

<p style="text-align: center;"><b>Form 5500</b></p> <p style="font-size: small;">Department of the Treasury Internal Revenue Service</p> <hr/> <p style="font-size: small;">Department of Labor Employee Benefits Security Administration</p> <hr/> <p style="font-size: x-small;">Pension Benefit Guaranty Corporation</p>	<p><b>Annual Return/Report of Employee Benefit Plan</b></p> <p style="font-size: x-small;">This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).</p> <p>▶ <b>Complete all entries in accordance with the instructions to the Form 5500.</b></p>	<p style="font-size: x-small;">OMB Nos. 1210-0110 1210-0089</p> <hr/> <p style="font-size: large; font-weight: bold;">2024</p> <hr/> <p style="font-weight: bold;">This Form is Open to Public Inspection</p>
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**Part I Annual Report Identification Information**  
 For calendar plan year 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 (Filers checking this box must provide participating employer information in accordance with the form instructions.)

a single-employer plan  a DFE (specify) C

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

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

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

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

special extension (enter description)

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

**Part II Basic Plan Information—enter all requested information**

<p><b>1a</b> Name of plan <u>FIRST EAGLE SMALL CAP OPPORTUNITY COLLECTIVE INVESTMENT TRUST</u></p>	<p><b>1b</b> Three-digit plan number (PN) ▶ <u>335</u></p>
<p><b>2a</b> Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>BENEFIT TRUST COMPANY</u></p> <p><u>5901 COLLEGE BLVD</u> <u>SUITE 100</u> <u>OVERLAND PARK, KS 66211</u></p>	<p><b>1c</b> Effective date of plan</p> <hr/> <p><b>2b</b> Employer Identification Number (EIN) <u>87-6383971</u></p> <p><b>2c</b> Plan Sponsor's telephone number <u>913-319-0380</u></p> <p><b>2d</b> Business code (see instructions)</p>

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

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

<b>SIGN HERE</b>			
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
<b>SIGN HERE</b>			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
<b>SIGN HERE</b>	Filed with authorized/valid electronic signature.	07/10/2025	SHERRI KENT
	Signature of DFE	Date	Enter name of individual signing as DFE

<p><b>3a</b> Plan administrator's name and address <input type="checkbox"/> Same as Plan Sponsor</p> <p><b>BENEFIT TRUST COMPANY</b></p> <p>5901 COLLEGE BLVD SUITE 100 OVERLAND PARK, KS 66211</p>	<p><b>3b</b> Administrator's EIN 43-1971558</p> <p><b>3c</b> Administrator's telephone number 913-319-0380</p>
<p><b>4</b> 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><b>a</b> Sponsor's name</p> <p><b>c</b> Plan Name</p>	<p><b>4b</b> EIN</p> <p><b>4d</b> PN</p>
<p><b>5</b> Total number of participants at the beginning of the plan year</p>	<p><b>5</b></p>
<p><b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b>, <b>6a(2)</b>, <b>6b</b>, <b>6c</b>, and <b>6d</b>).</p> <p><b>a(1)</b> Total number of active participants at the beginning of the plan year .....</p> <p><b>a(2)</b> Total number of active participants at the end of the plan year .....</p> <p><b>b</b> Retired or separated participants receiving benefits.....</p> <p><b>c</b> Other retired or separated participants entitled to future benefits .....</p> <p><b>d</b> Subtotal. Add lines <b>6a(2)</b>, <b>6b</b>, and <b>6c</b>.....</p> <p><b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. ....</p> <p><b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> .....</p> <p><b>g(1)</b> Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) .....</p> <p><b>g(2)</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) .....</p> <p><b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....</p>	<p><b>6a(1)</b></p> <p><b>6a(2)</b></p> <p><b>6b</b></p> <p><b>6c</b></p> <p><b>6d</b></p> <p><b>6e</b></p> <p><b>6f</b></p> <p><b>6g(1)</b></p> <p><b>6g(2)</b></p> <p><b>6h</b></p>
<p><b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) .....</p>	<p><b>7</b></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><b>9a</b> 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><b>9b</b> 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><b>a Pension Schedules</b></p> <p>(1) <input type="checkbox"/> <b>R</b> (Retirement Plan Information)</p> <p>(2) <input type="checkbox"/> <b>MB</b> (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary</p> <p>(3) <input type="checkbox"/> <b>SB</b> (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary</p> <p>(4) <input type="checkbox"/> <b>DCG</b> (Individual Plan Information) – Number Attached _____</p> <p>(5) <input type="checkbox"/> <b>MEP</b> (Multiple-Employer Retirement Plan Information)</p>	<p><b>b General Schedules</b></p> <p>(1) <input checked="" type="checkbox"/> <b>H</b> (Financial Information)</p> <p>(2) <input type="checkbox"/> <b>I</b> (Financial Information – Small Plan)</p> <p>(3) <input type="checkbox"/> <b>A</b> (Insurance Information) – Number Attached _____</p> <p>(4) <input type="checkbox"/> <b>C</b> (Service Provider Information)</p> <p>(5) <input checked="" type="checkbox"/> <b>D</b> (DFE/Participating Plan Information)</p> <p>(6) <input type="checkbox"/> <b>G</b> (Financial Transaction Schedules)</p>
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**Part III Form M-1 Compliance Information (to be completed by welfare benefit plans)**

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**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.

