

<p style="text-align: center;">Form 5500</p> <p style="font-size: small;">Department of the Treasury Internal Revenue Service</p> <hr/> <p style="font-size: small;">Department of Labor Employee Benefits Security Administration</p> <hr/> <p style="font-size: x-small;">Pension Benefit Guaranty Corporation</p>	<p>Annual Return/Report of Employee Benefit Plan</p> <p style="font-size: 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 style="text-align: center;">▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	<p style="font-size: x-small;">OMB Nos. 1210-0110 1210-0089</p> <hr/> <p style="font-size: large; text-align: center;">2024</p> <hr/> <p style="text-align: center;">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 10/01/2023 and ending 09/30/2024

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

a single-employer plan a DFE (specify) 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>1a Name of plan <u>FIDUCIARY INVESTMENT TRUST CONSERVATIVE PORTFOLIO</u></p>	<p>1b Three-digit plan number (PN) ▶ <u>001</u></p>
<p>2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>COMERICA BANK & TRUST, NATIONAL ASSOCIATION</u></p> <p style="margin-top: 20px;"><u>P.O. BOX 75000</u> <u>MAIL CODE 3466</u> <u>DETROIT, MI 48275</u></p> <p style="margin-left: 200px;"><u>411 W. LAFAYETTE BOULEVARD, MC3466</u> <u>DETROIT, MI 48226</u></p>	<p>1c Effective date of plan</p> <hr/> <p>2b Employer Identification Number (EIN) <u>47-6658632</u></p> <p>2c Plan Sponsor's telephone number <u>313-222-9666</u></p> <p>2d Business code (see instructions)</p>

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

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

SIGN HERE			
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE	Filed with authorized/valid electronic signature.	07/14/2025	MATTHEW STUART
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number <div style="background-color: #cccccc; height: 40px; width: 100%;"></div>
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN 4d PN
5 Total number of participants at the beginning of the plan year	5
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits..... c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	<div style="background-color: #cccccc; height: 20px; width: 100%;"></div> 6a(1) 6a(2) 6b 6c 6d 0 6e 6f 6g(1) 6g(2) 6h
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7

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

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

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

a Pension Schedules (1) <input type="checkbox"/> R (Retirement Plan Information) (2) <input type="checkbox"/> MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) <input type="checkbox"/> SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary (4) <input type="checkbox"/> DCG (Individual Plan Information) – Number Attached _____ (5) <input type="checkbox"/> MEP (Multiple-Employer Retirement Plan Information)	b General Schedules (1) <input checked="" type="checkbox"/> H (Financial Information) (2) <input type="checkbox"/> I (Financial Information – Small Plan) (3) <input type="checkbox"/> A (Insurance Information) – Number Attached <u>0</u> (4) <input type="checkbox"/> C (Service Provider Information) (5) <input checked="" type="checkbox"/> D (DFE/Participating Plan Information) (6) <input type="checkbox"/> G (Financial Transaction Schedules)
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Part III Form M-1 Compliance Information (to be completed by welfare benefit plans)

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

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

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

11c Enter the Receipt Confirmation Code for the 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 10/01/2023 and ending 09/30/2024

A Name of plan <u>FIDUCIARY INVESTMENT TRUST CONSERVATIVE PORTFOLIO</u>	B Three-digit plan number (PN)	<u>001</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>COMERICA BANK & TRUST, NATIONAL ASSOCIATION</u>	D Employer Identification Number (EIN) <u>47-6658632</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: PALMER SQUARE INCOME PLUS FUND CIT

b Name of sponsor of entity listed in (a): SEI TRUST COMPANY

c EIN-PN <u>87-3378928-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>3421452</u>
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a Name of MTIA, CCT, PSA, or 103-12 IE: PGIM TOTAL RETURN BOND FUND

b Name of sponsor of entity listed in (a): GREAT GRAY TRUST COMPANY, LLC

c EIN-PN <u>38-4097323-471</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>5533998</u>
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a Name of MTIA, CCT, PSA, or 103-12 IE: COMERICA BOND INDEX FUND

b Name of sponsor of entity listed in (a): COMERICA BANK & TRUST, NATIONAL ASSOCIATION

c EIN-PN <u>38-6555647-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>6805076</u>
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a Name of MTIA, CCT, PSA, or 103-12 IE: COMERICA FOREIGN EQUITY FUND

b Name of sponsor of entity listed in (a): COMERICA BANK & TRUST, NATIONAL ASSOCIATION

c EIN-PN <u>38-6589861-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>1973928</u>
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a Name of MTIA, CCT, PSA, or 103-12 IE: COMERICA LARGE CAP EQUITY INDEX FD

b Name of sponsor of entity listed in (a): COMERICA BANK & TRUST, NATIONAL ASSOCIATION

c EIN-PN <u>38-6555647-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>3539042</u>
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a Name of MTIA, CCT, PSA, or 103-12 IE: COMERICA MEDIUM CAP INDEX FUND

b Name of sponsor of entity listed in (a): COMERICA BANK & TRUST, NATIONAL ASSOCIATION

