Form 5500	Annual Return/Report of Employee Benefit Plan	OMB Nos. 1210-0110 1210-0089
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). ▶ **Complete all entries in accordance with the instructions to the Form 5500.**	**2024** **This Form is Open to Public Inspection**

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
- [X] a DFE (specify) E

B This return/report is:
- [ ] the first return/report
- [ ] the final return/report
- [ ] an amended return/report
- [ ] a short plan year return/report (less than 12 months)

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

D Check box if filing under:
- [X] Form 5558
- [ ] automatic extension
- [ ] the DFVC program
- [ ] special extension (enter description)

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

Part II Basic Plan Information—enter all requested information

1a Name of plan RETIREMENT INCOME SECURITY PLAN	**1b** Three-digit plan number (PN) ▶ 333 **1c** Effective date of plan 01/01/2011
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) HEALTHEQUITY RETIREMENT SERVICES, LLC 15 W SCENIC POINTE DR. STE 100 DRAPER, UT 84020	**2b** Employer Identification Number (EIN) 82-1222973 **2c** Plan Sponsor's telephone number 877-860-2664 **2d** Business code (see instructions)

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	 **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. **Signature of DFE**	10/15/2025 Date	STEVEN STOUT Enter name of individual signing as DFE

3a Plan administrator's name and address [X] 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**	
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	**6a(1)**	
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	
b	Retired or separated participants receiving benefits	**6b**	
c	Other retired or separated participants entitled to future benefits	**6c**	
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	0
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	
f	Total. Add lines **6d** and **6e**.	**6f**	
g(1)	Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	**6g(1)**	
g(2)	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g(2)**	
h	Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	**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:

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

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)** [X] **H** (Financial Information)
- **(2)** [ ] **I** (Financial Information – Small Plan)
- **(3)** [ ] **A** (Insurance Information) – Number Attached 0
- **(4)** [X] **C** (Service Provider Information)
- **(5)** [X] **D** (DFE/Participating Plan Information)
- **(6)** [ ] **G** (Financial Transaction Schedules)

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

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

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

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

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

Receipt Confirmation Code______________________

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

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

A Name of plan RETIREMENT INCOME SECURITY PLAN	**B** Three-digit plan number (PN) ▶ 333
C Plan sponsor's name as shown on line 2a of Form 5500 HEALTHEQUITY RETIREMENT SERVICES, LLC	**D** Employer Identification Number (EIN) 82-1222973

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

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

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

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

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

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

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

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

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

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

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

(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)

HEALTHEQUITY RETIREMENT SERVICES, L

82-1222973

(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 14 27 31 37 50 99	NONE	1650548	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

AMERITAS LIFE INSURANCE CORP

47-0098400

(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 13 15 17 37 38 40 49 50 64 65 99	NONE	986626	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

INTEGRITY FINANCIAL

32-0123516

(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?
26 27 28 51	NONE	576925	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)

EP WEALTH ADVISORS, INC.

33-0152539

(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?
26 27 28 51	NONE	355652	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

SPECTRA MANAGEMENT, LLC

45-0518885

(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?
26 27 28 51	NONE	218034	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

MATRIX TRUST COMPANY

75-3182674

(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 37 50 62	NONE	128248	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)

OSAIC WEALTH, INC.

93-0987232

(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?
26 27 51	NONE	109745	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

AQUIRE WEALTH ADVISORS LLC DBA DENT

26-1473628

(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?
26 27 28 51	NONE	82409	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

IRON FIDUCIARY, AN OFFERING BY CREA

43-1270780

(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?
26 27 51	NONE	63478	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)

THE NORDEN GROUP

83-1089834

(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?
26 27 51	NONE	49610	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

PRUDENT INVESTOR ADVISORS

65-1306741

(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?
27 28 51	NONE	49023	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

KEELER THOMAS MANAGEMENT LLC

81-4333737

(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?
26 27 51	NONE	42039	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)

GBS RETIRE

47-5300529

(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?
26 27 51	NONE	35109	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

CAPASSO PLANNING PARTNERS

82-4055015

(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?
26 27 51	NONE	32132	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

KINWELL LLC

82-2977833

(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?
26 27 28 51	NONE	30295	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)

ARK ADVISORS

75-3175597

(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?
27 28 51	NONE	29811	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

PROSPERITAS FINANCIAL

85-0538718

(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?
27 51	NONE	29267	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

TMD WEALTH MANAGEMENT

85-1065038

(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?
26 27 51	NONE	28466	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)

AMUSSEN HUNSAKER & ASSOCIATES LLC

47-2717610

(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?
26 27 51	NONE	25979	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

ASHWORTH WEALTH, LLC

26-2017172

(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?
26 51	NONE	24257	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

STEP BY STEP FINANCIAL, LLC

26-1731749

(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?
26 27 51	NONE	24124	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)

FICADENTI TANDON ASSET MANAGEMENT,

54-1975958

(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?
26 27 51	NONE	11653	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

PEAK WEALTH ADVISORS

26-4694452

(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?
26 27 51	NONE	10367	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

TCG ADVISORY SERVICES, LLC

84-4758315

(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?
26 27 28 51	NONE	10110	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)

MINDSHARE BENEFITS AND INSURANCE SE

03-0400169

(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?
17 27 49 50 51 99	NONE	9144	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

GREGORY ADVISORS INC.

33-0937021

(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?
26 27 51	NONE	8532	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

BAS PARTNERS

20-8779390

(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 50	NONE	8320	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)

VINCIMUS CAPITAL, LLC

88-2038494

(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?
26 51	NONE	8107	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

NEW LEGACY FINANCIAL GROUP

54-5299543

(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?
26 27 51	NONE	7910	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

RAYMOND JAMES FINANCIAL SERVICES

59-2937883

(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?
26 27 51	NONE	7064	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)

THOMPSON ADVISORY SERVICES, LLC

26-3777195

(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?
26 27 51	NONE	5744	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

RESOURCE INVESTMENT ADVISORS LLC

82-1434504

(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?
27 51	NONE	5697	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

SCB COMPLIANCE, LLC

81-5197190

(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?
27 51	NONE	5630	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)

LPL HOLDINGS, INC

20-3717839

(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?
27 51	NONE	5161	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
MATRIX TRUST COMPANY	19	0

(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.
MSCS FINANCIAL SERVICES/BROADRIDGE 33-1151291	MSCS PAYS ADMIN.FEES WHICH MATRIX THEN PAYS OUT ACCORDING TO ADMIN. FEE COLLECTION ADDENDUM (FCA) OR OTHER DISCLOSURES. MSCS KEEPS UP TO 10% OF MUTUAL FUND FEES COLLECTED OR A FLAT FEE UP TO $500;THE ACTUAL AMOUNT IS IN THE FCA OR OTHER DISCLOSURES.

(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:

SCHEDULE D (Form 5500)	DFE/Participating Plan Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration	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.**	**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
RETIREMENT INCOME SECURITY PLAN

B Three-digit plan number (PN) ▶ 333

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
HEALTHEQUITY RETIREMENT SERVICES, LLC

D Employer Identification Number (EIN)
82-1222973

Part I Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)
(Complete as many entries as needed to report all interests in DFEs)

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 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 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 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 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 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 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 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 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	RETIREMENT INCOME SECURITY PLAN-ANDERSON FAMILY MEDICAL		
b Name of plan sponsor	ANDERSON FAMILY MEDICINE, P.A.	**c** EIN-PN	56-1918323-003
a Plan name	RETIREMENT INCOME SECURITY PLAN-PF MANAGEMENT		
b Name of plan sponsor	PF MANAGEMENT LLC	**c** EIN-PN	26-2382963-003
a Plan name	RETIREMENT INCOME SECURITY PLAN-LONG ISLAND OPTOMETRIC VISION DEVELOPMENT		
b Name of plan sponsor	LONG ISLAND OPTOMETRIC VISION DEVELOPMENT, PLLC	**c** EIN-PN	11-3512425-003
a Plan name	RETIREMENT INCOME SECURITY PLAN-THERM EQUIP, INC.		
b Name of plan sponsor	THERM EQUIP, INC.	**c** EIN-PN	34-1609365-003
a Plan name	RETIREMENT INCOME SECURITY PLAN-KAMMS CORNERS DEVELOPMENT CORPORATION		
b Name of plan sponsor	KAMMS CORNERS DEVELOPMENT CORPORATION	**c** EIN-PN	34-1254542-003
a Plan name	RETIREMENT INCOME SECURITY PLAN-PETERSON PARTNERS		
b Name of plan sponsor	PETERSON PARTNERS, LLC	**c** EIN-PN	87-0550345-003
a Plan name	RETIREMENT INCOME SECURITY PLAN-RADIOLOGY SERVICES OF NORTHERN VIRGINIA		
b Name of plan sponsor	RADIOLOGY SERVICES OF NORTHERN VIRGINIA	**c** EIN-PN	75-3201233-003
a Plan name	RETIREMENT INCOME SECURITY PLAN-APOTHECARE, LLC		
b Name of plan sponsor	APOTHECARE, LLC	**c** EIN-PN	38-3487538-003
a Plan name	RETIREMENT INCOME SECURITY PLAN-SOUKUP ROOFING, LLC		
b Name of plan sponsor	SOUKUP ROOFING, LLC	**c** EIN-PN	74-2971609-003
a Plan name	RETIREMENT INCOME SECURITY PLAN-RICHARD B. HOMES, CPA LLC		
b Name of plan sponsor	RICHARD B. HOMES CPA, LLC	**c** EIN-PN	20-1402218-003
a Plan name	RETIREMENT INCOME SECURITY PLAN-ARROYO LAW GROUP, LLP		
b Name of plan sponsor	ARROYO LAW GROUP, LLP	**c** EIN-PN	27-3239765-003
a Plan name	RETIREMENT INCOME SECURITY PLAN-KIRK CHIROPRACTIC, PC		
b Name of plan sponsor	KIRK CHIROPRACTIC PC	**c** EIN-PN	90-0117830-003

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	RETIREMENT INCOME SECURITY PLAN-CIGNOT INC.		
b Name of plan sponsor	CIGNOT INC.	**c** EIN-PN	27-0938361-003
a Plan name	RETIREMENT INCOME SECURITY PLAN-TAXHAWK, INC.		
b Name of plan sponsor	TAXHAWK, INC.	**c** EIN-PN	86-1018210-003
a Plan name	RETIREMENT INCOME SECURITY PLAN-S. JON WOODS DMD, P.C.		
b Name of plan sponsor	S. JON WOODS DMD, P.C.	**c** EIN-PN	93-1248828-003
a Plan name	RETIREMENT INCOME SECURITY PLAN-AIRSIDE SOLUTIONS, INC.		
b Name of plan sponsor	AIRSIDE SOLUTIONS, INC.	**c** EIN-PN	91-1039984-003
a Plan name	RETIREMENT INCOME SECURITY PLAN-SAKUMA BROS. HOLDING CO, INC.		
b Name of plan sponsor	SAKUMA BROS. HOLDING CO., INC.	**c** EIN-PN	91-1464521-003
a Plan name	RETIREMENT INCOME SECURITY PLAN-S.C.A. PACIFIC CASE MANAGEMENT, INC.		
b Name of plan sponsor	SCA PACIFIC CASE MANAGEMENT, INC.	**c** EIN-PN	91-1360398-003
a Plan name	RETIREMENT INCOME SECURITY PLAN-REX PLASTICS, INC.		
b Name of plan sponsor	REX PLASTICS, INC.	**c** EIN-PN	91-2078743-003
a Plan name	RETIREMENT INCOME SECURITY PLAN-RUSSELL & HILL, PLLC		
b Name of plan sponsor	RUSSELL & HILL, PLLC	**c** EIN-PN	20-2124550-003
a Plan name	RETIREMENT INCOME SECURITY PLAN-ICORR TECHNOLOGIES, INC.		
b Name of plan sponsor	ICORR TECHNOLOGIES, INC.	**c** EIN-PN	45-2251661-003
a Plan name	RETIREMENT INCOME SECURITY PLAN-NORTHWEST RESTAURANTS, INC		
b Name of plan sponsor	NORTHWEST RESTAURANTS, INC	**c** EIN-PN	91-1696017-003
a Plan name	RETIREMENT INCOME SECURITY PLAN-NEW ENGLAND GOURMET, INC.		
b Name of plan sponsor	NEW ENGLAND GOURMET, INC.	**c** EIN-PN	04-3564925-003
a Plan name	RETIREMENT INCOME SECURITY PLAN-WILLIAM D. LORENZ CONSTRUCTION, INC.		
b Name of plan sponsor	WILLIAM D. LORENZ CONSTRUCTION, INC.	**c** EIN-PN	16-1598985-003

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	RETIREMENT INCOME SECURITY PLAN-CRYSTAL CLEAR AQUARIUM SERVICE		
b Name of plan sponsor	CRYSTAL CLEAR AQUARIUM SERVICE, LLC	**c** EIN-PN	46-0705620-003
a Plan name	RETIREMENT INCOME SECURITY PLAN-MLE, LLC		
b Name of plan sponsor	MLE, LLC	**c** EIN-PN	27-2800698-003
a Plan name	RETIREMENT INCOME SECURITY PLAN-CHUCK'S FISH BIRMINGHAM		
b Name of plan sponsor	CHUCKS FISH BIRMINGHAM, LLC	**c** EIN-PN	26-4318418-003
a Plan name	RETIREMENT INCOME SECURITY PLAN-NANODYNE MEASUREMENT SYSTEMS, INC.		
b Name of plan sponsor	NANODYNE MEASUREMENT SYSTEMS, INC.	**c** EIN-PN	41-1572715-003
a Plan name	RETIREMENT INCOME SECURITY PLAN-MARATHON TOURS, INC.		
b Name of plan sponsor	MARATHON TOURS, INC. DBA MARATHON TOURS AND TRAVEL	**c** EIN-PN	04-2713302-003
a Plan name	RETIREMENT INCOME SECURITY PLAN-TUNE UP FITNESS WORLDWIDE, INC.		
b Name of plan sponsor	TUNE UP FITNESS WORLDWIDE, INC.	**c** EIN-PN	26-3897252-003
a Plan name	RETIREMENT INCOME SECURITY PLAN-PROPIO LS, LLC		
b Name of plan sponsor	PROPIO LS, LLC	**c** EIN-PN	46-3268968-003
a Plan name	RETIREMENT INCOME SECURITY PLAN-CLEVER LOTUS LLC		
b Name of plan sponsor	CLEVER LOTUS LLC	**c** EIN-PN	46-3166293-003
a Plan name	RETIREMENT INCOME SECURITY PLAN-MARINE DIVING SOLUTIONS		
b Name of plan sponsor	MARINE DIVING SOLUTIONS LLC	**c** EIN-PN	46-4305548-003
a Plan name	RETIREMENT INCOME SECURITY PLAN-CAMP FOUR PAWS, INC.		
b Name of plan sponsor	CAMP FOUR PAWS, INC.	**c** EIN-PN	26-1914911-003
a Plan name	RETIREMENT INCOME SECURITY PLAN-GEORGE M. KOKODYNSKI DDS, PC		
b Name of plan sponsor	GEORGE M. KOKODYNSKI, D.D.S., P.C.	**c** EIN-PN	86-0808462-003
a Plan name	RETIREMENT INCOME SECURITY PLAN-HOME INSTEAD SENIOR CARE 606		
b Name of plan sponsor	COMPASS ENTERPRISE, INC. DBA HOME INSTEAD SENIOR CARE 606	**c** EIN-PN	47-1542805-003

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	RETIREMENT INCOME SECURITY PLAN-WEALTH MANAGEMENT GROUP, INC.		
b Name of plan sponsor	WEALTH MANAGEMENT GROUP, INC.	**c** EIN-PN	56-2124779-003
a Plan name	RETIREMENT INCOME SECURITY PLAN-RELIANCE MANAGEMENT, LLC		
b Name of plan sponsor	RELIANCE MANAGEMENT, LLC	**c** EIN-PN	86-0725001-003
a Plan name	RETIREMENT INCOME SECURITY PLAN-ACM, LLC		
b Name of plan sponsor	ACM, LLC	**c** EIN-PN	26-0012773-003
a Plan name	RETIREMENT INCOME SECURITY PLAN-C2 & A2 LLC		
b Name of plan sponsor	C2 & A2 LLC	**c** EIN-PN	47-1443354-003
a Plan name	RETIREMENT INCOME SECURITY PLAN-AMERICAN CRAFTS L.C.		
b Name of plan sponsor	AMERICAN CRAFTS, L.C.	**c** EIN-PN	87-0573741-003
a Plan name	RETIREMENT INCOME SECURITY PLAN-BADGER HOTEL DEVELOPMENT COMPANY, LLC		
b Name of plan sponsor	BADGER HOTEL DEVELOPMENT COMPANY, LLC	**c** EIN-PN	26-1586980-003
a Plan name	RETIREMENT INCOME SECURITY PLAN-ARIZONA PREFERRED SURGEONS		
b Name of plan sponsor	NORTH VALLEY SURGICAL ASSOCIATES, PC DBA ARIZONA PREFERRED SURGEONS	**c** EIN-PN	86-0700631-003
a Plan name	RETIREMENT INCOME SECURITY PLAN-LELAND MANAGEMENT, INC.		
b Name of plan sponsor	LELAND MANAGEMENT, INC.	**c** EIN-PN	59-3498435-003
a Plan name	RETIREMENT INCOME SECURITY PLAN-SPEIGHT FAMILY MEDICAL, LLC		
b Name of plan sponsor	SPEIGHT FAMILY MEDICAL, LLC	**c** EIN-PN	74-3240597-003
a Plan name	RETIREMENT INCOME SECURITY PLAN-QUANTUM LIGHTING GROUP, INC.		
b Name of plan sponsor	QUANTUM LIGHTING GROUP, INC.	**c** EIN-PN	20-0459827-003
a Plan name	RETIREMENT INCOME SECURITY PLAN-ACCURATE CONCEPTIONS, LLC		
b Name of plan sponsor	ACCURATE CONCEPTIONS, LLC	**c** EIN-PN	02-0769309-003
a Plan name	RETIREMENT INCOME SECURITY PLAN-ROCHESTER SENIOR CARE LLC		
b Name of plan sponsor	ROCHESTER SENIOR CARE LLC DBA HOME INSTEAD SENIOR CARE	**c** EIN-PN	04-3748443-003

