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
- [X] a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)
- [ ] a single-employer plan
- [ ] a DFE (specify) _____

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

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

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

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

Part II Basic Plan Information—enter all requested information

1a Name of plan
JULY POOLED EMPLOYER PLAN #2

1b Three-digit plan number (PN) ▶ 003

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:	**4b**	EIN
a	Sponsor's name	**4d**	PN
c	Plan Name		

5	Total number of participants at the beginning of the plan year	**5**	7490
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)**	6355
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	6849
b	Retired or separated participants receiving benefits	**6b**	42
c	Other retired or separated participants entitled to future benefits	**6c**	464
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	7355
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	7
f	Total. Add lines **6d** and **6e**.	**6f**	7362
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)**	3884
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)**	4398
h	Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.	**6h**	231
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 #2

B Three-digit plan number (PN) ▶ 003

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	93279	Yes [X] No [ ]	Yes [X] No [ ]	805977	Yes [ ] No [X]

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

PFS INVESTMENTS, INC.

1 PRIMERICA PARKWAY
DULUTH, GA 30099

(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	308049	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

(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	40894	Yes [X] No [ ]	Yes [X] No [ ]	33492	Yes [ ] No [X]

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)

NORTHERN WEALTH MANAGEMENT, LLC

55 MAIN STREET #1103
POTSDAM, NY 13676

(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	13631	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

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

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

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
JULY BUSINESS SERVICES, LLC	15	805977

(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	33492

(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

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.

Part II Service Providers Who Fail or Refuse to Provide Information

4 Provide, to the extent possible, the following information for each service provider who failed or refused to provide the information necessary to complete this Schedule.

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

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

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

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 #2

B Three-digit plan number (PN) ▶ 003

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	129127	317981
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)	996729	932386
(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)	900175	1283941
(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)	50844160	73149816
(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	52870191	75684124
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	52870191	75684124

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)	7025392	
(B) Participants	2a(1)(B)	15470828	
(C) Others (including rollovers)	2a(1)(C)	1936197	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		24432417
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	39339	
(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)	87403	
(F) Other	2b(1)(F)		
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		126742
(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)	937215	
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		937215
(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)		9661845
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		35158219
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	7843530	
(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)		7843530
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		163453
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Recordkeeping fees	2i(3)	675355	
(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)		675355
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		8682338
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		26475881
l Transfers of assets:			
(1) To this plan	2l(1)		3274095
(2) From this plan	2l(2)		6936043

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		1003887
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)
ANGELICA MARTINEZ FAMILY PRACTICE PLLC 401(K) PLAN	82-3284354	001
AXIUM ELECTRIC DBA AUTOMATED CONTROLS 401(K) PLAN	75-2693522	001
BROTHER'S KEEPER, INC. 401(K) PLAN	77-0691743	001
D.R. TRAILER SALES INC. 401(K) PLAN	38-3457383	004

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)
DRIFT DAY SPA, INC. 401(K) PLAN	92-1354678	001
ENMAN STAMPING & ASSEMBLIES, INC. 401(K) PLAN	20-1705251	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 #2

B Three-digit plan number (PN) ▶ 003

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): 27-3169253

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)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

MULTIPLE-EMPLOYER RETIREMENT PLAN INFORMATION

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

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

OMB No. 1210-0110

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 #2	**B** Three-digit Plan number (PN)..... ▶ 003
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
1 BOX HOLDING, LLC	22-3972741	0.00	0
2a Name of Participating Employer	**2b** EIN	**2c** Percentage of Total Contributions for the Plan Year	**2d** Aggregate Account Balances Attributable to Participating Employer
1 HEART HOSPICE AND PALLIATIVE CARE, INC.	84-4713229	0.75	620193

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

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

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

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

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

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
100% CHIROPRACTIC SWENSON LLC	87-4717381	0.00	0
3 CUBS INC. DBA SERVICE MASTER BY GRIFFING	26-0010307	0.52	123067
3 KINGS ENTERPRISES, LLC	81-4000623	0.14	114126
828 LOGISTICS, LLC	61-1896897	0.86	965930
A & B EQUIPMENT LLC	82-3952852	0.68	163931
A & I BUILDERS LLC	84-4764349	0.15	35476
A&M HOMECARE CORP.	85-1299066	0.09	21394
BAUTISTA ELITE SERVICES LLC	86-1828560	0.01	32809
ABSOLUT ELECTRIC INC.	26-2213622	0.09	65972

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

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

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

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

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
ABCOTANT, LLC	83-3763357	0.11	67871
ACE AIR MANUFACTURING	95-1958820	0.13	146187
ACE BORING & EXCAVATING, LLC	81-5444156	0.06	44147
AGTECH LOGIC, INC	87-2559375	0.00	0
ALBERTO MORENO JR. INSURANCE AND FINANCIAL SERVICES, LLC	82-2518514	0.22	62442
ALL AMERICAN REPIPE & PLUMBING INC	47-1122656	0.20	122076
ALL IN ALL HOME CARE	81-3985606	0.07	0
ALLIED COMMUNITY CARE, INC.	33-3146095	0.47	305957
ALLPETS VETERINARY CLINIC	46-2641480	0.03	34694

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

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

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

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

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
ALLSTATE DENTAL LLC	47-3127077	0.16	38802
ALPHA RING US	81-1259859	0.74	894284
AM EXCAVATING LLC	55-0821226	0.12	94865
AMBIT SOLUTIONS LLC	26-2638459	0.63	316389
ANGELICA MARTINEZ FAMILY PRACTICE PLLC	82-3284354	0.03	0
ARAPL RAAS INTERNATIONAL LLC	38-4235717	0.18	42741
ARCH IN BUZZ, INC	83-2559559	0.02	88412
ARNOLD ROOFING AND CONSTRUCTION INC.	26-3597304	0.29	99307
ASCENT HOME CARE INC.	81-0843669	0.00	0

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

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

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

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

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
ASHLAN VILLAGE INC.	26-3501326	0.22	109881
ATLANTIC AUTO SALES INC	82-1392324	0.14	95404
AUTISM DIAGNOSTIC EVALUATIONS RESOURCES & SERVICES, INC.	27-2112814	0.29	134931
AUTOWERKES MAINE, INC.	20-2780717	0.90	575979
AVAILABLE REDI MIX, LLC	99-4267974	0.59	131542
AVDYNE AEROSERVICES, LLC	52-2231380	1.23	378344
AXIUM ELECTRIC DBA AUTOMATED CONTROLS	75-2693522	4.43	0
B. H. MURPHY GENERAL CONTRACTOR, INC.	95-3797517	0.29	173386
BAIR'S MASONRY	23-2808270	0.12	117234

