

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

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.

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

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) P, 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: EQUITABLE FINANCIAL LIFE INSURANCE COMPANY POOLED SA010
1b Three-digit plan number (PN): 010
1c Effective date of plan: 06/25/1979
2a Plan sponsor's name (employer, if for a single-employer plan): EQUITABLE LIFE INSURANCE COMPANY
2b Employer Identification Number (EIN): 13-5570651
2c Plan Sponsor's telephone number: 212-554-1234
2d Business code (see instructions): 524140

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.

Form 5500 (2024) v. 240311

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

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

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

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

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 SA010</u> | B Three-digit plan number (PN) | <u>010</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) |
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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 | CONSOLIDATED CORP SVCS, INC./TRS OF | |
| b | Name of plan sponsor | CONSOLIDATED CORP SVCS, INC./TRS OF | c EIN-PN 76-0176929-001 |
| a | Plan name | ALDEN P. ZWERLING M.D. INC./TRS OF | |
| b | Name of plan sponsor | ALDEN P. ZWERLING M.D. INC./TRS OF | c EIN-PN 95-3754558-001 |
| a | Plan name | BOWER-SIEMON CHEMICALS CO., INC./TR | |
| b | Name of plan sponsor | BOWER-SIEMON CHEMICALS CO., INC/TR | c EIN-PN 36-2654858-001 |
| a | Plan name | PARKVIEW MEDICAL CENTER, S.C./TR | |
| b | Name of plan sponsor | PARKVIEW MEDICAL CENTER, S.C./TR | c EIN-PN 36-2822325-001 |
| a | Plan name | SEYMOUR FRANKS WOODWORKING INC T/R | |
| b | Name of plan sponsor | SEYMOUR FRANKS WOODWORKING INC/TR | c EIN-PN 22-1896077-001 |
| a | Plan name | BALTIMORE URBAN LEAGUE INC./TR. | |
| b | Name of plan sponsor | BALTIMORE URBAN LEAGUE INC./TR. | c EIN-PN 52-0591585-001 |
| a | Plan name | ELDON JUHL INC. P/S PLAN/TRS | |
| b | Name of plan sponsor | ELDON JUHL INC. P/S PLAN/TRS | c EIN-PN 42-1275138-001 |
| a | Plan name | GAYLE L. KATES, M.D./TR | |
| b | Name of plan sponsor | GAYLE L. KATES, M.D./TR | c EIN-PN 36-3244291-001 |
| a | Plan name | PRO-PLASTICS, INC./TR. | |
| b | Name of plan sponsor | PRO-PLASTICS, INC./TR. | c EIN-PN 22-1843800-001 |
| a | Plan name | VIBRATION ELIMINATOR CO. INC./TR. | |
| b | Name of plan sponsor | VIBRATION ELIMINATOR CO. INC./TR. | c EIN-PN 11-1977621-001 |
| a | Plan name | RAYS MOBILE SERVICE/TR | |
| b | Name of plan sponsor | RAYS MOBILE SERVICE/TR | c EIN-PN 36-3426957-001 |
| a | Plan name | STS DRUGS, INC./TR. | |
| b | Name of plan sponsor | STS DRUGS, INC./TR. | c EIN-PN 11-2552343-001 |

