

Form 5500

Annual Return/Report of Employee Benefit Plan

OMB Nos. 1210-0110 1210-0089

2024

This Form is Open to Public Inspection

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

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

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

Part I Annual Report Identification Information

For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

- A This return/report is for: a multiemployer plan, a multiple-employer plan, a single-employer plan, a DFE (specify) C, B This return/report is: the first return/report, the final return/report, an amended return/report, a short plan year return/report, 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, E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here

Part II Basic Plan Information—enter all requested information

1a Name of plan: AMERICAN CENTURY RETIREMENT DATE HYBRID 2060 TRUST
1b Three-digit plan number (PN): 088
1c Effective date of plan
2a Plan sponsor's name (employer, if for a single-employer plan): BENEFIT TRUST COMPANY
2b Employer Identification Number (EIN): 83-6699605
2c Plan Sponsor's telephone number: 913-318-0380
2d Business code (see instructions)

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

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

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

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

Form 5500 (2024) v. 240311

3a Plan administrator's name and address <input type="checkbox"/> Same as Plan Sponsor BENEFIT TRUST COMPANY 5901 COLLEGE BLVD SUITE 100 OVERLAND PARK, KS 66211	3b Administrator's EIN 43-1971558 3c Administrator's telephone number 913-319-0380																				
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.....	<table border="1" style="width:100%; border-collapse: collapse;"> <tr><td style="width:100px;">6a(1)</td><td></td></tr> <tr><td>6a(2)</td><td></td></tr> <tr><td>6b</td><td></td></tr> <tr><td>6c</td><td></td></tr> <tr><td>6d</td><td></td></tr> <tr><td>6e</td><td></td></tr> <tr><td>6f</td><td></td></tr> <tr><td>6g(1)</td><td></td></tr> <tr><td>6g(2)</td><td></td></tr> <tr><td>6h</td><td></td></tr> </table>	6a(1)		6a(2)		6b		6c		6d		6e		6f		6g(1)		6g(2)		6h	
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7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7																				

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

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

9a Plan funding arrangement (check all that apply) (1) <input type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) <input type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor
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10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules (1) <input type="checkbox"/> R (Retirement Plan Information) (2) <input type="checkbox"/> MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) <input type="checkbox"/> SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary (4) <input type="checkbox"/> DCG (Individual Plan Information) – Number Attached _____ (5) <input type="checkbox"/> MEP (Multiple-Employer Retirement Plan Information)	b General Schedules (1) <input checked="" type="checkbox"/> H (Financial Information) (2) <input type="checkbox"/> I (Financial Information – Small Plan) (3) <input type="checkbox"/> A (Insurance Information) – Number Attached _____ (4) <input type="checkbox"/> C (Service Provider Information) (5) <input checked="" type="checkbox"/> D (DFE/Participating Plan Information) (6) <input type="checkbox"/> G (Financial Transaction Schedules)
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Part III Form M-1 Compliance Information (to be completed by welfare benefit plans)

11a If the plan provides welfare benefits, was the plan subject to the Form M-1 filing requirements during the plan year? (See instructions and 29 CFR 2520.101-2.) Yes No

If "Yes" is checked, complete lines 11b and 11c.

11b Is the plan currently in compliance with the Form M-1 filing requirements? (See instructions and 29 CFR 2520.101-2.) Yes No

11c Enter the Receipt Confirmation Code for the 2024 Form M-1 annual report. If the plan was not required to file the 2024 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

SCHEDULE D (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small>	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 <hr/> 2024 This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

A Name of plan <u>AMERICAN CENTURY RETIREMENT DATE HYBRID 2060 TRUST</u>	B Three-digit plan number (PN) ▶	<u>088</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>BENEFIT TRUST COMPANY</u>	D Employer Identification Number (EIN) <u>83-6699605</u>	

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
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a Name of MTIA, CCT, PSA, or 103-12 IE: <u>RUSSELL LARGE CAP GROWTH INDX NL SF</u>		
b Name of sponsor of entity listed in (a): <u>STATE STREET GLOBAL ADVISORS TRUST COMPANY</u>		
c EIN-PN <u>90-0337987-227</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>9878094</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>RUSSELL LARGE CAP INDEX NL SF CL A</u>		
b Name of sponsor of entity listed in (a): <u>STATE STREET GLOBAL ADVISORS TRUST COMPANY</u>		
c EIN-PN <u>90-0337987-224</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>16193512</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>RUSSELL LARGE CAP VALUE INDEX NL SF</u>		
b Name of sponsor of entity listed in (a): <u>STATE STREET GLOBAL ADVISORS TRUST COMPANY</u>		
c EIN-PN <u>90-0337987-225</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>14917496</u>
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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 21C MUSEUM HOTELS, LLC 401(K) PLAN	
b	Name of plan sponsor 21C MUSEUM HOTELS, LLC	c EIN-PN 85-3213245-003
a	Plan name 321BLINK 401(K) PLAN	
b	Name of plan sponsor 321BLINK LLC	c EIN-PN 27-4724238-001
a	Plan name 401(K) PLAN AND EMPLOYEES TRUST OF ONCOLOGY HEMATOLOGY WEST, P. C.	
b	Name of plan sponsor ONCOLOGY HEMATOLOGY WEST, P.C.	c EIN-PN 47-0754790-001
a	Plan name A.D. STOWE, INC.	
b	Name of plan sponsor A.D. STOWE, INC.	c EIN-PN 54-0951262-001
a	Plan name ABARTYS HEALTH LLC PROFIT-SHARING & SAVINGS RETIREMENT PLAN	
b	Name of plan sponsor ABARTYS HEALTH	c EIN-PN 66-0846691-001
a	Plan name ABLE COMPOSITES LLC 401(K) PLAN	
b	Name of plan sponsor ABLE COMPOSITES LLC	c EIN-PN 87-1763241-001
a	Plan name ABM HOLDINGS, CO. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor ABM HOLDINGS, CO.	c EIN-PN 46-1425602-001
a	Plan name ACM HUMAN RESOURCES, LLC	
b	Name of plan sponsor ACM HUMAN RESOURCES, LLC	c EIN-PN 47-4134320-501
a	Plan name ADAMS-MARQUETTE VETERINARY SERVICE 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor ADAMS-MARQUETTE VETERINARY SERVICE	c EIN-PN 39-1398614-001
a	Plan name AFFINITY 401(K) PLAN	
b	Name of plan sponsor PROJECT AFFINITY, INC.	c EIN-PN 47-2315002-001
a	Plan name AGRARIA LLC WELFARE BENEFIT PLAN	
b	Name of plan sponsor AGRARIA LLC	c EIN-PN 04-3694116-501
a	Plan name AJA VIDEO SYSTEMS, INC. 401(K) PLAN	
b	Name of plan sponsor AJA VIDEO SYSTEMS, INC.	c EIN-PN 68-0366440-001

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	AJVAZI AND RAMIZA, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	AJVAZI AND RAMIZA, INC.	c EIN-PN 20-0554205-001
a	Plan name	ALACRITY SOLUTIONS GROUP, LLC 401(K) PLAN	
b	Name of plan sponsor	ALACRITY SOLUTIONS GROUP, LLC	c EIN-PN 36-3306934-001
a	Plan name	ALLEGHENY FINANCIAL GROUP, LTD. 401(K) PLAN	
b	Name of plan sponsor	ALLEGHENY FINACIAL GROUP	c EIN-PN 25-1307896-001
a	Plan name	ALLIANCE MOBILE HEALTH 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	ALLIANCE MOBILE HEALTH, INC.	c EIN-PN 38-3525774-001
a	Plan name	ALLIS MANUFACTURING CORP 401K PLAN	
b	Name of plan sponsor	ALLIS MANUFACTURING CORP	c EIN-PN 39-1879194-001
a	Plan name	ALPHA STAFFING 401(K) PLAN	
b	Name of plan sponsor	CAREERSTAFF UNLIMITED, LLC	c EIN-PN 76-0440764-001
a	Plan name	ALPINE MEDICAL GROUP, LLC 401(K) PLAN	
b	Name of plan sponsor	ALPINE MEDICAL GROUP, LLC	c EIN-PN 84-1401924-001
a	Plan name	ALTERNATIVE CONTINUUM OF CARE 401K PLAN	
b	Name of plan sponsor	OAK PARK NURSING AND REHAB CENTER, LLC	c EIN-PN 20-5281787-001
a	Plan name	AMBASSADOR, LLC 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor	AMBASSADOR, LLC	c EIN-PN 47-5088479-001
a	Plan name	AMBROSE SALES RETIREMENT PLAN	
b	Name of plan sponsor	AMBROSE SALES, INC.	c EIN-PN 48-1085288-001
a	Plan name	ANDREAS FURNITURE COMPANY, INC. 401(K) PLAN	
b	Name of plan sponsor	ANDREAS FURNITURE COMPANY, INC.	c EIN-PN 34-0795782-001
a	Plan name	ANIMAL HOSPITAL OF EAST COBB 401(K) PLAN	
b	Name of plan sponsor	ANIMAL HOSPITAL OF EAST COBB	c EIN-PN 58-2096664-001

