Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210-0110
1210-0089

2024

This Form is Open to Public Inspection

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

1a Name of plan
ABG INCOME CIF

1b Three-digit plan number (PN) ▶ 208

1c Effective date of plan 02/01/2019

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)
HAND BENEFITS & TRUST COMPANY

820 GESSNER ROAD
SUITE 1250
HOUSTON, TX 77024

2b Employer Identification Number (EIN)
74-2008758

2c Plan Sponsor's telephone number
713-460-1000

2d Business code (see instructions)
525920

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	Filed with authorized/valid electronic signature.	09/10/2025	BRYAN TAN
	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			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address ☐ Same as Plan Sponsor

HAND BENEFITS & TRUST COMPANY

820 GESSNER ROAD
SUITE 1250
HOUSTON, TX 77024

3b Administrator's EIN
74-2008758

3c Administrator's telephone number
713-460-1000

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	**6a(1)**	
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	
b	Retired or separated participants receiving benefits	**6b**	
c	Other retired or separated participants entitled to future benefits	**6c**	
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	0
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	
f	Total. Add lines **6d** and **6e**.	**6f**	
g(1)	Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	**6g(1)**	
g(2)	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g(2)**	
h	Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.	**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)** ☐ Insurance
- **(2)** ☐ Code section 412(e)(3) insurance contracts
- **(3)** ☐ Trust
- **(4)** ☐ General assets of the sponsor

9b Plan benefit arrangement (check all that apply)
- **(1)** ☐ Insurance
- **(2)** ☐ Code section 412(e)(3) insurance contracts
- **(3)** ☐ Trust
- **(4)** ☐ General assets of the sponsor

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)** ☐ **R** (Retirement Plan Information)
- **(2)** ☐ **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- **(3)** ☐ **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary
- **(4)** ☐ **DCG** (Individual Plan Information) – Number Attached _____
- **(5)** ☐ **MEP** (Multiple-Employer Retirement Plan Information)

b General Schedules
- **(1)** ☒ **H** (Financial Information)
- **(2)** ☐ **I** (Financial Information – Small Plan)
- **(3)** ☐ **A** (Insurance Information) – Number Attached 0
- **(4)** ☐ **C** (Service Provider Information)
- **(5)** ☒ **D** (DFE/Participating Plan Information)
- **(6)** ☐ **G** (Financial Transaction Schedules)

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)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

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

2024

This Form is Open to Public Inspection.

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

A Name of plan
ABG INCOME CIF

B Three-digit plan number (PN) ▶ 208

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
HAND BENEFITS & TRUST COMPANY

D Employer Identification Number (EIN)
74-2008758

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)

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

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

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

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

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

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

Part II **Information on Participating Plans (to be completed by DFEs, other than DCGs)**
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

a Plan name	GENTILE COMPANY LLC 401K PLAN		
b Name of plan sponsor	GENTILE COMPANY LLC	**c** EIN-PN	20-1977813-001
a Plan name	FEZZARI 401K PLAN		
b Name of plan sponsor	FEZZARI	**c** EIN-PN	20-2129099-001
a Plan name	TOWNE STORAGE 401K PLAN		
b Name of plan sponsor	TOWNE STORAGE	**c** EIN-PN	24-5711742-001
a Plan name	ALPINE SURGICAL LLC 401K PSP		
b Name of plan sponsor	ALPINE SURGICAL LLC	**c** EIN-PN	26-0723870-001
a Plan name	TEKNOS ASSOCIATES LLC 401K		
b Name of plan sponsor	TEKNOS ASSOCIATES LLC	**c** EIN-PN	26-3142073-001
a Plan name	FIELD THEORY CONSULT 401K		
b Name of plan sponsor	FIELD THEORY CONSULT	**c** EIN-PN	26-3182238-001
a Plan name	DAV ENERGY SOLUTIONS		
b Name of plan sponsor	DAV ENERGY SOLUTIONS	**c** EIN-PN	27-0857199-001
a Plan name	MADISON RETIREMENT FACILITY 401K PLAN		
b Name of plan sponsor	MADISON FACILITY	**c** EIN-PN	33-0324307-001
a Plan name	MOXIE RP		
b Name of plan sponsor	MOXIE	**c** EIN-PN	38-4027681-001
a Plan name	OTRBG 401K PLAN		
b Name of plan sponsor	OTRBG	**c** EIN-PN	45-3527390-001
a Plan name	MORRIS HASSON MD PC 401K PLAN		
b Name of plan sponsor	MORRIS HASSON MD PC	**c** EIN-PN	45-4523563-001
a Plan name	MS2 MEDICAL LLC 401K PLAN		
b Name of plan sponsor	MS2 MEDICAL LLC	**c** EIN-PN	45-5180041-001

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	ROBERT SIMMONS JUSTIN SINGER JEREMY GOLDSTEIN TTEE 5071 INC 401K RET PLAN		
b Name of plan sponsor	ROBERT SIMMONS JUSTIN SINGER JEREMY GOLDSTEIN	**c** EIN-PN	47-1042946-001
a Plan name	NATURES GRACE AND WELLNESS 401K		
b Name of plan sponsor	NATURES GRACE WELLNESS	**c** EIN-PN	47-1766682-001
a Plan name	KIVA BRANDS RP		
b Name of plan sponsor	KIVA BRANDS	**c** EIN-PN	47-1850549-001
a Plan name	TOWARD ZERO 401K PLAN		
b Name of plan sponsor	TOWARD ZERO	**c** EIN-PN	47-2676130-001
a Plan name	JEFFREY HYDE TTEE HYDE ORTHODONTICS 401K PLAN		
b Name of plan sponsor	JEFFREY HYDE HYDE ORTHODONTICS	**c** EIN-PN	61-1582067-001
a Plan name	HMS LLC 401K PLAN		
b Name of plan sponsor	HMS LLC	**c** EIN-PN	72-1335018-001
a Plan name	OLIVER GRAF CORY ROSIER SAM KRORRAM		
b Name of plan sponsor	OLIVER GRAF CORY ROSIER SAM KRORRAM	**c** EIN-PN	80-0552149-001
a Plan name	ASPYR RP		
b Name of plan sponsor	ASPYR	**c** EIN-PN	82-3678817-001
a Plan name	SAPPHIRE ENTERPRISES 401K PLAN		
b Name of plan sponsor	SAPPHIRE ENTERPRISES	**c** EIN-PN	82-3831756-001
a Plan name	MXY HOLDINGS LLC RP		
b Name of plan sponsor	MXY HOLDINGS LLC	**c** EIN-PN	82-3892239-001
a Plan name	CN LABOR MGMT WELFARE TRUST		
b Name of plan sponsor	CN LABOR MGMT WELFARE	**c** EIN-PN	83-2012122-001
a Plan name	KAISER INSTITUTE LLC 401K PLAN		
b Name of plan sponsor	KAISER INSTITUTE LLC	**c** EIN-PN	84-1473108-001

