: **FRANK N HESTAND CPA PSC**

(2) EIN: **61-1336870**

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.)			
4a			
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)		X	
4b			
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.)		X	
4c			
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.)		X	
4d			
e Was this plan covered by a fidelity bond?	X		500000
4e			
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?			
4f			
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?			
4g			
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?			
4h			
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
4i			
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.)	X		
4j			
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?			
4k			
l Has the plan failed to provide any benefit when due under the plan?		X	
4l			
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
4m			
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.			
4n			

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)

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 _____.

Industrial, Manufacturing, Professional, and Commercial Trust and Affiliates
Combined Financial Statements and Supplemental Information
December 31, 2024 and 2023

Table of Contents

Independent Auditors' Report.....	1
Audited Financial Statements	
Combined Statements of Benefit Obligations and Net Assets Available for Benefits.....	4
Combined Statements of Changes in Benefit Obligations and Net Assets Available for Benefits.....	5
Notes to the Combined Financial Statements.....	6
Supplemental Information	
Schedule of Assets (Held at End of Year)	16
Schedule of Reportable Transactions	21

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INDEPENDENT AUDITOR'S REPORT

To the Board of Trustees-Industrial, Manufacturing,
Professional, and Commercial Trust and Affiliates
Lexington, Kentucky 40503

Opinion

We have audited the accompanying financial statements of Industrial, Manufacturing, Professional, and Commercial Trust and Affiliates, an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statements of net assets available for benefits and benefit obligations as of December 31, 2024 and 2023, and the related statements of changes in net assets available for benefits and benefit obligations for the years then ended, and the related notes to the financial statements.

In our opinion, the financial statements referred to above present fairly, in all material respects, the net assets available for benefits and benefit obligations as of December 31, 2024, and 2023, and the changes in its net assets available for benefits and benefit obligations for the years then ended, in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of Industrial, Manufacturing, Professional, and Commercial Trust and Affiliates and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with accounting principles generally accepted in the United States of America, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

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 Industrial, Manufacturing, Professional, and Commercial Trust and Affiliates' 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

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

In performing an audit in accordance with generally accepted auditing standards, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of about Industrial, Manufacturing, Professional, and Commercial Trust and Affiliates' 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 Industrial, Manufacturing, Professional, and Commercial Trust and Affiliates' ability to continue as a going concern for a reasonable period of time.

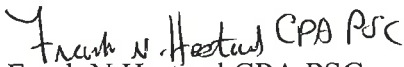
We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit, significant audit findings, and certain internal control-related matters that we identified during the audit.

Supplemental Schedules Required by ERISA

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedules of Assets (Held at End of Year) as of December 31, 2024 and of Reportable Transactions for the year ended December 31, 2024 are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with generally accepted auditing standards.

In forming our opinion on the supplemental schedules, we evaluated whether the supplemental schedules, 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 information in the accompanying schedules is fairly stated, in all material respects, in relation to the financial statements as a whole, and the form and content are presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.


Frank N Hestand CPA PSC
Lexington, Kentucky
October 5, 2025

Industrial, Manufacturing, Professional, and Commercial Trust and Affiliates
Combined Statements of Benefit Obligations and
Net Assets Available for Benefits
December 31, 2024 and 2023

	<u>2024</u>	<u>2023</u>
Benefit obligations		
Amounts due to insurance companies	\$ 252,276	\$ 96,953
Claims incurred but not reported	1,399,015	967,539
Claims Payable	26,877	502,352
Total benefit obligations	<u>1,678,168</u>	<u>1,566,844</u>
Assets		
Cash	2,139,804	1,126,460
Investments, at fair value	5,742,347	5,486,500
Receivables:		
Employer contributions	129,119	121,460
Accrued income	30,353	18,377
Prescription Rebates/Stop loss	449,312	70,866
	<u>608,784</u>	<u>210,703</u>
Prepaid insurance premiums	<u>763,913</u>	<u>508,975</u>
Total assets	<u>9,254,848</u>	<u>7,332,638</u>
Liabilities		
Administrative fees payable	27,638	42,085
Accounts payable and accrued expenses	309,098	265,765
Unearned employer remittances	1,701,489	1,362,464
Total liabilities	<u>2,038,225</u>	<u>1,670,314</u>
Net assets available for benefits	<u>7,216,623</u>	<u>5,662,324</u>
Total	<u>7,216,623</u>	<u>5,662,324</u>
Excess of net assets available for benefits over benefit obligations	<u>5,538,455</u>	<u>4,095,480</u>
Total	<u>\$ 5,538,455</u>	<u>\$ 4,095,480</u>

See accompanying notes.