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

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

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

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

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
BF&R FENCE	83-1904549	0.06	101107
BILLINGS SEAFOOD GUYS	82-3803126	0.00	18532
BLACK MARKET ENTERPRISES DBA GUARDIAN PLUMBING	26-3136159	0.63	212377
BLUFFTON PEST MANAGEMENT LLC	82-5317583	0.21	139207
BOS CHIROPRACTIC PLLC.	03-0481497	0.00	0
BOYD WALLACE LAW FIRM PA	33-2265500	0.14	32181
BP ELECTRIC LLC	83-1830373	0.12	50952
ARCHEYY AND FRIENDS LLC DBA BRATPAK DOG KAMP	82-1427534	0.24	101950
BRIGHT START EARLY CARE & PRESCHOOL LLC	36-4647101	0.52	218050

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Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

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

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

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
BROOKS PRUEHS DENTAL, PLLC DBA WHITE OAK DENTAL	47-1743378	0.27	256496
BROTHERS' KEEPER, INC.	77-0691743	0.10	0
BRUCE M. JOHNSON PLUMBING INC.	38-2327842	0.34	295765
BUDDY & BUG, LLC	84-2873352	0.32	140955
BUTLER FIELD SERVICES, LLC	92-0606933	0.81	536733
C&T FIRE PROTECTION INC	47-1315262	0.00	0
C1 ELECTRIC	88-2020273	0.00	20835
CANASTOTA PIZZA, INC.	45-5173069	0.22	256419
CCS PARTNERS, INC.	83-1313999	0.24	330319

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Part II Participating Employer Information (Continued).

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2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
CHATTANOOGA CHILDREN'S CLINIC, PLLC	46-1909802	0.93	751365
CINCINNATI AFL-CIO LABOR COUNCIL	31-0623251	0.00	0
ON TIME SALES LLC DBA CLEANSE TEC	20-0441384	1.13	406745
CLEVELAND ACADEMY, LLC	81-2844072	0.22	66834
CLINT LUKENS REALTY	26-2972168	0.23	180435
COASTAL MARKETING GROUP, INC.	33-0929622	0.65	210301
COLONIAL INSULATION	33-1559739	0.11	119291
COMFORTABLE SOLUTIONS INC	86-2336112	0.00	0
COMMUNITY FIRST ADULT FOSTER CARE LLC	88-1559652	0.17	132167

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COMPLETE HEALTH DENTISTRY	46-4544769	0.48	543801
CONAWAY ELECTRICAL SERVICE, INC.	58-1411563	7.20	12401658
COOPER'S CASK COFFEE LLC	47-3374906	0.04	0
CORCORAN TRANSPORTATION GROUP INC.	81-0392755	3.01	3220489
CORNERSTONE INSURANCE SERVICES LLC	99-2891339	0.09	58688
CREDIT ABSOLUTE	46-0630987	0.00	0
CUA, GAN AND BIEN MEDICAL CORPORATION	20-1831463	0.28	119668
CYBERCRIME SUPPORT NETWORK	82-1013947	0.12	144759
D.R. TRAILER SALES INC.	38-3457383	1.00	0

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DAVID N REAVIS MD PC	26-1331538	0.19	1173424
DELTA TRUCKING GO INC.	84-4075145	0.06	46625
DESIGNS BY HUMAN, INC.	87-1497662	0.20	54863
DLC INC	92-0927174	0.10	101855
DOZEN SOFTWARE, LLC	99-2176971	0.21	60456
DR. NICOLAAS VAN ZYL, DDS	62-1020032	0.71	302781
DRIFT DAY SPA, INC.	92-1354678	0.12	0
DUCK VALLEY HOUSING AUTHORITY	88-0111984	0.37	89190
EARL'S PLUMBING, HEATING & AIR INC.	20-8285836	2.65	1114399

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EAST AFRICAN BAKERY	27-4395520	0.10	43493
ED BOGNER MECHANICAL	77-0128049	0.98	808981
EDGEBORO INTERNATIONAL, INC.	22-3454741	0.88	693839
EDNA'S RESIDENTIAL CARE INC.	74-3212809	0.02	31304
ELEVATION ROOFING AND GUTTERS, LLC	87-3935104	0.09	56396
ENMAN STAMPING & ASSEMBLIES, INC.	20-1705251	0.42	0
EXCELSIOR VILLAGE ACADEMIES	88-2042258	0.08	18411
F SCOTT MCMILLAN DESIGN ASSOCIATES LLC	46-3151387	0.13	30380
F.A.R.M. PARTNERSHIP, LLC	47-5317006	0.00	0

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FAST CARS LTD.	65-1307523	0.53	398224
FIESTA MEXICAN RESTAURANTS, INC	90-0187959	0.25	71656
FLAT OUT RECOVERY & RECHARGE	85-2716076	0.10	121650
FLETCHER PLUMBING HEATING & AIR CONDITIONING, INC.	51-0352232	0.48	316817
FLOWOOD DRUG COMPANY, LLC	88-0793582	0.18	52142
FOREIGN AUTO TECH	33-0938493	0.06	41186
FOSKEY HEATING AND AIR LLC	20-5549509	0.14	124006
FOX RUN ANIMAL HOSPITAL	47-3741322	0.10	37263
FRANKEL SYVERSON PLLC	93-2148193	0.11	25220

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FREDERICK COUNTY CONSUMER COOPERATIVE	52-1228408	1.32	480102
FROTHY MONKEY, LLC	45-2388519	1.16	330193
FULL STAGING PRODUCTIONS SERVICES, INC	47-1519605	0.13	29315
G & R SEAFOOD LLC	46-4480562	0.18	42868
G.E. GENERAL CONSTRUCTION CONTRACTORS, INC.	87-0742264	0.09	0
GEMILAN HOME CARE CENTER	77-0390277	0.18	130284
GENERAL STONE ENTERPRISES, INC	47-2819536	0.05	12469
GILA INTERNAL MEDICINE & GERIATRICS, P.C.	72-1520982	0.89	1104124
GNM COMPANIES, LLC	45-3329795	0.00	0

