

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 <h1 style="text-align: center;">2024</h1> This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
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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) P

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
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1a Name of plan <u>WELLS FARGO SPECIAL CAP VALUE</u>	1b Three-digit plan number (PN) ▶ <u>965</u> 1c Effective date of plan
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>DFE RETURNS</u> <u>DIVERSIFIED INVESTMENT ADVISORS</u> <u>4333 EDGEWOOD RD NE, MD 0009</u> <u>CEDAR RAPIDS, IA 52499</u>	2b Employer Identification Number (EIN) <u>36-6071399</u> 2c Plan Sponsor's telephone number <u>319-355-5357</u> 2d Business code (see instructions)

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

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

SIGN HERE		Date	Enter name of individual signing as plan administrator
	Signature of plan administrator		
SIGN HERE		Date	Enter name of individual signing as employer or plan sponsor
	Signature of employer/plan sponsor		
SIGN HERE	<u>Filed with authorized/valid electronic signature.</u>	<u>09/15/2025</u>	<u>NEIL KOENCK</u>
	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 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 _____ (4) <input type="checkbox"/> C (Service Provider Information) (5) <input checked="" type="checkbox"/> D (DFE/Participating Plan Information) (6) <input type="checkbox"/> G (Financial Transaction Schedules)
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Part III Form M-1 Compliance Information (to be completed by welfare benefit plans)

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

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

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

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

Receipt Confirmation Code _____

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

A Name of plan <u>WELLS FARGO SPECIAL CAP VALUE</u>	B Three-digit plan number (PN)	<u>▶</u> <u>965</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>DFE RETURNS</u>	D Employer Identification Number (EIN) <u>36-6071399</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:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
a	Plan name ARCHER SYSTEMS, LLC 401(K) PLAN	
b	Name of plan sponsor ARCHER SYSTEMS, LLC	c EIN-PN 82-2145883-001
a	Plan name BUFFALO VETERINARY PRACTICES 401(K) PLAN	
b	Name of plan sponsor PET DEGREE HOSPITAL PLLC	c EIN-PN 81-2573552-001
a	Plan name CTI CONTROLTECH, INC. RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor CTI CONTROLTECH, INC.	c EIN-PN 46-0470086-002
a	Plan name ENTERRA SOLUTIONS, LLC RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor ENTERRA SOLUTIONS, LLC	c EIN-PN 30-0002607-001
a	Plan name NAUTICAL VENTURES GROUP 401(K) PLAN	
b	Name of plan sponsor NAUTICAL VENTURES GROUP, INC.	c EIN-PN 46-4362332-001
a	Plan name NEALIS ENGINEERING 401(K) PLAN	
b	Name of plan sponsor NEALIS ENGINEERING, INC.	c EIN-PN 38-3335420-001
a	Plan name TAX FAVORED BENEFITS, INC. RETIREMENT PLAN EXCHANGE	
b	Name of plan sponsor TAX FAVORED BENEFITS, INC.	c EIN-PN 48-0912395-001
a	Plan name ULTRA TAN 401(K) PLAN	
b	Name of plan sponsor ULTRA TAN, INC	c EIN-PN 58-2318583-001
a	Plan name UNION RESCUE MISSION 401(K) PLAN	
b	Name of plan sponsor UNION RESCUE MISSION	c EIN-PN 95-1709293-001
a	Plan name UNIQUE PLUMBING 401(K) PLAN	
b	Name of plan sponsor UNIQUE PLUMBING	c EIN-PN 82-1924329-001
a	Plan name 417 ROYAL RESTAURANT, LLC 401 (K) PLAN	
b	Name of plan sponsor 417 ROYAL RESTAURANT, LLC	c EIN-PN 46-3172979-001
a	Plan name ARTISTS FIRST, INC. 401(K) PENSION PLAN	
b	Name of plan sponsor ARTISTS FIRST, INC.	c EIN-PN 13-4120908-001