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	APPLE GROWTH PARTNERS 401(K) PLAN	
b	Name of plan sponsor	APPLE GROWTH PARTNERS, INC.	c EIN-PN 34-1082617-002
a	Plan name	APTUM 401(K) SAVINGS PLAN	
b	Name of plan sponsor	APTUM 401(K) SAVINGS PLAN	c EIN-PN 86-1070209-001
a	Plan name	ARBOR BANK 401(K) PLAN	
b	Name of plan sponsor	ARBOR BANK	c EIN-PN 93-0717509-001
a	Plan name	ARCILLA 401(K) PLAN	
b	Name of plan sponsor	ARCILLA MINING AND LAND COMPANY, LLC	c EIN-PN 58-2658077-001
a	Plan name	ARCO RETIREMENT PLAN	
b	Name of plan sponsor	ARCO	c EIN-PN 66-0566554-001
a	Plan name	ARLO G. LOTT TRUCKING, INC. 401(K) PLAN	
b	Name of plan sponsor	ARLO G. LOTT TRUCKING, INC.	c EIN-PN 82-0410586-002
a	Plan name	ASCEND CLINICAL, LLC 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	ASCEND CLINICAL, LLC	c EIN-PN 94-3357013-001
a	Plan name	BACARELLA TRANSPORTATION SERVICES, 401(K) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor	BACARELLA TRANSPORTATION SERVICES, INC.	c EIN-PN 06-1048835-001
a	Plan name	BACARELLA TRUCKING 401(K) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor	BACARELLA TRUCKING SERVICES, INC.	c EIN-PN 20-3214776-001
a	Plan name	BAMF, INC. 401(K) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor	BAMF INC.	c EIN-PN 45-4734358-001
a	Plan name	BARSHOP JEWISH COMMUNITY CENTER 401(K) PLAN	
b	Name of plan sponsor	BARSHOP JEWISH COMMUNITY CENTER OF SAN ANTONIO	c EIN-PN 74-1152783-001
a	Plan name	BAYSIDE INTERIORS, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	BAYSIDE INTERIORS, INC.	c EIN-PN 94-2931095-001

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	BEACON HOME CARE GROUP INC	
b	Name of plan sponsor	BEACON HOME CARE GROUP INC	c EIN-PN 59-3478749-001
a	Plan name	BEAU TOWNSEND FORD, INC. 401(K) PLAN	
b	Name of plan sponsor	BEAU TOWNSEND FORD, INC.	c EIN-PN 31-0876107-001
a	Plan name	BECKER TRUCKING HOLDINGS LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	BECKER FARMS HOLDING CO. LTD	c EIN-PN 31-0876107-001
a	Plan name	BELLA VISTA FARMING CO., LLC 401(K) PLAN	
b	Name of plan sponsor	BELLA VISTA FARMING CO., LLC	c EIN-PN 94-2292593-002
a	Plan name	BEN F. WINDHAM, P.C. 401(K) PLAN	
b	Name of plan sponsor	BEN F. WINDHAM, P.C.	c EIN-PN 45-0466133-001
a	Plan name	BENTEX GROUP, INC.	
b	Name of plan sponsor	BENTEX GROUP, INC.	c EIN-PN 85-3213245-003
a	Plan name	BEST ONE RETREADING OF INDIANAPOLIS, INC. 401(K) PLAN	
b	Name of plan sponsor	BEST ONE RETREADING OF INDIANAPOLIS, INC.	c EIN-PN 35-1779150-001
a	Plan name	BEST ONE TIRE & SERVICE 401(K) MEP - CLINTON COUNTY	
b	Name of plan sponsor	BEST ONE TIRE & SERVICE OF CLINTON COUNTY	c EIN-PN 01-0555475-002
a	Plan name	BEST ONE TIRE AND SERVICE 401(K) MEP- LIMA INC	
b	Name of plan sponsor	BEST ONE TIRE AND SERVICE OF LIMA	c EIN-PN 27-0284566-002
a	Plan name	BEST ONE TIRE OF SIDNEY OH 401(K) MEP	
b	Name of plan sponsor	BEST-ONE TIRE & SERVICE 401(K) MEP - SIDNEY	c EIN-PN 20-0823271-001
a	Plan name	BEST-ONE TIRE & SERVICE 401(K) MEP - EVANSVILLE	
b	Name of plan sponsor	BEST-ONE TIRE & SERVICE OF EVANSVILLE	c EIN-PN 35-2119191-002
a	Plan name	BEST-ONE TIRE & SERVICE 401(K) MEP - HENDERSON	
b	Name of plan sponsor	BEST-ONE TIRE & SERVICE - HENDERSON	c EIN-PN 35-2127420-002

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	BEST-ONE TIRE & SERVICE 401(K) MEP - KANSAS	
b	Name of plan sponsor	BEST-ONE TIRE & SERVICE - KANSAS	c EIN-PN 83-0520926-002
a	Plan name	BEST-ONE TIRE & SERVICE 401(K) MEP - MONROE	
b	Name of plan sponsor	BEST-ONE TIRE & SERVICE OF MONROE, INC.	c EIN-PN 35-1445113-002
a	Plan name	BEST-ONE TIRE & SERVICE 401(K) MEP - SOUTHERN INDIANA TIRE	
b	Name of plan sponsor	SOUTHERN INDIANA TIRE, INC.	c EIN-PN 35-1183669-002
a	Plan name	BEST-ONE TIRE & SERVICE 401(K) MEP - ST. LOUIS	
b	Name of plan sponsor	BEST-ONE OF ST. LOUIS	c EIN-PN 43-1609632-002
a	Plan name	BESWICK CORPORATION 401(K) PLAN	
b	Name of plan sponsor	BESWICK CORPORATION	c EIN-PN 38-1977703-001
a	Plan name	BLACK NIGHT SECURITY HEALTH AND WELFARE	
b	Name of plan sponsor	BLACK KNIGHT SECURITY, INC.	c EIN-PN 27-3094583-501
a	Plan name	BLACKSTONE TECHNOLOGY GROUP 401(K) PLAN	
b	Name of plan sponsor	BLACKSTONE TECHNOLOGY GROUP	c EIN-PN 94-3355428-001
a	Plan name	BLOSSOM MEDICAL AND KAHLO SCIENCES 401(K) PLAN	
b	Name of plan sponsor	BLOSSOM MEDICAL, LLC AND KAHLO SCIENCES, LLC	c EIN-PN 47-1315693-001
a	Plan name	BLUE APPLE DENTAL GROUP 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	BLUE APPLE DENTAL GROUP	c EIN-PN 47-4183145-001
a	Plan name	BLUE HORIZON ENERGY LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	BLUE HORIZON ENERGY LLC	c EIN-PN 46-5239067-001
a	Plan name	BLUECAT NETWORKS (USA), INC. 401(K) PLAN	
b	Name of plan sponsor	BLUE CAT NETWORKS (USA)	c EIN-PN 98-0484057-001
a	Plan name	BNK CONSTRUCTION, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	BNK CONSTRUCTION, INC.	c EIN-PN 93-1179120-001

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	BOISE CO-OP 401(K) PLAN	
b	Name of plan sponsor	BOISE CONSUMER COOPERATIVE, INC	c EIN-PN 82-0327910-001
a	Plan name	BOJRAB, KAUFMAN & COMPANY	
b	Name of plan sponsor	BOJRAB, KAUFMAN & COMPANY	c EIN-PN 59-3708427-013
a	Plan name	BOLAND TIRE, INC. 401(K) PLAN	
b	Name of plan sponsor	BOLAND TIRE, INC.	c EIN-PN 38-1982153-002
a	Plan name	BOLAND TIRE, INC. 401(K) PLAN	
b	Name of plan sponsor	BOLAND TIRE, INC.	c EIN-PN 38-1982153-002
a	Plan name	BOUNDLESS NETWORK, INC. 401(K) PLAN	
b	Name of plan sponsor	BOUNDLESS NETWORK, INC.	c EIN-PN 20-0240417-001
a	Plan name	BREADWORKS, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	BREADWORKS, INC.	c EIN-PN 25-1877450-001
a	Plan name	BRIEM AND LOMBARD ENGINEERING, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	BRIEM AND LOMBARD ENGINEERING, INC.	c EIN-PN 84-3771111-001
a	Plan name	BRIGHTON FORD 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	BRIGHTON FORD, INC	c EIN-PN 38-2271999-001
a	Plan name	BROADDUS & ASSOCIATES, INC. 401(K) PLAN	
b	Name of plan sponsor	BROADDUS & ASSOCIATES, INC.	c EIN-PN 74-2985884-001
a	Plan name	BRONCO WINE COMPANY 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	BRONCO WINE COMPANY	c EIN-PN 77-0342472-001
a	Plan name	BROWARD PARTNERSHIP FOR THE HOMELESS, INC. 403 (B) PLAN	
b	Name of plan sponsor	BROWARD PARTNERSHIP FOR THE HOMELESS, INC.	c EIN-PN 65-0777033-001
a	Plan name	BULLISH 401(K)	
b	Name of plan sponsor	BULLISH US LLC	c EIN-PN 87-0816490-001

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
a	Plan name BURBIDGE CONCRETE PUMPING LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor BURBIDGE CONCRETE PUMPING	c EIN-PN 20-4816392-001
a	Plan name BWS LEASING, INC. EMPLOYEE 401(K) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor BWS LEASING, INC.	c EIN-PN 47-0712678-001
a	Plan name BZI LLC PROFIT SHARING PLAN	
b	Name of plan sponsor BUILDING ZONE INDUSTRIES LLC	c EIN-PN 81-3252915-001
a	Plan name CA HOLDINGS, LLC 401(K) PLAN	
b	Name of plan sponsor CA HOLDINGS, LLC	c EIN-PN 58-2540189-001
a	Plan name CALIFORNIA ASSOCIATION OF WINEGRAPE GROWERS MEP	
b	Name of plan sponsor CALIFORNIA ASSOCIATION OF WINEGRAPE GROWERS	c EIN-PN 94-2292593-002
a	Plan name CAPITOL CREDIT UNION 401(K) PLAN AND TRUST	
b	Name of plan sponsor CAPITOL CREDIT UNION	c EIN-PN 74-6054885-002
a	Plan name CARBIDE TECHNOLOGIES, INC. PROFIT SHARING & 401(K) PLAN & TRUST	
b	Name of plan sponsor CARBIDE TECHNOLOGIES, INC.	c EIN-PN 38-2220650-001
a	Plan name CAWG RETIREMENT PLAN AND TRUST PACIFIC COAST FARMING	
b	Name of plan sponsor CALIFORNIA ASSOCIATION OF WINEGRAPE GROWERS	c EIN-PN 94-2292593-002
a	Plan name CITY OF ALLEGAN 457 PLAN	
b	Name of plan sponsor CITY OF ALLEGAN	c EIN-PN 38-6004518-001
a	Plan name CLANTON ENGINEERING, INC. DBA CLANTON & ASSOCIATES, INC. 401(K) PLAN	
b	Name of plan sponsor CLANTON ENGINEERING, INC. DBA CLANTON & ASSOCIATES, INC.	c EIN-PN 84-0844175-001
a	Plan name CLASSDOJO 401(K) PLAN	
b	Name of plan sponsor ONE DIGITAL	c EIN-PN 80-0740562-001
a	Plan name CLIMATE ENGINEERING COMPANIES 401(K) PLAN	
b	Name of plan sponsor CLIMATE ENGINEERING COMPANIES	c EIN-PN 06-1169064-001

