

<p style="text-align: center;">Form 5500</p> <p style="font-size: small;">Department of the Treasury Internal Revenue Service</p> <hr/> <p style="font-size: small;">Department of Labor Employee Benefits Security Administration</p> <hr/> <p style="font-size: x-small;">Pension Benefit Guaranty Corporation</p>	<p>Annual Return/Report of Employee Benefit Plan</p> <p style="font-size: small;">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 style="font-size: x-small;">OMB Nos. 1210-0110 1210-0089</p> <hr/> <p style="font-size: large; font-weight: bold;">2023</p> <hr/> <p style="font-weight: bold;">This Form is Open to Public Inspection</p>
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Part I Annual Report Identification Information
 For calendar plan year 2023 or fiscal plan year beginning 07/01/2023 and ending 06/30/2024

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

a single-employer plan a DFE (specify) E

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

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

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

D Check box if filing under: 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

<p>1a Name of plan <u>GREATER HEALTH TRUST BENEFIT PLAN</u></p>	<p>1b Three-digit plan number (PN) ▶ <u>501</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>GREATER HEALTH TRUST</u></p> <p><u>1 SE 3RD AVENUE</u> <u>SUITE 1410</u> <u>MIAMI, FL 33131</u></p>	<p>1c Effective date of plan</p> <hr/> <p>2b Employer Identification Number (EIN) <u>85-1828091</u></p> <hr/> <p>2c Plan Sponsor's telephone number <u>305-350-7700</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.

SIGN HERE		Date	
	Signature of plan administrator		Enter name of individual signing as plan administrator
SIGN HERE		Date	
	Signature of employer/plan sponsor		Enter name of individual signing as employer or plan sponsor
SIGN HERE	<u>Filed with authorized/valid electronic signature.</u>	<u>04/14/2025</u>	<u>MARILU RIOS</u>
	Signature of DFE	Date	Enter name of individual signing as DFE

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 checked="" type="checkbox"/> A (Insurance Information) – Number Attached <u> 1 </u> (4) <input checked="" 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 145471116

**SCHEDULE A
(Form 5500)**

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance 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.**

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

OMB No. 1210-0110

2023

This Form is Open to Public Inspection

For calendar plan year 2023 or fiscal plan year beginning **07/01/2023** and ending **06/30/2024**

A Name of plan GREATER HEALTH TRUST BENEFIT PLAN		B Three-digit plan number (PN) ▶	501
C Plan sponsor's name as shown on line 2a of Form 5500 GREATER HEALTH TRUST		D Employer Identification Number (EIN) 85-1828091	

Part I Information Concerning Insurance Contract Coverage, Fees, and Commissions Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

1 Coverage Information:

(a) Name of insurance carrier

AVMED, INC.

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
59-2742907	95263	0000	5947	07/01/2023	06/30/2024

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid	(b) Total amount of fees paid
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3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

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(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
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(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

Part II	Investment and Annuity Contract Information Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.
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4 Current value of plan's interest under this contract in the general account at year end	4	
5 Current value of plan's interest under this contract in separate accounts at year end.....	5	

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b Premiums paid to carrier	6b	
c Premiums due but unpaid at the end of the year.....	6c	
d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶	6d	

e Type of contract: (1) individual policies (2) group deferred annuity
(3) other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) deposit administration (2) immediate participation guarantee
(3) guaranteed investment (4) other ▶

b Balance at the end of the previous year	7b	0
c Additions: (1) Contributions deposited during the year	7c(1)	
	7c(2)	
	7c(3)	
	7c(4)	
	7c(5)	
(6) Total additions	7c(6)	0
d Total of balance and additions (add lines 7b and 7c(6))	7d	0
e Deductions: (1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	
	7e(2)	
	7e(3)	
	7e(4)	
	7e(5)	
(5) Total deductions	7e(5)	0
f Balance at the end of the current year (subtract line 7e(5) from line 7d)	7f	0

Part III Welfare Benefit Contract Information
 If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- a** Health (other than dental or vision)
- b** Dental
- c** Vision
- d** Life insurance
- e** Temporary disability (accident and sickness)
- f** Long-term disability
- g** Supplemental unemployment
- h** Prescription drug
- i** Stop loss (large deductible)
- j** HMO contract
- k** PPO contract
- l** Indemnity contract
- m** Other (specify) ▶

9 Experience-rated contracts:

a	Premiums: (1) Amount received	9a(1)		
	(2) Increase (decrease) in amount due but unpaid.....	9a(2)		
	(3) Increase (decrease) in unearned premium reserve	9a(3)		
	(4) Earned ((1) + (2) - (3)).....		9a(4)	0
b	Benefit charges (1) Claims paid.....	9b(1)		
	(2) Increase (decrease) in claim reserves	9b(2)		
	(3) Incurred claims (add (1) and (2)).....		9b(3)	0
	(4) Claims charged		9b(4)	
c	Remainder of premium: (1) Retention charges (on an accrual basis) --			
	(A) Commissions	9c(1)(A)		
	(B) Administrative service or other fees	9c(1)(B)		
	(C) Other specific acquisition costs	9c(1)(C)		
	(D) Other expenses	9c(1)(D)		
	(E) Taxes	9c(1)(E)		
	(F) Charges for risks or other contingencies.....	9c(1)(F)		
	(G) Other retention charges	9c(1)(G)		
	(H) Total retention		9c(1)(H)	0
	(2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.)		9c(2)	
d	Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement		9d(1)	
	(2) Claim reserves		9d(2)	
	(3) Other reserves.....		9d(3)	
e	Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)		9e	

10 Nonexperience-rated contracts:

a	Total premiums or subscription charges paid to carrier	10a		3492320
b	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount	10b		

Specify nature of costs.

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A?..... Yes No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

SCHEDULE C (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>	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	<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 **07/01/2023** and ending **06/30/2024**

A Name of plan GREATER HEALTH TRUST BENEFIT PLAN	B Three-digit plan number (PN) ▶	501
C Plan sponsor's name as shown on line 2a of Form 5500 GREATER HEALTH TRUST	D Employer Identification Number (EIN) 85-1828091	

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

AVMED, INC.

59-2742907

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
12	N/A	1910271	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

CONSOLIPLEX GHT, LLC

88-2657362

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 15 16	N/A	495325	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

MALONEY + NOVOTNY LLC

34-0677006

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 16	N/A	40625	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

REFORM LABS

84-1768614

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15	N/A	25794	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

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

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

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)
(complete as many entries as needed)

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

SCHEDULE 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.	OMB No. 1210-0110 <hr/> 2023 This Form is Open to Public Inspection.
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For calendar plan year 2023 or fiscal plan year beginning 07/01/2023 and ending 06/30/2024

A Name of plan <u>GREATER HEALTH TRUST BENEFIT PLAN</u>	B Three-digit plan number (PN)	<u>501</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>GREATER HEALTH TRUST</u>	D Employer Identification Number (EIN) <u>85-1828091</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:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

a Plan name	24/7 NURSING CARE, INC. GHT BENEFIT PLAN	
b Name of plan sponsor	24/7 NURSING CARE, INC.	c EIN-PN 46-3699134-501
a Plan name	305 DEVCO, INC. GHT BENEFIT PLAN	
b Name of plan sponsor	305 DEVCO, INC.	c EIN-PN 83-1934513-501
a Plan name	4 QUOTES LLC GHT BENEFIT PLAN	
b Name of plan sponsor	4 QUOTES LLC	c EIN-PN 84-4731769-501
a Plan name	58 SOLUTIONS INC GHT BENEFIT PLAN	
b Name of plan sponsor	58 SOLUTIONS INC	c EIN-PN 46-1365243-501
a Plan name	A & R SUPPLY, LLC GHT BENEFIT PLAN	
b Name of plan sponsor	A & R SUPPLY, LLC	c EIN-PN 27-2243263-501
a Plan name	A.D.A. ENGINEERING, INC. GHT BENEFIT PLAN	
b Name of plan sponsor	A.D.A. ENGINEERING, INC.	c EIN-PN 59-2064498-501
a Plan name	ABA INSTITUTE FOR HIGHER LEARNING LLC GHT BENEFIT PLAN	
b Name of plan sponsor	ABA INSTITUTE FOR HIGHER LEARNING LLC	c EIN-PN 81-4784239-501
a Plan name	ABC'S FOR SUCCESS, LLC GHT BENEFIT PLAN	
b Name of plan sponsor	ABCS FOR SUCCESS, LLC	c EIN-PN 80-0553863-501
a Plan name	ABF LEARNING INC. GHT BENEFIT PLAN	
b Name of plan sponsor	ABF LEARNING INC.	c EIN-PN 54-2177618-501
a Plan name	ACCO FOREIGN SHIPPING, INC GHT BENEFIT PLAN	
b Name of plan sponsor	ACCO FOREIGN SHIPPING, INC	c EIN-PN 59-0872115-501
a Plan name	ACCORD PRODUCTIONS GHT BENEFIT PLAN	
b Name of plan sponsor	ACCORD PRODUCTIONS	c EIN-PN 65-0048546-501
a Plan name	ACCURATE CARE HOME HEALTH, LLC GHT BENEFIT PLAN	
b Name of plan sponsor	ACCURATE CARE HOME HEALTH, LLC	c EIN-PN 47-2329746-501

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	ACORDIS INTERNATIONAL CORP GHT BENEFIT PLAN	
b	Name of plan sponsor	ACORDIS INTERNATIONAL CORP	c EIN-PN 22-3938023-501
a	Plan name	ADVANCE CUSTOMS BROKERS AND CONSULTING, LLC GHT BENEFIT PLAN	
b	Name of plan sponsor	ADVANCE CUSTOMS BROKERS AND CONSULTING, LLC	c EIN-PN 27-3274534-501
a	Plan name	AERO PRECISION PRODUCTS, INC. GHT BENEFIT PLAN	
b	Name of plan sponsor	AERO PRECISION PRODUCTS, INC.	c EIN-PN 59-1216902-501
a	Plan name	AEROSPACE INNOVATIONS, INC. GHT BENEFIT PLAN	
b	Name of plan sponsor	AEROSPACE INNOVATIONS, INC.	c EIN-PN 47-4369280-501
a	Plan name	AFFORDABLE BATTERY OF SUNRISE, INC. GHT BENEFIT PLAN	
b	Name of plan sponsor	AFFORDABLE BATTERY OF SUNRISE, INC.	c EIN-PN 45-5164937-501
a	Plan name	AH SALES INC. GHT BENEFIT PLAN	
b	Name of plan sponsor	AH SALES INC.	c EIN-PN 20-3735264-501
a	Plan name	ALBERT BORDAS, PA GHT BENEFIT PLAN	
b	Name of plan sponsor	ALBERT BORDAS, PA	c EIN-PN 65-1055700-501
a	Plan name	ALEXIS IZQUIERDO, P.A. GHT BENEFIT PLAN	
b	Name of plan sponsor	ALEXIS IZQUIERDO, P.A.	c EIN-PN 65-0457639-501
a	Plan name	ALFRED ANDREU PA GHT BENEFIT PLAN	
b	Name of plan sponsor	ALFRED ANDREU PA	c EIN-PN 27-0512428-501
a	Plan name	ALL COMPUTER RESOURCES GHT BENEFIT PLAN	
b	Name of plan sponsor	ALL COMPUTER RESOURCES	c EIN-PN 22-3921820-501
a	Plan name	ALVA FREIGHT INTERNATIONAL, LLC GHT BENEFIT PLAN	
b	Name of plan sponsor	ALVA FREIGHT INTERNATIONAL, LLC	c EIN-PN 84-3148926-501
a	Plan name	AMANDA D SURIEL PA GHT BENEFIT PLAN	
b	Name of plan sponsor	AMANDA D SURIEL PA	c EIN-PN 83-1139942-501

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	AMAZON INDUSTRIES, INC. GHT BENEFIT PLAN	
b	Name of plan sponsor	AMAZON INDUSTRIES, INC.	c EIN-PN 65-0327489-501
a	Plan name	AMCAR LAMPRECHT, INC. GHT BENEFIT PLAN	
b	Name of plan sponsor	AMCAR LAMPRECHT, INC.	c EIN-PN 65-0820758-501
a	Plan name	AMERIMET CORP GHT BENEFIT PLAN	
b	Name of plan sponsor	AMERIMET CORP	c EIN-PN 65-0636706-501
a	Plan name	AMORES DENTAL CARE, P.A. GHT BENEFIT PLAN	
b	Name of plan sponsor	AMORES DENTAL CARE, P.A.	c EIN-PN 20-4419171-501
a	Plan name	ANA M. VELIZ, P.A GHT BENEFIT PLAN	
b	Name of plan sponsor	ANA M. VELIZ, P.A	c EIN-PN 65-0290504-501
a	Plan name	ANDREINA ROJAS MD PA GHT BENEFIT PLAN	
b	Name of plan sponsor	ANDREINA ROJAS MD PA	c EIN-PN 81-5070490-501
a	Plan name	ANNOUNCEMENT CONVERTERS, INC. GHT BENEFIT PLAN	
b	Name of plan sponsor	ANNOUNCEMENT CONVERTERS, INC.	c EIN-PN 59-1944660-501
a	Plan name	APEX MARINE LLC GHT BENEFIT PLAN	
b	Name of plan sponsor	APEX MARINE LLC	c EIN-PN 26-4734880-501
a	Plan name	APOLLO GENERAL LLC GHT BENEFIT PLAN	
b	Name of plan sponsor	APOLLO GENERAL LLC	c EIN-PN 88-3286941-501
a	Plan name	APS AIRPARTS SUPPORT GHT BENEFIT PLAN	
b	Name of plan sponsor	APS AIRPARTS SUPPORT	c EIN-PN 75-3038010-501
a	Plan name	AQUASHIELD USA LLC GHT BENEFIT PLAN	
b	Name of plan sponsor	AQUASHIELD USA LLC	c EIN-PN 86-3917719-501
a	Plan name	ARASULI LLC GHT BENEFIT PLAN	
b	Name of plan sponsor	ARASULI LLC	c EIN-PN 88-3434230-501