c EIN-PN <u>38-6589863-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>0</u>
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a Name of MTIA, CCT, PSA, or 103-12 IE: COMERICA SHORT-TERM FUND

b Name of sponsor of entity listed in (a): COMERICA BANK & TRUST, NATIONAL ASSOCIATION

c EIN-PN <u>47-7305132-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>353756</u>
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a Name of MTIA, CCT, PSA, or 103-12 IE: AMERICAN CENTURY MULTIPLE INVEST TR

b Name of sponsor of entity listed in (a): SEI TRUST COMPANY

c EIN-PN 27-0573048-019	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
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a Name of MTIA, CCT, PSA, or 103-12 IE: EMERGING MARKETS EQUITY FOCUSED

b Name of sponsor of entity listed in (a): JPMORGAN CHASE BANK, N.A.

c EIN-PN 13-4179575-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 667865
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a Name of MTIA, CCT, PSA, or 103-12 IE: RREEF REAL ASSETS CIT FUND

b Name of sponsor of entity listed in (a): DWS TRUST COMPANY

c EIN-PN 82-6252443-004	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
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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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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)		
<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	10 FITNESS, INC. 401(K) PUSD
b	Name of plan sponsor	10 FITNESS INC.
c	EIN-PN	45-5216791-001
a	Plan name	24/7 EXPRESS LOGISTICS, INC. PUS
b	Name of plan sponsor	24 7 EXPRESS LOGISTICS INC
c	EIN-PN	43-1925798-001
a	Plan name	AGRIVISION EQUIPMENT GROUP PUSD
b	Name of plan sponsor	AGRIVISION EQUIPMENT GROUP
c	EIN-PN	20-4936311-001
a	Plan name	AHRS CONSTRUCTION PUSD
b	Name of plan sponsor	AHRS CONSTRUCTION, INC.
c	EIN-PN	43-1839323-001
a	Plan name	ALLEN PRESS, INC. PUSD
b	Name of plan sponsor	ALLEN PRESS, INC.
c	EIN-PN	48-0698934-002
a	Plan name	ALUMA-WELD, INC. 401(K) PROFIT S
b	Name of plan sponsor	ALUMA-WELD, INC. 401(K) PROFIT SHAR
c	EIN-PN	71-0523960-001
a	Plan name	AMERICAN HEALTH NETWORK, INC. PU
b	Name of plan sponsor	AMERICAN HEALTH NETWORK, INC.
c	EIN-PN	35-1922721-001
a	Plan name	ARKANSAS CENTRAL PRIMARY CARE PU
b	Name of plan sponsor	ARKANSAS CENTRAL PRIM. CARE PLLC
c	EIN-PN	26-3443044-001
a	Plan name	ARKANSAS FOODBANK PUSD
b	Name of plan sponsor	ARKANSAS FOODBANK
c	EIN-PN	71-0596734-001
a	Plan name	ARKANSAS HOSPITAL ASSOCIATION PU
b	Name of plan sponsor	ARKANSAS HOSPITAL ASSOCIATION
c	EIN-PN	71-0306406-002
a	Plan name	ARKANSAS METHODIST HOSPITAL PUSD
b	Name of plan sponsor	ARKANSAS METHODIST HOSPITAL
c	EIN-PN	71-0230218-001
a	Plan name	ARORA 401(K) SAVINGS PLAN PUSD
b	Name of plan sponsor	AR REGIONAL ORGAN RECOVERY AGT
c	EIN-PN	71-0656542-001

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	ASAP SMILE CENTER 401(K) & PSP P
b	Name of plan sponsor	ASAP SMILE CENTER
c	EIN-PN	45-3115733-001
a	Plan name	AUTUMN ROAD FAMILY PRACTICE PUSD
b	Name of plan sponsor	AUTUMN ROAD FAMILY PRACTICE P.A.
c	EIN-PN	71-0412985-001
a	Plan name	B & L PLUMBING SERVICE PUSD
b	Name of plan sponsor	B&L PLUMBING SERVICE LLC
c	EIN-PN	43-1887195-001
a	Plan name	BELGER CARTGAGE SERVICE, INC. PU
b	Name of plan sponsor	BELGER CARTAGE SERVICE, INC.
c	EIN-PN	44-0528444-001
a	Plan name	BENNETT PACKAGING OF KANSAS PUSD
b	Name of plan sponsor	BENNETT PACKAGING OF KANSAS CITY
c	EIN-PN	43-1450494-001
a	Plan name	BG CONSULTANTS, INC. SAVINGS PUS
b	Name of plan sponsor	BG CONSULTANTS, INC.
c	EIN-PN	48-0835341-001
a	Plan name	BLACK & MCDONALD INC. PUSD
b	Name of plan sponsor	BLACK & MCDONALD, INC.
c	EIN-PN	52-2021787-001
a	Plan name	BLACK RIVER AREA DEVELOPMENT COR
b	Name of plan sponsor	BLACK RIVER AREA DEVELOPMENT CORP.
c	EIN-PN	71-0387337-001
a	Plan name	BOB MONNIG INDUSTRIES, INC. PUSD
b	Name of plan sponsor	BOB MONNIG INDUSTRIES, INC.
c	EIN-PN	43-0714098-003
a	Plan name	BRADLEY COUNTY MEDICAL CENTER PU
b	Name of plan sponsor	BRADLEY COUNTY MEDICAL CENTER
c	EIN-PN	71-0797499-002
a	Plan name	BROGDEN'S OLATHE PONTIAC BUICK G
b	Name of plan sponsor	ROBERT BROGDENS OLATHE, PONTIAC
c	EIN-PN	48-1118974-001
a	Plan name	BRUIN E & P OPERATING, LLC PUSD
b	Name of plan sponsor	BRUIN E & P OPERATING, LLC
c	EIN-PN	61-1771242-001

