

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) 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

1a Name of plan <u>EQUITABLE FINANCIAL LIFE INSURANCE COMPANY POOLED SA03</u>	1b Three-digit plan number (PN) ▶ <u>003</u>
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>EQUITABLE LIFE INSURANCE COMPANY</u> <u>1345 AVENUE OF THE AMERICAS</u> <u>3 AND 4 FLOOR</u> <u>NEW YORK, NY 10104</u>	1c Effective date of plan <u>04/30/1969</u> 2b Employer Identification Number (EIN) <u>13-5570651</u> 2c Plan Sponsor's telephone number <u>212-554-1234</u> 2d Business code (see instructions) <u>524140</u>

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	
	Signature of plan administrator		Enter name of individual signing as plan administrator
SIGN HERE		Date	
	Signature of employer/plan sponsor		Enter name of individual signing as employer or plan sponsor
SIGN HERE	<u>Filed with authorized/valid electronic signature.</u>	<u>09/26/2025</u>	<u>MARION MACKENZIE</u>
	Signature of DFE	Date	Enter name of individual signing as DFE

For Paperwork Reduction Act Notice, see the Instructions for Form 5500.

Form 5500 (2024)
v. 240311

3a Plan administrator's name and address <input type="checkbox"/> Same as Plan Sponsor AXA EQUITABLE LIFE INSURANCE COMPANY 1345 AVENUE OF THE AMERICAS 3 AND 4 FLOOR NEW YORK CITY, NY 10104	3b Administrator's EIN 13-5570651 3c Administrator's telephone number 201-743-5170																				
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.....	<table border="1" style="width:100%; border-collapse: collapse;"> <tr><td style="width:100%;">6a(1)</td><td></td></tr> <tr><td>6a(2)</td><td></td></tr> <tr><td>6b</td><td></td></tr> <tr><td>6c</td><td></td></tr> <tr><td>6d</td><td style="text-align: right;">0</td></tr> <tr><td>6e</td><td></td></tr> <tr><td>6f</td><td></td></tr> <tr><td>6g(1)</td><td></td></tr> <tr><td>6g(2)</td><td></td></tr> <tr><td>6h</td><td></td></tr> </table>	6a(1)		6a(2)		6b		6c		6d	0	6e		6f		6g(1)		6g(2)		6h	
6a(1)																					
6a(2)																					
6b																					
6c																					
6d	0																				
6e																					
6f																					
6g(1)																					
6g(2)																					
6h																					
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7																				

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

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

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

10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

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

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.	<small>OMB No. 1210-0110</small> 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 <u>EQUITABLE FINANCIAL LIFE INSURANCE COMPANY POOLED SA03</u>	B Three-digit plan number (PN)	<u>003</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>EQUITABLE LIFE INSURANCE COMPANY</u>	D Employer Identification Number (EIN) <u>13-5570651</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)
---------------	--

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	NPS TECHNOLOGIES GROUPS INC./TR.	
b	Name of plan sponsor	NPS TECHNOLOGIES GROUPS INC./TR.	c EIN-PN 13-3157053-001
a	Plan name	ALAINA L MAY, DESIGN TRUST/TR	
b	Name of plan sponsor	ALAINA L MAY	c EIN-PN 35-0408078-001
a	Plan name	CARETTA TRUCKING, INC./TR.	
b	Name of plan sponsor	CARETTA TRUCKING, INC./TR.	c EIN-PN 22-1725852-001
a	Plan name	FRONTIER TRUST COMPANY/TR.	
b	Name of plan sponsor	FRONTIER TRUST COMPANY/TR.	c EIN-PN 95-3644712-001
a	Plan name	ALARM SPECIALISTS, INC./TRS OF	
b	Name of plan sponsor	ALARM SPECIALISTS, INC./TRS. OF	c EIN-PN 13-3049123-001
a	Plan name	JULIO M. SOTO M.D. PC.M.P.PLAN/TR	
b	Name of plan sponsor	JULIO M. SOTO M.D. PC.M.P.PLAN/TR	c EIN-PN 13-3127164-001
a	Plan name	JULIO M. SOTO M.D. PC..P/S PLAN/TR	
b	Name of plan sponsor	JULIO M. SOTO M.D. PC..P/S PLAN/TR	c EIN-PN 13-3126627-001
a	Plan name	MARYLAND MACHINERY, INC./TR.	
b	Name of plan sponsor	MARYLAND MACHINERY INC./TR.	c EIN-PN 52-1185020-001
a	Plan name	SABER, INC. RETIREMENT PLAN/TRS OF	
b	Name of plan sponsor	SABER, INC RETIREMENT PLAN/TRS OF	c EIN-PN 58-1126894-001
a	Plan name	CONCORD NURSING HOME INC P/S PLAN	
b	Name of plan sponsor	CONCORD NURSING HOME INC P/S PLAN	c EIN-PN 11-2290533-001
a	Plan name	CAMDEN BASKET COMPANY/TR.	
b	Name of plan sponsor	CAMDEN BASKET COMPANY/TR.	c EIN-PN 38-1474545-001
a	Plan name	GIUMARRA INTERNTL MARKETING PS/TRS.	
b	Name of plan sponsor	GIUMARRA INTERNATIONAL MARKETING	c EIN-PN 77-0361369-001

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	NPS TECHNOLOGIES GROUPS INC./TR.	
b	Name of plan sponsor	NPS TECHNOLOGIES GROUPS INC./TR.	c EIN-PN 13-3157053-001
a	Plan name	ALAINA L MAY, DESIGN TRUST/TR	
b	Name of plan sponsor	ALAINA L MAY	c EIN-PN 35-0408078-001
a	Plan name	CARETTA TRUCKING, INC./TR.	
b	Name of plan sponsor	CARETTA TRUCKING, INC./TR.	c EIN-PN 22-1725852-001
a	Plan name	FRONTIER TRUST COMPANY/TR.	
b	Name of plan sponsor	FRONTIER TRUST COMPANY/TR.	c EIN-PN 95-3644712-001
a	Plan name	ALARM SPECIALISTS, INC./TRS OF	
b	Name of plan sponsor	ALARM SPECIALISTS, INC./TRS. OF	c EIN-PN 13-3049123-001
a	Plan name	JULIO M. SOTO M.D. PC.M.P.PLAN/TR	
b	Name of plan sponsor	JULIO M. SOTO M.D. PC.M.P.PLAN/TR	c EIN-PN 13-3127164-001
a	Plan name	JULIO M. SOTO M.D. PC..P/S PLAN/TR	
b	Name of plan sponsor	JULIO M. SOTO M.D. PC..P/S PLAN/TR	c EIN-PN 13-3126627-001
a	Plan name	MARYLAND MACHINERY, INC./TR.	
b	Name of plan sponsor	MARYLAND MACHINERY INC./TR.	c EIN-PN 52-1185020-001
a	Plan name	SABER, INC. RETIREMENT PLAN/TRS OF	
b	Name of plan sponsor	SABER, INC RETIREMENT PLAN/TRS OF	c EIN-PN 58-1126894-001
a	Plan name	CONCORD NURSING HOME INC P/S PLAN	
b	Name of plan sponsor	CONCORD NURSING HOME INC P/S PLAN	c EIN-PN 11-2290533-001
a	Plan name	CAMDEN BASKET COMPANY/TR.	
b	Name of plan sponsor	CAMDEN BASKET COMPANY/TR.	c EIN-PN 38-1474545-001
a	Plan name	GIUMARRA INTERNTL MARKETING PS/TRS.	
b	Name of plan sponsor	GIUMARRA INTERNATIONAL MARKETING	c EIN-PN 77-0361369-001