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	AKESO MEDICAL RP		
b Name of plan sponsor	AKESO MEDICAL	**c** EIN-PN	84-4210914-001
a Plan name	SEA TO SUMMIT NORTH AMER 401K		
b Name of plan sponsor	SEA TO SUMMIT NORTH AMER	**c** EIN-PN	84-4402670-001
a Plan name	DIESEL ELECTRIC SERVICE 401K		
b Name of plan sponsor	DIESEL ELECTRIC SERVICE	**c** EIN-PN	87-0222264-001
a Plan name	ALLEN RIGGS CRAIG CARR TTEE THE SYNERGY COMPANY OF UTAH LLC 401K PLAN		
b Name of plan sponsor	ALLEN RIGGS CRAIG CARR THE SYNERGY COMPANY OF UTAH	**c** EIN-PN	87-0497272-001
a Plan name	DEF CON 401K PLAN		
b Name of plan sponsor	DEF CON	**c** EIN-PN	91-1989061-001
a Plan name	WFMC HEALTH 401K PLAN		
b Name of plan sponsor	WFMC HEALTH	**c** EIN-PN	93-1180397-001
a Plan name	SURBER DRYWALL CONST INC 401K		
b Name of plan sponsor	SURBER DRYWALL CONST INC	**c** EIN-PN	94-3314177-001
a Plan name	THOMAS PARTITIONS 401K PLAN		
b Name of plan sponsor	THOMAS PARTITIONS	**c** EIN-PN	95-4253116-001
a Plan name	WEST LAKE CREEK CO 401K		
b Name of plan sponsor	WEST LAKE CREEK CO	**c** EIN-PN	95-4542952-001
a Plan name	RALENE CAVATAIO TTEE		
b Name of plan sponsor	RALENE CAVATAIO	**c** EIN-PN	83-4324018-001
a Plan name	DENNIS ZOBELL CHRIS MAUTZ W J ZOBELL TTEES ROCKY MOUNTAIN EBS INC EMPLOYEES 401K PSP		
b Name of plan sponsor	DENNIS ZOBELL CHRIS MAUTZ W J ZOBELL	**c** EIN-PN	87-6219913-001
a Plan name	SAVEDAILY FINANCIAL GROUP LLC		
b Name of plan sponsor	SAVEDAILY FINANCIAL GROUP LLC	**c** EIN-PN	04-3523567-001

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	TECHNOLOGY APPLICATIONS 401K		
b Name of plan sponsor	TECHNOLOGY APPLICATIONS	**c** EIN-PN	11-3643663-001
a Plan name	NEUMONT COLLEGE COMP SCI 401K		
b Name of plan sponsor	NEUMONT COLLEGE COMP SCI	**c** EIN-PN	13-4237385-001
a Plan name	VIET MAI MD 401K PLAN		
b Name of plan sponsor	VIET MAI MD	**c** EIN-PN	20-0674766-001
a Plan name	ELFSTER 401K PSP		
b Name of plan sponsor	ELFSTER	**c** EIN-PN	20-3301219-001
a Plan name	ALPINE LODGING RETIREMENT PL		
b Name of plan sponsor	ALPINE LODGING	**c** EIN-PN	26-3092637-001
a Plan name	SUSAN SHOLTIS JOHN NEWLAND TTEE PET IQ 401K PLAN		
b Name of plan sponsor	SUSAN SHOLTIS JOHN NEWLAND PET IQ	**c** EIN-PN	27-2951104-001
a Plan name	DPG SOLUTIONS PSP		
b Name of plan sponsor	DPG SOLUTIONS	**c** EIN-PN	45-1187965-001
a Plan name	ARTHRITIS RHEUMATOLOGY 401K		
b Name of plan sponsor	ARTHRITIS RHEUMATOLOGY	**c** EIN-PN	47-0883778-001
a Plan name	ZONIES LAW LLC 401K PLAN		
b Name of plan sponsor	ZONIES LAW LLC	**c** EIN-PN	47-5470898-001
a Plan name	THE GARDEN CITY COMPANY 401K		
b Name of plan sponsor	THE GARDEN CITY COMPANY	**c** EIN-PN	48-0231760-001
a Plan name	CENTER FOR FOOD SAFETY 401K PL		
b Name of plan sponsor	CENTER FOR FOOD SAFETY	**c** EIN-PN	52-2165893-001
a Plan name	GEORGE KIRBY MAYFIELD TTEE		
b Name of plan sponsor	GEORGE KIRBY MAYFIELD	**c** EIN-PN	64-0610464-001

