

Form 5500

Annual Return/Report of Employee Benefit Plan

OMB Nos. 1210-0110 1210-0089

2023

This Form is Open to Public Inspection

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

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

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

Part I Annual Report Identification Information

For calendar plan year 2023 or fiscal plan year beginning 01/01/2024 and ending 04/01/2024

- A This return/report is for: a multiemployer plan, a multiple-employer plan, 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

1a Name of plan: AMERICAN TRUST RETIREMENT INVESTMENT FUND FOR EMPLOYEE BENEFIT PLANS
1b Three-digit plan number (PN): 001
1c Effective date of plan
2a Plan sponsor's name (employer, if for a single-employer plan): AMERICAN TRUST COMPANY
2b Employer Identification Number (EIN): 38-7227043
2c Plan Sponsor's telephone number: 800-753-3682
2d Business code (see instructions)

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

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

Table with 4 columns: SIGN HERE, Signature of plan administrator, Date, Enter name of individual signing as plan administrator. Includes entries for employer/plan sponsor and DFE.

For Paperwork Reduction Act Notice, see the Instructions for Form 5500.

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number <div style="background-color: #cccccc; height: 40px; width: 100%;"></div>
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(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	<div style="background-color: #cccccc; height: 20px; width: 100%;"></div> 6a(1) 6a(2) 6b 6c 6d 0 6e 6f 6g(1) 6g(2) 6h
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....	7

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:

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

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
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10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules (1) <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 (4) <input type="checkbox"/> DCG (Individual Plan Information) – Number Attached _____ (5) <input type="checkbox"/> MEP (Multiple-Employer Retirement Plan Information)	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) – Number Attached <u> 0 </u> (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)
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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 2023 Form M-1 annual report. If the plan was not required to file the 2023 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 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> 2023 This Form is Open to Public Inspection.
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For calendar plan year 2023 or fiscal plan year beginning 01/01/2024 and ending 04/01/2024

A Name of plan <u>AMERICAN TRUST RETIREMENT INVESTMENT FUND FOR EMPLOYEE BENEFIT PLANS</u>	B Three-digit plan number (PN) ▶	<u>001</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>AMERICAN TRUST COMPANY</u>	D Employer Identification Number (EIN) <u>38-7227043</u>	

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>INVESCO STABLE VALUE TRUST</u>		
b Name of sponsor of entity listed in (a): <u>INVESCO TRUST COMPANY</u>		
c EIN-PN <u>84-1142974-001</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:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
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b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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d Entity code

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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)

a Name of MTIA, CCT, PSA, or 103-12 IE:

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d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	A & H, INC. 401(K) SALARY REDUCTION PLAN	
b	Name of plan sponsor	A & H, INC	c EIN-PN 39-1048566-001
a	Plan name	A.M. SPECIALTY RESTAURANTS 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	A.M. SPECIALTY RESTAURANTS	c EIN-PN 30-0590064-001
a	Plan name	ACCURATE FORKLIFT 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor	ACCURATE FORKLIFT & MATERIAL HANDLING CORP	c EIN-PN 58-2400366-001
a	Plan name	A-D & SONS CORPORATION 401(K) PLAN	
b	Name of plan sponsor	A-D & SONS CORPORATION DBA FOOD DEPOT	c EIN-PN 71-0907693-001
a	Plan name	ADVANCED DERMATOLOGY & SKIN CANCER INSTITUTE 401(K) PLAN	
b	Name of plan sponsor	ADVANCED DERMATOLOGY & SKIN CANCER INSTITUTE PLLC	c EIN-PN 47-5071248-001
a	Plan name	ADVANCED MANUFACTURING TECHNOLOGIES INC 401(K) PLAN	
b	Name of plan sponsor	ADVANCED MANUFACTURING TECHNOLOGIES INC	c EIN-PN 39-1697040-001
a	Plan name	ALFAGOMMA AMERICA, INC. EMPLOYEE 401(K) SAVINGS PLAN	
b	Name of plan sponsor	ALFAGOMMA AMERICA, INC.	c EIN-PN 42-1570390-001
a	Plan name	ALFAGOMMA AURORA 401(K) PLAN	
b	Name of plan sponsor	ALFAGOMMA AURORA TF LLC	c EIN-PN 36-4909817-001
a	Plan name	ALL AMERICAN CONCRETE, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	ALL AMERICAN CONCRETE, INC.	c EIN-PN 42-1417713-001
a	Plan name	ALLEN BLASTING & COATING, INC. 401(K) PLAN	
b	Name of plan sponsor	ALLEN BLASTING AND COATING, INC.	c EIN-PN 35-2205296-001
a	Plan name	ALLGOOD ANIMAL HOSPITAL, PC PROFIT SHARING PLAN	
b	Name of plan sponsor	ALLGOOD ANIMAL HOSPITAL PC	c EIN-PN 42-1086854-001
a	Plan name	AMERICAN IOWA MANUFACTURING, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	AMERICAN IOWA MANUFACTURING INC	c EIN-PN 42-1324521-001

Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)		
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)		
a	Plan name	AMERICAN POWERSPORTS 401(K) PLAN
b	Name of plan sponsor	AMERICAN POWERSPORTS, LLC
c	EIN-PN	41-2053266-001
a	Plan name	AMG 401(K) PLAN
b	Name of plan sponsor	ARTSOLUTE MEDIA GROUP
c	EIN-PN	27-0782206-001
a	Plan name	ANDERSON,ROBERTS,PORTH,WALLACE,STEWART,WERNER 401(K) PS PLAN
b	Name of plan sponsor	ANDERSON, ROBERTS, PORTH, WALLACE, STEWART & WERNER LLP
c	EIN-PN	42-1245354-001
a	Plan name	ANDRIAN, INC. 401(K) PROFIT SHARING PLAN
b	Name of plan sponsor	ANDRIAN, INC. DBA STATIONS
c	EIN-PN	77-0448057-001
a	Plan name	ART'S BODY SHOP 401(K) PROFIT SHARING PLAN & TRUST
b	Name of plan sponsor	ARTS BODY SHOP, INC
c	EIN-PN	36-3225425-001
a	Plan name	ASPELMEIER, FISCH, POWER, ENGBERG & HELLING PLC 401K PS PLAN
b	Name of plan sponsor	ASPELMEIER, FISCH, POWER, ENBERG & HELLING, PLC
c	EIN-PN	42-1436449-001
a	Plan name	ASPIRE WELLNESS 401(K) PLAN
b	Name of plan sponsor	ASPIRE WELLNESS
c	EIN-PN	86-2283203-001
a	Plan name	ASSOCIATED HEATING OF SAN FRANCISCO INC. 401(K) PLAN
b	Name of plan sponsor	ASSOCIATED HEATING OF SAN FRANCISCO INC.
c	EIN-PN	47-1954957-001
a	Plan name	ATLANTIC ASPHALT & EQUIPMENT CO, INC. 401(K) PS PLAN
b	Name of plan sponsor	ATLANTIC ASPHALT & EQUIPMENT CO. INC
c	EIN-PN	04-2518464-001
a	Plan name	BAN H HUYNH O.D. INC RETIREMENT PLAN
b	Name of plan sponsor	BAN H HUYNH O.D. INC
c	EIN-PN	26-1278915-001
a	Plan name	BARTELS LUTHERAN HOME RETIREMENT COMMUNITY 401(K) PLAN
b	Name of plan sponsor	BARTELS LUTHERAN RETIREMENT COMMUNITY
c	EIN-PN	42-0752685-002
a	Plan name	BE AMAZING LEASING INC 401(K) PLAN
b	Name of plan sponsor	BE AMAZING LEASING INC
c	EIN-PN	82-2882153-001

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	BEALS MARTIN 401(K) PLAN	
b	Name of plan sponsor	BEALS MARTIN	c EIN-PN 94-2632010-002
a	Plan name	BECKER & BECKER STONE CO., INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	BECKER & BECKER STONE CO., INC.	c EIN-PN 42-1494132-001
a	Plan name	BEHR'S, INC. 401(K) PLAN	
b	Name of plan sponsor	BEHRS, INC.	c EIN-PN 42-1171788-001
a	Plan name	BELLA DOMICILE, INC. 401(K) PLAN	
b	Name of plan sponsor	BELLA DOMICILE INC.	c EIN-PN 39-1025693-002
a	Plan name	BERNTSEN INTERNATIONAL, INC. 401K PLAN	
b	Name of plan sponsor	BERNTSEN INTERNATIONAL, INC.	c EIN-PN 39-1158981-001
a	Plan name	BETHANY HOME 401(K) PLAN	
b	Name of plan sponsor	BETHANY HOME	c EIN-PN 42-0698260-001
a	Plan name	BIG RIVER RESOURCES WEST BURLINGTON, LLC EE 401(K) SVGS PLAN	
b	Name of plan sponsor	BIG RIVER RESOURCES WEST BURLINGTON, LLC EE 401(K) SVGS PLAN	c EIN-PN 71-0913379-001
a	Plan name	BIG RIVER UNITED ENERGY LLC EMPLOYEE 401(K) SAVINGS PLAN	
b	Name of plan sponsor	BIG RIVER UNITED ENERGY, LLC EMPLOYEE 401(K) SAVINGS PLAN	c EIN-PN 20-8470931-001
a	Plan name	BOEHNEN, INC. EMPLOYEES PROFIT SHARING 401(K) PLAN	
b	Name of plan sponsor	BOEHNEN, INC.	c EIN-PN 39-0862363-001
a	Plan name	BRIDGVILLE PLASTICS, INC. SAVINGS PLAN	
b	Name of plan sponsor	BRIDGVILLE PLASTICS, INC	c EIN-PN 38-2740844-001
a	Plan name	BURLINGTON NEUROLOGY & SLEEP CLINIC PLC 401(K) PLAN	
b	Name of plan sponsor	BURLINGTON NEUROLOGY & SLEEP CLINIC	c EIN-PN 26-0011817-002
a	Plan name	BURLINGTON TRAILWAYS 401(K) PLAN	
b	Name of plan sponsor	BURLINGTON STAGE LINES LTD	c EIN-PN 42-1171734-002

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	BURLINGTON WILBERT VAULT WORKS, INC. PROFIT SHARING PLAN	
b	Name of plan sponsor	BURLINGTON WILBERT VAULT WORKS, INC.	c EIN-PN 42-0838234-001
a	Plan name	BUZZ CREATIVE GROUP, LLC 401(K) PLAN	
b	Name of plan sponsor	BUZZ CREATIVE GROUP, LLC	c EIN-PN 46-3014976-001
a	Plan name	CANCER CARE SPECIALISTS 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	JOHN A. SHIELDS, M.D.& STEVEN A. SCHIFF, M.D. A PROFESSIONAL	c EIN-PN 88-0152239-003
a	Plan name	CENTRAL STATE BANK 401(K) PLAN	
b	Name of plan sponsor	CENTRAL STATE BANK	c EIN-PN 42-0175420-002
a	Plan name	CKC CONSTRUCTION & MATERIALS, LLC RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	CKC CONSTRUCTION & MATERIALS, LLC	c EIN-PN 26-2347922-002
a	Plan name	COBO USA EMPLOYEE 401(K) SAVINGS PLAN	
b	Name of plan sponsor	COBO USA	c EIN-PN 41-2048544-001
a	Plan name	COLLINS & ASSOCIATES, P.C. 401(K) PLAN	
b	Name of plan sponsor	COLLINS & ASSOCIATES, PC	c EIN-PN 20-5010777-001
a	Plan name	COMMUNITY BANK & TRUST COMPANY 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	COMMUNITY BANK & TRUST COMPANY	c EIN-PN 42-1132787-001
a	Plan name	CORE INCOME ADVISORS, LLC 401(K) PLAN	
b	Name of plan sponsor	CORE INCOME ADVISORS, LLC	c EIN-PN 45-4852588-001
a	Plan name	CROISSANT ETC. CORP 401(K) PLAN	
b	Name of plan sponsor	CROISSANT ETC. CORP	c EIN-PN 39-1897146-001
a	Plan name	CUSTOM JIGS 401(K) PLAN	
b	Name of plan sponsor	CUSTOM JIGS	c EIN-PN 39-1894895-001
a	Plan name	CVB 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	CORALVILLE VISITORS BUREAU	c EIN-PN 42-1203842-001