Industrial, Manufacturing, Professional, and Commercial Trust and Affiliates
Combined Statements of Changes in Benefit Obligations and
Net Assets Available for Benefits
Years ended December 31, 2024 and 2023

	<u>2024</u>	<u>2023</u>
Net increase(decrease) in benefit obligations		
Change in IBNR reserve	\$ 431,476	\$ (310,164)
Change in claims payable	(475,475)	279,568
Change in amounts due to insurance companies	155,323	(241,978)
	<u>111,324</u>	<u>(272,574)</u>
Net increase (decrease) in net assets available for benefits		
Additions:		
Employer contributions	51,916,372	48,582,741
Net appreciation in fair value of investments	127,265	178,426
Investment Income	251,415	203,870
Total additions	<u>52,295,052</u>	<u>48,965,037</u>
Deductions:		
Insurance premiums paid	29,717,840	30,712,070
Claims paid	19,708,422	17,115,642
Administrative expenses	1,314,491	1,437,546
Total deductions	<u>50,740,753</u>	<u>49,265,258</u>
Increase (decrease) in net assets available for benefits	<u>1,554,299</u>	<u>(300,221)</u>
Increase (decrease) in excess of net assets available for benefits over benefit obligations	1,442,975	(27,647)
Excess of net assets available for benefits over benefit obligations:		
Beginning of year	4,095,480	4,123,127
End of year	<u>\$ 5,538,455</u>	<u>\$ 4,095,480</u>

See accompanying notes.

Industrial, Manufacturing, Professional, and Commercial Trust and Affiliates

Notes to the Combined Financial Statements

December 31, 2024

1. Description of the Plan

General

The Industrial, Manufacturing, Professional and Commercial Trust (the Trust) was established on August 1, 1975 for certain employers who subscribe to the plans of the trust (Subscribing Employers). The related plans provide medical, dental, accidental death and dismemberment and group life insurance benefits for participating employees of participating Employers and are facilitated by Administrative Services Group, a subsidiary of UMR, Inc. (formerly Acordia of Lexington; Fiserv Health), Contract Administrator. Participating Employers adopt individual welfare plans at the member level and the trust is filed as a group insurance arrangement as defined in the applicable sections of Department of Labor (DOL) regulations. All benefits are paid directly by the insurance companies.

Participants should refer to the applicable *Summary Plan Description* pamphlet and their participation agreement for a more complete description of their respective plan. The individual plans are subject to the provisions of ERISA.

The Patient Protection and Affordable Care Act mandated several changes to the Trust documents and agreements. Each participating association will now be deemed as the plan sponsor and fiduciary of its respective health plan. The participating associations will also maintain the plan documents and execute participation agreements with the Trust. Beginning with the 2014 calendar year, the combined financial statements represent the activity of the following association plans:

- Home Builders Association of Kentucky
- Homeless and Housing Coalition of KY
- KY. Agribusiness Association
- KY Association of Manufacturers
- KY Auto & Truck Recyclers Association
- KY Building Materials Association
- KY Cattlemen's Association
- KY Chiropractic Association
- KY Corn Growers Association
- KY Credit Union League
- KY Dairy Development Council
- KY Fire Sprinkler Contractors
- KY Grocers Association
- KY Grocers Education Foundation
- KY Manufactured Housing Institute
- KY Medical Equipment Supplies
- KY Optometric Association
- KY Pest Management Association
- KY Podiatric Medical Association
- KY Retail Federation
- KY Soybean Association
- KY Thoroughbred Association
- KY Travel Industry Association
- KY Trucking Association
- KY Wholesale Distributors Association
- Louisville Apartment Association
- Louisville Bar Association

1. Description of the Plan (continued)

Insured Benefits

The Plan offers a health maintenance organization (HMO) that participants can choose. The Plan fully insures the life insurance benefits (basic, supplemental, and dependent), accidental death and disability benefits (basic, supplemental, and spousal), and long-term disability benefits. The Plan purchases annual insurance contracts for these insured benefits. Premiums for all insured benefits are paid from the assets of the VEBA trust.

Experience-rated Contracts

Certain insurance contracts are subject to experience-rating adjustments. Experience ratings (calculated as the difference between premiums paid and the total of claims paid and fees charged by the insurance company) are determined by the insurance company in the following year and may result in a premium surplus or deficit.

Stop Loss Coverage

The Plan has entered into a stop-loss insurance arrangement in an effort to limit its exposure for self-insured benefits (individual participant claims over a specific dollar amount, as well as its aggregate exposure for all claims).