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	ARPE ENGINEERING, INC. GHT BENEFIT PLAN	
b	Name of plan sponsor	ARPE ENGINEERING, INC.	c EIN-PN 20-1723294-501
a	Plan name	ARX SOLUTIONS USA, LLC GHT BENEFIT PLAN	
b	Name of plan sponsor	ARX SOLUTIONS USA, LLC	c EIN-PN 46-1907297-501
a	Plan name	ASSIS PROFESSIONAL HOME HEALTH, INC. GHT BENEFIT PLAN	
b	Name of plan sponsor	ASSIS PROFESSIONAL HOME HEALTH, INC.	c EIN-PN 26-0162475-501
a	Plan name	AUDREY MORRIS COSMETICS INTERNATIONAL, LLC GHT BENEFIT PLAN	
b	Name of plan sponsor	AUDREY MORRIS COSMETICS INTERNATIONAL, LLC	c EIN-PN 86-1421716-501
a	Plan name	AUM CONSTRUCTION, INC GHT BENEFIT PLAN	
b	Name of plan sponsor	AUM CONSTRUCTION, INC	c EIN-PN 20-8608887-501
a	Plan name	AVIATION INSTRUMENT SERVICES, INC. GHT BENEFIT PLAN	
b	Name of plan sponsor	AVIATION INSTRUMENT SERVICES, INC.	c EIN-PN 59-2258157-501
a	Plan name	AVINO & ASSOCIATES GHT BENEFIT PLAN	
b	Name of plan sponsor	AVINO & ASSOCIATES	c EIN-PN 65-0053775-501
a	Plan name	AVIOTEK INSTRUMENTS & ACCESSORIES, INC. GHT BENEFIT PLAN	
b	Name of plan sponsor	AVIOTEK INSTRUMENTS & ACCESSORIES, INC.	c EIN-PN 65-0608857-501
a	Plan name	AVSL MANAGEMENT, INC. GHT BENEFIT PLAN	
b	Name of plan sponsor	AVSL MANAGEMENT, INC.	c EIN-PN 83-2354449-501
a	Plan name	AZALA LLC GHT BENEFIT PLAN	
b	Name of plan sponsor	AZALA LLC	c EIN-PN 85-4066665-501
a	Plan name	BACALLAO CONSTRUCTION AND ENGINEERING GHT BENEFIT PLAN	
b	Name of plan sponsor	BACALLAO CONSTRUCTION AND ENGINEERING	c EIN-PN 47-2761317-501
a	Plan name	BALATA HOLDING LLC GHT BENEFIT PLAN	
b	Name of plan sponsor	BALATA HOLDING LLC	c EIN-PN 47-4891880-501

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	BALLAGA FREEDMAN & ATKINS LLP GHT BENEFIT PLAN	
b	Name of plan sponsor	BALLAGA FREEDMAN & ATKINS LLP	c EIN-PN 47-1520084-501
a	Plan name	BALSERA COMMUNICATIONS GHT BENEFIT PLAN	
b	Name of plan sponsor	BALSERA COMMUNICATIONS	c EIN-PN 65-0875077-501
a	Plan name	BARLOP, INC. GHT BENEFIT PLAN	
b	Name of plan sponsor	BARLOP, INC.	c EIN-PN 59-2288364-501
a	Plan name	BB TRADING WORLDWIDE, INC. GHT BENEFIT PLAN	
b	Name of plan sponsor	BB TRADING WORLDWIDE, INC.	c EIN-PN 65-0747477-501
a	Plan name	BC LOGISTICS CONTEMPORARY FURNITURE, LLC GHT BENEFIT PLAN	
b	Name of plan sponsor	BC LOGISTICS CONTEMPORARY FURNITURE, LLC	c EIN-PN 88-0582471-501
a	Plan name	BDI CONSTRUCTION GHT BENEFIT PLAN	
b	Name of plan sponsor	BDI CONSTRUCTION	c EIN-PN 65-0543409-501
a	Plan name	BELEN MANAGEMENT, LLC GHT BENEFIT PLAN	
b	Name of plan sponsor	BELEN MANAGEMENT, LLC	c EIN-PN 30-1152056-501
a	Plan name	BELLO DENTAL CENTER INC. GHT BENEFIT PLAN	
b	Name of plan sponsor	BELLO DENTAL CENTER INC.	c EIN-PN 65-0954272-501
a	Plan name	BENWORTH CAPITAL PARTNERS, LLC GHT BENEFIT PLAN	
b	Name of plan sponsor	BENWORTH CAPITAL PARTNERS, LLC	c EIN-PN 26-2324600-501
a	Plan name	BERK, MERCHANT & SIMS, PLC GHT BENEFIT PLAN	
b	Name of plan sponsor	BERK, MERCHANT & SIMS, PLC	c EIN-PN 20-3380304-501
a	Plan name	BEST WHOLESALE GROCERS LLC GHT BENEFIT PLAN	
b	Name of plan sponsor	BEST WHOLESALE GROCERS LLC	c EIN-PN 85-3815718-501
a	Plan name	BETTER LIFESTYLES GROUP LLC GHT BENEFIT PLAN	
b	Name of plan sponsor	BETTER LIFESTYLES GROUP LLC	c EIN-PN 84-3812629-501

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	BISCAYNE ASSOCIATES LLC GHT BENEFIT PLAN	
b	Name of plan sponsor	BISCAYNE ASSOCIATES LLC	c EIN-PN 20-2709716-501
a	Plan name	BOMBSHELL PRODUCTIONS, INC. GHT BENEFIT PLAN	
b	Name of plan sponsor	BOMBSHELL PRODUCTIONS, INC.	c EIN-PN 45-3030705-501
a	Plan name	BOW TO STERN MAINTENANCE GHT BENEFIT PLAN	
b	Name of plan sponsor	BOW TO STERN MAINTENANCE	c EIN-PN 65-1009969-501
a	Plan name	BRAINSTORM RESEARCH GHT BENEFIT PLAN	
b	Name of plan sponsor	BRAINSTORM RESEARCH	c EIN-PN 87-1877436-501
a	Plan name	BREEZE CREATIVE, LLC GHT BENEFIT PLAN	
b	Name of plan sponsor	BREEZE CREATIVE, LLC	c EIN-PN 47-2759586-501
a	Plan name	BREIG ELECTRIC & CONSULTANTS INC. GHT BENEFIT PLAN	
b	Name of plan sponsor	BREIG ELECTRIC & CONSULTANTS INC.	c EIN-PN 26-3127308-501
a	Plan name	BROPHY AIR SPECIALTY GROUP LLC GHT BENEFIT PLAN	
b	Name of plan sponsor	BROPHY AIR SPECIALTY GROUP LLC	c EIN-PN 82-2356918-501
a	Plan name	BUTLER, BUCKLEY, DEETS, INC. GHT BENEFIT PLAN	
b	Name of plan sponsor	BUTLER, BUCKLEY, DEETS, INC.	c EIN-PN 59-0376610-501
a	Plan name	C2 MULTI MEDIA INC. GHT BENEFIT PLAN	
b	Name of plan sponsor	C2 MULTI MEDIA INC.	c EIN-PN 26-1766768-501
a	Plan name	CABALLERO FIERMAN LLERENA AND GARCIA, LLP GHT BENEFIT PLAN	
b	Name of plan sponsor	CABALLERO FIERMAN LLERENA AND GARCIA, LLP	c EIN-PN 55-0912340-501
a	Plan name	CABLE MARINE GHT BENEFIT PLAN	
b	Name of plan sponsor	CABLE MARINE	c EIN-PN 59-1773517-501
a	Plan name	CALUSA PREPARATOY SCHOOL, INC. GHT BENEFIT PLAN	
b	Name of plan sponsor	CALUSA PREPARATOY SCHOOL, INC.	c EIN-PN 59-2218784-501

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	CALVARY CHURCH MINISTRIES INC. GHT BENEFIT PLAN	
b	Name of plan sponsor	CALVARY CHURCH MINISTRIES INC.	c EIN-PN 65-1099676-501
a	Plan name	CAMCON GROUP INC. GHT BENEFIT PLAN	
b	Name of plan sponsor	CAMCON GROUP INC.	c EIN-PN 46-1769307-501
a	Plan name	CAMPBELL LAW FIRM, PLLC GHT BENEFIT PLAN	
b	Name of plan sponsor	CAMPBELL LAW FIRM, PLLC	c EIN-PN 27-4182239-501
a	Plan name	CAMPBELL WILLIAMS INC. GHT BENEFIT PLAN	
b	Name of plan sponsor	CAMPBELL WILLIAMS INC.	c EIN-PN 65-0605482-501
a	Plan name	CANTERA & ASSOCIATES, INC. GHT BENEFIT PLAN	
b	Name of plan sponsor	CANTERA & ASSOCIATES, INC.	c EIN-PN 59-1154122-501
a	Plan name	CARDIO MDM, LLC GHT BENEFIT PLAN	
b	Name of plan sponsor	CARDIO MDM, LLC	c EIN-PN 93-3538086-501
a	Plan name	CARGO INTERNATIONAL CONSOLIDATORS, INC. GHT BENEFIT PLAN	
b	Name of plan sponsor	CARGO INTERNATIONAL CONSOLIDATORS, INC.	c EIN-PN 05-0576306-501
a	Plan name	CARIB SALES, LLC GHT BENEFIT PLAN	
b	Name of plan sponsor	CARIB SALES, LLC	c EIN-PN 59-1702227-501
a	Plan name	CASABELLA HOMES INC. GHT BENEFIT PLAN	
b	Name of plan sponsor	CASABELLA HOMES INC.	c EIN-PN 55-0802415-501
a	Plan name	CATHERINE M RODRIGUEZ PA GHT BENEFIT PLAN	
b	Name of plan sponsor	CATHERINE M RODRIGUEZ PA	c EIN-PN 01-0603967-501
a	Plan name	CB GROUP DEVELOPMENT LLC GHT BENEFIT PLAN	
b	Name of plan sponsor	CB GROUP DEVELOPMENT LLC	c EIN-PN 84-5127148-501
a	Plan name	CCDH, INC. GHT BENEFIT PLAN	
b	Name of plan sponsor	CCDH, INC.	c EIN-PN 59-1617964-501

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	CEBALLOS CEBALLOS BESTULICH & PADRON CPAS GHT BENEFIT PLAN	
b	Name of plan sponsor	CEBALLOS CEBALLOS BESTULICH & PADRON CPAS	c EIN-PN 46-4061103-501
a	Plan name	CG ELITE FL, LLC GHT BENEFIT PLAN	
b	Name of plan sponsor	CG ELITE FL, LLC	c EIN-PN 93-4263378-501
a	Plan name	CHILDCARE MANAGEMENT GROUP LLC GHT BENEFIT PLAN	
b	Name of plan sponsor	CHILDCARE MANAGEMENT GROUP LLC	c EIN-PN 86-3886774-501
a	Plan name	CHRISTOPHER GONZALEZ CHB CORP GHT BENEFIT PLAN	
b	Name of plan sponsor	CHRISTOPHER GONZALEZ CHB CORP	c EIN-PN 99-2413907-501
a	Plan name	CHRISTOPHER J. BLANCO DPM PA GHT BENEFIT PLAN	
b	Name of plan sponsor	CHRISTOPHER J. BLANCO DPM PA	c EIN-PN 20-4445857-501
a	Plan name	CITY CONSTRUCTION GROUP, INC. GHT BENEFIT PLAN	
b	Name of plan sponsor	CITY CONSTRUCTION GROUP, INC.	c EIN-PN 65-0628390-501
a	Plan name	CITY OF MIAMI FIRE FIPO RETIREMENT TRUST GHT BENEFIT PLAN	
b	Name of plan sponsor	CITY OF MIAMI FIRE FIPO RETIREMENT TRUST	c EIN-PN 59-6502580-501
a	Plan name	CLARIN EYE CARE CENTER, P.A. GHT BENEFIT PLAN	
b	Name of plan sponsor	CLARIN EYE CARE CENTER, P.A.	c EIN-PN 27-0166294-501
a	Plan name	CLOUD 9 WORLD CORP. GHT BENEFIT PLAN	
b	Name of plan sponsor	CLOUD 9 WORLD CORP.	c EIN-PN 27-3565921-501
a	Plan name	CMACH DVM PA GHT BENEFIT PLAN	
b	Name of plan sponsor	CMACH DVM PA	c EIN-PN 27-1675008-501
a	Plan name	CMG PRODUCTS CORP GHT BENEFIT PLAN	
b	Name of plan sponsor	CMG PRODUCTS CORP	c EIN-PN 90-0830444-501
a	Plan name	COBALT CONSTRUCTION GROUP LLC. GHT BENEFIT PLAN	
b	Name of plan sponsor	COBALT CONSTRUCTION GROUP LLC.	c EIN-PN 26-2618462-501

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	COBLE BUILDERS LLC GHT BENEFIT PLAN	
b	Name of plan sponsor	COBLE BUILDERS LLC	c EIN-PN 45-3735836-501
a	Plan name	COM-JET CORP. GHT BENEFIT PLAN	
b	Name of plan sponsor	COM-JET CORP.	c EIN-PN 59-2051580-501
a	Plan name	COMPLEX SOMI, LLC GHT BENEFIT PLAN	
b	Name of plan sponsor	COMPLEX SOMI, LLC	c EIN-PN 84-4762788-501
a	Plan name	COMPOSITE AERONAUTICS, LLC GHT BENEFIT PLAN	
b	Name of plan sponsor	COMPOSITE AERONAUTICS SPECIALITS, LLC	c EIN-PN 30-0961741-501
a	Plan name	CONCORD ENGINEERING INC. GHT BENEFIT PLAN	
b	Name of plan sponsor	CONCORD ENGINEERING INC.	c EIN-PN 65-1065607-501
a	Plan name	COOSEMAN INTERPRODUCE GHT BENEFIT PLAN	
b	Name of plan sponsor	COOSEMAN INTERPRODUCE	c EIN-PN 59-3187209-501
a	Plan name	CORAL GABLES COMMUNITY FOUNDATION GHT BENEFIT PLAN	
b	Name of plan sponsor	CORAL GABLES COMMUNITY FOUNDATION	c EIN-PN 65-0208290-501
a	Plan name	CORAL REEF MEDICAL GROUP GHT BENEFIT PLAN	
b	Name of plan sponsor	CORAL REEF MEDICAL GROUP	c EIN-PN 06-1833406-501
a	Plan name	CORONA HOLDINGS. GHT BENEFIT PLAN	
b	Name of plan sponsor	CORONA HOLDINGS.	c EIN-PN 81-4871914-501
a	Plan name	CORREDOR & HUSSEINI PA GHT BENEFIT PLAN	
b	Name of plan sponsor	CORREDOR & HUSSEINI PA	c EIN-PN 73-3144838-501
a	Plan name	COUNTACH, INC. GHT BENEFIT PLAN	
b	Name of plan sponsor	COUNTACH, INC.	c EIN-PN 59-2242988-501
a	Plan name	CREATIVE LEARNING CENTER OF KENDALL GHT BENEFIT PLAN	
b	Name of plan sponsor	CREATIVE LEARNING CENTER OF KENDALL	c EIN-PN 59-2123460-501

