

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 2065 TRUST
1b Three-digit plan number (PN): 278
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.

<p>3a Plan administrator's name and address <input type="checkbox"/> Same as Plan Sponsor</p> <p>BENEFIT TRUST COMPANY</p> <p>5901 COLLEGE BLVD SUITE 100 OVERLAND PARK, KS 66211</p>	<p>3b Administrator's EIN 43-1971558</p> <p>3c Administrator's telephone number 913-319-0380</p>
<p>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:</p> <p>a Sponsor's name</p> <p>c Plan Name</p>	<p>4b EIN</p> <p>4d PN</p>
<p>5 Total number of participants at the beginning of the plan year</p>	<p>5</p>
<p>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).</p> <p>a(1) Total number of active participants at the beginning of the plan year</p> <p>a(2) Total number of active participants at the end of the plan year</p> <p>b Retired or separated participants receiving benefits.....</p> <p>c Other retired or separated participants entitled to future benefits</p> <p>d Subtotal. Add lines 6a(2), 6b, and 6c.....</p> <p>e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.</p> <p>f Total. Add lines 6d and 6e</p> <p>g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)</p> <p>g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)</p> <p>h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....</p>	<p>6a(1)</p> <p>6a(2)</p> <p>6b</p> <p>6c</p> <p>6d</p> <p>6e</p> <p>6f</p> <p>6g(1)</p> <p>6g(2)</p> <p>6h</p>
<p>7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)</p>	<p>7</p>

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:

<p>9a Plan funding arrangement (check all that apply)</p> <p>(1) <input type="checkbox"/> Insurance</p> <p>(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts</p> <p>(3) <input type="checkbox"/> Trust</p> <p>(4) <input type="checkbox"/> General assets of the sponsor</p>	<p>9b Plan benefit arrangement (check all that apply)</p> <p>(1) <input type="checkbox"/> Insurance</p> <p>(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts</p> <p>(3) <input type="checkbox"/> Trust</p> <p>(4) <input type="checkbox"/> General assets of the sponsor</p>
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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)

<p>a Pension Schedules</p> <p>(1) <input type="checkbox"/> R (Retirement Plan Information)</p> <p>(2) <input type="checkbox"/> MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary</p> <p>(3) <input type="checkbox"/> SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary</p> <p>(4) <input type="checkbox"/> DCG (Individual Plan Information) – Number Attached _____</p> <p>(5) <input type="checkbox"/> MEP (Multiple-Employer Retirement Plan Information)</p>	<p>b General Schedules</p> <p>(1) <input checked="" type="checkbox"/> H (Financial Information)</p> <p>(2) <input type="checkbox"/> I (Financial Information – Small Plan)</p> <p>(3) <input type="checkbox"/> A (Insurance Information) – Number Attached _____</p> <p>(4) <input type="checkbox"/> C (Service Provider Information)</p> <p>(5) <input checked="" type="checkbox"/> D (DFE/Participating Plan Information)</p> <p>(6) <input type="checkbox"/> G (Financial Transaction Schedules)</p>
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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 2065 TRUST</u>	B Three-digit plan number (PN) ▶	<u>278</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: RUSSELL LARGE CAP GROWTH INDX NL SF

b Name of sponsor of entity listed in (a): STATE STREET GLOBAL ADVISORS TRUST COMPANY

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>4924553</u>
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a Name of MTIA, CCT, PSA, or 103-12 IE: RUSSELL LARGE CAP INDEX NL SF CL A

b Name of sponsor of entity listed in (a): STATE STREET GLOBAL ADVISORS TRUST COMPANY

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>8055815</u>
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a Name of MTIA, CCT, PSA, or 103-12 IE: RUSSELL LARGE CAP VALUE INDEX NL SF

b Name of sponsor of entity listed in (a): STATE STREET GLOBAL ADVISORS TRUST COMPANY

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>7428218</u>
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a Name of MTIA, CCT, PSA, or 103-12 IE:

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

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

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

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

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

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

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

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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Part II		Information on Participating Plans (to be completed by DFEs, 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	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	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
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 FINANCIAL GROUP	c EIN-PN 25-1307896-001

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 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 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 AMERICAN PRINTING COMPANY INC. PROFIT SHARING AND EMPLOYEE SAVINGS PLAN	
b	Name of plan sponsor AMERICAN PRINTING COMPANY INC.	c EIN-PN 39-0971105-001
a	Plan name AMERICAN STARLINGER-SAHM, INC. 401(K) PLAN	
b	Name of plan sponsor AMERICAN STARLINGER-SAHM, INC.	c EIN-PN 30-0126360-001
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
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