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 ASSISTANCE LEAGUE OF LOS ANGELES 401(K) PLAN	
b	Name of plan sponsor ASSISTANCE LEAGUE OF LOS ANGELES	c EIN-PN 95-1641960-001
a	Plan name ASSOCIATED BUILDERS AND CONTRACTORS, INC. UTAH CHAPTER MULTIPLE EMPLOYER PLAN	
b	Name of plan sponsor ASSOCIATED BUILDERS AND CONTRACTORS, INC. - UTAH CHAPTER	c EIN-PN 87-0343604-333
a	Plan name C.F. POEPELMAN, INC. 401(K) RETIREMENT PLAN	
b	Name of plan sponsor C.F. POEPELMAN, INC.	c EIN-PN 31-0955223-001
a	Plan name CW LAW LLP 401(K) PLAN	
b	Name of plan sponsor CW LAW LLP	c EIN-PN 85-3275179-001
a	Plan name EVOLVE TREATMENT CENTERS 401(K) PLAN	
b	Name of plan sponsor EVOLVE GROWTH INITIATIVE, LLC, DBA EVOLVE TREATMENT CENTERS	c EIN-PN 46-5716785-003
a	Plan name EXECUTIVE 1 HC LLC 401(K) PLAN	
b	Name of plan sponsor EXECUTIVE 1 HC LLC	c EIN-PN 82-3076130-001
a	Plan name GRAPHIC COMMUNICATIONS 401(K) PLAN	
b	Name of plan sponsor PRINTING INDUSTRIES ASSOCIATION, INC. OF SOUTHERN CALIFORNIA	c EIN-PN 95-1501502-001
a	Plan name IVY HAWN 401(K) PLAN	
b	Name of plan sponsor VOLUSIA CHARTER SCHOOL OF EXCELLENCE	c EIN-PN 30-0600042-001
a	Plan name NEHAL CONTRACTING, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor NEHAL CONTRACTING, INC.	c EIN-PN 58-2587356-001
a	Plan name NELSON ANALYTICAL 401(K) PLAN	
b	Name of plan sponsor NELSON ANALYTICAL, LLC	c EIN-PN 02-0527084-001
a	Plan name NEW CANAAN MEDICAL GROUP, 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor NEW CANAAN MEDICAL GROUP	c EIN-PN 06-0841383-002
a	Plan name S.S. WHITE EMPLOYEES 401(K) SAVINGS PLAN	
b	Name of plan sponsor S.S. WHITE TECHNOLOGIES, INC.	c EIN-PN 22-2903476-001

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	SACATE PELLETT MILLS, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	SACATE PELLETT MILLS, INC.	c EIN-PN 86-0509246-001
a	Plan name	TEAMWORK HUMAN RESOURCES, INC. MEP	
b	Name of plan sponsor	TEAMWORK HUMAN RESOURCES, INC.	c EIN-PN 68-0482464-001
a	Plan name	UNISOURCE SOLUTIONS, INC. 401(K) PLAN	
b	Name of plan sponsor	UNISOURCE SOLUTIONS, INC.	c EIN-PN 95-4117599-001
a	Plan name	FLEET DRIVER SERVICE, INC. 401(K) PLAN	
b	Name of plan sponsor	FLEET DRIVER SERVICE, INC.	c EIN-PN 45-3685803-333
a	Plan name	FLUENCE CORPORATION LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	FLUENCE CORPORATION LLC	c EIN-PN 27-4214544-001
a	Plan name	THE PEOPLES BANK COMPANY 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	THE PEOPLES BANK COMPANY	c EIN-PN 34-4327300-002
a	Plan name	J. J. MAUGET COMPANY, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	J. J. MAUGET COMPANY, INC.	c EIN-PN 95-1968672-002
a	Plan name	JA USA 401(K) PLAN	
b	Name of plan sponsor	JUNIOR ACHIEVEMENT USA	c EIN-PN 84-1267604-334
a	Plan name	VALENTI-HELD CONTRACTOR/DEVELOPER, INC. SAVINGS PLAN	
b	Name of plan sponsor	VALENTI-HELD CONTRACTOR/DEVELOPER, INC.	c EIN-PN 35-1457294-001
a	Plan name	ALABAMA AGC 401(K) MULTIPLE EMPLOYER PLAN	
b	Name of plan sponsor	ALABAMA ASSOCIATED GENERAL CONTRACTORS, INC.	c EIN-PN 63-6049915-555
a	Plan name	KAHUA 401(K) PLAN	
b	Name of plan sponsor	KAHUA INC.	c EIN-PN 27-0523308-001
a	Plan name	W. HUNTER SAUSSY, III, P.C. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	SAUSSY ENGINEERING, VI, P.C. D/B/A SAUSSY ENGINEERING	c EIN-PN 58-2352698-001