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	ALICIA V. CAMACHO, M.D/TR	
b	Name of plan sponsor	ALICIA V. CAMACHO,M.D./TR	c EIN-PN 11-2497075-001
a	Plan name	STEVEN L. ROEMER/TR.	
b	Name of plan sponsor	STEVEN L. ROEMER/TR.	c EIN-PN 13-2908082-001
a	Plan name	MISTER SHOP PENSION/TR	
b	Name of plan sponsor	MISTER SHOP PENSION/TR	c EIN-PN 36-2445997-001
a	Plan name	CMS HUMAN RESOURCE SERV. INC./TRS	
b	Name of plan sponsor	CMS HUMAN RESOURCE SERV., INC.	c EIN-PN 86-0805355-001
a	Plan name	HOUSING AUTH. THE COUNTY OF FORD TR	
b	Name of plan sponsor	HOUSING AUTH. THE COUNTY OF FORD	c EIN-PN 37-0947016-001
a	Plan name	HERMAN THOMS/TRS	
b	Name of plan sponsor	HERMAN THOMS/TRS	c EIN-PN 54-7743515-001
a	Plan name	ROCKWELL BARNES COMPANY/TRS. OF	
b	Name of plan sponsor	ROCKWELL BARNES COMPANY/ TRS. OF	c EIN-PN 36-1696550-001
a	Plan name	CHAPIN HOME FOR THE AGING PEN PL/TR	
b	Name of plan sponsor	CHAPIN HOME FOR THE AGING PEN PL	c EIN-PN 13-5601035-001
a	Plan name	CARL S THOMS/TRS	
b	Name of plan sponsor	CARL S THOMS/TRS	c EIN-PN 55-5763812-001
a	Plan name	M N & S PROD C/O GILMORE & ASSOC.	
b	Name of plan sponsor	M N & S PROD C/O GILMORE & ASSOC.	c EIN-PN 31-0937637-001
a	Plan name	SOUTHEASTERN ORTHOPEDICS, P.C./TR.	
b	Name of plan sponsor	SOUTHEASTERN ORTHOPEDICS, P.C./TR.	c EIN-PN 72-0921741-001
a	Plan name	DR. MASELAS AND LANDMAN MD PA TR	
b	Name of plan sponsor	DR. MARSELAS AND LANDMAN MD PA TR	c EIN-PN 51-1262939-001

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	ALICIA V. CAMACHO, M.D/TR	
b	Name of plan sponsor	ALICIA V. CAMACHO,M.D./TR	c EIN-PN 11-2497075-001
a	Plan name	STEVEN L. ROEMER/TR.	
b	Name of plan sponsor	STEVEN L. ROEMER/TR.	c EIN-PN 13-2908082-001
a	Plan name	MISTER SHOP PENSION/TR	
b	Name of plan sponsor	MISTER SHOP PENSION/TR	c EIN-PN 36-2445997-001
a	Plan name	CMS HUMAN RESOURCE SERV. INC./TRS	
b	Name of plan sponsor	CMS HUMAN RESOURCE SERV., INC.	c EIN-PN 86-0805355-001
a	Plan name	HOUSING AUTH. THE COUNTY OF FORD TR	
b	Name of plan sponsor	HOUSING AUTH. THE COUNTY OF FORD	c EIN-PN 37-0947016-001
a	Plan name	HERMAN THOMS/TRS	
b	Name of plan sponsor	HERMAN THOMS/TRS	c EIN-PN 54-7743515-001
a	Plan name	ROCKWELL BARNES COMPANY/TRS. OF	
b	Name of plan sponsor	ROCKWELL BARNES COMPANY/ TRS. OF	c EIN-PN 36-1696550-001
a	Plan name	CHAPIN HOME FOR THE AGING PEN PL/TR	
b	Name of plan sponsor	CHAPIN HOME FOR THE AGING PEN PL	c EIN-PN 13-5601035-001
a	Plan name	CARL S THOMS/TRS	
b	Name of plan sponsor	CARL S THOMS/TRS	c EIN-PN 55-5763812-001
a	Plan name	M N & S PROD C/O GILMORE & ASSOC.	
b	Name of plan sponsor	M N & S PROD C/O GILMORE & ASSOC.	c EIN-PN 31-0937637-001
a	Plan name	SOUTHEASTERN ORTHOPEDICS, P.C./TR.	
b	Name of plan sponsor	SOUTHEASTERN ORTHOPEDICS, P.C./TR.	c EIN-PN 72-0921741-001
a	Plan name	DR. MASELAS AND LANDMAN MD PA TR	
b	Name of plan sponsor	DR. MARSELAS AND LANDMAN MD PA TR	c EIN-PN 51-1262939-001

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	CITY OF GLADSTONE OREGON/ TRS.OF	
b	Name of plan sponsor	CITY OF GLADSTONE OREGON/TRS.OF	c EIN-PN 93-6096985-001
a	Plan name	S & S WELDING, INC./TRS.OF	
b	Name of plan sponsor	S & S WELDING, INC./TRS.OF	c EIN-PN 92-0045591-001
a	Plan name	C.E. GROSJEAN RICE MILLING CO./TRS.	
b	Name of plan sponsor	C.E. GROSJEAN RICE MILLING CO./TRS	c EIN-PN 94-0525560-001
a	Plan name	PACIFIC COAST CONTINENTALS,INC. P/S	
b	Name of plan sponsor	PACIFIC COAST CONTINENTALS,INC. PS	c EIN-PN 95-3617831-001
a	Plan name	KAGAWA INSURANCE AGENCY, INC RET PL	
b	Name of plan sponsor	KAGAWA INSURANCE AGENCY,INC RET PL	c EIN-PN 95-4456107-001
a	Plan name	THE BAUEN CORPORATION/TRS OF	
b	Name of plan sponsor	THE BAUEN CORPORATION/TRS OF	c EIN-PN 84-0846160-001
a	Plan name	BROEKHUIZEN PRODUCE, INC./TR	
b	Name of plan sponsor	BROEKHUIZEN PRODUCE, INC./TR	c EIN-PN 38-1945227-001
a	Plan name	LUIGI'S PIZZA KITCHEN, INC. P.S.	
b	Name of plan sponsor	LUIGIS PIZZA KITCHEN, INC. P.S.	c EIN-PN 39-1256124-001
a	Plan name	ADDICTS REHABILITATION CTR, INC.	
b	Name of plan sponsor	ADDICTS REHABILITATION CTR, INC.	c EIN-PN 13-2521751-001
a	Plan name	AMERICAN CERTIFIED AUTO INC./TR	
b	Name of plan sponsor	AMERICAN CERTIFIED AUTO INC./TR	c EIN-PN 36-3200767-001
a	Plan name	DAVID C. HOLT RET PLAN/TRS. OF	
b	Name of plan sponsor	DAVID C. HOLT RET. PLAN/TRS. OF	c EIN-PN 38-0726192-001
a	Plan name	RICHLANDS FUNERAL CO, INC.	
b	Name of plan sponsor	RICHLANDS FUNERAL CO, INC.	c EIN-PN 54-0356340-001