Self-insured Benefits

A subscribing association and its employers provide Plan benefits that are self-insured. The claims for self-insured benefits are processed by the Plan's third-party claims processors under administrative services only (ASO) arrangements. The claims processors pay claims directly to or on behalf of participants and are then reimbursed from the Plan assets. Despite the Plan's utilization of third-party claims processors, ultimate responsibility for payments to providers and participants is retained by the Plan.

2. Significant Accounting Policies

Basis of Accounting and Use of Estimates

The accompanying financial statements have been prepared using the accrual method of accounting. The preparation of financial statements in accordance with accounting principles generally accepted in the United States of America (GAAP) requires management to make estimates and assumptions that affect the reported amounts of assets, liabilities, benefit obligations and changes therein, and disclosure of contingent assets and liabilities. Actual results could differ from those estimates.

Contributions

Premiums due from Subscribing Employers are billed in advance and recorded as receivables until collected and as unearned employer remittances until the related insurance coverage becomes effective. If elected by the Subscribing Employer, employee contributions can be made to the Trust under a Section 125 Plan (the Flexible Benefits Plan). This allows employers to defer employee contributions pre-tax. Employer contributions include all amounts remitted by Subscribing Employers including amounts originally contributed by participants.

Benefit Obligations

Health costs incurred by participants and their dependents are covered by insurance contracts maintained by the Trust. Benefit obligations at December 31, 2024 and 2023 represented premiums due to the insurance companies to continue the benefits and the various premium reserve agreements established with Anthem, Inc.

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 a liability in an orderly transaction between market participants at the measurement date. Purchased and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Net appreciation (depreciation) includes the Plan's gains and losses on investment bought and sold as well as sold during the year.

2. Significant Accounting Policies (continued)

Recent Accounting Pronouncements

In June 2016, the Financial Accounting Standards Board (FASB) issued Accounting Standards Update (ASU) No. 2016-13, Financial Instruments - Credit Losses (Topic 326), which is effective for the Plan for the year ended December 31, 2024. This new standard provides financial statement users with more decision-useful information about the expected credit losses on financial instruments and other commitments to extend credit held by a reporting entity at each reporting date. The standard replaced the incurred loss impairment model with a methodology that reflects expected credit losses and requires consideration of a broader range of reasonable and supportable information to inform credit loss estimates. The standard had no material impact on the Plan's financial statements.

Claims Incurred but not Reported

Plan obligations at December 31 for claims incurred but not reported are estimated by the Plan's contract administrator based on claims data provided by the Plan's third-party claims administrators. These amounts are paid by the Plan only if claims are submitted and approved for payment.

Administrative Expenses

The Plan pays administrative expenses that consist primarily of administrative fees paid to third-party administrators, the attorney, investment managers and consultants, actuary, and auditor. These expenses are reported on the statement of changes in net assets available for benefits as administrative expenses.

Subsequent Events

The Trust has evaluated subsequent events through October 5, 2025, the date the financial statements were available to be issued.

Industrial, Manufacturing, Professional, and Commercial Trust and Affiliates

Notes to the Combined Financial Statements (continued)

3. Investments

The investments of the Trust are summarized below.

	December 31,	
	<u>2024</u>	<u>2023</u>
Fair market values determined by quoted market prices:		
<u>Description</u>		
Money Market Funds	\$ 1,524,828	\$ 1,796,060
Mutual Funds	1,796,156	1,952,571
Equities	1,243,849	858,105
Government Securities/Municipal Bonds	1,177,514	879,764
Grand Total	<u>\$ 5,742,347</u>	<u>\$ 5,486,500</u>

4. Fair Value Measurements

The framework for measuring fair value provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted market prices in active markets for identical assets or liabilities (level 1) and the lowest priority to unobservable inputs (level 3). The three levels of the fair value hierarchy under FASB ASC 820 are described as follows:

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

Level 2 - Inputs to the valuation methodology include

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

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

4. Fair Value Measurements (continued)

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

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

- Money Market Funds: Valued at the closing price reported on the active market on which the individual securities are traded.
- Municipal Bonds: Valued using pricing models maximizing the use of observable inputs for similar securities. This includes basing value on yields currently available on comparable securities. This includes basing value on yields currently available on comparable securities of issuers with similar credit ratings.
- Mutual Funds: Valued at the daily closing price 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 that price. The mutual funds held by the Plan are deemed to be actively traded.
- Common Stocks – Valued at the closing price reported on the active market on which the individual securities are traded.

The methods described above may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, while the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date. Money market funds below determine fair value using a calculated net asset per share, or its equivalent. As of December 31, 2024 and 2023, there were no unfunded commitments related to these investments. These investments can be redeemed daily with no redemption notice required.