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	DAKOTA FUNDS GROUP LLC 401(K) PLAN	
b	Name of plan sponsor	DAKOTA FUNDS GROUP LLC	c EIN-PN 45-2251446-001
a	Plan name	DANVILLE PEDIATRIC DENTISTRY & ORTHODONTICS RETIREMENT TRUST	
b	Name of plan sponsor	AZADEH JAFARNIA, DDS, INC.	c EIN-PN 26-1768280-001
a	Plan name	DAVE WRIGHT NISSAN SUBARU, INC. 401(K) PLAN	
b	Name of plan sponsor	DAVE WRIGHT NISSAN SUBARU, INC	c EIN-PN 42-0938412-003
a	Plan name	DAVID BAKER, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	DAVID BAKER INCORPORATED	c EIN-PN 42-1361255-001
a	Plan name	DIGITAL CANAL CORPORATION 401(K) PLAN	
b	Name of plan sponsor	DIGITAL CANAL CORPORATION	c EIN-PN 42-1521682-001
a	Plan name	DIRECT COMMERCE GROUP, LLC 401(K) PLAN	
b	Name of plan sponsor	DIRECT COMMERCE GROUP, LLC	c EIN-PN 27-2182224-001
a	Plan name	DITTMER RECYCLING 401(K) PLAN	
b	Name of plan sponsor	DITTMER RECYCLING, INC.	c EIN-PN 36-4372598-001
a	Plan name	DJM PLASTICS 401(K) PLAN	
b	Name of plan sponsor	DJM PLASTICS, LTD DBA DLM PLASTICS	c EIN-PN 20-2786990-001
a	Plan name	DMC MUTUAL INSURANCE 401(K) PLAN	
b	Name of plan sponsor	DMC MUTUAL INSURANCE	c EIN-PN 47-2589753-001
a	Plan name	DOUBLE L GROUP, LLC 401(K) PLAN	
b	Name of plan sponsor	DOUBLE L GROUP, LLC	c EIN-PN 47-5258273-001
a	Plan name	DR. AMY DO 401(K) PLAN	
b	Name of plan sponsor	DR. AMY DO	c EIN-PN 87-2957244-001
a	Plan name	DR. JOYCE FAMILY AND COSMETIC DENTISTRY 401(K) PLAN	
b	Name of plan sponsor	JOYCE M. TRUONG, DDS, INC.	c EIN-PN 81-3032238-001

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
<small>(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)</small>			
a	Plan name	DUBUQUE GLASS COMPANY 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	DUBUQUE GLASS COMPANY	c EIN-PN 42-0846702-001
a	Plan name	DUBUQUE PEDIATRIC DENTISTRY 401(K) PLAN	
b	Name of plan sponsor	STEVEN M. LEIFKER, DDS, P.C. DBA DUBUQUE PEDIATRIC DENTISTRY	c EIN-PN 81-2900464-001
a	Plan name	EAGLE FINANCIAL CORP. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	EAGLE FINANCIAL CORP	c EIN-PN 30-0645481-001
a	Plan name	EAR NOSE & THROAT ASSOCIATES OF LUBBOCK, P.A. PROFIT SHARING	
b	Name of plan sponsor	EAR NOSE & THROAT ASSOCIATES OF LUBBOCK, PA	c EIN-PN 27-0533220-001
a	Plan name	ECI SITE CONSTRUCTION MANAGEMENT INC 401(K) PLAN	
b	Name of plan sponsor	ECI SITE CONSTRUCTION MANAGEMENT INC	c EIN-PN 20-0892383-001
a	Plan name	EDYNAMIC LP 401(K) PLAN	
b	Name of plan sponsor	EDYNAMIC LP	c EIN-PN 86-3879393-001
a	Plan name	EISMAN & RUSSO, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	EISMAN & RUSSO, INC.	c EIN-PN 59-2606484-003
a	Plan name	ELKS AIDMORE CHILDREN'S CENTER 401(K) PLAN	
b	Name of plan sponsor	ELKS AIDMORE, INC.	c EIN-PN 58-0572410-001
a	Plan name	ESUDO TECHNOLOGY SOLUTIONS, INC. 401(K) PLAN	
b	Name of plan sponsor	ESUDO TECHNOLOGY SOLUTIONS, INC.	c EIN-PN 86-1154486-001
a	Plan name	EXECUTIVE SEARCH PARTNERS INC 401(K) PLAN	
b	Name of plan sponsor	EXECUTIVE SEARCH PARTNERS INC	c EIN-PN 04-3576097-001
a	Plan name	FARMERS MUTUAL INSURANCE ASSOCIATION 401(K) PLAN	
b	Name of plan sponsor	FARMERS MUTUAL INSURANCE ASSOCIATION	c EIN-PN 42-0245890-001
a	Plan name	FARMERS TRUST & SAVINGS BANK EMPLOYEE 401(K) PS PLAN	
b	Name of plan sponsor	FARMERS TRUST & SAVINGS BANK	c EIN-PN 42-0247830-002