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	RETIREMENT INCOME SECURITY PLAN-CHAD M. MORRIS DDS		
b Name of plan sponsor	CHAD M. MORRIS, DDS	**c** EIN-PN	72-1498911-003
a Plan name	RETIREMENT INCOME SECURITY PLAN-PALM VALLEY ORAL & MAXILLOFACIAL SURGERY, P.C.		
b Name of plan sponsor	PALM VALLEY ORAL & MAXILLOFACIAL SURGERY, P.C.	**c** EIN-PN	56-2329252-003
a Plan name	RETIREMENT INCOME SECURITY PLAN-TEMPLE DENTAL TRAILS		
b Name of plan sponsor	RICHARD LEUNG DDS PLLC DBA TEMPLE DENTAL TRAILS	**c** EIN-PN	45-5148756-003
a Plan name	RETIREMENT INCOME SECURITY PLAN-FICADENTI TANDON ASSET MANAGEMENT, INC.		
b Name of plan sponsor	FICADENTI TANDON ASSET MANAGEMENT, INC.	**c** EIN-PN	54-1975958-003
a Plan name	RETIREMENT INCOME SECURITY PLAN-HIGHER STANDARD HEALTHCARE, LLC		
b Name of plan sponsor	HIGHER STANDARD HEALTHCARE, LLC	**c** EIN-PN	47-2920137-003
a Plan name	RETIREMENT INCOME SECURITY PLAN-TIGE BOATS, INC.		
b Name of plan sponsor	TIGE BOATS, INC.	**c** EIN-PN	75-2629335-003
a Plan name	RETIREMENT INCOME SECURITY PLAN-DRS. COVINGTON & COVINGTON, DMD PA		
b Name of plan sponsor	DRS. COVINGTON & COVINGTON, DMD PA	**c** EIN-PN	27-0709233-003
a Plan name	RETIREMENT INCOME SECURITY PLAN-REARDON DENTAL CLINIC PROF, LLC		
b Name of plan sponsor	REARDON DENTAL CLINIC PROF, LLC	**c** EIN-PN	46-3970256-003
a Plan name	RETIREMENT INCOME SECURITY PLAN-PONDEROSA RESORT, LC		
b Name of plan sponsor	DS ZION HOLDINGS LLC	**c** EIN-PN	87-0571875-003
a Plan name	RETIREMENT INCOME SECURITY PLAN-N-CARE PHYSICAL THERAPY, INC.		
b Name of plan sponsor	N-CARE PHYSICAL THERAPY, INC.	**c** EIN-PN	16-1712118-003
a Plan name	RETIREMENT INCOME SECURITY PLAN-CARR & CARR ATTORNEYS AT LAW		
b Name of plan sponsor	CARR & CARR ATTORNEYS AT LAW	**c** EIN-PN	32-0301889-003
a Plan name	RETIREMENT INCOME SECURITY PLAN-CERTIS CAPITAL MANAGEMENT, INC.		
b Name of plan sponsor	CERTIS CAPITAL MANAGEMENT, INC.	**c** EIN-PN	20-3363319-003

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	b Name of plan sponsor	c EIN-PN
RETIREMENT INCOME SECURITY PLAN-RED APPLE FINANCIAL	CHARTER BUSINESS SERVICES	20-5309948-003
RETIREMENT INCOME SECURITY PLAN-DENTAL CARE OF CORONA	RAKESH PATEL DDS & SHITAL PATEL DDS, INC.	20-0406823-003
RETIREMENT INCOME SECURITY PLAN-SULLIVAN MERMEL, INC.	SULLIVAN MERMEL, INC.	36-4262545-003
RETIREMENT INCOME SECURITY PLAN-LASERCRAZE	GCF ENTERTAINMENT HOLDING CO	30-0998644-003
RETIREMENT INCOME SECURITY PLAN-CONROE DENTAL ASSOCIATES, PLLC	CONROE DENTAL ASSOCIATES, PLLC	47-1214114-003
RETIREMENT INCOME SECURITY PLAN-ECONOMIC ENVIRO TECHS, INC.	ECONOMIC ENVIRO TECHS, INC.	04-3460141-003
RETIREMENT INCOME SECURITY PLAN-AEROSTAR TRAINING SERVICES	AEROSTAR TRAINING SERVICES	46-1713022-003
RETIREMENT INCOME SECURITY PLAN-TRA SNOW & SUN, INC.	TRA SNOW & SUN, INC.	87-0532478-003
RETIREMENT INCOME SECURITY PLAN-BRETT NYDEGGER DDS MS PLLC	BRETT NYDEGGER DDS MS PLLC	46-3013596-003
RETIREMENT INCOME SECURITY PLAN-MAXFIELD ORTHODONTICS	BLAKE J MAXFIELD DDS MSD LLC	27-0590553-003
RETIREMENT INCOME SECURITY PLAN-PARTNERSHIP FINANCIAL, LLC	PARTNERSHIP FINANCIAL, LLC	26-2408860-003
RETIREMENT INCOME SECURITY PLAN-MURPHY'S DESIGN	MURPHYS DESIGN	26-1502437-003

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	RETIREMENT INCOME SECURITY PLAN-A.K. SMITH, LLC			
b Name of plan sponsor	A. K. SMITH, LLC	**c** EIN-PN	27-1873799-003
a Plan name	RETIREMENT INCOME SECURITY PLAN-SNOBALL		
b Name of plan sponsor	SNOBALL	**c** EIN-PN	99-0595010-003
a Plan name	RETIREMENT INCOME SECURITY PLAN-ASPHALT MATERIALS INC.		
b Name of plan sponsor	ASPHALT MATERIALS INC.	**c** EIN-PN	87-0307251-003
a Plan name	RETIREMENT INCOME SECURITY PLAN-GUYMON ORTHODONTICS		
b Name of plan sponsor	GUYMON ORTHODONTICS	**c** EIN-PN	82-0511391-002
a Plan name	RETIREMENT INCOME SECURITY PLAN-DAMMAN CONSULTING		
b Name of plan sponsor	DAMMAN CONSULTING	**c** EIN-PN	46-0533072-003
a Plan name	RETIREMENT INCOME SECURITY PLAN-ANAYA'S TAX SERVICE		
b Name of plan sponsor	ANAYAS TAX SERVICE	**c** EIN-PN	93-1038738-003
a Plan name	RETIREMENT INCOME SECURITY PLAN-E-Z CHECK CASH		
b Name of plan sponsor	E-Z CHECK CASH, INC.	**c** EIN-PN	91-1911575-003
a Plan name	RETIREMENT INCOME SECURITY PLAN-VERIS LAW GROUP, PLLC		
b Name of plan sponsor	VERIS LAW GROUP PLLC	**c** EIN-PN	45-3728809-003
a Plan name	RETIREMENT INCOME SECURITY PLAN-AC DENTAL COMPANY, LLC		
b Name of plan sponsor	AC DENTAL COMPANY, LLC	**c** EIN-PN	46-3877877-003
a Plan name	RETIREMENT INCOME SECURITY PLAN-MOTION COMPOSITES CORP		
b Name of plan sponsor	MOTION COMPOSITES CORP	**c** EIN-PN	37-1770188-003
a Plan name	RETIREMENT INCOME SECURITY PLAN-ISAAC DENTAL PLLC		
b Name of plan sponsor	ISAAC DENTAL PLLC	**c** EIN-PN	46-4804544-003
a Plan name	RETIREMENT INCOME SECURITY PLAN-TABLESAFE, INC.		
b Name of plan sponsor	TABLESAFE, INC.	**c** EIN-PN	27-3664940-001

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	RETIREMENT INCOME SECURITY PLAN-3 PEAKS ACCOUNTING SERVICES, PLLC		
b Name of plan sponsor	3 PEAKS ACCOUNTING SERVICES, PLLC	**c** EIN-PN	27-1723595-001
a Plan name	RETIREMENT INCOME SECURITY PLAN-ADVANCED ORTHOPAEDIC SPECIALISTS		
b Name of plan sponsor	ADVANCED ORTHOPAEDIC SPECIALISTS	**c** EIN-PN	71-0839133-001
a Plan name	RETIREMENT INCOME SECURITY PLAN-LAURICH DENTISTRY		
b Name of plan sponsor	DENNIS LAURICH DDS PLLC	**c** EIN-PN	26-3140515-003
a Plan name	RETIREMENT INCOME SECURITY PLAN-CHRISTINA COLE AND ASSOCIATES EXECUTIVE SEARCH, LLC		
b Name of plan sponsor	CHRISTINA COLE AND ASSOCIATES EXECUTIVE SEARCH, LLC	**c** EIN-PN	26-3360503-003
a Plan name	RETIREMENT INCOME SECURITY PLAN-ARK ADVISORS		
b Name of plan sponsor	ARK ADVISORS	**c** EIN-PN	75-3175597-003
a Plan name	RETIREMENT INCOME SECURITY PLAN-ANDOVER FAMILY DENTISTRY		
b Name of plan sponsor	ANDOVER FAMILY DENTISTRY	**c** EIN-PN	27-3701216-003
a Plan name	RETIREMENT INCOME SECURITY PLAN-DIAMOND AVIAN DISTRIBUTORS		
b Name of plan sponsor	DIAMOND AVIAN DISTRIBUTORS	**c** EIN-PN	56-2116512-003
a Plan name	RETIREMENT INCOME SECURITY PLAN-UTAH MORTGAGE LOAN CORP		
b Name of plan sponsor	UTAH MORTGAGE LOAN CORP	**c** EIN-PN	87-0481540-003
a Plan name	RETIREMENT INCOME SECURITY PLAN-MINDSHARE GROUP		
b Name of plan sponsor	MINDSHARE BENEFITS AND INSURANCE SERVICES, INC.	**c** EIN-PN	03-0400169-003
a Plan name	RETIREMENT INCOME SECURITY PLAN-SURE STEEL, INC.		
b Name of plan sponsor	SURE STEEL, INC.	**c** EIN-PN	87-0509964-003
a Plan name	RETIREMENT INCOME SECURITY PLAN-ANCHORAGE FOOT & ANKLE CLINIC		
b Name of plan sponsor	ANCHORAGE FOOT & ANKLE CLINIC, LLC	**c** EIN-PN	46-4706569-003
a Plan name	RETIREMENT INCOME SECURITY PLAN-MIDWEST FLOOR COVERINGS, INC.		
b Name of plan sponsor	MIDWEST FLOOR COVERINGS, INC.	**c** EIN-PN	87-0153288-003

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	RETIREMENT INCOME SECURITY PLAN-BAYWAY DENTAL		
b Name of plan sponsor	DAVID SHERBERG DMD PL	**c** EIN-PN	46-4143573-003
a Plan name	RETIREMENT INCOME SECURITY PLAN-FULBRIGHT & FULBRIGHT, CPA, PA		
b Name of plan sponsor	FULBRIGHT & FULBRIGHT, CPA, PA	**c** EIN-PN	56-1725083-003
a Plan name	RETIREMENT INCOME SECURITY PLAN-MEDICALMINE, INC.		
b Name of plan sponsor	MEDICALMINE, INC.	**c** EIN-PN	80-0166062-003
a Plan name	RETIREMENT INCOME SECURITY PLAN-TELOS RTC		
b Name of plan sponsor	TELOS RESIDENTIAL TREATMENT CENTER, LLC	**c** EIN-PN	20-0849476-003
a Plan name	RETIREMENT INCOME SECURITY PLAN-CENTRAL STEEL FABRICATORS, INC.		
b Name of plan sponsor	CENTRAL STEEL FABRICATORS, INC.	**c** EIN-PN	36-2681782-003
a Plan name	RETIREMENT INCOME SECURITY PLAN-GELINAS STRUCTURAL ENGINEERING LLC		
b Name of plan sponsor	GELINAS STRUCTURAL ENGINEERING LLC	**c** EIN-PN	75-3072351-003
a Plan name	RETIREMENT INCOME SECURITY PLAN-AUTUMN LAKE DENTAL		
b Name of plan sponsor	TRIEU P. TON, DDS, PROF. CORP.	**c** EIN-PN	46-3726291-003
a Plan name	RETIREMENT INCOME SECURITY PLAN-WILLDEN FAMILY DENTAL, INC.		
b Name of plan sponsor	WILLDEN FAMILY DENTAL, INC.	**c** EIN-PN	03-0520538-003
a Plan name	RETIREMENT INCOME SECURITY PLAN-TOMLINSON FAMILY DENTAL		
b Name of plan sponsor	J. FLINT TOMLINSON, DMD PLLC	**c** EIN-PN	37-1591720-003
a Plan name	RETIREMENT INCOME SECURITY PLAN-JP DMD, INC.		
b Name of plan sponsor	JP DMD, INC.	**c** EIN-PN	27-2802088-003
a Plan name	RETIREMENT INCOME SECURITY PLAN-GRAND TRAVERSE ONCOLOGY AND HEMATOLOGY PC		
b Name of plan sponsor	GRAND TRAVERSE ONCOLOGY AND HEMATOLOGY PC	**c** EIN-PN	81-1779436-003
a Plan name	RETIREMENT INCOME SECURITY PLAN-TIM BELNAP, DDS, PC		
b Name of plan sponsor	TIM B BELNAP, DDS, PC	**c** EIN-PN	87-0571997-003

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	RETIREMENT INCOME SECURITY PLAN-LUNDAHL COMPANIES		
b Name of plan sponsor	LUNDAHL BUILDING SYSTEMS, INC.	**c** EIN-PN	87-0400159-003
a Plan name	RETIREMENT INCOME SECURITY PLAN-NICOLSON CONSTRUCTION		
b Name of plan sponsor	NICOLSON CONSTRUCTION, INC.	**c** EIN-PN	90-0026476-003
a Plan name	RETIREMENT INCOME SECURITY PLAN-HORSLEY ORTHODONTICS		
b Name of plan sponsor	HORSLEY ORTHODONTICS, PC	**c** EIN-PN	20-1851595-003
a Plan name	RETIREMENT INCOME SECURITY PLAN-BOUNTIFUL ORTHODONTICS, P.C.		
b Name of plan sponsor	BOUNTIFUL ORTHODONTICS, P.C.	**c** EIN-PN	20-3159963-003
a Plan name	RETIREMENT INCOME SECURITY PLAN-GABBART AND WOODS RENO LTD		
b Name of plan sponsor	GABBART AND WOODS RENO, LTD	**c** EIN-PN	81-1893307-003
a Plan name	RETIREMENT INCOME SECURITY PLAN-BIG CITY TRUCKING		
b Name of plan sponsor	BIG CITY TRUCKING CORP	**c** EIN-PN	87-0567531-003
a Plan name	RETIREMENT INCOME SECURITY PLAN-SERAPHIC FIRE		
b Name of plan sponsor	SERAPHIC FIRE, INC.	**c** EIN-PN	20-0725426-003
a Plan name	RETIREMENT INCOME SECURITY PLAN-MW MANUFACTURING		
b Name of plan sponsor	MW MANUFACTURING, INC.	**c** EIN-PN	84-1431182-003
a Plan name	RETIREMENT INCOME SECURITY PLAN-V & R CONSTRUCTION SERVICES, INC.		
b Name of plan sponsor	V & R CONSTRUCTION SERVICES, INC.	**c** EIN-PN	45-4271007-003
a Plan name	RETIREMENT INCOME SECURITY PLAN-PACKAGING SOLUTIONS, INC.		
b Name of plan sponsor	PACKAGING SOLUTIONS, INC.	**c** EIN-PN	56-1922668-003
a Plan name	RETIREMENT INCOME SECURITY PLAN-MCKEE WOODCRAFT		
b Name of plan sponsor	MCKEE WOODCRAFT, LLC	**c** EIN-PN	84-1576453-003
a Plan name	RETIREMENT INCOME SECURITY PLAN-MINSHULL TRADING		
b Name of plan sponsor	LEE MINSHULL, R.C., INC.	**c** EIN-PN	95-4379266-004

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	RETIREMENT INCOME SECURITY PLAN-MACKAY DENTAL CARE			
b Name of plan sponsor	MACKAY DENTAL CARE, P.C.	**c**	EIN-PN	20-1140671-003
a Plan name	RETIREMENT INCOME SECURITY PLAN-CHEERS TO YOU			
b Name of plan sponsor	RMB, INC.	**c**	EIN-PN	84-1409198-003
a Plan name	RETIREMENT INCOME SECURITY PLAN-BANNER DENTAL			
b Name of plan sponsor	LAEL BANNER DDS, PLLC	**c**	EIN-PN	46-2769272-003
a Plan name	RETIREMENT INCOME SECURITY PLAN-FOOT AND ANKLE ASSOCIATES			
b Name of plan sponsor	FOOT & ANKLE ASSOCIATES, PLLC	**c**	EIN-PN	56-2098460-004
a Plan name	RETIREMENT INCOME SECURITY PLAN-CHILDREN'S DENTISTRY OF THE ROCKIES			
b Name of plan sponsor	CHILDRENS DENTISTRY OF THE ROCKIES, PLLC	**c**	EIN-PN	81-0818363-003
a Plan name	RETIREMENT INCOME SECURITY PLAN-FRANDSEN ORTHODONTICS			
b Name of plan sponsor	FRANDSEN ORTHODONTICS, PC	**c**	EIN-PN	45-2430565-003
a Plan name	RETIREMENT INCOME SECURITY PLAN-SALT LAKE PEDIATRIC DENTISTRY			
b Name of plan sponsor	SALT LAKE PEDIATRIC DENTISTRY, LLC	**c**	EIN-PN	26-2785814-003
a Plan name	RETIREMENT INCOME SECURITY PLAN-JOHNSON ELITE ORTHODONTICS			
b Name of plan sponsor	FELLER AND JOHNSON ORTHODONTICS LLC DBA JOHNSON ELITE ORTHODONTICS PC	**c**	EIN-PN	45-4945546-003
a Plan name	RETIREMENT INCOME SECURITY PLAN-THOMPSON ADVISORY SERVICES, LLC			
b Name of plan sponsor	THOMPSON ADVISORY SERVICES, LLC	**c**	EIN-PN	26-3777195-003
a Plan name	RETIREMENT INCOME SECURITY PLAN-PROVIDENCE HALL			
b Name of plan sponsor	PROVIDENCE HALL	**c**	EIN-PN	26-1417186-003
a Plan name	RETIREMENT INCOME SECURITY PLAN-ROSVALL ORTHODONTICS			
b Name of plan sponsor	MICHAEL D ROSVALL DDS MS INC	**c**	EIN-PN	26-1542036-003
a Plan name	RETIREMENT INCOME SECURITY PLAN-TERAFLEX, INC.			
b Name of plan sponsor	TERAFLEX, INC.	**c**	EIN-PN	87-0272262-003

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	RETIREMENT INCOME SECURITY PLAN-DOUBLE EAGLE INTERIORS		
b Name of plan sponsor	DOUBLE EAGLE INTERIORS, INC.	**c** EIN-PN	91-2183973-003
a Plan name	RETIREMENT INCOME SECURITY PLAN-CALLTOWER, INC.		
b Name of plan sponsor	CALLTOWER, INC.	**c** EIN-PN	94-3411257-003
a Plan name	RETIREMENT INCOME SECURITY PLAN-CULLMAN REGIONAL ORTHOPEDICS & SPORTS MEDICINE, P.C.		
b Name of plan sponsor	CULLMAN REGIONAL ORTHOPEDICS & SPORTS MEDICINE, P.C.	**c** EIN-PN	63-1157261-001
a Plan name	RETIREMENT INCOME SECURITY PLAN-JARRETTSVILLE FAMILY DENTAL		
b Name of plan sponsor	DAVID STERN, DDS, LLC	**c** EIN-PN	47-5537669-003
a Plan name	RETIREMENT INCOME SECURITY PLAN-PATMAN MEAT GROUP, INC.		
b Name of plan sponsor	PATMAN MEAT GROUP, INC.	**c** EIN-PN	95-3930747-003
a Plan name	RETIREMENT INCOME SECURITY PLAN-HARJO CONSTRUCTION SERVICES, LLC		
b Name of plan sponsor	HARJO CONSTRUCTION SERVICES, LLC	**c** EIN-PN	27-1536001-003
a Plan name	RETIREMENT INCOME SECURITY PLAN-KANSAS ELECTRIC, INC.		
b Name of plan sponsor	KANSAS ELECTRIC, INC.	**c** EIN-PN	48-0944183-003
a Plan name	RETIREMENT INCOME SECURITY PLAN-NAVIGATOR POINTE ACADEMY		
b Name of plan sponsor	NAVIGATOR POINTE ACADEMY	**c** EIN-PN	61-1485785-003
a Plan name	RETIREMENT INCOME SECURITY PLAN-THORPE NORTH & WESTERN, L.L.P.		
b Name of plan sponsor	THORPE NORTH & WESTERN, L.L.P.	**c** EIN-PN	87-0353177-003
a Plan name	RETIREMENT INCOME SECURITY PLAN-PW COMPANIES, LLC		
b Name of plan sponsor	PW COMPANIES, LLC	**c** EIN-PN	46-1611716-003
a Plan name	RETIREMENT INCOME SECURITY PLAN-PACIFIC SIGNALING SYSTEMS		
b Name of plan sponsor	MAKAI CAPITAL INC.	**c** EIN-PN	35-2561170-003
a Plan name	RETIREMENT INCOME SECURITY PLAN-PHYSICIANS RESOURCE NETWORK, INC.		
b Name of plan sponsor	PHYSICIANS RESOURCE NETWORK, INC.	**c** EIN-PN	63-1080678-002

