

Form 5500

Annual Return/Report of Employee Benefit Plan

OMB Nos. 1210-0110 1210-0089

2024

This Form is Open to Public Inspection

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

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.

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, a single-employer plan, a DFE (specify) C, B This return/report is: the first return/report, the final return/report, an amended return/report, a short plan year return/report, 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, 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 UNIFIED COLLECTIVE INVESTMENT TRUST FOR EMPLOYEE BENEFIT PLANS, 1b Three-digit plan number (PN) 001, 1c Effective date of plan, 2a Plan sponsor's name (employer, if for a single-employer plan) AMERICAN TRUST COMPANY, 2b Employer Identification Number (EIN) 61-2025474, 2c Plan Sponsor's telephone number 901-753-9080, 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.

Table with 4 columns: SIGN HERE, Signature of plan administrator, Date, Enter name of individual signing as plan administrator. Includes entries for employer/plan sponsor and DFE.

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

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

**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:

<b>9a</b> 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	<b>9b</b> 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)

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

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

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

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

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

Receipt Confirmation Code \_\_\_\_\_

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

<b>A</b> Name of plan <u>UNIFIED COLLECTIVE INVESTMENT TRUST FOR EMPLOYEE BENEFIT PLANS</u>	<b>B</b> Three-digit plan number (PN)	<u>001</u>
<b>C</b> Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>AMERICAN TRUST COMPANY</u>	<b>D</b> Employer Identification Number (EIN) <u>61-2025474</u>	

<b>Part I</b>	<b>Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)</b> (Complete as many entries as needed to report all interests in DFEs)
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<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	LAKE ERIE GOLF CARS 401(K) PLAN	
<b>b</b>	Name of plan sponsor	LAKE ERIE GOLF CARS, LLC	<b>c</b> EIN-PN 34-1880513-001
<b>a</b>	Plan name	VOGUE TYRE & RUBBER COMPANY 401(K) PLAN	
<b>b</b>	Name of plan sponsor	VOGUE TYRE & RUBBER COMPANY	<b>c</b> EIN-PN 36-1917460-002
<b>a</b>	Plan name	COLEMAN SPOHN CORPORATION 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	COLEMAN SPOHN CORPORATION	<b>c</b> EIN-PN 34-1781243-001
<b>a</b>	Plan name	NUNERY & CALL, PLLC 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	NUNERY & CALL, PLLC	<b>c</b> EIN-PN 20-4886215-001
<b>a</b>	Plan name	CCB PACKAGING, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	CCB PACKAGING, INC.	<b>c</b> EIN-PN 42-1321436-001
<b>a</b>	Plan name	VALLEY TRUSS CO., INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	VALLEY TRUSS CO., INC.	<b>c</b> EIN-PN 82-0409989-001
<b>a</b>	Plan name	I. B. MOORE COMPANY 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	I.B. MOORE COMPANY, LLC	<b>c</b> EIN-PN 20-2277461-001
<b>a</b>	Plan name	HUNT-EAS 401K PLAN	
<b>b</b>	Name of plan sponsor	HUNT ENGINEERS, ARCHITECTS, LAND SURVEYORS & L ARCHITECT, D.	<b>c</b> EIN-PN 16-1158004-001
<b>a</b>	Plan name	HCI-EBS, INC. 401(K) PROFIT SHARING PLAN AND TRUST	
<b>b</b>	Name of plan sponsor	HCI-EBS, INC.	<b>c</b> EIN-PN 52-2061078-001
<b>a</b>	Plan name	SOLOMON COLORS, INC. SALARY DEFERRAL PLAN	
<b>b</b>	Name of plan sponsor	SOLOMON COLORS, INC.	<b>c</b> EIN-PN 37-1117140-001
<b>a</b>	Plan name	KIRBY MEDICAL CENTER 401(K) PLAN	
<b>b</b>	Name of plan sponsor	KIRBY MEDICAL CENTER	<b>c</b> EIN-PN 37-0661215-003
<b>a</b>	Plan name	NAGEL TRUCK. & MAT. INC, AXLE EQUIP. SALES CO. EE 401K PLAN	
<b>b</b>	Name of plan sponsor	NAGEL TRUCKING & MATERIALS, INC.	<b>c</b> EIN-PN 36-3499610-001

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
<small>(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)</small>			
<b>a</b>	Plan name	PEDIATRIC ASSOCIATES OF STOCKTON 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	PEDIATRIC ASSOCIATES OF STOCKTON	<b>c</b> EIN-PN 91-1845990-003
<b>a</b>	Plan name	WALTERS, BALIDO & CRAIN RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	WALTERS, BALIDO & CRAIN, L.L.P.	<b>c</b> EIN-PN 61-1497895-001
<b>a</b>	Plan name	AMERICAN MIDWEST MORTGAGE CORPORATION 401(K) PLAN	
<b>b</b>	Name of plan sponsor	AMERICAN MIDWEST MORTGAGE CORPORATION	<b>c</b> EIN-PN 34-1180767-001
<b>a</b>	Plan name	ILMO PRODUCTS COMPANY 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	ILMO PRODUCTS COMPANY	<b>c</b> EIN-PN 37-0667434-002
<b>a</b>	Plan name	WOMEN'S HEALTH SERVICES OF CENTRAL VA, INC. 401(K) PSP & TR	
<b>b</b>	Name of plan sponsor	WOMENS HEALTH SERVICES OF CENTRAL VIRGINIA, INC.	<b>c</b> EIN-PN 54-1679157-001
<b>a</b>	Plan name	ALPINE ORTHOPAEDIC MEDICAL GROUP, INC. EMPLOYEES 401(K) PSP	
<b>b</b>	Name of plan sponsor	ALPINE ORTHOPAEDIC MEDICAL GROUP, INC.	<b>c</b> EIN-PN 94-2175532-003
<b>a</b>	Plan name	LLOYD'S KENTUCKY, INC.	
<b>b</b>	Name of plan sponsor	LLOYDS KENTUCKY, INC.	<b>c</b> EIN-PN 61-1262363-001
<b>a</b>	Plan name	VISION CARE ASSOCIATES, LTD. NON-UNION 401(K) PROFIT SHARING	
<b>b</b>	Name of plan sponsor	VISION CARE ASSOCIATES, LTD.	<b>c</b> EIN-PN 37-1273836-003
<b>a</b>	Plan name	VISION CARE ASSOCIATES, LTD. UNION 401(K) PLAN	
<b>b</b>	Name of plan sponsor	VISION CARE ASSOCIATES, LTD.	<b>c</b> EIN-PN 37-1273836-001
<b>a</b>	Plan name	GLOVE HOUSE, INC. 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	GLOVE HOUSE, INC.	<b>c</b> EIN-PN 16-0968676-002
<b>a</b>	Plan name	NATIONAL OUT-OF-HOME MESSAGE SYSTEMS, INC. EE SVGS & INV P	
<b>b</b>	Name of plan sponsor	NATIONAL OUT-OF-HOME MESSAGE SYSTEMS, INC.	<b>c</b> EIN-PN 23-3001029-001
<b>a</b>	Plan name	UNITED GROUP, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	UNITED GROUP, INC.	<b>c</b> EIN-PN 36-3594625-001

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)		
<b>a</b>	Plan name <a href="#">GIERSCH &amp; ASSOCIATES, INC. 401(K) PROFIT SHARING PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">GIERSCH &amp; ASSOCIATES, INC.</a>	<b>c</b> EIN-PN <a href="#">94-2259021-001</a>
<b>a</b>	Plan name <a href="#">ARBOR HOUSING &amp; DEVELOPMENT 401(K) RETIREMENT PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">STEUBEN CHURCHPEOPLE AGAINST POVERTY, INC. DBA ARBOR HOUSING</a>	<b>c</b> EIN-PN <a href="#">16-1166737-002</a>
<b>a</b>	Plan name <a href="#">GMG EMPLOYEES SAVINGS PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">GARBER MANAGEMENT GROUP, INC.</a>	<b>c</b> EIN-PN <a href="#">38-1280515-003</a>
<b>a</b>	Plan name <a href="#">SONNY MERRYMAN, INC. 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">SONNY MERRYMAN, INC.</a>	<b>c</b> EIN-PN <a href="#">54-0806176-003</a>
<b>a</b>	Plan name <a href="#">JAMES R. CORCORAN DDS, PA CASH BALANCE PENSION PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">JAMES R. CORCORAN, D.D.S., P.A.</a>	<b>c</b> EIN-PN <a href="#">27-1437674-002</a>
<b>a</b>	Plan name <a href="#">DB PENSION PLAN FOR THE EES OF AMERICAN RETIREMENT ASSOCIATION</a>	
<b>b</b>	Name of plan sponsor <a href="#">AMERICAN RETIREMENT ASSOCIATION</a>	<b>c</b> EIN-PN <a href="#">75-1247887-003</a>
<b>a</b>	Plan name <a href="#">DOOR WORKS, INC. 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">DOOR WORKS, INC.</a>	<b>c</b> EIN-PN <a href="#">22-2909079-001</a>
<b>a</b>	Plan name <a href="#">DUPACO COMMUNITY CREDIT UNION SALARY SAVINGS PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">DUPACO COMMUNITY CREDIT UNION</a>	<b>c</b> EIN-PN <a href="#">42-0674206-002</a>
<b>a</b>	Plan name <a href="#">BODIES BY BRENENGEN 401(K) PROFIT SHARING PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">BODIES BY BRENENGEN, INC.</a>	<b>c</b> EIN-PN <a href="#">39-1944044-001</a>
<b>a</b>	Plan name <a href="#">TEXAS DISTRICT &amp; COUNTY ATTORNEY ASSOC. 401(K) SAVINGS PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">TEXAS DISTRICT &amp; COUNTY ATTORNEY ASSOCIATION</a>	<b>c</b> EIN-PN <a href="#">74-1682894-001</a>
<b>a</b>	Plan name <a href="#">ONE ANESTHESIA 401(K) PROFIT SHARING PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">ONE ANESTHESIA, PLLC</a>	<b>c</b> EIN-PN <a href="#">61-0841763-002</a>
<b>a</b>	Plan name <a href="#">UWHARRIE CAPITAL CORP EMPLOYEES 401(K) RETIREMENT PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">UWHARRIE CAPITAL CORP</a>	<b>c</b> EIN-PN <a href="#">56-1814206-001</a>