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	PURE CASTINGS COMPANY 401K PLAN		
b Name of plan sponsor	PURE CASTINGS COMPANY	**c** EIN-PN	74-1810162-333
a Plan name	VARIPHY INC 401K PLAN		
b Name of plan sponsor	VARIPHY INC	**c** EIN-PN	75-3178007-001
a Plan name	CSBO HOLDINGS INC 401K AND ESOP PLAN		
b Name of plan sponsor	CSBO HOLDINGS INC	**c** EIN-PN	81-1282946-001
a Plan name	ALVA SLATER HOLDINGS 401K		
b Name of plan sponsor	ALVA SLATER HOLDINGS	**c** EIN-PN	82-4246538-001
a Plan name	LISA M WRIGHT KRISTIANA WRIGHT TTEE FLOWRA 401K PLAN		
b Name of plan sponsor	LISA M WRIGHT KRISTIANA WRIGHT FLOWRA	**c** EIN-PN	82-4397776-001
a Plan name	CERES POLICY RESEARCH RET PLAN		
b Name of plan sponsor	CERES POLICY RESEARCH	**c** EIN-PN	82-5355257-001
a Plan name	MICHELLE FRESHWATER TTEE		
b Name of plan sponsor	MICHELLE FRESHWATER	**c** EIN-PN	83-0737742-001
a Plan name	RDI 401K PLAN		
b Name of plan sponsor	RDI	**c** EIN-PN	84-1242746-001
a Plan name	EB MONTESSORI		
b Name of plan sponsor	EMPLOYEE MONTESSORI	**c** EIN-PN	84-1245215-001
a Plan name	COLORADO SPRINGS WORLD 401K		
b Name of plan sponsor	COLORADO SPRINGS WORLD	**c** EIN-PN	84-1264465-001
a Plan name	HORIZON UTAH FEDERAL CU 401K		
b Name of plan sponsor	HORIZON UTAH FEDERAL CU	**c** EIN-PN	87-0262310-001
a Plan name	CUTRUBUS AUTOMOTIVE RET PLAN		
b Name of plan sponsor	CUTRUBUS AUTOMOTIVE	**c** EIN-PN	87-0266965-001

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	FREE AND ASSOCIATES 401K PLAN		
b Name of plan sponsor	FREE ASSOCIATES	**c** EIN-PN	87-0351108-001
a Plan name	MORGAN PAVEMENT MAINT 401K		
b Name of plan sponsor	MORGAN PAVEMENT MAINT	**c** EIN-PN	87-0446049-001
a Plan name	MISSION SUPPORT INC 401K PSP		
b Name of plan sponsor	MISSION SUPPORT INC	**c** EIN-PN	87-0452299-001
a Plan name	JAMES G WENDLER R PATRICK JOHNSON RYAN PARK TTEE PRECISION AUTOMATED TECHNOLOGY INC RSP		
b Name of plan sponsor	JAMES G WENDLER R PATRICK JOHNSON RYAN	**c** EIN-PN	87-0522782-001
a Plan name	DOUBLE E CONSTRUCTION 401K PSP		
b Name of plan sponsor	DOUBLE E CONSTRUCTION	**c** EIN-PN	87-0571480-001
a Plan name	JAMES SIELATYCKI		
b Name of plan sponsor	JAMES SIELATYCKI	**c** EIN-PN	87-0574076-001
a Plan name	AAA DISASTER SERVICES 401K		
b Name of plan sponsor	AAA DISASTER SERVICES	**c** EIN-PN	87-0654821-001
a Plan name	CENTERVILLE CITY CORP MONEY PP		
b Name of plan sponsor	CENTERVILLE CITY CORP PP	**c** EIN-PN	87-6000905-001
a Plan name	ELLISON RANCHING COMPANY 401K RP		
b Name of plan sponsor	ELLISON RANCHING COMPANY	**c** EIN-PN	88-0059728-001
a Plan name	CSG CONSULTANTS INC 401K PLAN		
b Name of plan sponsor	CSG CONSULTANTS INC	**c** EIN-PN	91-2053749-001
a Plan name	RURAL WATER ASSOC OF UTAH PLAN		
b Name of plan sponsor	RURAL WATER ASSOC OF UTAH	**c** EIN-PN	94-2716320-001
a Plan name	FRANCES D O'SULLIVAN ROBERT LYNCH T		
b Name of plan sponsor	FRANCES D O'SULLIVAN ROBERT LYNCH T	**c** EIN-PN	94-2945652-003

Part II **Information on Participating Plans (to be completed by DFEs, other than DCGs)**
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a Plan name	INTERVENTIONAL CARDIOLOGY PSP		
b Name of plan sponsor	INTERVENTIONAL CARDIOLOGY	**c** EIN-PN	95-4096395-001
a Plan name	BRIAN SYBERT TTEE CONSERVATION LANDS FNDTN 401K PLAN		
b Name of plan sponsor	BRIAN SYBERT CONSERVATION LANDS FNDTN	**c** EIN-PN	20-8924520-001
a Plan name	IRENE RICHARDSON TAMI LOVE TTEES MEMORIAL HOSPITAL OF SWEETWATER COUNTY RP		
b Name of plan sponsor	MEMORIAL HOSPITAL OF SWEETWATER COUNTY	**c** EIN-PN	83-9000259-001
a Plan name	DAVID C TOLLER VIRGIL C TOLLER TTEE		
b Name of plan sponsor	DAVID C TOLLER VIRGIL C TOLLER	**c** EIN-PN	87-0361376-001
a Plan name	SAVEDAILY FINANCIAL GROUP LLC		
b Name of plan sponsor	SAVEDAILY FINANCIAL GROUP LLC	**c** EIN-PN	04-3523567-001
a Plan name	AKESO MEDICAL RP		
b Name of plan sponsor	AKESO MEDICAL	**c** EIN-PN	84-4210914-001
a Plan name	ALPINE SURGICAL LLC 401K PSP		
b Name of plan sponsor	ALPINE SURGICAL LLC	**c** EIN-PN	26-0723870-001
a Plan name	ASPYR RP		
b Name of plan sponsor	ASPYR	**c** EIN-PN	82-3678817-001
a Plan name	BRASHER LAW FIRM PLLC ROTH 401K		
b Name of plan sponsor	BRASHER LAW FIRM PLLC ROTH	**c** EIN-PN	45-3145065-001
a Plan name	CN LABOR MGMT WELFARE TRUST		
b Name of plan sponsor	CN LABOR MGMT WELFARE	**c** EIN-PN	83-2012122-001
a Plan name	COLOSCAPES CONCRETE 401 K PLAN		
b Name of plan sponsor	COLOSCAPES CONCRETE	**c** EIN-PN	56-2465276-001
a Plan name	DAV ENERGY SOLUTIONS		
b Name of plan sponsor	DAV ENERGY SOLUTIONS	**c** EIN-PN	27-0857199-001