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	CITY OF GLADSTONE OREGON/ TRS.OF	
b	Name of plan sponsor	CITY OF GLADSTONE OREGON/TRS.OF	c EIN-PN 93-6096985-001
a	Plan name	S & S WELDING, INC./TRS.OF	
b	Name of plan sponsor	S & S WELDING, INC./TRS.OF	c EIN-PN 92-0045591-001
a	Plan name	C.E. GROSJEAN RICE MILLING CO./TRS.	
b	Name of plan sponsor	C.E. GROSJEAN RICE MILLING CO./TRS	c EIN-PN 94-0525560-001
a	Plan name	PACIFIC COAST CONTINENTALS,INC. P/S	
b	Name of plan sponsor	PACIFIC COAST CONTINENTALS,INC. PS	c EIN-PN 95-3617831-001
a	Plan name	KAGAWA INSURANCE AGENCY, INC RET PL	
b	Name of plan sponsor	KAGAWA INSURANCE AGENCY,INC RET PL	c EIN-PN 95-4456107-001
a	Plan name	THE BAUEN CORPORATION/TRS OF	
b	Name of plan sponsor	THE BAUEN CORPORATION/TRS OF	c EIN-PN 84-0846160-001
a	Plan name	BROEKHUIZEN PRODUCE, INC./TR	
b	Name of plan sponsor	BROEKHUIZEN PRODUCE, INC./TR	c EIN-PN 38-1945227-001
a	Plan name	LUIGI'S PIZZA KITCHEN, INC. P.S.	
b	Name of plan sponsor	LUIGIS PIZZA KITCHEN, INC. P.S.	c EIN-PN 39-1256124-001
a	Plan name	ADDICTS REHABILITATION CTR, INC.	
b	Name of plan sponsor	ADDICTS REHABILITATION CTR, INC.	c EIN-PN 13-2521751-001
a	Plan name	AMERICAN CERTIFIED AUTO INC./TR	
b	Name of plan sponsor	AMERICAN CERTIFIED AUTO INC./TR	c EIN-PN 36-3200767-001
a	Plan name	DAVID C. HOLT RET PLAN/TRS. OF	
b	Name of plan sponsor	DAVID C. HOLT RET. PLAN/TRS. OF	c EIN-PN 38-0726192-001
a	Plan name	RICHLANDS FUNERAL CO, INC.	
b	Name of plan sponsor	RICHLANDS FUNERAL CO, INC.	c EIN-PN 54-0356340-001

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 STRAATMANN RETIREMENT PLAN	
b	Name of plan sponsor LEO STRAATMANN FARM SERVICE	c EIN-PN 43-0816106-001
a	Plan name THE TEMPLE GROUP EMPLOYEE SAVINGS & RETIREMENT PLAN	
b	Name of plan sponsor THE TEMPLE GROUP, INC.	c EIN-PN 52-1443146-001
a	Plan name FIRST FEDERAL SAVINGS & LOAN ASSOCIATION OF VALDOSTA 401(K) PLAN	
b	Name of plan sponsor FIRST FEDERAL S&L OF VALDOSTA	c EIN-PN 58-0471127-002
a	Plan name C. ELTON CREWS, INC. 401K EMPLOYEE'S PROFIT SHARING PLAN	
b	Name of plan sponsor C. ELTON CREWS, INC.	c EIN-PN 59-0951453-001
a	Plan name JAMAICA TOURIST BOARD M/P NON-CONTRIBUTORY PENSION PLAN	
b	Name of plan sponsor JAMAICA TOURIST BOARD	c EIN-PN 59-1767934-001
a	Plan name PERCY J. MATHERNE CONTRACTOR PROFIT SHARING PLAN	
b	Name of plan sponsor PERCY J. MATHERNE CONTRACTOR	c EIN-PN 72-0679404-001
a	Plan name ADVANCED OFFICE SYSTEMS, INC. 401K SAFE HARBOR P/S PLAN	
b	Name of plan sponsor ADVANCED OFFICE SYSTEMS, INC.	c EIN-PN 72-0904988-003
a	Plan name WEST LAW OFFICE, PC	
b	Name of plan sponsor WEST LAW OFFICE, PC	c EIN-PN 83-0246057-001
a	Plan name MAY FOUNDRY & MACHINE COMPANY 401K PROFIT SHARING PLAN	
b	Name of plan sponsor MAY FOUNDRY & MACHINE COMPANY	c EIN-PN 87-0150040-001
a	Plan name MOAB BIT & TOOL COMPANY 401K SAFE HARBOR P/S PLAN	
b	Name of plan sponsor MOAB BIT & TOOL COMPANY	c EIN-PN 87-0325748-001
a	Plan name CHARLES MC CANDLESS TILE CONTRACTOR INC. P/S PLAN	
b	Name of plan sponsor MC CANDLESS TILE CONTRACTOR	c EIN-PN 95-2113676-001
a	Plan name NATIONAL STOCKYARDS COMPANY	
b	Name of plan sponsor NATIONAL STOCKYARDS COMPANY	c EIN-PN 37-0498240-001

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 STRAATMANN RETIREMENT PLAN	
b	Name of plan sponsor LEO STRAATMANN FARM SERVICE	c EIN-PN 43-0816106-001
a	Plan name THE TEMPLE GROUP EMPLOYEE SAVINGS & RETIREMENT PLAN	
b	Name of plan sponsor THE TEMPLE GROUP, INC.	c EIN-PN 52-1443146-001
a	Plan name FIRST FEDERAL SAVINGS & LOAN ASSOCIATION OF VALDOSTA 401(K) PLAN	
b	Name of plan sponsor FIRST FEDERAL S&L OF VALDOSTA	c EIN-PN 58-0471127-002
a	Plan name C. ELTON CREWS, INC. 401K EMPLOYEE'S PROFIT SHARING PLAN	
b	Name of plan sponsor C. ELTON CREWS, INC.	c EIN-PN 59-0951453-001
a	Plan name JAMAICA TOURIST BOARD M/P NON-CONTRIBUTORY PENSION PLAN	
b	Name of plan sponsor JAMAICA TOURIST BOARD	c EIN-PN 59-1767934-001
a	Plan name PERCY J. MATHERNE CONTRACTOR PROFIT SHARING PLAN	
b	Name of plan sponsor PERCY J. MATHERNE CONTRACTOR	c EIN-PN 72-0679404-001
a	Plan name ADVANCED OFFICE SYSTEMS, INC. 401K SAFE HARBOR P/S PLAN	
b	Name of plan sponsor ADVANCED OFFICE SYSTEMS, INC.	c EIN-PN 72-0904988-003
a	Plan name WEST LAW OFFICE, PC	
b	Name of plan sponsor WEST LAW OFFICE, PC	c EIN-PN 83-0246057-001
a	Plan name MAY FOUNDRY & MACHINE COMPANY 401K PROFIT SHARING PLAN	
b	Name of plan sponsor MAY FOUNDRY & MACHINE COMPANY	c EIN-PN 87-0150040-001
a	Plan name MOAB BIT & TOOL COMPANY 401K SAFE HARBOR P/S PLAN	
b	Name of plan sponsor MOAB BIT & TOOL COMPANY	c EIN-PN 87-0325748-001
a	Plan name CHARLES MC CANDLESS TILE CONTRACTOR INC. P/S PLAN	
b	Name of plan sponsor MC CANDLESS TILE CONTRACTOR	c EIN-PN 95-2113676-001
a	Plan name NATIONAL STOCKYARDS COMPANY	
b	Name of plan sponsor NATIONAL STOCKYARDS COMPANY	c EIN-PN 37-0498240-001