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	CONTINENTAL REFINING COMPANY 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	CONTINENTAL REFINING COMPANY LLC	<b>c</b> EIN-PN 26-3515098-001
<b>a</b>	Plan name	CSE, INC. PROFIT SHARING 401(K) PLAN	
<b>b</b>	Name of plan sponsor	CSE, INC.	<b>c</b> EIN-PN 54-0858951-001
<b>a</b>	Plan name	COMPASS EMERGENCY PHYSICIANS 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	COMPASS EMERGENCY PHYSICIANS, PSC	<b>c</b> EIN-PN 31-0867547-001
<b>a</b>	Plan name	FINANCIAL DESIGNS, INC. 401(K) PROFIT SHARING PLAN AND TRUST	
<b>b</b>	Name of plan sponsor	FINANCIAL DESIGNS, INC.	<b>c</b> EIN-PN 54-1326454-001
<b>a</b>	Plan name	MOUNTAIN STATE WASTE 401(K) PLAN	
<b>b</b>	Name of plan sponsor	RGL INC. DBA MOUNTAIN STATE WASTE	<b>c</b> EIN-PN 45-3856546-001
<b>a</b>	Plan name	CONCORD ENGINEERING & SURVEYING 401(K) PLAN	
<b>b</b>	Name of plan sponsor	CONCORD ENGINEERING & SURVEYING, INC.	<b>c</b> EIN-PN 56-1204578-001
<b>a</b>	Plan name	WHEATON DUMONT CO OP ELEVATOR 401(K) PLAN	
<b>b</b>	Name of plan sponsor	WHEATON DUMONT CO OP ELEVATOR	<b>c</b> EIN-PN 41-0248030-002
<b>a</b>	Plan name	GAGNON, INC. PROFIT SHARING PLAN AND TRUST	
<b>b</b>	Name of plan sponsor	GAGNON, INC.	<b>c</b> EIN-PN 39-0798850-002
<b>a</b>	Plan name	FEDERATED LIGHTING, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	FEDERATED LIGHTING, INC.	<b>c</b> EIN-PN 52-1056198-002
<b>a</b>	Plan name	ASTURIAN GROUP RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	ASTURIAN GROUP, INC.	<b>c</b> EIN-PN 20-5224530-001
<b>a</b>	Plan name	SEVEN OAKS SUPPLY HARDWARE DIV., INC. EMPLOYEES 401(K) PLAN	
<b>b</b>	Name of plan sponsor	SEVEN OAKS SUPPLY HARDWARE DIVISION, INC.	<b>c</b> EIN-PN 56-1645370-001
<b>a</b>	Plan name	SMITH VILLAGE RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	BRUCE V. SMITH, INC.	<b>c</b> EIN-PN 23-1686693-002

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.)		
<b>a</b>	Plan name HILLSBORO AREA HOSPITAL EMPLOYEES' 401(K) PLAN	
<b>b</b>	Name of plan sponsor HILLSBORO AREA HOSPITAL, INC.	<b>c</b> EIN-PN 37-0661208-002
<b>a</b>	Plan name VALLEY ENERGY COMPANY 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor VALLEY ENERGY COMPANY	<b>c</b> EIN-PN 54-1638284-010
<b>a</b>	Plan name DRM INDUSTRIES CORP RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor DRM DIVERSAFAB CORP.	<b>c</b> EIN-PN 39-1407611-001
<b>a</b>	Plan name CARROLL TOWNSHIP NON-UNIFORM PENSION PLAN	
<b>b</b>	Name of plan sponsor CARROLL TOWNSHIP	<b>c</b> EIN-PN 23-6287108-001
<b>a</b>	Plan name BENSON FARMS 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor JOHN R. BENSON FARMS, INC.	<b>c</b> EIN-PN 95-2695263-001
<b>a</b>	Plan name TORRANCE CASTING, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor TORRANCE CASTING, INC.	<b>c</b> EIN-PN 39-0903148-003
<b>a</b>	Plan name FACILITY COMMISSIONING GROUP, INC. RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor FACILITY COMMISSIONING GROUP, INC.	<b>c</b> EIN-PN 61-1320201-001
<b>a</b>	Plan name MID ATLANTIC RECEPTIVE SERVICES, LLC 401(K) PSP	
<b>b</b>	Name of plan sponsor MID ATLANTIC RECEPTIVE SERVICES, LLC	<b>c</b> EIN-PN 62-1715920-001
<b>a</b>	Plan name CHAS M. MOORE INSURANCE AGENCY, INC. 401(K) PSP & TRUST	
<b>b</b>	Name of plan sponsor CHAS M. MOORE INSURANCE AGENCY, INC.	<b>c</b> EIN-PN 61-0607472-001
<b>a</b>	Plan name PROJECT C.A.M.P., INC. 401(K) PROFIT SHARING PLAN & TRUST	
<b>b</b>	Name of plan sponsor PROJECT C.A.M.P., INC. DBA THE CENTER FOR COURAGEOUS KIDS	<b>c</b> EIN-PN 20-1789905-001
<b>a</b>	Plan name FUJI VEGETABLE OIL, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor FUJI VEGETABLE OIL, INC	<b>c</b> EIN-PN 13-3412062-001
<b>a</b>	Plan name FREDERICK BLOCK CO., INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor FREDERICK BLOCK CO., INC.	<b>c</b> EIN-PN 54-1281185-001

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	PATHWAYS, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	PATHWAYS, INC.	<b>c</b> EIN-PN 61-0661987-001
<b>a</b>	Plan name	ANSON MACHINE WORKS, INC. RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	ANSON MACHINE WORKS, INC.	<b>c</b> EIN-PN 56-1591799-001
<b>a</b>	Plan name	GHA AUTISM SUPPORTS 401(K) PLAN	
<b>b</b>	Name of plan sponsor	GHA AUTISM SUPPORTS	<b>c</b> EIN-PN 56-1218105-002
<b>a</b>	Plan name	USTA/MID-ATLANTIC SECTION, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	USTA/MID-ATLANTIC SECTION, INC.	<b>c</b> EIN-PN 54-1472806-001
<b>a</b>	Plan name	SCHAEFER & SCHAEFER, D.M.D., P.S.C. 401(K) PSP	
<b>b</b>	Name of plan sponsor	SCHAEFER AND SCHAEFER D.M.D., P.S.C.	<b>c</b> EIN-PN 61-1211134-003
<b>a</b>	Plan name	GREGORY FCA COMMUNICATIONS, LLC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	GREGORY FCA COMMUNICATIONS, LLC	<b>c</b> EIN-PN 84-3772482-001
<b>a</b>	Plan name	ALTRUIS 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	ALTRUIS, INC.	<b>c</b> EIN-PN 03-0534495-001
<b>a</b>	Plan name	TOYOTA OF BOWLING GREEN 401(K) PLAN	
<b>b</b>	Name of plan sponsor	TOYOTA OF BOWLING GREEN	<b>c</b> EIN-PN 61-0561342-001
<b>a</b>	Plan name	CLARKSON DRUG STORE 401(K) PLAN	
<b>b</b>	Name of plan sponsor	CLARKSON DRUG STORE	<b>c</b> EIN-PN 61-0867076-001
<b>a</b>	Plan name	ADVANCED CARDIOLOGY, L.L.C. PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	ADVANCED CARDIOLOGY, L.L.C.	<b>c</b> EIN-PN 26-0005950-001
<b>a</b>	Plan name	RUGS DIRECT 401(K) PLAN	
<b>b</b>	Name of plan sponsor	WINCHESTER CARPET AND RUG COMPANY DBA RUGS DIRECT	<b>c</b> EIN-PN 54-1178317-002
<b>a</b>	Plan name	CONWAY HEATON, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	CONWAY HEATON, INC.	<b>c</b> EIN-PN 61-0405660-002

