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| <p>Form 5500</p> <p>Department of the Treasury Internal Revenue Service</p> <hr/> <p>Department of Labor Employee Benefits Security Administration</p> <hr/> <p>Pension Benefit Guaranty Corporation</p> | <p>Annual Return/Report of Employee Benefit Plan</p> <p>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).</p> <p>▶ Complete all entries in accordance with the instructions to the Form 5500.</p> | <p>OMB Nos. 1210-0110 1210-0089</p> <hr/> <p style="font-size: 24pt; font-weight: bold;">2022</p> <hr/> <p>This Form is Open to Public Inspection</p> |
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Part I Annual Report Identification Information
 For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 03/04/2022

A This return/report is for: a multiemployer plan a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)

a single-employer plan a DFE (specify) C

B This return/report is: the first return/report the final return/report

an amended return/report a short plan year return/report (less than 12 months)

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

D Check box if filing under: Form 5558 automatic extension the DFVC program

special extension (enter description)

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

Part II Basic Plan Information—enter all requested information

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| <p>1a Name of plan <u>WILMINGTON TRUST CIT MY RETIREMENT PATH INDEX MODERATE 2025 FUND</u></p> | <p>1b Three-digit plan number (PN) ▶ <u>452</u></p> |
| <p>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) <u>WILMINGTON TRUST, N.A.</u></p> <p><u>1100 NORTH MARKET STREET, 9TH FLOOR</u> <u>WILMINGTON, DE 19890</u></p> | <p>1c Effective date of plan</p> <hr/> <p>2b Employer Identification Number (EIN) <u>38-4097304</u></p> <hr/> <p>2c Plan Sponsor's telephone number <u>866-427-6885</u></p> <hr/> <p>2d Business code (see instructions)</p> |

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.

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| SIGN HERE | | | |
| | Signature of plan administrator | Date | Enter name of individual signing as plan administrator |
| SIGN HERE | | | |
| | Signature of employer/plan sponsor | Date | Enter name of individual signing as employer or plan sponsor |
| SIGN HERE | Filed with authorized/valid electronic signature. | <u>01/13/2023</u> | <u>GREGORY GOLCZEWSKI</u> |
| | Signature of DFE | Date | Enter name of individual signing as DFE |

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| 3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor | 3b Administrator's EIN 3c Administrator's telephone number |
| 4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name | 4b EIN 4d PN |
| 5 Total number of participants at the beginning of the plan year | 5 |
| 6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits c Other retired or separated participants entitled to future benefits..... d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)..... h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested..... | 6a(1) 6a(2) 6b 6c 6d 6e 6f 6g 6h |
| 7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) | 7 |
| 8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions: | |
| 9a Plan funding arrangement (check all that apply) (1) <input type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor | 9b Plan benefit arrangement (check all that apply) (1) <input type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input type="checkbox"/> Trust (4) <input type="checkbox"/> 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) <input type="checkbox"/> R (Retirement Plan Information) (2) <input type="checkbox"/> MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) <input type="checkbox"/> SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary | b General Schedules (1) <input checked="" type="checkbox"/> H (Financial Information) (2) <input type="checkbox"/> I (Financial Information – Small Plan) (3) <input type="checkbox"/> A (Insurance Information) (4) <input type="checkbox"/> C (Service Provider Information) (5) <input checked="" type="checkbox"/> D (DFE/Participating Plan Information) (6) <input type="checkbox"/> 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 2022 Form M-1 annual report. If the plan was not required to file the 2022 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 _____

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| SCHEDULE D (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> | DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. | <small>OMB No. 1210-0110</small> 2022 This Form is Open to Public Inspection. |
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| For calendar plan year 2022 or fiscal plan year beginning <u>01/01/2022</u> and ending <u>03/04/2022</u> | | |
| A Name of plan <u>WILMINGTON TRUST CIT MY RETIREMENT PATH INDEX MODERATE 2025 FUND</u> | B Three-digit plan number (PN) ▶ | <u>452</u> |
| C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>WILMINGTON TRUST, N.A.</u> | D Employer Identification Number (EIN) <u>38-4097304</u> | |

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| Part I | Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs) |
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| a Name of MTIA, CCT, PSA, or 103-12 IE: <u>COMMODITY INDEX DAILY FUND F</u> | b Name of sponsor of entity listed in (a): <u>BLACKROCK INSTITUTIONAL TRUST COMPANY, N.A.</u> | c EIN-PN <u>27-4616854-001</u> | d Entity code <u>C</u> | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>0</u> |
| a Name of MTIA, CCT, PSA, or 103-12 IE: <u>DEVELOPED REAL ESTATE INDEX FUND F</u> | b Name of sponsor of entity listed in (a): <u>BLACKROCK INSTITUTIONAL TRUST COMPANY, N.A.</u> | c EIN-PN <u>27-2659367-001</u> | d Entity code <u>C</u> | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>0</u> |
| a Name of MTIA, CCT, PSA, or 103-12 IE: <u>LONG-TERM GOVERNMENT BOND INDEX FUN</u> | b Name of sponsor of entity listed in (a): <u>BLACKROCK INSTITUTIONAL TRUST COMPANY, N.A.</u> | c EIN-PN <u>82-3997809-001</u> | d Entity code <u>C</u> | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>0</u> |
| a Name of MTIA, CCT, PSA, or 103-12 IE: <u>MSCI ACWI EX-U.S. IMI INDEX FUND F</u> | b Name of sponsor of entity listed in (a): <u>BLACKROCK INSTITUTIONAL TRUST COMPANY, N.A.</u> | c EIN-PN <u>27-4955447-001</u> | d Entity code <u>C</u> | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>0</u> |
| a Name of MTIA, CCT, PSA, or 103-12 IE: <u>RUSSELL 1000 INDEX FUND F</u> | b Name of sponsor of entity listed in (a): <u>BLACKROCK INSTITUTIONAL TRUST COMPANY, N.A.</u> | c EIN-PN <u>94-3357216-001</u> | d Entity code <u>C</u> | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>0</u> |
| a Name of MTIA, CCT, PSA, or 103-12 IE: <u>RUSSELL 2000 INDEX FUND F</u> | b Name of sponsor of entity listed in (a): <u>BLACKROCK INSTITUTIONAL TRUST COMPANY, N.A.</u> | c EIN-PN <u>94-3318704-001</u> | d Entity code <u>C</u> | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>0</u> |
| a Name of MTIA, CCT, PSA, or 103-12 IE: <u>U.S. TREASURY INFLATION PROTECTED S</u> | b Name of sponsor of entity listed in (a): <u>BLACKROCK INSTITUTIONAL TRUST COMPANY, N.A.</u> | c EIN-PN <u>36-4495972-001</u> | d Entity code <u>C</u> | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>0</u> |

a Name of MTIA, CCT, PSA, or 103-12 IE: **LONG TERM CREDIT BOND INDEX FUND F**

b Name of sponsor of entity listed in (a): **BLACKROCK INSTITUTIONAL TRUST COMPANY, N.A.**

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| c EIN-PN 83-1467186-001 | d Entity code C | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0 |
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a Name of MTIA, CCT, PSA, or 103-12 IE: **WTNA STABLE VALUE FUND**

b Name of sponsor of entity listed in (a): **WILMINGTON TRUST, N.A.**

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| c EIN-PN 38-4065313-399 | d Entity code C | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0 |
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a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

b Name of sponsor of entity listed in (a):

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

b Name of sponsor of entity listed in (a):

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

b Name of sponsor of entity listed in (a):

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

b Name of sponsor of entity listed in (a):

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

b Name of sponsor of entity listed in (a):

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

b Name of sponsor of entity listed in (a):

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

b Name of sponsor of entity listed in (a):

