Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210-0110
1210-0089

2025

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

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

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

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

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

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

Part II Basic Plan Information—enter all requested information

1a Name of plan
JULY POOLED EMPLOYER PLAN #1

1b Three-digit plan number (PN) ▶ 002

1c Effective date of plan 01/01/2021

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)
JULY BUSINESS SERVICES

P.O. BOX 2208
WACO, TX 76703

2b Employer Identification Number (EIN)
74-2715820

2c Plan Sponsor's telephone number
888-333-5859

2d Business code (see instructions)
541219

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/13/2026	HEATHER STEWART
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address [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**	5611
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)**	4744
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	5121
b	Retired or separated participants receiving benefits	**6b**	60
c	Other retired or separated participants entitled to future benefits	**6c**	401
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	5582
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	2
f	Total. Add lines **6d** and **6e**.	**6f**	5584
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)**	2881
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)**	3341
h	Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.	**6h**	175
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 Characteristic Codes in the instructions:

2E 2F 2G 2J 2K 2S 2T 2W 3D

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

9a Plan funding arrangement (check all that apply)		**9b** Plan benefit arrangement (check all that apply)	
(1)	[ ] Insurance	**(1)**	[ ] Insurance
(2)	[ ] Code section 412(e)(3) insurance contracts	**(2)**	[ ] Code section 412(e)(3) insurance contracts
(3)	[X] Trust	**(3)**	[X] Trust
(4)	[ ] General assets of the sponsor	**(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)** [X] **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)** [X] **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)** [ ] **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 2025 Form M-1 annual report. If the plan was not required to file the 2025 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)	Service Provider 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). ▶ **File as an attachment to Form 5500.**	**2025** **This Form is Open to Public Inspection.**

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A Name of plan
JULY POOLED EMPLOYER PLAN #1

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
JULY BUSINESS SERVICES

D Employer Identification Number (EIN)
74-2715820

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

JULY BUSINESS SERVICES LLC

74-2715820

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15	RECORD KEEPER	122345	Yes [X] No [ ]	Yes [X] No [ ]	642412	Yes [ ] No [X]

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

EXPAND FINANCIAL, LLC

27-1124147

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
16 27	NONE	33462	Yes [X] No [ ]	Yes [X] No [ ]	22827	Yes [ ] No [X]

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

CETERA INVESTMENT ADVISERS, LLC

36-3258176

(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?
51	NONE	39533	Yes [ ] No [X]	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)

WELLS FARGO ADVISORS

420 MONTGOMERY STREET
SAN FRANCISCO, CA 94104

(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?
51	NONE	35056	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

MATRIX TRUST COMPANY

717 17TH STREET, SUITE 1300
DENVER, CO 80202

(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?
21	NONE	12949	Yes [X] No [ ]	Yes [X] No [ ]	16118	Yes [ ] No [X]

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

LANDMARK FINANCIAL, LLC

3101 SOUTH 70TH STREET
FORT SMITH, AR 72903

(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	21035	Yes [ ] No [X]	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)

IFA WEALTH, INC.

54-1865657

(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?
51	NONE	13305	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

CPS INVESTMENT ADVISORS

205 EAST ORANGE STREET, SUITE 310
LAKELAND, FL 33801

(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	12114	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

HEIMLANTZ CPAS & ADVISORS

81-4895946

(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	11448	Yes [ ] No [X]	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)

MERIT FINANCIAL GROUP, LLC

2400 LAKEVIEW PARKWAY, SUITE 550
ALPHARETTA, GA 30009

(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	NONE	9634	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

ONEDIGITAL INVESTMENT ADVISORS

11101 SWITZER ROAD, SUITE 200
OVERLAND PARK, KS 66210

(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	NONE	9549	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

MESIROW FINANCIAL, INC.

353 NORTH CLARK STREET
CHICAGO, IL 60654

(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	NONE	9189	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)

CORE FINANCIAL RESOURCES, LLC

3449 PELHAM ROAD, SUITE A
GREENVILLE, SC 29615

(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	NONE	3377	Yes [X] No [ ]	Yes [X] No [ ]	5766	Yes [ ] No [X]

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

LUMSDEN & MCCORMICK FINANCIAL SERVI

369 FRANKLIN STREET
BUFFALO, NY 14202

(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	NONE	9063	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

CAIRN FINANCIAL GROUP

501 UNION STREET, SUITE 600B
NASHVILLE, TN 37219

(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	NONE	8034	Yes [ ] No [X]	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)

MUELLER FINANCIAL SERVICES, INC.

36-3803567

(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	NONE	7971	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

FAMILY FINANCIAL MANAGEMENT GROUP

11705 MERCY BOULEVARD
SAVANNAH, GA 34149

(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?
51	NONE	7825	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

WABC WEALTH MANAGEMENT SERVICES

201 WEST PADONIA ROAD, SUITE 600
TIMONIUM, MD 21093

(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	NONE	5452	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
JULY BUSINESS SERVICES LLC	15	642512

(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.
JULY BUSINESS SERVICES LLC 74-2715820	RECORDKEEPER FEES

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
EXPAND FINANCIAL, LLC	16 27	22827

(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.
EXPAND FINANCIAL, LLC 27-1124147	CONSULTING FEES

(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	21	16118

(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.
MATRIX TRUST COMPANY 717 17TH STREET, SUITE 1300 DENVER, CO 80202	CUSTODIAL FEES

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
CORE FINANCIAL RESOURCES, LLC	51 52	5766

(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.
CORE FINANCIAL RESOURCES, LLC 3449 PELHAM ROAD, SUITE A GREENVILLE, SC 29615	TRUSTEE FEES

(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 H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2025

This Form is Open to Public Inspection

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A Name of plan
JULY POOLED EMPLOYER PLAN #1

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
JULY BUSINESS SERVICES

D Employer Identification Number (EIN)
74-2715820

Part I Asset and Liability Statement

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	180039	1339610
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)	1359998	1249289
(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)	436128	606885
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	46192156	116582190
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
1e Buildings and other property used in plan operation	1e		
1f Total assets (add all amounts in lines 1a through 1e)	1f	48168321	119777974
Liabilities			
1g Benefit claims payable	1g		
1h Operating payables	1h		
1i Acquisition indebtedness	1i		
1j Other liabilities	1j		
1k Total liabilities (add all amounts in lines 1g through1j)	1k	0	0
Net Assets			
1l Net assets (subtract line 1k from line 1f)	1l	48168321	119777974

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)	6744979	
(B) Participants	2a(1)(B)	14353334	
(C) Others (including rollovers)	2a(1)(C)	2973159	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		24071472
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	72754	
(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)	46431	
(F) Other	2b(1)(F)		
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		119185
(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)	3593593	
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		3593593
(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)		
(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)		10704406
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		38488656
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	7701416	
(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)		7701416
f Corrective distributions (see instructions)	2f		40260
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Recordkeeping fees	2i(3)	641877	
(4) IQPA audit fees	2i(4)		
(5) Investment advisory and investment management fees	2i(5)		
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)		
(12) Total administrative expenses. Add lines **2i(1)** through **(11)**	2i(12)		641877
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		8383553
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		30105103
l Transfers of assets:			
(1) To this plan	2l(1)		42197146
(2) From this plan	2l(2)		692596

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) [X] 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) [X] DOL Regulation 2520.103-8 **(2)** [ ] DOL Regulation 2520.103-12(d) **(3)** [ ] neither DOL Regulation 2520.103-8 nor DOL Regulation 2520.103-12(d).

c Enter the name and EIN of the accountant (or accounting firm) below:

(1) Name: HOLBROOK & MANTER **(2)** EIN: 31-0998651

d The opinion of an independent qualified public accountant is **not attached** as part of Schedule H because:

(1) [ ] This form is filed for a CCT, PSA, DCG or MTIA. **(2)** [ ] It will be attached to the next Form 5500 pursuant to 29 CFR 2520.104-50.

Part IV Compliance Questions

4 CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete lines 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete lines 4j and 4l. MTIAs also do not complete line 4l. DCGs do not complete lines 4e, 4f, 4k, 4l, and 5, and DCGs generally complete the rest of Part IV collectively for all plans in the DCG, except as otherwise provided (see instructions).

During the plan year:

		Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	**4a**	X		347690
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**		X	
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**		X	
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**		X	
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**		X	
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**		X	
l Has the plan failed to provide any benefit when due under the plan?	**4l**		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	**4m**		X	
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 [X] 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)
APM WEALTH, LLC 401(K) PLAN	82-1703511	001
BAER CONSULTING INCORPORATED 401(K) PLAN	84-1175012	001
CHADWICK'S ON THE STRAND, INC. 401(K) PLAN	54-1076903	001
EWALD SNEAD FORD INC. DBA CAMPUS FORD 401(K) PLAN	54-1591672	001

5c Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) ..... ☐ Yes ☐ No ☐ Not determined

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year _____.

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

5b(1) Name of plan(s)	**5b(2)** EIN(s)	**5b(3)** PN(s)
FRONTIER ELECTRICAL, LLC 401(K) PLAN	88-2910894	001
IBRAHIM & RAO, LLP 401(K) PLAN	27-0909068	001

5c Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) ..... ☐ Yes ☐ No ☐ Not determined

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year _____.

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2025

This Form is Open to Public Inspection.

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A Name of plan
JULY POOLED EMPLOYER PLAN #1

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
JULY BUSINESS SERVICES

D Employer Identification Number (EIN)
74-2715820

Part I Distributions

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions ..... | 1 | 0

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

EIN(s): 75-3182674

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

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

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

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ..... ☐ Yes ☐ No ☐ N/A

If the plan is a defined benefit plan, go to line 8.