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
a	Plan name CLIMATEWORKS FOUNDATION RETIREMENT TRUST	
b	Name of plan sponsor CLIMATEWORKS FOUNDATION	c EIN-PN 26-2603250-001
a	Plan name COASTAL VINEYARD CARE ASSOCIATES	
b	Name of plan sponsor COASTAL VINEYARD CARE ASSOCIATES	c EIN-PN 94-2292593-002
a	Plan name COLORADO PAIN CARE, LLC 401(K) PLAN	
b	Name of plan sponsor COLORADO PAIN CARE, LLC	c EIN-PN 46-3126009-001
a	Plan name COMMERCIAL RISK SOLUTIONS, INC. 401(K) PLAN	
b	Name of plan sponsor COMMERCIAL RISK SOLUTIONS, INC.	c EIN-PN 84-1219553-001
a	Plan name COMMODITY BLENDERS, LLC RETIREMENT PLAN	
b	Name of plan sponsor COMMODITY BLENDERS, LLC	c EIN-PN 26-1599192-001
a	Plan name COMMUNITY CARE OF NORTH CAROLINA, INC. 401(K) PLAN	
b	Name of plan sponsor COMMUNITY CARE OF NORTH CAROLINA, INC.	c EIN-PN 46-3355510-001
a	Plan name COMPLETE FEED SERVICE, LLC 401(K) PLAN	
b	Name of plan sponsor COMPLETE FEED SERVICE, LLC	c EIN-PN 30-0029452-001
a	Plan name CONCEPT PLUS, LLC 401(K) PLAN	
b	Name of plan sponsor CONCEPT PLUS, LLC	c EIN-PN 26-3246931-001
a	Plan name CONCEPT PLUS, LLC 401(K) PLAN	
b	Name of plan sponsor CONFECTIONS OPERATIONS LLC	c EIN-PN 26-3246931-001
a	Plan name CONNOR AIR CONDITIONING & REFRIG. INC. PROFIT SHARING PLAN	
b	Name of plan sponsor CONNOR AIR CONDITIONING & REFRIG. INC.	c EIN-PN 95-3566960-001
a	Plan name CORNERSTONE SOLUTIONS GROUP 401(K) RETIREMENT PLAN	
b	Name of plan sponsor CORNERSTONE SOLUTIONS GROUP, INC	c EIN-PN 43-1554545-001
a	Plan name CORRHEALTH LLC 401(K) PLAN	
b	Name of plan sponsor CORRHEALTH LLC	c EIN-PN 82-1288341-001

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	COUNTRY CLUB BANK 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	COUNTRY CLUB BANK	c EIN-PN 44-0574255-001
a	Plan name	CPT, INC. RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	CPT, INC.	c EIN-PN 39-1598749-001
a	Plan name	CRESTLINE CONSTRUCTION, LLC 401(K) PLAN	
b	Name of plan sponsor	CRESTLINE CONSTRUCTION	c EIN-PN 93-1149897-002
a	Plan name	CRP ARCHITECTS PC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	CRP ARCHITECTS, P.C.	c EIN-PN 84-0863178-001
a	Plan name	CTOS, LLC 401(K) PLAN	
b	Name of plan sponsor	CTOS, LLC	c EIN-PN 81-1853358-001
a	Plan name	D & F LIQUIDATORS, INC. EMPLOYEES 401(K) PLAN	
b	Name of plan sponsor	D & F LIQUIDATORS, INC.	c EIN-PN 94-1724360-001
a	Plan name	DAVID A. BAILEY ENTERPRISES, LTD 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	DAVID A. BAILEY ENTERPRISES, LTD	c EIN-PN 38-3559594-002
a	Plan name	DENVER SYRUP & BAR SUPPLY INC. 401(K) PLAN	
b	Name of plan sponsor	DENVER SYRUP & BAR SUPPLY, INC.	c EIN-PN 84-1035854-001
a	Plan name	DERMATOLOGY SPECIALISTS, P.A. RETIREMENT PLAN	
b	Name of plan sponsor	DERMATOLOGY SPECIALISTS, P.A.	c EIN-PN 41-1266423-001
a	Plan name	DIAMOND TOOL & DIE INC. 401(K) PLAN	
b	Name of plan sponsor	DIAMOND TOOL & DIE INC.	c EIN-PN 94-2176577-001
a	Plan name	DIE-MATIC CORPORATION 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	DIE-MATIC CORPORATION	c EIN-PN 34-0825221-002
a	Plan name	DINWIDDIE-HINES CONSTRUCTION, INC. 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	DINWIDDIE-HINES CONSTRUCTION, INC.	c EIN-PN 68-0348759-001

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	DIRT WORKS INC 401(K) PLAN	
b	Name of plan sponsor	DIRT WORX, INC.	c EIN-PN 20-1409819-001
a	Plan name	DIVERSIFIED FABRICATORS INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	DIVERSIFIED FABRICATORS INC.	c EIN-PN 58-1871364-001
a	Plan name	DREAMMAKER BATH AND KITCHEN 401(K) PLAN	
b	Name of plan sponsor	BLACK SWAN PROPERTIES, LLC DBA DREAMMAKER BATH AND KITCHEN OF ANN ARBO	c EIN-PN 04-3769654-001
a	Plan name	EAGLE CONTRACTING, INC.	
b	Name of plan sponsor	EAGLE CONTRACTING, INC.	c EIN-PN 59-3708427-013
a	Plan name	EAST BAY TIRE CO. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	EAST BAY TIRE CO.	c EIN-PN 94-2656190-001
a	Plan name	EJ SIGN COMPANY DBA AMERICAN LIFT AND SIGN	
b	Name of plan sponsor	EJ SIGN COMPANY DBA AMERICAN LIFT AND SIGN	c EIN-PN 88-2372847-001
a	Plan name	ENNISMORE INTERNATIONAL USA, INC.	
b	Name of plan sponsor	ENNISMORE INTERNATIONAL USA, INC.	c EIN-PN 85-3213245-003
a	Plan name	EXCEL MANUFACTURING, INC. 401(K) PLAN	
b	Name of plan sponsor	EXCEL MANUFACTURING, INC.	c EIN-PN 35-1970439-001
a	Plan name	EXCEL PATTERN AND TOOL 401(K) PLAN	
b	Name of plan sponsor	EXCEL PATTERN AND TOOL	c EIN-PN 84-3949983-001
a	Plan name	FARM CITY ELEVATOR COMPANIES 401K PROFIT SHARING PLAN	
b	Name of plan sponsor	FARM CITY ELEVATOR, INC.	c EIN-PN 39-1052519-001
a	Plan name	FELSON COMPANIES, INC. RETIREMENT PLAN	
b	Name of plan sponsor	FELSON COMPANIES, INC.	c EIN-PN 94-3215290-001
a	Plan name	FORT WAYNE DERMATOLOGY CONSULTANTS, INC. PROFIT SHARING 401(K) PLAN	
b	Name of plan sponsor	FORT WAYNE DERMATOLOGY CONSULTANTS, INC.	c EIN-PN 30-0149833-004

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	FOUNDERS 3 MANAGEMENT COMPANY 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	FOUNDERS 3 MANAGEMENT COMPANY	c EIN-PN 39-1833308-001
a	Plan name	FRENCHMAN'S RESERVE COUNTRY CLUB 401(K) PLAN	
b	Name of plan sponsor	FRENCHMANS RESERVE COUNTRY CLUB, INC.	c EIN-PN 56-2290261-001
a	Plan name	FRIEDMAN, DAZZIO & ZULANAS , PC PROFIT SHARING 401(K)	
b	Name of plan sponsor	FRIEDMAN, DAZZIO & ZULANAS , PC	c EIN-PN 63-1207595-001
a	Plan name	FUZEHUB INC 401(K) PLAN	
b	Name of plan sponsor	FUZEHUB	c EIN-PN 46-3122950-001
a	Plan name	G&D MECHANICAL, INC. RETIREMENT PLAN	
b	Name of plan sponsor	G&D MECHANICAL, INC.	c EIN-PN 20-3101528-001
a	Plan name	G.G.V. MANAGEMENT, L.L.C. 401(K) SAVINGS PLAN	
b	Name of plan sponsor	G.G.V. MANAGEMENT, L.L.C.	c EIN-PN 94-3369771-001
a	Plan name	GAINES JEWELRY, INC.	
b	Name of plan sponsor	GAINES JEWELRY, INC.	c EIN-PN 38-2159728-001
a	Plan name	GOODWILL INDUSTRIES OF NORTHERN MICHIGAN, INC. 401(K) PLAN	
b	Name of plan sponsor	GOODWILL INDUSTRIES OF NORTHERN MICHIGAN, INC.	c EIN-PN 38-1976268-001
a	Plan name	GPM HOME OFFICE EMPLOYEES' RETIREMENT PLAN	
b	Name of plan sponsor	GOVERNMENT PERSONNEL MUTUAL LIFE INSURANCE COMPANY	c EIN-PN 74-0651020-001
a	Plan name	GRACE VISION RETIREMENT PLAN	
b	Name of plan sponsor	GRACE VISION INC.	c EIN-PN 46-3340575-001
a	Plan name	GROSSMAN CHEVROLET 401(K) PLAN	
b	Name of plan sponsor	GROSSMAN CHEVROLET NISSAN GEO, INC.	c EIN-PN 06-1322644-002
a	Plan name	H.B. BOYS 401(K)	
b	Name of plan sponsor	H.B. BOYS L.C.	c EIN-PN 87-0536706-001