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	BTC BANK 401(K) PROFIT SHARING P	
b	Name of plan sponsor	BTC BANK	c EIN-PN 44-0170910-002
a	Plan name	BUCKLIN TRACTOR & IMPLEMENT CO,	
b	Name of plan sponsor	BUCKLIN TRACTOR & IMPLEMENT CO	c EIN-PN 48-0642386-001
a	Plan name	BYERS GLASS AND MIRROR PUSD	
b	Name of plan sponsor	BYERS GLASS AND MIRROR	c EIN-PN 48-0985189-001
a	Plan name	C & R MFG., INC. PUSD	
b	Name of plan sponsor	C & R MANUFACTURING INC	c EIN-PN 48-1034248-002
a	Plan name	C.B. MANAGEMENT CO, INC. PUSD	
b	Name of plan sponsor	C B MANAGEMENT CO INC	c EIN-PN 43-1139874-002
a	Plan name	CANOO INC.	
b	Name of plan sponsor	CANOO INC.	c EIN-PN 82-3375874-001
a	Plan name	CARLSON ADVISORS, LLP PUSD	
b	Name of plan sponsor	CARLSON ADVISORS LLP	c EIN-PN 41-1504933-001
a	Plan name	CASHCO, INC. PUSD	
b	Name of plan sponsor	CASHCO INC	c EIN-PN 48-0996396-001
a	Plan name	CASS-WAY, LLC 401(K) PLAN	
b	Name of plan sponsor	CASS-WAY, LLC 401(K) PLAN	c EIN-PN 90-0622265-001
a	Plan name	CCI/BEST 401(K) PLAN PUSD	
b	Name of plan sponsor	CCI/BEST 401(K) PLAN	c EIN-PN 34-1380189-001
a	Plan name	CENTRAL ARKANSAS DEVELOPMENT COU	
b	Name of plan sponsor	CENTRAL ARKANSAS DEVELOPMENT	c EIN-PN 71-0388673-001
a	Plan name	CENTRAL FREIGHT LINES, INC. PUSD	
b	Name of plan sponsor	CENTRAL FREIGHT LINES INC	c EIN-PN 91-1811311-001

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	CIMMARON ELECTRIC, INC. PUSD	
b	Name of plan sponsor	CIMMARON ELECTRIC, INC.	c EIN-PN 43-1426282-002
a	Plan name	CINGULATE THERAPEUTICS 401(K) PU	
b	Name of plan sponsor	CINGULATE THERAPEUTICS	c EIN-PN 46-1470260-001
a	Plan name	CITIZENS SVGS & LOAN ASSOC. FSB	
b	Name of plan sponsor	CITIZENS SVGS & LOAN ASSOC FSB	c EIN-PN 48-0168910-001
a	Plan name	COMMUNITY BANK OF WICHITA PUSD	
b	Name of plan sponsor	COMMUNITY BANK OF WICHITA	c EIN-PN 48-1242609-001
a	Plan name	COWELL ALTERNATIVE RISK SERVICES	
b	Name of plan sponsor	COWELL INSURANCE GROUP INC	c EIN-PN 43-1526751-001
a	Plan name	CREDERA 401(K) PROFIT SHARING PL	
b	Name of plan sponsor	CREDERA 401(K) PROFIT SHARING PL	c EIN-PN 75-2855272-001
a	Plan name	CROWNQUEST 401(K) PLAN PUSD	
b	Name of plan sponsor	CROWNQUEST OPERATING, LLC	c EIN-PN 75-2837284-001
a	Plan name	CURTIS MACHINE COMPANY, INC. PUS	
b	Name of plan sponsor	CURTIS MACHINE COMPANY. INC.	c EIN-PN 27-3410726-001
a	Plan name	DATA STRATEGIES, INC. PUSD	
b	Name of plan sponsor	DATA STRATEGIES INC	c EIN-PN 95-3613969-002
a	Plan name	DAVIS PAINT COMPANY PUSD	
b	Name of plan sponsor	DAVIS PAINT COMPANY	c EIN-PN 44-0220500-002
a	Plan name	DELTA MEMORIAL HOSPITAL PUSD	
b	Name of plan sponsor	DELTA MEMORIAL HOSPITAL	c EIN-PN 71-0276839-001
a	Plan name	DIALECTIC, INC. PUSD	
b	Name of plan sponsor	DIALECTIC, INC.	c EIN-PN 43-1801038-001