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.)	
<b>a</b>	Plan name KEITHLY-WILLIAMS SEEDS, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor KEITHLY-WILLIAMS SEEDS, INC.	<b>c</b> EIN-PN 95-3628190-001
<b>a</b>	Plan name AMERICAN MECHANICAL & PIPING 401(K) PLAN	
<b>b</b>	Name of plan sponsor AMERICAN MECHANICAL & PIPING, INC.	<b>c</b> EIN-PN 58-2294756-001
<b>a</b>	Plan name THE WINCHESTER GROUP, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor THE WINCHESTER GROUP, INC.	<b>c</b> EIN-PN 20-1805951-001
<b>a</b>	Plan name COLORECTAL SURGICAL & GASTROENTEROLOGY PSC SAVINGS & PSP	
<b>b</b>	Name of plan sponsor COLORECTAL SURGICAL & GASTROENTEROLOGY ASSOCIATES, PSC	<b>c</b> EIN-PN 61-1171052-001
<b>a</b>	Plan name LAW OFFICE OF JAMES F. ROBERTS & ASSOCIATES 401(K) PLAN	
<b>b</b>	Name of plan sponsor LAW OFFICE OF JAMES F. ROBERTS & ASSOCIATES, APC	<b>c</b> EIN-PN 61-1579658-001
<b>a</b>	Plan name BUSLER ENTERPRISES, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor BUSLER ENTERPRISES, INC.	<b>c</b> EIN-PN 35-1114282-003
<b>a</b>	Plan name RMS COMPANIES, LLC CB PLAN	
<b>b</b>	Name of plan sponsor RMS COMPANIES, LLC	<b>c</b> EIN-PN 40-7648462-001
<b>a</b>	Plan name TOWN & COUNTRY BANK AND TRUST COMPANY 401(K) PSP	
<b>b</b>	Name of plan sponsor TOWN & COUNTRY BANK AND TRUST COMPANY	<b>c</b> EIN-PN 61-0188980-002
<b>a</b>	Plan name HOSPITALIST ASSOCIATES OF VIRGINIA 401(K) PSP AND TRUST	
<b>b</b>	Name of plan sponsor HOSPITALIST ASSOCIATES OF VIRGINIA, P.C.	<b>c</b> EIN-PN 81-1727678-001
<b>a</b>	Plan name BALLARD ROSENBERG GOLPER & SAVITT, LLP 401(K) PSP	
<b>b</b>	Name of plan sponsor BALLARD ROSENBERG GOLPER & SAVITT, LLP	<b>c</b> EIN-PN 95-4031520-001
<b>a</b>	Plan name HEALTHCARE RECEIVABLES GROUP 401(K) PLAN	
<b>b</b>	Name of plan sponsor HEALTHCARE RECEIVABLES GROUP, INC.	<b>c</b> EIN-PN 20-2867643-001
<b>a</b>	Plan name MAINARDI COMPANIES 401(K) PLAN	
<b>b</b>	Name of plan sponsor MAINARDI MANAGEMENT CO.	<b>c</b> EIN-PN 22-3395779-002

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.)	
<b>a</b>	Plan name WEST MANCHESTER TOWNSHIP NON-UNIFORMED EMPLOYEES DC PLAN	
<b>b</b>	Name of plan sponsor WEST MANCHESTER TOWNSHIP	<b>c</b> EIN-PN 23-6050235-001
<b>a</b>	Plan name CEDAR VALLEY PATHOLOGISTS, PC CB PLAN	
<b>b</b>	Name of plan sponsor CEDAR VALLEY PATHOLOGISTS, PC	<b>c</b> EIN-PN 42-1102968-001
<b>a</b>	Plan name PLUS, INC. 401(K) PROFIT SHARING PLAN & TRUST	
<b>b</b>	Name of plan sponsor PLUS, INC.	<b>c</b> EIN-PN 57-0380742-001
<b>a</b>	Plan name ENDOCRINOLOGY ASSOCIATES, INC. 401K AND PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor ENDOCRINOLOGY ASSOCIATES, INC.	<b>c</b> EIN-PN 54-1915570-001
<b>a</b>	Plan name BELL, ORR, AYERS & MOORE, P.S.C. EMPLOYEE 401(K) PSP	
<b>b</b>	Name of plan sponsor BELL, ORR, AYERS & MOORE, P.S.C.	<b>c</b> EIN-PN 61-0711875-001
<b>a</b>	Plan name SNYDER PACKAGING, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor SNYDER PACKAGING, INC.	<b>c</b> EIN-PN 56-0846272-001
<b>a</b>	Plan name MORGANTOWN BANK & TRUST COMPANY PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor MORGANTOWN BANK & TRUST COMPANY	<b>c</b> EIN-PN 61-0286270-002
<b>a</b>	Plan name CENTRAL FL PATHOLOGY ASSOC, PA CB PLAN	
<b>b</b>	Name of plan sponsor CENTRAL FLORIDA PATHOLOGY ASSOCIATES, P.A.	<b>c</b> EIN-PN 81-3387260-001
<b>a</b>	Plan name TOM WATSON, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor TOM WATSON, INC.	<b>c</b> EIN-PN 33-0477486-001
<b>a</b>	Plan name HUBBLE GROUP, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor HUBBLE GROUP LLC	<b>c</b> EIN-PN 82-0521832-001
<b>a</b>	Plan name LANNING CHEMICAL COMPANY, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor LANNING CHEMICAL COMPANY, INC.	<b>c</b> EIN-PN 61-1035196-001
<b>a</b>	Plan name JOE HALL ROOFING, INC. RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor JOE HALL ROOFING, INC.	<b>c</b> EIN-PN 75-2293871-001

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	H. N. FUNKHOUSER & CO. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	H. N. FUNKHOUSER & CO.	<b>c</b> EIN-PN 54-0832075-001
<b>a</b>	Plan name	KNOXVILLE EYE SURGERY CENTER, LLC 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	KNOXVILLE EYE SURGERY CENTER, LLC DBA TENNESSEE VALLEY EYE C	<b>c</b> EIN-PN 62-1680280-001
<b>a</b>	Plan name	FOREST HILL ENDODONTICS 401(K) PROFIT SHARING PLAN AND TRUST	
<b>b</b>	Name of plan sponsor	DUSTIN S. REYNOLDS, D.D.S., P.C.	<b>c</b> EIN-PN 47-3667418-001
<b>a</b>	Plan name	STONEHENGE 401(K) PLAN	
<b>b</b>	Name of plan sponsor	STONEHENGE OF OREM	<b>c</b> EIN-PN 26-1325556-001
<b>a</b>	Plan name	HOLSTEIN & ASSOCIATES, LLC PROFIT SHARING AND 401(K) PLAN	
<b>b</b>	Name of plan sponsor	HOLSTEIN & ASSOCIATES LLC	<b>c</b> EIN-PN 27-3343960-001
<b>a</b>	Plan name	SERENITY MEMORIAL GROUP 401(K) PLAN	
<b>b</b>	Name of plan sponsor	JH INDUSTRIES, INC.	<b>c</b> EIN-PN 27-3353002-001
<b>a</b>	Plan name	CALLAWAY CARRIERS, INC. 401(K) P/S PLAN	
<b>b</b>	Name of plan sponsor	CALLAWAY CARRIERS, INC.	<b>c</b> EIN-PN 43-1608733-001
<b>a</b>	Plan name	JULIE S. KLENE, LTD. DEFINED BENEFIT PLAN	
<b>b</b>	Name of plan sponsor	JULIE S. KLENE, LTD.	<b>c</b> EIN-PN 20-3732913-002
<b>a</b>	Plan name	INTRAVENE, LLC 401(K) PROFIT SHARING PLAN AND TRUST	
<b>b</b>	Name of plan sponsor	INFECTIOUS DISEASE ASSOCIATES OF CENTRAL VIRGINIA, LLC	<b>c</b> EIN-PN 81-4008455-001
<b>a</b>	Plan name	CENTRAL KY ANESTHESIA, PSC CASH BALANCE PENSION PLAN	
<b>b</b>	Name of plan sponsor	CENTRAL KENTUCKY ANESTHESIA, PSC	<b>c</b> EIN-PN 61-1073947-002
<b>a</b>	Plan name	CNA CONSTRUCTION, INC. RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	CNA CONSTRUCTION, INC.	<b>c</b> EIN-PN 57-0957798-001
<b>a</b>	Plan name	LEWISBURG BANKING COMPANY 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	LEWISBURG BANKING COMPANY	<b>c</b> EIN-PN 61-0258730-001