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	H.I.S. INTERNATIONAL GROUP LLC 401(K) PLAN	
b	Name of plan sponsor	H.I.S. INTERNATIONAL GROUP LLC	c EIN-PN 85-3213245-301
a	Plan name	HALL IMPORTS LLC 401(K) PLAN	
b	Name of plan sponsor	HALL IMPORTS LLC	c EIN-PN 39-1569828-001
a	Plan name	HAMON INFRASTRUCTURE, INC. 401(K) PLAN	
b	Name of plan sponsor	HAMON INFRASTRUCTURE, INC.	c EIN-PN 84-1129267-001
a	Plan name	HART & OLSON DENTISTRY 401(K) PLAN	
b	Name of plan sponsor	HART & OLSON DENTISTRY, SC	c EIN-PN 20-5898371-001
a	Plan name	HELION ENERGY RETIREMENT TRUST	
b	Name of plan sponsor	HELION ENERGY	c EIN-PN 46-3247574-001
a	Plan name	HERCULES MACHINERY CORPORATION, LLC 401K RETIREMENT PLAN	
b	Name of plan sponsor	HERCULES MACHINERY CORPORATION, LLC	c EIN-PN 35-1095415-002
a	Plan name	HHS OF LOUISVILLE, LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	HHS OF LOUISVILLE, LLC	c EIN-PN 35-2150919-001
a	Plan name	HIBSER YAMAUCHI ARCHITECTS, INC. 401(K) PLAN	
b	Name of plan sponsor	HIBSER YAMAUCHI ARCHITECTS, INC.	c EIN-PN 94-3170987-001
a	Plan name	HILLS WIRING, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	HILLS WIRING, INC.	c EIN-PN 39-1344907-001
a	Plan name	HINT, INC. 401K PLAN	
b	Name of plan sponsor	HINT, INC.	c EIN-PN 04-3806328-001
a	Plan name	HIRO & CO INC 401(K) PLAN	
b	Name of plan sponsor	HIRO & CO INC	c EIN-PN 84-1044735-001
a	Plan name	HOLLAND ASSOCIATES, LLC 401(K) PLAN	
b	Name of plan sponsor	HOLLAND ASSOCIATES, LLC	c EIN-PN 20-8595877-001

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
a	Plan name HOPEWELL FUND 401(K) PLAN	
b	Name of plan sponsor HOPEWELL FUND	c EIN-PN 47-3681860-001
a	Plan name HOUSE OF HARLEY DAVIDSON 401(K) PLAN	
b	Name of plan sponsor ONE HEADLIGHT POWER SPORTS, LLC DBA HOUSE OF HARLEY DAVIDSON	c EIN-PN 47-3746638-001
a	Plan name HPM FOUNDATION, INC. (DBA) HEALTHPROMED RETIREMENT PLAN	
b	Name of plan sponsor HPM FOUNDATION, INC. (DBA) HEALTHPROMED	c EIN-PN 66-0437924-001
a	Plan name HUBBARD SUPPLY CO. 401(K) PLAN	
b	Name of plan sponsor HUBBARD SUPPLY CO.	c EIN-PN 38-2556947-001
a	Plan name IBE ENTERPRISES, LLC 401(K) PLAN	
b	Name of plan sponsor IBE ENTERPRISES, LLC	c EIN-PN 38-1845029-001
a	Plan name ILLUMINATIVE, INC 401(K) PLAN	
b	Name of plan sponsor ILLUMINATIVE, INC	c EIN-PN 92-1975377-001
a	Plan name IMS TECHNOLOGIES, INC. EMPLOYEE SAVINGS PLAN	
b	Name of plan sponsor IMS TECHNOLOGIES, INC.	c EIN-PN 37-1925666-001
a	Plan name INDY TIRE CENTERS, INC. D/B/A BEST-ONE OF INDY 401(K)	
b	Name of plan sponsor INDY TIRE CENTERS, INC. D/B/A BEST-ONE OF INDY	c EIN-PN 35-1687063-001
a	Plan name INFINITE ENERGY CONSTRUCTION 401(K) PLAN	
b	Name of plan sponsor INFINITE ENERGY CONSTRUCTION, INC	c EIN-PN 43-1750121-001
a	Plan name INGENICO, INC. 401(K) PLAN	
b	Name of plan sponsor INGENICO, INC.	c EIN-PN 88-0117097-001
a	Plan name INSURANCE MANAGEMENT SERVICE, INC.	
b	Name of plan sponsor INSURANCE MANAGEMENT SERVICE, INC.	c EIN-PN 38-2597661-001
a	Plan name INTERCITY RADIOLOGY PC 401(K) RETIREMENT PLAN	
b	Name of plan sponsor INTERCITY RADIOLOGY	c EIN-PN 81-0306157-002

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	INTERVENN BIOSCIENCES 401(K) PLAN	
b	Name of plan sponsor	VENN BIOSCIENCES CORPORATION D/B/A INTERVENN BIOSCIENCES	c EIN-PN 82-0814673-001
a	Plan name	INVITAE 401(K) PLAN	
b	Name of plan sponsor	INVITAE	c EIN-PN 27-1701898-001
a	Plan name	J&D ENTERPRISES RETIREMENT PLAN	
b	Name of plan sponsor	J & D FERTILIZERS LTD	c EIN-PN 93-0863751-001
a	Plan name	JAC MANUFACTURING, INC. 401(K) PLAN	
b	Name of plan sponsor	JAC MANUFACTURING, INC.	c EIN-PN 39-1293124-001
a	Plan name	JAMADMIN, INC. 401(K) PLAN	
b	Name of plan sponsor	JAMADMIN, INC.	c EIN-PN 27-1656869-001
a	Plan name	JANE TECHNOLOGIES 401(K) PLAN	
b	Name of plan sponsor	JANE TECHNOLOGIES INC.	c EIN-PN 47-5287065-001
a	Plan name	JATCO INCORPORATED 401(K) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor	JATCO INCORPORATED	c EIN-PN 94-2318778-001
a	Plan name	JAZME, LLC 401(K)/PROFIT SHARING PLAN	
b	Name of plan sponsor	JAZME LLC	c EIN-PN 74-3135314-001
a	Plan name	JUICE PHARMA ADVERTISING, LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	JUICE PHARMA ADVERTISING, LLC	c EIN-PN 75-3085102-001
a	Plan name	KAISER PREMIER LLC	
b	Name of plan sponsor	KAISER PREMIER LLC	c EIN-PN 35-2590945-001
a	Plan name	KAUTZ VINEYARDS, INC. 401(K) PLAN	
b	Name of plan sponsor	KAUTZ VINEYARDS, INC.	c EIN-PN 94-2292593-002
a	Plan name	KINGS OIL TOOLS INC 401(K) PROFIT SHAIRNG PLAN	
b	Name of plan sponsor	KINGS OIL TOOLS INC	c EIN-PN 94-2850782-001

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
a	Plan name KMA, S.C. 401K PLAN	
b	Name of plan sponsor KMA, S.C.	c EIN-PN 45-2904270-001
a	Plan name KORBER PHARMA SOFTWARE, INC. 401K PROFIT SHARING TRUST	
b	Name of plan sponsor KORBER PHARMA SOFTWARE, INC.	c EIN-PN 51-0401251-001
a	Plan name KRAYDEN, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor KRAYDEN, INC.	c EIN-PN 84-1107449-001
a	Plan name LAHLOUH, INC. 401(K) PLAN	
b	Name of plan sponsor LAHLOUH, INC.	c EIN-PN 94-3025562-001
a	Plan name LANGETWINS WINE COMPANY, INC. 401(K) PLAN	
b	Name of plan sponsor LANGETWINS WINE COMPANY, INC.	c EIN-PN 94-2292593-002
a	Plan name LANGETWINS, INC 401 (K) PLAN	
b	Name of plan sponsor LANGETWINS, INC	c EIN-PN 94-2292593-002
a	Plan name LAVISH ROOTS, INC. 401(K) PLAN	
b	Name of plan sponsor LAVISH ROOTS, INC.	c EIN-PN 47-2138032-001
a	Plan name LEADER TOOL COMPANY 401(K) PLAN	
b	Name of plan sponsor LEADER TOOL COMPANY	c EIN-PN 38-1866337-001
a	Plan name LECLAIR INDUSTRIES INC 401(K) PLAN	
b	Name of plan sponsor LECLAIR INDUSTRIES INC	c EIN-PN 64-0669317-001
a	Plan name LIBERTY INSURANCE GROUP 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor LIBERTY INSURANCE GROUP, INC. DBA TRANSITION HEALTH BENEFITS	c EIN-PN 39-1975208-001
a	Plan name LOANMART 401(K) PLAN	
b	Name of plan sponsor WHEELS FINANCIAL GROUP, LLC DBA LOANMART	c EIN-PN 95-4863389-001
a	Plan name LOCATI ARCHITECTS, PLLC 401(K) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor LOCATI ARCHITECTS, LLC	c EIN-PN 20-2075108-001