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	CUBAN AMERICAN NATIONAL COUNCIL INC GHT BENEFIT PLAN	
b	Name of plan sponsor	CUBAN AMERICAN NATIONAL COUNCIL INC	c EIN-PN 23-7269955-501
a	Plan name	CYZERG LLC GHT BENEFIT PLAN	
b	Name of plan sponsor	CYZERG LLC	c EIN-PN 46-4316766-501
a	Plan name	D & S MANAGEMENT SERVICES GHT BENEFIT PLAN	
b	Name of plan sponsor	D & S MANAGEMENT SERVICES	c EIN-PN 65-0361722-501
a	Plan name	DADE CONSTRUCTION CORP INC. GHT BENEFIT PLAN	
b	Name of plan sponsor	DADE CONSTRUCTION CORP INC.	c EIN-PN 37-1666124-501
a	Plan name	DAS INSTALLERS INC. GHT BENEFIT PLAN	
b	Name of plan sponsor	DAS INSTALLERS INC.	c EIN-PN 83-3165180-501
a	Plan name	DASILVA DIGITAL EMPIRE, LLC GHT BENEFIT PLAN	
b	Name of plan sponsor	DASILVA DIGITAL EMPIRE, LLC	c EIN-PN 85-1995896-501
a	Plan name	DE LA HOZ, PEREZ & BARBEITO, PLLC GHT BENEFIT PLAN	
b	Name of plan sponsor	DE LA HOZ, PEREZ & BARBEITO, PLLC	c EIN-PN 86-1316204-501
a	Plan name	DE VARONA CPA PA GHT BENEFIT PLAN	
b	Name of plan sponsor	DE VARONA CPA PA	c EIN-PN 65-0966288-501
a	Plan name	DEL CAMPO INSURANCE GROUP GHT BENEFIT PLAN	
b	Name of plan sponsor	DEL CAMPO INSURANCE GROUP	c EIN-PN 26-4696326-501
a	Plan name	DOCTORS MEDICAL RENTALS CORP GHT BENEFIT PLAN	
b	Name of plan sponsor	DOCTORS MEDICAL RENTALS CORP	c EIN-PN 59-2451369-501
a	Plan name	DOHAN CPA P.A. GHT BENEFIT PLAN	
b	Name of plan sponsor	DOHAN CPA P.A.	c EIN-PN 20-1104940-501
a	Plan name	DOS SANTOS LAW, PA GHT BENEFIT PLAN	
b	Name of plan sponsor	DOS SANTOS LAW, PA	c EIN-PN 85-3245050-501

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	DRYNK BAR & LOUNGE GHT BENEFIT PLAN	
b	Name of plan sponsor	DRYNK BAR & LOUNGE	c EIN-PN 47-5542385-501
a	Plan name	DYNAMO WELTWEIT LOGISTIK CORP GHT BENEFIT PLAN	
b	Name of plan sponsor	DYNAMO WELTWEIT LOGISTIK CORP	c EIN-PN 65-0434503-501
a	Plan name	E ALEX ORTIZ, CPA PA GHT BENEFIT PLAN	
b	Name of plan sponsor	E ALEX ORTIZ, CPA PA	c EIN-PN 81-0866012-501
a	Plan name	EADVISORPRO GHT BENEFIT PLAN	
b	Name of plan sponsor	EADVISORPRO	c EIN-PN 83-1400508-501
a	Plan name	EDUARDO X PEREIRA P.A. GHT BENEFIT PLAN	
b	Name of plan sponsor	EDUARDO X PEREIRA P.A.	c EIN-PN 46-2960188-501
a	Plan name	EEL MIA LLC GHT BENEFIT PLAN	
b	Name of plan sponsor	EEL MIA LLC	c EIN-PN 86-2989431-501
a	Plan name	ELS MANAGEMENT LLC GHT BENEFIT PLAN	
b	Name of plan sponsor	ELS MANAGEMENT LLC	c EIN-PN 84-3232330-501
a	Plan name	EMERALD AT BRICKELL CONDO ASSOCIATION GHT BENEFIT PLAN	
b	Name of plan sponsor	EMERALD AT BRICKELL CONDO ASSOCIATION	c EIN-PN 20-4711818-501
a	Plan name	EMERGENCY DISASTER RESTORATION, INC. GHT BENEFIT PLAN	
b	Name of plan sponsor	EMERGENCY DISASTER RESTORATION, INC.	c EIN-PN 83-4001487-501
a	Plan name	EMPLOYER SOLUTIONS SERVICES, INC. GHT BENEFIT PLAN	
b	Name of plan sponsor	EMPLOYER SOLUTIONS SERVICES, INC.	c EIN-PN 47-1234609-501
a	Plan name	ENDODONTIX DENTAL GROUP, P.A. GHT BENEFIT PLAN	
b	Name of plan sponsor	ENDODONTIX DENTAL GROUP, P.A.	c EIN-PN 20-4274435-501
a	Plan name	EP MEDICAL EQUIPMENT, INC. GHT BENEFIT PLAN	
b	Name of plan sponsor	EP MEDICAL EQUIPMENT, INC.	c EIN-PN 65-0541249-501

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	EPC HOLDINGS LIMITED PARTNERSHIP GHT BENEFIT PLAN	
b	Name of plan sponsor	EPC HOLDINGS LIMITED PARTNERSHIP	c EIN-PN 52-2277613-501
a	Plan name	EVERGLADES ENVIRONMENTAL CARE LLC GHT BENEFIT PLAN	
b	Name of plan sponsor	EVERGLADES ENVIRONMENTAL CARE LLC	c EIN-PN 65-0625294-501
a	Plan name	EVERGREEN SWEETENERS, INC. GHT BENEFIT PLAN	
b	Name of plan sponsor	EVERGREEN SWEETENERS, INC.	c EIN-PN 59-2523721-501
a	Plan name	EXECUTIVE INVESTMENTS GROUP, INC. GHT BENEFIT PLAN	
b	Name of plan sponsor	EXECUTIVE INVESTMENTS GROUP, INC.	c EIN-PN 65-1159585-501
a	Plan name	EXPENSE SOLUTIONS INC GHT BENEFIT PLAN	
b	Name of plan sponsor	EXPENSE SOLUTIONS INC	c EIN-PN 45-4314990-501
a	Plan name	EXPRESS TRAVEL GHT BENEFIT PLAN	
b	Name of plan sponsor	EXPRESS TRAVEL	c EIN-PN 65-0161530-501
a	Plan name	EZKANDA GROUP LLC GHT BENEFIT PLAN	
b	Name of plan sponsor	EZKANDA GROUP LLC	c EIN-PN 27-4848759-501
a	Plan name	FAENA ROSE, LLC GHT BENEFIT PLAN	
b	Name of plan sponsor	FAENA ROSE, LLC	c EIN-PN 36-4905240-501
a	Plan name	FELIX E GUZMAN, MD PA GHT BENEFIT PLAN	
b	Name of plan sponsor	FELIX E GUZMAN, MD PA	c EIN-PN 65-1074869-501
a	Plan name	FERNANDO R RUIZ INSURANCE AGENCY INC. GHT BENEFIT PLAN	
b	Name of plan sponsor	FERNANDO R RUIZ INSURANCE AGENCY INC.	c EIN-PN 20-3604335-501
a	Plan name	FERTILITY & IVF CENTER OF MIAMI GHT BENEFIT PLAN	
b	Name of plan sponsor	FERTILITY & IVF CENTER OF MIAMI	c EIN-PN 65-0236322-501
a	Plan name	FIRE-LINK TECHNOLOGIES, INC. GHT BENEFIT PLAN	
b	Name of plan sponsor	FIRE-LINK TECHNOLOGIES, INC.	c EIN-PN 46-4908136-501

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	FITZROY INVESTMENT ADVISORS GHT BENEFIT PLAN	
b Name of plan sponsor	FITZROY INVESTMENT ADVISORS	c EIN-PN 47-5063241-501
a Plan name	FLEITAS & ARCA PLLC GHT BENEFIT PLAN	
b Name of plan sponsor	FLEITAS & ARCA PLLC	c EIN-PN 93-4245295-501
a Plan name	FLEITES & GARCIA HEALTH MGMT, LLC GHT BENEFIT PLAN	
b Name of plan sponsor	FLEITES & GARCIA HEALTH MGMT, LLC	c EIN-PN 84-5172566-501
a Plan name	FLIGHT EQUIPMENT INC. GHT BENEFIT PLAN	
b Name of plan sponsor	FLIGHT EQUIPMENT INC.	c EIN-PN 90-0645740-501
a Plan name	FLORIDA ELECTRIC MOTOR CO OF MIAMI INC. GHT BENEFIT PLAN	
b Name of plan sponsor	FLORIDA ELECTRIC MOTOR CO OF MIAMI INC.	c EIN-PN 59-1474199-501
a Plan name	FLORIDA PAVEMENT SERVICES, INC. GHT BENEFIT PLAN	
b Name of plan sponsor	FLORIDA PAVEMENT SERVICES, INC.	c EIN-PN 46-0740990-501
a Plan name	FLORIDA PROPERTY TAX CONSULTANTS, INC. GHT BENEFIT PLAN	
b Name of plan sponsor	FLORIDA PROPERTY TAX CONSULTANTS, INC.	c EIN-PN 65-0784924-501
a Plan name	FLORIDA YACHTS INTERNATIONAL GHT BENEFIT PLAN	
b Name of plan sponsor	FLORIDA YACHTS INTERNATIONAL	c EIN-PN 47-3116286-501
a Plan name	FLORIDIAN FIRST REALTY CORP GHT BENEFIT PLAN	
b Name of plan sponsor	FLORIDIAN FIRST REALTY CORP	c EIN-PN 47-2081563-501
a Plan name	FOLIO TITLE, LLC GHT BENEFIT PLAN	
b Name of plan sponsor	FOLIO TITLE, LLC	c EIN-PN 84-3777612-501
a Plan name	FONTE FRIZ-GARCIA IMMIGRATION FIRM, PL GHT BENEFIT PLAN	
b Name of plan sponsor	FONTE FRIZ-GARCIA IMMIGRATION FIRM, PL	c EIN-PN 61-1584127-501
a Plan name	FOOD FANTASIES INC GHT BENEFIT PLAN	
b Name of plan sponsor	FOOD FANTASIES INC	c EIN-PN 65-0572228-501

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	FORTITUDE INSURANCE SOLUTIONS, LLC GHT BENEFIT PLAN	
b	Name of plan sponsor	FORTITUDE INSURANCE SOLUTIONS, LLC	c EIN-PN 83-3669823-501
a	Plan name	FORTUNE SETTLEMENT SOLUTIONS, LLC GHT BENEFIT PLAN	
b	Name of plan sponsor	FORTUNE SETTLEMENT SOLUTIONS, LLC	c EIN-PN 82-1976884-501
a	Plan name	FRANCISCO J. VINAS PA GHT BENEFIT PLAN	
b	Name of plan sponsor	FRANCISCO J. VINAS PA	c EIN-PN 01-0668632-501
a	Plan name	FUNDIMENSION, LLC GHT BENEFIT PLAN	
b	Name of plan sponsor	FUNDIMENSION, LLC	c EIN-PN 81-3251117-501
a	Plan name	G EMPLOYMENT SERVICES, INC. GHT BENEFIT PLAN	
b	Name of plan sponsor	G EMPLOYMENT SERVICES, INC.	c EIN-PN 93-2359400-501
a	Plan name	GABLES ANIMAL HEALTH CENTER, INC. GHT BENEFIT PLAN	
b	Name of plan sponsor	GABLES ANIMAL HEALTH CENTER, INC.	c EIN-PN 65-0522101-501
a	Plan name	GALAXY SKATEWAY LC GHT BENEFIT PLAN	
b	Name of plan sponsor	GALAXY SKATEWAY LC	c EIN-PN 65-0697840-501
a	Plan name	GARCES & GARCES CARGO SERVICE GHT BENEFIT PLAN	
b	Name of plan sponsor	GARCES & GARCES CARGO SERVICE	c EIN-PN 65-0782173-501
a	Plan name	GINA NGUYEN, PA GHT BENEFIT PLAN	
b	Name of plan sponsor	GINA NGUYEN, PA	c EIN-PN 04-3810379-501
a	Plan name	GLASSLAND INC. GHT BENEFIT PLAN	
b	Name of plan sponsor	GLASSLAND INC.	c EIN-PN 65-1020575-501
a	Plan name	GLOBAL INVESTMENT 77 LLC GHT BENEFIT PLAN	
b	Name of plan sponsor	GLOBAL INVESTMENT 77 LLC	c EIN-PN 46-3640544-501
a	Plan name	GLOBAL LOGISTICS EXCHANGE LLC GHT BENEFIT PLAN	
b	Name of plan sponsor	GLOBAL LOGISTICS EXCHANGE LLC	c EIN-PN 26-1284240-501

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	GLOBAL REACH HEALTH HBF, LLC GHT BENEFIT PLAN	
b	Name of plan sponsor	GLOBAL REACH HEALTH HBF, LLC	c EIN-PN 47-2024984-501
a	Plan name	GLOBAL RESEARCH & ASSETS MANAGEMENT GHT BENEFIT PLAN	
b	Name of plan sponsor	GLOBAL RESEARCH & ASSETS MANAGEMENT	c EIN-PN 90-0553574-501
a	Plan name	GMA FINANCIAL LLC GHT BENEFIT PLAN	
b	Name of plan sponsor	GMA FINANCIAL LLC	c EIN-PN 83-1913117-501
a	Plan name	GOLDEN RULE GROCERY, INC. GHT BENEFIT PLAN	
b	Name of plan sponsor	GOLDEN RULE GROCERY, INC.	c EIN-PN 59-0936686-501
a	Plan name	GOOD TIMES GROUP HOME INC. GHT BENEFIT PLAN	
b	Name of plan sponsor	GOOD TIMES GROUP HOME INC.	c EIN-PN 20-4442156-501
a	Plan name	GRAFTON FURNITURE MFG GHT BENEFIT PLAN	
b	Name of plan sponsor	GRAFTON FURNITURE MFG	c EIN-PN 20-0904762-501
a	Plan name	GREATER MIAMI CHAMBER OF COMMERCE GHT BENEFIT PLAN	
b	Name of plan sponsor	GREATER MIAMI CHAMBER OF COMMERCE	c EIN-PN 59-0358775-501
a	Plan name	GREGORY F. BETANCOURT, P.A GHT BENEFIT PLAN	
b	Name of plan sponsor	GREGORY F. BETANCOURT, P.A	c EIN-PN 65-1096743-501
a	Plan name	GRUBER LAW. PPLC GHT BENEFIT PLAN	
b	Name of plan sponsor	GRUBER LAW. PPLC	c EIN-PN 47-1001131-501
a	Plan name	GULF PLUMBING, INC. GHT BENEFIT PLAN	
b	Name of plan sponsor	GULF PLUMBING, INC.	c EIN-PN 59-1396586-501
a	Plan name	H. CHARLES HARRIS MD PA GHT BENEFIT PLAN	
b	Name of plan sponsor	H. CHARLES HARRIS MD PA	c EIN-PN 65-1053029-501
a	Plan name	HADONNE CORP. GHT BENEFIT PLAN	
b	Name of plan sponsor	HADONNE CORP.	c EIN-PN 65-1089850-501