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	FASHIONADVICE.COM D/B/A SAM MALOUF 401(K) PLAN	
b	Name of plan sponsor	FASHIONADVICE.COM D/B/A/SAM MALOUF	c EIN-PN 90-0236598-001
a	Plan name	FEUER POWERTRAIN NORTH AMERICA 401(K) PLAN	
b	Name of plan sponsor	FEUER POWERTRAIN NORTH AMERICA	c EIN-PN 46-3970568-001
a	Plan name	FIRST GEAR INC 401(K) PLAN	
b	Name of plan sponsor	FIRST GEAR	c EIN-PN 42-1384355-001
a	Plan name	FIRST SECURITY STATE BANK 401K EMPLOYEE STOCK OWNERSHIP PLAN	
b	Name of plan sponsor	FIRST SECURITY STATE BANK	c EIN-PN 42-0864710-001
a	Plan name	FIRST STATE BANK 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	FIRST STATE BANK	c EIN-PN 42-0253500-001
a	Plan name	FLYNN COMPANY, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	FLYNN COMPANY, INC.	c EIN-PN 42-0256340-001
a	Plan name	FPS GROUP LLC 401(K) PLAN	
b	Name of plan sponsor	FINANCIAL PROCESSING SOLUTIONS GROUP LLC	c EIN-PN 38-3931263-001
a	Plan name	FREEPORT STATE BANK PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor	FREEPORT STATE BANK	c EIN-PN 41-0266460-001
a	Plan name	FUSION92 401(K) SAVINGS & RETIREMENT PLAN	
b	Name of plan sponsor	VIRTUAL MARKETING, LLC DBA FUSION92	c EIN-PN 36-4293694-001
a	Plan name	GABELINE COMPANIES 401(K) PLAN	
b	Name of plan sponsor	GABELINE TRUCKING CORPORATION	c EIN-PN 42-1102484-001
a	Plan name	GARGOYLE MANAGEMENT INC 401(K) PLAN	
b	Name of plan sponsor	GARGOYLE MANAGEMENT INC	c EIN-PN 81-0887593-001
a	Plan name	GONSALVES & STRONCK CONSTRUCTION COMPANY, INC.	
b	Name of plan sponsor	GONSALVES & STRONCK CONSTR CO., INC	c EIN-PN 94-3177615-001

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
<small>(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)</small>			
a	Plan name	GRAHAM MEDIA PARTNERS 401(K) PLAN	
b	Name of plan sponsor	GRAHAM MEDIA PARTNERS	c EIN-PN 46-5645898-001
a	Plan name	GUTTENBERG INDUSTRIES, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	GUTTENBERG INDUSTRIES INC.	c EIN-PN 42-1028913-001
a	Plan name	GUTTERLAND LLC 401(K) PLAN	
b	Name of plan sponsor	GUTTERLAND LLC DBA TOMLINSON-CANNON	c EIN-PN 82-3157629-001
a	Plan name	HARMONY WOMEN'S HEALTHCARE 401(K) PLAN	
b	Name of plan sponsor	HARMONY WOMENS HEALTHCARE	c EIN-PN 82-4473969-001
a	Plan name	HAWKEYE HOTELS 401(K) PLAN	
b	Name of plan sponsor	HAWKEYE HOSPITALITY MANAGEMENT INC. DBA HAWKEYE HOTELS	c EIN-PN 42-1468567-001
a	Plan name	HEALTH HUT 401(K) AND PROFIT SHARING PLAN	
b	Name of plan sponsor	HEALTH HUT	c EIN-PN 39-1398007-001
a	Plan name	HEALTH QUALITY INNOVATORS RETIREMENT PLAN	
b	Name of plan sponsor	HEALTH QUALITY INNOVATORS	c EIN-PN 54-1264320-002
a	Plan name	HEALTHY HAPPY WISE 401(K) PLAN	
b	Name of plan sponsor	HEALTHY HAPPY WISE	c EIN-PN 83-4638573-001
a	Plan name	HILLS & DALES CHILD DEVELOPMENT CENTER 401(K) PLAN	
b	Name of plan sponsor	HILLS & DALES CHILD DEVELOPMENT CTR INC.	c EIN-PN 42-1388270-002
a	Plan name	HOME STATE BANK 401(K) PLAN	
b	Name of plan sponsor	HOME STATE BANK	c EIN-PN 42-0316450-006
a	Plan name	HOWARD CAPITAL MANAGEMENT 401(K) PLAN	
b	Name of plan sponsor	HOWARD CAPITAL MANAGEMENT	c EIN-PN 76-0661984-001
a	Plan name	HUGHES & TRANNEL, PC PROFIT SHARING PLAN	
b	Name of plan sponsor	HUGHES & TRANNEL, PC	c EIN-PN 42-1351328-001

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	I CARE OF MUSCATINE, INC. EMPLOYEES' 401(K) PS PLAN & TRUST	
b	Name of plan sponsor	I CARE OF MUSCATINE, INC. D/B/A VISION CENTER, P.C.	c EIN-PN 42-1239119-001
a	Plan name	ID PHYSICIANS PROFIT SHARING PLAN	
b	Name of plan sponsor	ID PHYSICIANS	c EIN-PN 45-2808711-001
a	Plan name	INTERNATIONAL ISOTOPES, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	INTERNATIONAL ISOTOPES, INC.	c EIN-PN 74-2877055-001
a	Plan name	IOWA CITY AREA CHAMBER OF COMMERCE 401(K) PLAN	
b	Name of plan sponsor	IOWA CITY AREA CHAMBER OF COMMERCE D/B/A/GREATER IA CITY INC	c EIN-PN 42-0330053-001
a	Plan name	IOWA STATE BANK 401(K) PLAN	
b	Name of plan sponsor	IOWA STATE BANK	c EIN-PN 42-0503770-001
a	Plan name	J S EVANS LLC (DBA) EVANS SR INVSTMNTS CT 401(K) PS PLAN	
b	Name of plan sponsor	J S EVANS LLC (DBA) EVANS SENIOR INVESTMENTS	c EIN-PN 45-4308931-001
a	Plan name	JERONIMO LOGISTICS, LLC 401(K) PLAN	
b	Name of plan sponsor	JERONIMO LOGISTICS, LLC	c EIN-PN 84-4955801-001
a	Plan name	JOMAR,INC DBA HARBOR PACKAGING SAFE HARBOR 401(K) PLAN	
b	Name of plan sponsor	JOMAR, INC DBA HARBOR PACKAGING	c EIN-PN 38-2748925-001
a	Plan name	KARAVAN TRAILERS, LLC. 401(K) PLAN	
b	Name of plan sponsor	KARAVAN TRAILER, LLC.	c EIN-PN 39-1561090-001
a	Plan name	KAW NATION 401(K) PLAN	
b	Name of plan sponsor	KAW NATION	c EIN-PN 73-1184157-001
a	Plan name	KINGTIGER TESTING (USA) INC 401(K) PLAN	
b	Name of plan sponsor	KINGTIGER TESTING (USA) INC	c EIN-PN 99-3465592-101
a	Plan name	KINNEY & SONS EXCAVATING & GRADING INC 401(K) PLAN	
b	Name of plan sponsor	KINNEY & SONS EXCAVATING & GRADING INC	c EIN-PN 42-1070418-002