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	ANGELA L. HARRIS MD, PC	
b	Name of plan sponsor	ANGELA L. HARRIS MD, PC	c EIN-PN 38-3344457-001
a	Plan name	ANIMAL HEALTH CLINIC AND HOSP.	
b	Name of plan sponsor	ANIMAL HEALTH CLINIC AND HOSP.	c EIN-PN 36-3568153-001
a	Plan name	ANIMAL HOSPITAL OF SAN ANTONIO	
b	Name of plan sponsor	ANIMAL HOSPITAL OF SAN ANTONIO	c EIN-PN 74-2730472-001
a	Plan name	ARCHITECTS WEEKS AMBROSE MCDONAL	
b	Name of plan sponsor	ARCHITECTS WEEKS AMBROSE MCDONAL	c EIN-PN 62-1315129-001
a	Plan name	ARCHPLAN INC.	
b	Name of plan sponsor	ARCHPLAN INC.	c EIN-PN 52-1856552-001
a	Plan name	ARSEN TERJIMANIAN	
b	Name of plan sponsor	ARSEN TERJIMANIAN	c EIN-PN 38-2374369-002
a	Plan name	ATUL KARKHANIS ARCHITECTS	
b	Name of plan sponsor	ATUL KARKHANIS ARCHITECTS	c EIN-PN 36-3690353-001
a	Plan name	BARRY J. MCNAMARA, O.D., P.C.	
b	Name of plan sponsor	BARRY J. MCNAMARA, O.D., P.C.	c EIN-PN 63-1111529-001
a	Plan name	BILLY ALBERT HULLUM	
b	Name of plan sponsor	BILLY ALBERT HULLUM	c EIN-PN 75-2550176-001
a	Plan name	BLAIR & MUI DOWD ARCHITECTS, PC	
b	Name of plan sponsor	BLAIR & MUI DOWD ARCHITECTS, PC	c EIN-PN 45-2796294-001
a	Plan name	BODIES IN MOTION PHYSICAL THERAPY I	
b	Name of plan sponsor	BODIES IN MOTION PHYSICAL THERAPY I	c EIN-PN 90-0923773-001
a	Plan name	BRADLEY PARKER & ASSOCIATES, PC	
b	Name of plan sponsor	BRADLEY PARKER & ASSOCIATES, PC	c EIN-PN 54-1215250-002

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	ANGELA L. HARRIS MD, PC	
b	Name of plan sponsor	ANGELA L. HARRIS MD, PC	c EIN-PN 38-3344457-001
a	Plan name	ANIMAL HEALTH CLINIC AND HOSP.	
b	Name of plan sponsor	ANIMAL HEALTH CLINIC AND HOSP.	c EIN-PN 36-3568153-001
a	Plan name	ANIMAL HOSPITAL OF SAN ANTONIO	
b	Name of plan sponsor	ANIMAL HOSPITAL OF SAN ANTONIO	c EIN-PN 74-2730472-001
a	Plan name	ARCHITECTS WEEKS AMBROSE MCDONAL	
b	Name of plan sponsor	ARCHITECTS WEEKS AMBROSE MCDONAL	c EIN-PN 62-1315129-001
a	Plan name	ARCHPLAN INC.	
b	Name of plan sponsor	ARCHPLAN INC.	c EIN-PN 52-1856552-001
a	Plan name	ARSEN TERJIMANIAN	
b	Name of plan sponsor	ARSEN TERJIMANIAN	c EIN-PN 38-2374369-002
a	Plan name	ATUL KARKHANIS ARCHITECTS	
b	Name of plan sponsor	ATUL KARKHANIS ARCHITECTS	c EIN-PN 36-3690353-001
a	Plan name	BARRY J. MCNAMARA, O.D., P.C.	
b	Name of plan sponsor	BARRY J. MCNAMARA, O.D., P.C.	c EIN-PN 63-1111529-001
a	Plan name	BILLY ALBERT HULLUM	
b	Name of plan sponsor	BILLY ALBERT HULLUM	c EIN-PN 75-2550176-001
a	Plan name	BLAIR & MUI DOWD ARCHITECTS, PC	
b	Name of plan sponsor	BLAIR & MUI DOWD ARCHITECTS, PC	c EIN-PN 45-2796294-001
a	Plan name	BODIES IN MOTION PHYSICAL THERAPY I	
b	Name of plan sponsor	BODIES IN MOTION PHYSICAL THERAPY I	c EIN-PN 90-0923773-001
a	Plan name	BRADLEY PARKER & ASSOCIATES, PC	
b	Name of plan sponsor	BRADLEY PARKER & ASSOCIATES, PC	c EIN-PN 54-1215250-002

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	CLAY I. CAMPBELL MD.	
b	Name of plan sponsor	CLAY I. CAMPBELL MD.	c EIN-PN 82-0472442-001
a	Plan name	COLLIER OTOLARYNGOLOGY	
b	Name of plan sponsor	COLLIER OTOLARYNGOLOGY	c EIN-PN 59-3571652-001
a	Plan name	COLLIER OTOLARYNGOLOGY	
b	Name of plan sponsor	COLLIER OTOLARYNGOLOGY	c EIN-PN 59-3571652-002
a	Plan name	COMMUNITY HOSPITAL OF W.SUFFOLK	
b	Name of plan sponsor	COMMUNITY HOSPITAL OF W.SUFFOLK	c EIN-PN 11-1983211-004
a	Plan name	CORNACCHIA ARCHITECTS & PLANNERS	
b	Name of plan sponsor	CORNACCHIA ARCHITECTS & PLANNERS	c EIN-PN 13-3436689-001
a	Plan name	CRIS A. LEMON, CPA SAFE HARBOR 401K	
b	Name of plan sponsor	CRIS A. LEMON, CPA SAFE HARBOR 401K	c EIN-PN 75-2557389-001
a	Plan name	CUPERTINO FAMILY EYE CARE OPTOMETRY	
b	Name of plan sponsor	CUPERTINO FAMILY EYE CARE OPTOMETRY	c EIN-PN 77-0521404-001
a	Plan name	D.S. HAGEN & COMPANY, P.C.	
b	Name of plan sponsor	D.S. HAGEN & COMPANY, P.C.	c EIN-PN 75-2662092-001
a	Plan name	DAVID CHARLES BERMAN ESQ. P.C.	
b	Name of plan sponsor	DAVID CHARLES BERMAN ESQ. P.C.	c EIN-PN 22-3413371-001
a	Plan name	DENNIS KOWAL ARCHITECTS	
b	Name of plan sponsor	DENNIS KOWAL ARCHITECTS	c EIN-PN 22-2837849-002
a	Plan name	DEREK RUBINOFF, ARCHITECT	
b	Name of plan sponsor	DEREK RUBINOFF, ARCHITECT	c EIN-PN 27-2242540-001
a	Plan name	DEZANEK PODIATRY CENTER	
b	Name of plan sponsor	DEZANEK PODIATRY CENTER	c EIN-PN 36-3262267-001