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	HAIKU WYNWOOD, LLC GHT BENEFIT PLAN	
b	Name of plan sponsor	HAIKU WYNWOOD, LLC	c EIN-PN 84-4383280-501
a	Plan name	HARBOR MANAGEMENT SERVICES, INC. GHT BENEFIT PLAN	
b	Name of plan sponsor	HARBOR MANAGEMENT SERVICES, INC.	c EIN-PN 65-0274217-501
a	Plan name	HC&D MANAGEMENT, INC. GHT BENEFIT PLAN	
b	Name of plan sponsor	HC&D MANAGEMENT, INC.	c EIN-PN 22-3935635-501
a	Plan name	HEAT COLLISION, INC. GHT BENEFIT PLAN	
b	Name of plan sponsor	HEAT COLLISION, INC.	c EIN-PN 45-3452472-501
a	Plan name	HEINEMANN AMERICAS, INC. GHT BENEFIT PLAN	
b	Name of plan sponsor	HEINEMANN AMERICAS, INC.	c EIN-PN 45-3072494-501
a	Plan name	HEINLEIN FOODS USA INC. GHT BENEFIT PLAN	
b	Name of plan sponsor	HEINLEIN FOODS USA INC.	c EIN-PN 36-4956429-501
a	Plan name	HELPING ABUSED, NEGLECTED, DISADVANTAGED YOUTH, INC GHT BENEFIT PLAN	
b	Name of plan sponsor	HELPING ABUSED, NEGLECTED, DISADVANTAGED YOUTH, INC	c EIN-PN 59-2507617-501
a	Plan name	HELPING HAND PHARMACY, LLC GHT BENEFIT PLAN	
b	Name of plan sponsor	HELPING HAND PHARMACY, LLC	c EIN-PN 45-4709624-501
a	Plan name	HEYER & ASSOCIATES EA PA GHT BENEFIT PLAN	
b	Name of plan sponsor	HEYER & ASSOCIATES EA PA	c EIN-PN 20-2579228-501
a	Plan name	HIGH ROAD CONSTRUCTION, INC. GHT BENEFIT PLAN	
b	Name of plan sponsor	HIGH ROAD CONSTRUCTION, INC.	c EIN-PN 27-0807799-501
a	Plan name	HOMETOWN BAR-B-Q, LLC GHT BENEFIT PLAN	
b	Name of plan sponsor	HOMETOWN BAR-B-Q, LLC	c EIN-PN 65-1096468-501
a	Plan name	HOWARD S. REEDER, INC. GHT BENEFIT PLAN	
b	Name of plan sponsor	HOWARD S. REEDER, INC.	c EIN-PN 59-1546591-501

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	HPM ADMINISTRATIVE, LLC GHT BENEFIT PLAN	
b Name of plan sponsor	HPM ADMINISTRATIVE, LLC	c EIN-PN 47-2671432-501
a Plan name	HR EMPLOYER SOLUTIONS GROUP, LLC GHT BENEFIT PLAN	
b Name of plan sponsor	HR EMPLOYER SOLUTIONS GROUP, LLC	c EIN-PN 47-3986012-501
a Plan name	HVAC/R INTERNATIONAL INC. GHT BENEFIT PLAN	
b Name of plan sponsor	HVAC/R INTERNATIONAL INC.	c EIN-PN 42-1533359-501
a Plan name	HYPERFOCUS ROI CORP GHT BENEFIT PLAN	
b Name of plan sponsor	HYPERFOCUS ROI CORP	c EIN-PN 83-1727555-501
a Plan name	INFINITY ESPANOLA HOTEL VENTURE LLC GHT BENEFIT PLAN	
b Name of plan sponsor	INFINITY ESPANOLA HOTEL VENTURE LLC	c EIN-PN 47-5333536-501
a Plan name	INGREDIENT SUPPLY CORPORATION GHT BENEFIT PLAN	
b Name of plan sponsor	INGREDIENT SUPPLY CORPORATION	c EIN-PN 59-3297087-501
a Plan name	INSPECT MIAMI INC. GHT BENEFIT PLAN	
b Name of plan sponsor	INSPECT MIAMI INC.	c EIN-PN 85-2768387-501
a Plan name	INTEGRATED COOLING SOLUTIONS, LLC GHT BENEFIT PLAN	
b Name of plan sponsor	INTEGRATED COOLING SOLUTIONS, LLC	c EIN-PN 27-0343301-501
a Plan name	INTELLI TECH SYSTEMS, INC. GHT BENEFIT PLAN	
b Name of plan sponsor	INTELLI TECH SYSTEMS, INC.	c EIN-PN 26-4328495-501
a Plan name	INTERAMERICA DATA FLORIDA, LLC GHT BENEFIT PLAN	
b Name of plan sponsor	INTERAMERICA DATA FLORIDA, LLC	c EIN-PN 20-0754846-501
a Plan name	INTERNATIONAL CRUISE FOOD & HOTEL SUPPLIERS GHT BENEFIT PLAN	
b Name of plan sponsor	INTERNATIONAL CRUISE FOOD & HOTEL SUPPLIER, INC	c EIN-PN 65-0822593-501
a Plan name	INTERNATIONAL H2O GHT BENEFIT PLAN	
b Name of plan sponsor	INTERNATIONAL H2O	c EIN-PN 90-0975352-501

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	INTERNATIONAL MACHINE SHOP GHT BENEFIT PLAN
b	Name of plan sponsor	INTERNATIONAL MACHINE SHOP
c	EIN-PN	59-2748193-501
a	Plan name	INVIZIO LLC GHT BENEFIT PLAN
b	Name of plan sponsor	INVIZIO LLC
c	EIN-PN	41-2279548-501
a	Plan name	ITALIAN TILE & MARBLE TRADING, INC. GHT BENEFIT PLAN
b	Name of plan sponsor	ITALIAN TILE & MARBLE TRADING, INC.
c	EIN-PN	65-0809346-501
a	Plan name	ITALKRAFT FORT LAUDERDALE, LLC GHT BENEFIT PLAN
b	Name of plan sponsor	ITALKRAFT FORT LAUDERDALE, LLC
c	EIN-PN	36-4803389-501
a	Plan name	J GARCIA & ASSOCIATES, PA GHT BENEFIT PLAN
b	Name of plan sponsor	J GARCIA & ASSOCIATES, PA
c	EIN-PN	65-1105607-501
a	Plan name	JAHA OPS M, LLC GHT BENEFIT PLAN
b	Name of plan sponsor	JAHA OPS M, LLC
c	EIN-PN	47-5461092-501
a	Plan name	JAMES CROSS, INC. GHT BENEFIT PLAN
b	Name of plan sponsor	JAMES CROSS, INC.
c	EIN-PN	65-0610587-501
a	Plan name	JC MACHINE WORKS GHT BENEFIT PLAN
b	Name of plan sponsor	JC MACHINE WORKS
c	EIN-PN	27-2801231-501
a	Plan name	JCB, LC GHT BENEFIT PLAN
b	Name of plan sponsor	JCB, LC
c	EIN-PN	22-3948005-501
a	Plan name	JCR MEDICAL EQUIPMENT GHT BENEFIT PLAN
b	Name of plan sponsor	JCR MEDICAL EQUIPMENT
c	EIN-PN	65-0222776-501
a	Plan name	JENY SOD SERVICES CORP GHT BENEFIT PLAN
b	Name of plan sponsor	JENY SOD SERVICES CORP
c	EIN-PN	65-0690646-501
a	Plan name	JOAQUIN A. GOMEZ MD PA GHT BENEFIT PLAN
b	Name of plan sponsor	JOAQUIN A. GOMEZ MD PA
c	EIN-PN	65-1093800-501

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	JOHN BELL CONSTRUCTION, INC. GHT BENEFIT PLAN	
b	Name of plan sponsor	JOHN BELL CONSTRUCTION, INC.	c EIN-PN 81-1551021-501
a	Plan name	JOHN IBARRA & ASSOCIATES GHT BENEFIT PLAN	
b	Name of plan sponsor	JOHN IBARRA & ASSOCIATES	c EIN-PN 26-3698470-501
a	Plan name	JONATHAN T. BLOCH, DMD PA GHT BENEFIT PLAN	
b	Name of plan sponsor	JONATHAN T. BLOCH, DMD PA	c EIN-PN 59-2190088-501
a	Plan name	JORDON GLASS CORPORATION GHT BENEFIT PLAN	
b	Name of plan sponsor	JORDON GLASS CORPORATION	c EIN-PN 59-2110450-501
a	Plan name	JOSE R ABADIN DDS PA GHT BENEFIT PLAN	
b	Name of plan sponsor	JOSE R ABADIN DDS PA	c EIN-PN 65-0521322-501
a	Plan name	JOSEPH I. CHI, MD, PA GHT BENEFIT PLAN	
b	Name of plan sponsor	JOSEPH I. CHI, MD, PA	c EIN-PN 65-0404065-501
a	Plan name	JRD & ASSOCIATES GHT BENEFIT PLAN	
b	Name of plan sponsor	JRD & ASSOCIATES	c EIN-PN 65-0627780-501
a	Plan name	KENDALL EYE INSTITUTE, INC. GHT BENEFIT PLAN	
b	Name of plan sponsor	KENDALL EYE INSTITUTE, INC.	c EIN-PN 65-1297543-501
a	Plan name	KEY BAY CLUB LLLP GHT BENEFIT PLAN	
b	Name of plan sponsor	KEY BAY CLUB LLLP	c EIN-PN 20-8600687-501
a	Plan name	KEY COLONY II CONDO ASSOCIATION GHT BENEFIT PLAN	
b	Name of plan sponsor	KEY COLONY II CONDO ASSOCIATION	c EIN-PN 59-1922401-501
a	Plan name	KIWICHAT, INC. GHT BENEFIT PLAN	
b	Name of plan sponsor	KIWICHAT, INC.	c EIN-PN 85-2421934-501
a	Plan name	KOR MEDIA AND LIGHTING LLC GHT BENEFIT PLAN	
b	Name of plan sponsor	KOR MEDIA AND LIGHTING LLC	c EIN-PN 26-2307175-501

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	KRILOV, LLC. GHT BENEFIT PLAN	
b	Name of plan sponsor	KRILOV, LLC.	c EIN-PN 61-1774185-501
a	Plan name	KZMYA HOSPITALITY LLC GHT BENEFIT PLAN	
b	Name of plan sponsor	KZMYA HOSPITALITY LLC	c EIN-PN 93-4250158-501
a	Plan name	LANSIGHT TECHNOLOGY, LLC GHT BENEFIT PLAN	
b	Name of plan sponsor	LANSIGHT TECHNOLOGY, LLC	c EIN-PN 82-3543217-501
a	Plan name	LARREA AND ORTEGA GHT BENEFIT PLAN	
b	Name of plan sponsor	LARREA AND ORTEGA	c EIN-PN 65-0812563-501
a	Plan name	LAW FIRM OF JOSEPH R. LACKEY, LLC GHT BENEFIT PLAN	
b	Name of plan sponsor	LAW FIRM OF JOSEPH R. LACKEY, LLC	c EIN-PN 81-3309812-501
a	Plan name	LEH JUICE MFT LLC GHT BENEFIT PLAN	
b	Name of plan sponsor	LEH JUICE MFT LLC	c EIN-PN 85-2717372-501
a	Plan name	LIFELINE HOME HEALTHCARE PROVIDERS INC. GHT BENEFIT PLAN	
b	Name of plan sponsor	LIFELINE HOME HEALTHCARE PROVIDERS INC.	c EIN-PN 20-0055571-501
a	Plan name	LILY & ASSOCIATES INTERNATIONAL FREIGHT FORWARDERS INC. GHT BENEFIT PLAN	
b	Name of plan sponsor	LILY & ASSOCIATES INTERNATIONAL FREIGHT FORWARDERS INC.	c EIN-PN 65-0662377-501
a	Plan name	LION GRACE CAPITAL GHT BENEFIT PLAN	
b	Name of plan sponsor	LION GRACE CAPITAL	c EIN-PN 47-4038164-501
a	Plan name	LIVE IT PRODUCTIONS INTL GHT BENEFIT PLAN	
b	Name of plan sponsor	LIVE IT PRODUCTIONS INTL	c EIN-PN 27-4405676-501
a	Plan name	LL&R HOLDINGS GROUP LLC GHT BENEFIT PLAN	
b	Name of plan sponsor	LL&R HOLDINGS GROUP LLC	c EIN-PN 87-2905110-501
a	Plan name	LLJ RISK ADVISORS, LLC GHT BENEFIT PLAN	
b	Name of plan sponsor	LLJ RISK ADVISORS, LLC	c EIN-PN 84-3084452-501