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	LONE STAR COMMUNICATIONS, INC. 401(K) PLAN	
b	Name of plan sponsor	LONE STAR COMMUNICATIONS, INC.	c EIN-PN 75-2392905-001
a	Plan name	LONG MEADOW RANCH 401(K) PLAN	
b	Name of plan sponsor	LMR SERVICES LLC	c EIN-PN 36-4856570-001
a	Plan name	LONNINGS DAG LLC INTEGRATED 401(K) PSP	
b	Name of plan sponsor	LONNINGS DAG LLC	c EIN-PN 87-4070313-001
a	Plan name	LOTUS FOODS, INC.	
b	Name of plan sponsor	LOTUS FOODS, INC.	c EIN-PN 59-3708427-013
a	Plan name	LUDMAN INDUSTRIES 401(K) PLAN	
b	Name of plan sponsor	LUDMAN INDUSTRIES	c EIN-PN 80-0695276-001
a	Plan name	LUKS AND SANTANIELLO, LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	LUKS AND SANTANIELLO, LLC	c EIN-PN 26-0010386-001
a	Plan name	MADRAG 10 SPOT VANILLA SKY 401(K) PLAN	
b	Name of plan sponsor	MADRAG 10 SPOT VANILLA SKY	c EIN-PN 85-3213245-301
a	Plan name	MAIELLO, BRUNGO & MAIELLO EMPLOYEES PROFIT SHARING PLAN	
b	Name of plan sponsor	MAIELLO, BRUNGO & MAIELLO LLP	c EIN-PN 25-1343847-001
a	Plan name	MAINLINE PRINTING, INC. 401(K) RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	MAINLINE PRINTING, INC.	c EIN-PN 48-1028409-001
a	Plan name	MARINES' MEMORIAL 401(K) PLAN	
b	Name of plan sponsor	MARINES' MEMORIAL ASSOCIATION	c EIN-PN 94-1055967-001
a	Plan name	MAX MACHINERY, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	MAX MACHINERY, INC.	c EIN-PN 94-2474161-001
a	Plan name	MAX RIEKE & BROTHERS, INC. EMPLOYEES 401(K) PLAN	
b	Name of plan sponsor	MAX RIEKE & BROTHERS, INC.	c EIN-PN 48-0783919-067

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	MAYFRAN INTERNATIONAL, INC. RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	MAYFRAN INTERNATIONAL, INC.	c EIN-PN 48-0959871-001
a	Plan name	MCP WESTCOAST INVESTMENT FUND 401(K) PLAN	
b	Name of plan sponsor	MCP WESTCOAST INVESTMENT FUND, LP	c EIN-PN 85-1169164-001
a	Plan name	MEATS BY LINZ, INC. 401(K) PENSION PLAN	
b	Name of plan sponsor	MEATS BY LINZ, INC.	c EIN-PN 36-2813489-001
a	Plan name	MHG HOLDCO LLC 401(K) PLAN	
b	Name of plan sponsor	MHG HOLDCO LLC	c EIN-PN 85-3213245-003
a	Plan name	MID-AMERICA ORTHOPEDICS, L.L.C 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	MID-AMERICA ORTHOPEDICS, L.L.C	c EIN-PN 26-2436650-001
a	Plan name	MIDWEST SECURITY PRODUCTS, INCORPORATED 401(K) PLAN	
b	Name of plan sponsor	MIDWEST SECURITY PRODUCTS, INCORPORATED	c EIN-PN 34-1497163-001
a	Plan name	MID-WEST SPRING & STAMPING 401(K) PLAN	
b	Name of plan sponsor	MID-WEST SPRING & STAMPING	c EIN-PN 93-1012656-002
a	Plan name	MIKE BARNEY NISSAN 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	MIKE BARNEY NISSAN	c EIN-PN 16-1128183-001
a	Plan name	MILLENNIUM REINFORCING 401(K) PLAN	
b	Name of plan sponsor	MILLENNIUM REINFORCING, INC.	c EIN-PN 26-4085786-001
a	Plan name	MILLER STARR REGALIA RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	MILLER STARR REGALIA, A PROFESSIONAL LAW CORPORATION	c EIN-PN 94-3149244-020
a	Plan name	MOBILE MEDICAL RESPONSE, INCORPORATED 401(K) PLAN	
b	Name of plan sponsor	MOBILE MEDICAL RESPONSE, INCORPORATED	c EIN-PN 38-3198397-001
a	Plan name	MONTEITHS BEST-ONE TIRE AND AUTO CARE 401(K) PLAN	
b	Name of plan sponsor	MONTEITHS BEST-ONE TIRE AND AUTO CARE	c EIN-PN 35-1573454-002

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	MORRIS HEIGHTS HEALTH CENTER, INC. RETIREMENT PLAN	
b	Name of plan sponsor	MORRIS HEIGHTS HEALTH CENTER, INC.	c EIN-PN 06-1081232-505
a	Plan name	MORSKI BRANDS, INC. 401(K) PLAN	
b	Name of plan sponsor	MORSKI BRANDS, INC.	c EIN-PN 47-3766153-001
a	Plan name	MTS SOLUTIONS SERVICES, INC. 401(K) PLAN TRUST	
b	Name of plan sponsor	MTS SOLUTIONS SERVICES, INC.	c EIN-PN 77-0209414-001
a	Plan name	MUNICIPIO DE VEGA BAJA HEAR START/EARLY PROGRAM RET PLAN	
b	Name of plan sponsor	MUNICIPIO DE VEGA BAJA HEAR START/EARLY PROGRAM	c EIN-PN 66-0433537-001
a	Plan name	MURR SILER & ACCOMAZZO, P.C. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	MURR SILER & ACCOMAZZO, P.C.	c EIN-PN 84-1203371-002
a	Plan name	NABCO ENTRANCES, INC. 401(K) PLAN	
b	Name of plan sponsor	NABCO ENTRANCES, INC.	c EIN-PN 39-1128124-001
a	Plan name	NATIONAL AND GREAT LAKES COMPOSITES 401K PLAN	
b	Name of plan sponsor	NATIONAL COMPOSITES	c EIN-PN 81-2515384-001
a	Plan name	NEW VENTURE FUND 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	NEW VENTURE FUND	c EIN-PN 20-5806345-001
a	Plan name	NEXGEN 401(K) PLAN	
b	Name of plan sponsor	NEXGEN	c EIN-PN 27-3073403-001
a	Plan name	NICKEL FAMILY RETIREMENT PLAN	
b	Name of plan sponsor	NICKEL FAMILY LLC	c EIN-PN 77-0423833-001
a	Plan name	NOONAN LANCE BOYER & BANACH 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	NOONAN LANCE BOYER & BANACH, LLP	c EIN-PN 81-0812398-001
a	Plan name	NORTH CHESTER PHARMACY LLC	
b	Name of plan sponsor	MESTMAKE & PETREY WEALTH ADVISORS	c EIN-PN 47-2500791-001

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
a	Plan name NORTH DAKOTA FARMERS UNION EMPLOYEE SALARY SAVINGS PLAN	
b	Name of plan sponsor AGRARIA INSURANCE COMPANY	c EIN-PN 45-0214096-003
a	Plan name NUESYNERGY, INC. 401(K) PLAN	
b	Name of plan sponsor NUESYNERGY, INC.	c EIN-PN 46-0553674-001
a	Plan name OFFICE BUSINESS SOLUTIONS, LLC 401(K) PLAN.	
b	Name of plan sponsor OFFICE BUSINESS SOLUTIONS, LLC	c EIN-PN 48-1236318-001
a	Plan name OPERATION BREAKTHROUGH 401(K) SAVINGS PLAN	
b	Name of plan sponsor OPERATION BREAKTHROUGH, INC.	c EIN-PN 43-0971560-001
a	Plan name ORTEC INTERNATIONAL USA, INC. 401(K) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor ORTEC INTERNATIONAL USA, INC.	c EIN-PN 58-2599164-001
a	Plan name ORTON MOTORS INC. PROFIT SHARING PLAN	
b	Name of plan sponsor ORTON MOTOR INC.	c EIN-PN 41-0901914-001
a	Plan name OSNET WIRELESS 1081.01(D) RETIREMENT PLAN	
b	Name of plan sponsor OSNET WIRELESS LLC	c EIN-PN 66-6015141-001
a	Plan name PACIFIC NORTHERN ENVIRONMENTAL CORP 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor PACIFIC NORTHERN ENVIRONMENTAL, LLC	c EIN-PN 91-1458581-001
a	Plan name PACIFIC WEST ASSOCIATION OF REALTORS 401(K) SAVINGS PLAN	
b	Name of plan sponsor PACIFIC WEST ASSOCIATION OF REALTORS	c EIN-PN 33-0729887-001
a	Plan name PAIS FIDUCIARY INC. 401(K) PLAN	
b	Name of plan sponsor PAIS FIDUCIARY INC.	c EIN-PN 83-2738895-001
a	Plan name PCCC 401(K) PLAN	
b	Name of plan sponsor PETERSON CARTRIDGE CO	c EIN-PN 46-4818030-001
a	Plan name PCI INDUSTRIES, INC. 401(K) PLAN	
b	Name of plan sponsor PCI INDUSTRIES, INC.	c EIN-PN 38-2489745-001