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	DIAMOND BANK 401(K) PLAN PUSD	
b	Name of plan sponsor	DIAMOND BANK	c EIN-PN 71-0141380-001
a	Plan name	DOF SUBSEA USA, INC. PUSD	
b	Name of plan sponsor	DOF SUBSEA USA INC	c EIN-PN 76-0691942-001
a	Plan name	DREW MEMORIAL HOSPITAL PUSD	
b	Name of plan sponsor	DREW MEMORIAL HOSPITAL INC	c EIN-PN 35-2414105-001
a	Plan name	DRIVE TRAIN INDUSTRIES, INC. PUS	
b	Name of plan sponsor	DRIVE TRAIN INDUSTRIES, INC.	c EIN-PN 84-0635877-002
a	Plan name	E RITTER & COMPANY PUSD	
b	Name of plan sponsor	E RITTER & COMPANY	c EIN-PN 71-0152390-002
a	Plan name	EVERGREEN LIVING INNOVATIONS PUS	
b	Name of plan sponsor	EVERGREEN LIVING INNOVATIONS	c EIN-PN 74-2857475-001
a	Plan name	FAMILY SERV & GUIDANCE CTR OF TO	
b	Name of plan sponsor	FAMILY SERV & GUID CTR OF TOPEKA	c EIN-PN 48-0637039-001
a	Plan name	FET 401K PLAN	
b	Name of plan sponsor	FET 401K PLAN	c EIN-PN 83-1298192-001
a	Plan name	FIRST STEP 401(K) PUSD	
b	Name of plan sponsor	FIRST STEP, INC.	c EIN-PN 71-0307372-001
a	Plan name	FIVE RIVERS MEDICAL CENTER PUSD	
b	Name of plan sponsor	FIVE RIVERS MEDICAL CENTER	c EIN-PN 27-3970823-001
a	Plan name	FIVE STAR TRUCKING, INC. PUSD	
b	Name of plan sponsor	FIVE STAR TRUCKING, INC.	c EIN-PN 34-1683435-001
a	Plan name	FREUND-VECTOR CORPORATION PUSD	
b	Name of plan sponsor	FREUND-VECTOR CORPORATION	c EIN-PN 42-0996358-001

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	FRONTIER LEASING INC PUSD	
b	Name of plan sponsor	FRONTIER LEASING INC	c EIN-PN 43-1083899-001
a	Plan name	GBMB INSURANCE AGENCY, LLC. 401	
b	Name of plan sponsor	GBMB INSURANCE AGENCY, LLC. 401(K)	c EIN-PN 21-2117488-001
a	Plan name	GHG CORPORATION PUSD	
b	Name of plan sponsor	GHG CORPORATION	c EIN-PN 26-4623740-001
a	Plan name	GOETZE NIEMER COMPANY PUSD	
b	Name of plan sponsor	GOETZE NIEMER COMPANY INC	c EIN-PN 44-0261830-001
a	Plan name	GRAVITY OILFIELD SERVICES PUSD	
b	Name of plan sponsor	GRAVITY OILFIELD SERVICES, INC	c EIN-PN 81-1267443-002
a	Plan name	GULF ISLAND FABRICATIONS INC. PU	
b	Name of plan sponsor	GULF ISLAND FABRICATION INC.	c EIN-PN 72-1147390-001
a	Plan name	HANTOVER, INC. PUSD	
b	Name of plan sponsor	HANTOVER, INC.	c EIN-PN 44-0274436-002
a	Plan name	HARNES ROOFIN, INC. PUSD	
b	Name of plan sponsor	HARNES ROOFING, INC.	c EIN-PN 71-0654212-001
a	Plan name	HARRIS, KARSTAEDT, JAMISON & POW	
b	Name of plan sponsor	HARRIS, KARSTAEDT, JAMISON & POW	c EIN-PN 84-1280984-001
a	Plan name	HEAD START CHILD AND FAMILY PUSD	
b	Name of plan sponsor	HEAD START CHILD AND FAMILY SER	c EIN-PN 71-0540188-002
a	Plan name	HENRY WURST INC. PUSD	
b	Name of plan sponsor	HENTRY WURST INC	c EIN-PN 48-0629389-001
a	Plan name	HILLSIDE MEDICAL OFFICE, LLC PUS	
b	Name of plan sponsor	HILLSIDE MEDICAL OFFICE, LLC	c EIN-PN 48-0539451-002