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	ASSOCIATED TERRAZZO CO., INC. BASIC PROFIT SHARING 401(K) PLAN	
b	Name of plan sponsor	ASSOCIATED TERRAZZO CO., INC.	c EIN-PN 94-2458894-001
a	Plan name	ASTI'S SOUTH HILLS PHARMACY LLC RETIREMENT PLAN	
b	Name of plan sponsor	C & G HEALTH SOLUTIONS DBA ASTIS SOUTH HILLS PHARMACY	c EIN-PN 45-5632914-001
a	Plan name	MARCIA HARRER SOBEK, D.D.S., LLC 401(K) PLAN	
b	Name of plan sponsor	MARCIA HARRER SOBEK, D.D.S., LLC	c EIN-PN 86-0917714-001
a	Plan name	MCINTOSH COMMUNICATIONS, INC. 401(K) PLAN	
b	Name of plan sponsor	MCINTOSH COMMUNICATIONS, INC.	c EIN-PN 88-0255787-001
a	Plan name	NEWBURY CONTRACTORS, LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	NEWBURY CONTRACTORS, LLC	c EIN-PN 81-3308303-001
a	Plan name	CENTRAL PAPER STOCK CO., INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	CENTRAL PAPER STOCK CO., INC	c EIN-PN 43-1234352-001
a	Plan name	PLANSOURCE FINANCIAL SERVICES, INC. RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	PLANSOURCE FINANCIAL SERVICES, INC.	c EIN-PN 59-3707284-001
a	Plan name	DAVE ARBOGAST GROUP, INC. 401(K) PLAN	
b	Name of plan sponsor	DAVE ARBOGAST GROUP, INC.	c EIN-PN 31-1409301-001
a	Plan name	QUARTER20, INC. 401K PROFIT SHARING PLAN	
b	Name of plan sponsor	QUARTER20, INC.	c EIN-PN 46-5333165-001
a	Plan name	SCOT MAILING & SHIPPING SYSTEMS, INC. 401(K) PLAN	
b	Name of plan sponsor	SCOT MAILING & SHIPPING SYSTEMS, INC.	c EIN-PN 61-1336536-001
a	Plan name	SCULLY SPORTSWEAR 401(K) PLAN	
b	Name of plan sponsor	SCULLY SPORTSWEAR, INC.	c EIN-PN 95-2240766-001
a	Plan name	FACILITY SOLUTIONS PLUS 401(K) PLAN	
b	Name of plan sponsor	FACILITY SOLUTIONS PLUS, INC.	c EIN-PN 46-4765121-001

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 FACTORY DIRECT SUPPLY WPB, LLC 401(K) PLAN	
b	Name of plan sponsor FACTORY DIRECT SUPPLY WPB LLC	c EIN-PN 46-2159293-001
a	Plan name FAMILY LIFE ACADEMY CHARTER SCHOOL 401(K) RETIREMENT PLAN	
b	Name of plan sponsor FAMILY LIFE ACADEMY CHARTER SCHOOL	c EIN-PN 13-4170389-001
a	Plan name AVAMAR GASTROENTEROLOGY, INC. 401 K PROFIT SHARING PLAN	
b	Name of plan sponsor AVAMAR GASTROENTEROLOGY, INC.	c EIN-PN 34-1740051-001
a	Plan name MASTER SERVICE COMPANIES, LLC 401(K) PLAN	
b	Name of plan sponsor MASTER SERVICE COMPANIES, LLC	c EIN-PN 26-2874958-001
a	Plan name BIAERO, LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor BIAERO, LLC	c EIN-PN 20-1990837-001
a	Plan name NOBEL CARGO SYSTEMS, INC. 401(K) PLAN	
b	Name of plan sponsor NOBEL CARGO SYSTEMS, INC.	c EIN-PN 65-0911588-001
a	Plan name NOVA MEDICAL ASSOCIATES, LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor NOVA MEDICAL ASSOCIATES, LLC	c EIN-PN 56-2106086-777
a	Plan name CAROLINA DEALERSHIPS, INC. 401(K) PLAN	
b	Name of plan sponsor CAROLINA DEALERSHIPS, INC.	c EIN-PN 20-0465434-001
a	Plan name ORAL & MAXILLOFACIAL SURGERY ASSOCIATES OF MICHIGAN, PC PROFIT SHARING PLAN	
b	Name of plan sponsor ORAL & MAXILLOFACIAL SURGERY ASSOCIATES OF MICHIGAN, PC	c EIN-PN 38-2076543-001
a	Plan name CLARK BROTHERS, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor CLARK BROTHERS, INC.	c EIN-PN 94-1572305-002
a	Plan name DENALI HR 401(K) MULTIPLE EMPLOYER PLAN	
b	Name of plan sponsor DENALI HR, LLC	c EIN-PN 84-2712883-333
a	Plan name EAR MEDICAL GROUP 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor EAR MEDICAL GROUP, P.A.	c EIN-PN 74-2283401-001