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	PELLA PRODUCTS, INC. RETIREMENT PLAN	
b	Name of plan sponsor	PELLA PRODUCTS, INC.	c EIN-PN 04-2303271-002
a	Plan name	PENSION TRANSFER TRUST PLAN	
b	Name of plan sponsor	PENSION TRANSFER ADVISORS, LLC	c EIN-PN 45-3113208-001
a	Plan name	PEP SMART NATIONAL POOLED EMPLOYER PLAN BY FBO MIAMI OPERATIONS LLC	
b	Name of plan sponsor	FH MIAMI OPERATIONS, LLC	c EIN-PN 85-3213245-003
a	Plan name	PEP SMART NATIONAL POOLED EMPLOYER PLAN FBO KARRIKINS GROUP LLC	
b	Name of plan sponsor	KARRIKINS GROUP LLC	c EIN-PN 85-3213245-003
a	Plan name	PEP SMART NATIONAL POOLED EMPLOYER PLAN FBO ORSID REALTY CORP	
b	Name of plan sponsor	ORSID REALTY CORP	c EIN-PN 85-3213245-003
a	Plan name	PEP SMART NATIONAL POOLED EMPLOYER PLAN, ADOPTED BY LAKEHOUSE HEALTHCARE & REHABILITATION CENTER	
b	Name of plan sponsor	WALKER METHODIST	c EIN-PN 85-3213245-003
a	Plan name	PEPPERMILL CASINOS, INC. RETIREMENT PLAN	
b	Name of plan sponsor	PEPPERMILL CASINOS, INC.	c EIN-PN 88-0302737-001
a	Plan name	PERFECT DAY FOODS, INC. 401(K)	
b	Name of plan sponsor	PERFECT DAY FOODS, INC.	c EIN-PN 46-5528887-001
a	Plan name	PETERSON BROTHERS RETIREMENT PLAN	
b	Name of plan sponsor	VERT MARKETS, INC.	c EIN-PN 82-0548255-001
a	Plan name	PHILO, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	PHILO, INC.	c EIN-PN 27-3472079-001
a	Plan name	PLASTIKON INDUSTRIES, INC. 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	PLASTIKON INDUSTRIES, INC.	c EIN-PN 94-2582387-001
a	Plan name	PLUMBERS & PIPEFITTERS U.A. LOCAL 85 RETIREMENT AND 401(K) FUND	
b	Name of plan sponsor	BOARD OF TRUSTEES OF THE UNITED ASSOC. OF JOURNEYMEN AND APPRENTICES	c EIN-PN 32-0478132-005

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 PODIUM CORPORATION INC. 401K PLAN	
b	Name of plan sponsor PODIUM CORPORATION INC.	c EIN-PN 47-1369982-001
a	Plan name POKY FEEDERS, INC. EMPLOYEE SAVINGS PLAN	
b	Name of plan sponsor POKY FEEDERS, INC.	c EIN-PN 36-3052749-001
a	Plan name POMEROY LIVING MANAGEMENT LLC PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor POMEROY LIVING MANAGEMENT LLC	c EIN-PN 81-0767408-001
a	Plan name PPIC 401K SAFE HARBOR PLAN	
b	Name of plan sponsor PATRIOT POWER INVESTMENT CORPORATION	c EIN-PN 27-1061316-002
a	Plan name PREMIER BANDAG 8 401(K) PLAN	
b	Name of plan sponsor PREMIER BANDAG 8	c EIN-PN 34-1878767-001
a	Plan name PREMIER CHEVROLET BUICK GMC 401(K) PLAN	
b	Name of plan sponsor PREMIER CHEVROLET BUICK GMC	c EIN-PN 47-4994524-001
a	Plan name PREMIER HEATING & AIR 401(K) PLAN	
b	Name of plan sponsor PREMIER HEATING & AIR	c EIN-PN 20-0139132-001
a	Plan name PRINTING PARTNERS 401(K) PLAN	
b	Name of plan sponsor PRINTING PARTNERS, INC.	c EIN-PN 35-1769674-001
a	Plan name PROCTORU 401(K) PLAN	
b	Name of plan sponsor ONE DIGITAL	c EIN-PN 27-1893486-001
a	Plan name PRODUCT SERVICE & MANUFACTURING CORP 401(K) PLAN	
b	Name of plan sponsor PRODUCT SERVICE & MANUFACTURING CORP	c EIN-PN 39-1246077-001
a	Plan name PUBLIC LIBRARY OF SCIENCE 401(K) PROFIT SHARING & TRUST	
b	Name of plan sponsor PUBLIC LIBRARY OF SCIENCE	c EIN-PN 68-0492065-001
a	Plan name PUTMAN PROPERTIES, INC. 401(K) PLAN	
b	Name of plan sponsor PUTMAN PROPERTIES, INC.	c EIN-PN 34-1620758-002

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	QBOX POOLED EMPLOYER PLAN FBO PREFERRED, INC.	
b	Name of plan sponsor	PLAN COMPLIANCE SERVICES INC	c EIN-PN 59-3708427-013
a	Plan name	QBOX POOLED EMPLOYER PLAN FBO SPIRITUAL GANGSTER HOLDINGS, INC.	
b	Name of plan sponsor	SPIRITUAL GANGSTER HOLDINGS INC.	c EIN-PN 59-3708427-013
a	Plan name	QBOX POOLED EMPLOYER PLAN FBO SUMMIT CITY STEEL ERECTION, LLC	
b	Name of plan sponsor	SUMMIT CITY STEEL ERECTION, LLC	c EIN-PN 59-3708427-013
a	Plan name	QBOX POOLED EMPLOYER PLAN FBO Y2K ENGINEERING LLC	
b	Name of plan sponsor	Y2K ENGINEERING, LLC	c EIN-PN 59-3708427-013
a	Plan name	QUALITY INDUSTRIAL PRODUCTS RETIREMENT PLAN	
b	Name of plan sponsor	QUALITY INDUSTRIAL PRODUCTS	c EIN-PN 66-6048552-001
a	Plan name	R.M. ROACH & SONS, INC 401(K) PLAN	
b	Name of plan sponsor	R.M. ROACH & SONS, INC	c EIN-PN 55-0438198-001
a	Plan name	RAMLOW/STEIN, INC. 401(K) SAVINGS & PROFIT SHARING PLAN	
b	Name of plan sponsor	RAMLOW/STEIN, INC.	c EIN-PN 39-1533614-001
a	Plan name	RED LEDGES LAND DEVELOPMENT, INC. 401K PLAN	
b	Name of plan sponsor	RED LEDGES LAND DEVELOPMENT, INC.	c EIN-PN 20-8808493-001
a	Plan name	RENFROW BROTHERS INC. 401-K PLAN	
b	Name of plan sponsor	RENFROW BROTHERS INC	c EIN-PN 57-0970448-001
a	Plan name	RESTORE ONE, INC. 401(K) PLAN	
b	Name of plan sponsor	RESTORE ONE, INC.	c EIN-PN 20-8295069-001
a	Plan name	RFK HOLDINGS, LLC 401(K) PLAN	
b	Name of plan sponsor	RFK HOLDINGS, LLC	c EIN-PN 47-1587123-001
a	Plan name	RIVERSIDE AUTOMOTIVE SERVICE & PARTS, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	RIVERSIDE AUTOMOTIVE SERVICE & PARTS, INC	c EIN-PN 39-1339939-001

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
<small>(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)</small>			
a	Plan name	SAFETY VISION LLC 401(K) PLAN	
b	Name of plan sponsor	SAFETY VISION LLC	c EIN-PN 76-0390640-001
a	Plan name	SANDRINI RESTAURANTS INC 401(K) PLAN	
b	Name of plan sponsor	SANDRINI RESTAURANTS INC	c EIN-PN 45-5572146-001
a	Plan name	SCHLEICH ENTERPRISES, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	SCHLEICH ENTERPRISES, INC.	c EIN-PN 47-0648893-002
a	Plan name	SCHURLE SIGNS, INC. 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor	SCHURLE SIGNS, INC.	c EIN-PN 48-1025312-001
a	Plan name	SCION STEEL 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	SCION, INC.	c EIN-PN 38-2567379-001
a	Plan name	SCREAMING EAGLE DELIVERY RETIREMENT PLAN	
b	Name of plan sponsor	SCREAMING EAGLE DELIVERY, INC.	c EIN-PN 85-1400991-001
a	Plan name	SEILER LLP 401(K) PLAN	
b	Name of plan sponsor	SEILER LLP	c EIN-PN 94-1624276-002
a	Plan name	SEKISUI AMERICA CORPORATION RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	SEKISUI AMERICA CORPORATION	c EIN-PN 27-0087605-001
a	Plan name	SEKISUI DIAGNOSTICS LLC 401(K) PLAN	
b	Name of plan sponsor	SEKISUI AMERICA CORPORATION	c EIN-PN 27-4058664-001
a	Plan name	SEKISUI SPECIALTY CHEMICALS 401(K) PLAN	
b	Name of plan sponsor	SEKISUI AMERICA CORPORATION	c EIN-PN 80-0404851-001
a	Plan name	SEKISUI SPR AMERICAS LLC SAVINGS PLAN	
b	Name of plan sponsor	SEKISUI AMERICA CORPORATION	c EIN-PN 20-3258757-001
a	Plan name	SHELBY CRUSHED STONE, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	SHELBY CRUSHED STONE, INC.	c EIN-PN 20-2421945-001

Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)		
<small>(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)</small>		
a	Plan name	SHELLEY ELECTRIC, INC. PROFIT SHARING PLAN
b	Name of plan sponsor	SHELLEY ELECTRIC, INC.
c	EIN-PN	48-0541716-001
a	Plan name	SHINE BROS. CORP. PROFIT SHARING 401(K) PLAN
b	Name of plan sponsor	SHINE BROS. CORP.
c	EIN-PN	42-1155461-002
a	Plan name	SIDHU PEDIATRICS, LLC. PROFIT SHARING PLAN
b	Name of plan sponsor	SIDHU PEDIATRICS, LLC.
c	EIN-PN	64-0888518-001
a	Plan name	SILVAN GROUP LLC 401(K) PLAN
b	Name of plan sponsor	SILVAN GROUP LLC
c	EIN-PN	86-3396302-001
a	Plan name	SKYLIFT INC. 401(K) PLAN
b	Name of plan sponsor	SKYLIFT INC.
c	EIN-PN	34-1934934-001
a	Plan name	SOLACE HEALTHCARE, INC. 401(K) PLAN
b	Name of plan sponsor	SOLACE HEALTHCARE, INC.
c	EIN-PN	20-3023796-002
a	Plan name	SONIC MANUFACTURING 401(K) PLAN
b	Name of plan sponsor	SONIC MANUFACTURING TECHNOLOGIES
c	EIN-PN	77-0432998-001
a	Plan name	SPANISH FORK CITY
b	Name of plan sponsor	SPANISH FORK CITY
c	EIN-PN	87-0648919-001
a	Plan name	SPI GLOBAL US INC 401(K) PLAN
b	Name of plan sponsor	SPI GLOBAL US INC
c	EIN-PN	38-4055846-001
a	Plan name	SSS/SME/AMI 401(K) SAVINGS PLAN
b	Name of plan sponsor	ABLE MAINTENANCE, INC.
c	EIN-PN	94-2252027-001
a	Plan name	STEIN ERIKSEN LODGE 401K PLAN
b	Name of plan sponsor	STEIN ERIKSEN LODGE
c	EIN-PN	87-0404661-001
a	Plan name	STRATEGY ENGINEERING & CONSULTING LLC 401(K) PLAN
b	Name of plan sponsor	STRATEGY ENGINEERING & CONSULTING LLC
c	EIN-PN	27-0598695-001