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	DEF CON 401K PLAN		
b Name of plan sponsor	DEF CON	**c** EIN-PN	91-1989061-001
a Plan name	DIESEL ELECTRIC SERVICE 401K		
b Name of plan sponsor	DIESEL ELECTRIC SERVICE	**c** EIN-PN	87-0222264-001
a Plan name	FEZZARI 401K PLAN		
b Name of plan sponsor	FEZZARI	**c** EIN-PN	20-2129099-001
a Plan name	FIELD THEORY CONSULT 401K		
b Name of plan sponsor	FIELD THEORY CONSULT	**c** EIN-PN	26-3182238-001
a Plan name	GENTILE COMPANY LLC 401K PLAN		
b Name of plan sponsor	GENTILE COMPANY LLC	**c** EIN-PN	20-1977813-001
a Plan name	HMS LLC 401K PLAN		
b Name of plan sponsor	HMS LLC	**c** EIN-PN	72-1335018-001
a Plan name	IDAHO WEIGHT LOSS 401K		
b Name of plan sponsor	IDAHO WEIGHT LOSS	**c** EIN-PN	82-1965956-001
a Plan name	KAISER INSTITUTE LLC 401K PLAN		
b Name of plan sponsor	KAISER INSTITUTE LLC	**c** EIN-PN	84-1473108-001
a Plan name	KIVA BRANDS RP		
b Name of plan sponsor	KIVA BRANDS	**c** EIN-PN	47-1850549-001
a Plan name	MADISON RETIREMENT FACILITY 401K PLAN		
b Name of plan sponsor	MADISON FACILITY	**c** EIN-PN	33-0324307-001
a Plan name	MATRIX TRUST COMPANY		
b Name of plan sponsor	MATRIX COMPANY	**c** EIN-PN	82-3831756-001
a Plan name	MILE HIGH CORNEAL 401K PSP		
b Name of plan sponsor	MILE HIGH CORNEAL	**c** EIN-PN	26-3039835-001

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	MORRIS HASSON MD PC 401K PLAN		
b Name of plan sponsor	MORRIS HASSON MD PC	**c** EIN-PN	45-4523563-001
a Plan name	MOXIE RP		
b Name of plan sponsor	MOXIE	**c** EIN-PN	38-4027681-001
a Plan name	MS2 MEDICAL LLC 401K PLAN		
b Name of plan sponsor	MS2 MEDICAL LLC	**c** EIN-PN	45-5180041-001
a Plan name	MXY HOLDINGS LLC RP		
b Name of plan sponsor	MXY HOLDINGS LLC	**c** EIN-PN	82-3892239-001
a Plan name	NATURES GRACE AND WELLNESS 401K		
b Name of plan sponsor	NATURES GRACE WELLNESS	**c** EIN-PN	47-1766682-001
a Plan name	NFS LLC ALLEN RIGGS CRAIG CARR TTEE THE SYN		
b Name of plan sponsor	ALLEN RIGGS CRAIG CARR THE SYN	**c** EIN-PN	87-0497272-001
a Plan name	NFS LLC DENNIS ZOBELL CHRIS MAUTZ W J ZOBELL TTEES ROCKY MOUNTAIN EB INC EMPLOYEES 401K PSP		
b Name of plan sponsor	ROCKY MOUNTAIN BENEFITS INC	**c** EIN-PN	87-6219913-001
a Plan name	NFS LLC JEFFREY HYDE TTEE HYDE ORTHODONTICS 401K PLAN		
b Name of plan sponsor	JEFFREY HYDE HYDE ORTHODONTICS	**c** EIN-PN	61-1582067-001
a Plan name	NFS LLC OLIVER GRAF CORY ROSIER SAM KRORRAM		
b Name of plan sponsor	OLIVER GRAF CORY ROSIER SAM KRORRAM	**c** EIN-PN	80-0552149-001
a Plan name	NFS LLC RALENE CAVATAIO TTEE		
b Name of plan sponsor	RALENE CAVATAIO	**c** EIN-PN	83-4324018-001
a Plan name	NFS LLC ROBERT SIMMONS JUSTIN SINGER JEREMY GOLDSTEIN TTEE 5071 INC 401K RET PLAN		
b Name of plan sponsor	ROBERT SIMMONS JUSTIN SINGER JEREMY GOLDSTEIN 5071 INC	**c** EIN-PN	47-1042946-001
a Plan name	NFS LLC SAVEDAILY FINANCIAL GROUP LLC		
b Name of plan sponsor	SAVEDAILY FINANCIAL GROUP LLC	**c** EIN-PN	04-3523567-001