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	FELTON DENTAL CARE 401(K) PLAN & TRUST	
b	Name of plan sponsor	BRETT R. FELTON, DMD, PC	c EIN-PN 27-0215608-001
a	Plan name	FORSYTHE JEWELERS 401(K) PLAN	
b	Name of plan sponsor	FORSYTHE JEWELERS	c EIN-PN 57-0712293-001
a	Plan name	FPE 401(K)	
b	Name of plan sponsor	FORKLIFT PARTS AND EQUIPMENT IMPORT & EXPORT, INC.	c EIN-PN 65-0130280-001
a	Plan name	SOUTHEAST PERSONNEL LEASING RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	SOUTHEAST PERSONNEL LEASING, INC.	c EIN-PN 59-3298197-333
a	Plan name	SPECIALTY PROPERTY, LTD 401(K) PLAN	
b	Name of plan sponsor	SPECIALTY PROPERTY, LTD	c EIN-PN 74-2938057-001
a	Plan name	HANSEN & ROSASCO, LLP 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	HANSEN & ROSASCO LLP	c EIN-PN 84-4715027-001
a	Plan name	THE FARBER COMPANIES 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	FARBER SPECIALTY VEHICLES, INC.	c EIN-PN 41-2043544-001
a	Plan name	ACTECH RETIREMENT PLAN	
b	Name of plan sponsor	ADVANCED CRUSHER TECHNOLOGIES, INC. DBA ACTECH, INC.	c EIN-PN 91-1910674-001
a	Plan name	JEFF'S PRESCRIPTION SHOP 401(K) PLAN	
b	Name of plan sponsor	JEFF'S PRESCRIPTION SHOP	c EIN-PN 61-1051036-001
a	Plan name	JELLYFISH US LIMITED 401(K) PLAN	
b	Name of plan sponsor	JELLYFISH ONLINE MARKETING US LTD	c EIN-PN 45-5052905-001
a	Plan name	JERMAN FAMILY DENTISTRY, LTD 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	JERMAN FAMILY DENTISTRY, LTD	c EIN-PN 31-1731223-001
a	Plan name	JMK GROUP, INC. PROFIT SHARING PLAN	
b	Name of plan sponsor	JMK GROUP, INC. DBA THE AGENCY	c EIN-PN 95-4133869-001