Industrial, Manufacturing, Professional, and Commercial Trust and Affiliates

Notes to the Combined Financial Statements (continued)

4. Fair Value Measurements (continued)

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

Assets at Fair Value as of December 31, 2024

	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Mutual Funds	\$ 1,796,156			\$ 1,796,156
Equities	1,243,849			1,243,849
Money Market Funds	1,524,828			1,524,828
US Government/Municipal Securities		\$ 1,177,514		1,177,514
Total assets at fair value	\$ 4,564,833	\$ 1,177,514		\$ 5,742,347

Assets at Fair Value as of December 31, 2023

	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Mutual Funds	\$ 1,952,571			\$ 1,952,571
Equities	858,105			858,105
Money Market Funds	1,796,060			1,796,060
US Government/Municipal Securities		\$ 879,764		879,764
Total assets at fair value	\$ 4,606,736	\$ 879,764		\$ 5,486,500

5. Administrative Expenses

Administrative expenses of the Trust include the following:

	Year Ended December 31	
	<u>2024</u>	<u>2023</u>
Contract administrator fees	\$ 681,452	\$ 653,921
Claims administration fees	249,420	444,873
PCORI/Gap Fees	251,551	211,402
Professional fees	70,166	53,490
Bank fees	43,477	38,514
Fiduciary Insurance	18,425	18,041
Miscellaneous	0	17,305
Total administrative expenses	\$ 1,314,491	\$ 1,437,546

Industrial, Manufacturing, Professional, and Commercial Trust and Affiliates

Notes to the Combined Financial Statements (continued)

6. Related Parties

UMR, the Contract Administrator, facilitates the collection of premium remittances to the Trust and remits the insurance premiums to the respective insurance companies or their agents; pays or provides for the payment of the Trust itself for all reasonable and necessary expenses of establishment, installation and administration of the Trust; conducts all transactions with the insurance companies or the service contractors or their agents relative to the execution and administration of the insurance or service contracts; and establishes the rules for the administration of the affairs of the Trust. The Contract Administrator is compensated for services by administrative fees based on the number of participating employees of each Subscribing Employer and by other fees charged periodically for services rendered. Administrative fees paid by the Trust amounted to \$681,452 and \$653,921 for the years ended December 31, 2024 and 2023, respectively.

7. Income Tax Status

The Trust has received an exemption letter from the Internal Revenue Service dated July 26, 1977, stating that the Trust is tax-exempt under the provisions of Section 501(c)(9) of the Internal Revenue Code (the Code) as a Voluntary Employee Beneficiary Association.

The Trust is required to operate in conformity with the Code to maintain the tax-exempt status. The Contract Administrator believes the Trust is being operated in compliance with the applicable requirement of the Code and, therefore, believes the related Trust is tax exempt.

Accounting principles generally accepted in the United States of America require plan management to evaluate tax positions taken by the plan and recognize a tax liability if the organization has taken an uncertain position that more likely than not be sustained upon examination by the Internal Revenue Service. The plan administrator has analyzed the tax positions taken by the plan, and has concluded that as of December 31, 2024 and 2023, there are no uncertain positions taken or expected to be taken that would require recognition of a liability or disclosures in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The plan administrator believes it is no longer subject to income tax examinations for years prior to 2022.

Industrial, Manufacturing, Professional, and Commercial Trust and Affiliates

Notes to the Combined Financial Statements (continued)

8. Termination of the Trust

If the Trust were to terminate, the Contract Administrator would be required to use available funds to (1) pay or provide for the payment of all insurance premiums, service contract fees and other charges required to be paid pursuant to the insurance and/or service contracts (2) pay or provide for payment of all reasonable and necessary expenses in connection with or arising out of the establishment, installation and administration of the Trust, and (3) apply any balance to such other purposes as shall best effectuate the purposes of the Trust. Currently, there is no intention to terminate the Trust.