5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month _____ Day _____ Year _____

If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.

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

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

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

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

Part III Amendments

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

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

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

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

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

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

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

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

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

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

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

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

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

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

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

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

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

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

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

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

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

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

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

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

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

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

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

b If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:

☐ Yes.

☐ No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.

☐ No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.

☐ No. Other. Provide explanation._____

Part VII IRS Compliance Questions

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

21b If this is a Code section 401(k) plan, check all boxes that apply to indicate how the plan is intended to satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under Code sections 401(k)(3) and 401(m)(2).

☐ Design-based safe harbor method

☐ "Prior year" ADP test

☐ "Current year" ADP test

☐ N/A

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

SCHEDULE MEP (Form 5500)	MULTIPLE-EMPLOYER RETIREMENT 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) and Section 6058(a) of the Internal Revenue Code (the Code) ▶ **File as an attachment to Form 5500.**	**2025** **This Form is Open to Public Inspection**

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A Name of plan JULY POOLED EMPLOYER PLAN #1	**B** Three-digit Plan number (PN)..... ▶ 002
C Plan administrator's name as shown on line 3a of Form 5500/Form 5500-SF JULY BUSINESS SERVICES	**D** Administrator's EIN 74-2715820

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

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

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

Part II Participating Employer Information.

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

2a Name of Participating Employer	**2b** EIN	**2c** Percentage of Total Contributions for the Plan Year	**2d** Aggregate Account Balances Attributable to Participating Employer
180 REALTY, INC.	45-4199582	0.41	679212
2a Name of Participating Employer	**2b** EIN	**2c** Percentage of Total Contributions for the Plan Year	**2d** Aggregate Account Balances Attributable to Participating Employer
3E MANAGEMENT, LLC	81-2476932	0.74	635717

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

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

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5 TALENTS, INC DBA HOME PROS	32-0602303	0.48	202079
616 DENTAL STUDIO	46-3023237	0.13	24640
AA REFRIGERATION CORP	83-1931969	0.55	114853
ACCORD CHILDREN'S THERAPY, LLC	27-1262229	0.83	348898
ADAM R. BROWN, DDS, PLLC	84-3577899	0.44	413409
ADVANCED FLUID TECHNOLOGIES INC.	71-0745814	0.00	0
AJR MAR PLLC	33-2366192	0.18	40724
ALTERNATIVE GAS CONSTRUCTION	26-4737635	0.11	42266
ALTURA DESIGN, INC.	87-3804501	0.21	46035

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Part II Participating Employer Information (Continued).

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AMPED UP POWER SOLUTIONS, LLC	87-2721705	0.58	149129
ANCIENT CITY CAPITAL LLC	30-1271777	0.08	45378
ANDERSON FOOD SERVICE LLC	88-2510328	0.00	107623
ANGELO & WHITE APC	33-0704435	0.81	808928
ANGLE SUBS LLC	86-1693897	0.05	13295
APEX INTEGRATED SYSTEMS LLC	81-2581861	0.00	0
APM WEALTH, LLC	82-1703511	0.11	0
APPALOOSA GRILL LLC	84-1566893	0.65	304441
AQTORO	82-3908250	0.20	277553

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Part II Participating Employer Information (Continued).

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AQUATECH, LLC	26-4400033	0.28	1941945
ARMORED ALARM	87-4433232	0.44	192600
ARSIDEKICKS, LLC	92-1739871	0.47	408895
ASSURED DENTAL LAB	72-1535053	0.00	0
AUSTIN GOLF CLUB	74-2860378	0.78	287897
AUTUMN MARKLEY LLC	45-2405674	0.16	36126
AVI ENTRUST CORP.	82-1517269	0.37	203960
BAER CONSULTING INCORPORATED	84-1175012	0.01	0
BALES AND KING ORTHODONTIC PARTNERSHIP DBA BALES ORTHODONTICS	33-2658526	0.10	1398912

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BARTOW ETHANOL OF FLORIDA, LLC	59-3325200	1.09	567412
BAY AREA INSURANCE GROUP, LLC	11-3822851	0.62	411899
BEE GREEN PEST SOLUTIONS, LLC	26-4776928	0.46	164576
BEEM IRRIGATION, INC	52-1868188	1.64	1345071
BERNARD S. PAK, DDS, PS	91-2106161	0.46	2497222
SIEGERT ENTERPRISES, INC. DBA BETTY JANE CANDIES	45-2497118	0.30	681859
BIG BLUE RESTORATION	81-0761516	0.00	0
BIG-O PEST CONTROL, LLC	83-2963498	0.62	514912
BKT HEARING LLC	81-5459261	0.16	52076

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BLACKSON BRICK CO., INC.	75-2494747	0.86	953589
BLUE RIDGE TIRE & AUTOMOTIVE OF GALAX LLC	92-3793173	0.00	0
BLUE TARTANS, INC., THE CHEF'S TABLE	04-3582813	0.66	804164
BOARD AND BRUSH, LLC	47-2608197	0.45	1300399
BOATER'S CHOICE MARINE, INC	61-1423995	0.52	213302
BOULDER VALLEY FAMILY PRACTICE	20-5953171	0.06	13697
BRACKER'S GOOD EARTH CLAYS, INC.	48-1197055	0.71	505244
BROKERS' CHOICE OF AMERICA INC.	84-1157290	1.22	696593
BROW BETTY LLC	90-0867749	0.00	14783

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BSO DENTAL PLLC	93-3308568	0.35	146778
BST & CO. CPAS, LLP	14-1442607	2.12	20729132
BUCHANAN OPALACH ARCHITECTS	46-1867474	0.22	1157451
BUILDING MAINTENANCE SYSTEMS INC	52-2167605	0.52	240256
BURLETT PAINTING, LLC	26-1148927	0.59	432439
CALHOUN HEALTH & SPINE LLC	92-2096102	0.09	59122
CALOOSA SITE DEVELOPMENT, INC.	52-2439802	0.00	0
CAMPUS AUTOMOTIVE, INC.	27-4277929	0.56	235783
CANARY ADVISORS	92-0530985	0.68	426622

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CARAVELLE LIGHTING, INC.	36-3116988	0.31	220566
CARSON DOUGLAS LANDSCAPE ARCHITECTURE	38-3921340	0.28	200581
CASCADE VETERINARY CLINIC, INC. P.S.	91-0929499	0.00	0
CASTLE HILL BUILDERS, LLC	47-1795783	0.01	0
CATALINA COFFEE & COOKIE CO. LLC	88-1896560	0.06	0
CENTRAL VALLEY FIRE PROTECTION, INC.	27-1968381	0.34	483150
CGEM LLC	88-2329692	0.02	41727
CHADWICK'S ON THE STRAND, INC.	54-1076903	0.28	0
CHRIST HEALTH CENTER, INC.	20-1935552	5.84	7338110

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CHRISTOPHER BRAUD DDS LLC	85-3372520	0.04	184891
CINRETH INC DBA SYN-MAR ASSOCIATES	33-0834230	0.39	89336
CITRUS EVOLUTION LLC INC.	86-3198938	0.37	79120
CLAY PIPELINE, INC.	61-1216708	0.00	0
CLAYTON MECHANICAL, INC.	92-3073892	0.00	314190
CLEAR SKIES TITLE AGENCY	46-5040199	0.86	1534053
CODE RED FIRE PROTECTION, INC.	65-1095917	0.03	5646
COMMUNITY CONNECTIONS SUPPORT SERVICES LLC	47-4637381	0.97	512095
COMMUNITY MULTI-SERVICES INC	52-1143474	2.70	1155554

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COOPER DEMOLITION LLC DBA EARTHWISE DEMOLITION	93-2463751	0.17	77795
CORDELL, NEHER & COMPANY, PLLC	91-0950793	1.24	8961085
CORE UNDERGROUND LLC	87-2057315	0.88	199771
COSTA HONEYCUTT, LLC	87-3697712	0.31	178598
CPA FINANCIAL GROUP, INC	33-0342027	0.14	1107
CROWN AUTO REPAIR LLC	32-0687438	0.70	521248
KEG INC. D.B.A. D.T.'S LIQUOR	26-1792913	0.08	0
DARROW WELLNESS INSTITUTE, INC.	26-2880430	0.12	724665
DAVID'S MONEY CENTERS OF ROCKLAND, LLC	13-3806254	0.20	537530

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DAWN WEHKING DDS PC	46-0658832	0.49	576482
DELTA REFRIGERATION CORPORATION	26-4308806	0.56	209420
DEPAZ CABRERA LAW PLLC	83-0649640	0.10	102803
DIAL CONSTRUCTION, LLC	45-3981028	0.13	72857
DONERIGHT MANAGEMENT LLC	45-3582596	0.37	333769
EBIKES HAWAII	46-3415180	0.07	21653
ELEVATED TECH LLC DBA ELEVATED TECHNOLOGIES	92-2488009	0.29	217991
ENERTEL HOLDINGS, LLC	82-3914134	0.29	142694
ESOTECH INC.	26-2414949	0.79	447217

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EWALD SNEAD FORD INC DBA CAMPUS FORD	54-1591672	0.38	197802
FINAN FAMILY LAW, APC	99-0938239	0.01	2293
FIRST LINK TECHNOLOGY, INC	84-1580474	0.31	246150
FIRST TEAM SPORTS OF THE CAROLINAS	57-0990932	0.53	829374
FLORIDAMOMOF3, LLC	61-2019784	0.22	47757
FORT PIERCE SMILES	95-1547998	0.14	34085
FRIDAY FINANCIAL, INC.	99-0492561	0.56	978024
FRONTIER ELECTRICAL, LLC	88-2910894	0.02	0
FURGENT CARE	93-2300066	0.33	97164