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	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	ASCEND CLINICAL, LLC 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	ASCEND CLINICAL, LLC	c EIN-PN 94-3357013-001
a	Plan name	B&D NUTRITIONAL INGREDIENTS 401(K) PLAN	
b	Name of plan sponsor	B&D NUTRITIONAL INGREDIENTS	c EIN-PN 33-0557155-001
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	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
a	Plan name	BBTC RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	BRISTOL BAY TELEPHONE COOPERATIVE	c EIN-PN 92-0047849-001
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	BECKLEY VISION CENTER, PLLC 401(K) PLAN	
b	Name of plan sponsor	BECKLEY VISION CENTER, PLLC	c EIN-PN 55-0778483-001

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	BENTEX GROUP, INC.	
b Name of plan sponsor	BENTEX GROUP, INC.	c EIN-PN 85-3213245-003
a Plan name	BEST ONE KNOXVILLE 401(K) PLAN	
b Name of plan sponsor	BEST ONE KNOXVILLE	c EIN-PN 01-0756255-001
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 UPLAND TIRE	
b Name of plan sponsor	UPLAND TIRE & SERVICE CENTER, INC.	c EIN-PN 35-1966118-001
a Plan name	BEST ONE TIRE AND SERVICE 401(K) MEP- FLEET GAS CITY INC	
b Name of plan sponsor	BEST-ONE TIRE & SERVICE 401(K) MEP - FLEET SERVICE	c EIN-PN 87-4563739-002
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 JACKSON INC. 401(K) PLAN	
b Name of plan sponsor	BEST ONE TIRE OF JACKSON INC.	c EIN-PN 42-1577236-001
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 - SOUTHERN INDIANA TIRE	
b Name of plan sponsor	SOUTHERN INDIANA TIRE, INC.	c EIN-PN 35-1183669-002
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	BLOOM MANUFACTURING LLC 401(K) RETIREMENT PLAN	
b Name of plan sponsor	BLOOM MANUFACTURING LLC	c EIN-PN 85-1379799-001
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

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 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 BOISE CO-OP 401(K) PLAN	
b	Name of plan sponsor BOISE CONSUMER COOPERATIVE, INC	c EIN-PN 82-0327910-001
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 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
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 CAPITOL CREDIT UNION 401(K) PLAN AND TRUST	
b	Name of plan sponsor CAPITOL CREDIT UNION	c EIN-PN 74-6054885-002

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	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 - MOHR-FRY RANCHES 401(K)	
b	Name of plan sponsor	MOHR-FRY RANCHES	c EIN-PN 94-2623365-001
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	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
a	Plan name	CLIMATEWORKS FOUNDATION RETIREMENT TRUST	
b	Name of plan sponsor	CLIMATEWORKS FOUNDATION	c EIN-PN 26-2603250-001
a	Plan name	CLSR 401(K) PLAN	
b	Name of plan sponsor	CONTINENTAL LABOR RESOURCES, INC. DBA CONTINENTAL LABOR & STAFFING RES	c EIN-PN 77-0391298-001
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	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

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 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 COUNTRY CLUB BANK 401(K) RETIREMENT PLAN	
b	Name of plan sponsor COUNTRY CLUB BANK	c EIN-PN 44-0574255-001
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 CTOS, LLC 401(K) PLAN	
b	Name of plan sponsor CTOS, LLC	c EIN-PN 81-1853358-001
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 DEE'S INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor DEE'S INC.	c EIN-PN 87-0221456-001
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 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
a	Plan name DIRT WORKS INC 401(K) PLAN	
b	Name of plan sponsor DIRT WORX, INC.	c EIN-PN 20-1409819-001

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 DISCOUNT TIRE/AMERICA'S TIRE RETIREMENT PLAN	
b	Name of plan sponsor REINALT-THOMAS CORPORATION	c EIN-PN 38-1889682-001
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 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
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 FRAMERICA CORPORATION 401(K) RETIREMENT PLAN	
b	Name of plan sponsor FRAMERICA CORPORATION	c EIN-PN 11-2835418-001