9. Reconciliation of Financial Statements to Form 5500

The following reconciles net assets available for benefits per the combined financial statements to the Form 5500:

	<u>December 31,</u>	<u>2023</u>
	<u>2024</u>	
Net assets available for benefits per the financial statements	\$ 7,216,623	\$ 5,662,324
Benefit obligations currently payable	<u>(1,678,168)</u>	<u>(1,566,844)</u>
Net assets available for benefits per the Form 5500	<u>\$ 5,538,455</u>	<u>\$ 4,095,480</u>

The following reconciles insurance premiums paid for participants per the financial statements to the Form 5500:

	<u>Year ended</u>
	<u>December 31, 2024</u>
Insurance premiums paid per the financial statements	29,717,840
Add: Amounts currently payable at end of year	252,276
Less: Amounts currently payable at beginning of year	<u>(96,953)</u>
Insurance premium paid for participants per the Form 5500	<u>29,873,163</u>

Industrial, Manufacturing, Professional, and Commercial Trust and Affiliates

Notes to the Combined Financial Statements (continued)

9. Reconciliation of Financial Statements to form 5500 (continued)

The following reconciles claims paid to participants per the financial statements to the Form 5500:

	<u>Year ended</u> <u>December 31, 2024</u>
Claims paid per the financial statements	19,708,422
Add: Amounts currently payable at end of year	1,425,892
Less: Amounts currently payable at beginning of year	<u>(1,469,891)</u>
Insurance premium paid for participants per the Form 5500	<u>19,664,423</u>

Claims and premiums that have been processed and approved for payment at year-end, but not paid and claims incurred but not reported are not considered liabilities under GAAP and, therefore, are not presented as liabilities or claims and premiums paid in the accompanying financial statements, but are recorded on the Form 5500 as a liability.

10. Risks and Uncertainties

Investments at December 31, 2024 and 2023 consist of cash and money market accounts that are subject to the Federal Insurance limits. These balances include \$2,139,804 and \$1,126,179, which are in excess of the federally insured limits at December 31, 2024 and 2023, respectively.

Supplemental Information

Industrial, Manufacturing, Professional, and Commerical Trust
Schedule H, Part IV Line 4(i) Schedule of Assets (Held at end of year)
December 31, 2024
Plan: 530
EIN: 61-6096328

(a)	(b)	(c)	(d)	(e)
	Identity of Issue, Borrower, Lessor, or Similar Party	Description of Investments hares or Par Value	Cost	Current Value
	<u>Cash Equivalents</u>			
	Federated Gov Obligation MMF		\$ 140,698	\$ 140,698
*	General Money Market Fund-Pershing		1,384,130	1,384,130
	Total Cash Equivalents		1,524,828	1,524,828
	<u>Mutual Funds</u>			
	Baron Real Estate Fund Instl		3,436	3,736
	Blackrock Emerging Markets		1,354	1,221
	Blackrock High Yield Bond Fund		3,633	3,505
	Blackrock High Yield Bond Fund		7,343	7,807
	Blackrock High Yield Bond Fund		98,338	93,747
	Blackrock Strategic Income Fund		11,196	11,186
	Blackrock Strategic Income Opprtu		157,553	156,511
	Blackrock Strategic Income Opprtu		4,128	4,114
	Campbell Systematic Macro Fund		3,923	3,996
	ETF Ishares Inc MSCI Emr Ex China		1,189	1,220
	Federated Total Return Bond Fund		48,095	45,482
	Federated Total Return Bond Fund		783,688	703,024
	Federated Total Return Bond Fund		32,652	28,779
	Global X Funds Fintech ETF		1,754	2,061
	Goldman Sachs Absolute Return Tracker		3,730	3,859
	Hartford Schroders Emerging Markets Equity		1,272	1,258
	Invesco Exchange Traded Fund		1,574	1,488
	Ishares S&P 500 Index		16,589	28,881
	Ishares Tr Core S&P Mid-Cap ETF		2,806	3,427
	Ishares Tr Dow Jones US ETF Fd		6,897	9,587
	Ishares Tr MSCI EAFE ETF		11,899	13,610
	Ishares Tr Russell 1000 Growth ETF		27,918	44,575
	Ishares Tr Russell 1000 Value ETF		29,314	34,619

Ishares Tr Russell 3000 ETF	6,079	8,356
Ishares Tr Select Divid ETF Fd	21,513	22,844
Ishares Tr Transn Average ETF Fd	2,208	2,433
Ishares Tr US Aerospace & Defense	8,897	12,209
Ishares Tr US Basic Materials ETF	7,150	7,276
Ishares Tr US Financials ETF Index Fd	9,477	13,601
Ishares Tr US Finl Svcs ETF	8,133	11,438
Ishares Tr US Health Care Providers ETF	2,536	2,160
Ishares Tr US Regional Banks Index	11,670	11,079
MFS Emerging Markets Debt Fd	61,048	61,892
MFS Emerging Markets Debt Fund	7,608	7,765
MFS Emerging Markets Debt Fund	2,217	2,252
MFS Intl Growth Fund	2,291	2,523
Select Sector Spdr Tr Energy	1,948	2,227
Spdr Dow Jones Indl Average ETF Tr	27,232	34,891
Spdr S&P 500 ETF Tr	47,716	66,813
T Rowe Price Mid Cap Growth Fund	3,155	3,177
Vanguard Index Fds Vanguard Reit ETF	6,299	5,612
Vanguard Index Fds Vanguard Small-Cap	18,468	22,106
Vanguard Short Term Bond	268,479	256,311
Vanguard Short Term Bond Index	1,627	1,642
Vanguard Specialized Portfolios Dividend	9,630	12,141
Vanguard World Fds Vanguard Health Care	3,207	3,298
Wasatch Core Growth Instl	2,227	2,748
Wisdomtree Tr Largecap Divid Fd	9,408	11,669
Total Mutual Funds	1,810,504	1,796,156