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	LOAN LAWYERS LLC GHT BENEFIT PLAN	
b	Name of plan sponsor	LOAN LAWYERS LLC	c EIN-PN 27-0585612-501
a	Plan name	LOLITA'S MARKETING GHT BENEFIT PLAN	
b	Name of plan sponsor	LOLITAS MARKETING	c EIN-PN 45-4530101-501
a	Plan name	LOPEZ & PARTNERS, LLC GHT BENEFIT PLAN	
b	Name of plan sponsor	LOPEZ & PARTNERS, LLC	c EIN-PN 20-4765694-501
a	Plan name	LORENZO NISSAN OF FT. LAUDERDALE GHT BENEFIT PLAN	
b	Name of plan sponsor	LORENZO NISSAN OF FT. LAUDERDALE	c EIN-PN 83-3217656-501
a	Plan name	LOUIS J. AGUIRRE & ASSOCIATES, PA GHT BENEFIT PLAN	
b	Name of plan sponsor	LOUIS J. AGUIRRE & ASSOCIATES, PA	c EIN-PN 65-0164013-501
a	Plan name	MAC INTERNATIONAL NETWORK USA, LLC GHT BENEFIT PLAN	
b	Name of plan sponsor	MAC INTERNATIONAL NETWORK USA, LLC	c EIN-PN 45-2406221-501
a	Plan name	MAC STAFFING SOLUTIONS, INC. GHT BENEFIT PLAN	
b	Name of plan sponsor	MAC STAFFING SOLUTIONS, INC.	c EIN-PN 82-3845977-501
a	Plan name	MACHINERY AND PARTS OF AMERICA INC. GHT BENEFIT PLAN	
b	Name of plan sponsor	MACHINERY AND PARTS OF AMERICA INC.	c EIN-PN 65-0310361-501
a	Plan name	MACIAS ADVERTISING, LLC GHT BENEFIT PLAN	
b	Name of plan sponsor	MACIAS ADVERTISING, LLC	c EIN-PN 42-1667212-501
a	Plan name	MAGNETICS USA INC. GHT BENEFIT PLAN	
b	Name of plan sponsor	MAGNETICS USA INC.	c EIN-PN 65-0308702-501
a	Plan name	MALLARD & SHARP PA GHT BENEFIT PLAN	
b	Name of plan sponsor	MALLARD & SHARP PA	c EIN-PN 80-0313872-501
a	Plan name	MANAGEMENT AUTOMATED SERVICES GHT BENEFIT PLAN	
b	Name of plan sponsor	MANAGEMENT AUTOMATED SERVICES	c EIN-PN 65-0070736-501

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	MARCO MARKETING CONSULTANTS GHT BENEFIT PLAN	
b	Name of plan sponsor	MARCO MARKETING CONSULTANTS	c EIN-PN 99-0384420-501
a	Plan name	MARILI CANCIO JOHNSON PA GHT BENEFIT PLAN	
b	Name of plan sponsor	MARILI CANCIO JOHNSON PA	c EIN-PN 45-2652405-501
a	Plan name	MARINSA INTERNATIONAL INC. GHT BENEFIT PLAN	
b	Name of plan sponsor	MARINSA INTERNATIONAL INC.	c EIN-PN 82-1682671-501
a	Plan name	MARIO J. MARTINEZ, DDS, P.A. GHT BENEFIT PLAN	
b	Name of plan sponsor	MARIO J. MARTINEZ, DDS, P.A.	c EIN-PN 65-1131832-501
a	Plan name	MARIO TACHER PA GHT BENEFIT PLAN	
b	Name of plan sponsor	MARIO TACHER PA	c EIN-PN 65-0176092-501
a	Plan name	MARTINEZ ARCHITECT, INC. GHT BENEFIT PLAN	
b	Name of plan sponsor	MARTINEZ ARCHITECT, INC.	c EIN-PN 87-1769384-501
a	Plan name	MDR AMERICANA LLC GHT BENEFIT PLAN	
b	Name of plan sponsor	MDR AMERICANA LLC	c EIN-PN 45-2801481-501
a	Plan name	MEDCLOUD DEPOT, LLC GHT BENEFIT PLAN	
b	Name of plan sponsor	MEDCLOUD DEPOT, LLC	c EIN-PN 46-4031191-501
a	Plan name	MEDINA LAND HOLDINGS #4 LLC GHT BENEFIT PLAN	
b	Name of plan sponsor	MEDINA LAND HOLDINGS #4 LLC	c EIN-PN 46-0801903-501
a	Plan name	MEDLEY BLOCK INDUSTRIES CORP. GHT BENEFIT PLAN	
b	Name of plan sponsor	MEDLEY BLOCK INDUSTRIES CORP.	c EIN-PN 65-0333118-501
a	Plan name	METRO TRAFFIC SAFETY INSTITUTE, INC. GHT BENEFIT PLAN	
b	Name of plan sponsor	METRO TRAFFIC SAFETY INSTITUTE, INC.	c EIN-PN 65-0158313-501
a	Plan name	MG HOME CARE GHT BENEFIT PLAN	
b	Name of plan sponsor	MG HOME CARE	c EIN-PN 86-2084913-501

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	MIAMI CUSTOM SERVICES, INC. GHT BENEFIT PLAN	
b	Name of plan sponsor	MIAMI CUSTOM SERVICES, INC.	c EIN-PN 65-0247626-501
a	Plan name	MIAMI DURABLE MEDICAL EQUIPMENT INC. GHT BENEFIT PLAN	
b	Name of plan sponsor	MIAMI DURABLE MEDICAL EQUIPMENT INC.	c EIN-PN 65-0194954-501
a	Plan name	MIAMI KIDNEY GROUP PLLC GHT BENEFIT PLAN	
b	Name of plan sponsor	MIAMI KIDNEY GROUP PLLC	c EIN-PN 65-0436438-501
a	Plan name	MIAMI MUSIC PROJECT INC. GHT BENEFIT PLAN	
b	Name of plan sponsor	MIAMI MUSIC PROJECT INC.	c EIN-PN 26-4084871-501
a	Plan name	MIAMI-DADE COUNTY FAIR & EXPOSITION INC. GHT BENEFIT PLAN	
b	Name of plan sponsor	MIAMI-DADE COUNTY FAIR & EXPOSITION INC.	c EIN-PN 59-1039811-501
a	Plan name	MICHAEL D FELDMAN DO PA GHT BENEFIT PLAN	
b	Name of plan sponsor	MICHAEL D FELDMAN DO PA	c EIN-PN 65-0239007-501
a	Plan name	MIG AWARDS GHT BENEFIT PLAN	
b	Name of plan sponsor	MIG AWARDS	c EIN-PN 15-0567355-501
a	Plan name	MILLENNIUM INSURANCE AGENCY, INC. GHT BENEFIT PLAN	
b	Name of plan sponsor	MILLENNIUM INSURANCE AGENCY, INC.	c EIN-PN 26-2632932-501
a	Plan name	MINDFUL SPROUTS LLC GHT BENEFIT PLAN	
b	Name of plan sponsor	MINDFUL SPROUTS LLC	c EIN-PN 82-2332076-501
a	Plan name	MODERN DESIGN MIAMI CORP GHT BENEFIT PLAN	
b	Name of plan sponsor	MODERN DESIGN MIAMI CORP	c EIN-PN 47-4313883-501
a	Plan name	MONIP GROUP INC. GHT BENEFIT PLAN	
b	Name of plan sponsor	MONIP GROUP INC.	c EIN-PN 83-4448534-501
a	Plan name	MONZON CRANE, INC. GHT BENEFIT PLAN	
b	Name of plan sponsor	MONZON CRANE, INC.	c EIN-PN 46-1242143-501

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	MORAYS JEWELERS, INC GHT BENEFIT PLAN	
b Name of plan sponsor	MORAYS JEWELERS, INC	c EIN-PN 59-1953020-501
a Plan name	MORLIC ENGINEERING CORPORATION GHT BENEFIT PLAN	
b Name of plan sponsor	MORLIC ENGINEERING CORPORATION	c EIN-PN 65-0062765-501
a Plan name	MTS YACHTS INC. GHT BENEFIT PLAN	
b Name of plan sponsor	MTS YACHTS INC.	c EIN-PN 26-4306965-501
a Plan name	MUGHAL & MCRAE EXECUTIVE SEARCH LLC GHT BENEFIT PLAN	
b Name of plan sponsor	MUGHAL & MCRAE EXECUTIVE SEARCH LLC	c EIN-PN 26-0245327-501
a Plan name	MY COMMUNITY SUPPORT SERVICES, LLC GHT BENEFIT PLAN	
b Name of plan sponsor	MY COMMUNITY SUPPORT SERVICES, LLC	c EIN-PN 81-3960916-501
a Plan name	NATURAL AIR ENERGY GHT BENEFIT PLAN	
b Name of plan sponsor	NATURAL AIR ENERGY	c EIN-PN 46-5610330-501
a Plan name	NDR DIRECT, LLC GHT BENEFIT PLAN	
b Name of plan sponsor	NDR DIRECT, LLC	c EIN-PN 47-3224506-501
a Plan name	NEAR BPO GHT BENEFIT PLAN	
b Name of plan sponsor	NEAR BPO	c EIN-PN 43-1995287-501
a Plan name	NEUROPSYCHOLOGY ASSOCIATES OF MIAMI GHT BENEFIT PLAN	
b Name of plan sponsor	NEUROPSYCHOLOGY ASSOCIATES OF MIAMI	c EIN-PN 46-3457320-501
a Plan name	NEW HOPE GROUP HOME GHT BENEFIT PLAN	
b Name of plan sponsor	NEW HOPE GROUP HOME	c EIN-PN 32-0353718-501
a Plan name	NEW LIFE MEDICAL SPA CORP GHT BENEFIT PLAN	
b Name of plan sponsor	NEW LIFE MEDICAL SPA CORP	c EIN-PN 20-5011761-501
a Plan name	NEXTEP ELECTRIC GHT BENEFIT PLAN	
b Name of plan sponsor	NEXTEP ELECTRIC	c EIN-PN 84-4544167-501

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	NEXTGEN PHYSICAL THERAPY, P.A. GHT BENEFIT PLAN	
b	Name of plan sponsor	NEXTGEN PHYSICAL THERAPY, P.A.	c EIN-PN 47-1808971-501
a	Plan name	NEXUS SHOOTING, LLC GHT BENEFIT PLAN	
b	Name of plan sponsor	NEXUS SHOOTING, LLC	c EIN-PN 45-3165899-501
a	Plan name	OCEAN SKY SEAFOOD LLC GHT BENEFIT PLAN	
b	Name of plan sponsor	OCEAN SKY SEAFOOD LLC	c EIN-PN 81-0938670-501
a	Plan name	OCEAN WAVES CONDOMINIUM ASSOCIATION, INC. GHT BENEFIT PLAN	
b	Name of plan sponsor	OCEAN WAVES CONDOMINIUM ASSOCIATION, INC.	c EIN-PN 59-2147703-501
a	Plan name	OCEANS INSURANCE GROUP USA, INC GHT BENEFIT PLAN	
b	Name of plan sponsor	OCEANS INSURANCE GROUP USA, INC	c EIN-PN 46-5217332-501
a	Plan name	OMEGA CUSTOMS BROKERS INC GHT BENEFIT PLAN	
b	Name of plan sponsor	OMEGA CUSTOMS BROKERS INC	c EIN-PN 59-2651008-501
a	Plan name	ON TIME UTILITY SERVICES, INC GHT BENEFIT PLAN	
b	Name of plan sponsor	ON TIME UTILITY SERVICES, INC	c EIN-PN 85-3460424-501
a	Plan name	ONATE FRAMING GALLERY CORP. GHT BENEFIT PLAN	
b	Name of plan sponsor	ONATE FRAMING GALLERY CORP.	c EIN-PN 59-2849448-501
a	Plan name	ONE SEED LANDSCAPING, LLC GHT BENEFIT PLAN	
b	Name of plan sponsor	ONE SEED LANDSCAPING, LLC	c EIN-PN 45-3055282-501
a	Plan name	ORTHOPAEDIC & SPORTS MEDICINE CENTER OF MIAMI, PA GHT BENEFIT PLAN	
b	Name of plan sponsor	ORTHOPAEDIC & SPORTS MEDICINE CENTER OF MIAMI, PA	c EIN-PN 59-1370925-501
a	Plan name	OUR PRIDE ACADEMY GHT BENEFIT PLAN	
b	Name of plan sponsor	OUR PRIDE ACADEMY	c EIN-PN 32-0340720-501
a	Plan name	OVERTOWN YOUTH CENTER GHT BENEFIT PLAN	
b	Name of plan sponsor	OVERTOWN YOUTH CENTER	c EIN-PN 65-1048896-501

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	P.K. MANAGEMENT GROUP, INC. GHT BENEFIT PLAN	
b	Name of plan sponsor	P.K. MANAGEMENT GROUP, INC.	c EIN-PN 06-1759664-501
a	Plan name	PADRON, MONTORO & HARTNEY, LLP GHT BENEFIT PLAN	
b	Name of plan sponsor	PADRON, MONTORO & HARTNEY, LLP	c EIN-PN 20-5296636-501
a	Plan name	PAMELA BRUMER INSURANCE AGENCY GHT BENEFIT PLAN	
b	Name of plan sponsor	PAMELA BRUMER INSURANCE AGENCY	c EIN-PN 65-0771541-501
a	Plan name	PANDORA PILATES, LLC GHT BENEFIT PLAN	
b	Name of plan sponsor	PANDORA PILATES, LLC	c EIN-PN 46-3609382-501
a	Plan name	PARAGON GROUP OF FLORIDA, LLC GHT BENEFIT PLAN	
b	Name of plan sponsor	PARAGON GROUP OF FLORIDA, LLC	c EIN-PN 47-4719523-501
a	Plan name	PASSAGEWAY RESIDENCE OF DADE COUNTY GHT BENEFIT PLAN	
b	Name of plan sponsor	PASSAGEWAY RESIDENCE OF DADE COUNTY	c EIN-PN 59-2088143-501
a	Plan name	PAYOLI, LLC GHT BENEFIT PLAN	
b	Name of plan sponsor	PAYOLI, LLC	c EIN-PN 46-5178314-501
a	Plan name	PERIODONTAL SOLUTIONS INC GHT BENEFIT PLAN	
b	Name of plan sponsor	PERIODONTAL SOLUTIONS INC	c EIN-PN 59-1551473-501
a	Plan name	PILAR SERVICES INC. GHT BENEFIT PLAN	
b	Name of plan sponsor	PILAR SERVICES INC.	c EIN-PN 65-0947656-501
a	Plan name	PILOTO CIGARS GHT BENEFIT PLAN	
b	Name of plan sponsor	PILOTO CIGARS	c EIN-PN 59-1399281-501
a	Plan name	PINCHASIK YELEN MUSKAT STEIN, LLC GHT BENEFIT PLAN	
b	Name of plan sponsor	PINCHASIK YELEN MUSKAT STEIN, LLC	c EIN-PN 27-4256127-501
a	Plan name	PINECREST VETS & PETS LLC GHT BENEFIT PLAN	
b	Name of plan sponsor	PINECREST VETS & PETS LLC	c EIN-PN 47-4239878-501