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GAME PLAN SPORTS & ENTERTAINMENT LLC	82-1618689	0.18	61372
GINN & STEWART INC. DBA COUNTYWIDE TITLE	74-2918529	0.00	0
GOOD HEALTH WILL	20-4683508	0.11	38200
GOURMET PIZZA OF CHEVERLY LLC	46-4131076	0.00	695
GRAND MEADOWS NUTRITIONAL PRODUCTS, INC.	33-0701325	0.01	330427
GRANITE WORLD OF COLORADO, LLC	26-1753667	0.27	68001
GREAT SMILE DENTAL OF BEND LLC DBA AESTHETIC DENTISTRY OF BEND, LLC	33-3811953	0.00	0
GREELEY TOWN CENTER BUSINESS ASSOCIATION, INC.	84-1272297	0.00	0
SUSTAINABILITY DASHBOARD TOOLS DBA GREEN2SUSTAINABLE	26-4331256	0.15	77891

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H&H TELECOM CONSTRUCTION INC.	88-1900610	0.00	0
HAIR SOLUTIONS, LLC	26-3635301	0.07	411988
HARRY P TREON INC.	04-3252124	0.29	294325
HEARTLAND VALUATION SERVICE LLC	46-2773157	0.32	262640
HEARTS IN MOTION, LLC	82-0767312	0.09	28408
HUI MALAMA TAX AND ACCOUNTING LLC	83-0950856	0.00	25594
HUNT VALLEY TILE & STONE, LLC	20-4804169	0.78	678148
IAAA, LLC	92-0800716	0.18	34279
IBRAHIM & RAO, LLP	27-0909068	0.00	0

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IFA WEALTH, INC.	54-1865657	0.23	166560
IMPRESSIONABLE, LLC	88-2214959	0.01	2502
INNOVATIVE SYSTEMS DESIGN AND TRAINING, INC. DBA EDUCATIONAL SYSTEMS	52-1508876	1.03	2850441
INSPIREAN GROUP, INC.	88-4319479	0.03	0
INTERACT ON SHELF, LLC	47-2171669	1.14	1453288
INVESTORS PORTFOLIO SERVICES	45-3960846	0.29	265946
J.V. MANUFACTURING, INC.	71-0510476	0.00	0
JAMES FARMER DESIGNS, INC.	30-2579746	0.13	28343
JAMES M. MCGEE DMD PC	20-1793602	0.21	161749

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Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

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

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
JB KEY SAFETY RESOURCES LLC	46-1224601	0.52	366900
JKG CONTRACT DBA STELLA GROUP, INC	82-3534196	0.14	31176
JOHNSTON MARKLEE & ASSOCIATES	95-4719650	0.45	250002
JONATHAN H. WARMFLASH DMD PC DBA NEIGHBORHOOD DENTIST JH WARMFLASH DMD	27-2395766	0.29	248733
KARECO INTERNATIONAL INC	91-2079034	0.19	159022
KAVE ENTERPRISES, LLC	54-2020558	0.52	788484
KELLY ORTHODONTICS, LTD.	36-3045300	0.00	0
KEOWEE CONSTRUCTION SERVICES, LLC	86-1925199	0.23	150217
KESTREL DESIGN GROUP	45-5247352	0.28	327518

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Part II Participating Employer Information (Continued).

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KIDBRIDGE LEARNING CENTERS LLC	27-3393982	0.00	0
KIDD ADVISORS, LLC	87-1462439	0.55	448139
KIDRON FINANCIAL, LLC.	92-0480295	0.90	869291
KIDWELL'S KLEANING LLC	36-4680773	0.18	81616
KIROSH INC.	94-2579879	0.10	134976
KLASS FAMILY THERAPY P.C.	93-3050378	0.01	0
KOZA CARE, LLC	84-3225054	0.12	262442
KWON & JABBOUR DENTAL, INC.	81-2938689	0.00	0
L & K CARPET ONE	82-0534572	0.31	4

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TINA DUNN BUSINESS SERVICES DBA LAS VEGAS BOOKKEEPING	81-1983950	0.29	156837
LAW OFFICES OF MICHAEL P. BARNARD	80-0438480	0.03	1862898
LAZY E TRANSPORT, LLC	27-3558792	0.37	159485
LEE LOGISTICS, INC.	84-3748460	0.62	393918
LIMITLESS ESCAPE GAMES, INC	81-3768458	0.57	159368
LUDOVISSY AND ASSOCIATES INSURANCE	42-1242461	0.59	1832706
M&M ALTERNATORS & BATTERIES INC.	83-3438066	0.08	16668
MACELIS INC.	90-0131218	0.20	153201
MARC W. WORDEN FAMILY DENTISTRY DDS, PLLC	85-2165600	0.00	0

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MARINA POINT CONDOMINIUMS	04-3003680	0.21	49126
MARK W TODD ARCHITECTS, INC.	20-1529703	0.27	128289
MATHEWS TREE SERVICE	87-3272989	0.13	60667
MDS LAND PROJECT LLC	84-4014696	0.00	0
MERCANTILE STATION 2, LTD	26-1951422	0.19	684306
MESSETT FINANCIAL LLC	26-4143909	0.55	422680
MICHAEL S. WILENSKY LLC	45-2311249	0.24	164635
MISSION VISTA	91-0953861	0.00	0
MOBILE MERCHANDISERS, INC.	91-1720276	0.13	369609

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MY FAMILY DENTISTRY PLLC	90-0409235	0.62	394371
NATIONAL LEASE ADVISORS, LLC	85-2714721	0.79	631018
NATURAL APPROACH CHIROPRACTIC, INC.	26-0674330	0.07	1237065
NEIGHBORHOOD CONTRACTING LLC	84-3160261	0.08	44337
NEILAN STRATEGY GROUP	81-0993187	0.14	340342
NELSON LAW GROUP LLC	45-5379244	0.19	558900
OASIS ONLINE	88-0436226	0.44	446379
OJMAR US LLC	46-4088587	0.08	0
OLD DUTCHMAN'S WROUGHT IRON, INC.	20-2387235	0.60	768034

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ONE-LINE, LLC	88-2426346	0.00	0
OUT WEST BUSINESS SERVICES, LLC	81-4341937	0.28	124707
PACIFIC TRANSDUCER CORPORATION	95-4138904	0.14	868578
PARAMOUNT BUILDING COMPANY, LLC	20-1718984	0.26	176325
PEAK HOME PERFORMANCE LLC	83-4449125	0.00	0
KOONTZ ELECTRIC COMPANY, INC.	71-0397704	0.00	0
PIVIT STRATEGY, LLC	87-3850790	0.09	31838
PMD CONSULTING, INC.	83-3658871	0.25	425010
PRECISION ELECTRICAL CONTRACTORS L.L.C.	05-0567332	1.22	874807

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PRIME MEDICAL REHABILITATION PC	26-0409399	0.42	157799
PROCLEAN FLOORCARE, LLC	82-3849536	0.00	100575
PROST HOLDINGS LLC	84-2159093	1.27	496038
QUALITY GRINDING INC.	26-3324166	0.13	52608
R&D METAL FABRICATORS INC	95-2707517	0.69	582119
R.I.C. PLUMBING INC.	16-1406241	1.10	941859
RAIL MODAL GROUP	85-1290928	3.63	836246
RAINIER DRILLING LLC	83-1229295	0.02	3480
RAMAN NAZARI DDS INC.	84-4852615	0.13	109269

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RED RADISH UPSTATE, LLC	84-3915537	0.25	98972
REDD E-SYSTEMS	82-4127848	0.04	7686
ROBERT A PASCAL YOUTH AND FAMILY SERVICES	23-7129316	0.80	639247
RODENBECK GROUP INCORPORATED	20-1386402	0.22	341388
ROSE TAX & FINANCIAL	81-4850608	0.08	50257
RYNO INVESTMENTS LLC	27-1700615	0.15	60973
SCHROCK'S CUSTOM WOODWORKING, LLC	47-1635337	0.44	304983
SCOTT PROSSER FINANCIAL GROUP	93-4841936	0.18	111906
SEABOARD OIL CO.	75-2275736	0.82	541697

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SEATTLE SHOWER DOOR DBA AL'S GLASS	83-2279632	0.56	411914
SERENDIPITY CREATIVE PRODUCTIONS INC	46-5368652	0.01	70056
SERVE MD LLC	93-1911201	0.00	0
SERVEDWELL DARTMOUTH, LLC	82-4283475	0.11	189704
SHAMP INSURANCE GROUP, LLC	82-2781666	0.13	546950
SHANNON MOORE, O.D., P.C.	84-3222876	0.23	326921
SHAVERS FORK FIRE RESCUE INC.	55-0619425	0.42	463201
SHOOTER CONSTRUCTION	31-1280145	1.02	559875
SOCIUS ACCOUNTING SOLUTIONS, LLC	87-4425627	0.24	158428

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SOHO LAW FIRM, APC	88-3897002	0.00	0
SOUND DENTAL CARE	60-3531380	0.26	55586
SOUTHEAST DESIGN INTERNATIONAL, INC.	20-0552130	0.03	73948
SOUTHPOINT CHURCH, INC.	20-5147367	0.75	193165
SPARX GROUP, INC.	88-1632919	0.00	0
SPECTRUM FAMILY OF COMPANIES LLC	20-2861315	0.26	222639
SPEECHCOM INCORPORATED	33-0324111	1.07	1145567
SPINDLER CONSTRUCTION CORPORATION	87-0301587	0.80	179846
SPINE BY DESIGN FAMILY CHIROPRACTIC, LLC	87-4748193	0.04	14453