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	RETIREMENT INCOME SECURITY PLAN-VIVID DENTAL		
b Name of plan sponsor	IMPARALI DENTAL SOLUTIONS, PLLC	**c** EIN-PN	46-0882202-003
a Plan name	RETIREMENT INCOME SECURITY PLAN-FATBOY ICE CREAM		
b Name of plan sponsor	CASPERS ICE CREAM LLC	**c** EIN-PN	87-0294727-003
a Plan name	RETIREMENT INCOME SECURITY PLAN-BLUEFIN CORPORATION		
b Name of plan sponsor	BLUEFIN CORPORATION	**c** EIN-PN	87-0653162-001
a Plan name	RETIREMENT INCOME SECURITY PLAN-HARTLE DENTAL		
b Name of plan sponsor	HARTLE DENTAL, LLC	**c** EIN-PN	46-3365056-003
a Plan name	RETIREMENT INCOME SECURITY PLAN-FIELDSTONE MANAGEMENT III, INC.		
b Name of plan sponsor	FIELDSTONE MANAGEMENT III, INC.	**c** EIN-PN	46-1568153-003
a Plan name	RETIREMENT INCOME SECURITY PLAN-SALT LAKE ACADEMY HIGH SCHOOL		
b Name of plan sponsor	SALT LAKE ACADEMY HIGH SCHOOL	**c** EIN-PN	81-4090038-003
a Plan name	RETIREMENT INCOME SECURITY PLAN-CHUCK'S FISH MOBILE		
b Name of plan sponsor	CHUCKS FISH MOBILE, LLC	**c** EIN-PN	81-1096687-003
a Plan name	RETIREMENT INCOME SECURITY PLAN-MAYBECK HIGH SCHOOL		
b Name of plan sponsor	MAYBECK HIGH SCHOOL	**c** EIN-PN	94-2176125-003
a Plan name	RETIREMENT INCOME SECURITY PLAN-PEAK FAMILY DENTISTRY & ORTHODONTICS		
b Name of plan sponsor	BRANDON CAMPBELL, DDS PLLC	**c** EIN-PN	47-1076457-003
a Plan name	RETIREMENT INCOME SECURITY PLAN-SALT LAKE DENTAL OF SALT LAKE		
b Name of plan sponsor	SALT LAKE DENTAL OF SALT LAKE	**c** EIN-PN	46-4776322-003
a Plan name	RETIREMENT INCOME SECURITY PLAN-LUFKIN FAMILY DENTAL		
b Name of plan sponsor	DEREK SCOTT WILLIAMS, PLLC	**c** EIN-PN	81-2806052-003
a Plan name	RETIREMENT INCOME SECURITY PLAN-MY SOCIAL PRACTICE LLC		
b Name of plan sponsor	MY SOCIAL PRACTICE LLC	**c** EIN-PN	27-4742846-003

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	RETIREMENT INCOME SECURITY PLAN-AUSTIN CENTRAL PARK PEDIATRIC DENTISTRY		
b Name of plan sponsor	AUSTIN CENTRAL PARK PEDIATRIC DENTISTRY	**c** EIN-PN	46-2441181-003
a Plan name	RETIREMENT INCOME SECURITY PLAN-MOD PIZZA		
b Name of plan sponsor	MOD SUPER FAST PIZZA, LLC	**c** EIN-PN	26-2450462-003
a Plan name	RETIREMENT INCOME SECURITY PLAN-READING PEDIATRIC DENTISTRY		
b Name of plan sponsor	READING PEDIATRIC DENTISTRY PLLC	**c** EIN-PN	35-2423579-003
a Plan name	RETIREMENT INCOME SECURITY PLAN-TREESIDE CHARTER SCHOOL		
b Name of plan sponsor	TREESIDE CHARTER SCHOOL	**c** EIN-PN	81-3126123-003
a Plan name	RETIREMENT INCOME SECURITY PLAN-SMILE ESSENTIALS		
b Name of plan sponsor	CAROLYN KITTELL DDS, PLLC	**c** EIN-PN	47-3526750-001
a Plan name	RETIREMENT INCOME SECURITY PLAN-DONOHUE & DONOHUE		
b Name of plan sponsor	DONOHUE & DONOHUE, D.M.D., P.C.	**c** EIN-PN	04-2922191-001
a Plan name	RETIREMENT INCOME SECURITY PLAN-M&J LOGISTICS		
b Name of plan sponsor	M&J LOGISTICS, INC.	**c** EIN-PN	36-4438059-001
a Plan name	RETIREMENT INCOME SECURITY PLAN-DENTIST ADVISORS		
b Name of plan sponsor	AQUIRE WEALTH ADVISORS LLC DBA DENTIST ADVISORS	**c** EIN-PN	26-1473628-003
a Plan name	RETIREMENT INCOME SECURITY PLAN-NICHOLAS SCOTT ST. GEORGE, D.D.S., INC.		
b Name of plan sponsor	NICHOLAS SCOTT ST. GEORGE	**c** EIN-PN	26-3852654-004
a Plan name	RETIREMENT INCOME SECURITY PLAN-CU DENTISTS, LTD		
b Name of plan sponsor	CU DENTISTS, LTD.	**c** EIN-PN	37-1117694-002
a Plan name	RETIREMENT INCOME SECURITY PLAN-MILLCREEK FAMILY DENTAL		
b Name of plan sponsor	MILLCREEK FAMILY DENTAL, P.C.	**c** EIN-PN	56-2365279-001
a Plan name	RETIREMENT INCOME SECURITY PLAN-BRODSKY FOTIU-WOJTOWICZ, PLLC		
b Name of plan sponsor	BRODSKY FOTIU-WOJTOWICZ, PLLC	**c** EIN-PN	81-4844551-003

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	RETIREMENT INCOME SECURITY PLAN-HUTT CONSTRUCTION INC.		
b Name of plan sponsor	HUTT CONSTRUCTION INC.	**c** EIN-PN	20-3366329-003
a Plan name	RETIREMENT INCOME SECURITY PLAN-KRAUSE SMILES, PA		
b Name of plan sponsor	KRAUSE SMILES, PA	**c** EIN-PN	47-4778929-003
a Plan name	RETIREMENT INCOME SECURITY PLAN-BORELLO ORTHODONTICS		
b Name of plan sponsor	BORELLO ORTHODONTICS LLC	**c** EIN-PN	27-3113306-001
a Plan name	RETIREMENT INCOME SECURITY PLAN-NORD ORTHODONTICS		
b Name of plan sponsor	SCOTT C. NORD, D.M.D., M.S., P.C.	**c** EIN-PN	20-3110774-001
a Plan name	RETIREMENT INCOME SECURITY PLAN-PEQUANNOCK VALLEY DENTAL ASSOCIATES PA		
b Name of plan sponsor	PEQUANNOCK VALLEY DENTAL ASSOCIATES PA	**c** EIN-PN	26-0865377-001
a Plan name	RETIREMENT INCOME SECURITY PLAN-CHILDS PLAY		
b Name of plan sponsor	CHILDS PLAY	**c** EIN-PN	20-3584556-003
a Plan name	RETIREMENT INCOME SECURITY PLAN-CITY WIDE MAINTENANCE OF MINNESOTA		
b Name of plan sponsor	MANSFIELD TOP SERVICES INC	**c** EIN-PN	76-0819968-003
a Plan name	RETIREMENT INCOME SECURITY PLAN-UNION SQUARE MEDICAL ASSOCIATES		
b Name of plan sponsor	UNION SQUARE MEDICAL ASSOCIATES, PC	**c** EIN-PN	22-3618447-002
a Plan name	RETIREMENT INCOME SECURITY PLAN-ORCHARD SECURITIES		
b Name of plan sponsor	ORCHARD SECURITIES, LLC	**c** EIN-PN	20-3674320-001
a Plan name	RETIREMENT INCOME SECURITY PLAN-MARRESE MARKETING, INC.		
b Name of plan sponsor	MARRESE MARKETING, INC.	**c** EIN-PN	91-1855626-001
a Plan name	RETIREMENT INCOME SECURITY PLAN-LOS ALAMOS DENTAL		
b Name of plan sponsor	LOS ALAMOS DENTAL	**c** EIN-PN	26-4337977-003
a Plan name	RETIREMENT INCOME SECURITY PLAN-ALLIXO TECHNOLOGIES		
b Name of plan sponsor	ALLIXO TECHNOLOGIES LLC DBA CYBERARMR	**c** EIN-PN	26-4447839-003

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	RETIREMENT INCOME SECURITY PLAN-FRANKENMUTH FAMILY DENTAL		
b Name of plan sponsor	FRANKENMUTH FAMILY DENTAL ASSOCIATES, PC	**c** EIN-PN	38-2105499-004
a Plan name	RETIREMENT INCOME SECURITY PLAN-NEW MILLENNIUM GROUP		
b Name of plan sponsor	NEW MILLENNIUM GROUP LLC	**c** EIN-PN	93-4007568-003
a Plan name	RETIREMENT INCOME SECURITY PLAN-FUTURE COMMUNITY SERVICES, INC.		
b Name of plan sponsor	FUTURE COMMUNITY SERVICES, INC.	**c** EIN-PN	38-3663026-002
a Plan name	RETIREMENT INCOME SECURITY PLAN-MOUNTAIN VIEW MONTESSORI		
b Name of plan sponsor	DIXIE MONTESSORI ACADEMY DBA MOUNTAIN VIEW MONTESSORI	**c** EIN-PN	46-2536926-003
a Plan name	RETIREMENT INCOME SECURITY PLAN-NORTH CENTRAL NEUROLOGY ASSOCIATES, PC		
b Name of plan sponsor	NORTH CENTRAL NEUROLOGY ASSOCIATES, PC	**c** EIN-PN	63-1231749-001
a Plan name	RETIREMENT INCOME SECURITY PLAN-ASLAN BREWING CO.		
b Name of plan sponsor	ASLAN BREWING CO.	**c** EIN-PN	46-0955552-001
a Plan name	RETIREMENT INCOME SECURITY PLAN-HEALTHCARE PHARMACEUTICALS, INC.		
b Name of plan sponsor	HEALTHCARE PHARMACEUTICALS, INC.	**c** EIN-PN	02-0689576-001
a Plan name	RETIREMENT INCOME SECURITY PLAN-IMPACT HEALTHCARE, LLC		
b Name of plan sponsor	IMPACT HEALTHCARE, LLC	**c** EIN-PN	46-4417642-001
a Plan name	RETIREMENT INCOME SECURITY PLAN-PRESTWICH ORTHODONTICS		
b Name of plan sponsor	TYLER C PRESTWICH DDS MS PLLC	**c** EIN-PN	47-1124953-002
a Plan name	RETIREMENT INCOME SECURITY PLAN-NEXUS BREWERY		
b Name of plan sponsor	NEXUS BREWERY, LLC	**c** EIN-PN	27-1708776-001
a Plan name	RETIREMENT INCOME SECURITY PLAN-CROCKER COMPANIES		
b Name of plan sponsor	CROCKER VENTURES	**c** EIN-PN	87-0619836-001
a Plan name	RETIREMENT INCOME SECURITY PLAN-SDI RESIDUAL ASSETS, LLC		
b Name of plan sponsor	SDI RESIDUAL ASSETS, LLC	**c** EIN-PN	26-3606239-002

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	RETIREMENT INCOME SECURITY PLAN-ECO ELECTRIC AND PLUMBING		
b Name of plan sponsor	NRG SERVICES LLC DBA ECO ELECTRIC AND PLUMBING	**c** EIN-PN	81-0917744-001
a Plan name	RETIREMENT INCOME SECURITY PLAN-TITLE MANAGERS, INC.		
b Name of plan sponsor	TITLE MANAGERS, INC.	**c** EIN-PN	20-4447008-001
a Plan name	RETIREMENT INCOME SECURITY PLAN-CLASSIQUE DENTAL CARE		
b Name of plan sponsor	JOSEPHINE SERRANO-RAMOS, DDS, INC.	**c** EIN-PN	51-0644488-001
a Plan name	RETIREMENT INCOME SECURITY PLAN-WEILENMANN SCHOOL OF DISCOVERY		
b Name of plan sponsor	WEILENMANN SCHOOL OF DISCOVERY	**c** EIN-PN	26-4710117-002
a Plan name	RETIREMENT INCOME SECURITY PLAN-SNOQUALMIE FALLS DENTAL		
b Name of plan sponsor	CARSON B CALDERWOOD DDS PLLC	**c** EIN-PN	20-4241067-001
a Plan name	RETIREMENT INCOME SECURITY PLAN-KIDS DENTAL PARTNERS, LLC		
b Name of plan sponsor	KIDS DENTAL PARTNERS, LLC	**c** EIN-PN	46-2506173-001
a Plan name	RETIREMENT INCOME SECURITY PLAN-BACKCOUNTRY PAYROLL AND MANAGEMENT SERVICES, LLC		
b Name of plan sponsor	BACKCOUNTRY PAYROLL AND MANAGEMENT SERVICES, LLC	**c** EIN-PN	83-0747975-001
a Plan name	RETIREMENT INCOME SECURITY PLAN-FRANKLIN DISCOVERY ACADEMY-VINEYARD		
b Name of plan sponsor	FRANKLIN DISCOVERY ACADEMY-VINEYARD	**c** EIN-PN	81-2710886-001
a Plan name	RETIREMENT INCOME SECURITY PLAN-TOTAL CARE DENTAL AND WELLNESS		
b Name of plan sponsor	TOTAL CARE PARTNERS AF, PLLC	**c** EIN-PN	87-3066283-001
a Plan name	RETIREMENT INCOME SECURITY PLAN-STAR TOOL INC		
b Name of plan sponsor	STAR TOOL INC	**c** EIN-PN	48-0756329-001
a Plan name	RETIREMENT INCOME SECURITY PLAN-VILLA VISTA DENTAL		
b Name of plan sponsor	RICKY N. TIN, DDS, A PROFESSIONAL CORPORATION	**c** EIN-PN	26-2894663-001
a Plan name	RETIREMENT INCOME SECURITY PLAN-BIG RED PAVING		
b Name of plan sponsor	BIG RED PAVING, INC.	**c** EIN-PN	87-0551864-001

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	RETIREMENT INCOME SECURITY PLAN-G12 COMMUNICATIONS, LLC		
b Name of plan sponsor	G12 COMMUNICATIONS, LLC	**c** EIN-PN	45-3967241-001
a Plan name	RETIREMENT INCOME SECURITY PLAN-HARMONY MASSAGE, INC.		
b Name of plan sponsor	HARMONY MASSAGE, INC.	**c** EIN-PN	20-0687045-001
a Plan name	RETIREMENT INCOME SECURITY PLAN-TATUM PEDIATRIC DENTISTRY		
b Name of plan sponsor	JAMES GUYMON, DDS, PLLC	**c** EIN-PN	46-5122479-001
a Plan name	RETIREMENT INCOME SECURITY PLAN-KEELER THOMAS		
b Name of plan sponsor	KEELER THOMAS MANAGEMENT LLC	**c** EIN-PN	81-4333737-001
a Plan name	RETIREMENT INCOME SECURITY PLAN-TERRICA CORPORATION		
b Name of plan sponsor	TERRICA CORPORATION	**c** EIN-PN	81-5193099-001
a Plan name	RETIREMENT INCOME SECURITY PLAN-CASTLE CREEK PEDIATRIC DENTISTRY		
b Name of plan sponsor	BOYD SIMKINS DDS, PC	**c** EIN-PN	04-3837027-001
a Plan name	RETIREMENT INCOME SECURITY PLAN-CUSTOM FABRICATION & MACHINING, INC.		
b Name of plan sponsor	CUSTOM FABRICATION & MACHINING, INC.	**c** EIN-PN	27-2377438-001
a Plan name	RETIREMENT INCOME SECURITY PLAN-ALL-AMERICAN PRINTING SERVICES		
b Name of plan sponsor	ALL-AMERICAN PRINTING SERVICES	**c** EIN-PN	68-0232884-001
a Plan name	RETIREMENT INCOME SECURITY PLAN-CAPITAL PREMIUM FINANCING, LLC		
b Name of plan sponsor	CAPITAL PREMIUM FINANCING, LLC	**c** EIN-PN	82-0423224-001
a Plan name	RETIREMENT INCOME SECURITY PLAN-PROTECT COMPUTER PRODUCTS		
b Name of plan sponsor	PRO-TECT COMPUTER PRODUCTS, INC.	**c** EIN-PN	87-0466104-001
a Plan name	RETIREMENT INCOME SECURITY PLAN-ANTOON HOSPITALITY GROUP		
b Name of plan sponsor	ANTOON HOSPITALITY GROUP, LLC	**c** EIN-PN	72-1100579-001
a Plan name	RETIREMENT INCOME SECURITY PLAN-PARBERRY ENVIRONMENT SOLUTIONS, INC.		
b Name of plan sponsor	PARBERRY ENVIRONMENT SOLUTIONS, INC.	**c** EIN-PN	27-1765749-001

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	RETIREMENT INCOME SECURITY PLAN-PERIODONTICS OF ROCKFORD, LTD.		
b Name of plan sponsor	PERIODONTICS OF ROCKFORD, LTD.	**c** EIN-PN	37-1364954-002
a Plan name	RETIREMENT INCOME SECURITY PLAN-IN HARMONY SERVICES, INC.		
b Name of plan sponsor	IN HARMONY SERVICES, INC.	**c** EIN-PN	91-1669034-001
a Plan name	RETIREMENT INCOME SECURITY PLAN-CADENCE PREFERRED LLC		
b Name of plan sponsor	CADENCE PREFERRED LLC	**c** EIN-PN	20-3402024-001
a Plan name	RETIREMENT INCOME SECURITY PLAN-LUND OPSAHL, LLC		
b Name of plan sponsor	LUND OPSAHL, LLC	**c** EIN-PN	45-4463441-002
a Plan name	RETIREMENT INCOME SECURITY PLAN-BRODY & CORNWELL, LLC		
b Name of plan sponsor	BRODY & CORNWELL, LLC	**c** EIN-PN	47-2229740-001
a Plan name	RETIREMENT INCOME SECURITY PLAN-JANE MARKETPLACE, LLC		
b Name of plan sponsor	JANE MARKETPLACE, LLC	**c** EIN-PN	46-1048564-001
a Plan name	RETIREMENT INCOME SECURITY PLAN-SHARP FAMILY DENTISTRY, PLLC		
b Name of plan sponsor	SHARP FAMILY DENTISTRY, PLLC	**c** EIN-PN	82-3687767-001
a Plan name	RETIREMENT INCOME SECURITY PLAN-HUTCHISON ENTERPRISES, INC.		
b Name of plan sponsor	HUTCHISON ENTERPRISES, INC.	**c** EIN-PN	20-1778035-001
a Plan name	RETIREMENT INCOME SECURITY PLAN-MC RESIDENTIAL COMMUNITIES, LLC		
b Name of plan sponsor	MC RESIDENTIAL COMMUNITIES, LLC	**c** EIN-PN	86-1034896-001
a Plan name	RETIREMENT INCOME SECURITY PLAN-ICON DENTAL PROFESSIONAL LLC		
b Name of plan sponsor	ICON DENTAL PROFESSIONAL LLC	**c** EIN-PN	46-5492681-001
a Plan name	RETIREMENT INCOME SECURITY PLAN-TRIMLITE, LLC		
b Name of plan sponsor	TRIMLITE, LLC	**c** EIN-PN	91-2027014-002
a Plan name	RETIREMENT INCOME SECURITY PLAN-NORTHAVENUE, LLC		
b Name of plan sponsor	NORTHAVENUE, LLC	**c** EIN-PN	83-0602695-001