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	PINELLAS MEDICAL ASSOCIATES, PA GHT BENEFIT PLAN	
b	Name of plan sponsor	PINELLAS MEDICAL ASSOCIATES, PA	c EIN-PN 38-3432126-501
a	Plan name	PINES WEST CHIROPRACTIC GHT BENEFIT PLAN	
b	Name of plan sponsor	PINES WEST CHIROPRACTIC	c EIN-PN 65-0705019-501
a	Plan name	PIONEER FAMILY OFFICE, LLC GHT BENEFIT PLAN	
b	Name of plan sponsor	PIONEER FAMILY OFFICE, LLC	c EIN-PN 32-0151458-501
a	Plan name	PLANT BROTHERS LANDSCAPING INC. GHT BENEFIT PLAN	
b	Name of plan sponsor	PLANT BROTHERS LANDSCAPING INC.	c EIN-PN 26-4223174-501
a	Plan name	PLASTIC SURGERY BOUTIQUE GHT BENEFIT PLAN	
b	Name of plan sponsor	PLASTIC SURGERY BOUTIQUE	c EIN-PN 87-4737359-501
a	Plan name	PLENIA HEALTH CORPORATION GHT BENEFIT PLAN	
b	Name of plan sponsor	PLENIA HEALTH CORPORATION	c EIN-PN 20-5682224-501
a	Plan name	POLK COUNTY WINDOW & DOOR GHT BENEFIT PLAN	
b	Name of plan sponsor	POLK COUNTY WINDOW & DOOR	c EIN-PN 45-2040366-501
a	Plan name	POULTRY USA, INC. GHT BENEFIT PLAN	
b	Name of plan sponsor	POULTRY USA, INC.	c EIN-PN 26-2550805-501
a	Plan name	PREFERRED FAMILY CARE INC. GHT BENEFIT PLAN	
b	Name of plan sponsor	PREFERRED FAMILY CARE INC.	c EIN-PN 27-2346900-501
a	Plan name	PREMIER EXTERMINATORS, INC GHT BENEFIT PLAN	
b	Name of plan sponsor	PREMIER EXTERMINATORS, INC	c EIN-PN 65-0537739-501
a	Plan name	PRINT FARM, INC. GHT BENEFIT PLAN	
b	Name of plan sponsor	PRINT FARM, INC.	c EIN-PN 65-0983741-501
a	Plan name	PRINT PRO SHOP INC. GHT BENEFIT PLAN	
b	Name of plan sponsor	PRINT PRO SHOP INC.	c EIN-PN 45-4141920-501

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	PRIVECARERX, LLC GHT BENEFIT PLAN	c	EIN-PN	87-2952144-501
b	Name of plan sponsor	PRIVECARERX, LLC			
a	Plan name	PROFITALITY LABOR GURU LLC GHT BENEFIT PLAN	c	EIN-PN	82-3936179-501
b	Name of plan sponsor	PROFITALITY LABOR GURU LLC			
a	Plan name	PRONOVA CORPORATION GHT BENEFIT PLAN	c	EIN-PN	65-1105145-501
b	Name of plan sponsor	PRONOVA CORPORATION			
a	Plan name	PUGA & ASSOCIATES GHT BENEFIT PLAN	c	EIN-PN	46-5346101-501
b	Name of plan sponsor	PUGA & ASSOCIATES			
a	Plan name	PURE AUDIO VIDEO LLC GHT BENEFIT PLAN	c	EIN-PN	20-3646320-501
b	Name of plan sponsor	PURE AUDIO VIDEO LLC			
a	Plan name	PURE EXECUTIVE HEALTH & WELLNESS LLC GHT BENEFIT PLAN	c	EIN-PN	30-0785533-501
b	Name of plan sponsor	PURE EXECUTIVE HEALTH & WELLNESS LLC			
a	Plan name	QUA INTEGRAL SERVICES, LLC GHT BENEFIT PLAN	c	EIN-PN	81-4804159-501
b	Name of plan sponsor	QUA INTEGRAL SERVICES, LLC			
a	Plan name	QUAD INT'L INCORPORATED GHT BENEFIT PLAN	c	EIN-PN	65-0444492-501
b	Name of plan sponsor	QUAD INTL INCORPORATED			
a	Plan name	QUAD REALTY INVESTMENTS, INC. GHT BENEFIT PLAN	c	EIN-PN	20-4066611-501
b	Name of plan sponsor	QUAD REALTY INVESTMENTS, INC.			
a	Plan name	QUALITY AIRCRAFT PARTS INC GHT BENEFIT PLAN	c	EIN-PN	59-2799150-501
b	Name of plan sponsor	QUALITY AIRCRAFT PARTS INC			
a	Plan name	RAFAEL J VALDES DDS PA GHT BENEFIT PLAN	c	EIN-PN	65-0128811-501
b	Name of plan sponsor	RAFAEL J VALDES DDS PA			
a	Plan name	RE/MAX ADVANCED REALTY GHT BENEFIT PLAN	c	EIN-PN	26-0074982-501
b	Name of plan sponsor	RE/MAX ADVANCED REALTY			

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	RENE RUIZ RETAIL INC. GHT BENEFIT PLAN	
b	Name of plan sponsor	RENE RUIZ RETAIL INC.	c EIN-PN 85-1194986-501
a	Plan name	REX ART COMPANY GHT BENEFIT PLAN	
b	Name of plan sponsor	REX ART COMPANY	c EIN-PN 59-0907682-501
a	Plan name	RICARDO SANTOS CPA PA GHT BENEFIT PLAN	
b	Name of plan sponsor	RICARDO SANTOS CPA PA	c EIN-PN 20-2067431-501
a	Plan name	RICE CENTRAL LLC GHT BENEFIT PLAN	
b	Name of plan sponsor	RICE CENTRAL LLC	c EIN-PN 20-8411534-501
a	Plan name	RICHARD M GONZALEZ INSURANCE AGENCY GHT BENEFIT PLAN	
b	Name of plan sponsor	RICHARD M GONZALEZ INSURANCE AGENCY	c EIN-PN 65-1158862-501
a	Plan name	RINI TECHNOLOGIES INC. GHT BENEFIT PLAN	
b	Name of plan sponsor	RINI TECHNOLOGIES INC.	c EIN-PN 59-3465749-501
a	Plan name	ROAD RUNNER ELECTRIC INC. GHT BENEFIT PLAN	
b	Name of plan sponsor	ROAD RUNNER ELECTRIC INC.	c EIN-PN 65-0541282-501
a	Plan name	ROATAN MAHOGANY USA , INC GHT BENEFIT PLAN	
b	Name of plan sponsor	ROATAN MAHOGANY USA , INC	c EIN-PN 20-3460213-501
a	Plan name	ROD INVESTMENTS INC GHT BENEFIT PLAN	
b	Name of plan sponsor	ROD INVESTMENTS INC	c EIN-PN 59-1977393-501
a	Plan name	RODMAN ROOFING, INC. GHT BENEFIT PLAN	
b	Name of plan sponsor	RODMAN ROOFING, INC.	c EIN-PN 59-2040305-501
a	Plan name	RODOLFO SUAREZ JR. PA GHT BENEFIT PLAN	
b	Name of plan sponsor	RODOLFO SUAREZ JR. PA	c EIN-PN 20-2328156-501
a	Plan name	ROSENBERG & ROSENBERG, PA GHT BENEFIT PLAN	
b	Name of plan sponsor	ROSENBERG & ROSENBERG, PA	c EIN-PN 59-2023864-501

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	ROSENFELD NITCH PA GHT BENEFIT PLAN	
b	Name of plan sponsor	ROSENFELD NITCH PA	c EIN-PN 82-4977901-501
a	Plan name	ROYAL VET FLORIDA LLC GHT BENEFIT PLAN	
b	Name of plan sponsor	ROYAL VET FLORIDA LLC	c EIN-PN 92-3617382-501
a	Plan name	S.L.B. THERAPY INC. GHT BENEFIT PLAN	
b	Name of plan sponsor	S.L.B. THERAPY INC.	c EIN-PN 90-0256588-501
a	Plan name	SALAZAR DAGER & ASSOCIATES, PA GHT BENEFIT PLAN	
b	Name of plan sponsor	SALAZAR DAGER & ASSOCIATES, PA	c EIN-PN 81-2723092-501
a	Plan name	SAMAH KHODEIR PA GHT BENEFIT PLAN	
b	Name of plan sponsor	SAMAH KHODEIR PA	c EIN-PN 82-0920646-501
a	Plan name	SCHNEBLY REDLAND'S WINERY GHT BENEFIT PLAN	
b	Name of plan sponsor	SCHNEBLY REDLANDS WINERY	c EIN-PN 20-0824553-501
a	Plan name	SCHWABE & ASSOCIATES, INC. GHT BENEFIT PLAN	
b	Name of plan sponsor	SCHWABE & ASSOCIATES, INC.	c EIN-PN 59-2024116-501
a	Plan name	SEACOAST CONSTRUCTION INC. GHT BENEFIT PLAN	
b	Name of plan sponsor	SEACOAST CONSTRUCTION INC.	c EIN-PN 65-0922610-501
a	Plan name	SECOND MOUNTAIN HOLDINGS, LLC GHT BENEFIT PLAN	
b	Name of plan sponsor	SECOND MOUNTAIN HOLDINGS, LLC	c EIN-PN 84-1827672-501
a	Plan name	SEMINOLE LAKE GOLF COURSE, INC GHT BENEFIT PLAN	
b	Name of plan sponsor	SEMINOLE LAKE GOLF COURSE, INC	c EIN-PN 59-1100305-501
a	Plan name	SERBER & ASSOCIATES, P.A. GHT BENEFIT PLAN	
b	Name of plan sponsor	SERBER & ASSOCIATES, P.A.	c EIN-PN 65-0985132-501
a	Plan name	SHADEFLA, INC. GHT BENEFIT PLAN	
b	Name of plan sponsor	SHADEFLA, INC.	c EIN-PN 45-3637524-501

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	SIMMTEGRITY AIR, INC. GHT BENEFIT PLAN
b	Name of plan sponsor	SIMMTEGRITY AIR, INC.
c	EIN-PN	81-4996926-501
a	Plan name	SMART BUILDINGS SOLUTIONS CORP. GHT BENEFIT PLAN
b	Name of plan sponsor	SMART BUILDINGS SOLUTIONS CORP.
c	EIN-PN	83-1619844-501
a	Plan name	SMILES AT DORAL GHT BENEFIT PLAN
b	Name of plan sponsor	SMILES AT DORAL
c	EIN-PN	30-0010247-501
a	Plan name	SNYDER INTERNATIONAL LAW GROUP PA GHT BENEFIT PLAN
b	Name of plan sponsor	SNYDER INTERNATIONAL LAW GROUP PA
c	EIN-PN	45-5491150-501
a	Plan name	SOTO INSURANCE, INC. GHT BENEFIT PLAN
b	Name of plan sponsor	SOTO INSURANCE, INC.
c	EIN-PN	92-2910513-501
a	Plan name	SOUTH FLORIDA CONCRETE BLOCK, LLC GHT BENEFIT PLAN
b	Name of plan sponsor	SOUTH FLORIDA CONCRETE BLOCK, LLC
c	EIN-PN	32-0182053-501
a	Plan name	SOUTH FLORIDA GROUP BENEFITS GHT BENEFIT PLAN
b	Name of plan sponsor	SOUTH FLORIDA GROUP BENEFITS
c	EIN-PN	20-1481080-501
a	Plan name	SOUTH FLORIDA WELLNESS NETWORK INC. GHT BENEFIT PLAN
b	Name of plan sponsor	SOUTH FLORIDA WELLNESS NETWORK INC.
c	EIN-PN	47-1087192-501
a	Plan name	SOUTH MIAMI INPATIENT PHYSICIANS GHT BENEFIT PLAN
b	Name of plan sponsor	SOUTH MIAMI INPATIENT PHYSICIANS
c	EIN-PN	20-0758009-501
a	Plan name	SOUTH MIAMI SPORTS MEDICINE & HAND THERAPY CENTER GHT BENEFIT PLAN
b	Name of plan sponsor	SOUTH MIAMI SPORTS MEDICINE & HAND THERAPY CENTER
c	EIN-PN	65-1048256-501
a	Plan name	SOUTHERN CHUTE, INC. GHT BENEFIT PLAN
b	Name of plan sponsor	SOUTHERN CHUTE, INC.
c	EIN-PN	65-1142970-501
a	Plan name	SPAIN-US CHAMBER OF COMMERCE GHT BENEFIT PLAN
b	Name of plan sponsor	SPAIN-US CHAMBER OF COMMERCE
c	EIN-PN	59-2043472-501

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	SRS ENGINEERING INC. GHT BENEFIT PLAN	
b	Name of plan sponsor	SRS ENGINEERING INC.	c EIN-PN 65-0607552-501
a	Plan name	STAR ELECTRICAL CONTRACTORS, INC. GHT BENEFIT PLAN	
b	Name of plan sponsor	STAR ELECTRICAL CONTRACTORS, INC.	c EIN-PN 59-1947944-501
a	Plan name	STOK & KON PA GHT BENEFIT PLAN	
b	Name of plan sponsor	STOK & KON PA	c EIN-PN 65-1072427-501
a	Plan name	STRONG HEALTH NETWORK PLLC GHT BENEFIT PLAN	
b	Name of plan sponsor	STRONG HEALTH NETWORK PLLC	c EIN-PN 45-4166864-501
a	Plan name	SUNSET DENTISTRY LLC GHT BENEFIT PLAN	
b	Name of plan sponsor	SUNSET DENTISTRY LLC	c EIN-PN 65-1096917-501
a	Plan name	SUPERIOR LAWN AND PROPERTY MAINTENANCE LLC GHT BENEFIT PLAN	
b	Name of plan sponsor	SUPERIOR LAWN AND PROPERTY MAINTENANCE LLC	c EIN-PN 84-1953069-501
a	Plan name	SUPREME LINEN SERVICES GHT BENEFIT PLAN	
b	Name of plan sponsor	SUPREME LINEN SERVICES	c EIN-PN 26-0496998-501
a	Plan name	SWEETWATER TAG AGENCY LLC GHT BENEFIT PLAN	
b	Name of plan sponsor	SWEETWATER TAG AGENCY LLC	c EIN-PN 88-4078293-501
a	Plan name	SYNLAWN TAMPA LLC GHT BENEFIT PLAN	
b	Name of plan sponsor	SYNLAWN TAMPA LLC	c EIN-PN 87-1255741-501
a	Plan name	TACHE BRONIS & DESCALZO PA GHT BENEFIT PLAN	
b	Name of plan sponsor	TACHE BRONIS & DESCALZO PA	c EIN-PN 81-3925358-501
a	Plan name	TAFF MANAGEMENT CORP GHT BENEFIT PLAN	
b	Name of plan sponsor	TAFF MANAGEMENT CORP	c EIN-PN 27-4721230-501
a	Plan name	TAIDY COSTOYA DMD PLLC GHT BENEFIT PLAN	
b	Name of plan sponsor	TAIDY COSTOYA DMD PLLC	c EIN-PN 27-1514673-501