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)		
a	Plan name STUDIO T-SQ., INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor STUDIO T-SQ., INC.	c EIN-PN 27-2168061-001
a	Plan name SUBURBAN SPORTS SERVICES, LLC EMPLOYEE PROFIT SHARING PLAN 401(K)	
b	Name of plan sponsor SUBURBAN SPORTS SERVICES, LLC	c EIN-PN 30-0218548-001
a	Plan name SUHNER MANUFACTURING, INC. SALARY DEFERRAL PLAN	
b	Name of plan sponsor SUHNER MANUFACTURING, INC.	c EIN-PN 58-1274165-002
a	Plan name SUMMERHAYS DEVELOPMENT, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor SUMMERHAYS DEVELOPMENT, INC. DBA SUMMERHAYS MUSIC CENTER	c EIN-PN 87-6121486-001
a	Plan name SUMMIT CONSULTING, LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor SUMMIT CONSULTING, LLC	c EIN-PN 95-4816438-001
a	Plan name SUNA SOLUTIONS, INC. 401(K) PLAN	
b	Name of plan sponsor SUNA SOLUTIONS, INC.	c EIN-PN 80-0481197-001
a	Plan name SWIMMING POOL SERVICES, INC. RETIREMENT PLAN	
b	Name of plan sponsor SWIMMING POOL SERVICES, INC.	c EIN-PN 39-1215134-001
a	Plan name SYMPATECO INC. 401(K) PLAN	
b	Name of plan sponsor SYMPATECO INC.	c EIN-PN 47-0797011-001
a	Plan name SYSTEC LIMITED OF WISCONSIN INC. 401(K) PLAN	
b	Name of plan sponsor SYSTEC LIMITED OF WISCONSIN INC.	c EIN-PN 39-1408613-001
a	Plan name TASKIDS 401(K) PLAN	
b	Name of plan sponsor TASKIDS	c EIN-PN 45-2897914-001
a	Plan name TERMINAL-ANDRAE 401(K) PLAN	
b	Name of plan sponsor T-A ACQUISTION COMPANY LLC DBA TERMINAL-ANDRAE	c EIN-PN 85-4187924-001
a	Plan name THE BREWER COMPANY EMPLOYEES RETIREMENT PLAN	
b	Name of plan sponsor THE BREWER COMPANY	c EIN-PN 31-0224000-002

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	THE BRIAR TEAM, LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	THE BRIAR TEAM, LLC	c EIN-PN 26-3985471-001
a	Plan name	THE CISCO COMPANIES 401(K) PLAN	
b	Name of plan sponsor	THE CISCO COMPANIES	c EIN-PN 35-1459145-001
a	Plan name	THE CLUB AT ADMIRALS COVE, INC. 401(K) PLAN	
b	Name of plan sponsor	THE CLUB AT ADMIRALS COVE, INC.	c EIN-PN 65-0102679-001
a	Plan name	THE COLUMBUS ARCHITECTURAL STUDIO, LLC 401K PROFIT SHARING PLAN	
b	Name of plan sponsor	THE COLUMBUS ARCHITECTURAL STUDIO, LLC	c EIN-PN 81-3148108-001
a	Plan name	THE HODGES PARTNERSHIP, INC. 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor	THE HODGES PARTNERSHIP, INC.	c EIN-PN 27-0021148-001
a	Plan name	THE OAKSTAR BANK 401(K) PLAN	
b	Name of plan sponsor	OAKSTAR BANK	c EIN-PN 20-3405719-001
a	Plan name	THE PEPLINSKI GROUP INC PROFIT SHARING 401(K) PLAN	
b	Name of plan sponsor	THE PEPLINSKI GROUP	c EIN-PN 38-3561614-003
a	Plan name	THE PEPLINSKI GROUP INC PROFIT SHARING 401(K) PLAN	
b	Name of plan sponsor	THE PURPLE GUYS, LLC	c EIN-PN 38-3561614-003
a	Plan name	THE STRATFORD FIRE AND POLICE RETIREMENT ANNUITY PLAN	
b	Name of plan sponsor	THE TOWN OF STRATFORD	c EIN-PN 06-6002103-001
a	Plan name	THOMAS ENGINEERING GROUP LLC 401(K) PLAN	
b	Name of plan sponsor	THOMAS ENGINEERING GROUP LLC	c EIN-PN 20-8879951-001
a	Plan name	TIMBER CREEK RESOURCE, LLC 401(K) SAVINGS PLAN	
b	Name of plan sponsor	TIMBER CREEK RESOURCE, LLC	c EIN-PN 34-1992434-001
a	Plan name	TJN PROFIT SHARING 401(K) PLAN	
b	Name of plan sponsor	TJN ENTERPRISES, INC.	c EIN-PN 42-1325452-001

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
a	Plan name TORGESON ELECTRIC CO., INC. SALARY SAVINGS PLAN	
b	Name of plan sponsor TORGESON ELECTRIC CO., INC.	c EIN-PN 48-0891707-001
a	Plan name TORRINGTON SUPPLY COMPANY, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor TORRINGTON SUPPLY COMPANY, INC.	c EIN-PN 06-0564910-002
a	Plan name TOTAL HIGHSPEED INTERNET SERVICE 401(K) PLAN	
b	Name of plan sponsor TOTAL HIGHSPEED LLC	c EIN-PN 20-2178258-001
a	Plan name TRENEGY 401K	
b	Name of plan sponsor TRENEGY INCORPORATED	c EIN-PN 27-3083464-001
a	Plan name TRIPLE S PROFIT SHARING 401(K) PLAN	
b	Name of plan sponsor STATE STEEL SUPPLY CO.	c EIN-PN 42-0872471-001
a	Plan name TROPICAL SMOOTHIE CAFE 401(K) PLAN	
b	Name of plan sponsor TROPICAL SMOOTHIE CAFE, LLC	c EIN-PN 37-1096565-001
a	Plan name TRU FLO CARBIDE CO. 401(K) PLAN	
b	Name of plan sponsor TRU FLO CARBIDE CO.	c EIN-PN 38-2480940-001
a	Plan name TWIN CITY GROUP 401(K) PLAN AND TRUST	
b	Name of plan sponsor TWIN CITY AGENCY, LLC DBA TWIN CITY GROUP	c EIN-PN 41-0663556-001
a	Plan name UNISOURCE INSURANCE ASSOCIATES, LLC 401(K) PLAN	
b	Name of plan sponsor UNISOURCE INSURANCE ASSOCIATES, LLC	c EIN-PN 48-1265919-002
a	Plan name UNIVERSITY OF MINNESOTA FOUNDATION DINNAKEN HOUSING LLC 401(K) PLAN	
b	Name of plan sponsor UNIVERSITY OF MINNESOTA FOUNDATION DINNAKEN HOUSING LLC	c EIN-PN 27-4131769-001
a	Plan name UNIVERSITY OF MINNESOTA FOUNDATION DINNAKEN HOUSING LLC 401(K) PLAN	
b	Name of plan sponsor VEDCO, INC.	c EIN-PN 27-4131769-001
a	Plan name VIRGUEZ LAW 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor VIRGUEZ LAW, LLC	c EIN-PN 81-2543354-001

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	VIRTUS 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	VIRTUS 401(K) PROFIT SHARING PLAN	c EIN-PN 46-3745376-001
a	Plan name	VISTA PEP BY SABAK, WILSON AND LINGO	
b	Name of plan sponsor	SABAK, WILSON & LINGO, INC.	c EIN-PN 20-1409613-018
a	Plan name	VISTA PLAN PEP BY BRAY ELECTRIC SERVICE, INC.	
b	Name of plan sponsor	BRAY ELECTRICAL SERVICE, INC.	c EIN-PN 20-1409613-018
a	Plan name	VISTA PLAN PEP BY EXPREE CREDIT UNION	
b	Name of plan sponsor	EXPREE CREDIT UNION	c EIN-PN 20-1409613-018
a	Plan name	VISTA PLAN PEP BY METROPOLITAN VETERINARY SPECIALISTS, PSC	
b	Name of plan sponsor	METROPOLITAN VETERINARY SPECIALISTS, PSC	c EIN-PN 20-1409613-001
a	Plan name	VISTA PLAN PEP BY NEW HOPE SERVICES INC.	
b	Name of plan sponsor	NEW HOPE SERVICES, INC.	c EIN-PN 20-1409613-018
a	Plan name	VISTA PLAN PEP FBO NATIONAL CONTRACTING SERVICES	
b	Name of plan sponsor	NATIONAL CONTRACTING SERVICES, LLC	c EIN-PN 20-1409613-018
a	Plan name	VIWINTECH WINDOW & DOOR, INC. 401(K) RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	VIWIN TECH WINDOW & DOOR, INC.	c EIN-PN 27-4726665-002
a	Plan name	VSE 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	VSE, LLC	c EIN-PN 94-2508138-001
a	Plan name	WALLACE BROTHERS 401(K) PLAN	
b	Name of plan sponsor	WALLACE BROTHERS DISPOSAL, INC.	c EIN-PN 20-1786869-001
a	Plan name	WALPOLE, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	WALPOLE, INC.	c EIN-PN 59-1305687-003
a	Plan name	WALSH VINEYARDS MANAGEMENT, INC. 401(K) PLAN	
b	Name of plan sponsor	WALSH VINEYARDS MANAGEMENT, INC.	c EIN-PN 94-2292593-002