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	OTRBG 401K PLAN		
b Name of plan sponsor	OTRBG	**c** EIN-PN	45-3527390-001
a Plan name	SEA TO SUMMIT NORTH AMER 401K		
b Name of plan sponsor	SEA TO SUMMIT NORTH AMER	**c** EIN-PN	84-4402670-001
a Plan name	SURBER DRYWALL CONST INC 401K		
b Name of plan sponsor	SURBER DRYWALL CONST INC	**c** EIN-PN	94-3314177-001
a Plan name	TEKNOS ASSOCIATES LLC 401K		
b Name of plan sponsor	TEKNOS ASSOCIATES LLC	**c** EIN-PN	26-3142073-001
a Plan name	TOWARD ZERO 401K PLAN		
b Name of plan sponsor	TOWARD ZERO	**c** EIN-PN	47-2676130-001
a Plan name	TOWNE STORAGE 401K PLAN		
b Name of plan sponsor	TOWNE STORAGE	**c** EIN-PN	24-5711742-001
a Plan name	WEST LAKE CREEK CO 401K		
b Name of plan sponsor	WEST LAKE CREEK CO	**c** EIN-PN	95-4542952-001
a Plan name	WFMC HEALTH 401K PLAN		
b Name of plan sponsor	WFMC HEALTH	**c** EIN-PN	93-1180397-001
a Plan name	AAA DISASTER SERVICES 401K		
b Name of plan sponsor	AAA DISASTER SERVICES	**c** EIN-PN	87-0654821-001
a Plan name	ALPINE LODGING RETIREMENT PL		
b Name of plan sponsor	ALPINE LODGING	**c** EIN-PN	26-3092637-001
a Plan name	ARTHRITIS RHEUMATOLOGY 401K		
b Name of plan sponsor	ARTHRITIS RHEUMATOLOGY	**c** EIN-PN	47-0883778-001
a Plan name	CENTER FOR FOOD SAFETY 401K PL		
b Name of plan sponsor	CENTER FOR FOOD SAFETY	**c** EIN-PN	52-2165893-001

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	CENTERVILLE CITY CORP MONEY PP		
b Name of plan sponsor	CENTERVILLE CITY CORP PP	**c** EIN-PN	87-6000905-001
a Plan name	CERES POLICY RESEARCH RET PLAN		
b Name of plan sponsor	CERES POLICY RESEARCH	**c** EIN-PN	82-5355257-001
a Plan name	CHROMATOGRAPHY INSTITUTE 401K		
b Name of plan sponsor	CHROMATOGRAPHY INSTITUTE	**c** EIN-PN	20-3732654-001
a Plan name	COLORADO SPRINGS WORLD 401K		
b Name of plan sponsor	COLORADO SPRINGS WORLD	**c** EIN-PN	84-1264465-001
a Plan name	CSBO HOLDINGS INC 401K AND ESOP PLAN		
b Name of plan sponsor	CSBO HOLDINGS INC	**c** EIN-PN	81-1282946-001
a Plan name	CSG CONSULTANTS INC 401K PLAN		
b Name of plan sponsor	CSG CONSULTANTS INC	**c** EIN-PN	91-2053749-001
a Plan name	CUTRUBUS AUTOMOTIVE RET PLAN		
b Name of plan sponsor	CUTRUBUS AUTOMOTIVE	**c** EIN-PN	87-0266965-001
a Plan name	DOUBLE E CONSTRUCTION 401K PSP		
b Name of plan sponsor	DOUBLE E CONSTRUCTION	**c** EIN-PN	87-0571480-001
a Plan name	DPG SOLUTIONS PSP		
b Name of plan sponsor	DPG SOLUTIONS	**c** EIN-PN	45-1187965-001
a Plan name	ELFSTER 401K PSP		
b Name of plan sponsor	ELFSTER	**c** EIN-PN	20-3301219-001
a Plan name	ELLISON RANCHING COMPANY 401K RP		
b Name of plan sponsor	ELLISON RANCHING COMPANY	**c** EIN-PN	88-0059728-001
a Plan name	EMPLOYEE BENEFIT MONTESSORI		
b Name of plan sponsor	MONTESSORI	**c** EIN-PN	84-1245215-001

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	FREE AND ASSOCIATES 401K PLAN		
b Name of plan sponsor	FREE ASSOCIATES	**c** EIN-PN	87-0351108-001
a Plan name	HORIZON UTAH FEDERAL CU 401K		
b Name of plan sponsor	HORIZON UTAH FEDERAL CU	**c** EIN-PN	87-0262310-001
a Plan name	INTERVENTIONAL CARDIOLOGY PSP		
b Name of plan sponsor	INTERVENTIONAL CARDIOLOGY	**c** EIN-PN	95-4096395-001
a Plan name	MORGAN PAVEMENT MAINT 401K		
b Name of plan sponsor	MORGAN PAVEMENT MAINT	**c** EIN-PN	87-0446049-001
a Plan name	NEUMONT COLLEGE COMP SCI 401K		
b Name of plan sponsor	NEUMONT COLLEGE COMP SCI	**c** EIN-PN	13-4237385-001
a Plan name	NFS LLC BRIAN SYBERT TTEE CONSERVATION LANDS FNDTN 401K PLAN		
b Name of plan sponsor	BRIAN SYBERT CONSERVATION LANDS FNDTN	**c** EIN-PN	20-8924520-001
a Plan name	NFS LLC DAVID C TOLLER VIRGIL C TOLLER TTEE		
b Name of plan sponsor	DAVID C TOLLER VIRGIL C TOLLER	**c** EIN-PN	87-0361376-001
a Plan name	NFS LLC FRANCES D O'SULLIVAN ROBERT LYNCH T		
b Name of plan sponsor	FRANCES D O'SULLIVAN ROBERT LYNCH T	**c** EIN-PN	94-2945652-003
a Plan name	NFS LLC GEORGE KIRBY MAYFIELD TTEE		
b Name of plan sponsor	GEORGE KIRBY MAYFIELD	**c** EIN-PN	64-0610464-001
a Plan name	NFS LLC IRENE RICHARDSON		
b Name of plan sponsor	IRENE RICHARDSON	**c** EIN-PN	83-9000259-001
a Plan name	NFS LLC JAKE FONNESBECK TTEE		
b Name of plan sponsor	JAKE FONNESBECK	**c** EIN-PN	47-3643625-001
a Plan name	NFS LLC JAMES G WENDLER R PATRICK JOHNSON RYAN PARK TTEE PAT INC RSP		
b Name of plan sponsor	PRECISION AUTOMATED TECHNOLOGY INC	**c** EIN-PN	87-0522782-001