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	TECHSTAR, LLC GHT BENEFIT PLAN	
b	Name of plan sponsor	TECHSTAR, LLC	c EIN-PN 88-1424361-501
a	Plan name	TEMCO INTERNATIONAL CORP GHT BENEFIT PLAN	
b	Name of plan sponsor	TEMCO INTERNATIONAL CORP	c EIN-PN 59-2726097-501
a	Plan name	TGSV ENTERPRISES, INC. GHT BENEFIT PLAN	
b	Name of plan sponsor	TGSV ENTERPRISES, INC.	c EIN-PN 65-0661819-501
a	Plan name	THE 401K LAB HEALTH GHT BENEFIT PLAN	
b	Name of plan sponsor	THE 401K LAB HEALTH	c EIN-PN 46-0531284-501
a	Plan name	THE ALVAREZ LAW FIRM GHT BENEFIT PLAN	
b	Name of plan sponsor	THE ALVAREZ LAW FIRM	c EIN-PN 65-0601824-501
a	Plan name	THE AUTO FIRM CORP. GHT BENEFIT PLAN	
b	Name of plan sponsor	THE AUTO FIRM CORP.	c EIN-PN 27-5280976-501
a	Plan name	THE BILTMORE SCHOOL GHT BENEFIT PLAN	
b	Name of plan sponsor	THE BILTMORE SCHOOL	c EIN-PN 59-1355026-501
a	Plan name	THE CENTER FOR REGENERATIVE MEDICINE, INC. GHT BENEFIT PLAN	
b	Name of plan sponsor	THE CENTER FOR REGENERATIVE MEDICINE, INC.	c EIN-PN 04-3661953-501
a	Plan name	THE CHARTER SCHOOLS OF EXCELLENCE, INC. GHT BENEFIT PLAN	
b	Name of plan sponsor	THE CHARTER SCHOOLS OF EXCELLENCE, INC.	c EIN-PN 65-0717028-501
a	Plan name	THE CHICKEN LITTLE WING OF THE SOUTHWEST, INC GHT BENEFIT PLAN	
b	Name of plan sponsor	THE CHICKEN LITTLE WING OF THE SOUTHWEST, INC	c EIN-PN 82-5240303-501
a	Plan name	THE ELIAS LAW FIRM, PLLC GHT BENEFIT PLAN	
b	Name of plan sponsor	THE ELIAS LAW FIRM, PLLC	c EIN-PN 26-3979007-501
a	Plan name	THE FULLVIEW CORPORATION GHT BENEFIT PLAN	
b	Name of plan sponsor	THE FULLVIEW CORPORATION	c EIN-PN 20-5147480-501

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 GO 2 GUY, LLC GHT BENEFIT PLAN	
b	Name of plan sponsor	THE GO 2 GUY, LLC	c EIN-PN 27-3566264-501
a	Plan name	THE LAW OFFICE OF RAPHAEL A SANCHEZ, PA GHT BENEFIT PLAN	
b	Name of plan sponsor	THE LAW OFFICE OF RAPHAEL A SANCHEZ, PA	c EIN-PN 82-1794504-501
a	Plan name	THE MARITIME EXECUTIVE, LLC GHT BENEFIT PLAN	
b	Name of plan sponsor	THE MARITIME EXECUTIVE, LLC	c EIN-PN 20-5245489-501
a	Plan name	THE NEUROLOGY INSTITUTE LLC GHT BENEFIT PLAN	
b	Name of plan sponsor	THE NEUROLOGY INSTITUTE LLC	c EIN-PN 82-0768901-501
a	Plan name	THE ORANGE BOWL COMMITTEE GHT BENEFIT PLAN	
b	Name of plan sponsor	THE ORANGE BOWL COMMITTEE	c EIN-PN 59-0384382-501
a	Plan name	THE PROFETA LAW FIRM PA GHT BENEFIT PLAN	
b	Name of plan sponsor	THE PROFETA LAW FIRM PA	c EIN-PN 47-2618238-501
a	Plan name	THE PSYCHOLOGY TEAM OF SOUTH FLORIDA, P.A. GHT BENEFIT PLAN	
b	Name of plan sponsor	THE PSYCHOLOGY TEAM OF SOUTH FLORIDA, P.A.	c EIN-PN 81-4230791-501
a	Plan name	THE RISK MANAGEMENT GROUP, INC GHT BENEFIT PLAN	
b	Name of plan sponsor	THE RISK MANAGEMENT GROUP, INC	c EIN-PN 90-0904646-501
a	Plan name	THE ROXY THEATRE GROUP, LLC GHT BENEFIT PLAN	
b	Name of plan sponsor	THE ROXY THEATRE GROUP, LLC	c EIN-PN 56-2385303-501
a	Plan name	THE SIGN SAVERS CORP GHT BENEFIT PLAN	
b	Name of plan sponsor	THE SIGN SAVERS CORP	c EIN-PN 27-3213988-501
a	Plan name	THE SUPPLY HOUSE, INC. GHT BENEFIT PLAN	
b	Name of plan sponsor	THE SUPPLY HOUSE, INC.	c EIN-PN 59-2087914-501
a	Plan name	THE TERRACON GROUP, INC GHT BENEFIT PLAN	
b	Name of plan sponsor	THE TERRACON GROUP, INC	c EIN-PN 06-1692042-501

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	THE WATER WIZARD.COM CO. GHT BENEFIT PLAN	
b	Name of plan sponsor	THE WATER WIZARD.COM CO.	c EIN-PN 65-1003724-501
a	Plan name	THE WOW CENTER GHT BENEFIT PLAN	
b	Name of plan sponsor	THE WOW CENTER	c EIN-PN 23-7171030-501
a	Plan name	TIMOTHY K BARKET PA GHT BENEFIT PLAN	
b	Name of plan sponsor	TIMOTHY K BARKET PA	c EIN-PN 65-0958826-501
a	Plan name	TITLE ANSWERS A LAW FIRM PLLC GHT BENEFIT PLAN	
b	Name of plan sponsor	TITLE ANSWERS A LAW FIRM PLLC	c EIN-PN 47-4303313-501
a	Plan name	TITLE COMPANY OF AMERICA GHT BENEFIT PLAN	
b	Name of plan sponsor	TITLE COMPANY OF AMERICA	c EIN-PN 65-0712973-501
a	Plan name	TMC ENGINE CENTER, INC. GHT BENEFIT PLAN	
b	Name of plan sponsor	TMC ENGINE CENTER, INC.	c EIN-PN 59-3802716-501
a	Plan name	TOP QUALITY AIR SOLUTIONS, LLC GHT BENEFIT PLAN	
b	Name of plan sponsor	TOP QUALITY AIR SOLUTIONS, LLC	c EIN-PN 92-1363464-501
a	Plan name	TRADE AIR INC. GHT BENEFIT PLAN	
b	Name of plan sponsor	TRADE AIR INC.	c EIN-PN 59-2809364-501
a	Plan name	TRANSPORTATION AMERICA, INC. GHT BENEFIT PLAN	
b	Name of plan sponsor	TRANSPORTATION AMERICA, INC.	c EIN-PN 65-1120042-501
a	Plan name	TRITAN SOFTWARE CORP GHT BENEFIT PLAN	
b	Name of plan sponsor	TRITAN SOFTWARE CORP	c EIN-PN 45-1281732-501
a	Plan name	TRUE MORTGAGE LENDING LLC GHT BENEFIT PLAN	
b	Name of plan sponsor	TRUE MORTGAGE LENDING LLC	c EIN-PN 84-2666236-501
a	Plan name	TULIP EDUCATION LLC GHT BENEFIT PLAN	
b	Name of plan sponsor	TULIP EDUCATION LLC	c EIN-PN 88-1152207-501

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	TURNBERRY ISLE CONDOMINIUM ASSOCIATION INC. GHT BENEFIT PLAN	
b Name of plan sponsor	TURNBERRY ISLE CONDOMINIUM ASSOCIATION INC.	c EIN-PN 59-1921135-501
a Plan name	UNDER POWER CORP GHT BENEFIT PLAN	
b Name of plan sponsor	UNDER POWER CORP	c EIN-PN 65-0445173-501
a Plan name	UNIFIED LOGISTIX GROUP, INC. GHT BENEFIT PLAN	
b Name of plan sponsor	UNIFIED LOGISTIX GROUP, INC.	c EIN-PN 26-0116159-501
a Plan name	UNISA DIEM INC GHT BENEFIT PLAN	
b Name of plan sponsor	UNISA DIEM INC	c EIN-PN 13-2772304-501
a Plan name	UNITED 10, LLC GHT BENEFIT PLAN	
b Name of plan sponsor	UNITED 10, LLC	c EIN-PN 90-0920853-501
a Plan name	UNIVERSAL DIVERSIFIED SOLUTIONS, LLC GHT BENEFIT PLAN	
b Name of plan sponsor	UNIVERSAL DIVERSIFIED SOLUTIONS, LLC	c EIN-PN 47-4992010-501
a Plan name	URBAN ROBOT ASSOCIATES, INC. GHT BENEFIT PLAN	
b Name of plan sponsor	URBAN ROBOT ASSOCIATES, INC.	c EIN-PN 27-1487920-501
a Plan name	UROLOGICAL CONSULTANTS OF FLORIDA GHT BENEFIT PLAN	
b Name of plan sponsor	UROLOGICAL CONSULTANTS OF FLORIDA	c EIN-PN 59-2042716-501
a Plan name	USA AUTO GLASS GHT BENEFIT PLAN	
b Name of plan sponsor	USA AUTO GLASS	c EIN-PN 20-0535957-501
a Plan name	VANDEWATER INTERNATIONAL INC. GHT BENEFIT PLAN	
b Name of plan sponsor	VANDEWATER INTERNATIONAL INC.	c EIN-PN 65-0627631-501
a Plan name	VASILE ELEVATOR, INC. GHT BENEFIT PLAN	
b Name of plan sponsor	VASILE ELEVATOR, INC.	c EIN-PN 65-0900227-501
a Plan name	VERDEJA, DE ARMAS, TRUJILLO & ALVAREZ LLP GHT BENEFIT PLAN	
b Name of plan sponsor	VERDEJA, DE ARMAS, TRUJILLO & ALVAREZ LLP	c EIN-PN 20-4989621-501

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	VICTORIA ROOFING, INC. GHT BENEFIT PLAN	
b	Name of plan sponsor	VICTORIA ROOFING, INC.	c EIN-PN 65-0363860-501
a	Plan name	VINA AND SONS FOOD DISTRIBUTOR CORP GHT BENEFIT PLAN	
b	Name of plan sponsor	VINA AND SONS FOOD DISTRIBUTOR CORP	c EIN-PN 65-0863282-501
a	Plan name	VINYA FOOD & DRINK LLC GHT BENEFIT PLAN	
b	Name of plan sponsor	VINYA FOOD & DRINK LLC	c EIN-PN 84-3691871-501
a	Plan name	WADSWORTH, MARGREY AND DIXON, LLP GHT BENEFIT PLAN	
b	Name of plan sponsor	WADSWORTH, MARGREY AND DIXON, LLP	c EIN-PN 83-1279978-501
a	Plan name	WAS TURBINE CENTER LLC GHT BENEFIT PLAN	
b	Name of plan sponsor	WAS TURBINE CENTER LLC	c EIN-PN 83-1540534-501
a	Plan name	WATER RESTORATION GUYS INC. GHT BENEFIT PLAN	
b	Name of plan sponsor	WATER RESTORATION GUYS INC.	c EIN-PN 46-4889711-501
a	Plan name	WAYPOINT CONTRACTING INC. GHT BENEFIT PLAN	
b	Name of plan sponsor	WAYPOINT CONTRACTING INC.	c EIN-PN 81-4602789-501
a	Plan name	WEATHERMAKERS AIR CONDITIONING GHT BENEFIT PLAN	
b	Name of plan sponsor	WEATHERMAKERS AIR CONDITIONING	c EIN-PN 65-0177390-501
a	Plan name	WELLNESS RX, LLC GHT BENEFIT PLAN	
b	Name of plan sponsor	WELLNESS RX, LLC	c EIN-PN 45-2952455-501
a	Plan name	WELLSPRING COUNSELING, INC. GHT BENEFIT PLAN	
b	Name of plan sponsor	WELLSPRING COUNSELING, INC.	c EIN-PN 27-0979279-501
a	Plan name	WHEELBLAST, INC. GHT BENEFIT PLAN	
b	Name of plan sponsor	WHEELBLAST, INC.	c EIN-PN 59-1452902-501
a	Plan name	WHISK GOURMET LLC GHT BENEFIT PLAN	
b	Name of plan sponsor	WHISK GOURMET LLC	c EIN-PN 83-1156146-501

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	WHITING WORLD WIDE INC. GHT BENEFIT PLAN	
b Name of plan sponsor	WHITING WORLD WIDE INC.	c EIN-PN 59-1976363-501
a Plan name	WIRELESS NEXT INC. GHT BENEFIT PLAN	
b Name of plan sponsor	WIRELESS NEXT INC.	c EIN-PN 47-4718802-501
a Plan name	WOMEN'S FUND OF MIAMI-DADE, INC GHT BENEFIT PLAN	
b Name of plan sponsor	WOMENS FUND OF MIAMI-DADE, INC	c EIN-PN 65-0436923-501
a Plan name	WRT WORLD ENTERPRISES GHT BENEFIT PLAN	
b Name of plan sponsor	WRT WORLD ENTERPRISES	c EIN-PN 59-1525675-501
a Plan name	WYN 317 GALLERY LLC GHT BENEFIT PLAN	
b Name of plan sponsor	WYN 317 GALLERY LLC	c EIN-PN 47-2528318-501
a Plan name	YAGAR CONSTRUCTION GROUP, INC. GHT BENEFIT PLAN	
b Name of plan sponsor	YAGAR CONSTRUCTION GROUP, INC.	c EIN-PN 59-1676250-501
a Plan name	ZIP TRUCK SERVICES INC GHT BENEFIT PLAN	
b Name of plan sponsor	ZIP TRUCK SERVICES INC	c EIN-PN 16-1628731-501
a Plan name		
b Name of plan sponsor		c EIN-PN
a Plan name		
b Name of plan sponsor		c EIN-PN
a Plan name		
b Name of plan sponsor		c EIN-PN
a Plan name		
b Name of plan sponsor		c EIN-PN
a Plan name		
b Name of plan sponsor		c EIN-PN

SCHEDULE H (Form 5500) <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 07/01/2023 and ending 06/30/2024	
A Name of plan GREATER HEALTH TRUST BENEFIT PLAN	B Three-digit plan number (PN) ▶ 501
C Plan sponsor's name as shown on line 2a of Form 5500 GREATER HEALTH TRUST	D Employer Identification Number (EIN) 85-1828091

Part I	Asset and Liability Statement
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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
a Total noninterest-bearing cash	1a	87854	928607
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	338977	975571
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	10229	552028
(2) U.S. Government securities	1c(2)	514681	0
(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)		
(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)	18799	0

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	970540	2456206
Liabilities			
g Benefit claims payable	1g		
h Operating payables	1h	56435	67095
i Acquisition indebtedness	1i		
j Other liabilities	1j	373586	1026776
k Total liabilities (add all amounts in lines 1g through 1j)	1k	430021	1093871
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	540519	1362335

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)	24415	
(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)		24415
(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)		0
(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)		
(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		24415

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)	2431390	
(3) Recordkeeping fees.....	2i(3)		
(4) IQPA audit fees.....	2i(4)	40625	
(5) Investment advisory and investment management fees	2i(5)	832	
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)	4000	
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	119773	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		2596620
j Total expenses. Add all expense amounts in column (b) and enter total	2j		2596620

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d.....	2k		-2572205
l Transfers of assets:			
(1) To this plan	2l(1)		26022810
(2) From this plan	2l(2)		22628789

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: MALONEY + NOVOTNY LLC

(2) EIN: 34-0677006

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

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

Part IV Compliance Questions

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

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)			
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.)		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		X	
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.)	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)			
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.			