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| c EIN-PN | d Entity code | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
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| Part II Information on Participating Plans (to be completed by DFEs) | | |
|---|----------------------|--|
| <small>(Complete as many entries as needed to report all participating plans)</small> | | |
| a | Plan name | AEI / A&R RETIREMENT PLAN |
| b | Name of plan sponsor | AMP ELECTRICAL, INC. |
| c | EIN-PN | 20-4217163-001 |
| a | Plan name | ALDEN SYSTEMS, INC. 401(K) PLAN |
| b | Name of plan sponsor | ALDEN SYSTEMS, INC. |
| c | EIN-PN | 63-1166907-001 |
| a | Plan name | ALLEN REFRIGERATION SERVICES, INC. EMPLOYEES 401(K) PLAN |
| b | Name of plan sponsor | ALLEN REFRIGERATION SERVICES, INC. |
| c | EIN-PN | 34-1264316-001 |
| a | Plan name | AL-TECH ASSOCIATES, INC. 401(K) PLAN |
| b | Name of plan sponsor | AL-TECH ASSOCIATES, INC. |
| c | EIN-PN | 52-1276512-001 |
| a | Plan name | ALUMINUM DISTRIBUTORS, INC. 401(K) PROFIT SHARING PLAN |
| b | Name of plan sponsor | ALUMINUM DISTRIBUTORS, INC. |
| c | EIN-PN | 42-0846009-001 |
| a | Plan name | AMATEA, LLC 401(K) PROFIT SHARING PLAN |
| b | Name of plan sponsor | AMATEA, LLC |
| c | EIN-PN | 20-0987201-001 |
| a | Plan name | AMCK AVIATION (US) INC. 401(K) PLAN |
| b | Name of plan sponsor | AMCK AVIATION US INC. |
| c | EIN-PN | 30-1205191-001 |
| a | Plan name | AMERIFIRST 401K PLAN |
| b | Name of plan sponsor | AMERIFIRST HOME IMPROVEMENT FINANCE LLC |
| c | EIN-PN | 54-1522079-002 |
| a | Plan name | APG 401(K) PLAN |
| b | Name of plan sponsor | ALLIED POWER GROUP LLC |
| c | EIN-PN | 36-4819278-001 |
| a | Plan name | ARTISTIC IMPRINTS 401(K) PLAN |
| b | Name of plan sponsor | ARTISTIC IMPRINTS, INC. |
| c | EIN-PN | 76-0794441-001 |
| a | Plan name | ASHCOMBE FARM AND GREENHOUSES 401K SAVINGS PLAN |
| b | Name of plan sponsor | GRO-GREEN CORP |
| c | EIN-PN | 23-2098159-001 |
| a | Plan name | ASHLAND CONVEYOR PRODUCTS 401(K) INVESTMENT PLAN |
| b | Name of plan sponsor | ASHLAND CONVEYOR PRODUCTS |
| c | EIN-PN | 34-1869499-001 |

| Part II | | Information on Participating Plans (to be completed by DFEs) | |
|---|----------------------|---|--------------------------------|
| <small>(Complete as many entries as needed to report all participating plans)</small> | | | |
| a | Plan name | ASSOCIATED ELECTRO-MECHANICS, INC. RETIREMENT READINESS 401(K) PLAN | |
| b | Name of plan sponsor | ASSOCIATED ELECTRO-MECHANICS, INC. | c EIN-PN 04-2578755-001 |
| a | Plan name | ASTERI RETIREMENT PLAN | |
| b | Name of plan sponsor | ASTERI CONSULTING SERVICES, LLC | c EIN-PN 84-3727740-001 |
| a | Plan name | ASTHMA & PULMONARY SPECIALISTS 401(K) PLAN | |
| b | Name of plan sponsor | ASTHMA & PULMONARY SPECIALISTS OF NORTHERN VIRGINIA, LTD | c EIN-PN 54-1179556-005 |
| a | Plan name | AXA ASSISTANCE USA, INC. 401(K) PLAN | |
| b | Name of plan sponsor | AXA ASSISTANCE USA, INC. | c EIN-PN 36-3235090-001 |
| a | Plan name | AXIA GROUP 401(K) PLAN | |
| b | Name of plan sponsor | AXIA INSURANCE SERVICES, INC. | c EIN-PN 04-3550592-001 |
| a | Plan name | AXIOM MEMORY SOLUTIONS, INC. 401(K) PROFIT SHARING PLAN | |
| b | Name of plan sponsor | AXIOM MEMORY SOLUTIONS, INC. | c EIN-PN 33-0869859-001 |
| a | Plan name | AXSYS 401(K) PROFIT SHARING PLAN | |
| b | Name of plan sponsor | AXSYS, INC. | c EIN-PN 38-3208098-001 |
| a | Plan name | BASE CONSULTANTS INC. 401(K) PLAN | |
| b | Name of plan sponsor | BASE CONSULTANTS, INC. | c EIN-PN 20-5884517-001 |
| a | Plan name | BAY SHORE DEVELOPMENT CORPORATION 401(K) PLAN | |
| b | Name of plan sponsor | BAY SHORE DEVELOPMENT CORPORATION | c EIN-PN 52-0695942-001 |
| a | Plan name | BEYOND MEAT 401(K) PLAN | |
| b | Name of plan sponsor | BEYOND MEAT, INC. | c EIN-PN 26-4087597-001 |
| a | Plan name | BFS SERVICES, INC. 401K PROFIT SHARING PLAN | |
| b | Name of plan sponsor | BFS SERVICES, INC. | c EIN-PN 75-1567376-002 |
| a | Plan name | BMT COMMERCIAL USA, INC. 401K PLAN | |
| b | Name of plan sponsor | BMT COMMERCIAL USA, INC. | c EIN-PN 33-0516320-001 |

| Part II | | Information on Participating Plans (to be completed by DFEs) | |
|---|----------------------|---|--------------------------------|
| <small>(Complete as many entries as needed to report all participating plans)</small> | | | |
| a | Plan name | BOEKEL INDUSTRIES, INC. 401(K) SAVINGS AND INVESTMENT PLAN | |
| b | Name of plan sponsor | BOEKEL INDUSTRIES, INC. | c EIN-PN 23-0419040-001 |
| a | Plan name | BOUNDS LAW GROUP 401(K) PLAN | |
| b | Name of plan sponsor | J. CLANCEY BOUNDS, P.L. | c EIN-PN 27-4025985-001 |
| a | Plan name | BURNET HOSPICE CARE, INC. 401(K) PROFIT SHARING PLAN AND TRUST | |
| b | Name of plan sponsor | BURNET HOSPICE CARE, INC. | c EIN-PN 45-1783432-001 |
| a | Plan name | BUTTERWORTH 401(K) PLAN | |
| b | Name of plan sponsor | WILLIAM BUTTERWORTH FOUNDATION | c EIN-PN 46-4274627-001 |
| a | Plan name | BYRNA TECHNOLOGIES, INC. 401(K) PLAN | |
| b | Name of plan sponsor | BYRNA TECHNOLOGIES, INC. | c EIN-PN 71-1050654-001 |
| a | Plan name | CALIFORNIA INTERCONTINENTAL UNIVERSITY 401(K) PLAN | |
| b | Name of plan sponsor | CALIFORNIA INTERCONTINENTAL UNIVERS | c EIN-PN 02-0681380-001 |
| a | Plan name | CANYON CONSULTING 401(K) PLAN | |
| b | Name of plan sponsor | CANYON CONSULTING | c EIN-PN 22-3943890-001 |
| a | Plan name | CARE DIMENSIONS, LLC 401(K) PROFIT SHARING PLAN AND TRUST | |
| b | Name of plan sponsor | CARE DIMENSIONS, LLC | c EIN-PN 20-3580705-001 |
| a | Plan name | CARR PROPERTY MANAGEMENT, INC. RETIREMENT READINESS 401K PLAN | |
| b | Name of plan sponsor | CARR PROPERTY MANAGEMENT, INC. | c EIN-PN 04-2572222-001 |
| a | Plan name | CERAMI & ASSOCIATES, INC. 401(K) PROFIT SHARING PLAN | |
| b | Name of plan sponsor | CERAMI & ASSOCIATES, INC. | c EIN-PN 11-2887460-001 |
| a | Plan name | CESI & ASSOCIATES 401(K) PROFIT SHARING PLAN | |
| b | Name of plan sponsor | CESI & ASSOCIATES | c EIN-PN 20-3328522-001 |
| a | Plan name | CHESAPEAKE GEOSYSTEMS 401(K) PLAN | |
| b | Name of plan sponsor | CHESAPEAKE GEOSYSTEMS, INC. | c EIN-PN 52-1275211-001 |