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**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 \_\_\_\_\_

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

<b>A</b> Name of plan <u>FIRST EAGLE SMALL CAP OPPORTUNITY COLLECTIVE INVESTMENT TRUST</u>	<b>B</b> Three-digit plan number (PN) ▶	<u>335</u>
<b>C</b> Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>BENEFIT TRUST COMPANY</u>	<b>D</b> Employer Identification Number (EIN) <u>87-6383971</u>	

<b>Part I</b>	<b>Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)</b> (Complete as many entries as needed to report all interests in DFEs)
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<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
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<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	BEACHSIDE LIGHTING PENSION PLAN	
<b>b</b>	Name of plan sponsor	BEACHSIDE LIGHTING	<b>c</b> EIN-PN 99-0310040-002
<b>a</b>	Plan name	ACLIMA, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ACLIMA, INC.	<b>c</b> EIN-PN 26-1668364-001
<b>a</b>	Plan name	ALEC 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	ABBOTT LABORATORIES	<b>c</b> EIN-PN 36-3679911-001
<b>a</b>	Plan name	AFG PEP	
<b>b</b>	Name of plan sponsor	TRG FIDUCIARY SERVICES LLC	<b>c</b> EIN-PN 82-3095168-001
<b>a</b>	Plan name	ABBYBANK 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	ABBYBANK	<b>c</b> EIN-PN 39-1087461-001
<b>a</b>	Plan name	ALEX'S MEAT DISTRIBUTORS CORP. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ALEX'S MEAT DISTRIBUTORS CORP.	<b>c</b> EIN-PN 20-0678508-001
<b>a</b>	Plan name	AMERICAN CINEMA EQUIPMENT INC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	AMERICAN CINEMA EQUIPMENT INC	<b>c</b> EIN-PN 93-1235804-001
<b>a</b>	Plan name	AMERICAS 401(K)	
<b>b</b>	Name of plan sponsor	TRG FIDUCIARY SERVICES LLC	<b>c</b> EIN-PN 82-3095168-001
<b>a</b>	Plan name	ARCHER REVIEW 401(K) PLAN	
<b>b</b>	Name of plan sponsor	USMLEGALAXY LLC	<b>c</b> EIN-PN 26-4288890-001
<b>a</b>	Plan name	ASCEND PARTNER SERVICES, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ASCEND PARTNER SERVICES, LLC	<b>c</b> EIN-PN 80-0305279-001
<b>a</b>	Plan name	ASI 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	ASI COMPUTER TECHNOLOGIES INC	<b>c</b> EIN-PN 94-3289429-001
<b>a</b>	Plan name	ASPHALT DRUM MIXERS, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ASPHALT DRUM MIXERS, INC.	<b>c</b> EIN-PN 35-1572077-001

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.)	
<b>a</b>	Plan name AUBURN FOUNDRY, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor AUBURN FOUNDRY, INC.	<b>c</b> EIN-PN 16-0916055-003
<b>a</b>	Plan name AUTOMOTIVE PARTS ASSOCIATES, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor AUTOMOTIVE PARTS ASSOCIATES, INC.	<b>c</b> EIN-PN 48-1156791-001
<b>a</b>	Plan name BABB, INC. PROFIT SHARING TRUST	
<b>b</b>	Name of plan sponsor BABB, INC.	<b>c</b> EIN-PN 25-1102236-001
<b>a</b>	Plan name BAMA PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor THE BAMA COMPANIES, INC.	<b>c</b> EIN-PN 73-0988323-001
<b>a</b>	Plan name BANK OF OAK RIDGE 401(K) PLAN	
<b>b</b>	Name of plan sponsor BANK OF OAK RIDGE	<b>c</b> EIN-PN 56-2149229-001
<b>a</b>	Plan name BASS ENERGY SERVICES LLC AND AFFILIATES 401(K) PLAN	
<b>b</b>	Name of plan sponsor BASS ENERGY SERVICES LLC AND AFFILIATES	<b>c</b> EIN-PN 20-8235561-001
<b>a</b>	Plan name BETSY ROSS REHABILITATION CENTER, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor BETSY ROSS REHABILITATION CENTER, INC.	<b>c</b> EIN-PN 16-1549991-001
<b>a</b>	Plan name BIG RIVER EXCAVATING 401K PLAN	
<b>b</b>	Name of plan sponsor BIG RIVER CONSTRUCTION, INC.	<b>c</b> EIN-PN 93-1317009-001
<b>a</b>	Plan name BIRCHWOOD LABORATORIES LLC RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor BIRCHWOOD LABORATORIES LLC	<b>c</b> EIN-PN 41-1351619-001
<b>a</b>	Plan name BLUECAT NETWORKS (USA), INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor BLUECAT NETWORKS (USA), INC.	<b>c</b> EIN-PN 98-0484057-001
<b>a</b>	Plan name BONNEY FORGE CORP DEFERRED PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor BONNEY FORGE CORP	<b>c</b> EIN-PN 23-2308673-001
<b>a</b>	Plan name BONNEY FORGE CORP DEFERRED PROFIT SHARING PLAN FOR BARGAINING UNIT EMPLOYEES	
<b>b</b>	Name of plan sponsor BONNEY FORGE CORP	<b>c</b> EIN-PN 23-2308673-003

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.)	
<b>a</b>	Plan name BUCTEL METAL FINISHING INC 401(K) PLAN	
<b>b</b>	Name of plan sponsor BUCTEL METAL FINISHING INC	<b>c</b> EIN-PN 84-4165584-001
<b>a</b>	Plan name BURBIDGE CONCRETE PUMPING LLC 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor BURBIDGE CONCRETE PUMPING LLC	<b>c</b> EIN-PN 20-4816392-001
<b>a</b>	Plan name BURD & FLETCHER COMPANY 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor BURD & FLETCHER COMPANY	<b>c</b> EIN-PN 44-0186540-001
<b>a</b>	Plan name C. BLACKBURN INC. 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor C. BLACKBURN INC.	<b>c</b> EIN-PN 14-1803352-001
<b>a</b>	Plan name CA HOLDINGS, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor CA HOLDINGS, LLC	<b>c</b> EIN-PN 58-2540189-001
<b>a</b>	Plan name CAPITAL HEALTH SERVICES, INC. SAVINGS PLAN AND TRUST	
<b>b</b>	Name of plan sponsor CAPITAL HEALTH SERVICES, INC.	<b>c</b> EIN-PN 20-1292646-001
<b>a</b>	Plan name CAPITOL CREDIT UNION 401(K) PLAN AND TRUST	
<b>b</b>	Name of plan sponsor CAPITOL CREDIT UNION	<b>c</b> EIN-PN 74-6054885-002
<b>a</b>	Plan name CBHF ENGINEERING, PLLC RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor CBHF ENGINEERING, PLLC	<b>c</b> EIN-PN 20-8054486-001
<b>a</b>	Plan name CELLTRION USA, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor CELLTRION USA, INC.	<b>c</b> EIN-PN 36-4905731-001
<b>a</b>	Plan name CENTRAL NEBRASKA PUBLIC POWER & IRRIGATION DISTRICT 457B PLAN	
<b>b</b>	Name of plan sponsor CENTRAL NEBRASKA PUBLIC POWER & IRRIGATION DISTRICT	<b>c</b> EIN-PN 47-6000076-001
<b>a</b>	Plan name CESAR D. HIDALGO, MD, PC PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor CESAR D. HIDALGO, MD, PC	<b>c</b> EIN-PN 38-2626550-001
<b>a</b>	Plan name CFS PEP	
<b>b</b>	Name of plan sponsor TRG FIDUCIARY SERVICES LLC	<b>c</b> EIN-PN 82-3095168-019