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STAN'S AUTO SERVICE INC	84-1105148	0.04	10360
STARLIGHT BICYCLES, LLC	30-0677856	0.36	211090
STI JM HOLDINGS 1, LLC	84-3159451	0.04	18858
STRAIGHT-LINE PEO, LLC	82-3228759	0.46	433679
STRYKER FIRE & SECURITY	47-4736350	1.23	770372
INTERNET SUCCESS, LLC DBA SUNNY ROAD	26-0380997	0.63	649555
SUNU LINDEN HILLS PLLC	46-1218151	0.09	65650
SUPERIOR WELLNESS US INC	99-0759830	0.29	88323
SW EXCAVATING INC.	54-1867601	0.64	368460

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TAWAPA INC.	20-8630166	0.45	877687
TECO INDUSTRIES OF MARYLAND, INC.	04-2932868	0.23	266593
TENNESSEE INNOCENCE PROJECT	32-0582082	0.20	45459
TEXCELLENT PIZZA, LLC	45-5178941	0.90	333393
THE BARWICK LAW FIRM, LLC	92-3611411	0.04	20199
THE CENTER FOR PLASTIC SURGERY AT RIDGEWOOD HILL, LLC	11-3822320	0.95	1704321
THE FOUNDRY GOLF CLUB, INC.	27-2287274	0.50	137810
THE HOPE INSTITUTE OF AMERICA LLC	88-3541832	0.13	38863
THE ROPE COMPANY LLC	46-2574387	0.49	138209

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THE SILVER CREEK ASSOCIATION INC.	55-0704438	0.65	491355
WESTERN SUN ENTERPRISES, INC. DBA THREE D ELECTRIC	68-0181284	1.34	1857719
TONICA JOHNSON, MD, PLLC	82-2769005	0.38	338652
TOTAL OFFICE, INC.	34-1950823	0.36	76536
TRANSPORTS GLOBAL EVENTS LLC	83-2251892	0.00	0
TRESTLE COLLECTIVE	86-2041588	0.21	46602
TRI VALLEY ROOFING CORP	92-0325647	0.20	42735
TRIANGLE RESCUE PROFESSIONAL STAFFING SERVICES, LLC	92-0782120	1.13	345405
TRUE DOGS LLC	46-2609529	0.06	50084

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TURN KEY ROOFING, LLC	27-3605559	0.38	936433
TUSK BUILDERS LLC	84-3396444	0.22	148556
TWIN LAKES RESORT	92-2655762	0.18	36959
ULTIMATE - A TECH, INC.	84-2432100	0.25	83403
UNION MUTUAL INSURANCE COMPANY	73-0551697	0.00	0
VENUE SALON, LLC	82-3093399	0.20	105877
W. KALOB LESH DDS PLLC	83-2154325	0.18	37728
WATER CONDITIONING OF SENECA, INC.	48-1098386	0.35	79430
WAYNE COOK ENTERPRISES DBA WE COOK PIZZA & PASTA	86-0412795	0.09	18378

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WEAVER'S SAWING & SEALING LLC.	30-0359283	0.55	118941
WESTWOOD SJS, INC.	93-4933254	0.00	0
WOOD BROTHERS LANDSCAPING LLC	85-4248272	0.00	0
WORDS & MOTION SPEECH THERAPY GROUP INC.	84-2020191	0.89	388101
YRC MANAGEMENT, LLC	81-4476507	1.92	2398759
YODERS AUTOMOTIVE LLC	82-4710604	0.14	30613
ZENITHEN USA, LLC	45-5551446	0.02	0
ZIEGLER FAMILY DENTISTRY, P.A.	83-0996978	0.24	56759

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

Part III Pooled Employer Plan Information

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

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

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

ACK ID R1869JP01



JULY POOLED EMPLOYER PLAN #1

FINANCIAL STATEMENTS AND ERISA-REQUIRED SUPPLEMENTAL SCHEDULES

AS OF DECEMBER 31, 2025 AND 2024 AND FOR THE YEAR ENDED DECEMBER 31, 2025

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holbrook &manter

INDEPENDENT AUDITORS' REPORT

To the Administrative Committee of
the July Pooled Employer Plan #1

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

We have performed audits of the accompanying financial statements of the **July Pooled Employer Plan #1 (**the Plan**)**, an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statements of net assets available for benefits as of **December 31, 2025 and 2024** and the related statement of changes in net assets available for benefits for the year ended **December 31, 2025** (modified cash basis), and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audits of the Plan's financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our audits need not extend to any statements or information related to assets held for investment of the plan (investment information) by a bank or similar institution or insurance carrier that is regulated, supervised, and subject to periodic examination by a state or federal agency, provided that the statements or information regarding assets so held are prepared and certified to by the bank or similar institution or insurance carrier in accordance with 29 CFR 2520.103-5 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA (qualified institution).

Management has obtained certifications from a qualified institution as of **December 31, 2025 and 2024 and for the year ended December 31, 2025**, stating that the certified investment information, as described in Note 4 to the financial statements, is complete and accurate.

Opinion

In our opinion, based on our 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 the modified cash basis of accounting, which is a basis of accounting other than accounting principles generally accepted in the United States of America.
- the information in the accompanying financial statements referred to above related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of the Plan and to meet our other ethical responsibilities in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

Basis of Accounting

We draw attention to Note 2 of the financial statements, which describes the basis of accounting. The financial statements and supplemental schedules are prepared on the modified cash basis of accounting, which is a basis of accounting other than accounting principles generally accepted in the United States of America. Our opinion is not modified with respect to that matter.

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with the modified cash basis of accounting as described in Note 2, which is a comprehensive basis of accounting other than accounting principles generally accepted in the United States of America, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error. Management's election of the ERISA Section 103(a)(3)(C) audit does not affect management's responsibility for the financial statements.

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

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

Auditor's Responsibilities for the Audit of the Financial Statements

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

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

- Exercise professional judgment and maintain professional skepticism throughout the audit.

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

- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Plan's internal control. Accordingly, no such opinion is expressed.

- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.

- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for a reasonable period of time.

Our 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 the modified cash basis of accounting.

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

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

Other Matters

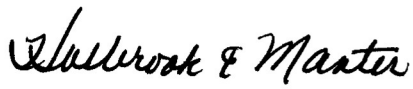
Supplemental Schedules Required by ERISA

The supplemental schedules of Schedule H, Line 4i - Schedule of Assets (Held at End of Year) and Schedule H, Line 4a - Schedule of Delinquent Participant Contributions as of or for the year ended December 31, 2025 are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedules, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with generally accepted auditing standards. For information included in the supplemental schedule that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

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

In our opinion—

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



Certified Public Accountants

Columbus, Ohio
October 12, 2026

JULY POOLED EMPLOYER PLAN #1
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS (MODIFIED CASH BASIS)
DECEMBER 31, 2025 AND 2024

	2025	2024
ASSETS:-		
Cash	$ 1,339,610	$ 180,039
Investments, at fair value	117,831,479	47,552,154
Notes receivable from participants	606,885	436,128
Total net assets available for benefits	119,777,974	48,168,321

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

JULY POOLED EMPLOYER PLAN #1
STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
(MODIFIED CASH BASIS)
FOR THE YEAR ENDED DECEMBER 31, 2025

	2025
ADDITIONS:-	
Net appreciation of investments	$ 10,704,406
Interest and dividends	3,666,347
Interest on notes receivables from participants	46,431
Total investment income	14,417,184
Contributions:-	
Participant contributions	14,353,334
Employer contributions	6,744,979
Rollover contributions	2,973,159
Total contributions	24,071,472
Total additions	38,488,656
DEDUCTIONS:-	
Benefits paid to participants	7,741,676
Administrative Expenses	641,877
Total deductions	8,383,553
NET INCREASE BEFORE TRANSFERS	30,105,103
Transfer in of the Fund (net)	41,504,550
Net assets available for benefits - beginning of year	48,168,321
Net assets available for benefits - end of year	$ 119,777,974

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

NOTE 1 - DESCRIPTION OF THE PLAN

The following description of July Pooled Employer Plan #1 (the Plan) provides only general information. Participants should refer to the Plan document and their Employer's participation agreements and summary Plan description for a more complete description of the Plan's provisions.

General

The Plan is a Pooled Employer Plan (PEP) established by July Business Services, LLC, the Pooled Plan Provider (PPP). The Plan was established under the Setting Every Community Up for Retirement Act of 2019 (SECURE Act) on August 6, 2021. The Plan is a defined contribution plan covering eligible employees of the Participating Employers, and is intended to qualify under Internal Revenue Code of 1986, as amended (IRC or Code), sections 401(a) and 501(a). The Plan is intended to constitute as a multiple employer plan, as described under Code sections 410(a), 411, 413, and 415. Each Participating Employer elects their own provisions related to eligibility, contributions, notes receivable from participants, and payments of benefits. The Plan is subject to the applicable provisions of the Employee Retirement Income Security Act of 1974, as amended (ERISA).

The Plan is administered as a pooled employer plan (PEP) as defined in section 3(43) of ERISA, in accordance with the requirement of Section 413(e) of the IRC, the regulations thereunder, and other applicable authority. A PEP allows numerous unrelated businesses of any size to participate in a single retirement plan that is managed by a PPP who must register with the Department of Labor (DOL) and the Department of Treasury. The PPP has overall responsibility for the operation and administration of the Plan.