| Part II Information on Participating Plans (to be completed by DFEs) | | |
|---|----------------------|---|
| <small>(Complete as many entries as needed to report all participating plans)</small> | | |
| a | Plan name | CHESAPEAKE SECURE SOLUTIONS, INC. 401(K) PROFIT SHARING PLAN |
| b | Name of plan sponsor | CHESAPEAKE SECURE SOLUTIONS, INC. c EIN-PN 52-2333117-001 |
| a | Plan name | CIRCLE H CITRUS, INC. 401(K) PLAN |
| b | Name of plan sponsor | CIRCLE H CITRUS, INC. c EIN-PN 59-2226225-001 |
| a | Plan name | CITY OF MOUNTAIN VIEW 457 DEFERRED COMPENSATION PLAN |
| b | Name of plan sponsor | CITY OF MOUNTAIN VIEW c EIN-PN 94-6000379-001 |
| a | Plan name | CMC ENGINEERING 401(K) PLAN |
| b | Name of plan sponsor | CONSTRUCTION METHODS & COORDINATION INC. c EIN-PN 23-2149767-002 |
| a | Plan name | CONGDON, FLAHERTY, O'CALLAGHAN, REID, DONLON, TRAVIS & FISHLINGER 401K PROFIT SHARING PLAN |
| b | Name of plan sponsor | CONGDON, FLAHERTY, OCALLAGHAN, REID, DONLON, TRAVIS & FISHLINGER c EIN-PN 11-2579360-001 |
| a | Plan name | CONSOLIDATED BILLING SERVICES, INC. 401(K) PROFIT SHARING PLAN |
| b | Name of plan sponsor | CONSOLIDATED BILLING SERVICES, INC. c EIN-PN 91-1892337-001 |
| a | Plan name | CORROTEC, INC. 401(K) RETIREMENT PLAN |
| b | Name of plan sponsor | CORROTEC, INC. c EIN-PN 31-1011158-001 |
| a | Plan name | CREATIVE EXTRUDED PRODUCTS, LLC 401(K) PLAN |
| b | Name of plan sponsor | CREATIVE EXTRUDED PRODUCTS, LLC c EIN-PN 31-1098228-002 |
| a | Plan name | CREDITXPRT 401(K) PLAN |
| b | Name of plan sponsor | CREDITXPRT, INC c EIN-PN 52-1826790-001 |
| a | Plan name | CRO 401(K) |
| b | Name of plan sponsor | CRO ENGINEERING GROUP, INC c EIN-PN 20-4420860-001 |
| a | Plan name | CROSS TIMBERS COMMUNITY CHURCH 403(B) PLAN |
| b | Name of plan sponsor | CROMMUNITY CHURCH c EIN-PN 75-2844478-001 |
| a | Plan name | CROWN UTILITIES, LLC 401(K) PLAN |
| b | Name of plan sponsor | CROWN UTILITIES, LLC c EIN-PN 84-3665434-001 |

| Part II Information on Participating Plans (to be completed by DFEs) (Complete as many entries as needed to report all participating plans) | | |
|---|---|--------------------------------|
| a Plan name | CSI 401(K) PLAN | |
| b Name of plan sponsor | COMMERCIAL SERVICE INNOVATION, INC. | c EIN-PN 57-1204850-001 |
| a Plan name | CSI CONTRACTING, INC. 401(K) PLAN | |
| b Name of plan sponsor | CSI CONTRACTING, INC. | c EIN-PN 59-3026130-001 |
| a Plan name | D & W MECHANICAL 401(K) PLAN | |
| b Name of plan sponsor | GREAT LAKES MECHANICAL SYSTEMS, INC. DBA D & W MECHANICAL | c EIN-PN 38-2765947-001 |
| a Plan name | DALIGATY INC. 401(K) PLAN | |
| b Name of plan sponsor | DALIGATY INC. | c EIN-PN 85-3658882-001 |
| a Plan name | DAVIS-BACON PENSION PLANS, INC. 401(K) PLAN | |
| b Name of plan sponsor | DAVIS-BACON PENSION PLANS, INC. | c EIN-PN 26-3465772-001 |
| a Plan name | DAVIS-BACON PENSION PLANS, INC. DEFINED BENEFIT PLAN | |
| b Name of plan sponsor | DAVIS-BACON PENSION PLANS, INC. | c EIN-PN 26-3465772-002 |
| a Plan name | DEAKYNE DENTAL ASSOCIATES, P.A. 401(K) RETIREMENT PLAN | |
| b Name of plan sponsor | DEAKYNE DENTAL ASSOCIATES, P.A. | c EIN-PN 51-0162936-001 |
| a Plan name | DELTA RESEARCH/DELTA GEAR 401(K) PLAN | |
| b Name of plan sponsor | DELTA RESEARCH CORPORATION | c EIN-PN 38-1806269-001 |
| a Plan name | DESIGN TEC, INC. 401(K) PLAN | |
| b Name of plan sponsor | DESIGN TEC, INC. | c EIN-PN 95-3875867-001 |
| a Plan name | DI OVERNITE 401(K) PLAN | |
| b Name of plan sponsor | DI OVERNITE, LLC | c EIN-PN 82-5340496-001 |
| a Plan name | DIN TAI FUNG RETIREMENT PLAN | |
| b Name of plan sponsor | DTF MANAGEMENT AND CONSULTING, LLC | c EIN-PN 47-4678058-001 |
| a Plan name | DOYLESTOWN COUNTRY CLUB 401K PLAN | |
| b Name of plan sponsor | DOYLESTOWN COUNTRY CLUB | c EIN-PN 23-0535085-001 |

| Part II Information on Participating Plans (to be completed by DFEs) | | |
|---|----------------------|--|
| <small>(Complete as many entries as needed to report all participating plans)</small> | | |
| a | Plan name | DRAKE EMPLOYEE SAVINGS PLAN |
| b | Name of plan sponsor | DRAKE OFFICE OVERLOAD, INC. |
| c | EIN-PN | 99-4555406-002 |
| a | Plan name | EAST VIEW INFORMATION SERVICES 401(K) SAVINGS PLAN |
| b | Name of plan sponsor | EAST VIEW INFORMATION SERVICES, INC. |
| c | EIN-PN | 41-1693095-001 |
| a | Plan name | EDGE CONSTRUCTION, INC. 401(K) PROFIT SHARING PLAN |
| b | Name of plan sponsor | EDGE CONSTRUCTION, INC. |
| c | EIN-PN | 52-1629735-001 |
| a | Plan name | ELBA M. PACHECO MD, LLC 401(K) PLAN |
| b | Name of plan sponsor | ELBA M. PACHECO, MD, LLC |
| c | EIN-PN | 52-2170162-001 |
| a | Plan name | EMERALD CREDIT UNION INC. 401(K) PROFIT SHARING PLAN AND TRUST |
| b | Name of plan sponsor | EMERALD CREDIT UNION, INC. |
| c | EIN-PN | 34-0835818-001 |
| a | Plan name | EVANS MANUFACTURING, INC. 401(K) RETIREMENT PLAN |
| b | Name of plan sponsor | EVANS MANUFACTURING, INC. |
| c | EIN-PN | 33-0427106-001 |
| a | Plan name | F.I.T., INC. 401(K) PLAN |
| b | Name of plan sponsor | FUSERASHI INTERNATIONAL TECHNOLOGY, INC. |
| c | EIN-PN | 34-1826205-001 |
| a | Plan name | FEDECOOP RETIREMENT PLAN |
| b | Name of plan sponsor | COOPERATIVA DE AHORRO Y CREDITO DE LA FEDERACION DE MAESTROS DE PR |
| c | EIN-PN | 66-0390549-001 |
| a | Plan name | FERRA AEROSPACE, INC. 401(K) PLAN |
| b | Name of plan sponsor | FERRA AEROSPACE, INC. |
| c | EIN-PN | 99-0379266-001 |
| a | Plan name | FIG NATIONAL LLC 401(K) PLAN |
| b | Name of plan sponsor | FIG NATIONAL LLC |
| c | EIN-PN | 46-1651135-001 |
| a | Plan name | FINANCE OF AMERICA COMPANIES 401(K) PLAN |
| b | Name of plan sponsor | FINANCE OF AMERICA EQUITY CAPITAL LLC |
| c | EIN-PN | 80-0948242-001 |
| a | Plan name | FIRST IMPRESSION IRON WORKS, INC. 401(K) PLAN |
| b | Name of plan sponsor | FIRST IMPRESSION IRON WORKS, INC. |
| c | EIN-PN | 82-1958555-001 |