Government Securities and Municipal Bonds

FFBC, 4.15%, 2/13/29	298,350	296,609
FFCB, 4.25%, 8/7/28	99,197	99,495
FHLB, 5.125%, 3/14/25	150,053	150,215
Junction City Kansas, 3.0%, 9/1/28	33,039	33,043
Regional Transportation Auth, 5.60%, 7/1/25	116,852	100,286
UCF Stadium Corp FL Rev, 4.05%, 3/1/25	105,062	99,921
US Treasury Note, 3.75%, 4/15/26	98,701	99,363
US Treasury Note, 3.875%, 4/30/25	98,623	99,848
US Treasury Note, 4.25%, 5/31/25	149,142	149,962
Wisconsin St, 2.383%, 5/1/26	23,211	24,346
Woodland Pk CO, 3.2%, 12/1/26	24,442	24,426
Total Government Securities and Municipal Bonds	1,196,672	1,177,514

Equities

Abbott Labs Inc	5,089	5,316
Abbvie Inc	7,992	9,240
Accenture PLC Ireland	6,159	6,332
Adobe Sys Inc	17,024	16,898
Alcon	11,658	12,136
Allstate Corp	10,886	10,796
American International Group Inc	13,895	13,395
American Water Works Co	14,505	13,943
Ameriprise Finl Inc	7,146	10,116
Ameriprise Finl Inc	15,003	23,427
Amgen Inc	5,800	5,473
Amgen Inc	14,133	13,553
Ansys Inc	14,452	16,192
Apple Inc	6,480	8,264
Atmost Energy Corp	13,505	16,573
Bank New York Mellon	10,889	15,136
Blackrock Inc	6,412	8,201
Blackstone Inc	9,152	14,138
Booz Allen Hamilton	10,218	9,009
Bristol Myers Squibb Co	12,232	12,047
Campbell Soup Co	12,712	11,852
Captial One Finl Corp	13,871	20,507
CBOE Global Mkts Inc	8,319	9,184
CBRE Group Inc	11,069	11,028
Chevron Corp	7,636	7,387
Churchill Downs Inc	43,944	42,599
Cisco Sys Inc	5,367	6,334
Coca Cola Co	12,944	12,888
Commerce Bancshares Inc	6,649	7,166
Consolidated Edison Inc	8,705	8,388
Constellation Brands Inc	10,477	9,503
Corteva Inc	18,701	18,797
Coterra Energy Inc	11,334	11,774
Coterra Energy Inc	13,735	12,591
Crown Castle Inc	3,485	2,814
Cullen Frost Bankers	9,832	11,277
Danaher Corp	14,613	13,314
Deckers Outdoor Corp	10,876	12,185
Discover Finl Svcs	5,887	9,528
Duke Energy Coirp	3,442	3,555
Ecolab Inc	12,259	14,762

Equity Lifestyle Pptys Inc	10,170	10,123
Gallagher Arthur J & Co	6,626	8,232
Garmin Ltd	12,357	12,169
General Dynamics Corp	11,570	11,857
Goldman Sachs Group Inc	10,692	13,743
Hasbro Inc	12,159	11,965
Home Depot Inc	8,427	9,336
Honeywell Intl Inc	12,753	14,683
Illinois Tool Works Inc	3,339	3,296
Insulet Corp	10,011	14,620
JP Morgan Chase & Co	7,277	12,944
JP Morgan Chase & Co	7,635	11,027
Kenvue Inc	4,201	3,971
Kimberly-Clark Corp	10,743	10,352
Kinross Gold Corp	11,102	10,939
Leidos Holdings Inc	10,874	10,805
Lennar Corp	15,771	18,546
Liberty Media Corp	10,142	13,065
Lockheed Martin Corp	3,570	3,888
Lowes Cos Inc	11,924	13,821
Martin Marietta Matls Inc	14,151	16,012
Medtronic Plc	9,680	8,867
Merck & Co	4,341	4,079
Merck & Co Inc	13,737	12,137
Michelin Compagnie Generale	10,040	10,162
Microchip Technology Inc	4,533	2,868
Microchip Technology Inc	14,254	10,323
Micron Technology Inc	9,816	5,891
Microsoft Corp	7,452	8,430
Microsoft Corp	19,271	23,604
Mitsubishi Finl Group Inc	7,398	11,978
Nextera Energy Inc	4,963	5,735
Oshkosh Corp	8,049	8,081
Owens Corning	10,715	10,390
Packaging Corp	10,956	10,806
Parker Hannifan Corp	17,752	28,621
Paychex Inc	8,553	9,395
PG&E Corp	11,112	11,119
Philip Morris Intl Inc	7,054	8,906
Phillips 66	6,586	5,697
PNC Finl Svcs Group Inc	11,454	13,692
Procter & Gamble Co	3,802	4,359