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
<b>a</b>	Plan name <b>CUSTOM DRYWALL, INC. RETIREMENT PLAN</b>	
<b>b</b>	Name of plan sponsor <b>CUSTOM DRYWALL, INC.</b>	<b>c</b> EIN-PN <b>41-0951511-002</b>
<b>a</b>	Plan name <b>METROPOLITAN VETERINARY 401(K) SAFE HARBOR PLAN</b>	
<b>b</b>	Name of plan sponsor <b>METROPOLITAN VETERINARY SPECIALISTS, PSC</b>	<b>c</b> EIN-PN <b>61-1286952-001</b>
<b>a</b>	Plan name <b>COLONIAL METALS CO. RETIREMENT INCOME PLAN</b>	
<b>b</b>	Name of plan sponsor <b>COLUMBIA REDUCTION COMPANY</b>	<b>c</b> EIN-PN <b>23-1380289-001</b>
<b>a</b>	Plan name <b>REYCO SYSTEMS, INC. 401(K) PROFIT SHARING PLAN</b>	
<b>b</b>	Name of plan sponsor <b>REYCO SYSTEMS, INC.</b>	<b>c</b> EIN-PN <b>82-0526125-001</b>
<b>a</b>	Plan name <b>MARK EMERSON, D.D.S., A PROFESSIONAL CORPORATION 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>MARK EMERSON, D.D.S., A PROFESSIONAL CORPORATION</b>	<b>c</b> EIN-PN <b>33-0940520-002</b>
<b>a</b>	Plan name <b>COIN &amp; PROFESSIONAL EQUIPMENT CO. 401(K) PROFIT SHARING PLAN</b>	
<b>b</b>	Name of plan sponsor <b>COIN &amp; PROFESSIONAL EQUIPMENT CO., INC.</b>	<b>c</b> EIN-PN <b>86-0190329-001</b>
<b>a</b>	Plan name <b>THURMAN BURLESON &amp; SONS FARM 401(K) PROFIT SHARING PLAN</b>	
<b>b</b>	Name of plan sponsor <b>THURMAN BURLESON &amp; SONS FARM</b>	<b>c</b> EIN-PN <b>56-0719438-001</b>
<b>a</b>	Plan name <b>BLUE RIDGE THERAPY ASSOC 401K PROFIT SHARING PLAN &amp; TRUST</b>	
<b>b</b>	Name of plan sponsor <b>BLUE RIDGE THERAPY ASSOCIATES, INC.</b>	<b>c</b> EIN-PN <b>54-1700252-001</b>
<b>a</b>	Plan name <b>GOLDEN VALLEY SEED 401(K) PROFIT SHARING PLAN AND TRUST</b>	
<b>b</b>	Name of plan sponsor <b>GOLDEN VALLEY SEED</b>	<b>c</b> EIN-PN <b>33-0816656-001</b>
<b>a</b>	Plan name <b>MARION N. WILSON, JR., DDS, PC 401(K) RETIREMENT PLAN</b>	
<b>b</b>	Name of plan sponsor <b>MARION N. WILSON, JR., DDS, PC</b>	<b>c</b> EIN-PN <b>62-0948204-001</b>
<b>a</b>	Plan name <b>LAWTON INSURANCE 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>SOLUTIONS FIRST, LLC D/B/A LAWTON INSURANCE</b>	<b>c</b> EIN-PN <b>27-0710931-002</b>
<b>a</b>	Plan name <b>AUGUSTA COOPERATIVE FARM BUREAU, INC. 401(K) SAVINGS PLAN</b>	
<b>b</b>	Name of plan sponsor <b>AUGUSTA COOPERATIVE FARM BUREAU, INC.</b>	<b>c</b> EIN-PN <b>54-0129140-002</b>

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
<b>a</b>	Plan name <a href="#">MARTELL CONSTRUCTION, INC. CASH BALANCE PENSION PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">MARTELL CONSTRUCTION, INC.</a>	<b>c</b> EIN-PN <a href="#">39-1016094-003</a>
<b>a</b>	Plan name <a href="#">SOUTHWEST PROTECTIVE SERVICES 401(K) PSP AND TRUST</a>	
<b>b</b>	Name of plan sponsor <a href="#">SOUTHWEST PROTECTIVE SERVICES</a>	<b>c</b> EIN-PN <a href="#">47-4649951-001</a>
<b>a</b>	Plan name <a href="#">LEO POLOSAJIAN MD INC. 401(K) PROFIT SHARING PLAN &amp; TRUST</a>	
<b>b</b>	Name of plan sponsor <a href="#">LEO POLOSAJIAN MD INC.</a>	<b>c</b> EIN-PN <a href="#">20-8631461-001</a>
<b>a</b>	Plan name <a href="#">R. A. DUDLEY NURSERIES, INC. PROFIT SHARING PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">R. A. DUDLEY NURSERIES, INC.</a>	<b>c</b> EIN-PN <a href="#">58-1344003-001</a>
<b>a</b>	Plan name <a href="#">JEFFREY PACHA DDS CASH BALANCE PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">JEFFREY K. PACHA, DDS, PL</a>	<b>c</b> EIN-PN <a href="#">82-4207459-001</a>
<b>a</b>	Plan name <a href="#">WINDLE CONSTRUCTION COMPANY 401(K) PSP AND TRUST</a>	
<b>b</b>	Name of plan sponsor <a href="#">WINDLE CONSTRUCTION COMPANY</a>	<b>c</b> EIN-PN <a href="#">20-2283210-001</a>
<b>a</b>	Plan name <a href="#">BOHLING STEEL, INC. 401(K) PROFIT SHARING PLAN AND TRUST</a>	
<b>b</b>	Name of plan sponsor <a href="#">BOHLING STEEL, INC.</a>	<b>c</b> EIN-PN <a href="#">54-2005453-001</a>
<b>a</b>	Plan name <a href="#">THOMAS MCAFEE FUNERAL HOME 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">THOMAS MCAFEE FUNERAL HOME</a>	<b>c</b> EIN-PN <a href="#">57-0296673-001</a>
<b>a</b>	Plan name <a href="#">JACK'S TRUCK RENTAL 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">JACKS TRUCK RENTAL</a>	<b>c</b> EIN-PN <a href="#">43-1736434-001</a>
<b>a</b>	Plan name <a href="#">CAL PAC PAINTING OF NEVADA 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">CAL/PAC PAINTING OF NEVADA, INC.</a>	<b>c</b> EIN-PN <a href="#">88-0371114-001</a>
<b>a</b>	Plan name <a href="#">PMR TECHNICAL, LLC 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">PMR TECHNICAL, LLC</a>	<b>c</b> EIN-PN <a href="#">26-0631807-001</a>
<b>a</b>	Plan name <a href="#">WILSON &amp; MUIR BANCORP, INC. 401(K) &amp; PROFIT SHARING PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">WILSON &amp; MUIR BANCORP, INC.</a>	<b>c</b> EIN-PN <a href="#">61-1032960-001</a>

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
<small>(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)</small>			
<b>a</b>	Plan name	NELSON AND HAMMONS 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	NELSON AND HAMMONS	<b>c</b> EIN-PN 72-1060919-001
<b>a</b>	Plan name	FRANKLIN BUILDING SUPPLY 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	THE FRANKLIN GROUP, INC.	<b>c</b> EIN-PN 26-1690029-001
<b>a</b>	Plan name	SATTLER MACHINE PRODUCTS INC 401(K) PSP AND TRUST	
<b>b</b>	Name of plan sponsor	SATTLER MACHINE PRODUCTS INC	<b>c</b> EIN-PN 34-1331913-001
<b>a</b>	Plan name	POCKET RADAR, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	POCKET RADAR INCORPORATED	<b>c</b> EIN-PN 27-1175825-001
<b>a</b>	Plan name	KYANI, INC. 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	KYANI, INC.	<b>c</b> EIN-PN 20-2921309-001
<b>a</b>	Plan name	ALLIANCE INDUSTRIAL CORPORATION RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	ALLIANCE INDUSTRIAL CORPORATION	<b>c</b> EIN-PN 54-0939217-001
<b>a</b>	Plan name	TOTAL TRANSPORTATION SOLUTIONS, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	TOTAL TRANSPORTATION SOLUTIONS, INC.	<b>c</b> EIN-PN 20-2692438-001
<b>a</b>	Plan name	LUMIMOVE, INC. RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	LUMIMOVE, INC. DBA WPC TECHNOLOGIES	<b>c</b> EIN-PN 43-1886352-002
<b>a</b>	Plan name	POCKET RADAR, INC. CASH BALANCE PLAN	
<b>b</b>	Name of plan sponsor	POCKET RADAR, INC.	<b>c</b> EIN-PN 27-1175825-001
<b>a</b>	Plan name	DUBOSE DESIGN GROUP 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	DUBOSE DESIGN GROUP, INC.	<b>c</b> EIN-PN 82-3754591-001
<b>a</b>	Plan name	MAYNE FRAMING SUPPLY 401(K) PLAN	
<b>b</b>	Name of plan sponsor	MAYNE FRAMING SUPPLY, INC.	<b>c</b> EIN-PN 55-0713322-001
<b>a</b>	Plan name	BISON PRINTING INCORPORATED 401(K) PLAN	
<b>b</b>	Name of plan sponsor	BISON PRINTING INCORPORATED	<b>c</b> EIN-PN 54-1126586-001

<b>Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>		
<small>(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)</small>		
<b>a</b>	Plan name	MID-SOUTH ANESTHESIA, PLLC CBPP
<b>b</b>	Name of plan sponsor	MID-SOUTH ANESTHESIA, PLLC
<b>c</b>	EIN-PN	45-4730544-001
<b>a</b>	Plan name	FELLERS, INC. 401(K) PLAN
<b>b</b>	Name of plan sponsor	FELLERS, INC.
<b>c</b>	EIN-PN	54-1215073-001
<b>a</b>	Plan name	LC ENGINEERING CONSULTANTS, INC. 401(K) PROFIT SHARING PLAN
<b>b</b>	Name of plan sponsor	LC ENGINEERING CONSULTANTS, INC.
<b>c</b>	EIN-PN	82-3051305-001
<b>a</b>	Plan name	LAKE CUMBERLAND PEDIATRICS, PLLC CASH BALANCE PENSION PLAN
<b>b</b>	Name of plan sponsor	LAKE CUMBERLAND PEDIATRICS
<b>c</b>	EIN-PN	81-5179411-002
<b>a</b>	Plan name	IKE'S CONSTRUCTION, INC. 401(K) PLAN
<b>b</b>	Name of plan sponsor	IKES CONSTRUCTION, INC.
<b>c</b>	EIN-PN	56-1249079-001
<b>a</b>	Plan name	HI-TECH ELECTRIC, INC. 401(K) PLAN
<b>b</b>	Name of plan sponsor	HI-TECH ELECTRIC, INC.
<b>c</b>	EIN-PN	84-1133443-001
<b>a</b>	Plan name	OPTIC GALLERY 401(K) PLAN
<b>b</b>	Name of plan sponsor	CHEN KUO YOUNG, O.D. INC.
<b>c</b>	EIN-PN	88-0372395-001
<b>a</b>	Plan name	CHRIST COMMUNITY CHURCH OF IMPERIAL VALLEY, INC. 401(K) PLAN
<b>b</b>	Name of plan sponsor	CHRIST COMMUNITY CHURCH OF IMPERIAL VALLEY, INC.
<b>c</b>	EIN-PN	91-1875440-001
<b>a</b>	Plan name	AZAR DESIGN CO RETIREMENT SAVINGS PLAN
<b>b</b>	Name of plan sponsor	AZAR DESIGN CO ARCHITECTS LANDSCAPE ENGINEERS,& SURVEYING PC
<b>c</b>	EIN-PN	16-1210859-001
<b>a</b>	Plan name	POTTER HOLDINGS, INC. 401(K) PLAN
<b>b</b>	Name of plan sponsor	POTTER HOLDINGS, INC.
<b>c</b>	EIN-PN	75-1868716-002
<b>a</b>	Plan name	THE ZENITH COMPANY 401(K) PLAN
<b>b</b>	Name of plan sponsor	THE ZENITH COMPANY, LLC
<b>c</b>	EIN-PN	46-1116574-001
<b>a</b>	Plan name	N.E. EQUINE 401(K) PLAN
<b>b</b>	Name of plan sponsor	NEW ENGLAND EQUINE MEDICAL & SURGICAL CENTER, PLLC
<b>c</b>	EIN-PN	20-2326123-001