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)		
a	Plan name <u>WELLESLEY ISLAND BUILDING SUPPLY, INC. 401(K) PLAN</u>	
b	Name of plan sponsor <u>WELLESLEY ISLAND BUILDING SUPPLY, INC.</u>	c EIN-PN <u>06-1140141-001</u>
a	Plan name <u>WEST END STRATEGY TEAM 401(K) PS PLAN</u>	
b	Name of plan sponsor <u>WEST END STRATEGY TEAM, LLC</u>	c EIN-PN <u>46-3378865-001</u>
a	Plan name <u>WESTBORN MARKET EMPLOYEES PROFIT SHARING PLAN</u>	
b	Name of plan sponsor <u>WESTBORN, INC.</u>	c EIN-PN <u>38-3010212-001</u>
a	Plan name <u>WESTSIDE FORESTRY SERVICE, INC. RETIREMENT SAVINGS PLAN</u>	
b	Name of plan sponsor <u>WESTSIDE FORESTRY SERVICE, INC.</u>	c EIN-PN <u>38-1848446-001</u>
a	Plan name <u>WICHERT INSURANCE SERVICES, INC. 401(K) PROFIT SHARING PLAN</u>	
b	Name of plan sponsor <u>WICHERT INSURANCE SERVICES, INC.</u>	c EIN-PN <u>34-1081978-001</u>
a	Plan name <u>WILLCOCKSON EYE ASSOCIATES, P.C. 401(K) PLAN</u>	
b	Name of plan sponsor <u>WILLCOCKSON EYE ASSOCIATES, P.C.</u>	c EIN-PN <u>36-3050195-002</u>
a	Plan name <u>WILSON OIL, INC. 401(K) PROFIT SHARING PLAN & TRUST</u>	
b	Name of plan sponsor <u>WILSON OIL, INC. DBA WILCOX & FLEGEL OIL COMPANY</u>	c EIN-PN <u>91-0873302-002</u>
a	Plan name <u>WINDWARD FUND 401(K) PLAN</u>	
b	Name of plan sponsor <u>WINDWARD FUND</u>	c EIN-PN <u>47-3681860-001</u>
a	Plan name <u>WIRETECH INC 401(K) PLAN</u>	
b	Name of plan sponsor <u>WIRETECH</u>	c EIN-PN <u>01-0570363-001</u>
a	Plan name <u>WOLFE ELECTRIC COMPANY 401(K) PLAN</u>	
b	Name of plan sponsor <u>WOLFE ELECTRIC COMPANY</u>	c EIN-PN <u>74-2925512-003</u>
a	Plan name <u>WOOSTER MOTOR WAYS, INC. 401(K) PROFIT SHARING PLAN</u>	
b	Name of plan sponsor <u>WOOSTER MOTOR WAYS, INC.</u>	c EIN-PN <u>34-0909350-001</u>
a	Plan name <u>WORKFORCE SOLUTIONS, LLC 401K PLAN</u>	
b	Name of plan sponsor <u>WORKFORCE SOLUTIONS, LLC</u>	c EIN-PN <u>81-0823242-001</u>

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	WORKLIFE PARTNERSHIP 401(K) PLAN	
b	Name of plan sponsor	WORKLIFE PARTNERSHIP	c EIN-PN 47-1331690-001
a	Plan name	WORLDLINE US 401(K) PLAN	
b	Name of plan sponsor	WORLDLINE SMB US INC.	c EIN-PN 85-4181556-001
a	Plan name	WYMBS INC. PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor	WYMBS INC.	c EIN-PN 13-1689450-002
a	Plan name	XENOTECH LLC 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor	SEKISUI AMERICA CORPORATION	c EIN-PN 48-1157989-001
a	Plan name	YORK MAHONING MECHANICAL CONTRACTORS, INC. PROFIT SHARING PLAN	
b	Name of plan sponsor	YORK MAHONING MECHANICAL CONTRACTORS, INC.	c EIN-PN 34-1630346-001
a	Plan name	ZARCA INTERACTIVE INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	ZARCA INTERACTIVE INC.	c EIN-PN 48-1270227-001
a	Plan name	ZAZZLE INC. 401(K) PLAN	
b	Name of plan sponsor	ZAZZLE HOLDING INC	c EIN-PN 77-0519796-001
a	Plan name	ZEMPLEO, INC. 401(K) PLAN	
b	Name of plan sponsor	ZEMPLEO, INC.	c EIN-PN 76-0810897-001
a	Plan name	ZURCHER TIRE, INC.	
b	Name of plan sponsor	ZURCHER TIRE, INC.	c EIN-PN 35-1106685-002
a	Plan name	AD VIVUM ANESTHESIOLOGY, P.C. PROFIT SHARING PLAN	
b	Name of plan sponsor	AD VIVUM ANESTHESIOLOGY, P.C.	c EIN-PN 43-1916498-001
a	Plan name	CLEVELAND UNIVERSITY - KANSAS CITY EMPLOYEES RETIREMENT PLAN	
b	Name of plan sponsor	CLEVELAND UNIVERSITY - KANSAS CITY	c EIN-PN 44-6000294-001
a	Plan name	EMPLOYEE 401(K) THRIFT PLAN OF PCL CONSTRUCTION ENTERPRISES, INC.	
b	Name of plan sponsor	PCL CONSTRUCTION ENTERPRISES, INC.	c EIN-PN 27-4004301-001

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
<small>(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)</small>			
a	Plan name	HEARTLAND MIDWEST 401(K) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor	HEARTLAND MIDWEST	c EIN-PN 43-1931193-001
a	Plan name	MIDWEST ANESTHESIA ASSOCIATES, P.A. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	MIDWEST ANESTHESIA ASSOCIATES	c EIN-PN 48-0765484-001
a	Plan name	NUEHEALTH 401(K) PLAN	
b	Name of plan sponsor	NUEHEALTH EQUITY CO., LLC	c EIN-PN 87-0548370-001
a	Plan name	PEPPER 401(K) PLAN	
b	Name of plan sponsor	SMARTHOME VENTURES LLC D/B/A PEPPER	c EIN-PN 46-3027570-001
a	Plan name	REGIONAL EMERGENCY MEDICAL SERVICES AUTHORITY 401(K) PLAN	
b	Name of plan sponsor	REGIONAL EMERGENCY MEDICAL SERVICES AUTHORITY	c EIN-PN 27-3923442-001
a	Plan name	SEARLES VALLEY MINERALS INC. 401(K) PLAN	
b	Name of plan sponsor	SEARLES VALLEY MINERALS INC.	c EIN-PN 13-3579263-001
a	Plan name	SHERWOOD AUTISM CENTER 401(K) PLAN	
b	Name of plan sponsor	SHERWOOD AUTISM CENTER	c EIN-PN 23-7413671-001
a	Plan name	SIXTEEN THIRTY FUND 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	SIXTEEN THIRTY FUND	c EIN-PN 26-4486735-001
a	Plan name	SURGERY CENTER OF LANCASTER, LP. 401(K) PLAN	
b	Name of plan sponsor	SURGERY CENTER OF LANCASTER, LP.	c EIN-PN 20-1824455-001
a	Plan name	TRANSVERSE EMPLOYEE 401K PLAN	
b	Name of plan sponsor	TRANSVERSE INSURANCE SERVICES LLC	c EIN-PN 83-1056522-001
a	Plan name	DISCOUNT TIRE/AMERICA'S TIRE RETIREMENT PLAN	
b	Name of plan sponsor	REINALT-THOMAS CORPORATION	c EIN-PN 38-1889682-001
a	Plan name	MOSAIC HEALTH SYSTEM 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	MOSAIC HEALTH SYSTEM	c EIN-PN 43-1283316-002

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.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
A Name of plan AMERICAN CENTURY RETIREMENT DATE HYBRID 2060 TRUST	B Three-digit plan number (PN) ▶ 088
C Plan sponsor's name as shown on line 2a of Form 5500 BENEFIT TRUST COMPANY	D Employer Identification Number (EIN) 83-6699605

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
Assets			
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	863539	114886
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)	23098196	40989102
(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)	41106130	74177791
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	2266382	4286282
(15) Other.....	1c(15)		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)		
(2) Employer real property.....	1d(2)		
e Buildings and other property used in plan operation.....	1e		
f Total assets (add all amounts in lines 1a through 1e).....	1f	67334247	119568061
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h		
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j	880078	139008
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	880078	139008
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	66454169	119429053

Part II Income and Expense Statement

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

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers.....	2a(1)(A)		
(B) Participants.....	2a(1)(B)		
(C) Others (including rollovers).....	2a(1)(C)		
(2) Noncash contributions.....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)		
(B) U.S. Government securities.....	2b(1)(B)		
(C) Corporate debt instruments.....	2b(1)(C)		
(D) Loans (other than to participants).....	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)		
(F) Other.....	2b(1)(F)	54047	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		54047
(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)	3544594	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		3544594
(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)		5686584
(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)		1001215
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		10286440

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)		
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other.....	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions).....	2g		
h Interest expense.....	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)	2511	
(5) Investment advisory and investment management fees	2i(5)	146872	
(6) Bank or trust company trustee/custodial fees	2i(6)	38346	
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses.....	2i(11)		
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		187729
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		187729

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		10098711
l Transfers of assets:			
(1) To this plan.....	2l(1)		75128625
(2) From this plan	2l(2)		32252452

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name:

(2) EIN:

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

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

Part IV Compliance Questions

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

During the plan year:

	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.)			
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)			
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)			
e Was this plan covered by a fidelity bond?			
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?			
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?			
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?			
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)			
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)			
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?			
l Has the plan failed to provide any benefit when due under the plan?			
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

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 _____.