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	JMOR MACHINERY MOVERS 401(K) PLAN	
b	Name of plan sponsor	JMOR MACHINERY MOVERS, INC	c EIN-PN 81-1341428-001
a	Plan name	VANCOUVER BOLT & SUPPLY, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	VANCOUVER BOLT & SUPPLY, INC.	c EIN-PN 91-1051191-001
a	Plan name	VECTERIS 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	CMC VENTURES, LLC DBA VECTERIS	c EIN-PN 27-0909494-001
a	Plan name	VENERUSO & ACCINELLI PROFIT SHARING PLAN	
b	Name of plan sponsor	VENERUSO & ACCINELLI, ATTORNEYS AT LAW, LLP	c EIN-PN 81-3879700-001
a	Plan name	VETERINARY PHARMACEUTICALS, INC. 401(K) PLAN	
b	Name of plan sponsor	VETERINARY PHARMACEUTICALS, INC.	c EIN-PN 94-2185252-001
a	Plan name	ALH 401(K) PLAN	
b	Name of plan sponsor	ALEXANDER LANKFORD & HIERS, INC.	c EIN-PN 75-1407510-001
a	Plan name	ALLPRO CORPORATION 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	ALLPRO CORPORATION	c EIN-PN 59-3347302-001
a	Plan name	KENTUCKY MACHINE AND TOOL INC. 401(K) PLAN	
b	Name of plan sponsor	KENTUCKY MACHINE AND TOOL INC.	c EIN-PN 61-0720003-001
a	Plan name	KIDS FIRST PEDIATRIC DENTISTRY, PLLC RETIREMENT PLAN	
b	Name of plan sponsor	KIDS FIRST PEDIATRIC DENTISTRY, PLLC	c EIN-PN 26-1449209-001
a	Plan name	WALLER SALES CORPORATION 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	WALLER SALES CORPORATION	c EIN-PN 62-1624316-001
a	Plan name	WALTON ISAACSON 401(K) PLAN	
b	Name of plan sponsor	WALTON ISAACSON LLC	c EIN-PN 20-3735704-001
a	Plan name	ADVANCED ORTHOPEDIC PSP	
b	Name of plan sponsor	ADVANCED ORTHOPEDIC	c EIN-PN 45-3021800-002

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	ADVANCED TEXTILES ASSOCIATION	
b	Name of plan sponsor	ADVANCED TEXTILES ASSOCIATION	c EIN-PN 41-0434683-001
a	Plan name	AGRITEK INDUSTRIES, INC. PROFIT SHARING 401(K) PLAN	
b	Name of plan sponsor	AGRITEK INDUSTRIES, INC.	c EIN-PN 38-2742197-001
a	Plan name	ALPHA BROKERS CORPORATION 401(K) PLAN	
b	Name of plan sponsor	ALPHA BROKERS CORPORATION	c EIN-PN 65-0140528-001
a	Plan name	AXIOM MULTIPLE EMPLOYER 401(K) SAVINGS PLAN	
b	Name of plan sponsor	AXIOM HUMAN RESOURCE SOLUTIONS INC.	c EIN-PN 45-2777523-333
a	Plan name	B&R MOLL, INC. 401(K) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor	B&R MOLL, INC.	c EIN-PN 20-0026172-001
a	Plan name	BALD PEAK COLONY CLUB 401(K) PLAN	
b	Name of plan sponsor	BALD PEAK COLONY CLUB	c EIN-PN 02-0210407-002
a	Plan name	CAVAN BUILDERS CORP. 401(K) PLAN	
b	Name of plan sponsor	CAVAN BUILDERS CORP.	c EIN-PN 82-4046385-001
a	Plan name	CLARK INSURANCE AGENCY, INC 401(K) PLAN	
b	Name of plan sponsor	CLARK INSURANCE AGENCY, INC	c EIN-PN 43-1802402-001
a	Plan name	EDGE CONCRETE CONSTRUCTION, LLC 401(K) PLAN	
b	Name of plan sponsor	EDGE CONCRETE CONSTRUCTION, LLC	c EIN-PN 91-2140958-001
a	Plan name	FINISHING EDGE 401(K) PLAN	
b	Name of plan sponsor	FINISHING EDGE CURB & SIDEWALK, LLC	c EIN-PN 91-1658323-001
a	Plan name	FISHERIES SUPPLY CO. 401(K) PLAN	
b	Name of plan sponsor	FISHERIES SUPPLY CO.	c EIN-PN 91-0222320-001
a	Plan name	FUKUDA DENSHI RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	FUKUDA DENSHI USA, INC.	c EIN-PN 91-1725100-001