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 _____.

GREATER HEALTH TRUST
FINANCIAL REPORT
JUNE 30, 2024 and 2023



GREATER HEALTH TRUST

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Independent Auditors' Report

To the Board of Trustees of
Greater Health Trust
Miami, Florida

Opinion

We have audited the financial statements of the Greater Health Trust (the "Trust"), which comprise the statements of net assets as of June 30, 2024 and 2023, and the related statement of changes in net assets for the year ended June 30, 2024, and the related notes to the financial statements.

In our opinion, the accompanying financial statements present fairly, in all material respects, the net assets of the Trust as of June 30, 2024 and 2023, and the changes in its net assets for the year ended June 30, 2024, in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America ("GAAS"). Our responsibilities under those standards are further described in the Auditors' Responsibilities for the Audits of the Financial Statements section of our report. We are required to be independent of the Trust and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Other Matter

The accompanying financial statements are those of the Trust. These financial statements do not purport to present the net assets available for benefits and accumulated plan benefits or the changes in net assets available for benefits or changes in accumulated plan benefits of the participating plans and do not contain certain information and other disclosures necessary for a fair presentation of the financial statements of the participating plans in accordance with accounting principles generally accepted in the United States of America. Further, these financial statements do not purport to satisfy the Department of Labor's ("DOL") Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 ("ERISA") relating to the financial statements of employee benefit plans.

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with accounting principles generally accepted in the United States of America, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

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

Auditors' Responsibilities for the Audits of the Financial Statements

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

In performing an audit in accordance with GAAS, we:

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

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

Supplemental Schedule Required by ERISA and Other Supplementary Information

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedule of operating expenses for the year ended June 30, 2024, and the supplemental schedule of assets (held at end of year) as of June 30, 2024, are presented for purposes of additional analysis and are not a required part of the financial statements. The supplemental schedule of assets (held at end of year) as of June 30, 2024, is supplementary information required by the DOL's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS.

In forming our opinion on the supplemental schedules, we evaluated whether the supplemental schedules, including their form and content, are presented in conformity with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion, the information in the accompanying schedules is fairly stated in all material respects, in relation to the financial statements as a whole, and the form and content are presented in conformity with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

Meloney + Novotny LLC

Cleveland, Ohio
April 10, 2025

GREATER HEALTH TRUST
STATEMENTS OF NET ASSETS

June 30, 2024 and 2023

	<u>2024</u>	<u>2023</u>
<u>ASSETS</u>		
Cash	\$ 928,607	\$ 87,854
Investments, at fair value:		
Interest-bearing cash	530,776	-
Money market fund	21,252	10,229
U.S. Government securities	-	514,681
Total investments, at fair value	<u>552,028</u>	<u>524,910</u>
Receivables:		
Investment income	90	919
Contributions from participating plans	175,481	338,058
Other	<u>800,000</u>	<u>-</u>
Total receivables	975,571	338,977
Prepaid expenses	<u>-</u>	<u>18,799</u>
 Total assets	 2,456,206	 970,540
 <u>LIABILITIES</u>		
Accounts payable	67,095	56,435
Net reinsurance payable	<u>1,026,776</u>	<u>373,586</u>
Total liabilities	<u>1,093,871</u>	<u>430,021</u>
 NET ASSETS	 <u><u>\$ 1,362,335</u></u>	 <u><u>\$ 540,519</u></u>

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

GREATER HEALTH TRUST

STATEMENT OF CHANGES IN NET ASSETS

Year Ended June 30, 2024

ADDITIONS

Interest income	\$ 1,204
Net appreciation in fair value of investments	23,211
Contributions from participating plans	<u>25,022,810</u>
Total additions	<u>25,047,225</u>

DEDUCTIONS

Distributions to participating plans for benefit claims paid, net of reinsurance recoveries	2,208,176
Distributions to participating plans for premiums paid for the provision of benefits, net of ceding allowances	<u>20,420,613</u>
Total distributions to participating plans	<u>22,628,789</u>
Operating expenses	<u>2,596,620</u>
Total deductions	<u>25,225,409</u>

DECREASE IN NET ASSETS (178,184)

NET ASSETS

BEGINNING OF YEAR	540,519
Capital contribution	<u>1,000,000</u>
END OF YEAR	<u>\$ 1,362,335</u>

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

GREATER HEALTH TRUST

NOTES TO FINANCIAL STATEMENTS

Note 1. Description of the Trust

The following description of the Greater Health Trust (the "Trust") provides only general information. Participating plans should refer to the Trust agreement for a more complete description of the Trust's provisions.

General:

The Trust is intended to be a voluntary employees' beneficiary association ("VEBA") under Section 501(c)(9) of the Internal Revenue Code (the "IRC"). The purpose of the Trust is to hold Plan assets of a non-plan multiple employer welfare arrangement ("MEWA") as described in Florida Statutes Chapter 624.436 and to pay those Plans' benefits and expenses. Employers of plans participating in this Trust (the "Plans") are members in good standing with the Greater Miami Chamber of Commerce ("GMCC").

Contributions:

The Trust receives contributions for health and welfare coverage from participating Plans. Such funds are utilized for the payment of premiums to AvMed, Inc. ("AvMed") for the provision of benefits on behalf of the Plans.

Distributions:

In addition to distributions for the premium payments to AvMed described above, distributions are made for the payment of benefit claims. These benefit claims are paid out of the Trust, on behalf of the participating Plans, to AvMed. AvMed administers payment of hospital charges, medical/surgical claims and prescription coverage.

Operating Expenses:

All administrative fees are paid by the Trust or the participating Plans at the option of the Trustees of the Trust.

Note 2. Summary of Significant Accounting Policies

The following are the significant accounting policies followed by the Trust:

Basis of Presentation:

The accompanying financial statements have been prepared on the accrual basis of accounting.

Net Reinsurance Payable:

Net reinsurance payable represents the net of amounts recoverable for claims paid (including stop loss recoveries) and amounts recoverable for administrative expenses under the quota share reinsurance agreement offset by the amounts payable for premiums ceded under the quota share and stop loss agreements.

GREATER HEALTH TRUST

NOTES TO FINANCIAL STATEMENTS (CONTINUED)

Note 2. Summary of Significant Accounting Policies (Continued)

Recognition of Contribution Revenue:

Contribution revenue is recognized in the month for which coverage is being paid. Contributions received after the coverage months are recorded as receivables. Management has estimated an allowance of \$-0- for past due accounts for contributions receivable from participating plans as of June 30, 2024 and 2023.

Investment Valuation and Income Recognition:

The Trust's investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The Trust's Board of Trustees determines the Trust's valuation policies utilizing information provided by custodians of the Trust's assets. Reference Note 4 for discussion of fair value measurements.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Net appreciation in fair value of investments includes the Trust's gains and losses on investments bought and sold as well as held during the year.

Use of Estimates:

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

Distributions for the Payment of Benefits:

Distributions for the payment of benefit claims and premiums are recorded when processed and approved for payment to AvMed.

Risks and Uncertainties:

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

Subsequent Events:

The Trust has evaluated subsequent events through April 10, 2025, the date the financial statements were available to be issued.

GREATER HEALTH TRUST

NOTES TO FINANCIAL STATEMENTS (CONTINUED)

Note 3. Cash and Investments

The Trust holds its temporary cash as cash or money market funds with a national financial institution which at times may exceed federally insured amounts. The actual balance may exceed reported balances due to outstanding checks.

The Trust's investments are held by PNC Bank, U.S. Bank, or the State of Florida in non-insured trust funds.

The Trust's investments in interest-bearing cash and U.S. Government securities are pledged as collateral with Florida's Office of Insurance Regulation as required to transact insurance in the state of Florida in the amount of \$500,000.

Note 4. Fair Value Measurements

The Trust estimates the fair value of financial instruments using available market information and other generally accepted valuation methodologies. The inputs used to measure fair value are classified into three levels:

- Level 1 – Quoted market prices in active markets for identical assets and liabilities
- Level 2 – Observable market-based inputs or unobservable inputs that are corroborated by market data
- Level 3 – Unobservable inputs in which little or no market data exists

The following is a description of the valuation methodology used for Trust assets measured at fair value:

- Interest-bearing cash is valued at cost, which approximates fair value.
- Money market fund consists of a short-term investment fund that maintains daily liquidity and has a constant unit value of \$1.00.
- U.S. Government securities are valued using pricing models maximizing the use of observable inputs for similar securities

The method described above may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. There have been no changes in the methodology used from 2023 to 2024. Furthermore, while the Trust believes its valuation method is appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

The following table summarizes the Plan's investments at June 30, 2024 and 2023, at fair value and indicates the level of the valuation techniques utilized by the Trust:

		June 30,	
	Level	2024	2023
Interest-bearing cash	1	\$530,776	\$ -
Money market fund	1	21,252	10,229
U.S. government securities	2	-	514,681

GREATER HEALTH TRUST

NOTES TO FINANCIAL STATEMENTS (CONTINUED)

Note 5. Reinsurance

During the year ended June 30, 2024, the Plan was subject to a quota share and stop loss reinsurance agreement with AvMed for medical and prescription drug coverage. The quota share agreement cedes 90% of the participating Plans' health business. The specific stop loss threshold per covered person was \$200,000. The total amount of reinsurance recovered due to stop loss was \$1,880,384 for the year ended June 30, 2024. Additionally, the Trust is entitled to a rebate under a profit commission clause of the reinsurance insurance agreement with AvMed. The rebate is a percentage of excess loss profit, as defined in the policy agreement. The profit commission earned for the year ended June 30, 2024 totaled \$118,594 and is included in distributions to participating plans for premiums paid for the provision of benefits, net of ceding allowances on the statement of changes in net assets.

Note 6. Related Party/Party-in-Interest Transactions

The Trust has entered into an administrative services contract with AvMed, whereby AvMed collects premiums and administers payment of hospital charges, medical/surgical claims and prescription coverage on behalf of participating Plans. The Trust also has an agreement that compensates AvMed for quoting, servicing and renewing employers of participating Plans. These transactions qualify as party-in-interest. Total fees paid from the Trust to AvMed for these services amounted to \$788,781 for the year ended June 30, 2024.

The Trust has appointed Consoliplex GHT, LLC to act as plan manager of the participating Plans and Trust. Fees paid to Consoliplex GHT, LLC for the year ended June 30, 2024 were \$495,325.

The Trust is subject to certain capital requirements as required by Florida law. During 2024, GMCC was required to provide additional capital contributions totaling \$1,000,000 to satisfy these requirements. As of June 30, 2024, \$800,000 of capital contributions were recorded as other receivables on the statement of net assets.

Note 7. Tax Status

The Trust established to hold the participating Plans' net assets is qualified pursuant to Section 501(c)(9) of the IRC. Net investment income earned by a VEBA is taxable as unrelated business income under IRC Section 512(a)(3)(E)(i). For the year ended June 30, 2024, the Trust incurred \$100 in federal income tax expense, attributable to unrelated business income, which is included in operating expenses on the statement of changes in net assets. The Trust's management has analyzed the tax positions taken by the Trust and has concluded that, as of June 30, 2024, there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Trust is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

In addition, the Plans and the Trust are required to operate in conformity with the IRC to maintain the tax-exempt status of the Trust and the trust administrator believes that the Plans are being operated in compliance with the applicable requirements of the IRC and, therefore, believes that the related Trust is tax exempt.

Note 8. Trust Termination

Although it has not expressed any intention to do so, the Trust may only be terminated by the GMCC with at least 30 days' written notice to the Trustees. Any Trust assets at the time of termination will be distributed for the provision of benefits or will be transferred to another trust that complies with the Employee Retirement Income Security Act of 1974 ("ERISA"), as amended, in accordance with the trust document. Participating Plans' sponsors have the right under the Plans to discontinue their contributions at any time and to terminate the Plans, subject to provisions set forth in ERISA.

SUPPLEMENTAL SCHEDULES

GREATER HEALTH TRUST

SCHEDULE OF OPERATING EXPENSES

Year Ended June 30, 2024

Outsourced services	\$2,431,390
Professional services	44,625
Regulatory fees	95,733
Insurance expense	23,940
Investment fees	832
Federal income tax	<u>100</u>
Total operating expenses	<u>\$2,596,620</u>

GREATER HEALTH TRUST

EMPLOYER NO. 85-1828091

PLAN NO. 501

SCHEDULE H, LINE 4(i)

SCHEDULE OF ASSETS (HELD AT END OF YEAR)

June 30, 2024

(a)	(b) <u>Identity of Party</u>	(c) <u>Description of Investments</u>	(d) <u>Cost</u>	Current (e) <u>Value</u>
		<u>Interest-bearing cash</u>		
	State of Florida	Cash escrow	\$530,776	\$530,776
		<u>Money market fund</u>		
	Fidelity	Treasury Only Cl I	<u>21,252</u>	<u>21,252</u>
			<u>\$552,028</u>	<u>\$552,028</u>