Procter & Gamble Co	11,848	13,077
Prologis Inc	5,836	4,651
Qualcomm Inc	9,828	9,217
Qualcomm Inc	15,107	13,672
Resmed Inc	12,325	12,349
Ross Stores Inc	9,370	11,497
RPM Intl Inc	12,220	15,013
Snap On Inc	7,777	9,166
Sony Corp	13,322	16,716
Starbucks Corp	3,957	3,741
Technipfmc Ltd	11,000	10,910
Teledyne Technologies Inc	12,373	13,460
TotalEnergies SE	13,654	10,791
Trane Technologies Plc	5,598	11,081
Union Pac Corp	7,740	7,297
US Bancorp	6,482	7,031
US Bancorp	11,444	15,736
Verizon Communications Inc	4,898	5,199
Verizon Communications Inc	16,271	14,636
Vertex Pharmaceuticals Inc	12,471	12,484
Vertiv Holdings Co	5,113	13,065
Wabtec	7,335	12,513
WEC Energy Group Inc	2,969	3,385
Woodward Inc	11,101	10,318
Xcel Energy Inc	12,472	13,031
Xylem Inc	12,309	12,530
Zebra Technologies Corp	10,818	13,131
Total Equities	1,131,137	1,243,849

Total Investments

\$ 5,663,141 \$ 5,742,347

* A party in interest as defined by ERISA.

Industrial, Manufacturing, Professional, and Commercial, Trust
Schedule of Reportable Transactions
Schedule H, Part IV, Line 4(j)
For The Year Ended December 31, 2024

EIN: 61-6096328
Plan Number: 530

(a)	(b)	(c)	(d)	(g)	(h)	(i)
<u>Identity of Party Involved</u>	<u>Description of Asset</u>	<u>Purchase Price</u>	<u>Selling Price</u>	<u>Cost of Asset</u>	<u>Current Value on Transaction Date</u>	<u>Net Gain or Loss</u>
<u>Series of Transactions That Exceed 5%</u>						
Federated Prime Oblig.						
MM2	Money Market Fund	0	483,738	483,738	483,738	0
Federated Prime Oblig.						
MM2	Money Market Fund	414,494	0	414,494	414,494	0
General Money Market Fund-Pershing	Money Market Fund	0	805,023	805,023	805,023	0
General Money Market Fund-Pershing	Money Market Fund	603,035	0	603,035	603,035	0
<u>Single Transactions That Exceed 5%</u>						
FFBC	4.15%; 2/13/29	298,350	0	298,350	298,350	0

Columns (e) Lease rental and (f) Expenses incurred with transactions were not applicable.

Industrial, Manufacturing, Professional, and Commerical Trust
Schedule H, Part IV Line 4(i) Schedule of Assets (Held at end of year)
December 31, 2024
Plan: 530
EIN: 61-6096328