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	HOT SPRINGS VILLAGE PROPERTY PUS	
b	Name of plan sponsor	HOT SPGS. VIL. PROP. OWNERS ASSN	c EIN-PN 71-0415652-002
a	Plan name	HUTCHENS INDUSTRIES, INC. 401(K)	
b	Name of plan sponsor	HUTCHENS INDUSTRIES INC	c EIN-PN 44-6014661-004
a	Plan name	HUTTON CONSTRUCTION PUSD	
b	Name of plan sponsor	HUTTON CONSTRUCTION CORPORATION	c EIN-PN 48-1111703-001
a	Plan name	IFP GROUP OF COMPANIES PUSD	
b	Name of plan sponsor	IOWA FLUID POWER	c EIN-PN 42-1000175-001
a	Plan name	IMT INSURANCE COMPANY PUSD	
b	Name of plan sponsor	IMT INSURANCE COMPANY	c EIN-PN 42-0333150-002
a	Plan name	INJURY MANAGEMENT ORGANIZATION P	
b	Name of plan sponsor	INJURY MANAGEMENT ORGANIZATION	c EIN-PN 75-2379311-001
a	Plan name	INLAND TRUCK PARTS COMPANY 401(K)	
b	Name of plan sponsor	INLAND TRUCK PARTS COMPANY 401(K) P	c EIN-PN 47-0493047-002
a	Plan name	INTEGRATED SOLUTIONS GROUP PUSD	
b	Name of plan sponsor	INTEGRATED SOLUTIONS GROUP INC	c EIN-PN 48-0895789-002
a	Plan name	INTERCITY INVESTMENTS, INC. 401(
b	Name of plan sponsor	INTERCITY INVESTMENTS INC	c EIN-PN 75-1795567-001
a	Plan name	INTERCON 401(K) PLAN	
b	Name of plan sponsor	INTERCON 401(K) PLAN	c EIN-PN 44-0628206-001
a	Plan name	INTERNATIONAL PRECISION PUSD	
b	Name of plan sponsor	INTERNATIONAL PRECISION MACHINE	c EIN-PN 41-1712183-002
a	Plan name	INW MANUFACTURING	
b	Name of plan sponsor	INW MANUFACTURING	c EIN-PN 46-4276675-001

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	IRELAND STAPLETON PRYOR PASCOE	
b	Name of plan sponsor	IRELAND STAPLETON PRYOR & PASCOE	c EIN-PN 84-0587847-001
a	Plan name	JACK TYLER ENGINEERING, INC. PUS	
b	Name of plan sponsor	JACK TYLER ENGINEERING INC.	c EIN-PN 71-0833610-002
a	Plan name	JACOBS GROUP 401(K) PLAN	
b	Name of plan sponsor	JACOBS GROUP 401(K) PLAN	c EIN-PN 41-1458571-001
a	Plan name	JAG COMPANIES 401(K) PLAN	
b	Name of plan sponsor	JAG COMPANIES 401(K) PLAN	c EIN-PN 47-4556403-001
a	Plan name	JERRY'S ENTERPRISES, INC. EMPLOY	
b	Name of plan sponsor	JERRYS ENTERPRISES INC.	c EIN-PN 41-0834686-001
a	Plan name	JERRY'S ENTERPRISES, INC. UNION	
b	Name of plan sponsor	JERRYS ENTERPRISES INC.	c EIN-PN 41-0834686-002
a	Plan name	JEWISH FEDERATION OF GREATER KAN	
b	Name of plan sponsor	JEWISH FED OF GREATER KANAS CITY	c EIN-PN 44-0545913-001
a	Plan name	JOBBER'S AUTOMOTIVE WAREHOUSE INC	
b	Name of plan sponsor	JOBBER'S AUTOMOTIVE WAREHOUSE	c EIN-PN 48-0624822-001
a	Plan name	K&A WOLFE MASONRY, LTD. 401(K) P	
b	Name of plan sponsor	K&A WOLFE MASONRY LTD	c EIN-PN 20-0597433-001
a	Plan name	KANSAS CITY TERMINAL RAILWAY CO	
b	Name of plan sponsor	KANSAS CITY TERMINAL RAILWAY CO	c EIN-PN 44-6000762-002
a	Plan name	KEIM TS 401(K) PROFIT SHARING PL	
b	Name of plan sponsor	KEIM TS. INC.	c EIN-PN 48-1191903-001
a	Plan name	KESSINGER/HUNTER & COMPANY PUSD	
b	Name of plan sponsor	KHC, INC.	c EIN-PN 43-1800469-001

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	KESSINGER/HUNTER MANAGEMENT CO P	
b	Name of plan sponsor	KESSINGER-HUNTER MGMT CO INC	c EIN-PN 43-1582144-001
a	Plan name	K-TER IMAGINEERING, INC. PUSD	
b	Name of plan sponsor	K-TER IMAGINEERING INC	c EIN-PN 43-1287728-001
a	Plan name	KUGLER COMPANY PUSD	
b	Name of plan sponsor	KUGLER COMPANY	c EIN-PN 47-0461025-002
a	Plan name	LEARFIELD	
b	Name of plan sponsor	LEARFIELD	c EIN-PN 90-0776492-001
a	Plan name	LEARFIELD IMG COLLEGE 401K RET P	
b	Name of plan sponsor	LEARFIELD COMMUNICATIONS INC	c EIN-PN 90-0776492-001
a	Plan name	LEVANDER, GILLEN & MILLER, P.A.	
b	Name of plan sponsor	LEVANDER, GILLEN & MILLER, P.A.	c EIN-PN 41-1725953-001
a	Plan name	LIFT TRUCK SALES & SERVICE PUSD	
b	Name of plan sponsor	LIFT TRUCK SALES AND SERVICE INC	c EIN-PN 43-1201057-002
a	Plan name	M & M EXCAVATING, INC. PUSD	
b	Name of plan sponsor	M&M EXCAVATING, INC.	c EIN-PN 46-1547443-002
a	Plan name	M ROGERS INC. PUSD	
b	Name of plan sponsor	M ROGERS INC.	c EIN-PN 43-1179020-001
a	Plan name	MCCLELLAND CONSULTING ENGINEERS	
b	Name of plan sponsor	MCCLELLAND CONSULTING ENGRS INC	c EIN-PN 71-0414415-002
a	Plan name	MEAD LUMBER COMPANY PUSD	
b	Name of plan sponsor	MEAD LUMBER COMPANY INC	c EIN-PN 47-0722377-001
a	Plan name	MED JAMES, INC. PUSD	
b	Name of plan sponsor	MED JAMES INC	c EIN-PN 43-1067127-001