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	RETIREMENT INCOME SECURITY PLAN-SWEDBERG EYE CARE		
b Name of plan sponsor	STEVEN H. SWEDBERG, M.D., P.S.	**c** EIN-PN	91-2157311-001
a Plan name	RETIREMENT INCOME SECURITY PLAN-CORNERSTONE FAMILY DENTISTRY		
b Name of plan sponsor	CORNERSTONE FAMILY DENTISTRY	**c** EIN-PN	83-2798951-001
a Plan name	RETIREMENT INCOME SECURITY PLAN-CEDAR HILL LUMBER INC.		
b Name of plan sponsor	CEDAR HILL LUMBER INC.	**c** EIN-PN	83-2372509-001
a Plan name	RETIREMENT INCOME SECURITY PLAN-BLACKBURN TRANSPORTATION GROUP, INC.		
b Name of plan sponsor	BLACKBURN TRANSPORTATION GROUP, INC.	**c** EIN-PN	47-1298750-001
a Plan name	RETIREMENT INCOME SECURITY PLAN-MWI, INC.		
b Name of plan sponsor	MWI, INC.	**c** EIN-PN	22-3890841-001
a Plan name	RETIREMENT INCOME SECURITY PLAN-IPAP, LLC		
b Name of plan sponsor	IPAP, LLC DBA ASPEN DENTAL OF CACHE VALLEY	**c** EIN-PN	20-8004030-001
a Plan name	RETIREMENT INCOME SECURITY PLAN-BECK PACK SYSTEMS, INC.		
b Name of plan sponsor	BECK PACK SYSTEMS, INC.	**c** EIN-PN	91-1118097-001
a Plan name	RETIREMENT INCOME SECURITY PLAN-LYNN PEDIATRIC DENTISTRY AND ORTHODONTICS, LLC		
b Name of plan sponsor	LYNN PEDIATRIC DENTISTRY AND ORTHODONTICS, LLC	**c** EIN-PN	82-1577091-001
a Plan name	RETIREMENT INCOME SECURITY PLAN-BARNEY TRUCKING		
b Name of plan sponsor	BARNEY TRUCKING, INC.	**c** EIN-PN	87-0331328-001
a Plan name	RETIREMENT INCOME SECURITY PLAN-SCHOLTEN ROOFING, INC.		
b Name of plan sponsor	SCHOLTEN ROOFING, INC.	**c** EIN-PN	91-0890646-003
a Plan name	RETIREMENT INCOME SECURITY PLAN-EVENTFORCE, INC.		
b Name of plan sponsor	EVENTFORCE, INC.	**c** EIN-PN	91-1977023-001
a Plan name	RETIREMENT INCOME SECURITY PLAN-SOUTH BAY PEDIATRIC DENTISTRY		
b Name of plan sponsor	NICHOLAS J. BRAJEVICH, DDS, INC.	**c** EIN-PN	33-0766267-001

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	RETIREMENT INCOME SECURITY PLAN-CHUCK'S FISH - ATHENS, LLC		
b Name of plan sponsor	CHUCKS FISH - ATHENS, LLC	**c** EIN-PN	83-0705534-001
a Plan name	RETIREMENT INCOME SECURITY PLAN-ANDREW J SCHMID DDS, PC		
b Name of plan sponsor	ANDREW J SCHMID DDS, PC	**c** EIN-PN	82-1726565-001
a Plan name	RETIREMENT INCOME SECURITY PLAN-UTAH VALLEY ENDODONTICS		
b Name of plan sponsor	PAUL M CREER DDS PC	**c** EIN-PN	38-3749849-001
a Plan name	RETIREMENT INCOME SECURITY PLAN-RIVERHORSE PARTNERS		
b Name of plan sponsor	RIVERHORSE PARTNERS, LLC	**c** EIN-PN	45-2520573-001
a Plan name	RETIREMENT INCOME SECURITY PLAN-ROASTMASTERS LLC		
b Name of plan sponsor	ROASTMASTERS LLC	**c** EIN-PN	91-2068731-001
a Plan name	RETIREMENT INCOME SECURITY PLAN-BROWN DENTAL ASSOCIATES PLLC		
b Name of plan sponsor	BROWN DENTAL ASSOCIATES PLLC	**c** EIN-PN	83-1675617-001
a Plan name	RETIREMENT INCOME SECURITY PLAN-K & S MECHANICAL SERVICES, LLC		
b Name of plan sponsor	K & S MECHANICAL SERVICES, LLC	**c** EIN-PN	27-2117806-001
a Plan name	RETIREMENT INCOME SECURITY PLAN-DECISIONWISE, LLC		
b Name of plan sponsor	DECISIONWISE, LLC	**c** EIN-PN	47-2606331-001
a Plan name	RETIREMENT INCOME SECURITY PLAN-SCOTT ELSEY DDS PLLC		
b Name of plan sponsor	SCOTT ELSEY DDS PLLC	**c** EIN-PN	84-1984688-001
a Plan name	RETIREMENT INCOME SECURITY PLAN-IVORY DENTAL, PLLC		
b Name of plan sponsor	IVORY DENTAL, PLLC	**c** EIN-PN	83-0706204-001
a Plan name	RETIREMENT INCOME SECURITY PLAN-ALL 4 KIDS PEDIATRIC DENTISTRY		
b Name of plan sponsor	BRIAN CHU DDS INC	**c** EIN-PN	26-3265158-001
a Plan name	RETIREMENT INCOME SECURITY PLAN-SIOUX CITY FAMILY DENTISTRY		
b Name of plan sponsor	NHU LE DMD PLLC	**c** EIN-PN	93-3464282-001

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	RETIREMENT INCOME SECURITY PLAN-JOHN J. HAN DMD PLLC			
b Name of plan sponsor	JOHN J. HAN DMD, PLLC DBA EXPRESSIONS DENTAL CARE	**c**	EIN-PN	27-2071122-001
a Plan name	RETIREMENT INCOME SECURITY PLAN-MERCER BUILDERS, LLC			
b Name of plan sponsor	MERCER BUILDERS, LLC	**c**	EIN-PN	30-0353661-001
a Plan name	RETIREMENT INCOME SECURITY PLAN-HARBOR DENTAL CENTER			
b Name of plan sponsor	MERELY EXQUISITE DENTISTRY, LLC DBA HARBOR DENTAL CENTER	**c**	EIN-PN	46-5730761-001
a Plan name	RETIREMENT INCOME SECURITY PLAN-PREMIER ROOFING AND WATERPROOFING			
b Name of plan sponsor	PREMIER ROOFING AND WATERPROOFING	**c**	EIN-PN	06-1763117-001
a Plan name	RETIREMENT INCOME SECURITY PLAN-S&S PALMER TRUCKING INC			
b Name of plan sponsor	S&S PALMER TRUCKING INC	**c**	EIN-PN	82-3168705-001
a Plan name	RETIREMENT INCOME SECURITY PLAN-COREY R. ACREE DDS INC			
b Name of plan sponsor	COREY R. ACREE DDS INC	**c**	EIN-PN	20-3971458-001
a Plan name	RETIREMENT INCOME SECURITY PLAN-SEAN F. BARDSLEY, D.D.S., A.P.C.			
b Name of plan sponsor	SEAN F. BARDSLEY, D.D.S., A.P.C.	**c**	EIN-PN	45-1008547-002
a Plan name	RETIREMENT INCOME SECURITY PLAN-HAPY BEAR SURGERY CENTER, LLC			
b Name of plan sponsor	HAPY BEAR SURGERY CENTER, LLC	**c**	EIN-PN	27-0462388-001
a Plan name	RETIREMENT INCOME SECURITY PLAN-T.E. WALRATH TRUCKING, INC.			
b Name of plan sponsor	T.E. WALRATH TRUCKING, INC.	**c**	EIN-PN	91-1877419-001
a Plan name	RETIREMENT INCOME SECURITY PLAN-ADP LEMCO, INC.			
b Name of plan sponsor	ADP LEMCO, INC.	**c**	EIN-PN	87-0500753-005
a Plan name	RETIREMENT INCOME SECURITY PLAN-MIIR HOLDINGS LLC DBA MIIR			
b Name of plan sponsor	MIIR HOLDINGS LLC DBA MIIR	**c**	EIN-PN	46-1684163-001
a Plan name	RETIREMENT INCOME SECURITY PLAN-SOUTH VALLEY PEDIATRIC DENTISTRY			
b Name of plan sponsor	SOUTH VALLEY PEDIATRIC DENTISTRY PLLC	**c**	EIN-PN	93-4321295-001

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	RETIREMENT INCOME SECURITY PLAN-THE ZERO CARD, INC.		
b Name of plan sponsor	THE ZERO CARD, INC.	**c** EIN-PN	82-2415604-001
a Plan name	RETIREMENT INCOME SECURITY PLAN-JOLT SOFTWARE, INC.		
b Name of plan sponsor	JOLT SOFTWARE, INC.	**c** EIN-PN	84-1751022-001
a Plan name	RETIREMENT INCOME SECURITY PLAN-GEOFFREY B. WEST DDS, PLLC		
b Name of plan sponsor	GEOFFREY B. WEST DDS, PLLC	**c** EIN-PN	47-4944908-001
a Plan name	RETIREMENT INCOME SECURITY PLAN-BIG LEAP LLC		
b Name of plan sponsor	BIG LEAP LLC	**c** EIN-PN	26-3326691-001
a Plan name	RETIREMENT INCOME SECURITY PLAN-BRING CHANGE 2 MIND		
b Name of plan sponsor	BRING CHANGE 2 MIND	**c** EIN-PN	01-0974537-001
a Plan name	RETIREMENT INCOME SECURITY PLAN-KSA INSURANCE, LLC		
b Name of plan sponsor	KSA INSURANCE, LLC	**c** EIN-PN	27-1873690-001
a Plan name	RETIREMENT INCOME SECURITY PLAN-NUKE DIGITAL		
b Name of plan sponsor	MCGINNIS & ASSOCIATES INC DBA NUKE DIGITAL	**c** EIN-PN	60-2318892-001
a Plan name	RETIREMENT INCOME SECURITY PLAN-PROGRESSIVE CONTRACTING, INC.		
b Name of plan sponsor	PROGRESSIVE CONTRACTING, INC.	**c** EIN-PN	87-0460278-001
a Plan name	RETIREMENT INCOME SECURITY PLAN-MAJOR CONCRETE LLC		
b Name of plan sponsor	MAJOR CONCRETE LLC	**c** EIN-PN	82-2459177-001
a Plan name	RETIREMENT INCOME SECURITY PLAN-PHYSICIANS STAFFING SOLUTIONS, LLC		
b Name of plan sponsor	PHYSICIANS STAFFING SOLUTIONS, LLC	**c** EIN-PN	27-2591899-001
a Plan name	RETIREMENT INCOME SECURITY PLAN-EXPONENTIAL BUSINESS AND TECHNOLOGIES COMPANY		
b Name of plan sponsor	EXPONENTIAL BUSINESS AND TECHNOLOGIES COMPANY	**c** EIN-PN	26-0485854-001
a Plan name	RETIREMENT INCOME SECURITY PLAN-WOOLDRIDGE BOATS, INC.		
b Name of plan sponsor	WOOLDRIDGE BOATS, INC.	**c** EIN-PN	91-0972838-001

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	RETIREMENT INCOME SECURITY PLAN-WHIRLWIND SERVICES, INC.		
b Name of plan sponsor	WHIRLWIND SERVICES, INC.	**c** EIN-PN	91-1513024-001
a Plan name	RETIREMENT INCOME SECURITY PLAN-EAGLE FAMILY DENTAL		
b Name of plan sponsor	BRYCE K DUSKIN DDS PS	**c** EIN-PN	27-2954796-001
a Plan name	RETIREMENT INCOME SECURITY PLAN-DAVID DIEHL DMD, PLLC		
b Name of plan sponsor	DAVID DIEHL DMD, PLLC DBA MARINA HILLS DENTAL	**c** EIN-PN	84-5000253-001
a Plan name	RETIREMENT INCOME SECURITY PLAN-PINE FAMILY PRACTICE, LLC		
b Name of plan sponsor	PINE FAMILY PRACTICE, LLC	**c** EIN-PN	83-1352599-001
a Plan name	RETIREMENT INCOME SECURITY PLAN-BLAKE DENTISTRY, PC		
b Name of plan sponsor	BLAKE DENTISTRY, PC	**c** EIN-PN	20-2447778-001
a Plan name	RETIREMENT INCOME SECURITY PLAN-DT SPECIALIZED SERVICES, INC.		
b Name of plan sponsor	DT SPECIALIZED SERVICES, INC.	**c** EIN-PN	46-0515739-001
a Plan name	RETIREMENT INCOME SECURITY PLAN-LEGACY SECONDARY SCHOOLS INC		
b Name of plan sponsor	LEGACY SECONDARY SCHOOLS INC	**c** EIN-PN	26-2215217-001
a Plan name	RETIREMENT INCOME SECURITY PLAN-SCISSORTAIL ENERGY MANAGEMENT CORPORATION		
b Name of plan sponsor	SCISSORTAIL ENERGY MANAGEMENT CORPORATION	**c** EIN-PN	99-4345192-001
a Plan name	RETIREMENT INCOME SECURITY PLAN-C.P. WONG D.D.S. & M.B. WONG, DDS, A PDC		
b Name of plan sponsor	C.P. WONG D.D.S & M.B. WONG, D.D.S., A PDC	**c** EIN-PN	47-5550985-001
a Plan name	RETIREMENT INCOME SECURITY PLAN-SPENCER STEPHENS CONSTRUCTION, LLC		
b Name of plan sponsor	SPENCER STEPHENS CONSTRUCTION, LLC	**c** EIN-PN	27-0902739-001
a Plan name	RETIREMENT INCOME SECURITY PLAN-MARIDOE GOLF CLUB		
b Name of plan sponsor	MA COLUMBIAN OPERATING LLC DBA MARIDOE GOLF CLUB	**c** EIN-PN	46-4385084-002
a Plan name	RETIREMENT INCOME SECURITY PLAN-HUDSON VALLEY DENTAL CONNECT, PLLC		
b Name of plan sponsor	HUDSON VALLEY DENTAL CONNECT, PLLC	**c** EIN-PN	92-3016787-001

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	RETIREMENT INCOME SECURITY PLAN-AQUA TEST INC.		
b Name of plan sponsor	MVL INC. DBA AQUA TEST INC.	**c** EIN-PN	26-3058628-001
a Plan name	RETIREMENT INCOME SECURITY PLAN-BOZEMAN DENTAL GROUP PC		
b Name of plan sponsor	BOZEMAN DENTAL GROUP PC	**c** EIN-PN	81-1106479-001
a Plan name	RETIREMENT INCOME SECURITY PLAN-LOW VA RATES, LLC		
b Name of plan sponsor	LOW VA RATES, LLC	**c** EIN-PN	46-3435079-001
a Plan name	RETIREMENT INCOME SECURITY PLAN-EDMAN COMPANY		
b Name of plan sponsor	EDMAN COMPANY	**c** EIN-PN	91-0965219-001
a Plan name	RETIREMENT INCOME SECURITY PLAN-ASCENT VENTURES		
b Name of plan sponsor	LUMIN8 HOLDINGS, LLC	**c** EIN-PN	85-0917486-001
a Plan name	RETIREMENT INCOME SECURITY PLAN-LUKE PARRY ENTERPRISES, LLC		
b Name of plan sponsor	LUKE PARRY ENTERPRISES, LLC	**c** EIN-PN	56-2288431-002
a Plan name	RETIREMENT INCOME SECURITY PLAN-CHESTER ROAD FAMILY DENTAL		
b Name of plan sponsor	DUNHAM AND DUNHAM, DDS, PC	**c** EIN-PN	81-1302897-001
a Plan name	RETIREMENT INCOME SECURITY PLAN-ST PAUL PEDIATRIC DENTISTRY		
b Name of plan sponsor	ST PAUL PEDIATRIC DENTISTRY	**c** EIN-PN	27-4249029-001
a Plan name	RETIREMENT INCOME SECURITY PLAN-ANDERSON HINKINS LLC		
b Name of plan sponsor	ANDERSON HINKINS LLC	**c** EIN-PN	46-0805808-001
a Plan name	RETIREMENT INCOME SECURITY PLAN-REDSTONE RESIDENTIAL, INC.		
b Name of plan sponsor	REDSTONE RESIDENTIAL, INC.	**c** EIN-PN	87-0492731-002
a Plan name	RETIREMENT INCOME SECURITY PLAN-PROBIN GLOBAL		
b Name of plan sponsor	BBLU, INC.	**c** EIN-PN	84-3886981-001
a Plan name	RETIREMENT INCOME SECURITY PLAN-DELAWARE PEDIATRIC DENTISTRY, LLC		
b Name of plan sponsor	DELAWARE PEDIATRIC DENTISTRY, LLC	**c** EIN-PN	83-1433343-001

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	RETIREMENT INCOME SECURITY PLAN-SMJ, INC.		
b Name of plan sponsor	SMJ, INC.	**c** EIN-PN	90-0677786-001
a Plan name	RETIREMENT INCOME SECURITY PLAN-PRECISION DENTAL		
b Name of plan sponsor	PRECISION DENTAL PARTNERS, PLLC	**c** EIN-PN	82-3628816-001
a Plan name	RETIREMENT INCOME SECURITY PLAN-RESCUESTAT LLC		
b Name of plan sponsor	RESCUESTAT LLC	**c** EIN-PN	43-1978838-001
a Plan name	RETIREMENT INCOME SECURITY PLAN-CIRQUE LODGE, INC.		
b Name of plan sponsor	CIRQUE LODGE, INC.	**c** EIN-PN	87-0576278-001
a Plan name	RETIREMENT INCOME SECURITY PLAN-925 PARTNERS, LLC		
b Name of plan sponsor	925 PARTNERS, LLC	**c** EIN-PN	83-3690507-001
a Plan name	RETIREMENT INCOME SECURITY PLAN-MOTIVOSITY, INC.		
b Name of plan sponsor	MOTIVOSITY, INC.	**c** EIN-PN	46-1330577-001
a Plan name	RETIREMENT INCOME SECURITY PLAN-PATRICK BRIESE, DDS		
b Name of plan sponsor	PATRICK BRIESE, DDS	**c** EIN-PN	27-0662377-001
a Plan name	RETIREMENT INCOME SECURITY PLAN-SHIRLEY DENTAL CARE, INC		
b Name of plan sponsor	SHIRLEY DENTAL CARE, INC DBA NASHOBA VALLEY DENTAL	**c** EIN-PN	82-0843740-001
a Plan name	RETIREMENT INCOME SECURITY PLAN-ARGYLE DENTAL, PC		
b Name of plan sponsor	ARGYLE DENTAL, PC	**c** EIN-PN	20-8387634-001
a Plan name	RETIREMENT INCOME SECURITY PLAN-EVERGREEN MOUNTAIN BIKE ALLIANCE		
b Name of plan sponsor	EVERGREEN MOUNTAIN BIKE ALLIANCE	**c** EIN-PN	91-1553023-001
a Plan name	RETIREMENT INCOME SECURITY PLAN-GAME COMPOSITES, LLC		
b Name of plan sponsor	GAME COMPOSITES, LLC	**c** EIN-PN	47-4523176-001
a Plan name	RETIREMENT INCOME SECURITY PLAN-FARWEST SPORTS INC		
b Name of plan sponsor	FARWEST SPORTS INC	**c** EIN-PN	91-0784372-001