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	NFS LLC JAMES SIELATYCKI		
b Name of plan sponsor	JAMES SIELATYCKI	**c** EIN-PN	87-0574076-001
a Plan name	NFS LLC LISA M WRIGHT KRISTIANA WRIGHT TTEE FLOWRA 401K PLAN		
b Name of plan sponsor	FLOWRA INC	**c** EIN-PN	82-4397776-001
a Plan name	NFS LLC MICHELLE FRESHWATER TTEE		
b Name of plan sponsor	MICHELLE FRESHWATER	**c** EIN-PN	83-0737742-001
a Plan name	NFS LLC SAVEDAILY FINANCIAL GROUP LLC		
b Name of plan sponsor	SAVEDAILY FINANCIAL GROUP LLC	**c** EIN-PN	04-3523567-001
a Plan name	NFS LLC SUSAN SHOLTIS		
b Name of plan sponsor	SUSAN SHOLTIS	**c** EIN-PN	27-2951104-001
a Plan name	PURE CASTINGS COMPANY 401K PLAN		
b Name of plan sponsor	PURE CASTINGS COMPANY	**c** EIN-PN	74-1810162-333
a Plan name	RURAL WATER ASSOC OF UTAH PLAN		
b Name of plan sponsor	RURAL WATER ASSOC OF UTAH	**c** EIN-PN	94-2716320-001
a Plan name	TECHNOLOGY APPLICATIONS 401K		
b Name of plan sponsor	TECHNOLOGY APPLICATIONS	**c** EIN-PN	11-3643663-001
a Plan name	THE GARDEN CITY COMPANY 401K		
b Name of plan sponsor	THE GARDEN CITY COMPANY	**c** EIN-PN	48-0231760-001
a Plan name	VARIPHY INC 401K PLAN		
b Name of plan sponsor	VARIPHY INC	**c** EIN-PN	75-3178007-001
a Plan name	VIET MAI MD 401K PLAN		
b Name of plan sponsor	VIET MAI MD	**c** EIN-PN	20-0674766-001
a Plan name	ZONIES LAW LLC 401K PLAN		
b Name of plan sponsor	ZONIES LAW LLC	**c** EIN-PN	47-5470898-001

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	NFS LLC DENNIS ZOBELL CHRIS MAUTZ W J ZOBELL TTEES SHARING PLAN		
b Name of plan sponsor	NFS LLC DENNIS ZOBELL CHRIS MAUTZ W J ZOBELL	**c** EIN-PN	87-6219913-001
a Plan name	NFS LLC JEFFREY HYDE TTEE		
b Name of plan sponsor	NFS LLC JEFFREY HYDE	**c** EIN-PN	61-1582067-001
a Plan name	NFS LLC SAVEDAILY FINANCIAL GROUP LLC		
b Name of plan sponsor	NFS LLC EDAILY FINANCIAL GROUP LLC	**c** EIN-PN	04-3523567-001
a Plan name	NFS LLC OLIVER GRAF CORY ROSIER SAM KRORRAM		
b Name of plan sponsor	NFS LLC OLIVER GRAF CORY ROSIER SAM RORRAM	**c** EIN-PN	80-0552149-001
a Plan name	NFS LLC ALLEN RIGGS CRAIG CARR TTEE THE SYN		
b Name of plan sponsor	NFS LLC ALLEN RIGGS CRAIG CARR THE SYN	**c** EIN-PN	87-0497272-001
a Plan name	MATRIX TRUST COMPANY CUST FBO BRASHER LAW FIRM PLLC ROTH 401K		
b Name of plan sponsor	MAIX COMPANY CUST FBO BRASHER LAW FIRM LC ROTH	**c** EIN-PN	45-3145065-001
a Plan name	MATRIX TRUST COMPANY CUST FBO NATURES GRACE AND WELLNESS 401K		
b Name of plan sponsor	MAIX COMPANY CUST FBO NATURES GRACE WELLNESS	**c** EIN-PN	47-1766682-001
a Plan name	NFS LLC ROBERT SIMMONS JUSTIN SINGER JEREMY GOLDSTEIN TTEE 5071 INC 401K RET PLAN		
b Name of plan sponsor	NFS LLC ROBERT SIMMONS JUSTIN SINGER JEREMY GOLDSTEIN	**c** EIN-PN	47-1042946-001
a Plan name	MATRIX TRUST COMPANY CUST FBO MOXIE RETIREMENT PLAN		
b Name of plan sponsor	MAIX COMPANY CUST FBO MOXIE	**c** EIN-PN	38-4027681-001
a Plan name	MATRIX TRUST COMPANY CUST FBO KIVA BRANDS RETIREMENT PLAN		
b Name of plan sponsor	MAIX COMPANY CUST FBO IVA BRS	**c** EIN-PN	47-1850549-001
a Plan name	NFS LLC RALENE CAVATAIO TTEE		
b Name of plan sponsor	NFS LLC RALENE CAVATAIO	**c** EIN-PN	83-4324018-001
a Plan name	ASPYR RETIREMENT PLAN		
b Name of plan sponsor	ASPYR	**c** EIN-PN	82-3678817-001