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GOLDNER PLUMBING	13-3015040	0.16	115730
GOLF CARS UNLIMITED, INC.	54-2144205	0.25	226753
HASSAN MANAGEMENT SERVICES, INC DBA GRAND SENIOR LIVING	04-3575168	0.55	125708
GREAT LAKES SENIOR LIVING INC.	39-2028349	0.80	359157
GREAT PARK INSURANCE SERVICES, INC.	82-3723418	0.80	607791
GREATER MIDWEST EXTERIORS	84-2953019	0.10	0
GREEN ELEMENTS LAWN CARE, LLC	82-4351732	0.05	13463
GREENCOURT LEGAL TECHNOLOGIES, LLC	46-5027679	1.69	2654610
GREGORY D. LEWEN, M.D., P.L.L.C.	27-4554510	0.35	432384

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GROUNDWORKS LANDSCAPE & MAINTENANCE, LLC	86-2314883	0.00	10748
GS REFERRAL CLUBS, LLC	26-2051400	0.04	26344
GSM MARKETING LLC	27-1631551	0.30	350907
GUTTER DONE, LLC	45-2956665	0.09	89121
HAPPY DENTAL & ORTHODONTICS	87-1007959	0.17	142693
HEARTLAND SOCCER ASSOCIATION, INC.	48-0866961	0.58	422167
HERENDEEN BROTHERS HARDWARE CORP.	16-0800402	0.06	80260
HERITAGE CHRISTIAN SCHOOL OF OHIO	34-1026284	0.52	401338
HIGHWAY STUDIO, LLC	83-4215003	0.65	1438092

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HINE FINE JEWELRY, LLC	84-5057825	0.00	16219
HOMES ON DEMAND	38-3846648	0.43	681599
HVAC EXPERTS	27-4485783	0.34	284492
IDEAL CHILDCARE DEVELOPMENT CENTER	61-1668008	0.00	0
INNOVATIVE PHARMACY SOLUTIONS, INC.	92-3211557	0.70	523979
INTEGRATED HEALTHCARE GROUP, INC.	26-3485544	1.00	659972
INTERIOR TILE DESIGNS INC.	36-4919919	0.03	91567
IRWIN'S AIR, INC.	82-2976468	0.06	71194
J & L FAMILY AUTOMOTIVE REPAIR DBA FRIENDLY AUTOMOTIVE SERVICE	81-3656482	0.61	490556

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J. RILEY DISTILLERY	46-2817311	0.15	128780
JASON M. BERG DDS PA	82-2987704	0.64	201792
JEFFERSON COUNTY NURSING HOME	64-0827462	0.15	50411
JGM CONSTRUCTION INC.	45-4715388	0.00	0
JILLIAN'S LITTLE JUNGLE LLC	85-4388727	0.00	0
JJ & H EXPRESS, INC.	82-2021723	0.02	13401
JONES' FORT	68-0221047	0.00	18443
JORGENSEN PROF CORP, P.S.	26-4285292	0.64	1348000
JPB DESIGNS, INC.	46-1093426	0.27	163169

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JUMPSTART CREATIVE CHILD DEVELOPMENT CENTER, LLC	47-2900252	0.25	109909
KALIKA FOOD LLC DBA THE GURKHA KITCHEN	83-3786998	0.00	0
KAZI BROTHERS, INC. DBA JAY VEE LIQUORS	82-0667750	0.10	110831
KB INTERNATIONAL, LLC	27-5460100	0.85	556588
KELLOGG MEMORIALS	41-2154818	0.38	248366
KEYS COMPUTER SPECIALIST, INC.	65-1138450	0.13	136583
KIMAR, LLC	02-0363412	0.06	522073
KTG ILLINOIS, LLC	81-2993637	0.00	0
KUDRNA INC	46-2130576	0.02	3859

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LEE ARMSTRONG COMPANY INC, DBA LAC FLOORING	95-4240804	0.40	312096
LAKESIDE MECHANICAL LLC	93-3572225	0.04	10648
LATZERO BUSINESS SOLUTIONS, LLC	83-3317449	0.06	0
LAW BROTHERS ACCESSORIES, INC.	20-3467184	0.14	180460
LEIGHTON REALTY	71-0994305	0.27	775656
LIBERATION ACADEMY	84-2365917	0.09	21311
LIGHTFORCE MANAGEMENT SERVICES, INC. DBA GRISWOLD CARE PAIRING TAMPA	26-0821412	0.05	8802
LILLIAN'S ITALIAN KITCHEN INC.	27-4044794	0.09	0
LITTLE PEDIATRICS	82-2706754	0.20	54079

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LITTLE ROCK PAIN & REHABILITATION	26-3325205	0.07	92528
LIVESTOCK RUBBISH REMOVAL, LLC	82-1340610	0.20	71387
LOWCO GARDENERS LLC	85-3533607	0.00	14403
LULICH AND ATTORNEYS, PA	59-2809996	0.71	0
LUNA BRAND MANAGEMENT	82-4373758	0.12	90878
LYNN DURKIN CPA	94-3448082	0.14	104597
MADISON HOSPICE INC.	84-1841594	0.04	9
MADRIGAL DEVELOPMENT LLC	86-2307404	0.13	213889
MARTHA'S DAYCARE INC.	20-2763349	0.11	46027

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MASTERS PEST CONTROL INC.	26-0040074	0.27	156588
MBF LLC	87-3930368	0.08	25622
MCM METAL BUILDINGS, LLC	83-1214444	0.13	110349
MEADOWBROOK COLLISION INC.	46-2554111	0.46	1336303
MEDLOCK MECHANICAL	87-1176299	0.14	31235
MEYER LAND SURVEYING	47-2943379	0.05	10174
MEZRANO LAW FIRM	46-3316751	0.34	81124
MICHAEL TURNER FAMILY LAW AND DIVORCE ATTORNEY LLC	92-2218560	0.23	115430
MID-ATLANTIC NEUROLOGY CONSULTANTS, LLC	26-2344263	0.50	0

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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
MIKE MORE MILES	87-4040264	0.02	0
MILLER 3 ENGINEERING	84-3110565	0.17	246314
MIRAGE SPORTFISHING & COMMERCIAL FISHERIES	26-1820228	0.06	117448
MJ BROTHERS AUTO AND TRUCK REPAIR	60-0776834	0.00	0
MJK NETWORK SOLUTIONS, LLC	26-4794014	0.17	0
MN HOME SOLUTIONS INC.	26-0267224	1.05	602900
MORGAN & RAWLS ENTERPRISES, INC.	64-0872645	0.08	18338
MORTGAGE NERDS LLC	84-4035456	0.20	321013
MP JUNK REMOVAL LLC	92-0733205	0.00	0