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
<small>(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)</small>			
<b>a</b>	Plan name	ILLINOIS ROAD CONTRACTORS, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	ILLINOIS ROAD CONTRACTORS, INC.	<b>c</b> EIN-PN 37-0652971-002
<b>a</b>	Plan name	PHERSON ASSOCIATES, LLC SAFE HARBOR 401(K) PLAN	
<b>b</b>	Name of plan sponsor	PHERSON ASSOCIATES, LLC	<b>c</b> EIN-PN 72-1547381-001
<b>a</b>	Plan name	VALLEY PETROLEUM EQUIPMENT, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	VALLEY PETROLEUM EQUIPMENT, INC.	<b>c</b> EIN-PN 33-0444068-001
<b>a</b>	Plan name	SUPERIOR HOME PRODUCTS, INC. 401K PLAN	
<b>b</b>	Name of plan sponsor	SUPERIOR HOME PRODUCTS, INC.	<b>c</b> EIN-PN 43-1592659-001
<b>a</b>	Plan name	INTEGRITY HOME MORTGAGE CORP 401(K) PLAN	
<b>b</b>	Name of plan sponsor	INTEGRITY HOME MORTGAGE	<b>c</b> EIN-PN 55-0873456-001
<b>a</b>	Plan name	IRISH ELECTRIC CORP. RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	IRISH ELECTRIC CORP.	<b>c</b> EIN-PN 20-1529180-001
<b>a</b>	Plan name	IMPERIAL PREMIX LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	IMPERIAL PREMIX LLC	<b>c</b> EIN-PN 71-0925629-001
<b>a</b>	Plan name	MICHAEL WILLIAM MORDAH CONSTRUCTION CASH BALANCE PLAN	
<b>b</b>	Name of plan sponsor	MICHAEL WILLIAM MORDAH CONSTRUCTION	<b>c</b> EIN-PN 81-3790248-002
<b>a</b>	Plan name	INTRAVENE, LLC CASH BALANCE PLAN	
<b>b</b>	Name of plan sponsor	INTRAVENE, LLC	<b>c</b> EIN-PN 45-3049735-003
<b>a</b>	Plan name	AAVIN FINANCIAL 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	AAVIN EQUITY ADVISORS, LLC.	<b>c</b> EIN-PN 42-1519229-001
<b>a</b>	Plan name	BRETT DAVIS PLLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	BRETT DAVIS PLLC	<b>c</b> EIN-PN 84-4786708-001
<b>a</b>	Plan name	HEALTH HELP, INC. PROFIT SHARING PLAN & TRUST	
<b>b</b>	Name of plan sponsor	HEALTH HELP, INC.	<b>c</b> EIN-PN 61-0843731-001

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
<b>a</b>	Plan name KIDNEY ASSOCIATES OF THE TRISTATE RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor KIDNEY ASSOCIATES OF THE TRISTATE	<b>c</b> EIN-PN 84-3046513-001
<b>a</b>	Plan name FERRADO MANAGEMENT 401(K) PLAN	
<b>b</b>	Name of plan sponsor FERRADO BAYVIEW, LLC	<b>c</b> EIN-PN 06-1804567-001
<b>a</b>	Plan name HARNEN PENSION PLAN	
<b>b</b>	Name of plan sponsor HARNEN WEALTH MANAGEMENT	<b>c</b> EIN-PN 85-3921591-001
<b>a</b>	Plan name FULCHER HAGLER LLP AFFILIATED SERVICE GROUP PS PLAN	
<b>b</b>	Name of plan sponsor FULCHER HAGLER LLP	<b>c</b> EIN-PN 58-0617444-003
<b>a</b>	Plan name BACK CONSTRUCTION CO., INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor BACK CONSTRUCTION CO., INC.	<b>c</b> EIN-PN 61-1116660-001
<b>a</b>	Plan name THE CORONADO SHORES COMPANY, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor THE CORONADO SHORES COMPANY, INC.	<b>c</b> EIN-PN 95-3275261-001
<b>a</b>	Plan name THE CORONADO SHORES COMPANY INC. CB PLAN	
<b>b</b>	Name of plan sponsor CORONADO SHORES COMPANY	<b>c</b> EIN-PN 95-3275261-001
<b>a</b>	Plan name MADJAC FARMS 401(K) PLAN	
<b>b</b>	Name of plan sponsor MADJAC FARMS, INC.	<b>c</b> EIN-PN 33-0860019-001
<b>a</b>	Plan name GLENDALE INSURANCE LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor GLENDALE INSURANCE LLC	<b>c</b> EIN-PN 86-0901001-001
<b>a</b>	Plan name WILLOW CREEK WOODWORKS 401K PLAN	
<b>b</b>	Name of plan sponsor WILLOW CREEK WOODWORKS, INC.	<b>c</b> EIN-PN 82-0496220-001
<b>a</b>	Plan name HARP ENTERPRISES, INC. RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor HARP ENTERPRISES, INC.	<b>c</b> EIN-PN 61-0731661-001
<b>a</b>	Plan name WESTMORELAND FARMING 401(K) PLAN	
<b>b</b>	Name of plan sponsor WESTMORELAND FARMING	<b>c</b> EIN-PN 33-0538809-001

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)		
<b>a</b>	Plan name PINNACLE APPLIANCE DISTRIBUTORS INC CASH BALANCE PLAN	
<b>b</b>	Name of plan sponsor PINNACLE APPLIANCE DISTRIBUTORS, INC.	<b>c</b> EIN-PN 20-3549851-002
<b>a</b>	Plan name AB&T SECTION 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor AB&T	<b>c</b> EIN-PN 58-2413470-001
<b>a</b>	Plan name AMERICAN COMMERCE BANCSHARES, INC. SECTION 401(K) PSP	
<b>b</b>	Name of plan sponsor AMERICAN COMMERCE BANCSHARES, INC.	<b>c</b> EIN-PN 80-0065686-001
<b>a</b>	Plan name AMERICAN PRIDE BANK SECTION 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor AMERICAN PRIDE BANK	<b>c</b> EIN-PN 26-1484853-001
<b>a</b>	Plan name THE BANK OF LAFAYETTE SECTION 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor THE BANK OF LAFAYETTE	<b>c</b> EIN-PN 58-0152920-002
<b>a</b>	Plan name BANK OF MADISON PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor BANK OF MADISON	<b>c</b> EIN-PN 58-0152950-001
<b>a</b>	Plan name BANK OF MONTICELLO SECTION 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor BANK OF MONTICELLO	<b>c</b> EIN-PN 58-0356515-002
<b>a</b>	Plan name CENTURY BANK OF GEORGIA SECTION 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor CENTURY BANK OF GEORGIA	<b>c</b> EIN-PN 58-2444878-001
<b>a</b>	Plan name GREAT OAKS BANK SECTION 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor GREAT OAKS BANK	<b>c</b> EIN-PN 58-0192860-002
<b>a</b>	Plan name THE CITIZENS BANK OF GEORGIA SECTION 401(K) PSP	
<b>b</b>	Name of plan sponsor THE CITIZENS BANK OF GEORGIA	<b>c</b> EIN-PN 58-2266450-001
<b>a</b>	Plan name CITIZENS BANK OF THE SOUTH SECTION 401(K) PSP	
<b>b</b>	Name of plan sponsor CITIZENS BANK OF THE SOUTH	<b>c</b> EIN-PN 58-0947004-001
<b>a</b>	Plan name THE COMMERCIAL BANK SECTION 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor THE COMMERCIAL BANK	<b>c</b> EIN-PN 58-0202590-001