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.)		
<b>a</b>	Plan name COBEY, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor COBEY, INC.	<b>c</b> EIN-PN 16-1303278-001
<b>a</b>	Plan name COLDEN & SEYMOUR EAR, NOSE, THROAT & ALLERGY 401(K) SAVINGS PLAN	
<b>b</b>	Name of plan sponsor COLDEN & SEYMOUR EAR, NOSE, THROAT & ALLERGY	<b>c</b> EIN-PN 20-3995326-001
<b>a</b>	Plan name CONSOLIDATED ANALYTICS INC 401(K) PLAN	
<b>b</b>	Name of plan sponsor CONSOLIDATED ANALYTICS INC	<b>c</b> EIN-PN 80-0324447-001
<b>a</b>	Plan name CONTRACTORS RETIREMENT PLAN MASTER TRUST	
<b>b</b>	Name of plan sponsor FRINGE BENEFIT GROUP, INC.	<b>c</b> EIN-PN 74-2485507-001
<b>a</b>	Plan name COUNTY NATIONAL BANK 401(K) PLAN	
<b>b</b>	Name of plan sponsor COUNTY NATIONAL BANK	<b>c</b> EIN-PN 38-0650660-001
<b>a</b>	Plan name CRAFT PATTERN & MOLD, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor CRAFT PATTERN & MOLD, INC.	<b>c</b> EIN-PN 26-1531960-001
<b>a</b>	Plan name CURTIS RESTAURANT SUPPLY 401(K) PLAN	
<b>b</b>	Name of plan sponsor CURTIS RESTAURANT SUPPLY	<b>c</b> EIN-PN 42-1560514-001
<b>a</b>	Plan name CUTEK, INC. 401(K) PROFIT SHARING	
<b>b</b>	Name of plan sponsor CUTEK, INC.	<b>c</b> EIN-PN 20-2732426-001
<b>a</b>	Plan name DAVIS-BACON PENSION PLANS, INC.	
<b>b</b>	Name of plan sponsor DAVIS-BACON	<b>c</b> EIN-PN 26-3465772-001
<b>a</b>	Plan name DAVIS-BACON 401(K) PLAN	
<b>b</b>	Name of plan sponsor DAVIS-BACON	<b>c</b> EIN-PN 26-3456772-001
<b>a</b>	Plan name DEE'S INC. PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor DEE'S INC.	<b>c</b> EIN-PN 87-0221456-001
<b>a</b>	Plan name DENTAL PROFESSIONALS , S. C. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor DENTAL PROFESSIONALS , S. C.	<b>c</b> EIN-PN 39-1809079-001

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	DOMO, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	DOMO, INC.	<b>c</b> EIN-PN 87-0554725-001
<b>a</b>	Plan name	DREAM KITCHENS, INC. RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	DREAM KITCHENS, INC.	<b>c</b> EIN-PN 39-1556511-001
<b>a</b>	Plan name	EMPLOYSHARE, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	EMPLOYSHARE, INC.	<b>c</b> EIN-PN 34-1832544-001
<b>a</b>	Plan name	EURO-TECH CORPORATION 401(K) SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	EURO-TECH CORPORATION	<b>c</b> EIN-PN 39-1769578-001
<b>a</b>	Plan name	FIRST COMMONWEALTH FEDERAL CREDIT UNION RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	FIRST COMMONWEALTH FEDERAL CREDIT UNION	<b>c</b> EIN-PN 23-1568331-003
<b>a</b>	Plan name	FUND OFFICE 401(K) PLAN	
<b>b</b>	Name of plan sponsor	NFL PLAYER BENEFITS OFFICE	<b>c</b> EIN-PN 13-6043636-003
<b>a</b>	Plan name	FIRST EAGLE INVESTMENT MANAGEMENT 401K RETIREMENT SAVINGS	
<b>b</b>	Name of plan sponsor	FIRST EAGLE INVESTMENT MANAGEMENT	<b>c</b> EIN-PN 57-1156902-001
<b>a</b>	Plan name	FUTURE TECHNOLOGIES, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	FUTURE TECHNOLOGIES, INC.	<b>c</b> EIN-PN 06-1240723-004
<b>a</b>	Plan name	G.I. MEDICINE ASSOCIATES, P.C. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	G.I. MEDICINE ASSOCIATES, P.C.	<b>c</b> EIN-PN 38-2081222-001
<b>a</b>	Plan name	GEARS INC 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	GEARS INC	<b>c</b> EIN-PN 84-0826066-001
<b>a</b>	Plan name	GEORGIA DENTAL MEDICINE, CORP. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	GEORGIA DENTAL MEDICINE, CORP.	<b>c</b> EIN-PN 11-3738689-001
<b>a</b>	Plan name	GOLDEN COAST CONSTRUCTION 401(K) PLAN	
<b>b</b>	Name of plan sponsor	GOLDEN COAST CONSTRUCTION AND RESTORATION	<b>c</b> EIN-PN 52-2449794-001