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	MEDICAL ASSOCIATES OF NORTHWEST	
b	Name of plan sponsor	MEDICAL ASSOCIATES OF NW ARKANSAS	c EIN-PN 62-1692966-001
a	Plan name	METEOR EDUCATION	
b	Name of plan sponsor	METEOR EDUCATION	c EIN-PN 26-3476027-001
a	Plan name	MID-SOUTH BEARING LLC PUSD	
b	Name of plan sponsor	MID-SOUTH BEARING LLC	c EIN-PN 82-2114336-001
a	Plan name	MILLER HARDWARE	
b	Name of plan sponsor	MILLER HARDWARE	c EIN-PN 71-0355703-002
a	Plan name	MILLER'S INC. EMP. PROFIT SHARIN	
b	Name of plan sponsor	MILLERS INC.	c EIN-PN 48-0646484-001
a	Plan name	MUSEUM OF THE BIBLE PUSD	
b	Name of plan sponsor	MUSEUM OF THE BIBLE, INC.	c EIN-PN 27-3444987-001
a	Plan name	NACARATO TRUCKS PUSD	
b	Name of plan sponsor	NACARATO TRUCKS GENERAL	c EIN-PN 62-0970189-001
a	Plan name	NEIGHBORS & ASSOCIATES, INC. 401	
b	Name of plan sponsor	NEIGHBORS & ASSOCIATES, INC. 401(K)	c EIN-PN 16-1661531-001
a	Plan name	NEW PALACE CASINO LLC PUSD	
b	Name of plan sponsor	NEW PALACE CASINO LLC	c EIN-PN 64-0883200-001
a	Plan name	NORTH AMERICAN RETIREMENT PUSD	
b	Name of plan sponsor	NORTH AMERICAN CORP OF ILLINOIS	c EIN-PN 36-4369474-001
a	Plan name	OILTANKING NORTH AMERICA LLS PUS	
b	Name of plan sponsor	OILTANKING NORTH AMERICA LLC	c EIN-PN 45-2226087-001
a	Plan name	OMAHA TRACK, INC. PUSD	
b	Name of plan sponsor	OMAHA TRACK, INC.	c EIN-PN 47-0692129-001

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	ORA	
b	Name of plan sponsor	ORA	c EIN-PN 04-3174215-002
a	Plan name	ORLANDO'S ENTERPRISES, INC. 401(
b	Name of plan sponsor	ORLANDOS ENTERPRISES INC.	c EIN-PN 75-1659144-001
a	Plan name	OZARK TRI-COUNTY HEALTH CARE PUS	
b	Name of plan sponsor	OZARK TRI-COUNTY HEALTH CARE	c EIN-PN 43-1752799-002
a	Plan name	OZARKO TIRE CENTERS, INC. PUSD	
b	Name of plan sponsor	OZARKO TIRE CENTERS, INC.	c EIN-PN 43-1554704-001
a	Plan name	PACIFIC OAK HOLDINGS, LLC PUSD	
b	Name of plan sponsor	PACIFIC OAK HOLDINGS, LLC	c EIN-PN 82-5505583-001
a	Plan name	PARIS BAGUETTE 401(K) PLAN	
b	Name of plan sponsor	PARIS BAGUETTE 401(K) PLAN	c EIN-PN 95-4351512-001
a	Plan name	PAYIT 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	PAYIT 401(K) RETIREMENT PLAN	c EIN-PN 46-4175673-001
a	Plan name	POLLUTION MANAGEMENT, INC. PUSD	
b	Name of plan sponsor	POLLUTION MANAGEMENT INC.	c EIN-PN 71-0668874-001
a	Plan name	POWER SUPPLY INDUSTRIES PUSD	
b	Name of plan sponsor	POWER SUPPLY INDUSTRIES, INC.	c EIN-PN 43-1295414-001
a	Plan name	POWERS MSC RETIREMENT PUSD	
b	Name of plan sponsor	POWERS OF ARKANSAS, INC.	c EIN-PN 20-0651556-001
a	Plan name	PREMIER MULTI SPECIALTY PYSICIAN	
b	Name of plan sponsor	PREMIER MULTI SPECIALTY PHYS	c EIN-PN 46-1745753-001
a	Plan name	PRIME CAPITAL INVESTMENT ADVISOR	
b	Name of plan sponsor	LAWING FINANCIAL INC	c EIN-PN 82-1364595-001