| 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 | DR.LOUIS J. AUGUSTE P/S KEOGH PLAN | |
| b | Name of plan sponsor | DR.LOUIS J. AUGUSTE P/S KEOGH PLAN | c EIN-PN 11-3171309-001 |
| a | Plan name | L & L DRESS SHOP, INC./TR | |
| b | Name of plan sponsor | L & L DRESS SHOP, INC./TR. | c EIN-PN 23-1984801-001 |
| a | Plan name | LAW OFFICE OF JOEL HANBERRY | |
| b | Name of plan sponsor | LAW OFFICE OF JOEL HANBERRY | c EIN-PN 72-0917008-001 |
| a | Plan name | ALADDIN TRAVEL, INC./TR. | |
| b | Name of plan sponsor | ALADDIN TRAVEL, INC./TR. | c EIN-PN 16-1109284-001 |
| a | Plan name | ERNEST ROSSI & CO. INC./TR. | |
| b | Name of plan sponsor | ERNEST ROSSI & CO. INC./TR. | c EIN-PN 13-3157315-001 |
| a | Plan name | A.F. CHAPMAN CORPORATION TR. | |
| b | Name of plan sponsor | A.F. CHAPMAN CORPORATION TR. | c EIN-PN 43-0213010-001 |
| a | Plan name | COOPERATIVE D.H.I.A. OF HAWAII/TRS | |
| b | Name of plan sponsor | COOPERATIVE D.H.I.A. OF HAWAII/TRS | c EIN-PN 99-0108712-001 |
| a | Plan name | DE SMET FARM MUTUAL INS. CO. OF S.D | |
| b | Name of plan sponsor | DE SMET FARM MUTUAL INS.CO. OF S.D | c EIN-PN 46-0133680-001 |
| a | Plan name | MICROFILM VIEWERS SERVICE/TRS OF | |
| b | Name of plan sponsor | MICROFILM VIEWERS SERVICE/TRS OF | c EIN-PN 75-1761387-001 |
| a | Plan name | P & G AUTO INC. PENSION PLAN/TR | |
| b | Name of plan sponsor | P & G AUTO INC. PENSION PLAN/TR | c EIN-PN 22-3044977-001 |
| a | Plan name | MIDATLANTIC BANK/TR.(1) | |
| b | Name of plan sponsor | MIDATLANTIC BANK/TR.(1) | c EIN-PN 22-1968555-001 |
| a | Plan name | DARYOUSH FARAHMAND MD PENSION & TRS | |
| b | Name of plan sponsor | DARYOUSH FARAHMAND MD PENSION & TR | c EIN-PN 55-7592402-001 |

| 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 | DIXON AIRCRAFT COMPONENTS, INC./TRS | |
| b | Name of plan sponsor | DIXON AIRCRAFT COMPONENTS, INC./TR | c EIN-PN 77-0136236-001 |
| a | Plan name | CITY OF FENTON POLICE DEPT/TR | |
| b | Name of plan sponsor | CITY OF FENTON POLICE DEPT./TR | c EIN-PN 43-0784695-001 |
| a | Plan name | KUNZMANN TRAVEL SERVICE, INC./TR. | |
| b | Name of plan sponsor | KUNZMANN TRAVEL SERVICE, INC./TR. | c EIN-PN 11-1848192-001 |
| a | Plan name | CHINESE AMERICAN TRADING CO/TR. | |
| b | Name of plan sponsor | CHINESE AMERICAN TRADING C/O | c EIN-PN 13-2525046-001 |
| a | Plan name | EXPERIMENTAL PLASTIC MOLDS, INC. | |
| b | Name of plan sponsor | EXPERIMENTAL PLASTIC MOLDS, INC. | c EIN-PN 22-6134998-001 |
| a | Plan name | MASON INDUSTRIES, INC./TR. DB PLAN DEFINED BENEFIT PLAN | |
| b | Name of plan sponsor | MASON INDUSTRIES, INC./TR. | c EIN-PN 11-8899630-001 |
| a | Plan name | JACOB S. LAKE, D.D.S. TR | |
| b | Name of plan sponsor | JACOB S. LAKE, D.D.S. TR | c EIN-PN 36-3094128-001 |
| a | Plan name | LYNETTE GRITTEN DEF.BEN.PLAN/TR | |
| b | Name of plan sponsor | LYNETTE GRITTEN DEF.BEN. PLAN/TR. | c EIN-PN 15-0784664-001 |
| a | Plan name | SOUTHWESTERN OKLAHOMA DEVELOPMENT | |
| b | Name of plan sponsor | SOUTHWESTERN OKLAHOMA DEVELOPMENT | c EIN-PN 73-0801022-001 |
| a | Plan name | CITY OF MARIANNA ARKANSAS/TR. | |
| b | Name of plan sponsor | CITY OF MARIANNA ARKANSAS/TR. | c EIN-PN 71-6038824-001 |
| a | Plan name | DC ART WORKS / TRS. OF | |
| b | Name of plan sponsor | DC ART WORKS / TRS. OF | c EIN-PN 52-1218217-001 |
| a | Plan name | D. ROBBINS & CO., INC./TR. | |
| b | Name of plan sponsor | D. ROBBINS & CO., INC./TR. | c EIN-PN 13-1920545-001 |