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	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	GP GOLF 401(K) PLAN	
b	Name of plan sponsor	GP GOLF	c EIN-PN 82-3129189-001
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	GREAT LAKES BEST-ONE TIRE & SERVICE LLC 401(K) PLAN	
b	Name of plan sponsor	GREAT LAKES BEST-ONE TIRE & SERVICE LLC	c EIN-PN 47-1232347-001
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.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	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	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	HIGH COUNTRY WILDLIFE CONTROL LLC 401(K) PLAN	
b	Name of plan sponsor	HIGH COUNTRY WILDLIFE CONTROL LLC	c EIN-PN 47-3999809-001

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	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	HIRO & CO INC 401(K) PLAN	
b	Name of plan sponsor	HIRO & CO INC	c EIN-PN 84-1044735-001
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	ILLUMINATIVE, INC 401(K) PLAN	
b	Name of plan sponsor	ILLUMINATIVE, INC	c EIN-PN 92-1975377-001
a	Plan name	IMPACT ARCHITECTS LLC 401(K) PLAN	
b	Name of plan sponsor	IMPACT ARCHITECTS LLC	c EIN-PN 12-3456689-001
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	INGENICO, INC. 401(K) PLAN	
b	Name of plan sponsor	INGENICO, INC.	c EIN-PN 88-0117097-001
a	Plan name	INTERCITY RADIOLOGY PC 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	INTERCITY RADIOLOGY	c EIN-PN 81-0306157-002
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

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 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 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 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 LAPEER MANUFACTURING COMPANY PROFIT SHARING AND 401(K) PLAN	
b	Name of plan sponsor SOURIS ENTERPRISES DBA LAPEER MANUFACTURING COMPANY	c EIN-PN 38-2826838-001
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 LECLAIR INDUSTRIES INC 401(K) PLAN	
b	Name of plan sponsor LECLAIR INDUSTRIES INC	c EIN-PN 64-0669317-001

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	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
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	LONNINGSDAG LLC INTEGRATED 401(K) PSP	
b	Name of plan sponsor	LONNINGSDAG LLC	c EIN-PN 87-4070313-001
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	MAAKIL GROUP 401(K) PLAN	
b	Name of plan sponsor	MAAKIL GROUP LTD.	c EIN-PN 47-4083987-001
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	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	MARQUISE COMMERCIAL PLUMBING, INC. 401(K) PLAN	
b	Name of plan sponsor	MARQUISE COMMERCIAL PLUMBING, INC.	c EIN-PN 85-1169164-001
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	MHG HOLDCO LLC 401(K) PLAN	
b	Name of plan sponsor	MHG HOLDCO LLC	c EIN-PN 85-3213245-003

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
a	Plan name 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 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 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 MOSAIC HEALTH SYSTEM 401(K) RETIREMENT PLAN	
b	Name of plan sponsor MOSAIC HEALTH SYSTEM	c EIN-PN 43-1283316-002
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 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

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	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	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	NUEHEALTH 401(K) PLAN	
b	Name of plan sponsor	NUEHEALTH EQUITY CO., LLC	c EIN-PN 87-0548370-001
a	Plan name	NUESYNERGY, INC. 401(K) PLAN	
b	Name of plan sponsor	NUESYNERGY, INC.	c EIN-PN 46-0553674-001
a	Plan name	NWAP II, INC. 401(K) PLAN	
b	Name of plan sponsor	NWAP II, INC.	c EIN-PN 56-2392643-001
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	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	PACIFIC HOTEL MANAGEMENT, LLC 401(K) PLAN	
b	Name of plan sponsor	PACIFIC HOTEL MANAGEMENT, LLC	c EIN-PN 94-2749016-501
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

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	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
a	Plan name	PELLA PRODUCTS, INC. RETIREMENT PLAN	
b	Name of plan sponsor	PELLA PRODUCTS, INC. RETIREMENT	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

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	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
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	PRECISION TOOL COMPANY, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	PRECISION TOOL COMPANY, INC.	c EIN-PN 38-2338880-001
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

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	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	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 SUMMIT CITY STEEL ERECTION, LLC	
b	Name of plan sponsor	SUMMIT CITY STEEL ERECTION, LLC	c EIN-PN 59-3708427-013
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	RASSAT OUTDOOR GROUP 401(K) PLAN	
b	Name of plan sponsor	RASSAT OUTDOOR GROUP	c EIN-PN 26-4490592-001
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	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	SCION STEEL 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	SCION, INC.	c EIN-PN 38-2567379-001

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 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 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
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