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	GOV SOLUTIONS GROUP 401(K) PLAN	
<b>b</b>	Name of plan sponsor	THE CAMERON BELL CORPORATION DBA	<b>c</b> EIN-PN 57-0994802-001
<b>a</b>	Plan name	GRAVES ELECTRICAL 401(K) PLAN	
<b>b</b>	Name of plan sponsor	GRAVES ELECTRICAL	<b>c</b> EIN-PN 26-2744478-001
<b>a</b>	Plan name	GREGORYS FOODS, INC. SAVINGS PLAN AND TRUST	
<b>b</b>	Name of plan sponsor	GREGORYS FOODS, INC.	<b>c</b> EIN-PN 41-1502295-001
<b>a</b>	Plan name	HANCOCK LUMBER COMPANY, INC. PROFIT SHARING 401(K) PLAN	
<b>b</b>	Name of plan sponsor	HANCOCK LUMBER COMPANY, INC.	<b>c</b> EIN-PN 01-0439755-001
<b>a</b>	Plan name	HANSFORD COUNTY FEEDERS LP/PREFERRED BEEF GROUP 401K PLAN	
<b>b</b>	Name of plan sponsor	HANSFORD COUNTY FEEDERS LP	<b>c</b> EIN-PN 75-2737133-001
<b>a</b>	Plan name	HARVEY TOOL COMPANY, LLC 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	HARVEY TOOL COMPANY, LLC	<b>c</b> EIN-PN 20-8909122-001
<b>a</b>	Plan name	HAYNES DOWNARD, LLP 401(K) PLAN	
<b>b</b>	Name of plan sponsor	HAYNES DOWNARD, LLP	<b>c</b> EIN-PN 63-1133963-002
<b>a</b>	Plan name	HAWKINS ASH CPAS, LLP RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	HAWKINS ASH CPAS, LLP	<b>c</b> EIN-PN 39-0912608-001
<b>a</b>	Plan name	HD SHIPS 401(K)	
<b>b</b>	Name of plan sponsor	HD SHIPPING SOLUTIONS, LLC	<b>c</b> EIN-PN 82-4596159-001
<b>a</b>	Plan name	HIELAN RESTAURANT GROUP 401(K) PLAN	
<b>b</b>	Name of plan sponsor	HIELAN RESTAURANT GROUP, LP	<b>c</b> EIN-PN 45-5631630-001
<b>a</b>	Plan name	INSIGHTS NORTH AMERICA 401(K) PLAN	
<b>b</b>	Name of plan sponsor	INSIGHTS NORTH AMERICA, INC.	<b>c</b> EIN-PN 61-1413692-001
<b>a</b>	Plan name	J & R LANDSCAPING INCORP 401(K) PSP AND TRUST	
<b>b</b>	Name of plan sponsor	J & R LANDSCAPING INCORPORATED	<b>c</b> EIN-PN 11-2958690-001

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.)	
<b>a</b>	Plan name JUICE PHARMA ADVERTISING 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor JUICE PHARMA ADVERTISING, LLC	<b>c</b> EIN-PN 75-3085102-001
<b>a</b>	Plan name KEYSTONE DEDICATED LOGISTICS, LLC 401(K)	
<b>b</b>	Name of plan sponsor KEYSTONE DEDICATED LOGISTICS, LLC	<b>c</b> EIN-PN 25-1829631-001
<b>a</b>	Plan name KNOWLEDGEWORKS FOUNDATION 401(K) & RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor KNOWLEDGEWORKS FOUNDATION	<b>c</b> EIN-PN 31-1321973-003
<b>a</b>	Plan name KNOX LAW, PC 401(K) PLAN	
<b>b</b>	Name of plan sponsor KNOX LAW PROFESSIONAL CORPORATION	<b>c</b> EIN-PN 83-2648810-001
<b>a</b>	Plan name KORBER PHARMA SOFTWARE, INC.	
<b>b</b>	Name of plan sponsor KORBER PHARMA SOFTWARE, INC.	<b>c</b> EIN-PN 51-0401251-001
<b>a</b>	Plan name KRA CORPORATION 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor KRA CORPORATION	<b>c</b> EIN-PN 52-1230252-001
<b>a</b>	Plan name KSA ENGINEERS, INC. EMPLOYEE SAVINGS AND PROTECTION PLAN	
<b>b</b>	Name of plan sponsor KSA ENGINEERS, INC.	<b>c</b> EIN-PN 75-1600863-001
<b>a</b>	Plan name L.J. GONZER ASSOCIATES 401(K) PLAN	
<b>b</b>	Name of plan sponsor L.J. GONZER ASSOCIATES	<b>c</b> EIN-PN 22-1671351-002
<b>a</b>	Plan name LANDX MOTORS, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor LANDX MOTORS, INC.	<b>c</b> EIN-PN 93-3903418-001
<b>a</b>	Plan name LARA & LUNA APC 401(K) PLAN	
<b>b</b>	Name of plan sponsor LARA & LUNA APC	<b>c</b> EIN-PN 80-0715437-001
<b>a</b>	Plan name LANGE BROS. WOODWORK CO INC 401K PLAN	
<b>b</b>	Name of plan sponsor LANGE BROS. WOODWORK CO INC	<b>c</b> EIN-PN 39-0866468-001
<b>a</b>	Plan name LAUDERDALE ELECTRIC, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor LAUDERDALE ELECTRIC, INC.	<b>c</b> EIN-PN 36-3834309-001