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	RETIREMENT INCOME SECURITY PLAN-THE DENVER DENTISTS PLLC		
b Name of plan sponsor	THE DENVER DENTISTS PLLC DBA THE DENVER DENTISTS & IMPLANT CENTER	**c** EIN-PN	82-2749468-001
a Plan name	RETIREMENT INCOME SECURITY PLAN-RAYMUND V. FAVIS, D.D.S., P.C.		
b Name of plan sponsor	RAYMUND V. FAVIS, D.D.S., P.C.	**c** EIN-PN	31-1710629-001
a Plan name	RETIREMENT INCOME SECURITY PLAN-TWISTED METALWORKS		
b Name of plan sponsor	TWISTED METALWORKS	**c** EIN-PN	20-1589132-001
a Plan name	RETIREMENT INCOME SECURITY PLAN-PIPESTEM LAW, P.C.		
b Name of plan sponsor	PIPESTEM LAW, P.C.	**c** EIN-PN	52-2196072-001
a Plan name	RETIREMENT INCOME SECURITY PLAN-ELLICOTT CITY SMILES DENTAL GROUP		
b Name of plan sponsor	MODARRES DENTAL GROUP LLC	**c** EIN-PN	83-1480567-001
a Plan name	RETIREMENT INCOME SECURITY PLAN-FRANKLIN PLANNER CORPORATION		
b Name of plan sponsor	FRANKLIN PLANNER CORPORATION	**c** EIN-PN	84-3272439-001
a Plan name	RETIREMENT INCOME SECURITY PLAN-CHARPENTIER FAMILY DENTISTRY		
b Name of plan sponsor	CHARPENTIER FAMILY DENTISTRY LLC	**c** EIN-PN	37-1549920-001
a Plan name	RETIREMENT INCOME SECURITY PLAN-JG NEIL & CO., INC.		
b Name of plan sponsor	JG NEIL & CO., INC.	**c** EIN-PN	91-1213705-001
a Plan name	RETIREMENT INCOME SECURITY PLAN-COLUMBIA RIVER ECONOMIC DEVELOPMENT COUNCIL		
b Name of plan sponsor	COLUMBIA RIVER ECONOMIC DEVELOPMENT COUNCIL	**c** EIN-PN	91-1186305-001
a Plan name	RETIREMENT INCOME SECURITY PLAN-BRIAN P. CALLAHAN, DDS		
b Name of plan sponsor	BRIAN P. CALLAHAN, DDS	**c** EIN-PN	87-0603150-001
a Plan name	RETIREMENT INCOME SECURITY PLAN-VERMONT AUDIOLOGY, INC.		
b Name of plan sponsor	VERMONT AUDIOLOGY, INC.	**c** EIN-PN	54-2088498-001
a Plan name	RETIREMENT INCOME SECURITY PLAN-ELEVATION ENDODONTICS		
b Name of plan sponsor	ELEVATION ENDODONTICS, PLLC	**c** EIN-PN	93-2109615-001

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	b Name of plan sponsor	c EIN-PN
RETIREMENT INCOME SECURITY PLAN-DENTISTRY IN ORO VALLEY	FRANK EMMERT DDS PLLC	85-2980546-001
RETIREMENT INCOME SECURITY PLAN-BALANCE	CCCSSF DBA BALANCE	94-1688163-002
RETIREMENT INCOME SECURITY PLAN-WHITLOCK CONSULTING GROUP, LLC	WHITLOCK CONSULTING GROUP, LLC	46-3926362-001
RETIREMENT INCOME SECURITY PLAN-SMILE STUDIO DENTAL PLLC	SMILE STUDIO DENTAL PLLC	84-2009910-001
RETIREMENT INCOME SECURITY PLAN-NORWALK DENTAL CENTER	TUAN DOAN DDS APC	46-4646774-001
RETIREMENT INCOME SECURITY PLAN-TOBAR INC	TOBAR INC	91-1436396-001
RETIREMENT INCOME SECURITY PLAN-CANYON CREST DENTAL, P.C.	CANYON CREST DENTAL, P.C.	82-2296683-001
RETIREMENT INCOME SECURITY PLAN-100 WEST DENTAL	BRANDON PRIOR DMD LLC	83-4578929-001
RETIREMENT INCOME SECURITY PLAN-ARTER FAMILY DENTAL CARE	4 CORNERS DENTISTRY, LLC	82-4004413-001
RETIREMENT INCOME SECURITY PLAN-STRUCTURLAM MASS TIMBER	STRUCTURLAM MASS TIMBER US INC.	84-2896287-001
RETIREMENT INCOME SECURITY PLAN-TOMMER CONSTRUCTION CO., INC.	TOMMER CONSTRUCTION CO., INC.	91-0861540-001
RETIREMENT INCOME SECURITY PLAN-WASHINGTON STATE PHARMACY ASSOCIATION	WASHINGTON STATE PHARMACY ASSOCIATION	91-0462190-003

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	RETIREMENT INCOME SECURITY PLAN-MARSHALL FAMILY DENTISTRY		
b Name of plan sponsor	MICHAEL REID MARSHALL DMD PC	**c** EIN-PN	46-0561598-001
a Plan name	RETIREMENT INCOME SECURITY PLAN-INDUSTRIAL PIPING & WELDING LLC		
b Name of plan sponsor	INDUSTRIAL PIPING & WELDING LLC	**c** EIN-PN	27-4420213-001
a Plan name	RETIREMENT INCOME SECURITY PLAN-BURR OAK FAMILY DENTAL		
b Name of plan sponsor	CLAYTON SCHWINKE, DDS, LLC	**c** EIN-PN	86-2259492-001
a Plan name	RETIREMENT INCOME SECURITY PLAN-DROEL FAMILY DENTISTRY, P.C.		
b Name of plan sponsor	DROEL FAMILY DENTISTRY, P.C.	**c** EIN-PN	80-0120540-001
a Plan name	RETIREMENT INCOME SECURITY PLAN-WARNER ROBINS PEDIATRIC DENTISTRY		
b Name of plan sponsor	WARNER ROBINS PEDIATRIC DENTISTRY LLC	**c** EIN-PN	83-3250628-001
a Plan name	RETIREMENT INCOME SECURITY PLAN-PREMIER VEHICLE INSTALLATION INC.		
b Name of plan sponsor	PREMIER VEHICLE INSTALLATION INC.	**c** EIN-PN	90-0187447-002
a Plan name	RETIREMENT INCOME SECURITY PLAN-FRANCK FAMILY DENTAL		
b Name of plan sponsor	FRANCK DENTAL CORPORATION	**c** EIN-PN	45-4103813-001
a Plan name	RETIREMENT INCOME SECURITY PLAN-UNIVERSAL RISK SERVICES, LLC		
b Name of plan sponsor	UNIVERSAL RISK SERVICES, LLC	**c** EIN-PN	82-3513627-001
a Plan name	RETIREMENT INCOME SECURITY PLAN-RIVERTREE DENTAL AND IMPLANTS		
b Name of plan sponsor	ALPHA DENTAL OF TEXAS, PLLC	**c** EIN-PN	86-3685542-001
a Plan name	RETIREMENT INCOME SECURITY PLAN-OUT ON A LIMB TREE CO LLC		
b Name of plan sponsor	OUT ON A LIMB TREE CO LLC	**c** EIN-PN	27-1855878-001
a Plan name	RETIREMENT INCOME SECURITY PLAN-INCOA		
b Name of plan sponsor	INCOA PERFORMANCE MINERALS	**c** EIN-PN	32-0532713-001
a Plan name	RETIREMENT INCOME SECURITY PLAN-CEDAR CREEK DENTAL		
b Name of plan sponsor	ALEXIS MIERZWA PLLC	**c** EIN-PN	27-0777920-001

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	RETIREMENT INCOME SECURITY PLAN-NUVIA DENTAL IMPLANT CENTER		
b Name of plan sponsor	NUVIA MSO, LLC	**c** EIN-PN	84-4528017-001
a Plan name	RETIREMENT INCOME SECURITY PLAN-EBA DESIGN, INC.		
b Name of plan sponsor	EBA DESIGN, INC.	**c** EIN-PN	20-1223067-003
a Plan name	RETIREMENT INCOME SECURITY PLAN-THE PIONEER WOMAN MERCANTILE, LLC		
b Name of plan sponsor	THE PIONEER WOMAN MERCANTILE, LLC	**c** EIN-PN	81-2912486-001
a Plan name	RETIREMENT INCOME SECURITY PLAN-NEW LEAF BUILDERS, LLC		
b Name of plan sponsor	NEW LEAF BUILDERS, LLC	**c** EIN-PN	27-3358799-001
a Plan name	RETIREMENT INCOME SECURITY PLAN-ENDODONTIC SPECIALTY SERVICES		
b Name of plan sponsor	ANNIKA MARSCHALL DMD PA	**c** EIN-PN	47-4939455-001
a Plan name	RETIREMENT INCOME SECURITY PLAN-TAGBOARD, INC.		
b Name of plan sponsor	TAGBOARD, INC.	**c** EIN-PN	45-2545444-001
a Plan name	RETIREMENT INCOME SECURITY PLAN-CRIST FAMILY DENTAL, LLC		
b Name of plan sponsor	CRIST FAMILY DENTAL, LLC	**c** EIN-PN	27-0170288-001
a Plan name	RETIREMENT INCOME SECURITY PLAN-CARRAWAY FAMILY AND COSMETIC DENTISTRY		
b Name of plan sponsor	ADAM CARRAWAY DMD LLC	**c** EIN-PN	84-2720842-001
a Plan name	RETIREMENT INCOME SECURITY PLAN-DOWNTOWN HOUSTON DENTAL		
b Name of plan sponsor	CHRIS JOHNSON DDS PLLC	**c** EIN-PN	85-2441980-001
a Plan name	RETIREMENT INCOME SECURITY PLAN-NICHOLS DRYWALL		
b Name of plan sponsor	NICHOLS DRYWALL	**c** EIN-PN	91-1589954-001
a Plan name	RETIREMENT INCOME SECURITY PLAN-SHARPEVISION, PLLC		
b Name of plan sponsor	SHARPEVISION, PLLC	**c** EIN-PN	45-4849447-001
a Plan name	RETIREMENT INCOME SECURITY PLAN-LISA M. MUSGRAVE D.D.S., PLLC		
b Name of plan sponsor	LISA M. MUSGRAVE D.D.S., PLLC	**c** EIN-PN	47-3833852-001

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	RETIREMENT INCOME SECURITY PLAN-BEST IMPRESSION DENTAL		
b Name of plan sponsor	ALICIA G. BURTON, DDS, PLLC	**c** EIN-PN	82-2340874-001
a Plan name	RETIREMENT INCOME SECURITY PLAN-MINKY MAMAS		
b Name of plan sponsor	MINKY MAMAS, LLC	**c** EIN-PN	83-0943405-001
a Plan name	RETIREMENT INCOME SECURITY PLAN-FELT FAMILY DENTISTRY-LAYTON		
b Name of plan sponsor	FELT DENTISTRY, PLLC	**c** EIN-PN	45-2163937-001
a Plan name	RETIREMENT INCOME SECURITY PLAN-MANHOLE BUILDERS INC.		
b Name of plan sponsor	MANHOLE BUILDERS INC.	**c** EIN-PN	33-1073777-001
a Plan name	RETIREMENT INCOME SECURITY PLAN-SCIP JAX, LLC DBA CHICK-FIL-A MARSH LANDING PARKWAY		
b Name of plan sponsor	SCIP JAX, LLC DBA CHICK-FIL-A MARSH LANDING PARKWAY	**c** EIN-PN	47-1926864-001
a Plan name	RETIREMENT INCOME SECURITY PLAN-MALA TANDON CONSULTING DBA MINDFUL ONE THERAPY		
b Name of plan sponsor	MALA TANDON CONSULTING DBA MINDFUL ONE THERAPY	**c** EIN-PN	85-1146723-001
a Plan name	RETIREMENT INCOME SECURITY PLAN-OZ DEVELOPMENT, LLC		
b Name of plan sponsor	OZ DEVELOPMENT, LLC	**c** EIN-PN	83-2750144-001
a Plan name	RETIREMENT INCOME SECURITY PLAN-SPECTACLE LLC		
b Name of plan sponsor	SPECTACLE LLC	**c** EIN-PN	46-5525601-001
a Plan name	RETIREMENT INCOME SECURITY PLAN-DONALD YANG, DDS		
b Name of plan sponsor	DONALD YANG, DDS, INC.	**c** EIN-PN	84-2895792-001
a Plan name	RETIREMENT INCOME SECURITY PLAN-ECO HOME SERVICES		
b Name of plan sponsor	MATCH ENTERPRISES LLC DBA ECO HOME SERVICES	**c** EIN-PN	85-1316701-001
a Plan name	RETIREMENT INCOME SECURITY PLAN-KAYSCREEK DENTAL PLLC		
b Name of plan sponsor	KAYSCREEK DENTAL PLLC	**c** EIN-PN	84-3793225-001
a Plan name	RETIREMENT INCOME SECURITY PLAN-WAILUKU DENTAL GROUP		
b Name of plan sponsor	H&V SMILES LLC DBA WAILUKU DENTAL GROUP	**c** EIN-PN	84-2137661-001

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	b Name of plan sponsor	c EIN-PN
RETIREMENT INCOME SECURITY PLAN-KAINOMYX, INC.	KAINOMYX, INC.	84-3141060-001
RETIREMENT INCOME SECURITY PLAN-HICKORY HEIGHTS DENTAL	PARDUE D.D.S. PLLC	86-2136528-001
RETIREMENT INCOME SECURITY PLAN-PURITY COFFEE, INC.	PURITY COFFEE, INC.	81-1637574-001
RETIREMENT INCOME SECURITY PLAN-VIVA CHICKEN HOLDINGS, LLC	VIVA CHICKEN HOLDINGS, LLC	47-1773462-001
RETIREMENT INCOME SECURITY PLAN-COMFORT DENTAL NORTH LAKEWOOD	NORTH LAKEWOOD DENTAL PLLC	45-1292895-001
RETIREMENT INCOME SECURITY PLAN-MARTIN BIONICS INNOVATIONS, LLC	MARTIN BIONICS INNOVATIONS, LLC	27-1536822-001
RETIREMENT INCOME SECURITY PLAN-OKLAHOMA PEDIATRIC THERAPY CENTER	COMPLETE REHAB, LLC DBA OKLAHOMA PEDIATRIC THERAPY CENTER	46-4639381-001
RETIREMENT INCOME SECURITY PLAN-BRADLEY D LANCE, DDS PC	BRADLEY D LANCE, DDS PC	86-1460550-001
RETIREMENT INCOME SECURITY PLAN-LEGATO SECURITY PARTNERS	LEGATO SECURITY PARTNERS	87-1042903-001
RETIREMENT INCOME SECURITY PLAN-COST SEGREGATION AUTHORITY, LLC	COST SEGREGATION AUTHORITY, LLC	88-2142766-001
RETIREMENT INCOME SECURITY PLAN-ALABAMA INSTITUTE FOR SLEEP HEALTH, LLC	ALABAMA INSTITUTE FOR SLEEP HEALTH, LLC	88-1716433-001
RETIREMENT INCOME SECURITY PLAN-JEAN-PAUL BOUDREAU DMD, LLC	JEAN-PAUL BOUDREAU DMD, LLC	45-5095391-001

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	RETIREMENT INCOME SECURITY PLAN-SOJOURN CONSULTING		
b Name of plan sponsor	SOJOURN CONSULTING	**c** EIN-PN	99-2655227-001
a Plan name	RETIREMENT INCOME SECURITY PLAN-PC MANAGEMENT SERVICES LLC		
b Name of plan sponsor	PC MANAGEMENT SERVICES LLC	**c** EIN-PN	87-0574214-001
a Plan name	RETIREMENT INCOME SECURITY PLAN-ORACLE FAMILY DENTAL		
b Name of plan sponsor	JOHNSON & CHANG DENTISTRY PLLC	**c** EIN-PN	47-2664621-001
a Plan name	RETIREMENT INCOME SECURITY PLAN-ETHOS GEOLOGICAL, INC.		
b Name of plan sponsor	ETHOS GEOLOGICAL, INC.	**c** EIN-PN	46-2233420-001
a Plan name	RETIREMENT INCOME SECURITY PLAN-GARY F HOLLAND MD PC		
b Name of plan sponsor	GARY F HOLLAND MD PC	**c** EIN-PN	20-0282864-001
a Plan name	RETIREMENT INCOME SECURITY PLAN-TOP OF TEXAS ORTHOPEDICS		
b Name of plan sponsor	TOP OF TEXAS PLLC	**c** EIN-PN	83-3399442-001
a Plan name	RETIREMENT INCOME SECURITY PLAN-STEVE SMITH, INC.		
b Name of plan sponsor	STEVE SMITH, INC. DBA STEVES AUTOMOTIVE SPECIALISTS	**c** EIN-PN	87-0621786-001
a Plan name	RETIREMENT INCOME SECURITY PLAN-SOLO		
b Name of plan sponsor	SPEED OF LIGHT OPS, LLC DBA SOLO	**c** EIN-PN	35-2616034-001
a Plan name	RETIREMENT INCOME SECURITY PLAN-CHUCK'S FISH-MONTGOMERY, LLC		
b Name of plan sponsor	CHUCKS FISH - MONTGOMERY, LLC	**c** EIN-PN	87-2054850-001
a Plan name	RETIREMENT INCOME SECURITY PLAN-ELEMENTS TECHNOLOGY INC.		
b Name of plan sponsor	ELEMENTS TECHNOLOGY INC.	**c** EIN-PN	85-2313794-001
a Plan name	RETIREMENT INCOME SECURITY PLAN-ROCKY MOUNTAIN DENTAL COMPANY		
b Name of plan sponsor	SISNEROS FAMILY DENTAL	**c** EIN-PN	84-2794676-001
a Plan name	RETIREMENT INCOME SECURITY PLAN-WESTERN TRUCK & TRAILER SALES, INC.		
b Name of plan sponsor	WESTERN TRUCK & TRAILER SALES, INC.	**c** EIN-PN	87-0399651-001