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MT DELIVERY LLC	83-4081005	0.20	136552
MULTI INDUSTRIES OF GREENVILLE LTD	82-2326890	0.39	89019
MUSSELMAN HOME IMPROVEMENTS, LLC	47-2900284	0.16	489485
MYTOD	86-3886076	0.23	0
MZM PROPERTIES LLC	20-8098146	0.05	36108
NANCY COURSER MMS LLC	85-2482078	0.00	0
NATIONAL PROPERTY SERVICES III, INC. DBA A2Z ROOFING, INC.	02-0779209	0.88	455498
NELSON CONSULTING GROUP CORP	47-5602893	0.16	100593
NEOLY HOME CARE LLC	47-4894365	0.86	268386

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NEUPANE INC. DBA FANDEE'S RESTAURANT	88-2969501	0.04	15267
NEW AGE ELECTRIC, LLC	83-4131787	0.08	46290
NEWAGE PRODUCTS INC.	98-1218711	0.13	76764
NORTHMEN VENTURES, LLC - DBA NORTHMEN ELECTRIC	85-4354733	0.26	80787
NOVATERRA BIOLOGICAL CONSULTING, INC.	84-4907422	0.49	173964
OBACH PHYSICAL THERAPY CLINIC LLC	47-2768428	0.27	250613
O'CONNOR MEDICAL URGENT CARE	88-2136749	0.40	99437
OHA SERVICES, LLC	83-2899545	0.12	56719
ONCALL TREE SERVICE LLC	84-4739129	0.00	0

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ONE WEALTH MANAGEMENT LLC	87-2531281	0.25	277682
OPIX SYSTEMS, LLC	90-1254232	1.00	425118
ORTHOPEDIC PHYSICAL THERAPY ASSOCIATES	26-3360339	0.12	110685
PACE FEED AND SEED INC. DBA MANNINGS FEED AND SEED	32-0006878	0.03	7874
PACIFIC ELECTRICAL SERVICES, INC.	86-2403404	0.12	54695
PARENTS CENTER, INC.	94-2300871	0.00	0
PASSIFORNIA REPAIR CENTER, LLC DBA CAL TRUCK BODY AND PAINT	99-3206208	0.01	3598
PATTERSON PROFESSIONAL SERVICES, LLC	45-3049103	1.67	413246
PAULL INTERIORS LLC	82-4370490	0.04	8179

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PERSCO INC DBA DUNIVIN'S TOWING SERVICE	33-0434351	0.01	2802
PETRO PLUMBING & MECHANICAL COMPANY	45-2382839	0.29	197931
PIACE PIZZA, LLC	27-1720013	0.08	59794
PIEDMONTE & CO, LLC	81-1115399	0.07	17038
PINARD LANDSCAPING	04-2978030	0.13	130863
PINE BELT VETERINARY HOSPITAL & KENNEL	64-0748655	0.26	60232
PINNACLE INVESTIGATIONS CORP.	33-1003675	0.20	92454
POPEWALLER	99-4609071	0.25	64986
PRECISION CRATES INC.	47-1554745	0.05	0

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PRECISION EPOXY FLOORING	47-2556674	0.65	206442
PSYCTALENT LLC	84-2021303	0.02	41335
QUALITY INTERIOR FINISHES LLC	45-2996479	0.14	66056
R&J PAINTING SERVICES, INC.	91-2173221	0.12	110751
R.F. ELECTRIC, LLC	47-2504825	0.45	561137
REGAL CONSTRUCTION SERVICES, CORP	93-4477381	0.00	4748
RESTORATION AND RENOVATION SERVICES	88-3304049	0.25	109537
RESURGEONCE, LLC	46-1318247	0.10	48584
RHEINECKER CHIROPRACTIC CARE, P.C.	82-4032053	0.11	39592

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RIDGE STONE GENERAL CONTRACTORS, LTD	34-1853237	0.18	44151
THE RJS ORGANIZATION INC	82-3107386	0.57	450116
ROBERT K. WILLIS AND ASSOCIATES	75-2165237	0.14	30707
ROCHETTE CONSULTING SERVICES, LLC	81-3855150	0.00	0
ROD TRANSPORT INC DBA ROD CONSTRUCTION	94-2579652	0.08	64810
ROWAN VENTURES LLC DBA GA BELL SEPTIC TANK SERVICE	88-2837645	0.11	25273
ROYAL PLUMBING AND CONSTRUCTION LLC	47-1534376	0.12	101600
RTL ENTERPRISES INC. DBA ARTHUR MURRAY DANCE STUDIO OF MERRILLVILLE	35-1640609	0.05	0
RUDDELL HOME LLC	45-5040771	0.16	128507

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RYAN'S PLACE, LLC	84-4546121	0.65	218681
SANDHOLLOW HOMES LLC	11-3770643	0.19	0
SAVAGE CHEF	85-1065932	0.01	2851
SAVI, PLLC	46-3778329	0.37	281220
SCOTTSDALE H2O WORKS, INC	20-3565485	0.21	180510
GARDINER CAPITAL LLC DBA SERVICE TEAM OF PROFESSIONALS	47-4715964	0.17	153622
SHAUN & SHARI LLC	46-5745287	0.00	0
SHAW CONSTRUCTION & ELECTRIC, LLC	46-2932314	0.17	0
SHRESTHA INC.	83-1960962	0.08	52908

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SIEH MOVING LLC	86-2038847	0.14	143852
SIGNATURE MEDICAL CLINICS INC	95-4828822	0.28	0
WOOF AND MEOW VET INC. DBA SISK VETERINARY HOSPITAL	46-4082669	0.66	226600
SM FINANCIAL SERVICES INC	26-2439572	0.09	84505
SMART THERAPY MENTAL HEALTH COUNSELING PROFESSIONAL CORPORATION	87-3216145	0.72	602242
SOCA BUSINESS SERVICES, LLC	83-2486023	0.09	83327
SOLANKI ENDODONTICS	84-4013972	0.34	459811
SOLAR AGRICULTURAL SERVICES INC	83-4388722	0.00	0
SOLUTIO, INC	26-2834369	0.33	273891

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SOUTHERN HOME CRAFTERS, LLC	83-3761266	0.72	295071
SPECTRUM COMMUNITY SERVICES, INC.	23-2121180	2.03	1294734
SPOTTED, INC.	92-0280276	0.00	0
STARDUST SPORTFISHING, A CALIFORNIA CORPORATION	47-3339973	0.21	280470
STEPANIAN AGENCY & FINANCIAL INC	82-4390190	0.27	74308
STEPHANIE BATISTA DMD PLLC	93-4409011	0.15	34030
STRUCTURAL WOOD CORPORATION	16-1213620	1.83	2342434
SUMMERWIND MANOR	75-3260124	0.00	0
SURENDRA ADHIKARI DBA FAST N EASY FOOD MART	45-3849836	0.40	404213