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.)		
<b>a</b>	Plan name LEAFHOUSE FINANCIAL ADVISORS LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor LEAFHOUSE FINANCIAL GROUP LLC	<b>c</b> EIN-PN 26-4311657-001
<b>a</b>	Plan name LEGAL SERVICES OF NORTHERN CALIFORNIA 401(K) PLAN	
<b>b</b>	Name of plan sponsor LEGAL SERVICES OF NORTHERN CALIFORNIA	<b>c</b> EIN-PN 94-1384659-002
<b>a</b>	Plan name LEK PLUMBING ENTERPRISESS 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor LEK ENTERPRISES, INC.	<b>c</b> EIN-PN 80-0249349-001
<b>a</b>	Plan name LIBURDI DIMETRICS CORPORATION 401(K) PLAN	
<b>b</b>	Name of plan sponsor LIBURDI DIMETRICS CORPORATION	<b>c</b> EIN-PN 56-2056699-001
<b>a</b>	Plan name LYNNCO SUPPLY CHAIN SOLUTIONS, INC. 401(K) RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor LYNNCO SUPPLY CHAIN SOLUTIONS, INC.	<b>c</b> EIN-PN 94-3374008-001
<b>a</b>	Plan name MAR-BAL, INC RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor MAR-BAL, INC	<b>c</b> EIN-PN 34-1059601-004
<b>a</b>	Plan name MCT GROUP, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor MCT GROUP, LLC	<b>c</b> EIN-PN 62-1680320-001
<b>a</b>	Plan name MEDIA STRATEGIES, INC. PROFIT SHARING PLAN AND TRUST	
<b>b</b>	Name of plan sponsor MEDIA STRATEGIES, INC.	<b>c</b> EIN-PN 38-2484680-001
<b>a</b>	Plan name MEDLER ELECTRIC COMPANY SAVINGS AND PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor MEDLER ELECTRIC COMPANY	<b>c</b> EIN-PN 38-1655673-003
<b>a</b>	Plan name METAMETRICS, INC. RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor METAMETRICS, INC.	<b>c</b> EIN-PN 56-1520095-002
<b>a</b>	Plan name MIKE BARNEY NISSAN 401K PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor MIKE BARNEY NISSAN	<b>c</b> EIN-PN 16-1128183-001
<b>a</b>	Plan name MITCHELL AUTO GROUP, INC 401(K) PLAN	
<b>b</b>	Name of plan sponsor MITCHELL AUTO GROUP, INC	<b>c</b> EIN-PN 06-0582770-001

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
<small>(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)</small>			
<b>a</b>	Plan name	MITCHELL SALES AGENCY, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	MITCHELL SALES AGENCY, INC.	<b>c</b> EIN-PN 82-1500725-001
<b>a</b>	Plan name	MOUNTAIN MAN NUT & FRUIT COMPANY 401K PROFIT SHARING TRUST	
<b>b</b>	Name of plan sponsor	MOUNTAIN MAN NUT & FRUIT COMPANY	<b>c</b> EIN-PN 84-0765183-001
<b>a</b>	Plan name	MURR SILER & ACCOMAZZO, P.C. 401K PROFIT SHARING PLAN AND TRUST	
<b>b</b>	Name of plan sponsor	MURR SILER & ACCOMAZZO, P.C.	<b>c</b> EIN-PN 84-1203371-002
<b>a</b>	Plan name	MY HEALTH MEDICAL GROUP D.B.A. BT HEALTH 401(K) PLAN	
<b>b</b>	Name of plan sponsor	MY HEALTH MEDICAL GROUP D.B.A. BT HEALTH	<b>c</b> EIN-PN 45-3733601-001
<b>a</b>	Plan name	MYRETIREMENT PLAN POOLED EMPLOYER PLAN	
<b>b</b>	Name of plan sponsor	AMERICANTCS FIDUCIARY SERVICES, LLC	<b>c</b> EIN-PN 93-2789379-001
<b>a</b>	Plan name	NEWLAND CONSTRUCTION CO, 401(K) DEF COMP & PS	
<b>b</b>	Name of plan sponsor	NEWLAND CONSTRUCTION CO	<b>c</b> EIN-PN 91-0489231-001
<b>a</b>	Plan name	NICKLES BAKERIES EMPLOYEES' 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ALFRED NICKLES BAKERY, INC.	<b>c</b> EIN-PN 34-0428345-002
<b>a</b>	Plan name	NICKLES BAKERY 401(K) PLAN FOR BARGAINING EMPLOYEES	
<b>b</b>	Name of plan sponsor	ALFRED NICKLES BAKERY, INC.	<b>c</b> EIN-PN 34-0428345-003
<b>a</b>	Plan name	NOKIAN TYRES, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	NOKIAN TYRES, INC.	<b>c</b> EIN-PN 91-1849160-001
<b>a</b>	Plan name	NOONAN LANCE BOYER & BANACH, LLP 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	NOONAN LANCE BOYER & BANACH, LLP	<b>c</b> EIN-PN 81-0812398-001
<b>a</b>	Plan name	NORFOLK DREDGING COMPANY PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	NORFOLK DREDGING COMPANY	<b>c</b> EIN-PN 54-0320740-001
<b>a</b>	Plan name	NORTH CAROLINA RAILROAD COMPANY 401(K) PLAN EMPLOYEES SAVINGS TRUST	
<b>b</b>	Name of plan sponsor	NORTH CAROLINA RAILROAD COMPANY	<b>c</b> EIN-PN 56-6003280-001

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	ORTHOPAEDICS SPINE AND SPORTS MEDICINE 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ORTHOPAEDICS SPINE AND SPORTS MEDICINE	<b>c</b> EIN-PN 20-5290355-001
<b>a</b>	Plan name	PACIFIC NORTHERN ENVIRONMENTAL CORP 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	PACIFIC NORTHERN ENVIRONMENTAL, LLC	<b>c</b> EIN-PN 91-1458581-001
<b>a</b>	Plan name	PACIFIC STANDARD CORPORATION 401(K) PLAN	
<b>b</b>	Name of plan sponsor	PACIFIC STANDARD CORPORATION	<b>c</b> EIN-PN 91-1546277-001
<b>a</b>	Plan name	PACIFIC VALLEY BANK 401(K) PLAN	
<b>b</b>	Name of plan sponsor	PACIFIC VALLEY BANK	<b>c</b> EIN-PN 41-2138340-001
<b>a</b>	Plan name	PAPERLESS INC. 401(K) PROFIT SHARING PLAN & TRUST	
<b>b</b>	Name of plan sponsor	PAPERLESS INC.	<b>c</b> EIN-PN 26-3488606-001
<b>a</b>	Plan name	PENDER COMMUNITY HOSPITAL 403(B)	
<b>b</b>	Name of plan sponsor	PENDER COMMUNITY HOSPITAL	<b>c</b> EIN-PN 47-0711662-001
<b>a</b>	Plan name	POZNECKI-CAMARILLO, LLC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	POZNECKI-CAMARILLO, LLC	<b>c</b> EIN-PN 74-2214090-001
<b>a</b>	Plan name	PURE HEALTH MIAMI 401(K) PLAN	
<b>b</b>	Name of plan sponsor	PURE EXECUTIVE HEALTH & WELLNESS, LLC	<b>c</b> EIN-PN 30-0785533-001
<b>a</b>	Plan name	QUALITY SELECT 401(K) PLAN	
<b>b</b>	Name of plan sponsor	QUALITY PORK PROCESSORS, INC.	<b>c</b> EIN-PN 75-2199109-002
<b>a</b>	Plan name	R.E. PURVIS & ASSOCIATES, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	R.E. PURVIS & ASSOCIATES, INC.	<b>c</b> EIN-PN 41-1668392-001
<b>a</b>	Plan name	RADIOGRAPHIC ENGINEERING, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	RADIOGRAPHIC ENGINEERING, INC.	<b>c</b> EIN-PN 59-3704820-002
<b>a</b>	Plan name	RAMACO RESOURCES, INC. 401K PLAN	
<b>b</b>	Name of plan sponsor	RAMACO RESOURCES, INC.	<b>c</b> EIN-PN 38-4018838-001