| Part II | | Information on Participating Plans (to be completed by DFEs) | |
|---|----------------------|--|--------------------------------|
| <small>(Complete as many entries as needed to report all participating plans)</small> | | | |
| a | Plan name | FLN-MAR RUBBER & PLASTICS, INC. 401(K) PLAN | |
| b | Name of plan sponsor | FLN-MAR RUBBER & PLASTICS, INC. | c EIN-PN 04-2454639-002 |
| a | Plan name | FLORIDA GULF COAST EAR, NOSE AND THROAT 401(K) PROFIT SHARING PLAN | |
| b | Name of plan sponsor | FLORIDA GULF COAST EAR, NOSE AND THROAT, LLC | c EIN-PN 20-2399514-001 |
| a | Plan name | FROEHLING & ROBERTSON, INC. 401(K) PLAN | |
| b | Name of plan sponsor | FROEHLING & ROBERTSON, INC. | c EIN-PN 54-0217380-003 |
| a | Plan name | FUTURE TOOL AND MACHINE, INC. 401(K) AND PROFIT SHARING PLAN | |
| b | Name of plan sponsor | FUTURE TOOL AND MACHINE, INC. | c EIN-PN 38-2674502-001 |
| a | Plan name | GEISLER BROTHERS, INC. 401(K) PROFIT SHARING PLAN | |
| b | Name of plan sponsor | GEISLER BROTHERS, INC. | c EIN-PN 42-0920935-001 |
| a | Plan name | GILLEBAARD INTERESTS 401K PROFIT SHARING PLAN AND TRUST | |
| b | Name of plan sponsor | HOLLAND SOUTHWEST INTERNATIONAL, INC. | c EIN-PN 74-2136484-001 |
| a | Plan name | GOLDEN EQUIPMENT COMPANY 401(K) PROFIT SHARING PLAN | |
| b | Name of plan sponsor | GOLDEN EQUIPMENT COMPANY | c EIN-PN 85-0327399-001 |
| a | Plan name | GOURMET FOODS, LLC 401(K) PLAN | |
| b | Name of plan sponsor | GOURMET FOODS, LLC | c EIN-PN 33-0483618-001 |
| a | Plan name | GT'S LIVING FOODS 401(K) PLAN | |
| b | Name of plan sponsor | GTS LIVING FOODS, LLC | c EIN-PN 95-4526003-001 |
| a | Plan name | HARRIS, HARDY & JOHNSTONE, P.C. 401(K) PROFIT SHARING PLAN AND TRUST | |
| b | Name of plan sponsor | HARRIS, HARDY & JOHNSTONE, P.C. | c EIN-PN 54-1451026-001 |
| a | Plan name | HARVEY W HOTTEL WRAP WELFARE BENEFIT PLAN | |
| b | Name of plan sponsor | HARVEY W HOTTEL INC | c EIN-PN 52-0627053-502 |
| a | Plan name | HEALTHNET, INC. 401(K) PLAN | |
| b | Name of plan sponsor | HEALTHNET, INC. | c EIN-PN 35-1579827-001 |

| Part II | | Information on Participating Plans (to be completed by DFEs) | |
|---|----------------------|---|--------------------------------|
| <small>(Complete as many entries as needed to report all participating plans)</small> | | | |
| a | Plan name | HHS GOVERNMENT SERVICES, LLC RETIREMENT PLAN | |
| b | Name of plan sponsor | HHS GOVERNMENT SERVICES, LLC | c EIN-PN 82-5298220-001 |
| a | Plan name | HILLTOP ELECTRIC COMPANY 401(K) PROFIT SHARING PLAN | |
| b | Name of plan sponsor | HILLTOP ELECTRIC COMPANY | c EIN-PN 52-1142315-002 |
| a | Plan name | HOUSTON DIGESTIVE DISEASES CONSULTANTS, P.A. 401(K) PROFIT SHARING PLAN | |
| b | Name of plan sponsor | HOUSTON DIGESTIVE DISEASES CONSULTANTS, P.A. | c EIN-PN 76-0285469-001 |
| a | Plan name | HR PHARMACEUTICALS, INC. 401K | |
| b | Name of plan sponsor | HR PHARMACEUTICALS | c EIN-PN 27-1584005-001 |
| a | Plan name | ISU VETERINARY SERVICES CORPORATION 401(K) PROFIT SHARING PLAN & TRUST | |
| b | Name of plan sponsor | ISU VETERINARY SERVICES CORPORATION | c EIN-PN 42-6409168-001 |
| a | Plan name | JBM PACKAGING COMPANY RETIREMENT PLAN AND TRUST | |
| b | Name of plan sponsor | JBM PACKAGING COMPANY | c EIN-PN 31-1277407-001 |
| a | Plan name | JK KRN ENTERPRISES, INC. | |
| b | Name of plan sponsor | JK KRN ENTERPRISES, INC | c EIN-PN 80-0507688-001 |
| a | Plan name | JOHN E. RUTH 401(K) PLAN | |
| b | Name of plan sponsor | THE JOHN E. RUTH COMPANY, INC. | c EIN-PN 52-1545319-001 |
| a | Plan name | JOSEPH, MANN & CREED EMPLOYEES' 401(K) PLAN | |
| b | Name of plan sponsor | MEDIA COLLECTIONS, INC. DBA JOSEPH, MANN & CREED | c EIN-PN 34-1940904-001 |
| a | Plan name | LA CLINICA, INC. 401(K) PLAN | |
| b | Name of plan sponsor | LA CLINICA DAY SPA | c EIN-PN 52-1731619-001 |
| a | Plan name | LAPIN & LANDA, L.L.P 401(K) PROFIT SHARING PLAN | |
| b | Name of plan sponsor | LAPIN & LANDA, L.L.P. | c EIN-PN 76-0354869-001 |
| a | Plan name | LENNI PRODUCTS, INC. 401(K) PROFIT SHARING PLAN | |
| b | Name of plan sponsor | LENNI PRODUCTS, INC. | c EIN-PN 23-1306458-001 |

| Part II Information on Participating Plans (to be completed by DFEs) (Complete as many entries as needed to report all participating plans) | | |
|---|---|--------------------------------|
| a Plan name | LEXINGTON NATIONAL INSURANCE CORP. 401(K) PROFIT SHARING PLAN | |
| b Name of plan sponsor | LEXINGTON NATIONAL INSURANCE CORP. | c EIN-PN 52-1662720-001 |
| a Plan name | LIGHTSMITH INC. 401(K) PROFIT SHARING PLAN AND TRUST | |
| b Name of plan sponsor | LIGHTSMITH INC | c EIN-PN 35-2651937-001 |
| a Plan name | MAGNA LEGAL SERVICES 401(K) / PROFIT SHARING PLAN | |
| b Name of plan sponsor | MAGNA LEGAL SERVICES, LLC | c EIN-PN 20-8474245-001 |
| a Plan name | MARKETLAUNCHER INC 401(K) PROFIT SHARING PLAN AND TRUST | |
| b Name of plan sponsor | MARKETLAUNCHER INC | c EIN-PN 59-3714133-002 |
| a Plan name | MAROCCO CONSTRUCTION CO., INC. 401(K) PLAN | |
| b Name of plan sponsor | MAROCCO CONSTRUCTION CO., INC. | c EIN-PN 52-0660625-001 |
| a Plan name | MAXENTRIC TECHNOLOGIES 401(K) RETIREMENT PLAN | |
| b Name of plan sponsor | MAXENTRIC TECHNOLOGIES, LLC | c EIN-PN 22-3832509-001 |
| a Plan name | MAYBURY ASSOCIATES, INC. 401(K) PROFIT SHARING PLAN | |
| b Name of plan sponsor | MAYBURY ASSOCIATES, INC. | c EIN-PN 04-2649171-001 |
| a Plan name | MEDZED, LLC 401K PS PLAN | |
| b Name of plan sponsor | MEDZED, LLC | c EIN-PN 47-5386891-001 |
| a Plan name | MEN AT WORK CONSTRUCTION CORP. RETIREMENT PLAN | |
| b Name of plan sponsor | MEN AT WORK CONSTRUCTION CORP. | c EIN-PN 11-3481461-001 |
| a Plan name | MERCANTILE PRESS, INC. 401(K) PROFIT SHARING PLAN | |
| b Name of plan sponsor | MERCANTILE PRESS, INC. | c EIN-PN 51-0032940-001 |
| a Plan name | MILLARD ELECTRIC COMPANY, INC. 401(K) PROFIT SHARING PLAN | |
| b Name of plan sponsor | MILLARD ELECTRIC COMPANY, INC. | c EIN-PN 47-0494470-001 |
| a Plan name | MILLER EQUIPMENT CO. INC. 401K PROFIT SHARING PLAN | |
| b Name of plan sponsor | MILLER EQUIPMENT CO., INC. | c EIN-PN 62-0857955-001 |