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	MADISON RETIREMENT FACILITY 401K PLAN		
b Name of plan sponsor	MADISON FACILITY	**c** EIN-PN	33-0324307-001
a Plan name	MATRIX TRUST COMPANY AS AGENT FOR		
b Name of plan sponsor	MAIX COMPANY AS AGENT FOR	**c** EIN-PN	82-3831756-001
a Plan name	COLOSCAPES CONCRETE 401 K PLAN		
b Name of plan sponsor	COLOSCAPES CONCE	**c** EIN-PN	56-2465276-001
a Plan name	TOWARD ZERO 401K PLAN		
b Name of plan sponsor	TOWARD ZERO	**c** EIN-PN	47-2676130-001
a Plan name	HMS LLC 401K PLAN		
b Name of plan sponsor	HMS LLC	**c** EIN-PN	72-1335018-001
a Plan name	DAV ENERGY SOLUTIONS		
b Name of plan sponsor	DAV ENERGY SOLUTIONS	**c** EIN-PN	27-0857199-001
a Plan name	SURBER DRYWALL CONST INC 401K		
b Name of plan sponsor	SURBER DRYWALL CONST INC	**c** EIN-PN	94-3314177-001
a Plan name	CN LABOR MGMT WELFARE TRUST		
b Name of plan sponsor	CN LABOR MGMT WELFARE	**c** EIN-PN	83-2012122-001
a Plan name	THOMAS PARTITIONS 401K PLAN		
b Name of plan sponsor	THOMAS PARTITIONS	**c** EIN-PN	95-4253116-001
a Plan name	WFMC HEALTH 401K PLAN		
b Name of plan sponsor	WFMC HEALTH	**c** EIN-PN	93-1180397-001
a Plan name	SEA TO SUMMIT NORTH AMER 401K		
b Name of plan sponsor	SEA TO SUMMIT NORTH AMER	**c** EIN-PN	84-4402670-001
a Plan name	FEZZARI 401K PLAN		
b Name of plan sponsor	FEZZARI	**c** EIN-PN	20-2129099-001

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	OTRBG 401K PLAN		
b Name of plan sponsor	OBG	**c** EIN-PN	45-3527390-001
a Plan name	TOWNE STORAGE 401K PLAN		
b Name of plan sponsor	TOWNE STORAGE	**c** EIN-PN	24-5711742-001
a Plan name	DEF CON 401K PLAN		
b Name of plan sponsor	DEF CON	**c** EIN-PN	91-1989061-001
a Plan name	MORRIS HASSON MD PC 401K PLAN		
b Name of plan sponsor	MORRIS HASSON MD PC	**c** EIN-PN	45-4523563-001
a Plan name	MILE HIGH CORNEAL 401K PSP		
b Name of plan sponsor	MILE HIGH CORNEAL	**c** EIN-PN	26-3039835-001
a Plan name	KAISER INSTITUTE LLC 401K PLAN		
b Name of plan sponsor	AISER INSTITUTE LLC	**c** EIN-PN	84-1473108-001
a Plan name	WEST LAKE CREEK CO 401K		
b Name of plan sponsor	WEST LAE CREE CO	**c** EIN-PN	95-4542952-001
a Plan name	MS2 MEDICAL LLC 401K PLAN		
b Name of plan sponsor	MS2 MEDICAL LLC	**c** EIN-PN	45-5180041-001
a Plan name	NFS LLC FRANCES D O'SULLIVAN ROBERT LYNCH T		
b Name of plan sponsor	NFS LLC FRANCES D O'SULLIVAN ROBERT LYNCH T	**c** EIN-PN	94-2945652-003
a Plan name	NFS LLC IRENE RICHARDSON		
b Name of plan sponsor	NFS LLC IRENE RICHARDSON	**c** EIN-PN	83-9000259-001
a Plan name	NFS LLC DAVID C TOLLER VIRGIL C TOLLER TTEE		
b Name of plan sponsor	NFS LLC DAVID C TOLLER VIRGIL C TOLLER	**c** EIN-PN	87-0361376-001
a Plan name	NFS LLC MICHELLE FRESHWATER TTEE		
b Name of plan sponsor	NFS LLC MICHELLE FRESHWATER	**c** EIN-PN	83-0737742-001

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	NFS LLC JAKE FONNESBECK TTEE		
b Name of plan sponsor	NFS LLC JAE FONNESBEC	**c** EIN-PN	47-3643625-001
a Plan name	NFS LLC SAVEDAILY FINANCIAL GROUP LLC		
b Name of plan sponsor	NFS LLC EDAILY FINANCIAL GROUP LLC	**c** EIN-PN	04-3523567-001
a Plan name	NFS LLC JAMES SIELATYCKI		
b Name of plan sponsor	NFS LLC JAMES SIELATYCI	**c** EIN-PN	87-0574076-001
a Plan name	NFS LLC JAMES G WENDLER R PATRICK JOHNSON RYAN PARK TTEE RSP		
b Name of plan sponsor	JAMES G WENDLER R PAIC JOHNSON RYAN PAR INC	**c** EIN-PN	87-0522782-001
a Plan name	NFS LLC SUSAN SHOLTIS		
b Name of plan sponsor	NFS LLC SUSAN SHOLTIS	**c** EIN-PN	27-2951104-001
a Plan name	NFS LLC GEORGE KIRBY MAYFIELD TTEE		
b Name of plan sponsor	NFS LLC GEORGE IRBY MAYFIELD	**c** EIN-PN	64-0610464-001
a Plan name	MATRIX TRUST COMPANY FBO CSBO HOLDINGS INC 401K AND ESOP PLAN		
b Name of plan sponsor	MAIX COMPANY FBO CSBO HOLDINGS INC	**c** EIN-PN	81-1282946-001
a Plan name	MATRIX TRUST COMPANY FBO ELLISON RANCHING COMPANY 401K RETIREMENT PLAN		
b Name of plan sponsor	MAIX COMPANY FBO ELLISON RANCHING COMPANY	**c** EIN-PN	88-0059728-001
a Plan name	NFS LLC LISA M WRIGHT KRISTIANA WRIGHT TTEE FLOWRA 401K PLAN		
b Name of plan sponsor	NFS LLC LISA M WRIGHT RISTIANA WRIGHT FLOWRA	**c** EIN-PN	82-4397776-001
a Plan name	NFS LLC BRIAN SYBERT TTEE CONSERVATION LANDS FNDTN 401K PLAN		
b Name of plan sponsor	NFS LLC BRIAN SYBERT CONSERVATION LS FNDTN	**c** EIN-PN	20-8924520-001
a Plan name	MATRIX TRUST COMPANY FBO ZONIES LAW LLC 401K PLAN		
b Name of plan sponsor	MAIX COMPANY FBO ZONIES LAW LLC	**c** EIN-PN	47-5470898-001
a Plan name	PURE CASTINGS COMPANY 401K PLAN		
b Name of plan sponsor	PURE CASTINGS COMPANY	**c** EIN-PN	74-1810162-333