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	CLAY I. CAMPBELL MD.	
b	Name of plan sponsor	CLAY I. CAMPBELL MD.	c EIN-PN 82-0472442-001
a	Plan name	COLLIER OTOLARYNGOLOGY	
b	Name of plan sponsor	COLLIER OTOLARYNGOLOGY	c EIN-PN 59-3571652-001
a	Plan name	COLLIER OTOLARYNGOLOGY	
b	Name of plan sponsor	COLLIER OTOLARYNGOLOGY	c EIN-PN 59-3571652-002
a	Plan name	COMMUNITY HOSPITAL OF W.SUFFOLK	
b	Name of plan sponsor	COMMUNITY HOSPITAL OF W.SUFFOLK	c EIN-PN 11-1983211-004
a	Plan name	CORNACCHIA ARCHITECTS & PLANNERS	
b	Name of plan sponsor	CORNACCHIA ARCHITECTS & PLANNERS	c EIN-PN 13-3436689-001
a	Plan name	CRIS A. LEMON, CPA SAFE HARBOR 401K	
b	Name of plan sponsor	CRIS A. LEMON, CPA SAFE HARBOR 401K	c EIN-PN 75-2557389-001
a	Plan name	CUPERTINO FAMILY EYE CARE OPTOMETRY	
b	Name of plan sponsor	CUPERTINO FAMILY EYE CARE OPTOMETRY	c EIN-PN 77-0521404-001
a	Plan name	D.S. HAGEN & COMPANY, P.C.	
b	Name of plan sponsor	D.S. HAGEN & COMPANY, P.C.	c EIN-PN 75-2662092-001
a	Plan name	DAVID CHARLES BERMAN ESQ. P.C.	
b	Name of plan sponsor	DAVID CHARLES BERMAN ESQ. P.C.	c EIN-PN 22-3413371-001
a	Plan name	DENNIS KOWAL ARCHITECTS	
b	Name of plan sponsor	DENNIS KOWAL ARCHITECTS	c EIN-PN 22-2837849-002
a	Plan name	DEREK RUBINOFF, ARCHITECT	
b	Name of plan sponsor	DEREK RUBINOFF, ARCHITECT	c EIN-PN 27-2242540-001
a	Plan name	DEZANEK PODIATRY CENTER	
b	Name of plan sponsor	DEZANEK PODIATRY CENTER	c EIN-PN 36-3262267-001

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	EAST DETROIT ANIMAL HOSPITAL	
b	Name of plan sponsor	EAST DETROIT ANIMAL HOSPITAL	c EIN-PN 46-2623226-001
a	Plan name	EAST GRANBY FAMILY PRACTICE LLC	
b	Name of plan sponsor	EAST GRANBY FAMILY PRACTICE LLC	c EIN-PN 06-0981463-001
a	Plan name	ENVIROSPACE ARCHITECTURE, DPC	
b	Name of plan sponsor	ENVIROSPACE ARCHITECTURE, DPC	c EIN-PN 82-2962316-001
a	Plan name	EUBANKS GROUP ARCHITECTS	
b	Name of plan sponsor	EUBANKS GROUP ARCHITECTS	c EIN-PN 76-0131886-001
a	Plan name	EUGENE F. FERONTI, JR., CPA	
b	Name of plan sponsor	EUGENE F. FERONTI, JR., CPA	c EIN-PN 76-0050366-001
a	Plan name	EVELYN HANNA, O.D.	
b	Name of plan sponsor	EVELYN HANNA, O.D.	c EIN-PN 72-1255219-001
a	Plan name	EXPORT FOOD & BEVERAGE, INC.	
b	Name of plan sponsor	EXPORT FOOD & BEVERAGE, INC.	c EIN-PN 76-0073497-001
a	Plan name	EYECARE & EYEWEAR LLC	
b	Name of plan sponsor	EYECARE & EYEWEAR LLC	c EIN-PN 81-1314393-001
a	Plan name	FAMILY PRACTICE HUDSON FALLS, P.C.	
b	Name of plan sponsor	FAMILY PRACTICE HUDSON FALLS, P.C.	c EIN-PN 20-0419169-001
a	Plan name	FLAVEL J. HEYMAN, OD	
b	Name of plan sponsor	FLAVEL J. HEYMAN, OD	c EIN-PN 37-1135513-001
a	Plan name	FOCUS VISION OPTOMETRY	
b	Name of plan sponsor	FOCUS VISION OPTOMETRY	c EIN-PN 20-4519163-001
a	Plan name	GENEVA EYE CARE OPTOMETRY	
b	Name of plan sponsor	GENEVA EYE CARE OPTOMETRY	c EIN-PN 46-2619623-001

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	EAST DETROIT ANIMAL HOSPITAL	
b	Name of plan sponsor	EAST DETROIT ANIMAL HOSPITAL	c EIN-PN 46-2623226-001
a	Plan name	EAST GRANBY FAMILY PRACTICE LLC	
b	Name of plan sponsor	EAST GRANBY FAMILY PRACTICE LLC	c EIN-PN 06-0981463-001
a	Plan name	ENVIROSPACE ARCHITECTURE, DPC	
b	Name of plan sponsor	ENVIROSPACE ARCHITECTURE, DPC	c EIN-PN 82-2962316-001
a	Plan name	EUBANKS GROUP ARCHITECTS	
b	Name of plan sponsor	EUBANKS GROUP ARCHITECTS	c EIN-PN 76-0131886-001
a	Plan name	EUGENE F. FERONTI, JR., CPA	
b	Name of plan sponsor	EUGENE F. FERONTI, JR., CPA	c EIN-PN 76-0050366-001
a	Plan name	EVELYN HANNA, O.D.	
b	Name of plan sponsor	EVELYN HANNA, O.D.	c EIN-PN 72-1255219-001
a	Plan name	EXPORT FOOD & BEVERAGE, INC.	
b	Name of plan sponsor	EXPORT FOOD & BEVERAGE, INC.	c EIN-PN 76-0073497-001
a	Plan name	EYECARE & EYEWEAR LLC	
b	Name of plan sponsor	EYECARE & EYEWEAR LLC	c EIN-PN 81-1314393-001
a	Plan name	FAMILY PRACTICE HUDSON FALLS, P.C.	
b	Name of plan sponsor	FAMILY PRACTICE HUDSON FALLS, P.C.	c EIN-PN 20-0419169-001
a	Plan name	FLAVEL J. HEYMAN, OD	
b	Name of plan sponsor	FLAVEL J. HEYMAN, OD	c EIN-PN 37-1135513-001
a	Plan name	FOCUS VISION OPTOMETRY	
b	Name of plan sponsor	FOCUS VISION OPTOMETRY	c EIN-PN 20-4519163-001
a	Plan name	GENEVA EYE CARE OPTOMETRY	
b	Name of plan sponsor	GENEVA EYE CARE OPTOMETRY	c EIN-PN 46-2619623-001