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	PRIME, INC. SUCCESS SHARING PLAN	
b	Name of plan sponsor	NEW PRIME INC	c EIN-PN 43-1396933-001
a	Plan name	PUBLISHING CONCEPTS, INC. 401(K)	
b	Name of plan sponsor	PUBLISHING CONCEPTS, INC. 401(K) PL	c EIN-PN 71-0763356-001
a	Plan name	R.W. SIDLEY, INC. 401(K) PLAN AN	
b	Name of plan sponsor	R.W. SIDLEY, INC.	c EIN-PN 34-0529112-001
a	Plan name	RAILROAD MATERIALS SALVAGE, INC.	
b	Name of plan sponsor	RAILROAD MATERIALS SALVAGE INC.	c EIN-PN 43-1347150-001
a	Plan name	RENAL ASSOC PA 401(K) RETIREMENT	
b	Name of plan sponsor	RENAL ASSOCIATES, PA	c EIN-PN 77-2083988-001
a	Plan name	RIDEWELL CORPORATION	
b	Name of plan sponsor	RIDEWELL CORPORATION	c EIN-PN 43-0892699-001
a	Plan name	ROCKY MOUNTAIN SALES, INC. PUSD	
b	Name of plan sponsor	ROCKY MOUNTAIN SALES, INC	c EIN-PN 84-0606947-001
a	Plan name	ROSELAND 401K	
b	Name of plan sponsor	ROSELAND 401K	c EIN-PN 90-1018952-001
a	Plan name	ROTORK CONTROLS, INC	
b	Name of plan sponsor	ROTORK CONTROLS, INC	c EIN-PN 11-2135246-003
a	Plan name	SAUDER CUSTOM FABRICATION PUSD	
b	Name of plan sponsor	SAUDER CUSTOM FABRICATION INC	c EIN-PN 48-0933425-007
a	Plan name	SAVINGS PLAN FOR EMP OF HEITKAMP	
b	Name of plan sponsor	HEITKAMP, INC.	c EIN-PN 22-2384299-001
a	Plan name	SCHERZER & ASSOCIATES, INC. PUSD	
b	Name of plan sponsor	SCHERZER & ASSOCIATES, INC.	c EIN-PN 48-1130514-001

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	SEISMIC EXCHANGE, INC. PUSD	
b	Name of plan sponsor	SEISMIC EXCHANGE, INC. 401(K)	c EIN-PN 72-0765775-001
a	Plan name	SEKISUI DIAGNOSTICS LLC PUSD	
b	Name of plan sponsor	SEKISUI DIAGNOSTICS, LLC	c EIN-PN 27-4058664-001
a	Plan name	SEKISUI SPECIALTY CHEMICALS PUSD	
b	Name of plan sponsor	SEKISUI SPECIALTY CHEM AM LLC	c EIN-PN 80-0404851-001
a	Plan name	SEKISUI SPR AMERICAS LLC PUSD	
b	Name of plan sponsor	SEKISUI SPR AMERICAS, LLC	c EIN-PN 20-3258757-001
a	Plan name	SEKUISUI AMERICA CORPORATION PUS	
b	Name of plan sponsor	SEKISUI AMERICA CORPORATION	c EIN-PN 27-0087605-001
a	Plan name	SERVICE LLOYDS INSURANCE CO PUSD	
b	Name of plan sponsor	SERVICE LLOYDS INSURANCE COMPANY	c EIN-PN 74-2227733-001
a	Plan name	SHELBY GROUP PUSD	
b	Name of plan sponsor	SHELBY GROUP INTERNATIONAL INC	c EIN-PN 62-1237127-001
a	Plan name	SHR 401(K) PLAN PUSD	
b	Name of plan sponsor	SCEPTRE HOSP RESOURCES, LLC	c EIN-PN 90-0797342-001
a	Plan name	SIEGWERK USA COMPANY PUSD	
b	Name of plan sponsor	SIEGWERK USA COMPANY	c EIN-PN 30-0400502-001
a	Plan name	SIGNAL MEDIA CORPORATION PUSD	
b	Name of plan sponsor	SIGNAL MEDIA OF ARKANSAS, INC.	c EIN-PN 75-1731131-001
a	Plan name	SIMPLIFY COMPLIANCE PUSD	
b	Name of plan sponsor	SIMPLIFY COMPLIANCE401(K) PLAN	c EIN-PN 26-0753128-001
a	Plan name	SLAWSON COMPANIES, INC. PUSD	
b	Name of plan sponsor	SLAWSON COMPANIES, INC.	c EIN-PN 48-0943839-002