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SURTI HOSPITALITY GROUP, LLC DBA TAILOR NASHVILLE	83-2034774	0.07	29569
SWEET BABY RAY'S BARBEQUE WOOD DALE, LLC	20-2305015	1.14	1606199
TACOS APATZINGAN #1	90-1509361	0.00	0
TAMBAS, LLC	82-3826251	0.23	188246
TATE LAW OFFICES, PLLC	84-2977780	0.09	73992
THE ANSWER FOSTER CARE	93-4563820	0.12	35242
THE HOSE CONNECTION INC.	41-2157042	0.41	347725
THE ROOF MASTERS INC.	83-3098559	0.40	325599
THE SHEPHERD'S HAND, INC.	27-1452883	0.13	146159

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THOMPSON WELDING, LLC	46-5013180	0.28	63997
THURO METAL PRODUCTS, INC.	11-2227402	0.49	114591
TIMBER FRAMERS GUILD, INC	81-4201896	0.07	76313
TINT PRO, INC.	46-4984504	0.26	143834
TIOGA MILLWRIGHTS, LLC	27-4628392	0.09	62930
TOTAL SENIOR CARE	82-4914036	0.43	189364
TRIPLE A LOCATING SERVICE	47-2249670	0.13	36051
TRIPLE G CONTRACTING, LLC	47-3019947	0.12	65067
T-SHIRTS IN 24	84-2961575	0.06	32292

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TUSCALOOSA PAINT AND DECORATING, INC. DBA COTTAGE SUPPLY COMPANY	77-0603868	0.68	706234
TYLER REALTY GROUP, LLC	54-0545832	0.24	59088
UNIVERSAL TRANSPORTATION SOLUTIONS, INC	45-3183856	0.10	119596
34 NORTH, LLC DBA VERGENNES GRAND	85-0509585	0.18	38148
W.D. OLSON & ASSOCIATES, INC.	39-1934842	0.37	161770
WACO TEJAS, LLC	92-1018954	0.62	1225694
ONE HAT ENTERPRISES, INC. DBA WATERS EDGE WINERY LB	84-2053008	0.00	0
WE RENT BILLINGS, INC.	47-4489567	0.08	49916
WEALTHKEEL LLC	47-3667301	0.25	346207

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WEBER SAND AND GRAVEL, INC	38-2637139	0.63	530640
WOMEN WORK WEALTH, LLC D/B/A W3	86-3069284	0.00	0
WORLDWIDE HEALTH ALLIANCE, INC.	46-1552780	0.71	691004
ZEISLER AUTOMOTIVE, LLC	81-5323472	0.06	33564

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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) ..... [X] 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 R1869POL9



JULY POOLED EMPLOYER PLAN #2

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 #2

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 #2 (**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 audit 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 audit and on the procedures performed as described in the Auditor's Responsibilities for the Audit of the Financial Statements section—

- the amounts and disclosures in the 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 audit 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 audit did not extend to the certified investment information, except for obtaining and reading the certification, comparing the certified investment information with the related information presented and disclosed in the financial statements, and reading the disclosures relating to the certified investment information to assess whether they are in accordance with the presentation and disclosure requirements of 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 schedule, 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).

Blackrock & Master

Certified Public Accountants

Columbus, Ohio
October 12, 2026

JULY POOLED EMPLOYER PLAN #2
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS (MODIFIED CASH BASIS)
DECEMBER 31, 2025 AND 2024

	2025	2024
ASSETS:-		
Cash	$ 317,981	$ 129,127
Investments, at fair value	74,082,202	51,840,889
Notes receivable from participants	1,283,941	900,175
Total net assets available for benefits	$ 75,684,124	$ 52,870,191

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

JULY POOLED EMPLOYER PLAN #2
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	$ 9,661,845
Interest and dividends	976,554
Interest on notes receivables from participants	87,403
Total investment income	10,725,802
Contributions:-	
Participant contributions	15,470,828
Employer contributions	7,025,392
Rollover contributions	1,936,197
Total contributions	24,432,417
Total additions	35,158,219
DEDUCTIONS:-	
Benefits paid to participants	8,006,983
Administrative expenses	675,355
Total deductions	8,682,338
NET INCREASE BEFORE TRANSFERS	26,475,881
Transfer out (net) - From this Plan	(3,661,948)
Net assets available for benefits - beginning of year	52,870,191
Net assets available for benefits - end of year	$ 75,684,124

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 #2 (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. Mid Atlantic 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 pre-tax 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 or losses. Participant accounts are charged with an allocation of administrative expenses that are paid by the Plan. Allocations are based on participant earnings or 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 $5,000, 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.

Contributions
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 accrual basis. Related fees are recorded as administrative expenses and are expensed when they are incurred. No allowance for credit losses has been recorded as of December 31, 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 out from the Plan to other qualified plans totaled $3,661,948 (transfers into the PEP from other qualified plans totaled $3,274,095 and transfers out to other qualified plans totaled $6,936,043).

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, Mid Atlantic Trust Company.

- 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.

Cash, notes receivable and related interest income from notes receivable were not certified by the Mid Atlantic Trust Company, the Custodian of the Plan.

NOTE 5 - FAIR VALUE MEASUREMENTS

Accounting Standards Codification ("ASC") No. 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 No. 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	$ 74,082,202	$ 0	$ 0	$ 74,082,202
Total investments at fair value	$ 74,082,202	$ 0	$ 0	74,082,202

	Assets at fair value as of December 31, 2024			
	Level 1	**Level 2**	**Level 3**	**Total**
Mutual Funds	$ 51,840,889	$ 0	$ 0	$ 51,840,889
Total investments at fair value	$ 51,840,889	$ 0	$ 0	51,840,889

NOTE 6 - PLAN 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 include mutual funds, managed, held, and/or administered by Mid Atlantic Trust Company Plan's Custodian. Therefore, transactions with the Mid Atlantic Trust Company are 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 and as of December 31, 2025 and 2024, approximately $1,003,000 and $433,000 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 #2
SUPPLEMENTAL SCHEDULE - SCHEDULE H, PART IV, LINE 4i
SCHEDULE OF ASSETS (HELD AT END OF YEAR)
DECEMBER 31, 2025