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 HISTORICAL RESEARCH ASSOCIATES, INC. 401(K) PLAN	
b	Name of plan sponsor HISTORICAL RESEARCH ASSOCIATES, INC.	c EIN-PN 81-0373761-001
a	Plan name JOHN E. FOX, INC. 401(K) PLAN	
b	Name of plan sponsor JOHN E. FOX, INC.	c EIN-PN 56-1094403-001
a	Plan name JOHNSON MOTOR CO. OF GEORGIA 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor JOHNSON MOTOR COMPANY OF GEORGIA	c EIN-PN 58-6015890-001
a	Plan name MATTRESS DIRECT 401(K) PLAN	
b	Name of plan sponsor MATTRESS DIRECT, LLC	c EIN-PN 72-1502440-001
a	Plan name MICLEE MANAGEMENT GROUP, LLC 401(K) PLAN	
b	Name of plan sponsor MICLEE MANAGEMENT GROUP, LLC	c EIN-PN 27-1717856-001
a	Plan name NULLABLE, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor NULLABLE, INC.	c EIN-PN 47-1671054-001
a	Plan name P & I 401(K) AND PENSION PLAN	
b	Name of plan sponsor PERLITER & INGALSBE	c EIN-PN 95-2124423-003
a	Plan name RALPH BRENNAN RESTAURANT GROUP 401(K) RETIREMENT PLAN	
b	Name of plan sponsor RALPH BRENNAN RESTAURANT GROUP, L.L.C.	c EIN-PN 72-1350467-001
a	Plan name RAPTOR PETROLEUM 401(K) PLAN	
b	Name of plan sponsor RAPTOR PETROLEUM	c EIN-PN 20-5877086-001
a	Plan name RED RIVER MANAGEMENT 401(K) & PROFIT SHARING PLAN	
b	Name of plan sponsor RED RIVER MANAGEMENT	c EIN-PN 30-0220873-001
a	Plan name SHRIKANT TAMHANE DO INC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor SHRIKANT TAMHANE DO INC	c EIN-PN 81-4413278-001
a	Plan name SJB GROUP, INC. 401(K) PLAN	
b	Name of plan sponsor SJB GROUP, INC.	c EIN-PN 20-1963915-001

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 THE JOE N. GUY COMPANY, INCORPORATED SAFE HARBOR 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor JOE N. GUY COMPANY, INCORPORATED	c EIN-PN 58-1048254-001
a	Plan name THE KENWOOD 401(K) PLAN	
b	Name of plan sponsor THE KENWOOD CONGREGATE ASSOCIATES	c EIN-PN 36-3382337-001
a	Plan name THOMPSON MEDICAL 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor THOMPSON MEDICAL P.C.	c EIN-PN 45-4601631-001
a	Plan name THRIVE BY 5 401(K) PLAN	
b	Name of plan sponsor TB5 MANAGEMENT, LLC	c EIN-PN 92-0493249-001
a	Plan name VICKERS & NOLAN ENTERPRISES, LLC RETIREMENT PLAN	
b	Name of plan sponsor VICKERS & NOLAN ENTERPRISES, LLC	c EIN-PN 20-0759070-002
a	Plan name VOLO'S AUTO SUPPLY 401(K) PLAN	
b	Name of plan sponsor VOLOS AUTO SUPPLY	c EIN-PN 20-1529129-001
a	Plan name WESTBAY FLOOR SOURCE SAVINGS AND PROFIT SHARING PLAN	
b	Name of plan sponsor WESTBAY DECORATING, INC. DBA WESTBAY FLOOR SOURCE	c EIN-PN 34-1313171-001
a	Plan name BOLAND MARINE & INDUSTRIAL, LLC RETIREMENT PLAN	
b	Name of plan sponsor BOLAND MARINE & INDUSTRIAL, LLC	c EIN-PN 85-0485227-001
a	Plan name GANDEE & ASSOCIATES, INC. PROFIT SHARING PLAN	
b	Name of plan sponsor GANDEE & ASSOCIATES, INC.	c EIN-PN 31-1080359-001
a	Plan name HOWARD & ASSOCIATES INTERNATIONAL, INC 401(K) PLAN	
b	Name of plan sponsor HOWARD & ASSOCIATES INTERNATIONAL, INC	c EIN-PN 72-1290834-001
a	Plan name KROLL INTERNATIONAL, LLC 401(K) PLAN	
b	Name of plan sponsor KROLL INTERNATIONAL, LLC	c EIN-PN 20-1135584-001
a	Plan name MIRCI DENTAL, PLLC 401(K) PLAN	
b	Name of plan sponsor MIRCI DENTAL	c EIN-PN 84-2985731-001