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	CERES POLICY RESEARCH RET PLAN		
b Name of plan sponsor	CERES POLICY RESEARCH	**c** EIN-PN	82-5355257-001
a Plan name	VARIPHY INC 401K PLAN		
b Name of plan sponsor	VARIPHY INC	**c** EIN-PN	75-3178007-001
a Plan name	VIET MAI MD 401K PLAN		
b Name of plan sponsor	VIET MAI MD	**c** EIN-PN	20-0674766-001
a Plan name	CSG CONSULTANTS INC 401K PLAN		
b Name of plan sponsor	CSG CONSULTANTS INC	**c** EIN-PN	91-2053749-001
a Plan name	CENTERVILLE CITY CORP MONEY PP		
b Name of plan sponsor	CENTERVILLE CITY CORP PP	**c** EIN-PN	87-6000905-001
a Plan name	HORIZON UTAH FEDERAL CU 401K		
b Name of plan sponsor	HORIZON UTAH FEDERAL CU	**c** EIN-PN	87-0262310-001
a Plan name	RURAL WATER ASSOC OF UTAH PLAN		
b Name of plan sponsor	RURAL WATER ASSOC OF UTAH	**c** EIN-PN	94-2716320-001
a Plan name	DOUBLE E CONSTRUCTION 401K PSP		
b Name of plan sponsor	DOUBLE E CONSUCTION	**c** EIN-PN	87-0571480-001
a Plan name	COLORADO SPRINGS WORLD 401K		
b Name of plan sponsor	COLORADO SPRINGS WORLD	**c** EIN-PN	84-1264465-001
a Plan name	NEUMONT COLLEGE COMP SCI 401K		
b Name of plan sponsor	NEUMONT COLLEGE COMP SCI	**c** EIN-PN	13-4237385-001
a Plan name	TECHNOLOGY APPLICATIONS 401K		
b Name of plan sponsor	TECHNOLOGY APICATIONS	**c** EIN-PN	11-3643663-001
a Plan name	THE GARDEN CITY COMPANY 401K		
b Name of plan sponsor	THE GARDEN CITY COMPANY	**c** EIN-PN	48-0231760-001

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	CENTER FOR FOOD SAFETY 401K PL		
b Name of plan sponsor	CENTER FOR FOOD SAFETY	**c** EIN-PN	52-2165893-001
a Plan name	DPG SOLUTIONS PSP		
b Name of plan sponsor	DPG SOLUTIONS	**c** EIN-PN	45-1187965-001
a Plan name	ELFSTER 401K PSP		
b Name of plan sponsor	ELFSTER	**c** EIN-PN	20-3301219-001
a Plan name	ALPINE LODGING RETIREMENT PL		
b Name of plan sponsor	ALPINE LODGING	**c** EIN-PN	26-3092637-001
a Plan name	EMPLOYEE BENEFIT MONTESSORI		
b Name of plan sponsor	EMOYEE MONTESSORI	**c** EIN-PN	84-1245215-001
a Plan name	CHROMATOGRAPHY INSTITUTE 401K		
b Name of plan sponsor	CHROMATOGRAPHY INSTITUTE	**c** EIN-PN	20-3732654-001
a Plan name			
b Name of plan sponsor		**c** EIN-PN	
a Plan name			
b Name of plan sponsor		**c** EIN-PN	
a Plan name			
b Name of plan sponsor		**c** EIN-PN	
a Plan name			
b Name of plan sponsor		**c** EIN-PN	
a Plan name			
b Name of plan sponsor		**c** EIN-PN	
a Plan name			
b Name of plan sponsor		**c** EIN-PN	

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

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

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

A Name of plan
ABG INCOME CIF

B Three-digit plan number (PN) ▶ 208

C Plan sponsor's name as shown on line 2a of Form 5500
HAND BENEFITS & TRUST COMPANY

D Employer Identification Number (EIN)
74-2008758

Part I Asset and Liability Statement

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.

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	0	0
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	15292	429
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	0	0
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)	6261919	4381378
(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)	22466354	14340750
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)	0	0

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(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	28743565	18722557
Liabilities			
g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j	9679	7812
k Total liabilities (add all amounts in lines 1g through1j)	1k	9679	7812
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	28733886	18714745

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)		
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		0
(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)	639240	
(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)		639240
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)	24888111	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	23697964	
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		1190147
(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	345270	
(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		345270

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		2174657
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)		
(5) Investment advisory and investment management fees	2i(5)		
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)	18340	
(11) Other expenses	2i(11)	54208	
(12) Total administrative expenses. Add lines **2i(1)** through **(11)**	2i(12)		72548
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		72548
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		2102109
l Transfers of assets:			
(1) To this plan	2l(1)		4851054
(2) From this plan	2l(2)		16972304

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.)	**4a**			
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.)	**4b**			
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.)	**4c**			
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.)	**4d**			
e Was this plan covered by a fidelity bond?	**4e**			
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	**4f**			
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?	**4g**			
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?	**4h**			
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	**4i**			
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.)	**4j**			
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	**4k**			
l Has the plan failed to provide any benefit when due under the plan?	**4l**			
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	**4m**			
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.	**4n**			

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 _____.