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	RETIREMENT INCOME SECURITY PLAN-MOVEMENT MEDICAL LLC		
b Name of plan sponsor	MOVEMENT MEDICAL LLC	**c** EIN-PN	85-1911245-001
a Plan name	RETIREMENT INCOME SECURITY PLAN-PORT WASHINGTON FAMILY DENTISTRY		
b Name of plan sponsor	PORT WASHINGTON FAMILY DENTISTRY	**c** EIN-PN	82-5526174-001
a Plan name	RETIREMENT INCOME SECURITY PLAN-NIGHTINGALE COLLEGE, LLC		
b Name of plan sponsor	NIGHTINGALE COLLEGE, LLC	**c** EIN-PN	37-1708791-001
a Plan name	RETIREMENT INCOME SECURITY PLAN-SCOTT G. FERGUSON, JR., DDS		
b Name of plan sponsor	SCOTT G FERGUSON JR., D.D.S, PC	**c** EIN-PN	46-5501139-001
a Plan name	RETIREMENT INCOME SECURITY PLAN-PAUL INNIS DMD INC.		
b Name of plan sponsor	PAUL INNIS DMD INC.	**c** EIN-PN	20-2487945-001
a Plan name	RETIREMENT INCOME SECURITY PLAN-IDAHO ASSOCIATION OF COMMERCE & INDUSTRY		
b Name of plan sponsor	IDAHO ASSOCIATION OF COMMERCE & INDUSTRY	**c** EIN-PN	82-0312975-001
a Plan name	RETIREMENT INCOME SECURITY PLAN-MED USA		
b Name of plan sponsor	MED AM INTERNATIONAL, LLC	**c** EIN-PN	47-2708135-001
a Plan name	RETIREMENT INCOME SECURITY PLAN-TREY HARRELL LAW OFFICE, LLC		
b Name of plan sponsor	TREY HARRELL LAW OFFICE, LLC	**c** EIN-PN	85-2603860-001
a Plan name	RETIREMENT INCOME SECURITY PLAN-CORNERSTONE CAREGIVING, INC		
b Name of plan sponsor	CORNERSTONE CAREGIVING, INC DBA HOME INSTEAD #352	**c** EIN-PN	86-3136757-001
a Plan name	RETIREMENT INCOME SECURITY PLAN-CIG BOND		
b Name of plan sponsor	CAROLINA INDEMNITY GROUP LTD CO DBA CIG BOND	**c** EIN-PN	83-4453455-001
a Plan name	RETIREMENT INCOME SECURITY PLAN-ZEMEK CONSTRUCTION COMPANY, LLC		
b Name of plan sponsor	ZEMEK CONSTRUCTION COMPANY, LLC	**c** EIN-PN	27-4543389-001
a Plan name	RETIREMENT INCOME SECURITY PLAN-TRUST LAW PARTNERS, LLP		
b Name of plan sponsor	TRUST LAW PARTNERS, LLP	**c** EIN-PN	84-5080970-001

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	RETIREMENT INCOME SECURITY PLAN-ELEANOR E. SAHN, MD PC		
b Name of plan sponsor	ELEANOR E. SAHN, MD PC DBA DANIEL ISLAND DERMATOLOGY	c EIN-PN	30-0044673-001
a Plan name	RETIREMENT INCOME SECURITY PLAN-MOAB CHARTER SCHOOL		
b Name of plan sponsor	MOAB COMMUNITY SCHOOL DBA MOAB CHARTER SCHOOL	c EIN-PN	56-2500062-001
a Plan name	RETIREMENT INCOME SECURITY PLAN-FANTASY BRIDAL		
b Name of plan sponsor	N.M.W., LLC DBA FANTASY BRIDAL	c EIN-PN	52-7254976-001
a Plan name	RETIREMENT INCOME SECURITY PLAN-LIMITED ENERGY SERVICES INC.		
b Name of plan sponsor	LIMITED ENERGY SERVICES INC. DBA NW SECURITY AND AUTOMATION	c EIN-PN	20-8279387-001
a Plan name	RETIREMENT INCOME SECURITY PLAN-EDGE EXCAVATION, INC.		
b Name of plan sponsor	EDGE EXCAVATION, INC.	c EIN-PN	20-3915591-001
a Plan name	RETIREMENT INCOME SECURITY PLAN-PALMETTO MOON INSURANCE, LLC		
b Name of plan sponsor	PALMETTO MOON INSURANCE, LLC	c EIN-PN	85-2014091-001
a Plan name	RETIREMENT INCOME SECURITY PLAN-PREMIERE AUTOMATION, LLC		
b Name of plan sponsor	PREMIERE AUTOMATION, LLC	c EIN-PN	82-3997096-001
a Plan name	RETIREMENT INCOME SECURITY PLAN-PORTERMATT ELECTRIC, INC.		
b Name of plan sponsor	PORTERMATT ELECTRIC, INC.	c EIN-PN	33-0885539-001
a Plan name	RETIREMENT INCOME SECURITY PLAN-CHRISTOPHER LEE STRUCTURES, INC.		
b Name of plan sponsor	CHRISTOPHER LEE STRUCTURES, INC.	c EIN-PN	85-4180164-001
a Plan name	RETIREMENT INCOME SECURITY PLAN-CTC NATIONAL		
b Name of plan sponsor	CTC NATIONAL LLC	c EIN-PN	20-3152179-001
a Plan name	RETIREMENT INCOME SECURITY PLAN-JUMAR CORPORATION		
b Name of plan sponsor	JUMAR CORPORATION	c EIN-PN	36-3255873-001
a Plan name	RETIREMENT INCOME SECURITY PLAN-EMERGE MEDICAL & WELL SPA, LLC		
b Name of plan sponsor	EMERGE MEDICAL & WELL SPA, LLC DBA EMERGE MEDICAL SPA	c EIN-PN	46-2289473-001

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	RETIREMENT INCOME SECURITY PLAN-LARITECH, INC.		
b Name of plan sponsor	LARITECH, INC.	**c** EIN-PN	95-4861882-002
a Plan name	RETIREMENT INCOME SECURITY PLAN-ACHIEVEMENT SERVICES LLC		
b Name of plan sponsor	ACHIEVEMENT SERVICES LLC	**c** EIN-PN	93-2042651-001
a Plan name	RETIREMENT INCOME SECURITY PLAN-LAUREN TAYLOR LAW		
b Name of plan sponsor	LAUREN TAYLOR LAW LLC	**c** EIN-PN	81-2853367-001
a Plan name	RETIREMENT INCOME SECURITY PLAN-SCHOOLHOUSE DEVELOPMENT		
b Name of plan sponsor	SCHOOLHOUSE DEVELOPMENT II LLC	**c** EIN-PN	93-3047593-001
a Plan name	RETIREMENT INCOME SECURITY PLAN-MERCER CONWAY		
b Name of plan sponsor	MERCER CONWAY LTD. DBA MERCER CONWAY	**c** EIN-PN	30-1361920-001
a Plan name	RETIREMENT INCOME SECURITY PLAN-WASATCH PERIODONTAL SPECIALISTS		
b Name of plan sponsor	WASATCH PERIODONTAL SPECIALISTS DBA WASATCH PERIODONTICS	**c** EIN-PN	87-3828308-001
a Plan name	RETIREMENT INCOME SECURITY PLAN-IDEN'S DEALER SERVICES, LLC		
b Name of plan sponsor	IDENS DEALER SERVICES, LLC	**c** EIN-PN	46-4077672-003
a Plan name	RETIREMENT INCOME SECURITY PLAN-COMFORT DENTAL PORT ORCHARD		
b Name of plan sponsor	PORT ORCHARD DENTAL LLC DBA COMFORT DENTAL PORT ORCHARD	**c** EIN-PN	87-1048377-001
a Plan name	RETIREMENT INCOME SECURITY PLAN-NICKELMANIA INC		
b Name of plan sponsor	NICKELMANIA INC	**c** EIN-PN	27-0377953-001
a Plan name	RETIREMENT INCOME SECURITY PLAN-SIDEWINDERS, LLC		
b Name of plan sponsor	SIDEWINDERS, LLC	**c** EIN-PN	45-3515723-001
a Plan name	RETIREMENT INCOME SECURITY PLAN-POINTNORTH CONSULTING, INC.		
b Name of plan sponsor	POINTNORTH CONSULTING, INC.	**c** EIN-PN	45-3545538-001
a Plan name	RETIREMENT INCOME SECURITY PLAN-BUCKED UP		
b Name of plan sponsor	DAS LABS, LLC DBA BUCKED UP	**c** EIN-PN	35-2558324-001

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	RETIREMENT INCOME SECURITY PLAN-SENIOR HELPERS		
b Name of plan sponsor	MULMAN HEALTH SERVICES INC DBA SENIOR HELPERS BOSTON NORTH & SENIOR HE	**c** EIN-PN	84-2975191-001
a Plan name	RETIREMENT INCOME SECURITY PLAN-COMPLETE CONTRACTING COMPANY, LLC		
b Name of plan sponsor	COMPLETE CONTRACTING COMPANY, LLC	**c** EIN-PN	47-1601325-001
a Plan name	RETIREMENT INCOME SECURITY PLAN-BLACKPINE, LLC		
b Name of plan sponsor	BLACKPINE, LLC	**c** EIN-PN	84-4911349-001
a Plan name	RETIREMENT INCOME SECURITY PLAN-LEXIMA LLC		
b Name of plan sponsor	LEXIMA LLC	**c** EIN-PN	84-3273195-001
a Plan name	RETIREMENT INCOME SECURITY PLAN-SEABOARD BUILDERS, LLC		
b Name of plan sponsor	SEABOARD BUILDERS, LLC	**c** EIN-PN	88-2167889-001
a Plan name	RETIREMENT INCOME SECURITY PLAN-WETHRIVE HR		
b Name of plan sponsor	WETHRIVE HR SOLUTIONS LLC DBA WETHRIVE HR	**c** EIN-PN	85-0737565-001
a Plan name	RETIREMENT INCOME SECURITY PLAN-APPLE & ODOM, LLC		
b Name of plan sponsor	APPLE & ODOM, LLC	**c** EIN-PN	93-4200483-001
a Plan name	RETIREMENT INCOME SECURITY PLAN-ACHIEVING ABILITIES LLC		
b Name of plan sponsor	ACHIEVING ABILITIES LLC	**c** EIN-PN	85-0786851-001
a Plan name	RETIREMENT INCOME SECURITY PLAN-PALMETTO INTERNAL MEDICINE		
b Name of plan sponsor	RTBT, LLC DBA PALMETTO INTERNAL MEDICINE	**c** EIN-PN	85-2397391-001
a Plan name	RETIREMENT INCOME SECURITY PLAN-OUT OF THE BOX MANUFACTURING		
b Name of plan sponsor	OUT OF THE BOX MANUFACTURING	**c** EIN-PN	26-3243643-001
a Plan name	RETIREMENT INCOME SECURITY PLAN-HYTECH PRODUCTION INC		
b Name of plan sponsor	HYTECH PRODUCTION INC	**c** EIN-PN	82-2369000-001
a Plan name	RETIREMENT INCOME SECURITY PLAN-OTEMS		
b Name of plan sponsor	OOLOGAH-TALALA EMERGENCY MEDICAL SERVICES DISTRICT	**c** EIN-PN	73-1609101-001

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	RETIREMENT INCOME SECURITY PLAN-INTERIM HEALTHCARE OF TOPEKA		
b Name of plan sponsor	FLINT HILLS HEALTHCARE SERVICE, INC	**c** EIN-PN	45-3187531-001
a Plan name	RETIREMENT INCOME SECURITY PLAN-ERA BROKERS CONSOLIDATED		
b Name of plan sponsor	BROKERS HOLDINGS, LLC	**c** EIN-PN	26-3443302-001
a Plan name	RETIREMENT INCOME SECURITY PLAN-TOMMER EQUIPMENT COMPANY INC.		
b Name of plan sponsor	TOMMER EQUIPMENT COMPANY INC.	**c** EIN-PN	91-1100700-001
a Plan name	RETIREMENT INCOME SECURITY PLAN-GIBBS M. SMITH, INC.		
b Name of plan sponsor	GIBBS M. SMITH, INC.	**c** EIN-PN	87-0289030-003
a Plan name	RETIREMENT INCOME SECURITY PLAN-ALLGRESS, INC.		
b Name of plan sponsor	ALLGRESS, INC.	**c** EIN-PN	20-2459974-003
a Plan name	RETIREMENT INCOME SECURITY PLAN-KEVIN KING DDS		
b Name of plan sponsor	KEVIN A KING DDS PS	**c** EIN-PN	91-1157249-003
a Plan name	RETIREMENT INCOME SECURITY PLAN-RAINIER RECRUITING		
b Name of plan sponsor	RAINIER RECRUITING	**c** EIN-PN	81-2415122-003
a Plan name	RETIREMENT INCOME SECURITY PLAN-DIGITAL SEATTLE, INC.		
b Name of plan sponsor	DIGITAL SEATTLE, INC.	**c** EIN-PN	91-1922622-001
a Plan name	RETIREMENT INCOME SECURITY PLAN-BLAIR PEDIATRIC DENTISTRY		
b Name of plan sponsor	BLAIR PEDIATRIC DENTISTRY PC	**c** EIN-PN	47-0961549-001
a Plan name	RETIREMENT INCOME SECURITY PLAN-M&E SIMPLE, LLC		
b Name of plan sponsor	M&E SIMPLE, LLC	**c** EIN-PN	81-3938762-001
a Plan name	RETIREMENT INCOME SECURITY PLAN-CADENCE INNOVATIONS GROUP, INC.		
b Name of plan sponsor	CADENCE INNOVATIONS GROUP, INC.	**c** EIN-PN	83-2018205-001
a Plan name	RETIREMENT INCOME SECURITY PLAN-VERINOVUM, INC.		
b Name of plan sponsor	VERINOVUM, INC.	**c** EIN-PN	82-3556111-001

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	RETIREMENT INCOME SECURITY PLAN-DENVER J PALMER, DMD, PC		
b Name of plan sponsor	DENVER J. PALMER, DMD, PC	**c** EIN-PN	46-5368497-002
a Plan name	RETIREMENT INCOME SECURITY PLAN-SOUTH POINTE DENTAL		
b Name of plan sponsor	SOUTH POINTE DENTAL, LLC	**c** EIN-PN	82-1961976-001
a Plan name	RETIREMENT INCOME SECURITY PLAN-HOPE HOSPICE, INC.		
b Name of plan sponsor	HOPE HOSPICE, INC.	**c** EIN-PN	76-0704000-002
a Plan name	RETIREMENT INCOME SECURITY PLAN-LE DENTAL SPA		
b Name of plan sponsor	LE DENTAL, PLLC	**c** EIN-PN	84-2922551-001
a Plan name	RETIREMENT INCOME SECURITY PLAN-COLORADO ADVANCED DENTISTRY		
b Name of plan sponsor	SNITZER FAMILY DENTISTRY PC	**c** EIN-PN	46-0708064-001
a Plan name	RETIREMENT INCOME SECURITY PLAN-SUBURBAN DENTAL		
b Name of plan sponsor	SUBURBAN DENTAL	**c** EIN-PN	84-3573246-001
a Plan name	RETIREMENT INCOME SECURITY PLAN-SCISSORTAIL EXPLORATION & PRODUCTION, LLC		
b Name of plan sponsor	SCISSORTAIL EXPLORATION & PRODUCTION, LLC	**c** EIN-PN	87-3390433-001
a Plan name	RETIREMENT INCOME SECURITY PLAN-CYNTEGRON THERAPEUTICS, INC.		
b Name of plan sponsor	CYNTEGRON THERAPEUTICS, INC.	**c** EIN-PN	92-1159703-001
a Plan name	RETIREMENT INCOME SECURITY PLAN-COTTLEVILLE SMILES		
b Name of plan sponsor	TANNER BROWN DMD LLC	**c** EIN-PN	86-2395436-001
a Plan name	RETIREMENT INCOME SECURITY PLAN-DIRECTSCALE, INC.		
b Name of plan sponsor	DIRECTSCALE, INC.	**c** EIN-PN	27-3628338-003
a Plan name	RETIREMENT INCOME SECURITY PLAN-DELANEY PARK DENTAL		
b Name of plan sponsor	TODD C. MILES, DDS, LLC	**c** EIN-PN	82-1668529-001
a Plan name	RETIREMENT INCOME SECURITY PLAN-MAGNUM DEVELOPMENT, LLC		
b Name of plan sponsor	MAGNUM DEVELOPMENT, LLC	**c** EIN-PN	26-1337010-001

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	RETIREMENT INCOME SECURITY PLAN-COLUMBUS FOUNDATION, INC.		
b Name of plan sponsor	COLUMBUS FOUNDATION, INC.	**c** EIN-PN	87-6130042-003
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	
a Plan name			
b Name of plan sponsor		**c** EIN-PN	

SCHEDULE H (Form 5500)	Financial Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	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.**	**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
RETIREMENT INCOME SECURITY PLAN

B Three-digit plan number (PN) ▶ 333

C Plan sponsor's name as shown on line 2a of Form 5500
HEALTHEQUITY RETIREMENT SERVICES, LLC

D Employer Identification Number (EIN)
82-1222973

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	2475246	3621846
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	12897287	9892632
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)	860154	1023095
(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)	482977549	565378682
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)	55036469	69228919

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(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	554246705	649145174

Liabilities

g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through1j)	1k	0	0

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	554246705	649145174

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)		
(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)		0
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	297950	
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		297950
(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	17002504	
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		17002504
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		0
(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		24490
(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)		47938906
c Other income	2c		8765677
d Total income. Add all **income** amounts in column (b) and enter total	2d		74029527

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)		
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines **2e(1)** through **(3)**	2e(4)		0
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)	2160332	
(3) Recordkeeping fees	2i(3)	487848	
(4) IQPA audit fees	2i(4)	8320	
(5) Investment advisory and investment management fees	2i(5)	2587838	
(6) Bank or trust company trustee/custodial fees	2i(6)	128248	
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)		
(12) Total administrative expenses. Add lines **2i(1)** through **(11)**	2i(12)		5372586
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		5372586

Net Income and Reconciliation

k Net income (loss). Subtract line **2j** from line **2d**	2k		68656941
l Transfers of assets:			
(1) To this plan	2l(1)		115861730
(2) From this plan	2l(2)		89620202

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: BAS PARTNERS **(2)** EIN: 20-8779390

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.)	4b		X	
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.)	4c		X	
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.)	4d		X	
e Was this plan covered by a fidelity bond?	4e	X		500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	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.)	4i	X		
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.)	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?	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 ____________________.

RETIREMENT INCOME SECURITY PLAN

FINANCIAL STATEMENTS

DECEMBER 31, 2024 AND 2023

TABLE OF CONTENTS

BAS PARTNERS
Certified Public Accountants

15800 Pines Blvd. Suite 3002
Pembroke Pines, FL 33027
Telephone: 954-362-5195
Fax: 954-430-8776

INDEPENDENT AUDITOR'S REPORT

Plan Administrator
Retirement Income Security Plan

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

We have performed audits of the financial statements of Retirement Income Security Plan an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statements of net assets available for benefits as of December 31, 2024, and 2023, and the related statement of changes in net assets available for benefits for the year ended December 31, 2024, and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audits of Retirement Income Security Plan's financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-12 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our audits need not extend to any statements or information related to assets held for investment of the plan (investment information) by a bank or similar institution or insurance carrier that is regulated, supervised, and subject to periodic examination by a state or federal agency, provided that the statements or information regarding assets so held are prepared and certified to by the bank or similar institution or insurance carrier in accordance with 29 CFR 2520.103-5 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA (qualified institution).

Management has obtained certifications from a qualified institution as of December 31, 2024, and 2023, and for the year ended December 31, 2024, stating that the certified investment information, as described in Note 3 to the financial statements, is complete and accurate.