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	MLA 401(K) PLAN	
b	Name of plan sponsor	MIKE LOVE & ASSOCIATES, LLC	c EIN-PN 46-5678839-001
a	Plan name	MONARCH SALES 401(K) PLAN	
b	Name of plan sponsor	MONARCH SALES, LTD., INC.	c EIN-PN 65-0011355-001
a	Plan name	PAOLI LAW FIRM, P.C. 401(K) PLAN	
b	Name of plan sponsor	PAOLI LAW FIRM, P.C.	c EIN-PN 84-1384608-001
a	Plan name	PARTNERS PEO 401(K) PLAN	
b	Name of plan sponsor	PARTNERS PEO, LLC	c EIN-PN 82-5068730-001
a	Plan name	REINTJES & HITER CO., INC. PROFIT SHARING 401(K) PLAN	
b	Name of plan sponsor	REINTJES & HITER CO., INC.	c EIN-PN 48-0762809-001
a	Plan name	RELIABLE CONTROLS RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	RELIABLE CONTROLS CORPORATION	c EIN-PN 87-0630670-001
a	Plan name	TOP HAT UNIFORM 401(K) PLAN	
b	Name of plan sponsor	TOP HAT UNIFORM, INC.	c EIN-PN 11-1979505-001
a	Plan name	AMI DISTRIBUTORS 401(K) PLAN	
b	Name of plan sponsor	AMI DISTRIBUTORS	c EIN-PN 46-5048256-001
a	Plan name	ANDERSON, JULIAN & HULL, LLP 401(K) PLAN	
b	Name of plan sponsor	ANDERSON, JULIAN & HULL, LLP	c EIN-PN 82-0504369-001
a	Plan name	ANGELIC HEALTH 401(K) PLAN	
b	Name of plan sponsor	ANGELIC PRACTICE MANAGEMENT, LLC	c EIN-PN 82-5301108-001
a	Plan name	BOONE KARLBERG EMPLOYEE PROFIT SHARING RETIREMENT PLAN	
b	Name of plan sponsor	BOONE KARLBERG P.C.	c EIN-PN 81-0522567-001
a	Plan name	BRAND FUEL CO. LLC SAFE HARBOR 401(K) PLAN	
b	Name of plan sponsor	BRAND FUEL CO. LLC	c EIN-PN 46-4597317-001

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 ELM MANAGEMENT SERVICES, LLC 401(K) PLAN	
b	Name of plan sponsor ELM MANAGEMENT SERVICES, LLC	c EIN-PN 82-2104879-001
a	Plan name EMPLOYEE RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor ONONDAGA LEASING SERVICES	c EIN-PN 16-1254312-001
a	Plan name GARZA PROFIT SHARING 401(K) PLAN	
b	Name of plan sponsor GARZA INDUSTRIES, INC.	c EIN-PN 33-0505475-001
a	Plan name INCLUSIVE HOUSING RESOURCES 401(K) PLAN	
b	Name of plan sponsor INCLUSIVE HOUSING RESOURCES	c EIN-PN 84-3657368-001
a	Plan name INFINITI HR RETIREMENT PLAN	
b	Name of plan sponsor INFINITI HR	c EIN-PN 26-2399761-001
a	Plan name INNOVANT, INC. RETIREMENT PLAN	
b	Name of plan sponsor INNOVANT, INC.	c EIN-PN 45-0499207-001
a	Plan name LASSEN LAND COMPANY 401(K) PLAN	
b	Name of plan sponsor ORLAND ALMONDS ACQUISITION COMPANY, LLC	c EIN-PN 83-2450302-001
a	Plan name LAW OFFICES OF FRED C COHEN PA 401(K) PLAN	
b	Name of plan sponsor LAW OFFICES OF FRED C. COHEN P.A.	c EIN-PN 65-0219025-001
a	Plan name PBS ASO, LLC RETIREMENT PLAN	
b	Name of plan sponsor PBS ASO, LLC	c EIN-PN 85-0768284-001
a	Plan name PBS PEO SERVICES, LLC RETIREMENT PLAN	
b	Name of plan sponsor PBS PEO SERVICES	c EIN-PN 81-4175750-999
a	Plan name RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor TAG RESOURCES, LLC	c EIN-PN 62-1874774-013
a	Plan name SUSTAINABLEHR RETIREMENT PLAN	
b	Name of plan sponsor SUSTAINABLEHR PEO, LLC	c EIN-PN 84-2747571-001