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
<b>a</b>	Plan name COMMUNITY BANK OF GEORGIA SECTION 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor COMMUNITY BANK OF GEORGIA	<b>c</b> EIN-PN 20-0639520-001
<b>a</b>	Plan name COMMUNITY BANKING COMPANY SECTION 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor COMMUNITY BANKING COMPANY	<b>c</b> EIN-PN 58-2216814-001
<b>a</b>	Plan name DURDEN BANKING COMPANY SECTION 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor DURDEN BANKING COMPANY	<b>c</b> EIN-PN 58-0227930-003
<b>a</b>	Plan name EMBASSY NATIONAL BANK SECTION 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor EMBASSY NATIONAL BANK	<b>c</b> EIN-PN 20-8027539-001
<b>a</b>	Plan name EXCHANGE BANKSHARES, INC. SECTION 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor EXCHANGE BANKSHARES, INC.	<b>c</b> EIN-PN 58-1520384-002
<b>a</b>	Plan name FIRST BANK OF PIKE SECTION 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor FIRST BANK OF PIKE	<b>c</b> EIN-PN 58-0153020-001
<b>a</b>	Plan name FIRST CHATHAM BANK SECTION 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor FIRST CHATHAM BANK	<b>c</b> EIN-PN 14-1875480-001
<b>a</b>	Plan name FIRST NATIONAL BANK OF COFFEE COUNTY SECTION 401(K) PSP	
<b>b</b>	Name of plan sponsor FIRST NATIONAL BANK OF COFFEE COUNTY	<b>c</b> EIN-PN 58-1952884-001
<b>a</b>	Plan name FIRST NATIONAL BANK OF DECATUR COUNTY SECTION 401(K) PSP	
<b>b</b>	Name of plan sponsor FIRST NATIONAL BANK OF DECATUR COUNTY	<b>c</b> EIN-PN 20-0817464-001
<b>a</b>	Plan name FIRST NATIONAL BANK OF GRIFFIN SECTION 401(K) PSP	
<b>b</b>	Name of plan sponsor FIRST NATIONAL BANK OF GRIFFIN	<b>c</b> EIN-PN 58-0446320-002
<b>a</b>	Plan name FIRST SOUTHERN BANK SECTION 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor FIRST SOUTHERN BANK	<b>c</b> EIN-PN 58-0379465-001
<b>a</b>	Plan name FIRST STATE BANK OF BLAKELY DEFINED CONTRIBUTION PLAN	
<b>b</b>	Name of plan sponsor FIRST STATE BANK OF BLAKELY	<b>c</b> EIN-PN 58-0243255-002

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
<small>(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)</small>			
<b>a</b>	Plan name	FIRST STATE BANK, WRENS, GEORGIA SECTION 401(K) PSP	
<b>b</b>	Name of plan sponsor	FIRST STATE BANK	<b>c</b> EIN-PN 58-0916969-001
<b>a</b>	Plan name	FLINT COMMUNITY BANK SECTION 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	FLINT COMMUNITY BANK	<b>c</b> EIN-PN 20-3894060-001
<b>a</b>	Plan name	FOUR COUNTY BANK SECTION 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	FOUR COUNTY BANK	<b>c</b> EIN-PN 58-0152825-001
<b>a</b>	Plan name	THE GEO. D. WARTHEN BANK SECTION 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	THE GEO. D. WARTHEN BANK	<b>c</b> EIN-PN 58-0478591-002
<b>a</b>	Plan name	GEORGIA BANKERS ASSOCIATION SECTION 401(K) PSP	
<b>b</b>	Name of plan sponsor	GEORGIA BANKERS ASSOCIATION, INC.	<b>c</b> EIN-PN 58-0254910-002
<b>a</b>	Plan name	GEORGIA BANKERS ASSOCIATION INSURANCE TRUST SECTION 401K PSP	
<b>b</b>	Name of plan sponsor	GEORGIA BANKERS ASSOCIATION INSURANCE TRUST	<b>c</b> EIN-PN 58-2241094-002
<b>a</b>	Plan name	GEORGIA PRIMARY BANK SECTION 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	GEORGIA PRIMARY BANK	<b>c</b> EIN-PN 26-1134886-001
<b>a</b>	Plan name	LEGACY STATE BANK SECTION 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	LEGACY STATE BANK	<b>c</b> EIN-PN 20-1835799-001
<b>a</b>	Plan name	METRO CITY BANK SECTION 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	METRO CITY BANK	<b>c</b> EIN-PN 76-0819027-001
<b>a</b>	Plan name	MID-SOUTH BUILDERS, INC. SECTION 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	MID-SOUTH BUILDERS, INC.	<b>c</b> EIN-PN 58-1399633-001
<b>a</b>	Plan name	PEACH STATE BANK AND TRUST 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	PEACH STATE BANK AND TRUST	<b>c</b> EIN-PN 75-3182591-001
<b>a</b>	Plan name	PERSONS BANKING COMPANY SECTION 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	PERSONS BANKING COMPANY	<b>c</b> EIN-PN 58-0239220-001

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	THE PEOPLES BANK SECTION 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	PEOPLES BANK	<b>c</b> EIN-PN 58-0503291-001
<b>a</b>	Plan name	THE PEOPLES BANK OF GEORGIA SECTION 401(K) PSP	
<b>b</b>	Name of plan sponsor	THE PEOPLES BANK OF GEORGIA	<b>c</b> EIN-PN 58-0382310-001
<b>a</b>	Plan name	PEOPLESSOUTH BANCSHARES, INC. SECTION 401(K) PROFIT SHARING	
<b>b</b>	Name of plan sponsor	PEOPLESSOUTH BANK	<b>c</b> EIN-PN 58-1928833-002
<b>a</b>	Plan name	THE PIEDMONT BANK SECTION 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	THE PIEDMONT BANK	<b>c</b> EIN-PN 43-2114621-001
<b>a</b>	Plan name	PLANTERS AND CITIZENS BANK SECTION 401(K) PSP	
<b>b</b>	Name of plan sponsor	PLANTERS AND CITIZENS BANK	<b>c</b> EIN-PN 58-0388060-004
<b>a</b>	Plan name	RIVER CITY BANK SECTION 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	RIVER CITY BANK	<b>c</b> EIN-PN 20-4566095-001
<b>a</b>	Plan name	STRUNK, LLC SECTION 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	STRUNK, LLC	<b>c</b> EIN-PN 46-1561231-001
<b>a</b>	Plan name	TALBOT STATE BANK SECTION 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	TALBOT STATE BANK	<b>c</b> EIN-PN 58-0495550-001
<b>a</b>	Plan name	TOUCHMARK NATIONAL BANK SECTION 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	TOUCHMARK NATIONAL BANK	<b>c</b> EIN-PN 26-1837149-001
<b>a</b>	Plan name	WEST CENTRAL GEORGIA BANK SECTION 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	WEST CENTRAL GEORGIA BANK	<b>c</b> EIN-PN 58-1186521-001
<b>a</b>	Plan name	WILCOX COUNTY STATE BANK SECTION 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	WILCOX COUNTY STATE BANK	<b>c</b> EIN-PN 58-0614114-003
<b>a</b>	Plan name	APEX BANKING COMPANY OF GEORGIA SECTION 401(K) PS PLAN	
<b>b</b>	Name of plan sponsor	APEX BANKING COMPANY OF GEORGIA	<b>c</b> EIN-PN 58-0488955-002

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.)	
<b>a</b>	Plan name FIRST NATIONAL BANK OF GRIFFIN FORMER EMPLOYEES 401(K) PLAN	
<b>b</b>	Name of plan sponsor FIRST NATIONAL BANK OF GRIFFIN	<b>c</b> EIN-PN 58-0446320-003
<b>a</b>	Plan name STUCKEY TIMBERLAND, INC. SECTION 401(K) PROFIT SHARING	
<b>b</b>	Name of plan sponsor STUCKEY TIMBERLAND, INC.	<b>c</b> EIN-PN 58-1380518-001
<b>a</b>	Plan name AFFINITY BANK 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor AFFINITY BANK	<b>c</b> EIN-PN 30-1030292-001
<b>a</b>	Plan name OCONEE STATE BANK 401(K) PLAN	
<b>b</b>	Name of plan sponsor OCONEE STATE BANK	<b>c</b> EIN-PN 58-0827782-001
<b>a</b>	Plan name SOUTH GEORGIA BANKING COMPANY 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor SOUTH GEORGIA BANKING COMPANY	<b>c</b> EIN-PN 58-1022353-001
<b>a</b>	Plan name TANDEM BANK SECTION 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor TANDEM BANK	<b>c</b> EIN-PN 84-2574771-001
<b>a</b>	Plan name GEORGIA FIRST BANK 401(K) PLAN	
<b>b</b>	Name of plan sponsor GEORGIA FIRST BANK	<b>c</b> EIN-PN 58-0434125-002
<b>a</b>	Plan name PERSONS BANKING COMPANY FORMER EMPLOYEE 401(K) PLAN	
<b>b</b>	Name of plan sponsor PERSONS BANKING COMPANY	<b>c</b> EIN-PN 58-0239220-002
<b>a</b>	Plan name FIRST IC BANK 401(K) PLAN	
<b>b</b>	Name of plan sponsor FIRST IC BANK	<b>c</b> EIN-PN 58-2437755-001
<b>a</b>	Plan name LOYAL TRUST BANK SECTION 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor LOYAL TRUST BANK	<b>c</b> EIN-PN 84-2849397-001
<b>a</b>	Plan name ALTAMAHA BANK & TRUST COMPANY 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor ALTAMAHA BANK & TRUST COMPANY	<b>c</b> EIN-PN 58-0967077-001
<b>a</b>	Plan name CITIZENS BANK OF AMERICUS 401(K) PLAN	
<b>b</b>	Name of plan sponsor CITIZENS BANK OF AMERICUS	<b>c</b> EIN-PN 58-0192782-002