Opinion

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

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

- the information in the accompanying financial statements related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

BAS PARTNERS
Certified Public Accountants

15800 Pines Blvd. Suite 3002
Pembroke Pines, FL 33027
Telephone: 954-362-5195
Fax: 954-430-8776

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. Management's election of the ERISA Section 103(a)(3)(C) audit does not affect management's responsibility for the financial statements.

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about Retirement Income Security Plan's ability to continue as a going concern for a reasonable period of time.

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

Auditor's Responsibilities for the Audit of the Financial Statements

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

PARTNERS
Certified Public Accountants

15800 Pines Blvd. Suite 3002
Pembroke Pines, FL 33027
Telephone: 954-362-5195
Fax: 954-430-8776

In performing an audit in accordance with GAAS, we:

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

Our audits did not extend to the certified investment information, except for obtaining and reading the certification, comparing the certified investment information with the related information presented and disclosed in the financial statements, and reading the disclosures relating to the certified investment information to assess whether they are in accordance with the presentation and disclosure requirements of accounting principles generally accepted in the United States of America.

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

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

Other Matter — Supplemental Schedules Required by ERISA

The supplemental schedules of schedules of Assets (Held at End of Year) are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedules, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the 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 GAAS. For information included in the supplemental schedules that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

BAS PARTNERS
Certified Public Accountants

15800 Pines Blvd. Suite 3002
Pembroke Pines, FL 33027
Telephone: 954-362-5195
Fax: 954-430-8776

In forming our opinion on the supplemental schedules, we evaluated whether the supplemental schedules, other than the information agreed to or derived from the certified investment information, including their form and content, are presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion

- the form and content of the supplemental schedules, other than the information in the supplemental schedules that agreed to or is derived from the certified investment information, are presented, in all material respects, in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

- the information in the supplemental schedules related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

BAS Partners LLC

Pembroke Pines, Florida
October 12, 2025

RETIREMENT INCOME SECURITY PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
DECEMBER 31, 2024 AND 2023

	2024	2023
ASSETS		
Investments at fair value (see note 4)	$ 645,523,328	$ 551,771,459
Total investments	645,523,328	551,771,459
Non-interest bearing cash	3,621,846	2,475,246
Receivables		
Employer's	-	-
Participant's	-	-
Notes receivable from Participants	-	-
Total receivables	-	-
Total assets	649,145,174	554,246,705
LIABILITIES AND NET ASSETS		
Liabilities		
Excess Contribution Payable	-	-
Net Assets Available for Benefits	$ 649,145,174	$ 554,246,705

See accompanying notes to the financial statements

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

	2024
ADDITIONS	
Additions to Net Assets Attributed to:	
Investment income:	
Net appreciation in fair value of investments	$ 47,963,396
Interest	297,950
Dividends	17,002,504
Other	8,765,677
Net investment income	74,029,527
DEDUCTIONS	
Net depreciation in fair value of investments	-
Benefits to participants	-
Investment management fees	5,372,586
Total expenses	5,372,586
Net decrease in net assets resulting from operations	68,656,941
TRANSFER TO (FROM) THE PLAN	
Transfer of assets to this plan	115,861,730
Transfer of assests from this plan	(89,620,202)
Total transfers	26,241,528
Net increase in net assets resulting from participating plan's activities	26,241,528
Net increase in net assets	94,898,469
Net Assets Available for Benefits:	
Beginning of year	554,246,705
End of year	$ 649,145,174

See accompanying notes to the financial statements

NOTE 1. DESCRIPTION OF THE PLAN

The following description of the Retirement Income Security Plan (the Plan), a 103-12 investment entity, provides only general information. Participants should refer to the Plan agreement for a more complete description of the plan's provision.

General

The Plan is a defined contribution plan sponsored by HealthEquity Retirement Services LLC (the Sponsor). The Plan covers "Participating Employer" organizations who adopt the Plan and who have met the eligibility requirements established by their respective Participating Employer. The Plan was established on January 1, 2007 and is subject to the provisions of the Employment Retirement Income Security Act of 1974 (ERISA).

The Plan is a direct filing entity/ multiple employer plan as described in Section 413(c) of the Internal Revenue Code (the "Code"). The Company acts as the Plan sponsor for each participating employer and provides Plan administrative services to each participating employer. A Participating Employer is any company that elects to adopt the HealthEquity Retirement Services for the benefit of its employees. Each Participating Employer establishes its eligibility requirements relating to age and length of service for its employees in accordance with the provisions of the Plan and the Code.

Contributions

Each year, participants may contribute a percent of pretax annual compensation as defined in the Plan to the maximum allowed by the Code. Participants who have attained age 50 before the end of the Plan year are eligible to make catch-up contributions. Participants also may contribute amounts representing distributions from other qualified defined benefit or defined contribution plans (rollovers). Participants direct the investment of their contributions into various investment options offered by the Plan.

The Plan allows each Participating Employer to determine if its employees will be automatically enrolled upon eligibility or if eligible employees must enroll if they wish to participate in the Plan.

Participant Accounts

Each participant's account is credited with the participant's contribution and allocations of (a) the company's contribution and (b) plan earnings, and charged with an allocation of administrative expenses. Allocations are based on participant earnings or account balances, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested balance.

NOTE 1. DESCRIPTION OF THE PLAN (Continued)

Vesting

Participants are vested immediately in their contributions, and safe harbor contributions (if any) plus actual earnings thereon. Vesting in the Participating Employer matching and discretionary contributions are elected under the Participating Employers' adoption agreements.

Forfeitures

Upon termination of employment the non-vested portion of a participant's account is forfeited. Forfeitures may be used to pay plan administrative expenses or to reduce employer contributions.

Payment of Benefits

On termination of service due to death, disability, or retirement, a participant may elect to receive either a lump-sum amount equal to the value of the participant's vested interest in his or her account. In the event of a participant's death, his or her designated beneficiary may request a distribution of his or her account. Withdrawals may also be made in conjunction with IRS hardship distribution regulations.

NOTE 2. SUMMARY OF ACCOUNTING POLICIES

Basis of Presentation

The financial statements of the Plan are prepared on the accrual basis of accounting. Employer contributions from participating employers and income from investments are recorded when they are earned. Employee contributions are recorded when withheld from pay. Expenses are recorded in accounting period in which they are incurred.

Use of Estimates

The preparation of financial statements in conformity with generally accepted accounting principles requires management to make estimates and assumptions that affect the amounts of assets and liabilities and changes therein, and disclosure of contingent assets and liabilities. Actual results could differ from those estimates.

NOTE 2. SUMMARY OF ACCOUNTING POLICIES (Continued)

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. The Plan's Investment Committee determines the Plan's valuation policies utilizing information provided by the investment advisers, custodians, and insurance company. See note 4 for discussion of fair value measurements.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded in the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation includes the plan's gains and losses on investment bought and sold as well as held during the year.

Payments of Benefits

Benefit payments to participants of Participating Plans are recorded upon distribution.

Administrative Expenses

Certain expenses of maintaining the Plan are paid by the Plan, unless otherwise paid by the Company. Expenses that are paid by the Company are excluded from these financial statements. Investments related expenses are included in net appreciation(depreciation) of the fair value of investments.

NOTE 2. SUMMARY OF ACCOUNTING POLICIES (Continued)

Subsequent Events

The plan has evaluated subsequent events through October 12, 2025, the date of the financial statements were available to be issued.

NOTE 3. INFORMATION PREPARED AND CERTIFIED BY TRUSTEE

The Plan administrator has elected the method of annual reporting compliance permitted by ERISA Section 103 (a)(3)(C) pursuant to 29 CFR 2520.103-12 for the DOL's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, Matrix Trust Company, a qualified Institution, has certified that the following investment information included in the accompanying financial statements and ERISA-required supplemental schedule is complete accurate:

(a) Investments and notes receivable from participants, as shown in the statements of net assets available for benefits as of December 31, 2024 and 2023;
(b) Total investment income and interest income on notes receivable from participants, as shown in the statement of changes in net assets available for benefits for the year ended December 31, 2024; and
(c) All information included in the schedule H, Line 4i – Schedule of Assets (Held at End of Year), as shown in the ERISA-required supplemental schedule.

At the request of the Plan administrator, the Plan's independent auditors did not perform auditing procedures with respect to this certified investment information, except for comparing such certified investment information to the related investment included in the financial statements and ERISA-related supplemental schedule.

NOTE 4. FAIR VALUE MEASUREMENTS

Financial Accounting Standards Board (FASB) Accounting Standards Codification (ASC) 820, Fair Value Measurements and Disclosures, provides the framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (level 1 measurements) and the lowest priority to unobservable inputs (level 3 measurements).

NOTE 4. FAIR VALUE MEASUREMENTS (Continued)

The three levels of the fair value hierarchy under FASB ASC 820 as 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 similar assets or liabilities in inactive markets;* • *inputs other than quoted prices that are observable for the asset or liability;* • *inputs that are derived principally from or corroborated by observable market data by correlation or other means.* *If the asset or liability has a specified (contractual) term, the level 2 input must be observable for substantially the full term of the asset or liability.*
Level 3	*Inputs to the valuation methodology are unobservable and significant to the fair value measurement.*

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

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

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

Self-directed brokerage accounts - Accounts consists of mutual funds, common stock and cash which are valued on the basis of readily determinable market prices; hence classified as level 1 investments.

Money Market Fund: Valued at the net asset value of the shares held by the Plan at year-end, which is based on the fair value of the underlying investments using information reported by the investment advisor at year-end. This fund represents a money market fund with the investment objective to obtain a high level of current income with the preservation of principal and liquidity. The fund's investment strategies include investing in U.S. dollar-denominated money market securities of domestic and foreign issuers and investing more than 25% of total assets in the financial services industries. There are currently no redemption restrictions on these investments.

NOTE 4. FAIR VALUE MEASUREMENTS (Continued)

Collective trust: These funds are valued at the NAV of units of the collective fund. The NAV is used as a practical expedient to estimate fair value. This practical expedient would not be used if it is determined to be probable that the funds will sell the investment for an amount different from the reported net asset value. Participant transactions (purchases and sales) may occur daily. If the Plan initiates a full redemption of the collective trust, the issuer reserves the right to require 12 months' notification in order to ensure that securities liquidations will be carried out in an orderly business manner.

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:

	Asset at Fair Value as of December 31, 2024			
	Level 1	Level 2	Level 3	Total
Mutual Funds	$ 565,378,682	-	-	$ 565,378,682
Money Market Account	9,892,632	-	-	9,892,632
Collective Trust	-	-	-	1,023,095
Self Directed Brokerage Accounts	69,228,919	-	-	69,228,919
Total asset at fair value	$ 644,500,233	$ -	$ -	$ 645,523,328

	Asset at Fair Value as of December 31, 2023			
	Level 1	Level 2	Level 3	Total
Mutual Funds	$ 482,977,549	-	-	$ 482,977,549
Money Market Account	12,897,287	-	-	12,897,287
Collective Trust	-	-	-	860,154
Self Directed Brokerage Accounts	55,036,469	-	-	55,036,469
Total asset at fair value	$ 550,911,305	$ -	$ -	$ 551,771,459

In accordance with Subtopic 820-10, certain investments that were measured at net asset value per share (or its equivalent) have not been classified in the fair value hierarchy. The common collective trust funds presented in these tables are intended to permit reconciliation of the fair value hierarchy to the line items presented in the statement of net assets available for benefits.

NOTE 4. FAIR VALUE MEASUREMENTS (Continued)

In accordance with Subtopic 820-10, certain investments that were measured at net asset value per share (or its equivalent) have not been classified in the fair value hierarchy. The common collective trust funds presented in these tables are intended to permit reconciliation of the fair value hierarchy to the line items presented in the statement of net assets available for benefits.

The following tables summarize investments measured at fair value based on NAV per share as of December 31, 2024 and December 31, 2023, respectively:

December 31, 2024	Fair Value	Unfunded Commitments	Redemption Frequency (if currently eligible)	Redemption Notice Period
Common collective trust funds	$ 1,023,095	n/a	Daily	30 days

December 31, 2023	Fair Value	Unfunded Commitments	Redemption Frequency (if currently eligible)	Redemption Notice Period
Common collective trust funds	$ 860,154	n/a	Daily	30 days

NOTE 5. NONPARTICIPANTS-DIRECTED INVESTMENTS

The Plan's participants direct all investments. There are no non-participant directed investments as of December 31, 2024 and 2023.

NOTE 6. RELATED-PARTY TRANSACTIONS

Certain Plan investments are managed by Matrix Trust Company. Matrix Trust Company is the trustee for the Plan and therefore, these transactions qualify as party-in-interest transactions.

NOTE 8. PLAN TERMINATION

Although it has not expressed any intent to do so, the company has the right under the plan to discontinue its operations at any time and to terminate the plan subject to the provisions of ERISA. In the event of the plan termination, participants will become 100 percent vested in their accounts. Any unallocated assets of the plan shall be allocated to participant accounts and distributed in such a manner as the company may determine.

NOTE 9. PLAN AMENDMENT AND TAX STATUS

The Plan obtained its latest determination letter in which the Internal Service stated that the Plan, as then designed, was in compliance with the applicable requirements of the Internal Revenue Code. The Plan has been amended since receiving the determination letter. However, the Plan Administrator believes that the Plan is currently designed and being operated in compliance with the applicable requirements of the Internal Revenue Code. Therefore, no provision for income taxes has been included in the Plan's financial statements.

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 plan has taken an uncertain position that more likely than not would be sustained upon examination by the Internal Revenue Service. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

NOTE 10. RISK AND UNCERTAINTIES

The Plan invests in various securities. Investment securities are exposed to various risks such as interest rate, market and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect participant’s account balances and the amounts reported in the statement of net assets available for benefits.

RETIREMENT INCOME SECURITY PLAN

REQUIRED SUPPLEMENTAL SCHEDULES

DECEMBER 31, 2024

RETIREMENT INCOME SECURITY PLAN
SCHEDULE H, LINE 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR)
DECEMBER 31, 2024
EIN-82-1222973
PLAN 333

(a)	(b) Identity of Issue	(c) Description	(d) Cost	(e) Current Value
*	Matrix Market	Retirement Cash Account	**	$ 9,892,632
*	Matrix Market	Matrix Trust SDBA	**	69,228,919
*	Matrix Market	Matrix Trust nonn-interest bearing cash	**	3,621,846
	America Century	American Century Small Cap Growth R6	**	721,754
	America Century	American Century Diversified Bond R6	**	59,047
	America Century	American Century Small Cap Value R6	**	292,139
	America Funds	American Funds 2020 Trgt Date retire R6	**	3,777,250
	America Funds	American Funds 2025 Trgt Date retire R6	**	4,908,812
	America Funds	American Funds 2030 Trgt Date retire R6	**	6,539,021
	America Funds	American Funds 2035 Trgt Date retire R6	**	8,990,156
	America Funds	American Funds 2040 Trgt Date retire R6	**	10,087,125
	America Funds	American Funds 2045 Trgt Date retire R6	**	7,813,786
	America Funds	American Funds 2050 Trgt Date retire R6	**	9,671,994
	America Funds	American Funds 2055 Trgt Date retire R6	**	5,982,871
	America Funds	American Funds 2060 Trgt Date retire R6	**	4,258,563
	America Funds	American Funds 2065 Trgt Date retire R6	**	1,654,144
	America Funds	American US Govt Securities R6	**	69,825
	America Funds	American Funds Bon R6	**	591,123
	Baron	Baron Real Estate Ins	**	4,182,769
	BlackRock	BlackRock Comm Strategies-IS	**	500,283
	BlackRock	BlackRock Strategic Global Bond Instl	**	213,562
	Causeway	Causeway International Value	**	81,889
	DFA	DFA Commodity Strategy Institutional	**	1,612,057
	DFA	DFA Emerging Markets Core Equity 1	**	7,515,097
	DFA	DFA Global Real Estate Securities Port	**	977,317
	DFA	DFA Inflation-Protected Securities l	**	5,665,410
	DFA	DFA Intermediate-Team Extnd Qttty l	**	1,683,959
	DFA	DFA Intermediate Govt Fixed Income l	**	4,195,192
	DFA	DFA International Core Equity l	**	12,812,791
	DFA	DFA Inestment Grade 1	**	1,784,445
	DFA	DFA US Small Cap I	**	216,503
	DFA	DFA Targeted Value I	**	499,860
	DFA	DFA US World ex US Government Fxd Inc l	**	933,567
	DFA	DFA US Core Equity 1	**	19,828,336
	DFA	DFA US Core Equity 2	**	4,674,434
	Total Investments			$ 215,538,478

*Party-in-interest as defined by ERISA.

** Cost information not required for participant-directed investments

RETIREMENT INCOME SECURITY PLAN
SCHEDULE H, LINE 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR)
DECEMBER 31, 2024
EIN-82-1222973
PLAN 333

(a)	(b) Identity of Issue	(c) Description	(d) Cost	(e) Current Value
		Balance carry forward		$ 215,538,478
	Dimensional	Dimensional 2015 Trgt-ins	**	66,879
	Dimensional	Dimensional 2025 Trgt-ins	**	27,766
	Dimensional	Dimensional 2030 Trgt-ins	**	62,193
	Dimensional	Dimensional 2035 Trgt-ins	**	577,217
	Dimensional	Dimensional 2040 Trgt-ins	**	75,112
	Dimensional	Dimensional 2045 Trgt-ins	**	97,918
	Dimensional	Dimensional 2050 Trgt-ins	**	386,693
	Dimensional	Dimensional 2055 Trgt-ins	**	46,199
	Dimensional	Dimensional 2060 Trgt-ins	**	302,249
	DWS	DWS Rreef Real Estate Fund Inst- R6	**	132,338
	DWS	DWS Rreef Real Estate Securities Fund- R6	**	7,053
	Eaton	Eaton Vance High Income Op-l	**	104,059
	Fidelity	Fidelity Advisor Technology	**	60,103
	Fidelity	Fidelity Blue Chip Growth	**	1,143,398
	Fidelity	Fidelity Fr Index 2025	**	460,647
	Fidelity	Fidelity Fr Index 2030	**	12,154
	Fidelity	Fidelity Fr Index 2040	**	220,289
	Fidelity	Fidelity Fr Index 2045	**	1,051,709
	Fidelity	Fidelity Fr Index 2050	**	767,437
	Fidelity	Fidelity Fr Index 2055	**	279,453
	Fidelity	Fidelity Fr Index 2060	**	79,195
	Fidelity	Fidelity 500 Index Institutional	**	8,673,007
	Fidelity	Fidelity Balanced K6	**	1,158,701
	Fidelity	Fidelity Emerging Markets	**	836,107
	Fidelity	Fidelity Mid Cap Index	**	2,937,005
	Fidelity	Fidelity Small Cap Index Instl Prem	**	2,226,062
	Fidelity	Fidelity Total Market Index Insti Prem	**	2,204,195
	Fidelity	Fidelity US Sustainability Index Intl	**	480,492
	First	First Trust Senior Loan ETF	**	5,004,665
	First	First Trust Senior Loan ETF	**	605
	Fidelity	FidelityHigh Dividend	**	30,818
	Galliard	Galliard Stable Value C	**	1,023,095
	GQG	GQG Part Emerg Mkts Eq-Inst	**	127,883
	Harbor	Harbor Mid Cap Value Fund R	**	84,379
	Harding	Harding Loevner International Eq Inv	**	214,940
	Hartford	Hartford Schroders International Stk SDR	**	1,891,681
	Hartford	Hartford Strategic Income R6	**	3,335,551
	Invesco	Invesco Qqq Trust Series	**	1,702
	Invesco	Invesco Ftse Rafi Us 1000 Et	**	6,152,460
	iShares	iShares 1-3 Year Treasury Bond	**	4,415
	iShares	iShares Core Russell US Growth ETF	**	7,615,028
	Total Investments			$ 265,501,330

*Party-in-interest as defined by ERISA.