| 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 | ELECTRICAL DIST.NO.TWO, PINAL CO. | |
| b | Name of plan sponsor | ELECTRICAL DIST.NO.TWO, PINAL CO. | c EIN-PN 86-6000091-001 |
| a | Plan name | CROVANS INC./TR. | |
| b | Name of plan sponsor | CROVANS INC./TR. | c EIN-PN 54-0785347-001 |
| 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 | DR. MARSELAS AND LANDMAN MD PA TR | |
| b | Name of plan sponsor | DR. MARSELAS AND LANDMAN MD PA TR | c EIN-PN 51-1262939-001 |
| a | Plan name | FAUST THERMOGRAPHIC INC. 401K PROFIT SHARING PLAN | |
| b | Name of plan sponsor | FAUST THERMOGRAPHIC INC. | c EIN-PN 03-0563244-001 |
| a | Plan name | STAR READY MIX SAFE HARBOR 401K PROFIT SHARING PLAN | |
| b | Name of plan sponsor | STAR READY MIX | c EIN-PN 11-2285045-001 |
| a | Plan name | EAST COAST MINES & MATERIALS PROFIT SHARING PLAN | |
| b | Name of plan sponsor | EAST COAST MINES & MATERIALS | c EIN-PN 11-3128184-001 |
| a | Plan name | IBERIA LINEAS AEREAS DE ESPANA SOCIEDAD ANONIMA OPERADORA CO RETIREMEN | |
| b | Name of plan sponsor | IBERIA LAE SA OPERADORA CO. | c EIN-PN 98-0680896-002 |
| a | Plan name | U & U PAPER CO. 401K SAVINGS PLAN | |
| b | Name of plan sponsor | U & U PAPER CO. | c EIN-PN 13-5614600-001 |
| a | Plan name | KUBE PAK CORPORATION P/S PLAN | |
| b | Name of plan sponsor | KUBE PAK CORPORATION | c EIN-PN 14-1876806-001 |
| a | Plan name | FLINT SURVEYING & ENGINEERING 401K PLAN | |
| b | Name of plan sponsor | FLINT SURVEYING & ENGINEERING | c EIN-PN 38-1775604-001 |
| a | Plan name | HOFFMAN CONSTRUCTION CO. 401K PROFIT SHARING PLAN | |
| b | Name of plan sponsor | HOFFMAN CONSTRUCTION CO. | c EIN-PN 39-0350990-001 |

| 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 | ASSOCIATION MEMBERS RETIREMENT PROGRAM | |
| b Name of plan sponsor | ASSOCIATION MEMBERS RETIREMENT PROGRAM | c EIN-PN 13-5570651-001 |
| 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 | A. J. HUTTO, JR., INC. | |
| b Name of plan sponsor | A.J. HUTTO, JR. | c EIN-PN 57-0716915-001 |
| a Plan name | AFAEC, LLC | |
| b Name of plan sponsor | AFAEC, LLC | c EIN-PN 41-2053200-001 |
| a Plan name | AIA MICHIGAN | |
| b Name of plan sponsor | AIA MICHIGAN | c EIN-PN 38-1884431-001 |
| a Plan name | AIA NEW YORK STATE, INC. | |
| b Name of plan sponsor | AIA NEW YORK STATE, INC. | c EIN-PN 13-1846770-001 |
| a Plan name | AIKEN PLASTIC SURGERY, P.A. | |
| b Name of plan sponsor | AIKEN PLASTIC SURGERY, P.A. | c EIN-PN 57-1096050-001 |
| a Plan name | ALWIN WILLIAM BAGINGITO MD INC | |
| b Name of plan sponsor | ALWIN WILLIAM BAGINGITO MD INC | c EIN-PN 33-0809021-001 |
| a Plan name | ANDREW M. NEWMAN | |
| b Name of plan sponsor | ANDREW M. NEWMAN | c EIN-PN 22-3016419-001 |
| a Plan name | ANIMAL EMERGENCY CENTER OF WEST HOU | |
| b Name of plan sponsor | ANIMAL EMERGENCY CENTER OF WEST HOU | c EIN-PN 20-0812596-001 |
| a Plan name | ANIMAL HEALTH CLINIC AND HOSP. | |
| b Name of plan sponsor | ANIMAL HEALTH CLINIC AND HOSP. | c EIN-PN 36-3568153-001 |