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.)		
<b>a</b>	Plan name <a href="#">RECORE ELECTRICAL CONTRACTORS INC. 401K PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">RECORE ELECTRICAL CONTRACTORS INC.</a>	<b>c</b> EIN-PN <a href="#">56-1373085-001</a>
<b>a</b>	Plan name <a href="#">REINSMAN CONSULTING, INC. 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">REINSMAN CONSULTING, LLC</a>	<b>c</b> EIN-PN <a href="#">87-2789207-001</a>
<b>a</b>	Plan name <a href="#">RFPIO INC 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">RFPIO, INC.</a>	<b>c</b> EIN-PN <a href="#">47-3598633-001</a>
<b>a</b>	Plan name <a href="#">RIATA CAPITAL GROUP 401(K)</a>	
<b>b</b>	Name of plan sponsor <a href="#">RIATA CAPITAL GROUP, LLC</a>	<b>c</b> EIN-PN <a href="#">47-1248486-001</a>
<b>a</b>	Plan name <a href="#">RMF ENGINEERING, INC. 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">RMF ENGINEERING, INC.</a>	<b>c</b> EIN-PN <a href="#">52-1279953-001</a>
<b>a</b>	Plan name <a href="#">ROCHESTER COLON &amp; RECTAL PC PROFIT SHARING PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">ROCHESTER COLON &amp; RECTAL PC</a>	<b>c</b> EIN-PN <a href="#">38-2903233-001</a>
<b>a</b>	Plan name <a href="#">ROCKETSHIP FINANCIAL CORPORATION 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">ROCKETSHIP FINANCIAL CORPORATION</a>	<b>c</b> EIN-PN <a href="#">86-3870443-001</a>
<b>a</b>	Plan name <a href="#">ROTH TRUCKING, INC. 401(K) RETIREMENT PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">ROTH TRUCKING, INC.</a>	<b>c</b> EIN-PN <a href="#">38-2079555-002</a>
<b>a</b>	Plan name <a href="#">ROTHER DEVELOPMENT, INC. 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">ROTHER DEVELOPMENT, INC.</a>	<b>c</b> EIN-PN <a href="#">74-1606784-001</a>
<b>a</b>	Plan name <a href="#">SCHNIPKE ENGRAVING COMPANY 401(K) PROFIT SHARING PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">SCHNIPKE ENGRAVING COMPANY, INC.</a>	<b>c</b> EIN-PN <a href="#">34-1005519-001</a>
<b>a</b>	Plan name <a href="#">SEIDEL SCHROEDER &amp; COMPANY 401(K) PROFIT SHARING AND TRUST</a>	
<b>b</b>	Name of plan sponsor <a href="#">SEIDEL SCHROEDER</a>	<b>c</b> EIN-PN <a href="#">74-2052353-001</a>
<b>a</b>	Plan name <a href="#">SEIDER HEATING D/B/A ENVIRA-TECH 401K PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">SEIDER HEATING</a>	<b>c</b> EIN-PN <a href="#">39-1602647-001</a>

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.)	
<b>a</b>	Plan name SESSIONS, ISRAEL & SHARTLE, LLC 401(K) RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor SESSIONS, ISRAEL & SHARTLE, LLC	<b>c</b> EIN-PN 47-2102132-001
<b>a</b>	Plan name SMILELYNN PEDIATRIC DENTISTRY 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor SMILELYNN PEDIATRIC DENTISTRY	<b>c</b> EIN-PN 82-1709491-001
<b>a</b>	Plan name SONIDA SENIOR LIVING, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor SONIDA SENIOR LIVING, INC.	<b>c</b> EIN-PN 75-2678809-001
<b>a</b>	Plan name SOUTHERN MAIL SERVICES, INC. RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor SOUTHERN MAIL SERVICES, INC.	<b>c</b> EIN-PN 75-1482649-002
<b>a</b>	Plan name STANMAR, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor STANMAR, INC.	<b>c</b> EIN-PN 04-2275792-001
<b>a</b>	Plan name STEVEN J. FORCHE, MD, PC 401(K) PLAN	
<b>b</b>	Name of plan sponsor STEVEN J. FORCHE, MD, PC	<b>c</b> EIN-PN 38-2089738-001
<b>a</b>	Plan name STRATEGY ENGINEERING & CONSULTING LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor STRATEGY ENGINEERING & CONSULTING LLC	<b>c</b> EIN-PN 27-0598695-001
<b>a</b>	Plan name STREAMLINE INNOVATIONS, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor STREAMLINE INNOVATIONS, INC.	<b>c</b> EIN-PN 83-3618680-001
<b>a</b>	Plan name SUDEKUM, CASSIDY & SHULRUFF CHTD. PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor SUDEKUM, CASSIDY & SHULRUFF, CHARTERED	<b>c</b> EIN-PN 36-3866178-001
<b>a</b>	Plan name SUSE LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor SUSE LLC	<b>c</b> EIN-PN 45-4703967-001
<b>a</b>	Plan name TAYLOR & SYFAN CONSULTING ENGINEERS, INC 401(K) PLAN	
<b>b</b>	Name of plan sponsor TAYLOR & SYFAN CONSULTING ENGINEERS, INC	<b>c</b> EIN-PN 77-0466685-001
<b>a</b>	Plan name THE DE MOYA GROUP, INC. PROFIT SHARING PLAN & TRUST	
<b>b</b>	Name of plan sponsor THE DE MOYA GROUP, INC.	<b>c</b> EIN-PN 59-2629362-001