Participating Employers in a PEP have different plan provisions for their respective participating employees. Accordingly, each adopting employer executes an adoption agreement with terms and conditions specific to such employer. Employees of Participating Employers who are not excluded by certain provisions in the Plan document may enter the Plan on various dates coinciding with or following the date on which those employees meet eligibility requirements outlined within their respective Participating Employer's adoption agreement.

The PEP's PPP is responsible for oversight of the Plan, determining the appropriateness of investment offerings, and monitoring investment performance. Matrix Trust Company serves as the custodian of the PEP's investment assets, processes transactions, and maintains the participant records.

Eligibility

Only those employees of any Participating Employer who are designated by the Participating Employer in its participation agreement as eligible employees shall be eligible to participate in the Plan. Participating Employers may define eligibility requirements based on factors such as age, service, or employee type. Eligible employees shall be eligible to make participant contributions and receive allocations of employer contributions if and to the extent specified in the applicable adoption agreement or otherwise provided by the Plan.

Contributions

Each year eligible participants may make pretax and Roth contributions of their eligible compensation, as defined by the Plan and Participating Employer participation agreement, subject to applicable limits established by law. Participating Employers may elect safe harbor or non-safe harbor contribution provisions as well as compensation definitions. Under certain circumstances, eligible employees may make rollover contributions to the Plan. Participants who have attained age 50 before the end of the Plan year are eligible to make catch-up contributions. Participants direct their contributions into various

investment options offered by the Plan. The Participating Employers in the Plan may elect automatic enrollment and escalation features. Accordingly, the Participating Employer will automatically withhold a defined percentage of an eligible participant's compensation based on the Participating Employer's participation agreement, unless the participant affirmatively opts out.

Under the terms of the Participating Employer participation agreements, the Participating Employers may elect to make safe harbor, matching contributions, nonelective contributions, qualified nonelective contributions (QNECs) or qualified matching contributions (QMACs) to the Plan. Participating Employers may also elect to make true-up matching contributions.

Participant Accounts and Allocations
Each participant's account is credited with the participant's contributions, the participating employers' contributions, (if applicable), and an allocation of Plan earnings (losses). Participant accounts are charged with an allocation of administrative expenses that are paid by the Plan. Allocations are based on participant earnings, account balances, or participant transactions, as defined. The benefit to which a participant is entitled is the benefit that can be provided by the participant's vested account.

Vesting
Participants are immediately vested in their contributions plus actual earnings thereon. Vesting in the Participating Employer contribution portion of their accounts, plus actual earnings thereon, is based on years of service ranging from immediate to six years graded or cliff vesting, as elected by each Participating Employer. Notwithstanding the above, participants are fully vested in the participating employers' contributions upon reaching retirement age, death disability, or termination of the Plan.

Notes Receivables from Participants
Participants may borrow from their fund accounts a minimum of $1,000 up to a maximum equal to the lesser of $50,000 or 50% of their vested account balance. The notes are secured by the balance in the participant's account and bear interest as determined by the PPP, which is prime rate plus 1% as of the effective date of the loan request. Principal and interest is paid ratably through payroll deductions.

Payment of Benefits
Upon termination of service due to death, disability, or retirement, a participant may elect to receive the value of the vested interest in their account in the form of a lump sum distribution or installments based on the Participating Employer's participation agreement. The Plan may allow for in-service distributions if a participant reaches age 59½ and hardship distributions subject to the Participating Employer's participation agreement. If a participant terminates employment and the participant's account balance does not exceed $7,000, the benefit payment is paid without the participant's consent and is paid in the form of a single lump-sum.

Forfeitures
Forfeited nonvested accounts can be used to pay administrative expenses and to reduce future Participating Employer contributions.

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting
The accompanying financial statements of the Plan are prepared on the modified cash basis of accounting, which is a basis of accounting other than accounting principles generally accepted in the United States of America. Under that basis, certain additions are recognized when received and certain deductions are recognized when paid. Investments are stated at fair value. The modified cash basis of accounting differs

from accounting principles generally accepted in the United States of America primarily because the effects of outstanding contributions and outstanding expenses are not included in the financial statements.

Use of Estimates
The preparation of financial statements in accordance with the modified cash basis of accounting requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and changes therein, and disclosure of contingent assets and liabilities. Actual results could differ from those estimates.

Investment Valuation and Income Recognition
The Plan's investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 5 for discussion of fair value measurements. Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation/depreciation includes the Plan's gains and losses on investments bought and sold as well as held during the year.

Contribution
Participant contributions and any related Participating Employer matching contributions are recognized in the period in which the employer makes the respective payroll deductions from the participant's compensation.

Notes Receivables from Participants
Notes receivables from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Interest income is recorded on the modified cash basis. Related fees are recorded as administrative expenses and are expensed when they are incurred. No allowance for credit losses has been recorded as of December 31, 2025 or 2024. Delinquent notes receivable are recorded as distributions on the basis of the terms of the Plan document.

Administrative Expense
Reasonable expenses of the PEP, including custodian, attorneys, advisors, fiduciaries, and service providers are paid by the PEP, unless otherwise paid by the PPP or the Participating Employers. Expenses that are paid by the PPP or the Participating Employers are excluded from these financial statements. Investment advisor fees are paid from the PEP. Expenses paid by the PEP are included in administrative expenses on the accompanying statement of changes in net assets available for benefits. Fees related to administration of notes receivable from participants are charged directly to participant accounts and are also included in administrative expenses. Additionally, certain investment related expenses are included in net appreciation in fair value of investments.

Payment of Benefits
Benefits are recorded when paid.

NOTE 3 - PLAN TRANSFER

Upon termination or new entrance of a Participating Employer, funds may be transferred to or from other qualified plans. During the year ended December 31, 2025, net transfers into the Plan from other qualified plans totaled $41,504,550 (transfers into the PEP from other qualified plans totaled $42,197,146 and transfers out to other qualified plans totaled $692,596).

NOTE 4 - INFORMATION CERTIFIED BY THE CUSTODIAN

The following information included in the accompanying financial statements and supplemental schedule was obtained from data that has been prepared and certified to as complete and accurate by the custodian, Matrix Trust Company.

- Cash and investments at fair value as shown on the statements of net assets available for benefits as of December 31, 2025 and 2024.

- Net appreciation of investments and interest and dividends as shown on the statement of changes in net assets available for benefits for the year ended December 31, 2025.

- Investment information included on the supplemental schedule of assets held for investment as of December 31, 2025.

- Notes receivable from participants as shown on the statements of net assets available for benefits as of December 31, 2025 and 2024, and interest on notes receivable from participants as shown on the statement of changes in net assets available for benefits for the year ended December 31, 2025.

NOTE 5 - FAIR VALUE MEASUREMENTS

Accounting Standards Codification (ASC) 820 establishes a framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to unobservable inputs (Level 3 measurements). The three levels of the fair value hierarchy under ASC 820 are described below:

Level 1: Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.

Level 2: Inputs to the valuation methodology include:

- Quoted prices for similar assets or liabilities in active markets;
- Quoted prices for identical or similar assets or liabilities in inactive markets;
- Inputs other than quoted prices that are observable for the asset or liability;
- Inputs that are derived principally from or corroborated by observable market data by correlation or other means.

Level 3: Unobservable inputs for which there is little or no market data, which require the reporting entity to develop its own assumptions.

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

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2025 and 2024.

Mutual Funds: (including money market mutual funds) – Valued at the daily closing price as reported by the fund. Mutual funds held by the Plan are open-ended mutual funds that are registered with the Securities and Exchange Commission. The funds are required to publish their daily net asset value (NAV) and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded (Level 1).

The methods described above may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, while the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

The following table sets forth, by level within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2025 and 2024:

	Assets at fair value as of December 31, 2025			
	Level 1	**Level 2**	**Level 3**	**Total**
Mutual Funds	$ 117,831,479	$ 0	$ 0	$ 117,831,479
Total investments at fair value	$ 117,831,479	$ 0	$ 0	117,831,479

	Assets at fair value as of December 31, 2024			
	Level 1	**Level 2**	**Level 3**	**Total**
Mutual Funds	$ 47,552,154	$ 0	$ 0	$ 47,552,154
Total investments at fair value	$ 47,552,154	$ 0	$ 0	47,552,154

NOTE 6 - PEP TERMINATION

Although it has not expressed any intent to do so, the PPP has the right under the Plan to discontinue contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of Plan termination, the participants would become 100% vested in their adopting employer's contributions.

NOTE 7 - INCOME TAX STATUS

The PEP is intended to qualify under Internal Revenue Code (IRC) Section 401(a) and 501(a). On June 30, 2020, the IRS stated that the Non-Standardized Pre-Approved Profit-Sharing Plan adopted by the PEP, as then designed, qualifies under IRC Section 401(a) and, therefore, the related trust is tax-exempt. The PEP has not received a determination letter specific to the PEP itself. The PEP has been amended since adoption; however, the PEP Administrator and the PEP's tax counsel believe that the PEP is being operated in compliance with the applicable requirements of the IRC. Therefore, no provision for income taxes has been included in the PEP's financial statements.

The modified cash basis of accounting requires Plan management to evaluate if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

NOTE 8 - RISKS AND UNCERTAINTIES

The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market, and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect participants' account balances and the amounts reported in the Statements of Net Assets Available for Benefits.

The classification of investment and investment earnings reported in the financial statements may differ from the classification on the Form 5500 due to different reporting requirements on Form 5500.