| 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 | ANIMAL HOUSE VETERINARY CENTER, LLC | |
| b Name of plan sponsor | ANIMAL HOUSE VETERINARY CENTER, LLC | c EIN-PN 20-1103006-001 |
| a Plan name | ANIMAL MEDICAL CENTER OF GULF BREEZ | |
| b Name of plan sponsor | ANIMAL MEDICAL CENTER OF GULF BREEZ | c EIN-PN 59-3106903-001 |
| a Plan name | ANTHONY J. CINCOTTA, PC | |
| b Name of plan sponsor | ANTHONY J. CINCOTTA, PC | c EIN-PN 22-3529271-001 |
| 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 38-2374369-001 |
| a Plan name | BASIN ANIMAL CLINIC | |
| b Name of plan sponsor | BASIN ANIMAL CLINIC | c EIN-PN 93-0621002-001 |
| a Plan name | BENJAMIN W. REESE, MD | |
| b Name of plan sponsor | BENJAMIN W. REESE, MD | c EIN-PN 21-5884464-001 |
| a Plan name | BERKELEY DOG & CAT HOSPITAL | |
| b Name of plan sponsor | BERKELEY DOG & CAT HOSPITAL | c EIN-PN 94-3265782-001 |
| 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 | BRADLEY PARKER & ASSOCIATES, PC | |
| b Name of plan sponsor | BRADLEY PARKER & ASSOCIATES, PC | c EIN-PN 54-1215250-002 |
| a Plan name | BRAKEBILL VETERINARY HOSP. INC. | |
| b Name of plan sponsor | BRAKEBILL VETERINARY HOSP. INC. | c EIN-PN 75-2124298-001 |

| 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 | BRIAN SPERRE, DPM | |
| b | Name of plan sponsor | BRIAN SPERRE, DPM | c EIN-PN 04-2715098-001 |
| a | Plan name | BRIAN SPERRE, DPM | |
| b | Name of plan sponsor | BRIAN SPERRE, DPM | c EIN-PN 04-2715098-001 |
| a | Plan name | CARTERSVILLE ANIMAL MED. CNTR. | |
| b | Name of plan sponsor | CARTERSVILLE ANIMAL MED. CNTR. | c EIN-PN 58-1664263-001 |
| a | Plan name | CATALYST ARCHITECTS, LLC | |
| b | Name of plan sponsor | CATALYST ARCHITECTS, LLC | c EIN-PN 51-0447665-001 |
| a | Plan name | CENTER FOR FOOT & ANKLE CARE, PC | |
| b | Name of plan sponsor | CENTER FOR FOOT & ANKLE CARE, PC | c EIN-PN 25-1860709-001 |
| 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 | COMMUNITY HOSPITAL OF W.SUFFOLK | |
| b | Name of plan sponsor | COMMUNITY HOSPITAL OF W.SUFFOLK | c EIN-PN 11-1983211-004 |
| a | Plan name | COMSPEC CORPORATION | |
| b | Name of plan sponsor | COMSPEC CORPORATION | c EIN-PN 56-1783176-001 |
| 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 | DANIEL MCCORMACK, PC | |
| b | Name of plan sponsor | DANIEL MCCORMACK, PC | c EIN-PN 22-3067903-001 |