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.)		
<b>a</b>	Plan name <b>MOULTRIE BANK &amp; TRUST 401(K) PROFIT SHARING PLAN</b>	
<b>b</b>	Name of plan sponsor <b>MOULTRIE BANK &amp; TRUST</b>	<b>c</b> EIN-PN <b>87-4732083-001</b>
<b>a</b>	Plan name <b>COMMUNITY BANKSHARES, INC. 401(K) PROFIT SHARING PLAN</b>	
<b>b</b>	Name of plan sponsor <b>COMMUNITY BANKSHARES, INC.</b>	<b>c</b> EIN-PN <b>58-1415887-001</b>
<b>a</b>	Plan name <b>F&amp;M BANK AND TRUST COMPANY 401(K) PS PLAN AND TRUST</b>	
<b>b</b>	Name of plan sponsor <b>F&amp;M BANK AND TRUST COMPANY</b>	<b>c</b> EIN-PN <b>58-0534578-001</b>
<b>a</b>	Plan name <b>BANK OF HAZLEHURST 401(K) PROFIT SHARING PLAN</b>	
<b>b</b>	Name of plan sponsor <b>BANK OF HAZLEHURST</b>	<b>c</b> EIN-PN <b>58-0152870-001</b>
<b>a</b>	Plan name <b>FIRST AMERICAN BANK AND TRUST COMPANY CASH OR DEF PS PLAN</b>	
<b>b</b>	Name of plan sponsor <b>FIRST AMERICAN BANK AND TRUST COMPANY</b>	<b>c</b> EIN-PN <b>58-0550806-001</b>
<b>a</b>	Plan name <b>BANK OF WRIGHTSVILLE 401K EMPLOYEE RETIREMENT PLAN</b>	
<b>b</b>	Name of plan sponsor <b>BANK OF WRIGHTSVILLE</b>	<b>c</b> EIN-PN <b>58-0153290-002</b>
<b>a</b>	Plan name <b>JAMES R. CORCORAN, D.D.S., P.A. 401(K) PSP &amp; TRUST</b>	
<b>b</b>	Name of plan sponsor <b>JAMES R. CORCORAN, D.D.S., P.A.</b>	<b>c</b> EIN-PN <b>27-1437674-001</b>
<b>a</b>	Plan name <b>AMARE GLOBAL HOLDINGS, INC. 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>AMARE GLOBAL HOLDINGS, INC.</b>	<b>c</b> EIN-PN <b>81-2670857-001</b>
<b>a</b>	Plan name <b>SALON INNOVATIONS, INC. PROFIT SHARING PLAN</b>	
<b>b</b>	Name of plan sponsor <b>SALON INNOVATIONS, INC.</b>	<b>c</b> EIN-PN <b>41-1242183-001</b>
<b>a</b>	Plan name <b>S &amp; S MACHINE, INC. 401(K) PLAN AND TRUST</b>	
<b>b</b>	Name of plan sponsor <b>S &amp; S MACHINE, INC.</b>	<b>c</b> EIN-PN <b>54-1345300-001</b>
<b>a</b>	Plan name <b>MOORE HEATING AND AIR CONDITIONING, INC. 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>MOORE HEATING AND AIR CONDITIONING, INC.</b>	<b>c</b> EIN-PN <b>84-1231602-001</b>
<b>a</b>	Plan name <b>401(K) PS PLAN FOR EMPLOYEES OF LIFELINE HOMECARE, INC.</b>	
<b>b</b>	Name of plan sponsor <b>LIFELINE HOMECARE, INC.</b>	<b>c</b> EIN-PN <b>61-1161293-001</b>

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	ELITE RECYCLING LLC 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	ELITE RECYCLING LLC	<b>c</b> EIN-PN 45-2860493-001
<b>a</b>	Plan name	NEW SOUTHERN ILLINOIS BANK 401(K) PLAN	
<b>b</b>	Name of plan sponsor	SOUTHERN ILLINOIS BANK	<b>c</b> EIN-PN 37-1387863-001
<b>a</b>	Plan name	HANNA RESOURCE GROUP 401(K) PLAN	
<b>b</b>	Name of plan sponsor	HANNA RESOURCE GROUP, LLC	<b>c</b> EIN-PN 20-8370710-001
<b>a</b>	Plan name	DAILY BREAD 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	DAILY BREAD	<b>c</b> EIN-PN 52-1268749-001
<b>a</b>	Plan name	IV FOOD BANK 401(K) PLAN	
<b>b</b>	Name of plan sponsor	IMPERIAL VALLEY FOOD BANK	<b>c</b> EIN-PN 33-0633364-001
<b>a</b>	Plan name	T & T CONSTRUCTION RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	T & T CONSTRUCTION MANAGEMENT GROUP, INC	<b>c</b> EIN-PN 47-1928025-001
<b>a</b>	Plan name	MIKE ABATTI FARMS, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	MIKE ABATTI FARMS, LLC	<b>c</b> EIN-PN 77-0510341-001
<b>a</b>	Plan name	THE WILKINSON TEAM 401(K) PLAN	
<b>b</b>	Name of plan sponsor	WILKINSON REAL ESTATE INC	<b>c</b> EIN-PN 20-4026438-001
<b>a</b>	Plan name	KALAVALLI EZEKIEL PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	KALAVALLI EZEKIEL, MD	<b>c</b> EIN-PN 75-2694562-001
<b>a</b>	Plan name	PINNACLE APPLIANCE DISTRIBUTORS, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	PINNACLE APPLIANCE DISTRIBUTORS, INC.	<b>c</b> EIN-PN 20-3549851-001
<b>a</b>	Plan name	NUTRITION ONE RETIREMENT TRUST	
<b>b</b>	Name of plan sponsor	NUTRITION ONE, LLC	<b>c</b> EIN-PN 45-4509024-001
<b>a</b>	Plan name	M.H. MASONRY & ASSOCIATES, INC. 401(K) PSP AND TRUST	
<b>b</b>	Name of plan sponsor	M.H. MASONRY & ASSOCIATES, INC.	<b>c</b> EIN-PN 45-5017210-001

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

<b>a</b> Plan name	FDABUNDANCE PEP	
<b>b</b> Name of plan sponsor	AMERICANTCS FIDUCIARY SERVICE, LLC	<b>c</b> EIN-PN 93-2789379-060

<b>a</b> Plan name	MCKEE FOODS RETIREMENT PLAN	
<b>b</b> Name of plan sponsor	MCKEE FOODS CORPORATION	<b>c</b> EIN-PN 62-0450611-001

<b>a</b> Plan name	MILLIMAN PROFIT SHARING AND RETIREMENT PLAN	
<b>b</b> Name of plan sponsor	MILLIMAN AND ASSOCIATES	<b>c</b> EIN-PN 91-0675641-001

<b>a</b> Plan name		
<b>b</b> Name of plan sponsor		<b>c</b> EIN-PN

<b>a</b> Plan name		
<b>b</b> Name of plan sponsor		<b>c</b> EIN-PN

<b>a</b> Plan name		
<b>b</b> Name of plan sponsor		<b>c</b> EIN-PN

<b>a</b> Plan name		
<b>b</b> Name of plan sponsor		<b>c</b> EIN-PN

<b>a</b> Plan name		
<b>b</b> Name of plan sponsor		<b>c</b> EIN-PN

<b>a</b> Plan name		
<b>b</b> Name of plan sponsor		<b>c</b> EIN-PN

<b>a</b> Plan name		
<b>b</b> Name of plan sponsor		<b>c</b> EIN-PN

<b>a</b> Plan name		
<b>b</b> Name of plan sponsor		<b>c</b> EIN-PN

<b>a</b> Plan name		
<b>b</b> Name of plan sponsor		<b>c</b> EIN-PN

<b>SCHEDULE H</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Financial Information</b>  This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).  ▶ <b>File as an attachment to Form 5500.</b>	OMB No. 1210-0110  <b>2024</b>  <b>This Form is Open to Public Inspection</b>
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For calendar plan year 2024 or fiscal plan year beginning <b>01/01/2024</b> and ending <b>12/31/2024</b>	
<b>A</b> Name of plan <b>UNIFIED COLLECTIVE INVESTMENT TRUST FOR EMPLOYEE BENEFIT PLANS</b>	<b>B</b> Three-digit plan number (PN) ▶ <b>001</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>AMERICAN TRUST COMPANY</b>	<b>D</b> Employer Identification Number (EIN) <b>61-2025474</b>

<b>Part I</b>	<b>Asset and Liability Statement</b>
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**1** Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. **Round off amounts to the nearest dollar.** MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.