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	KLAUER MANUFACTURING COMPANY 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	KLAUER MANUFACTURING COMPANY	c EIN-PN 42-0360600-002
a	Plan name	KLAUER MFG MACHINIST LOCAL #1238 EMPLOYEES 401(K) PLAN	
b	Name of plan sponsor	KLAUER MANUFACTURING CO LOCAL #1238	c EIN-PN 42-0360601-004
a	Plan name	KOSS-WINN BANCSHARES, INC.	
b	Name of plan sponsor	KOSS-WINN BANCSHARES, INC.	c EIN-PN 99-1234567-001
a	Plan name	KOZLOWSKI LAW GROUP, LLC 401(K) PLAN	
b	Name of plan sponsor	KOZLOWSKI LAW GROUP, LLC	c EIN-PN 81-0698392-001
a	Plan name	KREHBIEL INSURANCE 401(K) PLAN	
b	Name of plan sponsor	KREHBIEL INSURANCE	c EIN-PN 47-2317161-001
a	Plan name	LAMCO 401(K) PLAN	
b	Name of plan sponsor	LAMCO SLINGS & RIGGINGS INC	c EIN-PN 36-2819526-001
a	Plan name	LANDAU LAW LLP 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	LANDAU LAW LLP	c EIN-PN 20-4433581-001
a	Plan name	LEEPFROG TECHNOLOGIES, INC. 401(K) PLAN	
b	Name of plan sponsor	LEEPFROG TECHNOLOGIES, INC.	c EIN-PN 42-1442334-001
a	Plan name	LEGACY DIALYSIS 401(K) PLAN	
b	Name of plan sponsor	ACUTE DIALYSIS SERVICES WHITTIER LLC	c EIN-PN 86-1886201-001
a	Plan name	LEISURE KRAFT PONTUNES INC SAFE HARBOR 401(K) AND PS PLAN	
b	Name of plan sponsor	LEISURE KRAFT PONTUNES INC	c EIN-PN 62-1498101-001
a	Plan name	LEONARD ROOFING, INC. 401(K) PLAN	
b	Name of plan sponsor	LEONARD ROOFING, INC.	c EIN-PN 68-0579921-001
a	Plan name	LIBERTY DOORS, INC. 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	LIBERTY DOORS, INC.	c EIN-PN 42-1007236-001

Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)		
<small>(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)</small>		
a	Plan name	LIVING WATERS COMPANY, INC. 401(K) PLAN
b	Name of plan sponsor	LIVING WATERS COMPANY, INC.
c	EIN-PN	20-0528274-001
a	Plan name	LMS REAL ESTATE INVESTMENT MANAGEMENT LLC 401(K) PLAN
b	Name of plan sponsor	LMS REAL ESTATE INVESTMENT MANAGEMENT LLC
c	EIN-PN	33-1008260-001
a	Plan name	MANUFACTURING SPECIALTIES, INC. SAVINGS & INVESTMENT PLAN
b	Name of plan sponsor	MANUFACTURING SPECIALTIES, INC
c	EIN-PN	42-0983291-001
a	Plan name	MAR-CO PACKAGING INC, 401(K) PROFIT SHARING PLAN
b	Name of plan sponsor	MAR-CO PACKAGING, INC
c	EIN-PN	38-2589267-001
a	Plan name	MARSAN, INC. 401(K) PLAN
b	Name of plan sponsor	MARSAN, INC.
c	EIN-PN	39-2506795-001
a	Plan name	MEDICAL CARE PROFESSIONALS RETIREMENT TRUST
b	Name of plan sponsor	MEDICAL CARE PROFESSIONALS
c	EIN-PN	94-3040151-001
a	Plan name	MERIT ELECTRIC LTD. 401(K) PROFIT SHARING PLAN
b	Name of plan sponsor	MERIT ELECTRIC LTD.
c	EIN-PN	42-1163448-001
a	Plan name	MID-ATLANTIC PACKAGING COMPANY 401(K) PLAN
b	Name of plan sponsor	MID-ATLANTIC PACKAGING COMPANY
c	EIN-PN	51-0313636-001
a	Plan name	MIDWEST MEDICAL CENTER 401(K) PLAN
b	Name of plan sponsor	MIDWEST MEDICAL CENTER
c	EIN-PN	20-4560540-002
a	Plan name	MIDWESTONE FINANCIAL GROUP, INC. 401(K) PLAN
b	Name of plan sponsor	MIDWESTONE FINANCIAL GROUP, INC.
c	EIN-PN	42-1206172-006
a	Plan name	MURRAY MCMURRAY HATCHERY, INC PROFIT SHARING PLAN AND TRUST
b	Name of plan sponsor	MURRAY MCMURRAY HATCHERY, INC.
c	EIN-PN	42-1171928-001
a	Plan name	MYERS-COX COMPANY EMPLOYEE'S 401(K) SAVINGS PLAN
b	Name of plan sponsor	MYERS COX COMPANY
c	EIN-PN	42-0845571-003

Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)		
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)		
a Plan name	NAMRATA BHANSALI DDS PC 401(K) PLAN	
b Name of plan sponsor	NAMRATA BHANSALI DDS PC	c EIN-PN 87-2343480-001
a Plan name	NEW HOPE VILLAGE 401(K) PLAN	
b Name of plan sponsor	NEW HOPE VILLAGE	c EIN-PN 42-1036748-001
a Plan name	NORCAL CONSTRUCTION GROUP 401(K) PLAN	
b Name of plan sponsor	NORCAL CONSTRUCTION GROUP	c EIN-PN 47-0995178-001
a Plan name	ORAL SURGERY ASSOC OF IA CITY, PC 401(K) PROFIT SHARING PLAN	
b Name of plan sponsor	ORAL SURGERY ASSOCIATES OF IOWA CITY, PC	c EIN-PN 42-1116202-001
a Plan name	PADUCAH DERMATOLOGY RETIREMENT PLAN	
b Name of plan sponsor	PADUCAH DERMATOLOGY, PLLC	c EIN-PN 61-1457112-001
a Plan name	PANAMA TRANSFER PROFIT SHARING PLAN	
b Name of plan sponsor	PANAMA TRANSFER	c EIN-PN 42-0921056-001
a Plan name	PEORIA HOUSING AUTHORITY 401(K) PLAN	
b Name of plan sponsor	THE HOUSING AUTH OF THE PEORIA TRIBE OF INDIANS OF OKLAHOMA	c EIN-PN 73-1455510-001
a Plan name	PHELAN TUCKER LAW LLP 401(K) PROFIT SHARING PLAN	
b Name of plan sponsor	PHELAN TUCKER LAW LLP	c EIN-PN 42-0733178-001
a Plan name	PLASTIC SURGERY CENTER, PC PROFIT SHARING PLAN	
b Name of plan sponsor	PLASTIC SURGERY CENTER, PC	c EIN-PN 42-1520957-001
a Plan name	PROLLENIU 401(K) PLAN	
b Name of plan sponsor	PROLLENIU US, INC	c EIN-PN 81-3394535-001
a Plan name	PULMONARY AND SLEEP SPECIALISTS 401(K) PLAN	
b Name of plan sponsor	PULMONARY AND SLEEP SPECIALISTS OF FLORIDA, P.A.	c EIN-PN 59-1803105-001
a Plan name	R.M. JOHNSON COMPANY, INC. 401(K) PROFIT SHARING PLAN	
b Name of plan sponsor	R.M. JOHNSON COMPANY, INC.	c EIN-PN 41-1238068-001

Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)		
<small>(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)</small>		
a Plan name	R.Z. BUILDERS LLC 401(K) P/S PLAN	
b Name of plan sponsor	R.Z. BUILDERS LLC	c EIN-PN 46-0470599-001
a Plan name	RACCOON VALLEY BANK 401(K) PLAN	
b Name of plan sponsor	RACCOON VALLEY BANK	c EIN-PN 42-0464130-006
a Plan name	RADIOLOGIC MEDICAL SERVICES, PC PROFIT SHARING 401(K)	
b Name of plan sponsor	RADIOLOGIC MEDICAL SERVICES, PC	c EIN-PN 42-0982086-001
a Plan name	RANDY KUEHL HONDA 401(K) PROFIT SHARING PLAN	
b Name of plan sponsor	NAN RAN INC DBA RANDY KUEHL HONDA CARS	c EIN-PN 42-1378678-001
a Plan name	RESOURCE SERVICES, INC. 401(K) PLAN AND TRUST	
b Name of plan sponsor	RESOURCE SERVICES, INC. 401(K) PLAN AND TRUST	c EIN-PN 42-1418754-001
a Plan name	RESTOREPRO CONTRACTING INC 401(K) PLAN	
b Name of plan sponsor	RESTOREPRO CONTRACTING, INC	c EIN-PN 22-3494035-001
a Plan name	RETIRE ONCE FINANCIAL MANAGEMENT 401(K) PLAN	
b Name of plan sponsor	RETIRE ONCE FINANCIAL MANAGEMENT	c EIN-PN 27-1526219-001
a Plan name	RIDGE & COMPANY CPA, INC. 401(K) PLAN	
b Name of plan sponsor	RIDGE & COMPANY CPA, INC.	c EIN-PN 34-1935986-001
a Plan name	RTA 401(K) PLAN	
b Name of plan sponsor	REGIONAL TRANSIT AUTHORITY C/O ECIA	c EIN-PN 42-1182944-001
a Plan name	SECURITY SAVINGS BANK 401(K) PLAN	
b Name of plan sponsor	SECURITY SAVINGS BANK	c EIN-PN 42-0515610-001
a Plan name	SELF STORAGE ASSOCIATION 401(K) PROFIT SHARING PLAN & TRUST	
b Name of plan sponsor	SELF STORAGE ASSOCIATION, INC	c EIN-PN 71-0552035-001
a Plan name	SEQUINOX 401(K) PLAN	
b Name of plan sponsor	SEQUINOX, INC	c EIN-PN 02-0663820-002

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	SIERK ORTHODONTICS, P.C. PROFIT SHARING PLAN	
b	Name of plan sponsor	SIERK ORTHODONTICS, P.C.	c EIN-PN 42-1165435-002
a	Plan name	SIGNCRAFT SCREENPRINT, INC. 401(K) PLAN	
b	Name of plan sponsor	SIGNCRAFT SCREENPRINT INC.	c EIN-PN 36-2820049-001
a	Plan name	SILVER CREEK DENTISTRY, LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	SILVER CREEK DENTISTRY, LLC	c EIN-PN 81-0993216-001
a	Plan name	SMALLTOWN DENTAL MANAGEMENT LLC 401(K) PLAN	
b	Name of plan sponsor	SMALLTOWN DENTAL MANAGEMENT, LLC	c EIN-PN 83-3582275-001
a	Plan name	SOUTHEASTERN RENAL DIALYSIS L.C. RETIREMENT PLAN	
b	Name of plan sponsor	SOUTHEASTERN RENAL DIALYSIS, L.C.	c EIN-PN 39-1878280-001
a	Plan name	SOUTHWEST RISK MANAGEMENT LLC 401(K) PLAN	
b	Name of plan sponsor	SOUTHWEST RISK MANAGEMENT LLC	c EIN-PN 01-0778573-001
a	Plan name	SPEC CAST 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	DAPAT, INC. D/B/A SPEC CAST	c EIN-PN 36-3449479-001
a	Plan name	SPURGEON MANOR 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	SPURGEON MANOR	c EIN-PN 42-0926896-001
a	Plan name	ST. MARK YOUTH ENRICHMENT 401(K) PLAN	
b	Name of plan sponsor	ST MARK YOUTH ENRICHMENT	c EIN-PN 42-1338364-001
a	Plan name	STAFFING SERVICES INC 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor	STAFFING SERVICES INC DBA ALTERNATIVE RESOURCES COMPANY	c EIN-PN 13-3960573-001
a	Plan name	STAFFING VGM 401(K) PLAN	
b	Name of plan sponsor	STAFFING VGM, LLC	c EIN-PN 82-3945917-001
a	Plan name	STARFISH THERAPIES 401(K) PLAN	
b	Name of plan sponsor	STARFISH THERAPIES	c EIN-PN 26-0198884-001

Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)		
<small>(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)</small>		
a	Plan name	STONEHILL FRANCISCAN SERVICES 401(K) RETIREMENT PLAN
b	Name of plan sponsor	STONEHILL FRANCISCAN SERVICES
c	EIN-PN	51-0141775-003
a	Plan name	SUNCREST HOME HEALTH SERVICES, INC. 401(K) PROFIT SHARING PL
b	Name of plan sponsor	SUNCREST HOME HEALTH SERVICES, INC
c	EIN-PN	94-3452048-002
a	Plan name	SUNDOWN 401(K) PLAN
b	Name of plan sponsor	SUNDOWN
c	EIN-PN	42-1014238-001
a	Plan name	SURGICAL SERVICES P.C. PROFIT SHARING 401(K) PLAN
b	Name of plan sponsor	SURGICAL SERVICES PC
c	EIN-PN	42-1008881-001
a	Plan name	SWEETWATER POOL SERVICE PROFIT SHARING AND 401(K) PLAN
b	Name of plan sponsor	SWEETWATER POOL SERVICE INC.
c	EIN-PN	04-2970328-001
a	Plan name	T & L NELSON ELECTRIC INC. 401(K) PROFIT SHARING PLAN
b	Name of plan sponsor	T & L NELSON ELECTRIC, INC.
c	EIN-PN	42-1184236-002
a	Plan name	TAIBER KOSMALA & ASSOCIATES, INC. 401(K) PLAN
b	Name of plan sponsor	TAIBER KOSMALA & ASSOCIATES, INC.
c	EIN-PN	45-4378620-001
a	Plan name	TAMA USA BRIDON USA 401(K) PLAN
b	Name of plan sponsor	TAMA USA INC.
c	EIN-PN	22-2185106-002
a	Plan name	TDS CONSTRUCTION, INC. 401(K) PLAN
b	Name of plan sponsor	TDS CONSTRUCTION, INC.
c	EIN-PN	65-0351478-001
a	Plan name	THE ADAMS COMPANY - BARGAINING EMPLOYEES 401(K) PLAN
b	Name of plan sponsor	THE ADAMS COMPANY
c	EIN-PN	42-0107280-003
a	Plan name	THE ADAMS COMPANY NON-BARG EMPLOYEES PS PLAN & TRUST
b	Name of plan sponsor	THE ADAMS COMPANY
c	EIN-PN	42-0107281-001
a	Plan name	THE CHIROPRACTIC AUTO INJURY CLINIC, P.C. 401K PS PLAN
b	Name of plan sponsor	THE CHIROPRACTIC AUTO INJURY CLINIC, P.C.
c	EIN-PN	20-2029624-001

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	THE HOTEL JULIEN DUBUQUE 401(K) PLAN	
b	Name of plan sponsor	HJD SUB-TENANT, LLC	c EIN-PN 26-2645387-001
a	Plan name	THE MICRON INDUSTRIES CORPORATION 401(K) PLAN	
b	Name of plan sponsor	MICRON INDUSTRIES CORPORATION	c EIN-PN 36-3180535-001
a	Plan name	THE SCHLUETER COMPANY 401(K) SAVINGS PLAN	
b	Name of plan sponsor	THE SCHLUETER COMPANY	c EIN-PN 39-0746449-001
a	Plan name	THE TRADES PUBLISHING 401(K) AND PROFIT SHARING PLAN	
b	Name of plan sponsor	THE TRADES PUBLISHING COMPANY INC	c EIN-PN 62-1316305-001
a	Plan name	THE TSCHIGGFRIE GROUP RETIREMENT PLAN	
b	Name of plan sponsor	THE TSCHIGGFRIE GROUP	c EIN-PN 42-1285164-001
a	Plan name	THERMO DYNAMIC INSULATION LLC 401(K) PLAN	
b	Name of plan sponsor	THERMO DYNAMIC INSULATION LLC	c EIN-PN 75-2937554-001
a	Plan name	THOMAS J MOSS, DDS 401K AND PROFIT SHARING PLAN	
b	Name of plan sponsor	THOMAS J MOSS, DDS	c EIN-PN 61-1439485-001
a	Plan name	TJADEN BIOSCIENCES LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	TJADEN BIOSCIENCES, LLC	c EIN-PN 20-3537646-001
a	Plan name	TOMPKINS ELECTRICAL CONTRACTING 401(K) PLAN	
b	Name of plan sponsor	TOMPKINS ELECTRICAL CONTRACTING LLC	c EIN-PN 46-1101220-001
a	Plan name	TOM'S QUALITY MILLWORK AND HARDWOODS, INC. RETIREMENT PLAN	
b	Name of plan sponsor	TOMS QUALITY MILLWORK, INC.	c EIN-PN 39-1545960-001
a	Plan name	TR SERVICE INC RETIREMENT PLAN	
b	Name of plan sponsor	TR SERVICE INC DBA TRUCK REPAIR INC	c EIN-PN 81-4633192-001
a	Plan name	TRI-STAR ELECTRICAL 401(K) PLAN	
b	Name of plan sponsor	TRI-STAR ELECTRICAL & LIGHTING, LLC	c EIN-PN 47-2042514-001

Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)		
<small>(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)</small>		
a	Plan name	TROY LUMBER COMPANY 401(K) PROFIT SHARING PLAN
b	Name of plan sponsor	TROY LUMBER COMPANY
c	EIN-PN	56-0514951-001
a	Plan name	TWO RIVERS FINANCIAL GROUP 401(K) PROFIT SHARING PLAN
b	Name of plan sponsor	TWO RIVERS FINANCIAL GROUP
c	EIN-PN	42-1337121-002
a	Plan name	TX TEAM REHAB, INC. 401(K) PROFIT SHARING PLAN
b	Name of plan sponsor	TX TEAM REHAB INC.
c	EIN-PN	35-1565294-002
a	Plan name	U.S. JACK COMPANY PROFIT SHARING 401(K) PLAN
b	Name of plan sponsor	U.S. JACK COMPANY
c	EIN-PN	38-2639181-001
a	Plan name	UNION-HOERMANN PRESS EMPLOYEE 401(K) RETIREMENT PLAN
b	Name of plan sponsor	UNION-HOERMANN PRESS
c	EIN-PN	42-0572940-001
a	Plan name	UNITED CONTRACTORS OF AMERICA 401(K) PLAN
b	Name of plan sponsor	UNITED CONTRACTORS OF AMERICA
c	EIN-PN	20-8392025-001
a	Plan name	UNZEITIG CONSTRUCTION COMPANY 401(K) PROFIT SHARING PLAN
b	Name of plan sponsor	UNZEITIG CONSTRUCTION COMPANY
c	EIN-PN	42-1339372-001
a	Plan name	VALLEY DISTRIBUTION CORP. 401(K) SAVINGS PLAN
b	Name of plan sponsor	VALLEY DISTRIBUTION CORP.
c	EIN-PN	42-1390554-001
a	Plan name	VALLEY ROAD SEEDS 401(K) PLAN
b	Name of plan sponsor	VALLEY ROAD SEEDS
c	EIN-PN	36-4504479-001
a	Plan name	VILLAGE FARM & HOME EMPLOYEE'S 401(K)/PS PLAN AND TRUST
b	Name of plan sponsor	VILLAGE FARM & HOME LLC
c	EIN-PN	84-4042406-002
a	Plan name	VILLAGE PRIMARY CARE PROVIDERS 401(K) PLAN
b	Name of plan sponsor	VILLAGE PRIMARY CARE PROVIDERS
c	EIN-PN	82-3855327-001
a	Plan name	VINCE'S OFFICE SUPPLY 401(K) PLAN
b	Name of plan sponsor	VINCE'S OFFICE SUPPLY INC DBA THE OFFICE CITY
c	EIN-PN	94-1516396-001

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

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

a Plan name	VIRTUE CAPITAL MANAGEMENT, LLC 401(K) PLAN	
b Name of plan sponsor	VIRTUE CAPITAL MANAGEMENT, LLC	c EIN-PN 46-2394304-001
a Plan name	VOGUE PRINTERS, INC. 401(K) PLAN	
b Name of plan sponsor	VOGUE PRINTERS, INC.	c EIN-PN 36-3772647-001
a Plan name	VSC SYNAPSE LLC SALARY SAVINGS PLAN	
b Name of plan sponsor	VSC SYNAPSE LLC	c EIN-PN 87-3554245-001
a Plan name	WALENTA GRINDING, INC. 401(K) PLAN	
b Name of plan sponsor	WALENTA GRINDING, INC.	c EIN-PN 39-0991811-001
a Plan name	WALLCOVERING DESIGNS, INC. 401(K) PLAN	
b Name of plan sponsor	WALLCOVERING DESIGNS, INC.	c EIN-PN 91-2095282-001
a Plan name	WASHINGTON BANCORP EMPLOYEE STOCK OWNERSHIP PLAN	
b Name of plan sponsor	FEDERATION BANK	c EIN-PN 42-0500800-001
a Plan name	WATER WORKS EMPLOYEES 401(K)	
b Name of plan sponsor	WATER WORKS, INC.	c EIN-PN 42-1365040-001
a Plan name	WATSON BROTHERS CHIMNEY AND VENT 401(K) PLAN	
b Name of plan sponsor	WATSON BROTHERS CHIMNEY AND VENT	c EIN-PN 85-3497496-001
a Plan name	WAUKON STATE BANK RETIREMENT SAVINGS PLAN	
b Name of plan sponsor	WAUKON STATE BANK	c EIN-PN 42-0588640-001
a Plan name	WESTERN PAVERS INC 401(K) PLAN	
b Name of plan sponsor	WESTERN PAVERS INC	c EIN-PN 26-2839669-001
a Plan name	WHP ASSOCIATES LLC 401(K) PLAN	
b Name of plan sponsor	WHP ASSOCIATES LLC	c EIN-PN 87-0811914-001
a Plan name	WIN INC. DBA HOME INSTEAD SENIOR CARE 401(K) PLAN	
b Name of plan sponsor	WIN INC. DBA HOME INSTEAD SENIOR CARE	c EIN-PN 42-1507605-001

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	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 2023 This Form is Open to Public Inspection
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For calendar plan year 2023 or fiscal plan year beginning **01/01/2024** and ending **04/01/2024**

A Name of plan AMERICAN TRUST RETIREMENT INVESTMENT FUND FOR EMPLOYEE BENEFIT PLANS	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 AMERICAN TRUST COMPANY	D Employer Identification Number (EIN) 38-7227043	

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.

		(a) Beginning of Year	(b) End of Year
Assets			
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)	2758822	0
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	-3383	0
(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)	0	0
(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)	52753496	0
(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)	302457940	0
(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	357966875	0
Liabilities			
g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j	2742976	0
k Total liabilities (add all amounts in lines 1g through 1j)	1k	2742976	0
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	355223899	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)		0
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)		0
(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)	1233486	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		1233486
(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)		337193
(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)		12969830
c Other income.....	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		14540509

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)		
(2) To insurance carriers for the provision of benefits.....	2e(2)		
(3) Other.....	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		0
f Corrective distributions (see instructions).....	2f		
g Certain deemed distributions of participant loans (see instructions).....	2g		
h Interest expense.....	2h		
i Administrative expenses:			
(1) Salaries and allowances.....	2i(1)		
(2) Contract administrator fees.....	2i(2)		
(3) Recordkeeping fees.....	2i(3)	4404	
(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)	273940	
(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)		278344
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		278344

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		14262165
l Transfers of assets:			
(1) To this plan.....	2l(1)		16836515
(2) From this plan.....	2l(2)		386322579

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** 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:

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.)

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.)

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.)

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.)

e Was this plan covered by a fidelity bond?

f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?

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?

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?

i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)

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.)

k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?

l Has the plan failed to provide any benefit when due under the plan?

m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)

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.

	Yes	No	Amount
4a			
4b			
4c			
4d			
4e			
4f			
4g			
4h			
4i			
4j			
4k	X		
4l			
4m			
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)
PREMIER TRUST FUND FOR QUALIFIED EMPLOYEE BENEFIT PLANS	62-1549435	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 _____.