| Part II Information on Participating Plans (to be completed by DFEs) | | |
|---|--|--------------------------------|
| <small>(Complete as many entries as needed to report all participating plans)</small> | | |
| a Plan name | MOHS MICROGRAPHIC & SKIN SURGERY, PLLC 401(K) PROFIT SHARING PLAN | |
| b Name of plan sponsor | MOHS MICROGRAPHIC & SKIN SURGERY, PLLC | c EIN-PN 27-5099347-001 |
| a Plan name | MONARCH TITLE 401 (K) PLAN | |
| b Name of plan sponsor | MONARCH TITLE, INC. | c EIN-PN 14-1869403-001 |
| a Plan name | MORRIS PRESS 401(K) PLAN | |
| b Name of plan sponsor | MORRIS PRINTING GROUP, INC. | c EIN-PN 47-0564855-001 |
| a Plan name | MRS. FIELDS' ORIGINAL COOKIES, LLC 401(K) RETIREMENT SAVINGS PLAN | |
| b Name of plan sponsor | MRS. FIELDS ORIGINAL COOKIES, LLC | c EIN-PN 87-0552899-001 |
| a Plan name | NATIONAL DATACARE CORPORATION 401(K) PROFIT SHARING PLAN AND TRUST | |
| b Name of plan sponsor | NATIONAL DATACARE CORPORATION | c EIN-PN 54-1194122-002 |
| a Plan name | NEISD 401A PLAN | |
| b Name of plan sponsor | NORTH EAST INDEPENDENT SCHOOL DISTRICT | c EIN-PN 74-6015301-001 |
| a Plan name | NEISD DEFERRED COMPENSATION RETIREMENT PLAN | |
| b Name of plan sponsor | NORTH EAST INDEPENDENT SCHOOL DISTRICT | c EIN-PN 74-6015301-002 |
| a Plan name | NEW DUDS, INC. 401(K) PLAN | |
| b Name of plan sponsor | NEW DUDS, INC. | c EIN-PN 27-3618434-001 |
| a Plan name | NEW MEXICO MUNICIPAL LEAGUE 401A PROFIT SHARING AND TRUST | |
| b Name of plan sponsor | NEW MEXICO MUNICIPAL LEAGUE | c EIN-PN 85-0138064-004 |
| a Plan name | NEW MEXICO MUNICIPAL LEAGUE 457 PLAN | |
| b Name of plan sponsor | NEW MEXICO MUNICIPAL LEAGUE | c EIN-PN 85-0138064-001 |
| a Plan name | ONIX NETWORKING 401(K) PLAN | |
| b Name of plan sponsor | ONIX NETWORKING CORP. | c EIN-PN 34-1729033-001 |
| a Plan name | OREGON'S WILD HARVEST 401(K) RETIREMENT PLAN | |
| b Name of plan sponsor | OREGONS WILD HARVEST | c EIN-PN 93-1161171-001 |

| Part II | | Information on Participating Plans (to be completed by DFEs) | |
|---|----------------------|---|--------------------------------|
| <small>(Complete as many entries as needed to report all participating plans)</small> | | | |
| a | Plan name | OREPAC SAVINGS AND INVESTMENT PLAN | |
| b | Name of plan sponsor | OREPAC HOLDING COMPANY | c EIN-PN 93-0670556-001 |
| a | Plan name | PARKER FUEL COMPANY, INC. 401(K) PLAN | |
| b | Name of plan sponsor | PARKER FUEL COMPANY, INC. | c EIN-PN 52-0566230-001 |
| a | Plan name | PARTNERS IN CONTROL INC 401(K) PROFIT SHARING PLAN AND TRUST | |
| b | Name of plan sponsor | PARTNERS IN CONTROL, INC. DBA ENTERPRISE AUTOMATION | c EIN-PN 20-5546755-001 |
| a | Plan name | PEOPLES SERVICES, INC. EMPLOYEE STOCK OWNERSHIP PLAN | |
| b | Name of plan sponsor | PEOPLES SERVICES, INC. | c EIN-PN 34-1692443-001 |
| a | Plan name | PET SCOOP, INC. 401(K) PLAN | |
| b | Name of plan sponsor | PET SCOOP, INC. | c EIN-PN 65-1174028-001 |
| a | Plan name | PETERSON & MARTIN, P.A. 401(K) PLAN | |
| b | Name of plan sponsor | PETERSON & MARTIN, P.A. | c EIN-PN 65-0047898-001 |
| a | Plan name | PHILIPPIANS MANAGEMENT COMPANY 401(K) PLAN | |
| b | Name of plan sponsor | PHILIPPIANS MANAGEMENT COMPANY SENIOR HELPERS | c EIN-PN 26-2527986-001 |
| a | Plan name | PHILLIPS & COHEN 401(K) PROFIT SHARING PLAN | |
| b | Name of plan sponsor | PHILLIPS & COHEN LLP | c EIN-PN 52-1846004-003 |
| a | Plan name | PHYSICAL THERAPY FIRST 401(K) PLAN | |
| b | Name of plan sponsor | PHYSICAL THERAPY FIRST, LLC | c EIN-PN 52-2315150-001 |
| a | Plan name | PIPETECHS PLUMBING TECHNOLOGIES 401(K) PROFIT SHARING PLAN | |
| b | Name of plan sponsor | PLUMBING & PIPE TECHNOLOGIES, INC. DBA PIPETECHS PLUMBING | c EIN-PN 30-0256255-002 |
| a | Plan name | PITTSBURG BOTTOM LINE CO LLC 401K PLAN | |
| b | Name of plan sponsor | PITTSBURG BOTTOM LINE CO. LLC | c EIN-PN 26-0116024-001 |
| a | Plan name | PMG 401(K) PROFIT SHARING PLAN | |
| b | Name of plan sponsor | PINNACLE MARKETING GROUP | c EIN-PN 86-1086917-001 |