EIN: 74-2715820
PLAN NUMBER: 003

(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
	Fidelity 500 Index Fund	Mutual Fund	**	$ 9,036,333
	American Funds 2040 Target Date Retirement Fund	Mutual Fund	**	5,863,215
	American Funds 2045 Target Date Retirement Fund	Mutual Fund	**	5,167,178
	Nuveen Large Cap Growth Index Fund	Mutual Fund	**	5,148,651
	American Funds 2035 Target Date Retirement Fund	Mutual Fund	**	4,566,829
	American Funds 2060 Target Date Retirement Fund	Mutual Fund	**	4,434,032
	American Funds 2050 Target Date Retirement Fund	Mutual Fund	**	3,931,223
	American Funds 2055 Target Date Retirement Fund	Mutual Fund	**	2,878,299
	American Funds 2030 Target Date Retirement Fund	Mutual Fund	**	2,811,653
	Fidelity International Index Fund	Mutual Fund	**	2,329,323
	Vanguard Value Index Fund Admiral Shares	Mutual Fund	**	2,109,333
	Vanguard Mid-Cap Growth Index Fund Admiral Shares	Mutual Fund	**	1,838,977
	RNC Center Growth Strategy	Mutual Fund	**	1,749,113
	Horizon ETF Growth with Risk Assist-P Strategy	Mutual Fund	**	1,645,028
	American Funds 2065 Target Date Retirement Fund	Mutual Fund	**	1,415,125
	American Funds 2025 Target Date Retirement Income Fund	Mutual Fund	**	1,296,240
	Vanguard Small Cap Value Index Fund Admiral Shares	Mutual Fund	**	1,275,290
	Vanguard Mid-Cap Index Fund Admiral Shares	Mutual Fund	**	1,264,164
	Nuveen Core Plus Bond Fund R6 Class	Mutual Fund	**	1,240,547
	Columbia Small Cap Index Fund Institutional 2 Class	Mutual Fund	**	949,698
	Fidelity Government Cash Reserves	Mutual Fund	**	932,386
	Dana ESG Growth Strategy	Mutual Fund	**	838,609
	PIMCO RealPath Blend 2045 Fund Institutional Class	Mutual Fund	**	748,647
	American Funds New World Fund Class R-6	Mutual Fund	**	687,495
	PIMCO RealPath Blend 2050 Fund Institutional Class	Mutual Fund	**	686,806
	Vanguard Explorer Fund Admiral Shares	Mutual Fund	**	675,677
	Horizon ETF Growth-P Strategy	Mutual Fund	**	597,831
	PIMCO RealPath Blend 2035 Fund Institutional Class	Mutual Fund	**	588,113
	American Funds 2020 Target Date Retirement Income Fund	Mutual Fund	**	569,535
	Franklin Templeton Diversified Risk Portfolio - Growth Strategy	Mutual Fund	**	548,357
	PIMCO RealPath Blend 2055 Fund Institutional Class	Mutual Fund	**	491,447
	Horizon ETF Focused with Risk Assist-P Strategy	Mutual Fund	**	482,078
	PIMCO RealPath Blend 2040 Fund Institutional Class	Mutual Fund	**	416,719
	DFA U.S. Vector Equity Portfolio Institutional Class	Mutual Fund	**	358,318
	PIMCO RealPath Blend 2060 Fund Institutional Class	Mutual Fund	**	345,670
	PIMCO Income Fund Institutional Class	Mutual Fund	**	299,285
	PIMCO RealPath Blend 2065 Fund Institutional Class	Mutual Fund	**	287,465
	PIMCO RealPath Blend 2030 Fund Institutional Class	Mutual Fund	**	260,733

JULY POOLED EMPLOYER PLAN #2
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: 003

(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
	Meeder Conservative Growth - P Strategy	Mutual Fund	**	$ 218,894
	Sage Growth Strategy	Mutual Fund	**	208,931
	Nuveen Lifecycle 2030 Fund R6 Class	Mutual Fund	**	186,102
	PIMCO RealPath Blend Income Fund Institutional Class	Mutual Fund	**	178,991
	American Funds 2015 Target Date Retirement Income Fund Class R6	Mutual Fund	**	165,017
	Horizon ETF Moderate with Risk Assist-P Strategy	Mutual Fund	**	162,792
	Dana ESG Conservative Growth Strategy	Mutual Fund	**	157,428
	Horizon ETF Moderate-P Strategy	Mutual Fund	**	154,088
	RNC Center Moderate Strategy	Mutual Fund	**	134,294
	Strategy	Mutual Fund	**	119,679
	Dana ESG Moderate Growth Strategy	Mutual Fund	**	118,575
	Meeder Growth - P Strategy	Mutual Fund	**	118,206
	Nuveen Lifecycle 2045 Fund R6 Class	Mutual Fund	**	112,248
	Nuveen Lifecycle 2055 Fund R6 Class	Mutual Fund	**	99,453
	RNC Center Income Strategy	Mutual Fund	**	94,447
	American Funds 2010 Target Date Retirement Income Fund Class R6	Mutual Fund	**	89,232
	Nuveen Lifecycle 2050 Fund R6 Class	Mutual Fund	**	83,886
	Nuveen Lifecycle 2035 Fund R6 Class	Mutual Fund	**	82,129
	Meeder Moderate Growth - P Strategy	Mutual Fund	**	80,731
	Horizon ETF Conservative-P Strategy	Mutual Fund	**	72,042
	Nuveen Lifecycle 2060 Fund R6 Class	Mutual Fund	**	71,383
	Nuveen Lifecycle 2025 Fund R6 Class	Mutual Fund	**	49,395
	Nuveen Lifecycle 2010 Fund R6 Class	Mutual Fund	**	45,644
	Tandem Moderate Aggressive Portfolio Strategy	Mutual Fund	**	44,034
	Nuveen Lifecycle 2040 Fund R6 Class	Mutual Fund	**	43,547
	Nuveen Lifecycle Index 2060 Fund R6 Class	Mutual Fund	**	41,238
	Investors CHOICE Balanced Portfolio Strategy	Mutual Fund	**	37,835
	Nuveen Lifecycle 2020 Fund R6 Class	Mutual Fund	**	34,907
	Sage ESG Growth Strategy	Mutual Fund	**	32,617
	Vanguard Target Retirement 2050 Fund	Mutual Fund	**	31,521
	Franklin Templeton Diversified Risk Portfolio - Conservative Strategy	Mutual Fund	**	29,886
	Fidelity Emerging Markets Index Fund	Mutual Fund	**	29,725
	Nuveen Lifecycle 2065 Fund R6 Class	Mutual Fund	**	29,676
	PIMCO RealPath Blend 2070 Fund Institutional Class	Mutual Fund	**	28,498
	Nuveen Lifecycle Index 2065 Fund R6 Class	Mutual Fund	**	21,617
	Vanguard Target Retirement 2045 Fund	Mutual Fund	**	16,242
	Nuveen Lifecycle Index 2055 Fund R6 Class	Mutual Fund	**	15,360
	Meeder Conservative - P Strategy	Mutual Fund	**	9,659