| 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 | 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 | DEZANEK PODIATRY CENTER | |
| b Name of plan sponsor | DEZANEK PODIATRY CENTER | c EIN-PN 36-3262267-001 |
| a Plan name | DIMITRI EYE CENTER OF LAPLACE | |
| b Name of plan sponsor | DIMITRI EYE CENTER OF LAPLACE | c EIN-PN 72-1391842-001 |
| a Plan name | DONALD E. DAVIDSON, P.C. | |
| b Name of plan sponsor | DONALD E. DAVIDSON, P.C. | c EIN-PN 75-2208633-001 |
| a Plan name | DOUGLAS SHOOP & ASSOCIATES | |
| b Name of plan sponsor | DOUGLAS SHOOP & ASSOCIATES | c EIN-PN 04-3516249-001 |
| a Plan name | DR ALLEN I. KAPLAN | |
| b Name of plan sponsor | DR ALLEN I. KAPLAN | c EIN-PN 14-1536252-001 |
| a Plan name | DR. DAVID W. FERRIS & ASSOC. INC | |
| b Name of plan sponsor | DR. DAVID W. FERRIS & ASSOC. INC | c EIN-PN 05-0469463-001 |
| a Plan name | DR. DOTY AND ASSOCIATES | |
| b Name of plan sponsor | DR. DOTY AND ASSOCIATES | c EIN-PN 83-2579271-001 |
| a Plan name | DR. JOHN G. KULBA O.D. | |
| b Name of plan sponsor | DR. JOHN G. KULBA O.D. | c EIN-PN 23-1687848-001 |
| a Plan name | DR. MARK A. MATHEWS, OPTOMETRIST | |
| b Name of plan sponsor | DR. MARK A. MATHEWS, OPTOMETRIST | c EIN-PN 34-1596990-001 |
| a Plan name | DR. MARTIN G. RUBIN | |
| b Name of plan sponsor | DR. MARTIN G. RUBIN | c EIN-PN 04-2728594-001 |

| 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 | DR. RICHARD L. KUHN JR. | |
| b | Name of plan sponsor | DR. RICHARD L. KUHN JR. | c EIN-PN 63-0851446-001 |
| a | Plan name | DR. SANDRA GILMORE | |
| b | Name of plan sponsor | DR. SANDRA GILMORE | c EIN-PN 04-3016899-002 |
| a | Plan name | DR. SANDRA GILMORE | |
| b | Name of plan sponsor | DR. SANDRA GILMORE | c EIN-PN 04-3016899-002 |
| a | Plan name | DRS. PANNER AND WEN, PC RETIREMENT | |
| b | Name of plan sponsor | DRS. PAQUIN & PANNER, PC RETIREMENT | c EIN-PN 54-1150829-002 |
| a | Plan name | DRS. REEVES & STOPPEL | |
| b | Name of plan sponsor | DRS. REEVES & STOPPEL | c EIN-PN 48-0817255-001 |
| 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 | EDWARD M. LOPEZ, O.D. | |
| b | Name of plan sponsor | EDWARD M. LOPEZ, O.D. | c EIN-PN 25-1793829-001 |
| 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 | EVELYN HANNA, O.D. | |
| b | Name of plan sponsor | EVELYN HANNA, O.D. | c EIN-PN 72-1255219-001 |
| a | Plan name | F. FERNANDEZ, AIA, LLC | |
| b | Name of plan sponsor | F. FERNANDEZ, AIA, LLC | c EIN-PN 20-3921410-001 |
| a | Plan name | FAMILY HEALTH CARE OF CORONA | |
| b | Name of plan sponsor | FAMILY HEALTH CARE OF CORONA | c EIN-PN 33-0980140-001 |

| 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 | 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 | GAIL REEDMAN DEMARIA, MD | |
| b | Name of plan sponsor | GAIL REEDMAN DEMARIA, MD | c EIN-PN 52-1587295-001 |
| a | Plan name | GERALD L. DICKMAN D.O., P.L.L.C. | |
| b | Name of plan sponsor | GERALD L. DICKMAN D.O., P.L.L.C. | c EIN-PN 73-1541600-003 |
| a | Plan name | GREG K KURASHIGE, PHYSICAL THERAPY | |
| b | Name of plan sponsor | GREG K KURASHIGE, PHYSICAL THERAPY | c EIN-PN 95-4777572-001 |
| a | Plan name | HAROLD P. WOODRUFF ARCHITECT | |
| b | Name of plan sponsor | HAROLD P. WOODRUFF ARCHITECT | c EIN-PN 87-0492587-001 |
| a | Plan name | HAWTHORNE VISION CENTER, P.C. | |
| b | Name of plan sponsor | HAWTHORNE VISION CENTER, P.C. | c EIN-PN 93-1281254-002 |
| a | Plan name | HENRY B. SAMSON, O.D. | |
| b | Name of plan sponsor | HENRY B. SAMSON, O.D. | c EIN-PN 06-1362482-001 |
| a | Plan name | HERMAN EYE CENTER | |
| b | Name of plan sponsor | HERMAN EYE CENTER | c EIN-PN 55-0666937-001 |
| a | Plan name | HESTER EYE ASSOCIATES, PC | |
| b | Name of plan sponsor | HESTER EYE ASSOCIATES, PC | c EIN-PN 74-3029805-001 |
| a | Plan name | HINESBURG FAMILY HEALTH, PC | |
| b | Name of plan sponsor | HINESBURG FAMILY HEALTH, PC | c EIN-PN 86-1065767-001 |
| a | Plan name | ILLUSION OPTICAL INC./SANTA FE | |
| b | Name of plan sponsor | ILLUSION OPTICAL INC./SANTA FE | c EIN-PN 74-2240364-001 |