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	TOURON LAW 401(K) PLAN	
b	Name of plan sponsor	FRANCISCO TOURON III, LLC DBA TOURON LAW	c EIN-PN 26-3442183-001
a	Plan name	TOYOTA TSUSHO AMERICA, INC. ENTERPRISE MULTIPLE EMPLOYER PLAN	
b	Name of plan sponsor	TOYOTA TSUSHO AMERICA, INC.	c EIN-PN 13-1943519-001
a	Plan name	TRANSITION MANAGEMENT CORP 401(K) PLAN	
b	Name of plan sponsor	TRANSITION MANAGEMENT CORP	c EIN-PN 52-2032600-001
a	Plan name	PEARLMAN PROPERTY MANAGEMENT 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	PEARLMAN PROPERTY MANAGEMENT	c EIN-PN 77-0474584-001
a	Plan name	PEDIATRIC PARTNERS OF NORTHERN KENTUCKY PSC 401(K) PLAN	
b	Name of plan sponsor	PEDIATRIC PARTNERS OF NORTHERN KENTUCKY, PSC	c EIN-PN 20-1127554-001
a	Plan name	PERSON & COVEY, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	PERSON & COVEY, INC.	c EIN-PN 95-2020861-001
a	Plan name	T-KAT, INC. 401(K) PLAN	
b	Name of plan sponsor	T-KAT, INC.	c EIN-PN 37-1415260-001
a	Plan name	TRINITY DESIGN BUILD, INC. 401(K) PLAN	
b	Name of plan sponsor	TRINITY DESIGN BUILD, INC.	c EIN-PN 74-3111479-001
a	Plan name	ANTHEM TAX SERVICES LLC 401(K) PLAN	
b	Name of plan sponsor	ANTHEM TAX SERVICES LLC	c EIN-PN 81-5160059-001
a	Plan name	APERION CARE 401(K) & PROFIT SHARING PLAN	
b	Name of plan sponsor	APERION CARE, INC.	c EIN-PN 46-5646073-002
a	Plan name	CONSTRUCTORS, INCORPORATED 401(K) PLAN	
b	Name of plan sponsor	CONSTRUCTORS, INCORPORATED	c EIN-PN 85-0135619-001
a	Plan name	COUNTRY CLUB EXPRESS WASH 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	COUNTRY CLUB EXPRESS WASH, LLC	c EIN-PN 43-1506960-001

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
A Name of plan WELLS FARGO SPECIAL CAP VALUE	B Three-digit plan number (PN) ▶ 965
C Plan sponsor's name as shown on line 2a of Form 5500 DFE RETURNS	D Employer Identification Number (EIN) 36-6071399

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)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(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)	11669674	9589358
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other.....	1c(15)		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)		
(2) Employer real property.....	1d(2)		
e Buildings and other property used in plan operation.....	1e		
f Total assets (add all amounts in lines 1a through 1e).....	1f	11669674	9589358
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h		
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j		
k Total liabilities (add all amounts in lines 1g through 1j).....	1k		
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	11669674	9589358

Part II Income and Expense Statement

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

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers.....	2a(1)(A)		
(B) Participants.....	2a(1)(B)		
(C) Others (including rollovers).....	2a(1)(C)		
(2) Noncash contributions.....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A), (B), (C), and line 2a(2).....	2a(3)		
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)		
(B) U.S. Government securities.....	2b(1)(B)		
(C) Corporate debt instruments.....	2b(1)(C)		
(D) Loans (other than to participants).....	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)		
(F) Other.....	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F).....	2b(1)(G)		
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)		
(B) Common stock.....	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)		
(D) Total dividends. Add lines 2b(2)(A), (B), and (C).....	2b(2)(D)		
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)		
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)	723591	
(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)		
(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		723591

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)		
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)		
(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)		
(11) Other expenses	2i(11)		
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		
j Total expenses. Add all expense amounts in column (b) and enter total	2j		

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		723591
l Transfers of assets:			
(1) To this plan	2l(1)		1220174
(2) From this plan	2l(2)		4024081

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 _____.