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	INGRAM & INGRAM, L.L.C.	
b Name of plan sponsor	INGRAM & INGRAM, L.L.C.	c EIN-PN 63-1214450-001
a Plan name	INSIGHT EYECARE	
b Name of plan sponsor	INSIGHT EYECARE	c EIN-PN 74-1977661-001
a Plan name	INTERSTICE ARCHITECTS INC.	
b Name of plan sponsor	INTERSTICE ARCHITECTS INC.	c EIN-PN 20-4325841-001
a Plan name	J.W. BENCO INC	
b Name of plan sponsor	J.W. BENCO INC	c EIN-PN 54-1628873-001
a Plan name	JACQUELINE K. HOANG, M.D., PC	
b Name of plan sponsor	JACQUELINE K. HOANG, M.D., PC	c EIN-PN 54-1907610-002
a Plan name	JAMES BROOMAS, CPA	
b Name of plan sponsor	JAMES BROOMAS, CPA	c EIN-PN 76-0026622-002
a Plan name	JAMES CAHILL, D.P.M.	
b Name of plan sponsor	JAMES CAHILL, D.P.M.	c EIN-PN 57-0870655-001
a Plan name	JAMES E ANDREWS	
b Name of plan sponsor	JAMES E ANDREWS	c EIN-PN 46-3403369-001
a Plan name	JAMES M. SWARTZ, PT	
b Name of plan sponsor	JAMES M. SWARTZ, PT	c EIN-PN 16-1225331-001
a Plan name	JESSICA BASA, MD, INC.	
b Name of plan sponsor	JESSICA BASA, MD, INC.	c EIN-PN 75-2972112-001
a Plan name	JETT LANDSCAPE ARCHITECTURE DESIGN	
b Name of plan sponsor	JETT LANDSCAPE ARCHITECTURE DESIGN	c EIN-PN 65-1272543-001
a Plan name	JOEL & JOEL, LLP	
b Name of plan sponsor	JOEL & JOEL, LLP	c EIN-PN 22-2716342-001

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	INGRAM & INGRAM, L.L.C.	
b Name of plan sponsor	INGRAM & INGRAM, L.L.C.	c EIN-PN 63-1214450-001
a Plan name	INSIGHT EYECARE	
b Name of plan sponsor	INSIGHT EYECARE	c EIN-PN 74-1977661-001
a Plan name	INTERSTICE ARCHITECTS INC.	
b Name of plan sponsor	INTERSTICE ARCHITECTS INC.	c EIN-PN 20-4325841-001
a Plan name	J.W. BENCO INC	
b Name of plan sponsor	J.W. BENCO INC	c EIN-PN 54-1628873-001
a Plan name	JACQUELINE K. HOANG, M.D., PC	
b Name of plan sponsor	JACQUELINE K. HOANG, M.D., PC	c EIN-PN 54-1907610-002
a Plan name	JAMES BROOMAS, CPA	
b Name of plan sponsor	JAMES BROOMAS, CPA	c EIN-PN 76-0026622-002
a Plan name	JAMES CAHILL, D.P.M.	
b Name of plan sponsor	JAMES CAHILL, D.P.M.	c EIN-PN 57-0870655-001
a Plan name	JAMES E ANDREWS	
b Name of plan sponsor	JAMES E ANDREWS	c EIN-PN 46-3403369-001
a Plan name	JAMES M. SWARTZ, PT	
b Name of plan sponsor	JAMES M. SWARTZ, PT	c EIN-PN 16-1225331-001
a Plan name	JESSICA BASA, MD, INC.	
b Name of plan sponsor	JESSICA BASA, MD, INC.	c EIN-PN 75-2972112-001
a Plan name	JETT LANDSCAPE ARCHITECTURE DESIGN	
b Name of plan sponsor	JETT LANDSCAPE ARCHITECTURE DESIGN	c EIN-PN 65-1272543-001
a Plan name	JOEL & JOEL, LLP	
b Name of plan sponsor	JOEL & JOEL, LLP	c EIN-PN 22-2716342-001

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	KRISTINE BURKE, MD, INC.	
b	Name of plan sponsor	KRISTINE BURKE, MD, INC.	c EIN-PN 68-0457144-001
a	Plan name	LA SALETTE PPHC LLC PLAN	
b	Name of plan sponsor	LA SALETTE PPHC LLC PLAN	c EIN-PN 43-2029365-001
a	Plan name	LABUNSKI ASSOCIATES INC.	
b	Name of plan sponsor	LABUNSKI ASSOCIATES INC.	c EIN-PN 74-1999420-001
a	Plan name	LADUKE CONSTRUCTION LLC	
b	Name of plan sponsor	LADUKE CONSTRUCTION, LLC	c EIN-PN 38-2497858-001
a	Plan name	LEZAJ EYE CARE, PC	
b	Name of plan sponsor	LEZAJ EYE CARE, PC	c EIN-PN 02-0558638-001
a	Plan name	LOUIS L. GREENBLATT M.D.	
b	Name of plan sponsor	LOUIS L. GREENBLATT M.D.	c EIN-PN 11-2860675-002
a	Plan name	LOVALL & ASSOC.	
b	Name of plan sponsor	LOVALL & ASSOC.	c EIN-PN 35-1920684-001
a	Plan name	LUBBOCK FAMILY MEDICINE ASSOCIATES	
b	Name of plan sponsor	LFM ASSOCIATES PA	c EIN-PN 85-4141529-001
a	Plan name	MANCHESTER FAMILY HEALTH CENTER	
b	Name of plan sponsor	MANCHESTER FAMILY HEALTH CENTER	c EIN-PN 02-0373401-002
a	Plan name	MARK A. RAMIREZ, M.D.	
b	Name of plan sponsor	MARK A. RAMIREZ, M.D.	c EIN-PN 33-0532142-001
a	Plan name	MARK GOLDBERG DPM	
b	Name of plan sponsor	MARK GOLDBERG DPM	c EIN-PN 22-3118554-001
a	Plan name	MARY A COREY, DVM INC DBA STREAM V	
b	Name of plan sponsor	MARY A COREY, DVM INC DBA STREAM V	c EIN-PN 54-1992359-001

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	KRISTINE BURKE, MD, INC.	
b	Name of plan sponsor	KRISTINE BURKE, MD, INC.	c EIN-PN 68-0457144-001
a	Plan name	LA SALETTE PPHC LLC PLAN	
b	Name of plan sponsor	LA SALETTE PPHC LLC PLAN	c EIN-PN 43-2029365-001
a	Plan name	LABUNSKI ASSOCIATES INC.	
b	Name of plan sponsor	LABUNSKI ASSOCIATES INC.	c EIN-PN 74-1999420-001
a	Plan name	LADUKE CONSTRUCTION LLC	
b	Name of plan sponsor	LADUKE CONSTRUCTION, LLC	c EIN-PN 38-2497858-001
a	Plan name	LEZAJ EYE CARE, PC	
b	Name of plan sponsor	LEZAJ EYE CARE, PC	c EIN-PN 02-0558638-001
a	Plan name	LOUIS L. GREENBLATT M.D.	
b	Name of plan sponsor	LOUIS L. GREENBLATT M.D.	c EIN-PN 11-2860675-002
a	Plan name	LOVALL & ASSOC.	
b	Name of plan sponsor	LOVALL & ASSOC.	c EIN-PN 35-1920684-001
a	Plan name	LUBBOCK FAMILY MEDICINE ASSOCIATES	
b	Name of plan sponsor	LFM ASSOCIATES PA	c EIN-PN 85-4141529-001
a	Plan name	MANCHESTER FAMILY HEALTH CENTER	
b	Name of plan sponsor	MANCHESTER FAMILY HEALTH CENTER	c EIN-PN 02-0373401-002
a	Plan name	MARK A. RAMIREZ, M.D.	
b	Name of plan sponsor	MARK A. RAMIREZ, M.D.	c EIN-PN 33-0532142-001
a	Plan name	MARK GOLDBERG DPM	
b	Name of plan sponsor	MARK GOLDBERG DPM	c EIN-PN 22-3118554-001
a	Plan name	MARY A COREY, DVM INC DBA STREAM V	
b	Name of plan sponsor	MARY A COREY, DVM INC DBA STREAM V	c EIN-PN 54-1992359-001