NOTE 9 - PARTY IN INTEREST TRANSACTIONS

Parties-in-interest are defined under DOL Regulations as any fiduciary of the PEP, any party rendering service to the PEP, the Pooled Plan Provider (PPP), Participating Employers and certain others. The PEP's investments might include mutual funds, managed, held, and/or administered by Matrix Trust Company Plan's Custodian. Therefore, some transactions with the Matrix Trust Company may be considered party in-interest transactions. The PEP also issues notes to participants, which are secured by the balances in the participants' accounts, which also qualify as party-in-interest transactions. Such transactions are exempt from the prohibited transaction rules under ERISA.

July Business Services, LLC is an affiliate of the PPP and provides third-party administrative services. Therefore, transactions with the PPP and July Business Services, LLC qualify as party-in-interest transactions.

NOTE 10 - PROHIBITED TRANSACTIONS

During the year ended December 31, 2025 and 2024, there were instances where Participating Employers failed to timely remit employee 401(k) deferral contributions and loan repayments to the Plan for certain payroll periods within the timeframe prescribed by the Department of Labor. These are deemed prohibited transactions in accordance with ERISA and the IRC. As of December 31, 2025 and 2024, approximately $347,000 and $266,000, respectively, were considered late and the PPP files the appropriate Form 5330 with lost earnings.

NOTE 11 - SUBSEQUENT EVENTS

The Plan has evaluated events and transactions for potential recognition or disclosure through October 12, 2026, the date the financial statements were available to be issued.

JULY POOLED EMPLOYER PLAN #1
SUPPLEMENTAL SCHEDULE - SCHEDULE H, PART IV, LINE 4i
SCHEDULE OF ASSETS (HELD AT END OF YEAR)
DECEMBER 31, 2025

EIN: 74-2715820
PLAN NUMBER: 002

(a)	(b) Identity of Issuer, Borrower, Lessor or Similar Party	(c) Description of Investment, Including the Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
	Vanguard Total Stock Market Index Fund Admir	Mutual Fund	**	$ 9,555,144
	Fidelity 500 Index Institutional Prem	Mutual Fund	**	8,113,315
	PIMCO RealPath Blend 2045 Inst	Mutual Fund	**	4,645,984
	Vanguard 500 Index Admiral	Mutual Fund	**	4,143,880
	Vanguard Intermediate-Term Treasury Index Adı	Mutual Fund	**	3,746,899
	PIMCO RealPath Blend 2040 Inst	Mutual Fund	**	3,715,635
	Vanguard Target Retirement 2045 Inv	Mutual Fund	**	3,635,477
	Vanguard Developed Markets Index Admiral	Mutual Fund	**	3,540,212
	DFA US Targeted Value I	Mutual Fund	**	3,445,122
	PIMCO RealPath Blend 2055 Inst	Mutual Fund	**	3,364,143
	PIMCO RealPath Blend 2050 Inst	Mutual Fund	**	3,287,214
	Vanguard Target Retirement 2035 Inv	Mutual Fund	**	3,224,044
	PIMCO REALPATH Blend 2065 Institutional	Mutual Fund	**	2,539,645
	DFA Short-Term Extended Quality I	Mutual Fund	**	2,450,748
	DFA International Small Cap Value I	Mutual Fund	**	2,401,845
	PIMCO RealPath Blend 2035 Inst	Mutual Fund	**	2,381,174
	Vanguard Morningstar Mid-Cap Index Fund Adn	Mutual Fund	**	2,326,447
	Nuveen Large-Cap Gr Idx R6	Mutual Fund	**	2,241,070
	PIMCO RealPath Blend 2060 Fund Instl	Mutual Fund	**	2,162,674
	Vanguard Target Retirement 2040 Inv	Mutual Fund	**	2,084,887
	PIMCO RealPath Blend Income Inst	Mutual Fund	**	2,070,688
	Vanguard Target Retirement 2030 Inv	Mutual Fund	**	2,065,507
	Fidelity International Index InstlPrm	Mutual Fund	**	1,844,581
	DFA Emerging Markets Core Equity 2	Mutual Fund	**	1,826,107
	Vanguard Short-Term Infl-Prot Sec Idx Adm	Mutual Fund	**	1,644,170
	PIMCO RealPath Blend 2030 Inst	Mutual Fund	**	1,643,646
	Vanguard Morningstar Value Index Fund Admira	Mutual Fund	**	1,546,922
	Vanguard Target Retirement 2055 Inv	Mutual Fund	**	1,447,478
	Nuveen Core Plus Bond Fund Inst'l	Mutual Fund	**	1,328,548
	Vanguard Target Retirement 2050 Inv	Mutual Fund	**	1,275,842
	American Funds 2040 Trgt Date Retire R6	Mutual Fund	**	1,254,474
	American Funds 2055 Trgt Date Retire R6	Mutual Fund	**	1,094,216
	American Funds 2050 Trgt Date Retire R6	Mutual Fund	**	1,090,742
	American Funds 2045 Trgt Date Retire R6	Mutual Fund	**	1,056,603
	Fidelity Government Cash Reserves	Mutual Fund	**	981,928
	Vanguard Target Retirement 2025 Inv	Mutual Fund	**	871,268
	Vanguard Morningstar Small-Cap Value Index F	Mutual Fund	**	863,357
	American Funds 2035 Trgt Date Retire R6	Mutual Fund	**	841,500
	Vanguard Morningstar Small-Cap Index Fund Ac	Mutual Fund	**	834,960
	Vanguard Target Retirement 2060 Inv	Mutual Fund	**	813,089

JULY POOLED EMPLOYER PLAN #1
SUPPLEMENTAL SCHEDULE - SCHEDULE H, PART IV, LINE 4i
SCHEDULE OF ASSETS (HELD AT END OF YEAR)
DECEMBER 31, 2025 (Continued)

EIN: 74-2715820
PLAN NUMBER: 002

(a)	(b) Identity of Issuer, Borrower, Lessor or Similar Party	(c) Description of Investment, Including the Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
	Nuveen Lifecycle 2035 Fund R6	Mutual Fund	**	$ 806,762
	American Funds 2060 Trgt Date Retire R6	Mutual Fund	**	782,806
	Nuveen Lifecycle 2055 Fund R6	Mutual Fund	**	778,242
	Nuveen Lifecycle 2050 Fund R6	Mutual Fund	**	747,668
	Vanguard Morningstar Mid-Cap Growth Index Fund Admiral Shares	Mutual Fund	**	747,087
	Columbia Small Cap Index Inst2	Mutual Fund	**	687,219
	American Funds New World R6	Mutual Fund	**	664,627
	Nuveen Lifecycle 2060 Fund R6	Mutual Fund	**	636,305
	American Funds 2030 Trgt Date Retire R6	Mutual Fund	**	618,039
	Vanguard Total Intl Stock Index Admiral	Mutual Fund	**	528,351
	PIMCO Income Instl	Mutual Fund	**	502,287
	Nuveen Lifecycle 2045 Fund R6	Mutual Fund	**	430,817
	Vanguard Morningstar Growth Index Fund Admiral Shares	Mutual Fund	**	422,829
	American Funds 2065 Trgt Date Retire R6	Mutual Fund	**	414,473
	Nuveen Lifecycle 2040 Fund R6	Mutual Fund	**	405,973
	Vanguard Target Retirement 2065 Inv	Mutual Fund	**	384,866
	Vanguard Target Retirement 2020 Inv	Mutual Fund	**	378,733
	Vanguard Total Bond Market Index Adm	Mutual Fund	**	363,206
	Vanguard Explorer Adm	Mutual Fund	**	358,377
	CPS Managed Aggressive	Mutual Fund	**	354,994
	Nuveen Lifecycle 2020 Fund R6	Mutual Fund	**	330,187
	Fidelity Advisor Equity Growth Fund Z	Mutual Fund	**	324,538
	DFA US Vector Equity I	Mutual Fund	**	306,765
	Tandem Moderate Conservative Portfolio	Mutual Fund	**	296,989
	Vanguard Emerging Mkts Stock Idx Adm	Mutual Fund	**	271,649
	JPMorgan US Equity R6	Mutual Fund	**	270,931
	CPS Managed Aggressive	Mutual Fund	**	258,417
	American 2025 Target Date Retirement Income R6	Mutual Fund	**	255,893
	Vanguard Federal Money Market Investor	Mutual Fund	**	233,774
	Vanguard Star Fds Lifestategy 80 Inv	Mutual Fund	**	227,831
	DFA US Large Cap Value III	Mutual Fund	**	216,868
	American 2020 Target Date Retirement Income R6	Mutual Fund	**	216,648
	Janus Henderson Global Allocation Gr I	Mutual Fund	**	197,200
	Vanguard Star Fds Lifestategy 60	Mutual Fund	**	169,443
	Vanguard Total Intl Bd Idx Admiral	Mutual Fund	**	151,679
	Nuveen Lifecycle 2030 Fund R6	Mutual Fund	**	151,384
	Fidelity Mid Cap Growth Stock	Mutual Fund	**	149,774
	Nuveen Lifecycle 2025 Fund R6	Mutual Fund	**	149,316
	Nuveen Lifecycle 2065 Fund R6	Mutual Fund	**	143,410
	Vanguard Real Estate Index Admiral	Mutual Fund	**	121,731

JULY POOLED EMPLOYER PLAN #1
SUPPLEMENTAL SCHEDULE - SCHEDULE H, PART IV, LINE 4i
SCHEDULE OF ASSETS (HELD AT END OF YEAR)
DECEMBER 31, 2025 (Continued)