| Part II Information on Participating Plans (to be completed by DFEs) (Complete as many entries as needed to report all participating plans) | | |
|---|---|--------------------------------|
| a Plan name | POWDER MOUNTAIN 401(K) PLAN | |
| b Name of plan sponsor | SMHG MANAGEMENT, LLC | c EIN-PN 46-1535641-001 |
| a Plan name | PRECISE TOOL & DIE CO., INC. 401(K) RETIREMENT PLAN | |
| b Name of plan sponsor | PRECISE TOOL & DIE CO., INC. | c EIN-PN 34-1037240-001 |
| a Plan name | PREMIER MORTGAGE RESOURCES 401(K) PLAN | |
| b Name of plan sponsor | PREMIER MORTGAGE RESOURCES | c EIN-PN 20-2718340-001 |
| a Plan name | PREMIER ORTHOPAEDIC BONE & JOINT CARE, LLC 401(K) PROFIT SHARING PLAN | |
| b Name of plan sponsor | PREMIER ORTHOPAEDIC BONE & JOINT CARE, LLC | c EIN-PN 27-4242359-001 |
| a Plan name | PRESTIGE BEVERAGE GROUP 401(K) PLAN | |
| b Name of plan sponsor | HOLE IN ONE HOLDINGS, LLC | c EIN-PN 80-0472354-001 |
| a Plan name | PROCESS DISTRIBUTION GROUP 401(K) & EMPLOYEE STOCK OWNERSHIP PLAN | |
| b Name of plan sponsor | PROCESS DISTRIBUTION GROUP | c EIN-PN 71-1043927-005 |
| a Plan name | RAGLAND BROS. RETAIL 401(K) PLAN | |
| b Name of plan sponsor | RAGLAND BROS. RETAIL COS., INC. | c EIN-PN 63-0879720-001 |
| a Plan name | RBD RETIREMENT PLAN | |
| b Name of plan sponsor | R. BRENDAN DUMMIGAN, PC | c EIN-PN 68-0541837-001 |
| a Plan name | REAGAN ACADEMY 401(K) PLAN | |
| b Name of plan sponsor | REAGAN ACADEMY | c EIN-PN 56-2533763-001 |
| a Plan name | RETIREPATH ADVISORS, LLC 401(K) PLAN | |
| b Name of plan sponsor | RETIREPATH ADVISORS, LLC | c EIN-PN 85-2449582-001 |
| a Plan name | RIDGEBACK BIOTHERAPEUTICS L.P. 401(K) PLAN | |
| b Name of plan sponsor | RIDGEBACK BIOTHERAPEUTICS L.P. | c EIN-PN 83-2164075-001 |
| a Plan name | RIVER HEALTHCARE, INC. 401(K) PROFIT SHARING PLAN AND TRUST | |
| b Name of plan sponsor | RIVER HEALTHCARE, INC. | c EIN-PN 72-1275395-001 |

| Part II Information on Participating Plans (to be completed by DFEs) | | |
|---|----------------------|--|
| <small>(Complete as many entries as needed to report all participating plans)</small> | | |
| a | Plan name | ROBERT MCINTYRE INSURANCE, INC. EMPLOYEE PROFIT SHARING PLAN |
| b | Name of plan sponsor | ROBERT MCINTYRE INSURANCE, INC. |
| c | EIN-PN | 23-1914680-002 |
| a | Plan name | ROLLING ROCK 401(K) PLAN |
| b | Name of plan sponsor | ROLLING ROCK BUILDING STONE, INC. |
| c | EIN-PN | 23-1940698-001 |
| a | Plan name | RPS MARKETING, LLC 401(K) PLAN |
| b | Name of plan sponsor | RPS MARKETING, LLC |
| c | EIN-PN | 65-1236792-001 |
| a | Plan name | SANTA FE RECOVERY CENTER 401(K) PLAN |
| b | Name of plan sponsor | SANTA FE RECOVERY CENTER |
| c | EIN-PN | 85-0216976-001 |
| a | Plan name | SANTA MARIA COMMUNITY SERVICES, INC. 401(K) SAVINGS PLAN AND TRUST |
| b | Name of plan sponsor | SANTA MARIA COMMUNITY SERVICES, INC |
| c | EIN-PN | 31-0537141-001 |
| a | Plan name | SAXCO INTERNATIONAL, LLC SAVINGS AND INVESTMENT PLAN |
| b | Name of plan sponsor | SAXCO INTERNATIONAL, LLC |
| c | EIN-PN | 27-3989735-002 |
| a | Plan name | SBA 401(K) PLAN |
| b | Name of plan sponsor | SCHOELLER BLECKMANN AMERICA, INC. |
| c | EIN-PN | 51-0332482-001 |
| a | Plan name | SCIOTEQ, LLC 401(K) PLAN |
| b | Name of plan sponsor | SCIOTEQ, LLC |
| c | EIN-PN | 20-4660150-001 |
| a | Plan name | SCOPE IMPORTS, INC. 401(K) PROFIT SHARING PLAN |
| b | Name of plan sponsor | SCOPE IMPORTS, INC. |
| c | EIN-PN | 74-1562730-001 |
| a | Plan name | SHARED HOPE 401K PLAN |
| b | Name of plan sponsor | SHARED HOPE INTERNATIONAL, INC. |
| c | EIN-PN | 91-1938635-001 |
| a | Plan name | SIETE FAMILY FOODS 401(K) RETIREMENT PLAN |
| b | Name of plan sponsor | GARZA FOOD VENTURES, LLC DBA SIETE FAMILY FOODS |
| c | EIN-PN | 46-5012862-001 |
| a | Plan name | SIMMONS CONSTRUCTION, LLC 401(K) PLAN |
| b | Name of plan sponsor | SIMMONS CONSTRUCTION, LLC |
| c | EIN-PN | 87-0720380-001 |

| Part II Information on Participating Plans (to be completed by DFEs) (Complete as many entries as needed to report all participating plans) | | |
|---|--|--------------------------------|
| a Plan name | SOMERS EYE CENTER 401(K) PLAN | |
| b Name of plan sponsor | SOMERS EYE CENTER, INC. | c EIN-PN 43-1917847-001 |
| a Plan name | SOUTHEAST IDAHO ORTHODONTICS, PLLC 401(K) PLAN | |
| b Name of plan sponsor | SOUTHEAST IDAHO ORTHODONTICS, PLLC | c EIN-PN 20-3946735-002 |
| a Plan name | SPENCER CONSTRUCTION HEALTH AND WELFARE PLAN | |
| b Name of plan sponsor | SPENCER CONSTRUCTION, LLC | c EIN-PN 82-4089972-501 |
| a Plan name | SPRINGWELL, LLC 401(K) PLAN | |
| b Name of plan sponsor | SPRINGWELL, LLC | c EIN-PN 26-2039518-001 |
| a Plan name | STEINWAY PIANO GALLERY OF DETROIT, INC. RETIREMENT SAVINGS PLAN | |
| b Name of plan sponsor | STEINWAY PIANO GALLERY OF DETROIT, INC. | c EIN-PN 26-2971804-001 |
| a Plan name | STERLING PAPER, INC. 401(K) BENEFIT PLAN | |
| b Name of plan sponsor | STERLING PAPER COMPANY | c EIN-PN 31-4317038-001 |
| a Plan name | STONE HILL CONTRACTING CO., INC. RETIREMENT PLAN | |
| b Name of plan sponsor | STONE HILL CONTRACTING CO., INC. | c EIN-PN 22-2141232-001 |
| a Plan name | SUMMUS HEALTH CARE 401(K) PLAN | |
| b Name of plan sponsor | SUMMUS HEALTH CARE, LLC | c EIN-PN 82-2957179-001 |
| a Plan name | TALLAHASSEE NEUROLOGICAL CLINIC, P.A. 401(K) PROFIT SHARING PLAN | |
| b Name of plan sponsor | TALLAHASSEE NEUROLOGICAL CLINIC, P.A. | c EIN-PN 59-1286000-006 |
| a Plan name | TANGO HEALTH 401(K) PLAN | |
| b Name of plan sponsor | TANGO HEALTH, INC. | c EIN-PN 26-2060323-001 |
| a Plan name | TASCO AUTOCOLOR CORPORATION 401(K) PLAN | |
| b Name of plan sponsor | TASCO AUTOCOLOR CORPORATION | c EIN-PN 74-1736504-001 |
| a Plan name | TEXAS INSTITUTE OF DIGESTIVE HEALTH 401(K) PLAN | |
| b Name of plan sponsor | TEXAS INSTITUTE OF DIGESTIVE HEALTH, PLLC | c EIN-PN 81-5302826-001 |