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	NOLA Z. GEDEON, D.V.M., INC.	
b	Name of plan sponsor	NOLA Z. GEDEON, D.V.M., INC.	c EIN-PN 59-3328872-002
a	Plan name	NORJENES DAYCARE CENTER	
b	Name of plan sponsor	NORJENES DAYCARE CENTER	c EIN-PN 22-2991922-001
a	Plan name	NORJENES DAYCARE CENTER	
b	Name of plan sponsor	NORJENES DAYCARE CENTER	c EIN-PN 22-2991922-002
a	Plan name	NW FOOT CLINIC, P.C.	
b	Name of plan sponsor	NW FOOT CLINIC, P.C.	c EIN-PN 20-1937433-001
a	Plan name	OAKTON ANIMAL HOSPITAL	
b	Name of plan sponsor	OAKTON ANIMAL HOSPITAL	c EIN-PN 36-4103859-001
a	Plan name	OBERLIN PEDIATRICS, INC.	
b	Name of plan sponsor	OBERLIN PEDIATRICS, INC.	c EIN-PN 34-1951643-001
a	Plan name	PA OPTOMETRIC ASSOCIATION	
b	Name of plan sponsor	PA OPTOMETRIC ASSOCIATION	c EIN-PN 23-1327408-001
a	Plan name	PALM HARBOR FAM. PRAC. & WALK IN	
b	Name of plan sponsor	PALM HARBOR FAM. PRAC. & WALK IN	c EIN-PN 59-3046976-001
a	Plan name	PARK PLACE PET HOSPITAL, PC	
b	Name of plan sponsor	PARK PLACE PET HOSPITAL, PC	c EIN-PN 75-2237549-001
a	Plan name	PAT H. JANKI, MD, PA	
b	Name of plan sponsor	PAT H. JANKI, MD, PA	c EIN-PN 76-0635534-001
a	Plan name	PEAK HEALTH MEDICAL GROUP, INC.	
b	Name of plan sponsor	PEAK HEALTH MEDICAL GROUP, INC.	c EIN-PN 95-4841885-001
a	Plan name	PERFECT FINISHING INC	
b	Name of plan sponsor	PERFECT FINISHING INC	c EIN-PN 20-3483256-002

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	NOLA Z. GEDEON, D.V.M., INC.	
b	Name of plan sponsor	NOLA Z. GEDEON, D.V.M., INC.	c EIN-PN 59-3328872-002
a	Plan name	NORJENES DAYCARE CENTER	
b	Name of plan sponsor	NORJENES DAYCARE CENTER	c EIN-PN 22-2991922-001
a	Plan name	NORJENES DAYCARE CENTER	
b	Name of plan sponsor	NORJENES DAYCARE CENTER	c EIN-PN 22-2991922-002
a	Plan name	NW FOOT CLINIC, P.C.	
b	Name of plan sponsor	NW FOOT CLINIC, P.C.	c EIN-PN 20-1937433-001
a	Plan name	OAKTON ANIMAL HOSPITAL	
b	Name of plan sponsor	OAKTON ANIMAL HOSPITAL	c EIN-PN 36-4103859-001
a	Plan name	OBERLIN PEDIATRICS, INC.	
b	Name of plan sponsor	OBERLIN PEDIATRICS, INC.	c EIN-PN 34-1951643-001
a	Plan name	PA OPTOMETRIC ASSOCIATION	
b	Name of plan sponsor	PA OPTOMETRIC ASSOCIATION	c EIN-PN 23-1327408-001
a	Plan name	PALM HARBOR FAM. PRAC. & WALK IN	
b	Name of plan sponsor	PALM HARBOR FAM. PRAC. & WALK IN	c EIN-PN 59-3046976-001
a	Plan name	PARK PLACE PET HOSPITAL, PC	
b	Name of plan sponsor	PARK PLACE PET HOSPITAL, PC	c EIN-PN 75-2237549-001
a	Plan name	PAT H. JANKI, MD, PA	
b	Name of plan sponsor	PAT H. JANKI, MD, PA	c EIN-PN 76-0635534-001
a	Plan name	PEAK HEALTH MEDICAL GROUP, INC.	
b	Name of plan sponsor	PEAK HEALTH MEDICAL GROUP, INC.	c EIN-PN 95-4841885-001
a	Plan name	PERFECT FINISHING INC	
b	Name of plan sponsor	PERFECT FINISHING INC	c EIN-PN 20-3483256-002

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	RONNIE C. REAVES, PA	
b	Name of plan sponsor	RONNIE C. REAVES, PA	c EIN-PN 56-1680400-001
a	Plan name	ROTHSVILLE FAMILY PRACTICE	
b	Name of plan sponsor	ROTHSVILLE FAMILY PRACTICE	c EIN-PN 23-2339590-001
a	Plan name	SARA MABIE, OD, PA	
b	Name of plan sponsor	SARA MABIE, OD, PA	c EIN-PN 41-1936009-001
a	Plan name	SOUTH TEXAS FASTENERS & SUPPLY	
b	Name of plan sponsor	SOUTH TEXAS FASTENERS & SUPPLY	c EIN-PN 76-0601210-001
a	Plan name	SOUTHWEST DALLAS EYECARE	
b	Name of plan sponsor	SOUTHWEST DALLAS EYECARE	c EIN-PN 75-2800216-001
a	Plan name	ST. CHARLES ANIMAL HOSPITAL	
b	Name of plan sponsor	ST. CHARLES ANIMAL HOSPITAL	c EIN-PN 52-1128692-001
a	Plan name	STAMFORD VISION CARE LLC	
b	Name of plan sponsor	STAMFORD VISION CARE LLC	c EIN-PN 06-1613985-001
a	Plan name	STELLA LEVIN OD	
b	Name of plan sponsor	STELLA LEVIN, OD	c EIN-PN 82-3020380-001
a	Plan name	STEPHEN P. KING, M.D.	
b	Name of plan sponsor	STEPHEN P. KING, M.D.	c EIN-PN 91-1441776-001
a	Plan name	SUNGHO JUN MD PC	
b	Name of plan sponsor	SUNGHO JUN MD PC	c EIN-PN 85-0464955-001
a	Plan name	THE CENTER FOR SPORTS MEDICINE & RE	
b	Name of plan sponsor	THE CENTER FOR SPORTS MEDICINE & RE	c EIN-PN 13-4321442-001
a	Plan name	THERESA M. LOCKE PHYSICAL THERAPY,	
b	Name of plan sponsor	THERESA M. LOCKE PHYSICAL THERAPY,	c EIN-PN 20-0997774-001