EIN: 74-2715820
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	Vanguard Tax-Managed Balanced Adm	Mutual Fund	**	$ 121,040
	Vanguard Target Retirement Income Inv	Mutual Fund	**	114,243
	Vanguard Morningstar Small-Cap Growth Index Fund Admir	Mutual Fund	**	111,682
	Tandem Moderate Conservative Portfolio	Mutual Fund	**	103,554
	T. Rowe Price Global Multi-Sector Bond Fund I	Mutual Fund	**	97,713
	BNY Mellon Dynamic Value Fund - CIY	Mutual Fund	**	97,288
	Fidelity Capital & Income	Mutual Fund	**	95,036
	DFA Global Real Estate Securities Port	Mutual Fund	**	93,621
	CPS Managed Moderate	Mutual Fund	**	92,271
	PGIM Jen Int'l Opportunities Cl R6	Mutual Fund	**	90,885
	Fidelity Mid Cap Index Instl Prem	Mutual Fund	**	87,796
	T. Rowe Price Global Stock I	Mutual Fund	**	74,044
	CPS Managed Moderate	Mutual Fund	**	73,073
	CPS Managed Moderate	Mutual Fund	**	72,226
	Vanguard Short-Term Govt Sec Active Adm	Mutual Fund	**	69,515
	PIMCO RealPath Blend 2070 Institutional	Mutual Fund	**	64,554
	Nuveen Lifecycle 2015 Fund R6	Mutual Fund	**	64,185
	Great-West Conservative Profile Instl	Mutual Fund	**	58,903
	Invesco Value Opport Fd-Y	Mutual Fund	**	58,694
	Fidelity Advisor Balanced Z	Mutual Fund	**	58,248
	AMG Frontier Small Cp Gr Z	Mutual Fund	**	57,414
	Vanguard Morningstar Mid-Cap Value Index Fund Admiral S	Mutual Fund	**	55,009
	CPS Managed Moderate	Mutual Fund	**	50,541
	Nuveen Quant Small/Mid Cap Equity Fund R6	Mutual Fund	**	49,639
	CPS Managed Low Risk	Mutual Fund	**	47,865
	CPS Managed Aggressive	Mutual Fund	**	43,329
	Vanguard Target Retirement 2070 Fund	Mutual Fund	**	42,126
	Federated Hermes MDT Mid Cap Growth R6	Mutual Fund	**	41,878
	CPS Managed Aggressive	Mutual Fund	**	40,278
	State St Hedged Intl Dev-K	Mutual Fund	**	39,381
	AB Large Cap Growth Fund Z	Mutual Fund	**	38,218
	Vanguard Star Fds Lifestategy 20 Inv	Mutual Fund	**	37,808
	Janus Henderson Balanced I	Mutual Fund	**	37,801
	CPS Managed Moderate	Mutual Fund	**	37,486
	Calamos Growth & Income Cl I	Mutual Fund	**	36,400
	Schwab Fundamental International Equity Index Fund	Mutual Fund	**	35,437
	Dodge & Cox Income Fund X	Mutual Fund	**	35,081
	Vanguard Utilities Index Adm	Mutual Fund	**	32,152
	Tandem Moderate Aggressive Portfolio	Mutual Fund	**	31,447
	Vanguard Treasury Money Market Investor	Mutual Fund	**	30,569

JULY POOLED EMPLOYER PLAN #1
SUPPLEMENTAL SCHEDULE - SCHEDULE H, PART IV, LINE 4i
SCHEDULE OF ASSETS (HELD AT END OF YEAR)
DECEMBER 31, 2025 (Continued)

EIN: 74-2715820
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	American Funds Bond R6	Mutual Fund	**	$ 28,243
	Tandem Moderate Portfolio	Mutual Fund	**	22,143
	DWS Rreef Real Assets Fund R6	Mutual Fund	**	21,134
	Bridgeway Small-Cap Value (Brsv 7/24/26)	Mutual Fund	**	20,412
	Tandem Moderate Portfolio	Mutual Fund	**	20,307
	MFS® International Growth Fund R6	Mutual Fund	**	19,797
	Nationwide Strategic Income R6	Mutual Fund	**	19,544
	Putnam International Value R6	Mutual Fund	**	18,211
	Victory Pioneer International Equity Fund Class R6	Mutual Fund	**	15,932
	Applied Finance Explorer Instl	Mutual Fund	**	15,930
	Putnam Small Cap Growth R6	Mutual Fund	**	15,829
	North Square Strat Inc-I	Mutual Fund	**	15,518
	Cohen & Steers Real Estate - Z	Mutual Fund	**	14,613
	Fidelity Advisor Intl Small Cap Z	Mutual Fund	**	13,996
	Vanguard Balanced Index Adm	Mutual Fund	**	13,397
	CPS Managed Low Risk	Mutual Fund	**	13,324
	Nuveen Lifecycle Index 2050 Fund R6	Mutual Fund	**	13,236
	Vanguard Inter-Term Bond Index Adm	Mutual Fund	**	11,497
	Nuveen Lifecycle Index 2025 Fund R6	Mutual Fund	**	11,395
	DFA Emerging Markets Small Cap I	Mutual Fund	**	10,647
	Vanguard Information Technology Idx Adm	Mutual Fund	**	10,541
	BlackRock High Yield K	Mutual Fund	**	9,638
	DFA Short-Duration Real Return Instl	Mutual Fund	**	9,052
	Tandem Moderate Aggressive Portfolio	Mutual Fund	**	8,108
	Schwab Treasury Inflation Protected Securities Index Fun	Mutual Fund	**	6,329
	Lord Abbett Shtr Dur Inc-R6	Mutual Fund	**	6,142
	Vanguard Consumer Staples Index Admiral	Mutual Fund	**	5,751
	The New Economy Fund R6	Mutual Fund	**	5,727
	Vanguard High-Yield Corporate Adm	Mutual Fund	**	5,642
	Vanguard Health Care Index Admiral	Mutual Fund	**	5,539
	CPS Managed Aggressive	Mutual Fund	**	4,453
	Nuveen Lifecycle Index 2045 Fund R6	Mutual Fund	**	4,274
	Lord Abbett Bond Debenture-R6	Mutual Fund	**	4,212
	Nuveen Lifecycle Index 2030 Fund R6	Mutual Fund	**	3,982
	T. Rowe Price Government Money	Mutual Fund	**	3,018
	Fidelity Emerging Markets Idx Instl Prm	Mutual Fund	**	2,578
	Lord Abbett Inflation Focused R6	Mutual Fund	**	2,115
	American US Gov't Securities R6	Mutual Fund	**	2,071
	Tandem Moderate Conservative Portfolio	Mutual Fund	**	2,026
	Nuveen Lifecycle Index 2055 Fund R6	Mutual Fund	**	1,856

JULY POOLED EMPLOYER PLAN #1
SUPPLEMENTAL SCHEDULE - SCHEDULE H, PART IV, LINE 4i
SCHEDULE OF ASSETS (HELD AT END OF YEAR)
DECEMBER 31, 2025 (Continued)

EIN: 74-2715820
PLAN NUMBER: 002

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	Tandem Moderate Aggressive Portfolio	Mutual Fund	**	$ 1,764
	American Funds Strategic Bond R6	Mutual Fund	**	1,700
	Fidelity Extended Market Index InstlPrm	Mutual Fund	**	1,565
	Tandem Moderate Aggressive Portfolio	Mutual Fund	**	1,522
	Nuveen Lifecycle Index 2040 Fund R6	Mutual Fund	**	1,363
	Tandem Conservative Portfolio	Mutual Fund	**	1,273
	American Funds 2070 Target Date R6	Mutual Fund	**	1,195
	Fidelity Total Market Index Instl Prem	Mutual Fund	**	1,115
	Janus Henderson Global Allocation Fund - Moderate I Shares	Mutual Fund	**	970
	Nuveen Lifecycle Index 2035 Fund R6	Mutual Fund	**	538
	Vanguard Dividend Appreciation Index Adm	Mutual Fund	**	487
	Janus Henderson Global Allocation Cnsvr I	Mutual Fund	**	324
	Vanguard Star Fds Lifestategy 40 Inv	Mutual Fund	**	284
	Fidelity Diversified Intl-K	Mutual Fund	**	259
	Fidelity Contrafund®	Mutual Fund	**	247
	Fidelity Multi-Asset Index Fund	Mutual Fund	**	243
	Tandem Moderate Aggressive Portfolio	Mutual Fund	**	215
	Tandem Conservative Portfolio	Mutual Fund	**	196
	American Funds High Income Trust R6	Mutual Fund	**	176
	Vanguard Energy Index Admiral	Mutual Fund	**	60
	Fidelity International Bond Index	Mutual Fund	**	22
	Fidelity Large Cap Growth Idx Instl Prm	Mutual Fund	**	22
	Fidelity Mid Cap Growth Index	Mutual Fund	**	22
	Vanguard Interm-Term Investment-Grade Adm	Mutual Fund	**	22
	Vanguard Short-Term Investment-Grade Adm	Mutual Fund	**	22
	American Capital Income Builder R6	Mutual Fund	**	11
			Total	117,831,479
*	Master Cash	Cash		1,339,610
*	Notes receivable from participants	Interest: 4.25% - 9.50% With Various Maturities	$-0-	606,885
			Total	$ 119,777,974

* Represents party-in-interest as defined by ERISA.
** Cost information has been omitted in accordance with Form 5500 instructions as all investments are participant-directed.