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.)	
<b>a</b>	Plan name THE ELAM GROUP 401(K) PLAN	
<b>b</b>	Name of plan sponsor THE ENVIRONMENTAL LIABILITY AND ASSET MANAGEMENT GROUP, LLC	<b>c</b> EIN-PN 47-2325876-001
<b>a</b>	Plan name THE IFH GROUP, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor THE IFH GROUP, INC.	<b>c</b> EIN-PN 36-4216754-001
<b>a</b>	Plan name THE OAKSTAR BANK 401(K) PLAN	
<b>b</b>	Name of plan sponsor OAKSTAR BANK	<b>c</b> EIN-PN 20-3405719-001
<b>a</b>	Plan name THE STORAGE PLACE 401(K) PLAN	
<b>b</b>	Name of plan sponsor ADVANTAGE PUBLIC STORAGE, LLC DBA THE STORAGE PLACE	<b>c</b> EIN-PN 74-2944121-001
<b>a</b>	Plan name TIME EQUITIES, INC. 401(K) PROFIT SHARING PLAN TRUST	
<b>b</b>	Name of plan sponsor TIME EQUITIES, INC.	<b>c</b> EIN-PN 13-2659445-001
<b>a</b>	Plan name TRAFFIC AUDIT & BUREAU SERVICES LLC RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor TRAFFIC AUDIT & BUREAU SERVICES	<b>c</b> EIN-PN 82-3781309-001
<b>a</b>	Plan name UNITED PLANT GROWERS INC 401(K) PLAN	
<b>b</b>	Name of plan sponsor UNITED PLANT GROWERS INC	<b>c</b> EIN-PN 33-0783952-001
<b>a</b>	Plan name UNMANNED SYSTEMS INCORPORATED 401(K) PLAN	
<b>b</b>	Name of plan sponsor UNMANNED SYSTEMS INCORPORATED	<b>c</b> EIN-PN 27-0056512-001
<b>a</b>	Plan name VERVE RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor VERVE, A CREDIT UNION	<b>c</b> EIN-PN 39-0711674-033
<b>a</b>	Plan name WAGSTAFF, TAYLOR & ASSOCIATES, INC. 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor WAGSTAFF, TAYLOR & ASSOCIATES, INC.	<b>c</b> EIN-PN 88-4393921-001
<b>a</b>	Plan name WALDEN SAVINGS BANK 401(K) PLAN	
<b>b</b>	Name of plan sponsor WALDEN SAVINGS BANK	<b>c</b> EIN-PN 14-1155630-002
<b>a</b>	Plan name WALPOLE, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor WALPOLE, INC.	<b>c</b> EIN-PN 59-1305687-003



<b>SCHEDULE H</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Financial Information</b>  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).  <b>▶ File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2024</b>  <b>This Form is Open to Public Inspection</b>
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For calendar plan year 2024 or fiscal plan year beginning <b>01/01/2024</b> and ending <b>12/31/2024</b>	
<b>A</b> Name of plan <b>FIRST EAGLE SMALL CAP OPPORTUNITY COLLECTIVE INVESTMENT TRUST</b>	<b>B</b> Three-digit plan number (PN) ▶ <b>335</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>BENEFIT TRUST COMPANY</b>	<b>D</b> Employer Identification Number (EIN) <b>87-6383971</b>

<b>Part I</b>	<b>Asset and Liability Statement</b>
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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
<b>a</b> Total noninterest-bearing cash .....	<b>1a</b>		4874
<b>b</b> Receivables (less allowance for doubtful accounts):			
<b>(1)</b> Employer contributions .....	<b>1b(1)</b>		
<b>(2)</b> Participant contributions .....	<b>1b(2)</b>		
<b>(3)</b> Other .....	<b>1b(3)</b>	43590	60805
<b>c</b> General investments:			
<b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....	<b>1c(1)</b>		
<b>(2)</b> U.S. Government securities .....	<b>1c(2)</b>		
<b>(3)</b> Corporate debt instruments (other than employer securities):			
<b>(A)</b> Preferred .....	<b>1c(3)(A)</b>		
<b>(B)</b> All other .....	<b>1c(3)(B)</b>		
<b>(4)</b> Corporate stocks (other than employer securities):			
<b>(A)</b> Preferred .....	<b>1c(4)(A)</b>		
<b>(B)</b> Common .....	<b>1c(4)(B)</b>	12170793	18181597
<b>(5)</b> Partnership/joint venture interests .....	<b>1c(5)</b>		
<b>(6)</b> Real estate (other than employer real property) .....	<b>1c(6)</b>		
<b>(7)</b> Loans (other than to participants) .....	<b>1c(7)</b>		
<b>(8)</b> Participant loans .....	<b>1c(8)</b>		
<b>(9)</b> Value of interest in common/collective trusts .....	<b>1c(9)</b>		
<b>(10)</b> Value of interest in pooled separate accounts .....	<b>1c(10)</b>		
<b>(11)</b> Value of interest in master trust investment accounts .....	<b>1c(11)</b>		
<b>(12)</b> Value of interest in 103-12 investment entities .....	<b>1c(12)</b>		
<b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds) .....	<b>1c(13)</b>	749223	667358
<b>(14)</b> Value of funds held in insurance company general account (unallocated contracts) .....	<b>1c(14)</b>		
<b>(15)</b> Other .....	<b>1c(15)</b>		