JULY POOLED EMPLOYER PLAN #2
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: 003

(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 Target Retirement 2040 Fund	Mutual Fund	**	$ 7,290
	Vanguard Target Retirement 2025 Fund	Mutual Fund	**	7,181
	Vanguard Target Retirement 2035 Fund	Mutual Fund	**	7,157
	Nuveen Lifecycle Index 2045 Fund R6 Class	Mutual Fund	**	6,575
	Vanguard Target Retirement 2065 Fund	Mutual Fund	**	6,426
	Nuveen Lifecycle 2015 Fund R6 Class	Mutual Fund	**	5,195
	Sage Moderate Growth Strategy	Mutual Fund	**	5,127
	Sage ESG Conservative Strategy	Mutual Fund	**	4,666
	Nuveen Lifecycle Index 2040 Fund R6 Class	Mutual Fund	**	3,309
	JPMorgan Large Cap Growth Fund Class R6	Mutual Fund	**	2,664
	Nuveen Lifecycle Index 2050 Fund R6 Class	Mutual Fund	**	2,525
	Vanguard Target Retirement 2030 Fund	Mutual Fund	**	1,851
	Nuveen Lifecycle Index 2030 Fund R6 Class	Mutual Fund	**	1,444
	Vanguard Target Retirement 2055 Fund	Mutual Fund	**	1,151
	Investors CHOICE Moderate Growth Portfolio Strategy	Mutual Fund	**	1,038
	Nuveen Lifecycle Index 2035 Fund R6 Class	Mutual Fund	**	990
	Lord Abbett Bond Debenture Fund Class R6	Mutual Fund	**	758
	Invesco Small Cap Value Fund Class R6	Mutual Fund	**	499
	Janus Henderson Global Allocation Fund - Growth Class I	Mutual Fund	**	277
	Janus Henderson Global Allocation Fund - Moderate Class I	Mutual Fund	**	274
	Janus Henderson Global Allocation Fund - Conservative Class I	Mutual Fund	**	270
	Vanguard Target Retirement 2070 Fund	Mutual Fund	**	109
	Nuveen S&P 500 Index Fund R6 Class	Mutual Fund	**	53
	Mid Atlantic Master Cash Account	Mutual Fund	**	2
				74,082,202
*	Notes receivable from participants	Interest: 4.25% - 9.5% With Various Maturities	$-0-	1,283,941
			Total	$ 75,366,143

* 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 #2
SUPPLEMENTAL SCHEDULE - SCHEDULE H, LINE 4a
SCHEDULE OF DELINQUENT PARTICIPANT CONTRIBUTIONS
DECEMBER 31, 2025

EIN: 74-2715820
PLAN NUMBER: 003

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	$ 433,835	$ -	$ 433,835	$ -	$ -
December 31, 2025	$ 1,003,887	$ 1,003,887	$ -	$ -	$ -

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 #2	003
Plan sponsor EIN 74-2715820	

No.	**Name of plans**	**EIN**	**Plan number (PN)**
7	G.E. General Construction Contractors, Inc. 401(k) Plan	87-0742264	001
8	Greater Midwest Exteriors 401(k) Plan	84-2953019	001
9	LATZERO Business Solutions, LLC 401(k) Plan	83-3317449	001
10	Lillian's Italian Kitchen Inc. 401(k) Plan	27-4044794	001
11	Lulich and Attorneys, PA 401(k) Plan	59-2809996	001
12	Mid-Atlantic Neurology Consultants, LLC 401(k) Plan	26-2344263	001
13	MJK Network Solutions, LLC 401(k) Plan	26-4794014	001
14	myTOD 401(k) Plan	86-3886076	001
15	RTL Enterprises Inc. DBA Murray Dance Studio of Merriville 401(k) Plan	35-1640609	001
16	Sandhollow Homes LLC 401(k) Plan	11-3770643	001
17	Shaw Construction & Electric, LLC 401(k) Plan	46-2932314	001
18	Signature Medical Clinics Inc 401(k) Plan	95-4828822	001

JULY POOLED EMPLOYER PLAN #2
SUPPLEMENTAL SCHEDULE - SCHEDULE H, PART IV, LINE 4i
SCHEDULE OF ASSETS (HELD AT END OF YEAR)
DECEMBER 31, 2025

EIN: 74-2715820
PLAN NUMBER: 003

(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
	Fidelity 500 Index Fund	Mutual Fund	**	$ 9,036,333
	American Funds 2040 Target Date Retirement Fund	Mutual Fund	**	5,863,215
	American Funds 2045 Target Date Retirement Fund	Mutual Fund	**	5,167,178
	Nuveen Large Cap Growth Index Fund	Mutual Fund	**	5,148,651
	American Funds 2035 Target Date Retirement Fund	Mutual Fund	**	4,566,829
	American Funds 2060 Target Date Retirement Fund	Mutual Fund	**	4,434,032
	American Funds 2050 Target Date Retirement Fund	Mutual Fund	**	3,931,223
	American Funds 2055 Target Date Retirement Fund	Mutual Fund	**	2,878,299
	American Funds 2030 Target Date Retirement Fund	Mutual Fund	**	2,811,653
	Fidelity International Index Fund	Mutual Fund	**	2,329,323
	Vanguard Value Index Fund Admiral Shares	Mutual Fund	**	2,109,333
	Vanguard Mid-Cap Growth Index Fund Admiral Shares	Mutual Fund	**	1,838,977
	RNC Center Growth Strategy	Mutual Fund	**	1,749,113
	Horizon ETF Growth with Risk Assist-P Strategy	Mutual Fund	**	1,645,028
	American Funds 2065 Target Date Retirement Fund	Mutual Fund	**	1,415,125
	American Funds 2025 Target Date Retirement Income Fund	Mutual Fund	**	1,296,240
	Vanguard Small Cap Value Index Fund Admiral Shares	Mutual Fund	**	1,275,290
	Vanguard Mid-Cap Index Fund Admiral Shares	Mutual Fund	**	1,264,164
	Nuveen Core Plus Bond Fund R6 Class	Mutual Fund	**	1,240,547
	Columbia Small Cap Index Fund Institutional 2 Class	Mutual Fund	**	949,698
	Fidelity Government Cash Reserves	Mutual Fund	**	932,386
	Dana ESG Growth Strategy	Mutual Fund	**	838,609
	PIMCO RealPath Blend 2045 Fund Institutional Class	Mutual Fund	**	748,647
	American Funds New World Fund Class R-6	Mutual Fund	**	687,495
	PIMCO RealPath Blend 2050 Fund Institutional Class	Mutual Fund	**	686,806
	Vanguard Explorer Fund Admiral Shares	Mutual Fund	**	675,677
	Horizon ETF Growth-P Strategy	Mutual Fund	**	597,831
	PIMCO RealPath Blend 2035 Fund Institutional Class	Mutual Fund	**	588,113
	American Funds 2020 Target Date Retirement Income Fund	Mutual Fund	**	569,535
	Franklin Templeton Diversified Risk Portfolio - Growth Strategy	Mutual Fund	**	548,357
	PIMCO RealPath Blend 2055 Fund Institutional Class	Mutual Fund	**	491,447
	Horizon ETF Focused with Risk Assist-P Strategy	Mutual Fund	**	482,078
	PIMCO RealPath Blend 2040 Fund Institutional Class	Mutual Fund	**	416,719
	DFA U.S. Vector Equity Portfolio Institutional Class	Mutual Fund	**	358,318
	PIMCO RealPath Blend 2060 Fund Institutional Class	Mutual Fund	**	345,670
	PIMCO Income Fund Institutional Class	Mutual Fund	**	299,285
	PIMCO RealPath Blend 2065 Fund Institutional Class	Mutual Fund	**	287,465
	PIMCO RealPath Blend 2030 Fund Institutional Class	Mutual Fund	**	260,733