| Part II | | Information on Participating Plans (to be completed by DFEs) | |
|---|----------------------|--|--------------------------------|
| <small>(Complete as many entries as needed to report all participating plans)</small> | | | |
| a | Plan name | THE FAMILY 401(K) PLAN | |
| b | Name of plan sponsor | DENCO FAMILY, INC. | c EIN-PN 46-1731629-002 |
| a | Plan name | THE K CORPORATION 401(K) PROFIT SHARING PLAN | |
| b | Name of plan sponsor | K FINANCIAL SERVICES, INC. | c EIN-PN 76-0665278-002 |
| a | Plan name | THE LAWRENCE COMMUNITY MANAGEMENT GROUP, INC. 401(K) RETIREMENT PLAN | |
| b | Name of plan sponsor | THE LAWRENCE COMMUNITY MANAGEMENT GROUP, INC. | c EIN-PN 31-1504597-001 |
| a | Plan name | THE WINDOW NATION 401(K) AND PROFIT SHARING PLAN | |
| b | Name of plan sponsor | WINDOW NATION LLC | c EIN-PN 20-5084724-001 |
| a | Plan name | THOMASON MACHINE WORKS, INC. 401(K) PROFIT SHARING PLAN | |
| b | Name of plan sponsor | THOMASON MACHINE WORKS, INC. | c EIN-PN 36-3929948-001 |
| a | Plan name | TMI ENERGY SOLUTIONS 401(K) PLAN | |
| b | Name of plan sponsor | TMI ELECTRICAL CONTRACTORS, INC. | c EIN-PN 31-1306120-003 |
| a | Plan name | TPI 401(K) PROFIT SHARING PLAN | |
| b | Name of plan sponsor | TEST PRODUCTS, INC. | c EIN-PN 82-3195599-002 |
| a | Plan name | TPS AVIATION, INC. 401(K) PLAN | |
| b | Name of plan sponsor | TPS AVIATION, INC. | c EIN-PN 94-1702749-002 |
| a | Plan name | TREALITY SVS, LLC 401(K) PLAN | |
| b | Name of plan sponsor | TREALITY SVS, LLC | c EIN-PN 47-2056482-001 |
| a | Plan name | TRG NETWORKING, INC. 401(K) PLAN | |
| b | Name of plan sponsor | TRG NETWORKING, INC. | c EIN-PN 52-1802967-001 |
| a | Plan name | TRIO SUPPLY CHAIN SOLUTIONS LLC 401(K) PROFIT SHARING PLAN AND TRUST | |
| b | Name of plan sponsor | TRIO SUPPLY CHAIN SOLUTIONS, LLC | c EIN-PN 46-1741870-001 |
| a | Plan name | TVS 401(K) RETIREMENT PLAN | |
| b | Name of plan sponsor | THOMPSON VENTULETT STAINBACK & ASSOCIATES INC. | c EIN-PN 58-1274188-002 |

| Part II | | Information on Participating Plans (to be completed by DFEs) | |
|---|----------------------|---|--------------------------------|
| <small>(Complete as many entries as needed to report all participating plans)</small> | | | |
| a | Plan name | TWENTY-TWENTY GROVES, INC. 401(K) PLAN | |
| b | Name of plan sponsor | TWENTY-TWENTY GROVES, INC. | c EIN-PN 31-1819413-001 |
| a | Plan name | UNIVERSAL CONTROLS GROUP 401(K) PLAN | |
| b | Name of plan sponsor | UNIVERSAL CONTROLS GROUP | c EIN-PN 20-2997347-001 |
| a | Plan name | UNIVERSAL-MACOMB AMBULANCE SERVICE, INC. EMPLOYEES 401(K) PROFIT SHARING PLAN | |
| b | Name of plan sponsor | UNIVERSAL-MACOMB AMBULANCE SERVICE, INC. | c EIN-PN 38-2483662-001 |
| a | Plan name | VANGARDE, LLC 401(K) PLAN | |
| b | Name of plan sponsor | VANGARDE, LLC | c EIN-PN 26-3992943-001 |
| a | Plan name | VENTURA PEST CONTROL 401K PLAN AND TRUST | |
| b | Name of plan sponsor | VENTURA PEST CONTROL | c EIN-PN 95-3869932-001 |
| a | Plan name | VISUAL HEALTH SOLUTIONS, INC. 401(K) PLAN | |
| b | Name of plan sponsor | VISUAL HEALTH SOLUTIONS, INC. | c EIN-PN 84-1525504-001 |
| a | Plan name | W.A. O'LEARY & SONS, INC 401(K) PLAN | |
| b | Name of plan sponsor | W.A. O'LEARY & SONS, INC | c EIN-PN 26-1761759-001 |
| a | Plan name | WALKER LUMBER 401(K) RETIREMENT PLAN | |
| b | Name of plan sponsor | WALKER LUMBER COMPANY, INC. | c EIN-PN 45-3236564-001 |
| a | Plan name | WATERFORD CONSULTANTS, LLC 401(K) PROFIT SHARING PLAN & TRUST | |
| b | Name of plan sponsor | WATERFORD CONSULTANTS, LLC | c EIN-PN 68-0585939-001 |
| a | Plan name | WEAVERS WAY COOPERATIVE ASSOCIATION, INC. 401(K) PROFIT SHARING PLAN | |
| b | Name of plan sponsor | WEAVERS WAY COOPERATIVE ASSOCIATION | c EIN-PN 23-1887890-001 |
| a | Plan name | WENTWOOD COMPANIES BENEFIT PLAN | |
| b | Name of plan sponsor | WENTWOOD COMPANIES | c EIN-PN 41-2114592-501 |
| a | Plan name | WEST & WEST, LLC 401(K) PLAN | |
| b | Name of plan sponsor | WEST & GAARDER, LLC | c EIN-PN 80-0073447-001 |

| Part II | | Information on Participating Plans (to be completed by DFEs) | |
|---|----------------------|---|--------------------------------|
| <small>(Complete as many entries as needed to report all participating plans)</small> | | | |
| a | Plan name | WEST FORWARDING SERVICES 401(K) PROFIT SHARING PLAN | |
| b | Name of plan sponsor | WEST FORWARDING SERVICES | c EIN-PN 36-3521800-001 |
| a | Plan name | WHITE & ROSATA, LLC 401(K) PROFIT SHARING PLAN | |
| b | Name of plan sponsor | WHITE & ROSATA, LLC | c EIN-PN 55-0830879-001 |
| a | Plan name | WHITTA CONSTRUCTION LLC PROFIT SHARING PLAN | |
| b | Name of plan sponsor | WHITTA CONSTRUCTION, LLC | c EIN-PN 83-0871538-001 |
| a | Plan name | WILLIAM A. GEPPERT, INC. PROFIT SHARING PLAN | |
| b | Name of plan sponsor | WM. A. GEPPERT, INC. | c EIN-PN 23-0619730-001 |
| a | Plan name | WILSON COMPANY 401(K) PROFIT SHARING PLAN | |
| b | Name of plan sponsor | WILSON COMPANY | c EIN-PN 75-1215366-001 |
| a | Plan name | WINDWAVE COMMUNICATIONS 401(K) PROFIT SHARING PLAN | |
| b | Name of plan sponsor | WINDWAVE TECHNOLOGIES, INC. | c EIN-PN 20-1167279-001 |
| a | Plan name | YORK VOLKSWAGEN, INC. 401(K) PLAN | |
| b | Name of plan sponsor | YORK VOLKSWAGEN, INC. | c EIN-PN 23-2000402-001 |
| a | Plan name | ZIO ENTERTAINMENT NETWORK OPS, LLC | |
| b | Name of plan sponsor | ZIO ENTERTAINMENT NETWORK LLC | c EIN-PN 82-2296699-001 |
| a | Plan name | | |
| b | Name of plan sponsor | | c EIN-PN |
| a | Plan name | | |
| b | Name of plan sponsor | | c EIN-PN |
| a | Plan name | | |
| b | Name of plan sponsor | | c EIN-PN |
| a | Plan name | | |
| b | Name of plan sponsor | | c EIN-PN |

| | | |
|---|---|--|
| <p style="text-align: center;">SCHEDULE H (Form 5500)</p> <p style="font-size: small;">Department of the Treasury Internal Revenue Service</p> <hr/> <p style="font-size: x-small;">Department of Labor Employee Benefits Security Administration</p> <hr/> <p style="font-size: x-small;">Pension Benefit Guaranty Corporation</p> | <p>Financial Information</p> <p style="font-size: small;">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).</p> <p>▶ File as an attachment to Form 5500.</p> | <p style="font-size: x-small;">OMB No. 1210-0110</p> <hr/> <p style="font-size: large;">2022</p> <hr/> <p style="font-size: small;">This Form is Open to Public Inspection</p> |
|---|---|--|