(a)	(b)	(c)	(d)	(e)
	Identity of Issue, Borrower, Lessor, or Similar Party	Description of Investments Shares or Par Value	Cost	Current Value
	<u>Cash Equivalents</u>			
	Federated Gov Obligation MMF		\$ 140,698	\$ 140,698
*	General Money Market Fund-Pershing		1,384,130	1,384,130
	Total Cash Equivalents		<u>1,524,828</u>	<u>1,524,828</u>
	<u>Mutual Funds</u>			
	Baron Real Estate Fund Instl		3,436	3,736
	Blackrock Emerging Markets		1,354	1,221
	Blackrock High Yield Bond Fund		3,633	3,505
	Blackrock High Yield Bond Fund		7,343	7,807
	Blackrock High Yield Bond Fund		98,338	93,747
	Blackrock Strategic Income Fund		11,196	11,186
	Blackrock Strategic Income Opprtu		157,553	156,511
	Blackrock Strategic Income Opprtu		4,128	4,114
	Campbell Systematic Macro Fund		3,923	3,996
	ETF Ishares Inc MSCI Emr Ex China		1,189	1,220
	Federated Total Return Bond Fund		48,095	45,482
	Federated Total Return Bond Fund		783,688	703,024
	Federated Total Return Bond Fund		32,652	28,779
	Global X Funds Fintech ETF		1,754	2,061
	Goldman Sachs Absolute Return Tracker		3,730	3,859
	Hartford Schroders Emerging Markets Equity		1,272	1,258
	Invesco Exchange Traded Fund		1,574	1,488
	Ishares S&P 500 Index		16,589	28,881
	Ishares Tr Core S&P Mid-Cap ETF		2,806	3,427
	Ishares Tr Dow Jones US ETF Fd		6,897	9,587
	Ishares Tr MSCI EAFE ETF		11,899	13,610
	Ishares Tr Russell 1000 Growth ETF		27,918	44,575
	Ishares Tr Russell 1000 Value ETF		29,314	34,619

Ishares Tr Russell 3000 ETF	6,079	8,356
Ishares Tr Select Divid ETF Fd	21,513	22,844
Ishares Tr Transn Average ETF Fd	2,208	2,433
Ishares Tr US Aerospace & Defense	8,897	12,209
Ishares Tr US Basic Materials ETF	7,150	7,276
Ishares Tr US Financials ETF Index Fd	9,477	13,601
Ishares Tr US Finl Svcs ETF	8,133	11,438
Ishares Tr US Health Care Providers ETF	2,536	2,160
Ishares Tr US Regional Banks Index	11,670	11,079
MFS Emerging Markets Debt Fd	61,048	61,892
MFS Emerging Markets Debt Fund	7,608	7,765
MFS Emerging Markets Debt Fund	2,217	2,252
MFS Intl Growth Fund	2,291	2,523
Select Sector Spdr Tr Energy	1,948	2,227
Spdr Dow Jones Indl Average ETF Tr	27,232	34,891
Spdr S&P 500 ETF Tr	47,716	66,813
T Rowe Price Mid Cap Growth Fund	3,155	3,177
Vanguard Index Fds Vanguard Reit ETF	6,299	5,612
Vanguard Index Fds Vanguard Small-Cap	18,468	22,106
Vanguard Short Term Bond	268,479	256,311
Vanguard Short Term Bond Index	1,627	1,642
Vanguard Specialized Portfolios Dividend	9,630	12,141
Vanguard World Fds Vanguard Health Care	3,207	3,298
Wasatch Core Growth Instl	2,227	2,748
Wisdomtree Tr Largecap Divid Fd	9,408	11,669
Total Mutual Funds	1,810,504	1,796,156

Government Securities and Municipal Bonds

FFBC, 4.15%, 2/13/29	298,350	296,609
FFCB, 4.25%, 8/7/28	99,197	99,495
FHLB, 5.125%, 3/14/25	150,053	150,215
Junction City Kansas, 3.0%, 9/1/28	33,039	33,043
Regional Transportation Auth, 5.60%, 7/1/25	116,852	100,286
UCF Stadium Corp FL Rev, 4.05%, 3/1/25	105,062	99,921
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Woodward Inc	11,101	10,318
Xcel Energy Inc	12,472	13,031
Xylem Inc	12,309	12,530
Zebra Technologies Corp	10,818	13,131
Total Equities	1,131,137	1,243,849
Total Investments	\$ 5,663,141	\$ 5,742,347

* A party in interest as defined by ERISA.

IMPACT Industrial Manufacturing and
61-6096328
FYE: 12/31/2024

10/14/2025 4:28 PM

Federal Statements
Industrial Manufacturing Professional and
Plan: 501

Plan transactions in excess of 5% of plan assets

<u>Name</u>		<u>Purchase Price</u>	<u>Selling Price</u>	<u>Lease Rental</u>	<u>Expenses</u>	<u>Cost of Asset</u>	<u>Current Value</u>	<u>Net Gain or Loss</u>
	<u>Description</u>							
Federated Prime Oblig	Money Market Fund	\$	\$ 483,738	\$	\$	\$ 483,738	\$ 483,738	\$
Federated Prime Oblig	Money Market Fund	414,494				414,494	414,494	
General Money Mkt Fund-Pers	Money Market Fund	603,035				603,035	603,035	
General Money Mkt Fund-Pers	Money Market Fund		805,023			805,023	805,023	
FFBC	4.15%; 2/13/29	298,350						