JULY POOLED EMPLOYER PLAN #2
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: 003

(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
	Meeder Conservative Growth - P Strategy	Mutual Fund	**	$ 218,894
	Sage Growth Strategy	Mutual Fund	**	208,931
	Nuveen Lifecycle 2030 Fund R6 Class	Mutual Fund	**	186,102
	PIMCO RealPath Blend Income Fund Institutional Class	Mutual Fund	**	178,991
	American Funds 2015 Target Date Retirement Income Fund Class R6	Mutual Fund	**	165,017
	Horizon ETF Moderate with Risk Assist-P Strategy	Mutual Fund	**	162,792
	Dana ESG Conservative Growth Strategy	Mutual Fund	**	157,428
	Horizon ETF Moderate-P Strategy	Mutual Fund	**	154,088
	RNC Center Moderate Strategy	Mutual Fund	**	134,294
	Strategy	Mutual Fund	**	119,679
	Dana ESG Moderate Growth Strategy	Mutual Fund	**	118,575
	Meeder Growth - P Strategy	Mutual Fund	**	118,206
	Nuveen Lifecycle 2045 Fund R6 Class	Mutual Fund	**	112,248
	Nuveen Lifecycle 2055 Fund R6 Class	Mutual Fund	**	99,453
	RNC Center Income Strategy	Mutual Fund	**	94,447
	American Funds 2010 Target Date Retirement Income Fund Class R6	Mutual Fund	**	89,232
	Nuveen Lifecycle 2050 Fund R6 Class	Mutual Fund	**	83,886
	Nuveen Lifecycle 2035 Fund R6 Class	Mutual Fund	**	82,129
	Meeder Moderate Growth - P Strategy	Mutual Fund	**	80,731
	Horizon ETF Conservative-P Strategy	Mutual Fund	**	72,042
	Nuveen Lifecycle 2060 Fund R6 Class	Mutual Fund	**	71,383
	Nuveen Lifecycle 2025 Fund R6 Class	Mutual Fund	**	49,395
	Nuveen Lifecycle 2010 Fund R6 Class	Mutual Fund	**	45,644
	Tandem Moderate Aggressive Portfolio Strategy	Mutual Fund	**	44,034
	Nuveen Lifecycle 2040 Fund R6 Class	Mutual Fund	**	43,547
	Nuveen Lifecycle Index 2060 Fund R6 Class	Mutual Fund	**	41,238
	Investors CHOICE Balanced Portfolio Strategy	Mutual Fund	**	37,835
	Nuveen Lifecycle 2020 Fund R6 Class	Mutual Fund	**	34,907
	Sage ESG Growth Strategy	Mutual Fund	**	32,617
	Vanguard Target Retirement 2050 Fund	Mutual Fund	**	31,521
	Franklin Templeton Diversified Risk Portfolio - Conservative Strategy	Mutual Fund	**	29,886
	Fidelity Emerging Markets Index Fund	Mutual Fund	**	29,725
	Nuveen Lifecycle 2065 Fund R6 Class	Mutual Fund	**	29,676
	PIMCO RealPath Blend 2070 Fund Institutional Class	Mutual Fund	**	28,498
	Nuveen Lifecycle Index 2065 Fund R6 Class	Mutual Fund	**	21,617
	Vanguard Target Retirement 2045 Fund	Mutual Fund	**	16,242
	Nuveen Lifecycle Index 2055 Fund R6 Class	Mutual Fund	**	15,360
	Meeder Conservative - P Strategy	Mutual Fund	**	9,659

JULY POOLED EMPLOYER PLAN #2
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: 003

(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 Target Retirement 2040 Fund	Mutual Fund	**	$ 7,290
	Vanguard Target Retirement 2025 Fund	Mutual Fund	**	7,181
	Vanguard Target Retirement 2035 Fund	Mutual Fund	**	7,157
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	Nuveen Lifecycle 2015 Fund R6 Class	Mutual Fund	**	5,195
	Sage Moderate Growth Strategy	Mutual Fund	**	5,127
	Sage ESG Conservative Strategy	Mutual Fund	**	4,666
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	JPMorgan Large Cap Growth Fund Class R6	Mutual Fund	**	2,664
	Nuveen Lifecycle Index 2050 Fund R6 Class	Mutual Fund	**	2,525
	Vanguard Target Retirement 2030 Fund	Mutual Fund	**	1,851
	Nuveen Lifecycle Index 2030 Fund R6 Class	Mutual Fund	**	1,444
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	Lord Abbett Bond Debenture Fund Class R6	Mutual Fund	**	758
	Invesco Small Cap Value Fund Class R6	Mutual Fund	**	499
	Janus Henderson Global Allocation Fund - Growth Class I	Mutual Fund	**	277
	Janus Henderson Global Allocation Fund - Moderate Class I	Mutual Fund	**	274
	Janus Henderson Global Allocation Fund - Conservative Class I	Mutual Fund	**	270
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