JULY POOLED EMPLOYER PLAN #1
SUPPLEMENTAL SCHEDULE - SCHEDULE H, LINE 4a
SCHEDULE OF DELINQUENT PARTICIPANT CONTRIBUTIONS
DECEMBER 31, 2025

EIN: 74-2715820
PLAN NUMBER: 002

Plan Year Ending	Participant Contributions Transferred Late to Plan	Contributions Not Corrected	Contributions Corrected Outside VFCP	Contributions Pending Correction in VFCP	Total Fully Corrected Under VFCP and PTE 2002-51
December 31, 2024	$ 266,897	$ -	$ 266,897	$ -	$ -
December 31, 2025	$ 347,690	$ 347,690	$ -	$ -	$ -

Schedule H (Form 5500) — Part IV, Line 5b

Additional Plans Receiving Transferred Assets or Liabilities

Filing plan name	**Plan number (PN)**
July Pooled Employer Plan #1	002
Plan sponsor EIN 74-2715820	

No.	**Name of plans**	**EIN**	**Plan number (PN)**
7	Klass Family Therapy P.C. 401(k) Plan	93-3050378	001
8	Mainsail Advisor Group, LLC 401(k) Plan	04-3440391	001
9	Ojmar US LLC 401(k) Plan	46-4088587	001
10	Sparx Group, Inc. 401(k) Plan	88-1632919	001

JULY POOLED EMPLOYER PLAN #1
SUPPLEMENTAL SCHEDULE - SCHEDULE H, PART IV, LINE 4i
SCHEDULE OF ASSETS (HELD AT END OF YEAR)
DECEMBER 31, 2025

EIN: 74-2715820
PLAN NUMBER: 002

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	Vanguard Total Stock Market Index Fund Admir	Mutual Fund	**	$ 9,555,144
	Fidelity 500 Index Institutional Prem	Mutual Fund	**	8,113,315
	PIMCO RealPath Blend 2045 Inst	Mutual Fund	**	4,645,984
	Vanguard 500 Index Admiral	Mutual Fund	**	4,143,880
	Vanguard Intermediate-Term Treasury Index Adı	Mutual Fund	**	3,746,899
	PIMCO RealPath Blend 2040 Inst	Mutual Fund	**	3,715,635
	Vanguard Target Retirement 2045 Inv	Mutual Fund	**	3,635,477
	Vanguard Developed Markets Index Admiral	Mutual Fund	**	3,540,212
	DFA US Targeted Value I	Mutual Fund	**	3,445,122
	PIMCO RealPath Blend 2055 Inst	Mutual Fund	**	3,364,143
	PIMCO RealPath Blend 2050 Inst	Mutual Fund	**	3,287,214
	Vanguard Target Retirement 2035 Inv	Mutual Fund	**	3,224,044
	PIMCO REALPATH Blend 2065 Institutional	Mutual Fund	**	2,539,645
	DFA Short-Term Extended Quality I	Mutual Fund	**	2,450,748
	DFA International Small Cap Value I	Mutual Fund	**	2,401,845
	PIMCO RealPath Blend 2035 Inst	Mutual Fund	**	2,381,174
	Vanguard Morningstar Mid-Cap Index Fund Adn	Mutual Fund	**	2,326,447
	Nuveen Large-Cap Gr Idx R6	Mutual Fund	**	2,241,070
	PIMCO RealPath Blend 2060 Fund Instl	Mutual Fund	**	2,162,674
	Vanguard Target Retirement 2040 Inv	Mutual Fund	**	2,084,887
	PIMCO RealPath Blend Income Inst	Mutual Fund	**	2,070,688
	Vanguard Target Retirement 2030 Inv	Mutual Fund	**	2,065,507
	Fidelity International Index InstlPrm	Mutual Fund	**	1,844,581
	DFA Emerging Markets Core Equity 2	Mutual Fund	**	1,826,107
	Vanguard Short-Term Infl-Prot Sec Idx Adm	Mutual Fund	**	1,644,170
	PIMCO RealPath Blend 2030 Inst	Mutual Fund	**	1,643,646
	Vanguard Morningstar Value Index Fund Admira	Mutual Fund	**	1,546,922
	Vanguard Target Retirement 2055 Inv	Mutual Fund	**	1,447,478
	Nuveen Core Plus Bond Fund Inst'l	Mutual Fund	**	1,328,548
	Vanguard Target Retirement 2050 Inv	Mutual Fund	**	1,275,842
	American Funds 2040 Trgt Date Retire R6	Mutual Fund	**	1,254,474
	American Funds 2055 Trgt Date Retire R6	Mutual Fund	**	1,094,216
	American Funds 2050 Trgt Date Retire R6	Mutual Fund	**	1,090,742
	American Funds 2045 Trgt Date Retire R6	Mutual Fund	**	1,056,603
	Fidelity Government Cash Reserves	Mutual Fund	**	981,928
	Vanguard Target Retirement 2025 Inv	Mutual Fund	**	871,268
	Vanguard Morningstar Small-Cap Value Index F	Mutual Fund	**	863,357
	American Funds 2035 Trgt Date Retire R6	Mutual Fund	**	841,500
	Vanguard Morningstar Small-Cap Index Fund Ac	Mutual Fund	**	834,960
	Vanguard Target Retirement 2060 Inv	Mutual Fund	**	813,089

JULY POOLED EMPLOYER PLAN #1
SUPPLEMENTAL SCHEDULE - SCHEDULE H, PART IV, LINE 4i
SCHEDULE OF ASSETS (HELD AT END OF YEAR)
DECEMBER 31, 2025 (Continued)

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	Tandem Moderate Conservative Portfolio	Mutual Fund	**	296,989
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DECEMBER 31, 2025 (Continued)

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SUPPLEMENTAL SCHEDULE - SCHEDULE H, PART IV, LINE 4i
SCHEDULE OF ASSETS (HELD AT END OF YEAR)
DECEMBER 31, 2025 (Continued)

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	The New Economy Fund R6	Mutual Fund	**	5,727
	Vanguard High-Yield Corporate Adm	Mutual Fund	**	5,642
	Vanguard Health Care Index Admiral	Mutual Fund	**	5,539
	CPS Managed Aggressive	Mutual Fund	**	4,453
	Nuveen Lifecycle Index 2045 Fund R6	Mutual Fund	**	4,274
	Lord Abbett Bond Debenture-R6	Mutual Fund	**	4,212
	Nuveen Lifecycle Index 2030 Fund R6	Mutual Fund	**	3,982
	T. Rowe Price Government Money	Mutual Fund	**	3,018
	Fidelity Emerging Markets Idx Instl Prm	Mutual Fund	**	2,578
	Lord Abbett Inflation Focused R6	Mutual Fund	**	2,115
	American US Gov't Securities R6	Mutual Fund	**	2,071
	Tandem Moderate Conservative Portfolio	Mutual Fund	**	2,026
	Nuveen Lifecycle Index 2055 Fund R6	Mutual Fund	**	1,856

JULY POOLED EMPLOYER PLAN #1
SUPPLEMENTAL SCHEDULE - SCHEDULE H, PART IV, LINE 4i
SCHEDULE OF ASSETS (HELD AT END OF YEAR)
DECEMBER 31, 2025 (Continued)

EIN: 74-2715820
PLAN NUMBER: 002

(a)	(b) Identity of Issuer, Borrower, Lessor or Similar Party	(c) Description of Investment, Including the Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
	Tandem Moderate Aggressive Portfolio	Mutual Fund	**	$ 1,764
	American Funds Strategic Bond R6	Mutual Fund	**	1,700
	Fidelity Extended Market Index InstlPrm	Mutual Fund	**	1,565
	Tandem Moderate Aggressive Portfolio	Mutual Fund	**	1,522
	Nuveen Lifecycle Index 2040 Fund R6	Mutual Fund	**	1,363
	Tandem Conservative Portfolio	Mutual Fund	**	1,273
	American Funds 2070 Target Date R6	Mutual Fund	**	1,195
	Fidelity Total Market Index Instl Prem	Mutual Fund	**	1,115
	Janus Henderson Global Allocation Fund - Moderate I Shares	Mutual Fund	**	970
	Nuveen Lifecycle Index 2035 Fund R6	Mutual Fund	**	538
	Vanguard Dividend Appreciation Index Adm	Mutual Fund	**	487
	Janus Henderson Global Allocation Cnsvr I	Mutual Fund	**	324
	Vanguard Star Fds Lifestategy 40 Inv	Mutual Fund	**	284
	Fidelity Diversified Intl-K	Mutual Fund	**	259
	Fidelity Contrafund®	Mutual Fund	**	247
	Fidelity Multi-Asset Index Fund	Mutual Fund	**	243
	Tandem Moderate Aggressive Portfolio	Mutual Fund	**	215
	Tandem Conservative Portfolio	Mutual Fund	**	196
	American Funds High Income Trust R6	Mutual Fund	**	176
	Vanguard Energy Index Admiral	Mutual Fund	**	60
	Fidelity International Bond Index	Mutual Fund	**	22
	Fidelity Large Cap Growth Idx Instl Prm	Mutual Fund	**	22
	Fidelity Mid Cap Growth Index	Mutual Fund	**	22
	Vanguard Interm-Term Investment-Grade Adm	Mutual Fund	**	22
	Vanguard Short-Term Investment-Grade Adm	Mutual Fund	**	22
	American Capital Income Builder R6	Mutual Fund	**	11
			Total	117,831,479
*	Master Cash	Cash		1,339,610
*	Notes receivable from participants	Interest: 4.25% - 9.50% With Various Maturities	$-0-	606,885
			Total	$ 119,777,974

* Represents party-in-interest as defined by ERISA.
** Cost information has been omitted in accordance with Form 5500 instructions as all investments are participant-directed.