<b>1d</b> Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	<b>1d(1)</b>		
(2) Employer real property.....	<b>1d(2)</b>		
<b>e</b> Buildings and other property used in plan operation.....	<b>1e</b>		
<b>f</b> Total assets (add all amounts in lines 1a through 1e).....	<b>1f</b>	12963606	18914634
<b>Liabilities</b>			
<b>g</b> Benefit claims payable.....	<b>1g</b>		
<b>h</b> Operating payables.....	<b>1h</b>		
<b>i</b> Acquisition indebtedness.....	<b>1i</b>		
<b>j</b> Other liabilities.....	<b>1j</b>	87089	74572
<b>k</b> Total liabilities (add all amounts in lines 1g through 1j).....	<b>1k</b>	87089	74572
<b>Net Assets</b>			
<b>l</b> Net assets (subtract line 1k from line 1f).....	<b>1l</b>	12876517	18840062

**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.

<b>Income</b>		(a) Amount	(b) Total
<b>a Contributions:</b>			
(1) Received or receivable in cash from: <b>(A)</b> Employers.....	<b>2a(1)(A)</b>		
<b>(B)</b> Participants.....	<b>2a(1)(B)</b>		
<b>(C)</b> Others (including rollovers).....	<b>2a(1)(C)</b>		
(2) Noncash contributions.....	<b>2a(2)</b>		
(3) Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> .....	<b>2a(3)</b>		
<b>b Earnings on investments:</b>			
<b>(1) Interest:</b>			
<b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit).....	<b>2b(1)(A)</b>		
<b>(B)</b> U.S. Government securities.....	<b>2b(1)(B)</b>		
<b>(C)</b> Corporate debt instruments.....	<b>2b(1)(C)</b>		
<b>(D)</b> Loans (other than to participants).....	<b>2b(1)(D)</b>		
<b>(E)</b> Participant loans.....	<b>2b(1)(E)</b>		
<b>(F)</b> Other.....	<b>2b(1)(F)</b>		
<b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....	<b>2b(1)(G)</b>		
<b>(2) Dividends:</b>			
<b>(A)</b> Preferred stock.....	<b>2b(2)(A)</b>		
<b>(B)</b> Common stock.....	<b>2b(2)(B)</b>	292736	
<b>(C)</b> Registered investment company shares (e.g. mutual funds).....	<b>2b(2)(C)</b>	71701	
<b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....	<b>2b(2)(D)</b>		364437
(3) Rents.....	<b>2b(3)</b>		
<b>(4) Net gain (loss) on sale of assets:</b>			
<b>(A)</b> Aggregate proceeds.....	<b>2b(4)(A)</b>	53345855	
<b>(B)</b> Aggregate carrying amount (see instructions).....	<b>2b(4)(B)</b>	51030693	
<b>(C)</b> Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result.....	<b>2b(4)(C)</b>		
<b>(5) Unrealized appreciation (depreciation) of assets:</b>			
<b>(A)</b> Real estate.....	<b>2b(5)(A)</b>		
<b>(B)</b> Other.....	<b>2b(5)(B)</b>	68690	
<b>(C)</b> Total unrealized appreciation of assets. Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....	<b>2b(5)(C)</b>		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts .....	<b>2b(6)</b>		
(7) Net investment gain (loss) from pooled separate accounts .....	<b>2b(7)</b>		
(8) Net investment gain (loss) from master trust investment accounts .....	<b>2b(8)</b>		
(9) Net investment gain (loss) from 103-12 investment entities .....	<b>2b(9)</b>		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds) .....	<b>2b(10)</b>		
<b>c</b> Other income .....	<b>2c</b>		1081
<b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total .....	<b>2d</b>		2749370

**Expenses**

<b>e</b> Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers .....	<b>2e(1)</b>		
(2) To insurance carriers for the provision of benefits .....	<b>2e(2)</b>		
(3) Other .....	<b>2e(3)</b>		
(4) Total benefit payments. Add lines <b>2e(1)</b> through <b>(3)</b> .....	<b>2e(4)</b>		
<b>f</b> Corrective distributions (see instructions) .....	<b>2f</b>		
<b>g</b> Certain deemed distributions of participant loans (see instructions) .....	<b>2g</b>		
<b>h</b> Interest expense .....	<b>2h</b>		
<b>i</b> Administrative expenses:			
(1) Salaries and allowances .....	<b>2i(1)</b>		
(2) Contract administrator fees .....	<b>2i(2)</b>		
(3) Recordkeeping fees .....	<b>2i(3)</b>		
(4) IQPA audit fees .....	<b>2i(4)</b>		
(5) Investment advisory and investment management fees .....	<b>2i(5)</b>	172207	
(6) Bank or trust company trustee/custodial fees .....	<b>2i(6)</b>		
(7) Actuarial fees .....	<b>2i(7)</b>		
(8) Legal fees .....	<b>2i(8)</b>		
(9) Valuation/appraisal fees .....	<b>2i(9)</b>		
(10) Other trustee fees and expenses .....	<b>2i(10)</b>		
(11) Other expenses .....	<b>2i(11)</b>		
(12) Total administrative expenses. Add lines <b>2i(1)</b> through <b>(11)</b> .....	<b>2i(12)</b>		172207
<b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total .....	<b>2j</b>		172207

**Net Income and Reconciliation**

<b>k</b> Net income (loss). Subtract line <b>2j</b> from line <b>2d</b> .....	<b>2k</b>		2577163
<b>l</b> Transfers of assets:			
(1) To this plan .....	<b>2l(1)</b>		26423632
(2) From this plan .....	<b>2l(2)</b>		23037250

**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
<b>a</b> 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>b</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.)			
<b>c</b> 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.)			
<b>d</b> 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.)			
<b>e</b> Was this plan covered by a fidelity bond?			
<b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?			
<b>g</b> 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?			
<b>h</b> 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?			
<b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)			
<b>j</b> 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.)			
<b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?			
<b>l</b> Has the plan failed to provide any benefit when due under the plan?			
<b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
<b>n</b> 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.)

<b>5b(1)</b> Name of plan(s)	<b>5b(2)</b> EIN(s)	<b>5b(3)</b> 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 \_\_\_\_\_.