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	SONIC MANUFACTURING 401(K) PLAN	
b	Name of plan sponsor	SONIC MANUFACTURING TECHNOLOGIES	c EIN-PN 77-0432998-001
a	Plan name	SPACE ENTERTAINMENT CENTER LLC 401(K) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor	SPACE ENTERTAINMENT CENTER LLC	c EIN-PN 04-3725657-001
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	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
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

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	SYMPATECO INC. 401(K) PLAN	
b	Name of plan sponsor	SYMPATECO INC.	c EIN-PN 47-0797011-001
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 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	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
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

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	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	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	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
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 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

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 VISTA PLAN PEP FBO LANNING CHEMICAL COMPANY, INC.	
b	Name of plan sponsor VISTA PLAN PEP	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 WALPOLE, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor WALPOLE, INC.	c EIN-PN 59-1305687-003
a	Plan name WESTBORN MARKET EMPLOYEES PROFIT SHARING PLAN	
b	Name of plan sponsor WESTBORN, INC.	c EIN-PN 38-3010212-001
a	Plan name WICHERT INSURANCE SERVICES, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor WICHERT INSURANCE SERVICES, INC.	c EIN-PN 34-1081978-001
a	Plan name WILSON OIL, INC. 401(K) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor WILSON OIL, INC. DBA WILCOX & FLEGEL OIL COMPANY	c EIN-PN 91-0873302-002
a	Plan name WINDWARD FUND 401(K) PLAN	
b	Name of plan sponsor WINDWARD FUND	c EIN-PN 47-3681860-001
a	Plan name WIRETECH INC 401(K) PLAN	
b	Name of plan sponsor WIRETECH	c EIN-PN 01-0570363-001
a	Plan name WOLFE ELECTRIC COMPANY 401(K) PLAN	
b	Name of plan sponsor WOLFE ELECTRIC COMPANY	c EIN-PN 74-2925512-003
a	Plan name WORKFORCE SOLUTIONS, LLC 401K PLAN	
b	Name of plan sponsor WORKFORCE SOLUTIONS, LLC	c EIN-PN 81-0823242-001

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 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 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 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 RYAN JOYCE STRUCTURAL DESIGN 401(K) PLAN	
b	Name of plan sponsor RYAN JOYCE STRUCTURAL DESIGN	c EIN-PN 36-2246417-001
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
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

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	PEPPER 401(K) PLAN	c	EIN-PN	
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	c	EIN-PN	
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	c	EIN-PN	
b	Name of plan sponsor	SEARLES VALLEY MINERALS INC.	c	EIN-PN	13-3579263-001
a	Plan name	SURGERY CENTER OF LANCASTER, LP. 401(K) PLAN	c	EIN-PN	
b	Name of plan sponsor	SURGERY CENTER OF LANCASTER, LP.	c	EIN-PN	20-1824455-001
a	Plan name	TRANSVERSE EMPLOYEE 401K PLAN	c	EIN-PN	
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	c	EIN-PN	
b	Name of plan sponsor	REINALT-THOMAS CORPORATION	c	EIN-PN	38-1889682-001
a	Plan name	MOSAIC HEALTH SYSTEM 401(K) RETIREMENT PLAN	c	EIN-PN	
b	Name of plan sponsor	MOSAIC HEALTH SYSTEM	c	EIN-PN	43-1283316-002
a	Plan name		c	EIN-PN	
b	Name of plan sponsor		c	EIN-PN	
a	Plan name		c	EIN-PN	
b	Name of plan sponsor		c	EIN-PN	
a	Plan name		c	EIN-PN	
b	Name of plan sponsor		c	EIN-PN	
a	Plan name		c	EIN-PN	
b	Name of plan sponsor		c	EIN-PN	
a	Plan name		c	EIN-PN	
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.	<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 2065 TRUST	B Three-digit plan number (PN) ▶ 278
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)	342443
		72493
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)	5571608
(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)	9607895
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	470873
(15) Other	1c(15)	20408586
		35379691
		1746828

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	15992819	57607598
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h		
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j	348114	84819
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	348114	84819
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	15644705	57522779

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)	15158	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		15158
(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)	1590013	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		1590013
(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)		1572678
(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)		-731159
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		2446690

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)	44849	
(6) Bank or trust company trustee/custodial fees	2i(6)	12312	
(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)		59672
j Total expenses. Add all expense amounts in column (b) and enter total	2j		59672

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		2387018
l Transfers of assets:			
(1) To this plan	2l(1)		47964820
(2) From this plan	2l(2)		8473764

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 _____.