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. | c | EIN-PN | 63-1214450-001 |
| b | Name of plan sponsor | INGRAM & INGRAM, L.L.C. | c | EIN-PN | 63-1214450-001 |
| a | Plan name | INTERSTICE ARCHITECTS INC. | c | EIN-PN | 20-4325841-001 |
| b | Name of plan sponsor | INTERSTICE ARCHITECTS INC. | c | EIN-PN | 20-4325841-001 |
| a | Plan name | J W CALL & SON FUNERAL HOME INC. | c | EIN-PN | 61-0590410-001 |
| b | Name of plan sponsor | J W CALL & SON FUNERAL HOME INC. | c | EIN-PN | 61-0590410-001 |
| a | Plan name | J.W. BENCO INC | c | EIN-PN | 54-1628873-001 |
| b | Name of plan sponsor | J.W. BENCO INC | c | EIN-PN | 54-1628873-001 |
| a | Plan name | JACQUELINE K. HOANG, M.D., PC | c | EIN-PN | 54-1907610-002 |
| b | Name of plan sponsor | JACQUELINE K. HOANG, M.D., PC | c | EIN-PN | 54-1907610-002 |
| a | Plan name | JAMES BROOMAS, CPA | c | EIN-PN | 76-0026622-002 |
| b | Name of plan sponsor | JAMES BROOMAS, CPA | c | EIN-PN | 76-0026622-002 |
| a | Plan name | JAMES CAHILL, D.P.M. | c | EIN-PN | 57-0870655-001 |
| b | Name of plan sponsor | JAMES CAHILL, D.P.M. | c | EIN-PN | 57-0870655-001 |
| a | Plan name | JAMES M. SWARTZ, PT | c | EIN-PN | 16-1225331-001 |
| b | Name of plan sponsor | JAMES M. SWARTZ, PT | c | EIN-PN | 16-1225331-001 |
| a | Plan name | JESSICA BASA, MD, INC. | c | EIN-PN | 75-2972112-001 |
| b | Name of plan sponsor | JESSICA BASA, MD, INC. | c | EIN-PN | 75-2972112-001 |
| a | Plan name | JOEL & JOEL, LLP | c | EIN-PN | 22-2716342-001 |
| b | Name of plan sponsor | JOEL & JOEL, LLP | c | EIN-PN | 22-2716342-001 |
| a | Plan name | JOHN BIESTEK O.D. | c | EIN-PN | 06-1102660-001 |
| b | Name of plan sponsor | JOHN BIESTEK O.D. | c | EIN-PN | 06-1102660-001 |
| a | Plan name | JOHN DAVID JANNEY, O.D. | c | EIN-PN | 55-0490396-001 |
| b | Name of plan sponsor | JOHN DAVID JANNEY, O.D. | c | EIN-PN | 55-0490396-001 |