For calendar plan year 2022 or fiscal plan year beginning **01/01/2022** and ending **03/04/2022**

| | | |
|--|--|-------------------|
| <p>A Name of plan WILMINGTON TRUST CIT MY RETIREMENT PATH INDEX MODERATE 2025 FUND</p> | <p>B Three-digit plan number (PN) ▶</p> | <p>452</p> |
| <p>C Plan sponsor's name as shown on line 2a of Form 5500 WILMINGTON TRUST, N.A.</p> | <p>D Employer Identification Number (EIN) 38-4097304</p> | |

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 | | |
| b Receivables (less allowance for doubtful accounts): | | | |
| (1) Employer contributions..... | 1b(1) | | |
| (2) Participant contributions..... | 1b(2) | | |
| (3) Other..... | 1b(3) | 4663416 | 190132562 |
| c General investments: | | | |
| (1) Interest-bearing cash (include money market accounts & certificates of deposit)..... | 1c(1) | | |
| (2) U.S. Government securities..... | 1c(2) | | |
| (3) Corporate debt instruments (other than employer securities): | | | |
| (A) Preferred..... | 1c(3)(A) | | |
| (B) All other..... | 1c(3)(B) | | |
| (4) Corporate stocks (other than employer securities): | | | |
| (A) Preferred..... | 1c(4)(A) | | |
| (B) Common..... | 1c(4)(B) | | |
| (5) Partnership/joint venture interests..... | 1c(5) | | |
| (6) Real estate (other than employer real property)..... | 1c(6) | | |
| (7) Loans (other than to participants)..... | 1c(7) | | |
| (8) Participant loans..... | 1c(8) | | |
| (9) Value of interest in common/collective trusts..... | 1c(9) | 222986617 | |
| (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) | | |
| (14) Value of funds held in insurance company general account (unallocated contracts)..... | 1c(14) | | |
| (15) Other..... | 1c(15) | | |

| 1d Employer-related investments: | | (a) Beginning of Year | (b) End of Year |
|---|-------|-----------------------|-----------------|
| (1) Employer securities..... | 1d(1) | | |
| (2) Employer real property..... | 1d(2) | | |
| e Buildings and other property used in plan operation..... | 1e | | |
| f Total assets (add all amounts in lines 1a through 1e)..... | 1f | 227650033 | 190132562 |
| Liabilities | | | |
| g Benefit claims payable..... | 1g | | |
| h Operating payables..... | 1h | | |
| i Acquisition indebtedness..... | 1i | | |
| j Other liabilities..... | 1j | 4795086 | 190132562 |
| k Total liabilities (add all amounts in lines 1g through 1j)..... | 1k | 4795086 | 190132562 |
| Net Assets | | | |
| l Net assets (subtract line 1k from line 1f)..... | 1l | 222854947 | 0 |

Part II Income and Expense Statement

2 Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

| Income | | (a) Amount | (b) Total |
|--|----------|------------|-----------|
| a Contributions: | | | |
| (1) Received or receivable in cash from: (A) Employers..... | 2a(1)(A) | | |
| (B) Participants..... | 2a(1)(B) | | |
| (C) Others (including rollovers)..... | 2a(1)(C) | | |
| (2) Noncash contributions..... | 2a(2) | | |
| (3) Total contributions. Add lines 2a(1)(A), (B), (C), and line 2a(2)..... | 2a(3) | | |
| b Earnings on investments: | | | |
| (1) Interest: | | | |
| (A) Interest-bearing cash (including money market accounts and certificates of deposit)..... | 2b(1)(A) | | |
| (B) U.S. Government securities..... | 2b(1)(B) | | |
| (C) Corporate debt instruments..... | 2b(1)(C) | | |
| (D) Loans (other than to participants)..... | 2b(1)(D) | | |
| (E) Participant loans..... | 2b(1)(E) | | |
| (F) Other..... | 2b(1)(F) | | |
| (G) Total interest. Add lines 2b(1)(A) through (F)..... | 2b(1)(G) | | |
| (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) | | |
| (D) Total dividends. Add lines 2b(2)(A), (B), and (C)..... | 2b(2)(D) | | |
| (3) Rents..... | 2b(3) | | |
| (4) Net gain (loss) on sale of assets: (A) Aggregate proceeds..... | 2b(4)(A) | | |
| (B) Aggregate carrying amount (see instructions)..... | 2b(4)(B) | | |
| (C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result..... | 2b(4)(C) | | |
| (5) Unrealized appreciation (depreciation) of assets: (A) Real estate..... | 2b(5)(A) | | |
| (B) Other..... | 2b(5)(B) | | |
| (C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)..... | 2b(5)(C) | | |

| | | (a) Amount | (b) Total |
|---|---------------|------------|-----------|
| (6) Net investment gain (loss) from common/collective trusts | 2b(6) | | -10168503 |
| (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) | | |
| c Other income | 2c | | |
| d Total income. Add all income amounts in column (b) and enter total | 2d | | -10168503 |
| Expenses | | | |
| e Benefit payment and payments to provide benefits: | | | |
| (1) Directly to participants or beneficiaries, including direct rollovers | 2e(1) | | |
| (2) To insurance carriers for the provision of benefits | 2e(2) | | |
| (3) Other | 2e(3) | | |
| (4) Total benefit payments. Add lines 2e(1) through (3) | 2e(4) | | |
| f Corrective distributions (see instructions) | 2f | | |
| g Certain deemed distributions of participant loans (see instructions) | 2g | | |
| h Interest expense | 2h | | |
| i Administrative expenses: (1) Professional fees | 2i(1) | 5206 | |
| (2) Contract administrator fees..... | 2i(2) | | |
| (3) Investment advisory and management fees | 2i(3) | 47875 | |
| (4) Other | 2i(4) | | |
| (5) Total administrative expenses. Add lines 2i(1) through (4) | 2i(5) | | 53081 |
| j Total expenses. Add all expense amounts in column (b) and enter total | 2j | | 53081 |
| Net Income and Reconciliation | | | |
| k Net income (loss). Subtract line 2j from line 2d | 2k | | -10221584 |
| l Transfers of assets: | | | |
| (1) To this plan | 2l(1) | | 6826229 |
| (2) From this plan..... | 2l(2) | | 219459592 |

Part III Accountant's Opinion

3 Complete lines 3a through 3c if the opinion of an independent qualified public accountant is attached to this Form 5500. Complete line 3d if an opinion is not attached.

a The attached opinion of an independent qualified public accountant for this plan is (see instructions):

- (1) Unmodified (2) Qualified (3) Disclaimer (4) Adverse

b Check the appropriate box(es) to indicate whether the IQPA performed an ERISA section 103(a)(3)(C) audit. Check both boxes (1) and (2) if the audit was performed pursuant to both 29 CFR 2520.103-8 and 29 CFR 2520.103-12(d). Check box (3) if pursuant to neither.

- (1) DOL Regulation 2520.103-8 (2) DOL Regulation 2520.103-12(d) (3) neither DOL Regulation 2520.103-8 nor DOL Regulation 2520.103-12(d).

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

(1) Name:

(2) EIN:

d The opinion of an independent qualified public accountant is **not attached** because:

- (1) This form is filed for a CCT, PSA, 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.

During the plan year:

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.)

| | Yes | No | Amount |
|-----------|-----|----|--------|
| 4a | | | |

| | Yes | No | Amount |
|---|-----|----|--------|
| 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 | | |
| 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 | | |
| 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 | | |
| e Was this plan covered by a fidelity bond?..... | 4e | | |
| f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? | 4f | | |
| g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser? | 4g | | |
| h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?..... | 4h | | |
| i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)..... | 4i | | |
| j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)..... | 4j | | |
| k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? | 4k | | |
| l Has the plan failed to provide any benefit when due under the plan? | 4l | | |
| m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) | 4m | | |
| n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3. | 4n | | |

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

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

| 5b(1) Name of plan(s) | 5b(2) EIN(s) | 5b(3) PN(s) |
|-----------------------|--------------|-------------|
| | | |
| | | |
| | | |
| | | |

5c Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) Yes No Not determined
 If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year _____.