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	SMITH CONSTRUCTION COMPANY PUSD	
b	Name of plan sponsor	SMITH CONSTRUCTION COMPANY, INC.	c EIN-PN 48-0732591-001
a	Plan name	SOUTHERN BANCORP RETIREMENT PUSD	
b	Name of plan sponsor	SOUTHERN BANCORP	c EIN-PN 71-0646525-002
a	Plan name	SPICER JEFFRIES & CO LLP	
b	Name of plan sponsor	SPICER JEFFRIES & CO LLP	c EIN-PN 82-1210311-001
a	Plan name	STAMINA PRODUCTS, INC. PUSD	
b	Name of plan sponsor	STAMINA PRODUCTS, INC.	c EIN-PN 43-1546985-001
a	Plan name	STRUCTURAL AND STEEL PRODUCTS PU	
b	Name of plan sponsor	STRUCTURAL AND STEEL PRODUCTS	c EIN-PN 75-1302561-002
a	Plan name	SUBSEA 7 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	SUBSEA 7 (US) LLC	c EIN-PN 94-3425630-001
a	Plan name	SUPERIOR GEARBOX COMPANY PUSD	
b	Name of plan sponsor	SUPERIOR GEARBOX COMPANY	c EIN-PN 43-1078035-001
a	Plan name	TEAM INDUSTRIES 401(K) PLAN PUSD	
b	Name of plan sponsor	TEAM INDUSTRIES, INC.	c EIN-PN 41-1760698-001
a	Plan name	TEXAS SCENIC CO., INC. PUSD	
b	Name of plan sponsor	TEXAS SCENIC CO., INC.	c EIN-PN 74-1466429-001
a	Plan name	THE KORTH COMPANIES, INC. PUSD	
b	Name of plan sponsor	THE KORTH COMPANIES INC	c EIN-PN 52-1258384-001
a	Plan name	THE RIDEWELL CORPORATION PUSD	
b	Name of plan sponsor	RIDEWELL CORPORATION	c EIN-PN 43-0892699-001
a	Plan name	THE STUDDARD GRP 401(K) PLAN PUS	
b	Name of plan sponsor	JAMES B STUDDARD TRANS & STORAGE	c EIN-PN 48-0731630-003

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	TPC GROUP	
b Name of plan sponsor	TPC GROUP	c EIN-PN 86-1000076-001
a Plan name	TRIBE, INC. PUSD	
b Name of plan sponsor	TRIBE INC.	c EIN-PN 01-0655280-001
a Plan name	UNITED TEXAS CREDIT UNION 401(K)	
b Name of plan sponsor	UNITED TEXAS CREDIT UNION	c EIN-PN 74-1241284-002
a Plan name	VALLEY VIEW AGRI, LLC PUSD	
b Name of plan sponsor	VALLEY VIEW AGRI, LLC	c EIN-PN 46-1007888-001
a Plan name	WAYMATIC, INC. 401(K) PLAN PUSD	
b Name of plan sponsor	WAYMATIC, INC.	c EIN-PN 62-0728433-003
a Plan name	WEBER CARPET, INC. PUSD	
b Name of plan sponsor	WEBER CARPET, INC.	c EIN-PN 48-0878263-001
a Plan name	WEBER REFRIGERATION PUSD	
b Name of plan sponsor	WEBER REFRIGERATION & HEATING	c EIN-PN 48-0902732-001
a Plan name	WENGER MANUFACTURING, INC 401(K)	
b Name of plan sponsor	WENGER MANUFACTURING INC	c EIN-PN 48-0644991-002
a Plan name		
b Name of plan sponsor		c EIN-PN
a Plan name		
b Name of plan sponsor		c EIN-PN
a Plan name		
b Name of plan sponsor		c EIN-PN
a Plan name		
b Name of plan sponsor		c EIN-PN

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 10/01/2023 and ending 09/30/2024	
A Name of plan FIDUCIARY INVESTMENT TRUST CONSERVATIVE PORTFOLIO	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 COMERICA BANK & TRUST, NATIONAL ASSOCIATION	D Employer Identification Number (EIN) 47-6658632

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)	790270
		781521
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)	4873259
(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)	24770492
(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)	5479959
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	6299042
(15) Other.....	1c(15)	22295117
		5148540
		4461765

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	42213022	43051514
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h		
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j	36007	94053
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	36007	94053
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	42177015	42957461

Part II Income and Expense Statement

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

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers.....	2a(1)(A)		
(B) Participants.....	2a(1)(B)		
(C) Others (including rollovers).....	2a(1)(C)		
(2) Noncash contributions.....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		0
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)		
(B) U.S. Government securities.....	2b(1)(B)		
(C) Corporate debt instruments.....	2b(1)(C)		
(D) Loans (other than to participants).....	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)		
(F) Other.....	2b(1)(F)	179339	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		179339
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)		
(B) Common stock.....	2b(2)(B)	516529	
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)		
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		516529
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)	3767608	
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	3893748	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		-126140
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)	3998716	
(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)		1531061
(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)		-222260
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		5877245

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)		
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other.....	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		0
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions).....	2g		
h Interest expense.....	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)	19648	
(5) Investment advisory and investment management fees	2i(5)	223217	
(6) Bank or trust company trustee/custodial fees	2i(6)	41357	
(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)		284222
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		284222

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d.....	2k		5593023
l Transfers of assets:			
(1) To this plan.....	2l(1)		13764567
(2) From this plan	2l(2)		18577144

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 _____.