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	RONNIE C. REAVES, PA	
b	Name of plan sponsor	RONNIE C. REAVES, PA	c EIN-PN 56-1680400-001
a	Plan name	ROTHSVILLE FAMILY PRACTICE	
b	Name of plan sponsor	ROTHSVILLE FAMILY PRACTICE	c EIN-PN 23-2339590-001
a	Plan name	SARA MABIE, OD, PA	
b	Name of plan sponsor	SARA MABIE, OD, PA	c EIN-PN 41-1936009-001
a	Plan name	SOUTH TEXAS FASTENERS & SUPPLY	
b	Name of plan sponsor	SOUTH TEXAS FASTENERS & SUPPLY	c EIN-PN 76-0601210-001
a	Plan name	SOUTHWEST DALLAS EYECARE	
b	Name of plan sponsor	SOUTHWEST DALLAS EYECARE	c EIN-PN 75-2800216-001
a	Plan name	ST. CHARLES ANIMAL HOSPITAL	
b	Name of plan sponsor	ST. CHARLES ANIMAL HOSPITAL	c EIN-PN 52-1128692-001
a	Plan name	STAMFORD VISION CARE LLC	
b	Name of plan sponsor	STAMFORD VISION CARE LLC	c EIN-PN 06-1613985-001
a	Plan name	STELLA LEVIN OD	
b	Name of plan sponsor	STELLA LEVIN, OD	c EIN-PN 82-3020380-001
a	Plan name	STEPHEN P. KING, M.D.	
b	Name of plan sponsor	STEPHEN P. KING, M.D.	c EIN-PN 91-1441776-001
a	Plan name	SUNGHO JUN MD PC	
b	Name of plan sponsor	SUNGHO JUN MD PC	c EIN-PN 85-0464955-001
a	Plan name	THE CENTER FOR SPORTS MEDICINE & RE	
b	Name of plan sponsor	THE CENTER FOR SPORTS MEDICINE & RE	c EIN-PN 13-4321442-001
a	Plan name	THERESA M. LOCKE PHYSICAL THERAPY,	
b	Name of plan sponsor	THERESA M. LOCKE PHYSICAL THERAPY,	c EIN-PN 20-0997774-001

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	COOS BAY - NORTH BEND	
b	Name of plan sponsor	COOS BAY - NORTH BEND	c EIN-PN 93-6001449-001
a	Plan name	EMPLOYEES RETIREMENT PROGRAM	
b	Name of plan sponsor	EMPLOYEES RETIREMENT PROGRAM	c EIN-PN 13-5570651-001
a	Plan name	EQUI-PEN PLUS	
b	Name of plan sponsor	EQUI-PEN PLUS	c EIN-PN 13-5570651-001
a	Plan name	WCSC LLP RETIREMENT PLAN	
b	Name of plan sponsor	WCSC LLP RETIREMENT PLAN	c EIN-PN 74-2485161-001
a	Plan name	WEST CHESTER ANIMAL HOSPITAL	
b	Name of plan sponsor	WEST CHESTER ANIMAL HOSPITAL	c EIN-PN 23-2715881-001
a	Plan name	WILLIAM TOM OD & WESLEY TOM OD	
b	Name of plan sponsor	WILLIAM TOM OD & WESLEY TOM OD	c EIN-PN 95-4458789-001
a	Plan name	WOUNDCENTRICS	
b	Name of plan sponsor	WOUNDCENTRICS	c EIN-PN 46-1600830-001
a	Plan name	WRAY COMMUNITY HEALTH CLINIC PC	
b	Name of plan sponsor	WRAY COMMUNITY HEALTH CLINIC PC	c EIN-PN 84-1505891-002
a	Plan name	YOLANDA T. GRADY, M.D., INC.	
b	Name of plan sponsor	YOLANDA T. GRADY, M.D., INC.	c EIN-PN 20-1653638-001
a	Plan name	ZARAGOSA MEDICAL CENTER	
b	Name of plan sponsor	ZARAGOSA MEDICAL CENTER	c EIN-PN 74-2996090-001
a	Plan name	126 POST SALON SPA	
b	Name of plan sponsor	126 POST SALON SPA	c EIN-PN 20-3697136-001
a	Plan name	ASSOCIATION MEMBERS RETIREMENT PROGRAM	
b	Name of plan sponsor	ASSOCIATION MEMBERS RETIREMENT PROGRAM	c EIN-PN 13-5570651-001

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	COOS BAY - NORTH BEND	
b	Name of plan sponsor	COOS BAY - NORTH BEND	c EIN-PN 93-6001449-001
a	Plan name	EMPLOYEES RETIREMENT PROGRAM	
b	Name of plan sponsor	EMPLOYEES RETIREMENT PROGRAM	c EIN-PN 13-5570651-001
a	Plan name	EQUI-PEN PLUS	
b	Name of plan sponsor	EQUI-PEN PLUS	c EIN-PN 13-5570651-001
a	Plan name	WCSC LLP RETIREMENT PLAN	
b	Name of plan sponsor	WCSC LLP RETIREMENT PLAN	c EIN-PN 74-2485161-001
a	Plan name	WEST CHESTER ANIMAL HOSPITAL	
b	Name of plan sponsor	WEST CHESTER ANIMAL HOSPITAL	c EIN-PN 23-2715881-001
a	Plan name	WILLIAM TOM OD & WESLEY TOM OD	
b	Name of plan sponsor	WILLIAM TOM OD & WESLEY TOM OD	c EIN-PN 95-4458789-001
a	Plan name	WOUNDCENTRICS	
b	Name of plan sponsor	WOUNDCENTRICS	c EIN-PN 46-1600830-001
a	Plan name	WRAY COMMUNITY HEALTH CLINIC PC	
b	Name of plan sponsor	WRAY COMMUNITY HEALTH CLINIC PC	c EIN-PN 84-1505891-002
a	Plan name	YOLANDA T. GRADY, M.D., INC.	
b	Name of plan sponsor	YOLANDA T. GRADY, M.D., INC.	c EIN-PN 20-1653638-001
a	Plan name	ZARAGOSA MEDICAL CENTER	
b	Name of plan sponsor	ZARAGOSA MEDICAL CENTER	c EIN-PN 74-2996090-001
a	Plan name	126 POST SALON SPA	
b	Name of plan sponsor	126 POST SALON SPA	c EIN-PN 20-3697136-001
a	Plan name	ASSOCIATION MEMBERS RETIREMENT PROGRAM	
b	Name of plan sponsor	ASSOCIATION MEMBERS RETIREMENT PROGRAM	c EIN-PN 13-5570651-001

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
--	--	--

For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
A Name of plan EQUITABLE FINANCIAL LIFE INSURANCE COMPANY POOLED SA03	B Three-digit plan number (PN) ▶ 003
C Plan sponsor's name as shown on line 2a of Form 5500 EQUITABLE LIFE INSURANCE COMPANY	D Employer Identification Number (EIN) 13-5570651

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.

		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	379616	606858
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	24489	10964
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)	22376356	22123035
(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)		
(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	22780461	22740857
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h		
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j	113784	60977
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	113784	60977
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	22666677	22679880

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)	18903	
(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)	101177	
(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)	21879327	
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	17922741	
(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)	151329	
(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		4227995

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)	122856	
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)		
(5) Investment advisory and investment management fees	2i(5)	227100	
(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)	14083	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		364039
j Total expenses. Add all expense amounts in column (b) and enter total	2j		364039

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		3863956
l Transfers of assets:			
(1) To this plan	2l(1)		1120131
(2) From this plan	2l(2)		4970884

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 _____.