	(a) Beginning of Year	(b) End of Year
<b>Assets</b>		
<b>a</b> Total noninterest-bearing cash .....	<b>1a</b>	
<b>b</b> Receivables (less allowance for doubtful accounts):		
<b>(1)</b> Employer contributions .....	<b>1b(1)</b>	
<b>(2)</b> Participant contributions .....	<b>1b(2)</b>	
<b>(3)</b> Other .....	<b>1b(3)</b>	118310      299338
<b>c</b> General investments:		
<b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....	<b>1c(1)</b>	29768859      32182011
<b>(2)</b> U.S. Government securities .....	<b>1c(2)</b>	
<b>(3)</b> Corporate debt instruments (other than employer securities):		
<b>(A)</b> Preferred .....	<b>1c(3)(A)</b>	
<b>(B)</b> All other .....	<b>1c(3)(B)</b>	
<b>(4)</b> Corporate stocks (other than employer securities):		
<b>(A)</b> Preferred .....	<b>1c(4)(A)</b>	
<b>(B)</b> Common .....	<b>1c(4)(B)</b>	
<b>(5)</b> Partnership/joint venture interests .....	<b>1c(5)</b>	
<b>(6)</b> Real estate (other than employer real property) .....	<b>1c(6)</b>	
<b>(7)</b> Loans (other than to participants) .....	<b>1c(7)</b>	
<b>(8)</b> Participant loans .....	<b>1c(8)</b>	
<b>(9)</b> Value of interest in common/collective trusts .....	<b>1c(9)</b>	
<b>(10)</b> Value of interest in pooled separate accounts .....	<b>1c(10)</b>	
<b>(11)</b> Value of interest in master trust investment accounts .....	<b>1c(11)</b>	
<b>(12)</b> Value of interest in 103-12 investment entities .....	<b>1c(12)</b>	
<b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds) .....	<b>1c(13)</b>	323680789      318685083
<b>(14)</b> Value of funds held in insurance company general account (unallocated contracts).....	<b>1c(14)</b>	
<b>(15)</b> Other.....	<b>1c(15)</b>	0      0

<b>1d</b> Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	<b>1d(1)</b>		
(2) Employer real property.....	<b>1d(2)</b>		
<b>e</b> Buildings and other property used in plan operation.....	<b>1e</b>		
<b>f</b> Total assets (add all amounts in lines 1a through 1e).....	<b>1f</b>	353567958	351166432
<b>Liabilities</b>			
<b>g</b> Benefit claims payable.....	<b>1g</b>		
<b>h</b> Operating payables.....	<b>1h</b>	166862	262401
<b>i</b> Acquisition indebtedness.....	<b>1i</b>		
<b>j</b> Other liabilities.....	<b>1j</b>	80258	0
<b>k</b> Total liabilities (add all amounts in lines 1g through 1j).....	<b>1k</b>	247120	262401
<b>Net Assets</b>			
<b>l</b> Net assets (subtract line 1k from line 1f).....	<b>1l</b>	353320838	350904031

**Part II Income and Expense Statement**

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

<b>Income</b>		(a) Amount	(b) Total
<b>a Contributions:</b>			
(1) Received or receivable in cash from: <b>(A)</b> Employers.....	<b>2a(1)(A)</b>		
<b>(B)</b> Participants.....	<b>2a(1)(B)</b>		
<b>(C)</b> Others (including rollovers).....	<b>2a(1)(C)</b>		
(2) Noncash contributions.....	<b>2a(2)</b>		
(3) Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> .....	<b>2a(3)</b>		0
<b>b Earnings on investments:</b>			
<b>(1) Interest:</b>			
<b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit).....	<b>2b(1)(A)</b>		
<b>(B)</b> U.S. Government securities.....	<b>2b(1)(B)</b>		
<b>(C)</b> Corporate debt instruments.....	<b>2b(1)(C)</b>		
<b>(D)</b> Loans (other than to participants).....	<b>2b(1)(D)</b>		
<b>(E)</b> Participant loans.....	<b>2b(1)(E)</b>		
<b>(F)</b> Other.....	<b>2b(1)(F)</b>		
<b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....	<b>2b(1)(G)</b>		0
<b>(2) Dividends:</b>			
<b>(A)</b> Preferred stock.....	<b>2b(2)(A)</b>		
<b>(B)</b> Common stock.....	<b>2b(2)(B)</b>		
<b>(C)</b> Registered investment company shares (e.g. mutual funds).....	<b>2b(2)(C)</b>	8239580	
<b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....	<b>2b(2)(D)</b>		
(3) Rents.....	<b>2b(3)</b>		
<b>(4) Net gain (loss) on sale of assets:</b>			
<b>(A)</b> Aggregate proceeds.....	<b>2b(4)(A)</b>		
<b>(B)</b> Aggregate carrying amount (see instructions).....	<b>2b(4)(B)</b>		
<b>(C)</b> Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result.....	<b>2b(4)(C)</b>		
<b>(5) Unrealized appreciation (depreciation) of assets:</b>			
<b>(A)</b> Real estate.....	<b>2b(5)(A)</b>		
<b>(B)</b> Other.....	<b>2b(5)(B)</b>		
<b>(C)</b> Total unrealized appreciation of assets. Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....	<b>2b(5)(C)</b>		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts .....	<b>2b(6)</b>		
(7) Net investment gain (loss) from pooled separate accounts .....	<b>2b(7)</b>		
(8) Net investment gain (loss) from master trust investment accounts .....	<b>2b(8)</b>		
(9) Net investment gain (loss) from 103-12 investment entities .....	<b>2b(9)</b>		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds) .....	<b>2b(10)</b>		36691658
<b>c</b> Other income .....	<b>2c</b>		
<b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total.....	<b>2d</b>		44931238

**Expenses**

<b>e</b> Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	<b>2e(1)</b>		
(2) To insurance carriers for the provision of benefits .....	<b>2e(2)</b>		
(3) Other.....	<b>2e(3)</b>		
(4) Total benefit payments. Add lines <b>2e(1)</b> through <b>(3)</b> .....	<b>2e(4)</b>		0
<b>f</b> Corrective distributions (see instructions) .....	<b>2f</b>		
<b>g</b> Certain deemed distributions of participant loans (see instructions).....	<b>2g</b>		
<b>h</b> Interest expense.....	<b>2h</b>		
<b>i</b> Administrative expenses:			
(1) Salaries and allowances .....	<b>2i(1)</b>		
(2) Contract administrator fees .....	<b>2i(2)</b>		
(3) Recordkeeping fees .....	<b>2i(3)</b>	236572	
(4) IQPA audit fees .....	<b>2i(4)</b>		
(5) Investment advisory and investment management fees .....	<b>2i(5)</b>	184465	
(6) Bank or trust company trustee/custodial fees .....	<b>2i(6)</b>	45527	
(7) Actuarial fees .....	<b>2i(7)</b>		
(8) Legal fees .....	<b>2i(8)</b>		
(9) Valuation/appraisal fees .....	<b>2i(9)</b>		
(10) Other trustee fees and expenses .....	<b>2i(10)</b>		
(11) Other expenses.....	<b>2i(11)</b>		
(12) Total administrative expenses. Add lines <b>2i(1)</b> through <b>(11)</b> .....	<b>2i(12)</b>		466564
<b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total.....	<b>2j</b>		466564

**Net Income and Reconciliation**

<b>k</b> Net income (loss). Subtract line <b>2j</b> from line <b>2d</b> .....	<b>2k</b>		44464674
<b>l</b> Transfers of assets:			
(1) To this plan.....	<b>2l(1)</b>		50061438
(2) From this plan .....	<b>2l(2)</b>		96942919

**Part III Accountant's Opinion**

**3** Complete lines 3a through 3c if the opinion of an independent qualified public accountant is attached to this Form 5500. Complete line 3d if an opinion is not attached.

**a** The attached opinion of an independent qualified public accountant for this plan is (see instructions):

(1)  Unmodified (2)  Qualified (3)  Disclaimer (4)  Adverse

**b** Check the appropriate box(es) to indicate whether the IQPA performed an ERISA section 103(a)(3)(C) audit. Check both boxes (1) and (2) if the audit was performed pursuant to both 29 CFR 2520.103-8 and 29 CFR 2520.103-12(d). Check box (3) if pursuant to neither.

(1)  DOL Regulation 2520.103-8 (2)  DOL Regulation 2520.103-12(d) (3)  neither DOL Regulation 2520.103-8 nor DOL Regulation 2520.103-12(d).

**c** Enter the name and EIN of the accountant (or accounting firm) below:

(1) Name:

(2) EIN:

**d** The opinion of an independent qualified public accountant is **not attached** as part of Schedule H because:

(1)  This form is filed for a CCT, PSA, DCG or MTIA. (2)  It will be attached to the next Form 5500 pursuant to 29 CFR 2520.104-50.

**Part IV Compliance Questions**

**4** CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete lines 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete lines 4j and 4l. MTIAs also do not complete line 4l. DCGs do not complete lines 4e, 4f, 4k, 4l, and 5, and DCGs generally complete the rest of Part IV collectively for all plans in the DCG, except as otherwise provided (see instructions).

During the plan year:

	Yes	No	Amount
<b>a</b> Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)			
<b>b</b> Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)			
<b>c</b> Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)			
<b>d</b> Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)			
<b>e</b> Was this plan covered by a fidelity bond?			
<b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?			
<b>g</b> Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?			
<b>h</b> Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?			
<b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)			
<b>j</b> Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)			
<b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?			
<b>l</b> Has the plan failed to provide any benefit when due under the plan?			
<b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
<b>n</b> If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

**5a** Has a resolution to terminate the plan been adopted during the plan year or any prior plan year?  Yes  No  
If "Yes," enter the amount of any plan assets that reverted to the employer this year \_\_\_\_\_.

**5b** If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)

<b>5b(1)</b> Name of plan(s)	<b>5b(2)</b> EIN(s)	<b>5b(3)</b> PN(s)

**5c** Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) .....  Yes  No  Not determined  
 If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year \_\_\_\_\_.