** Cost information not required for participant-directed investments

RETIREMENT INCOME SECURITY PLAN
SCHEDULE H, LINE 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR)
DECEMBER 31, 2024
EIN-82-1222973
PLAN 333

(a)	(b) Identity of Issue	(c) Description	(d) Cost	(e) Current Value
		Carry forward		$ 265,501,330
	iShares	iShares Core S&P 500 ETF	**	12,201,609
	iShares	iShares Gold Trust	**	24,259
	Ishare	iShares Morningstar Mid-Cap Gr	**	482,418
	Ishare	iShares Morningstar Small-Cap	**	3,954,771
	Ishare	iShares MSCI EAFE ETF	**	92,322
	Ishare	Ishares MSCI International Q	**	5,000,830
	Ishare	Ishares MSCI USA Quality Fac	**	7,108,769
	Ishare	iShares National Muni Bond E	**	242,765
	Janus	Janus Henderson Enterprise N	**	457,363
	JP Morgan	JP Morgan Emerg Mrkt Eq-R6	**	31,266
	Loomis	Loomis Sayles Bond Retail	**	19
	MainStay	MainStay MacKay Strategic Bond Fund Class R6	**	3,434,805
	MainStay	MainStay MacKay Total Return Bond R6	**	3,701,323
	Nuveen	Nuveen High Yield Fund R6	**	2,122,557
	Nuveen	Nuveen Real Estate Securities Select Fund R6	**	1,209,829
	PIMCO	PIMCO Glbl Bond Opp Fd INST	**	520
	Schwab	Schwab Intl Equity ETF	**	2,438,689
	Schwab	Schwab US Aggregate Bond ETF	**	2,137,432
	Schwab	Schwab US Broad Market	**	3,389,915
	Schwab	Schwab US TIPS ETF	**	624,045
	SPDR	SPDR Dow Jones Industrial Average	**	1,196
	SPDR	SPDR Portfolio Emerging Markets ETF	**	3,053,961
	SPDR	SPDR Portfolio Tips ETF	**	1,027,426
	SPDR	SPDR S&P 600 S/C Value Fund	**	195,509
	T. Rowe	T. Rowe Price Instl Large Cap Value	**	360,211
	T. Rowe	T. Rowe Price Mid-Cap Growth I	**	155,191
	Vanguard	Vanguard 500 Index Admiral	**	5,759,768
	Vanguard	Vanguard Dividend Apprec ETF	**	1,698,977
	Total Investments			$ 326,409,075

*Party-in-interest as defined by ERISA.

** Cost information not required for participant-directed investments

RETIREMENT INCOME SECURITY PLAN
SCHEDULE H, LINE 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR)
DECEMBER 31, 2024
EIN-82-1222973
PLAN 333

(a)	(b) Identity of Issue	(c) Description	(d) Cost	(e) Current Value
		Carry forward		$ 326,409,075
	Vanguard	Vanguard Emerg Mkts Gov Bnd	**	827,697
	Vanguard	Vanguard Emerging Mkts Stock Idx Adm	**	182,458
	Vanguard	Vanguard FTSE All-Wld ex-US Idx Admiral	**	540,155
	Vanguard	Vanguard FTSE Emerging Market	**	767,968
	Vanguard	Vanguard GNMA Adm	**	1,046,651
	Vanguard	Vanguard Growth Index Admiral	**	2,604,922
	Vanguard	Vanguard Inflation-Protected Secs Adm	**	129,658
	Vanguard	Vanguard Info Tech ETF	**	4,432,443
	Vanguard	Vanguard Intermediate Term C	**	5,725,606
	Vanguard	Vanguard International Bond	**	804,896
	Vanguard	Vanguard International Growth Adm	**	2,432,967
	Vanguard	Vanguard Large Cap Index Admiral	**	3,061,998
	Vanguard	Vanguard LifeStrategy Cnsrv Gr Inv	**	726,081
	Vanguard	Vanguard LifeStrategy Growth Inv	**	10,124,315
	Vanguard	Vanguard LifeStrategy Income Inv	**	387,353
	Vanguard	Vanguard LifeStrategy Moderate Gr Inv	**	3,772,464
	Vanguard	Vanguard Long Term Government Bond	**	79,137
	Vanguard	Vanguard Mid Cap Index Admiral	**	249,412
	Vanguard	Vanguard Mid-Cap ETF	**	2,888,295
	Vanguard	Vanguard Real Estate Index Admiral	**	3,462,061
	Vanguard	Vanguard S&P 500 ETF	**	336,293
	Vanguard	Vanguard S/T Corp Bond Etf	**	1,885,562
	Vanguard	Vanguard Short Term Treasury ETF	**	397,688
	Vanguard	Vanguard Short-Term Bond Index Adm	**	7,043,914
	Vanguard	Vanguard Short-Term Corp. Bond	**	237,580
	Vanguard	Vanguard Small Cap Index Adm	**	761,373
	Vanguard	Vanguard Target Retirement 2020 Inv	**	4,790,028
	Vanguard	Vanguard Target Retirement 2025 Inv	**	16,350,618
	Vanguard	Vanguard Target Retirement 2030 Inv	**	27,242,909
	Vanguard	Vanguard Target Retirement 2035 Inv	**	40,543,192
	Vanguard	Vanguard Target Retirement 2040 Inv	**	31,912,507
	Vanguard	Vanguard Target Retirement 2045 Inv	**	33,547,990
	Vanguard	Vanguard Target Retirement 2050 Inv	**	28,323,069
	Vanguard	Vanguard Target Retirement 2055 Inv	**	18,516,119
	Vanguard	Vanguard Target Retirement 2060 Inv	**	11,312,556
	Vanguard	Vanguard Target Retirement 2065 Inv	**	4,327,806
	Vanguard	Vanguard Target Retirement Income Inv	**	2,270,358
	Vanguard	Vanguard Tot Stk Inst	**	33,815,312
	Vanguard	Vanguard Total Bond Market Index Adm	**	5,658,966
	Vanguard	Vanguard Total Corporate Bnd	**	755,110
	Vanguard	Vanguard Total Intl Stock Index Admiral	**	7,594,184
	Vanguard	Vanguard Value Index Adm	**	51,442
	Vanguard	Vanguard Windsor™ II Admiral™	**	393,464
	Victory	Victory Sycamore Established Value R6	**	240,376
	Wasatch	Wasatch Core Growth	**	147,310
	Wisdom	WisdomTree US MidCap Dividend	**	33,836
	Total Investments			$ 649,145,174

*Party-in-interest as defined by ERISA.

** Cost information not required for participant-directed investments

RETIREMENT INCOME SECURITY PLAN
SCHEDULE H, LINE 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR)
DECEMBER 31, 2024
EIN-82-1222973
PLAN 333

(a)	(b) Identity of Issue	(c) Description	(d) Cost	(e) Current Value
*	Matrix Market	Retirement Cash Account	**	$ 9,892,632
*	Matrix Market	Matrix Trust SDBA	**	69,228,919
*	Matrix Market	Matrix Trust nonn-interest bearing cash	**	3,621,846
	America Century	American Century Small Cap Growth R6	**	721,754
	America Century	American Century Diversified Bond R6	**	59,047
	America Century	American Century Small Cap Value R6	**	292,139
	America Funds	American Funds 2020 Trgt Date retire R6	**	3,777,250
	America Funds	American Funds 2025 Trgt Date retire R6	**	4,908,812
	America Funds	American Funds 2030 Trgt Date retire R6	**	6,539,021
	America Funds	American Funds 2035 Trgt Date retire R6	**	8,990,156
	America Funds	American Funds 2040 Trgt Date retire R6	**	10,087,125
	America Funds	American Funds 2045 Trgt Date retire R6	**	7,813,786
	America Funds	American Funds 2050 Trgt Date retire R6	**	9,671,994
	America Funds	American Funds 2055 Trgt Date retire R6	**	5,982,871
	America Funds	American Funds 2060 Trgt Date retire R6	**	4,258,563
	America Funds	American Funds 2065 Trgt Date retire R6	**	1,654,144
	America Funds	American US Govt Securities R6	**	69,825
	America Funds	American Funds Bon R6	**	591,123
	Baron	Baron Real Estate Ins	**	4,182,769
	BlackRock	BlackRock Comm Strategies-IS	**	500,283
	BlackRock	BlackRock Strategic Global Bond Instl	**	213,562
	Causeway	Causeway International Value	**	81,889
	DFA	DFA Commodity Strategy Institutional	**	1,612,057
	DFA	DFA Emerging Markets Core Equity 1	**	7,515,097
	DFA	DFA Global Real Estate Securities Port	**	977,317
	DFA	DFA Inflation-Protected Securities l	**	5,665,410
	DFA	DFA Intermediate-Team Extnd Qttty l	**	1,683,959
	DFA	DFA Intermediate Govt Fixed Income l	**	4,195,192
	DFA	DFA International Core Equity l	**	12,812,791
	DFA	DFA Inestment Grade 1	**	1,784,445
	DFA	DFA US Small Cap I	**	216,503
	DFA	DFA Targeted Value I	**	499,860
	DFA	DFA US World ex US Government Fxd Inc l	**	933,567
	DFA	DFA US Core Equity 1	**	19,828,336
	DFA	DFA US Core Equity 2	**	4,674,434
	Total Investments			$ 215,538,478

*Party-in-interest as defined by ERISA.

** Cost information not required for participant-directed investments

RETIREMENT INCOME SECURITY PLAN
SCHEDULE H, LINE 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR)
DECEMBER 31, 2024
EIN-82-1222973
PLAN 333

(a)	(b) Identity of Issue	(c) Description	(d) Cost	(e) Current Value
		Balance carry forward		$ 215,538,478
	Dimensional	Dimensional 2015 Trgt-ins	**	66,879
	Dimensional	Dimensional 2025 Trgt-ins	**	27,766
	Dimensional	Dimensional 2030 Trgt-ins	**	62,193
	Dimensional	Dimensional 2035 Trgt-ins	**	577,217
	Dimensional	Dimensional 2040 Trgt-ins	**	75,112
	Dimensional	Dimensional 2045 Trgt-ins	**	97,918
	Dimensional	Dimensional 2050 Trgt-ins	**	386,693
	Dimensional	Dimensional 2055 Trgt-ins	**	46,199
	Dimensional	Dimensional 2060 Trgt-ins	**	302,249
	DWS	DWS Rreef Real Estate Fund Inst- R6	**	132,338
	DWS	DWS Rreef Real Estate Securities Fund- R6	**	7,053
	Eaton	Eaton Vance High Income Op-I	**	104,059
	Fidelity	Fidelity Advisor Technology	**	60,103
	Fidelity	Fidelity Blue Chip Growth	**	1,143,398
	Fidelity	Fidelity Fr Index 2025	**	460,647
	Fidelity	Fidelity Fr Index 2030	**	12,154
	Fidelity	Fidelity Fr Index 2040	**	220,289
	Fidelity	Fidelity Fr Index 2045	**	1,051,709
	Fidelity	Fidelity Fr Index 2050	**	767,437
	Fidelity	Fidelity Fr Index 2055	**	279,453
	Fidelity	Fidelity Fr Index 2060	**	79,195
	Fidelity	Fidelity 500 Index Institutional	**	8,673,007
	Fidelity	Fidelity Balanced K6	**	1,158,701
	Fidelity	Fidelity Emerging Markets	**	836,107
	Fidelity	Fidelity Mid Cap Index	**	2,937,005
	Fidelity	Fidelity Small Cap Index Instl Prem	**	2,226,062
	Fidelity	Fidelity Total Market Index Insti Prem	**	2,204,195
	Fidelity	Fidelity US Sustainability Index Intl	**	480,492
	First	First Trust Senior Loan ETF	**	5,004,665
	First	First Trust Senior Loan ETF	**	605
	Fidelity	FidelityHigh Dividend	**	30,818
	Galliard	Galliard Stable Value C	**	1,023,095
	GQG	GQG Part Emerg Mkts Eq-Inst	**	127,883
	Harbor	Harbor Mid Cap Value Fund R	**	84,379
	Harding	Harding Loevner International Eq Inv	**	214,940
	Hartford	Hartford Schroders International Stk SDR	**	1,891,681
	Hartford	Hartford Strategic Income R6	**	3,335,551
	Invesco	Invesco Qqq Trust Series	**	1,702
	Invesco	Invesco Ftse Rafi Us 1000 Et	**	6,152,460
	iShares	iShares 1-3 Year Treasury Bond	**	4,415
	iShares	iShares Core Russell US Growth ETF	**	7,615,028
	Total Investments			$ 265,501,330

*Party-in-interest as defined by ERISA.

** Cost information not required for participant-directed investments

RETIREMENT INCOME SECURITY PLAN
SCHEDULE H, LINE 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR)
DECEMBER 31, 2024
EIN-82-1222973
PLAN 333

(a)	(b) Identity of Issue	(c) Description	(d) Cost	(e) Current Value
		Carry forward		$ 265,501,330
	iShares	iShares Core S&P 500 ETF	**	12,201,609
	iShares	iShares Gold Trust	**	24,259
	Ishare	iShares Morningstar Mid-Cap Gr	**	482,418
	Ishare	iShares Morningstar Small-Cap	**	3,954,771
	Ishare	iShares MSCI EAFE ETF	**	92,322
	Ishare	Ishares MSCI International Q	**	5,000,830
	Ishare	Ishares MSCI USA Quality Fac	**	7,108,769
	Ishare	iShares National Muni Bond E	**	242,765
	Janus	Janus Henderson Enterprise N	**	457,363
	JP Morgan	JP Morgan Emerg Mrkt Eq-R6	**	31,266
	Loomis	Loomis Sayles Bond Retail	**	19
	MainStay	MainStay MacKay Strategic Bond Fund Class R6	**	3,434,805
	MainStay	MainStay MacKay Total Return Bond R6	**	3,701,323
	Nuveen	Nuveen High Yield Fund R6	**	2,122,557
	Nuveen	Nuveen Real Estate Securities Select Fund R6	**	1,209,829
	PIMCO	PIMCO Glbl Bond Opp Fd INST	**	520
	Schwab	Schwab Intl Equity ETF	**	2,438,689
	Schwab	Schwab US Aggregate Bond ETF	**	2,137,432
	Schwab	Schwab US Broad Market	**	3,389,915
	Schwab	Schwab US TIPS ETF	**	624,045
	SPDR	SPDR Dow Jones Industrial Average	**	1,196
	SPDR	SPDR Portfolio Emerging Markets ETF	**	3,053,961
	SPDR	SPDR Portfolio Tips ETF	**	1,027,426
	SPDR	SPDR S&P 600 S/C Value Fund	**	195,509
	T. Rowe	T. Rowe Price Instl Large Cap Value	**	360,211
	T. Rowe	T. Rowe Price Mid-Cap Growth I	**	155,191
	Vanguard	Vanguard 500 Index Admiral	**	5,759,768
	Vanguard	Vanguard Dividend Apprec ETF	**	1,698,977
	Total Investments			$ 326,409,075

*Party-in-interest as defined by ERISA.

** Cost information not required for participant-directed investments

RETIREMENT INCOME SECURITY PLAN
SCHEDULE H, LINE 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR)
DECEMBER 31, 2024
EIN-82-1222973
PLAN 333

(a)	(b) Identity of Issue	(c) Description	(d) Cost	(e) Current Value
		Carry forward		$ 326,409,075
	Vanguard	Vanguard Emerg Mkts Gov Bnd	**	827,697
	Vanguard	Vanguard Emerging Mkts Stock Idx Adm	**	182,458
	Vanguard	Vanguard FTSE All-Wld ex-US Idx Admiral	**	540,155
	Vanguard	Vanguard FTSE Emerging Market	**	767,968
	Vanguard	Vanguard GNMA Adm	**	1,046,651
	Vanguard	Vanguard Growth Index Admiral	**	2,604,922
	Vanguard	Vanguard Inflation-Protected Secs Adm	**	129,658
	Vanguard	Vanguard Info Tech ETF	**	4,432,443
	Vanguard	Vanguard Intermediate Term C	**	5,725,606
	Vanguard	Vanguard International Bond	**	804,896
	Vanguard	Vanguard International Growth Adm	**	2,432,967
	Vanguard	Vanguard Large Cap Index Admiral	**	3,061,998
	Vanguard	Vanguard LifeStrategy Cnsrv Gr Inv	**	726,081
	Vanguard	Vanguard LifeStrategy Growth Inv	**	10,124,315
	Vanguard	Vanguard LifeStrategy Income Inv	**	387,353
	Vanguard	Vanguard LifeStrategy Moderate Gr Inv	**	3,772,464
	Vanguard	Vanguard Long Term Government Bond	**	79,137
	Vanguard	Vanguard Mid Cap Index Admiral	**	249,412
	Vanguard	Vanguard Mid-Cap ETF	**	2,888,295
	Vanguard	Vanguard Real Estate Index Admiral	**	3,462,061
	Vanguard	Vanguard S&P 500 ETF	**	336,293
	Vanguard	Vanguard S/T Corp Bond Etf	**	1,885,562
	Vanguard	Vanguard Short Term Treasury ETF	**	397,688
	Vanguard	Vanguard Short-Term Bond Index Adm	**	7,043,914
	Vanguard	Vanguard Short-Term Corp. Bond	**	237,580
	Vanguard	Vanguard Small Cap Index Adm	**	761,373
	Vanguard	Vanguard Target Retirement 2020 Inv	**	4,790,028
	Vanguard	Vanguard Target Retirement 2025 Inv	**	16,350,618
	Vanguard	Vanguard Target Retirement 2030 Inv	**	27,242,909
	Vanguard	Vanguard Target Retirement 2035 Inv	**	40,543,192
	Vanguard	Vanguard Target Retirement 2040 Inv	**	31,912,507
	Vanguard	Vanguard Target Retirement 2045 Inv	**	33,547,990
	Vanguard	Vanguard Target Retirement 2050 Inv	**	28,323,069
	Vanguard	Vanguard Target Retirement 2055 Inv	**	18,516,119
	Vanguard	Vanguard Target Retirement 2060 Inv	**	11,312,556
	Vanguard	Vanguard Target Retirement 2065 Inv	**	4,327,806
	Vanguard	Vanguard Target Retirement Income Inv	**	2,270,358
	Vanguard	Vanguard Tot Stk Inst	**	33,815,312
	Vanguard	Vanguard Total Bond Market Index Adm	**	5,658,966
	Vanguard	Vanguard Total Corporate Bnd	**	755,110
	Vanguard	Vanguard Total Intl Stock Index Admiral	**	7,594,184
	Vanguard	Vanguard Value Index Adm	**	51,442
	Vanguard	Vanguard Windsor™ II Admiral™	**	393,464
	Victory	Victory Sycamore Established Value R6	**	240,376
	Wasatch	Wasatch Core Growth	**	147,310
	Wisdom	WisdomTree US MidCap Dividend	**	33,836
	Total Investments			$ 649,145,174

*Party-in-interest as defined by ERISA.

** Cost information not required for participant-directed investments