| 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 | JOHN P. PAONE, JR., P.C. | |
| b | Name of plan sponsor | JOHN P. PAONE, JR., P.C. | c EIN-PN 22-2949852-001 |
| a | Plan name | JOHNS CREEK PEDIATRICS, PC | |
| b | Name of plan sponsor | JOHNS CREEK PEDIATRICS, PC | c EIN-PN 58-2631057-001 |
| a | Plan name | JOHNSON ARCHITECTURE, INC. | |
| b | Name of plan sponsor | JOHNSON ARCHITECTURE, INC. | c EIN-PN 62-1555026-001 |
| a | Plan name | JOSEPH COHEN, O.D. INC. | |
| b | Name of plan sponsor | JOSEPH COHEN, O.D. INC. | c EIN-PN 94-3369398-001 |
| a | Plan name | KEITH KAJIOKA, O.D. | |
| b | Name of plan sponsor | KEITH KAJIOKA, O.D. | c EIN-PN 77-0272760-001 |
| a | Plan name | KENNETH E TAND & ASSOCIATES, INC | |
| b | Name of plan sponsor | KENNETH E TAND & ASSOCIATES, INC | c EIN-PN 74-2203423-001 |
| a | Plan name | KRISHNAN, LALITHA P.C. | |
| b | Name of plan sponsor | KRISHNAN, LALITHA P.C. | c EIN-PN 75-2349479-001 |
| 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 | LARRY BUSSANMAS, OD, PA | |
| b | Name of plan sponsor | LARRY BUSSANMAS, OD, PA | c EIN-PN 85-0301297-001 |
| a | Plan name | LEZAJ EYE CARE, PC | |
| b | Name of plan sponsor | LEZAJ EYE CARE, PC | c EIN-PN 02-0558638-001 |

| 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 | 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 | LUIS M. ARCE | |
| b | Name of plan sponsor | LUIS M. ARCE | c EIN-PN 27-2055038-002 |
| 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 | MARGARET ZAKANYCZ | |
| b | Name of plan sponsor | MARGARET ZAKANYCZ | c EIN-PN 22-2367736-002 |
| a | Plan name | MARGARET ZAKANYCZ, DPM | |
| b | Name of plan sponsor | MARGARET ZAKANYCZ | c EIN-PN 22-2367736-001 |
| 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 ALPERT OD | |
| b | Name of plan sponsor | MARK ALPERT OD | c EIN-PN 33-0016951-001 |
| 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 |
| a | Plan name | MARY J. SANDOVAL, D.P.M., P.A. | |
| b | Name of plan sponsor | MARY J. SANDOVAL, D.P.M., P.A. | c EIN-PN 76-0349363-001 |

| 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 | MATTHEW S. HENDRICKSON, OD & ASSOC. | |
| b | Name of plan sponsor | MATTHEW S. HENDRICKSON OD & ASSOC. | c EIN-PN 45-4232654-001 |
| a | Plan name | MAYS AND ASSOCIATES, LLC | |
| b | Name of plan sponsor | MAYS AND ASSOCIATES, LLC | c EIN-PN 46-3512344-001 |
| a | Plan name | MCGRAW PHYSICAL THERAPY, INC. | |
| b | Name of plan sponsor | MCGRAW PHYSICAL THERAPY, INC. | c EIN-PN 31-1164147-002 |
| a | Plan name | MCGREW FAMILY CLINIC | |
| b | Name of plan sponsor | GARY MCGREW, M.D. | c EIN-PN 58-1328663-001 |
| a | Plan name | MCVAY'S INCORPORATED | |
| b | Name of plan sponsor | MCVAYS INCORPORATED | c EIN-PN 31-0717283-001 |
| a | Plan name | MCVEAN & HUGHES | |
| b | Name of plan sponsor | MCVEAN & HUGHES | c EIN-PN 34-0393640-001 |
| a | Plan name | MERYL BROWNSTEIN OPTOMETRIST PC | |
| b | Name of plan sponsor | MERYL BROWNSTEIN OPTOMETRIST PC | c EIN-PN 20-8564321-001 |
| a | Plan name | MICHAEL C GREENBERG, P.C. | |
| b | Name of plan sponsor | MICHAEL C GREENBERG, P.C. | c EIN-PN 22-3449006-001 |
| a | Plan name | MICHELLE E. BRANCHAUD MD INC. | |
| b | Name of plan sponsor | MICHELLE E. BRANCHAUD MD INC. | c EIN-PN 94-3275043-001 |
| a | Plan name | MICHELLE YANG, MD PC | |
| b | Name of plan sponsor | MICHELLE YANG, MD PC | c EIN-PN 85-0483680-001 |
| a | Plan name | MILLER NEWLIN & CO., P.C. | |
| b | Name of plan sponsor | MILLER NEWLIN & CO., P.C. | c EIN-PN 76-0364305-001 |
| a | Plan name | MOBILE VISION INC | |
| b | Name of plan sponsor | MOBILE VISION INC | c EIN-PN 55-0750163-001 |

| 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 | MOBILE VISION INC | |
| b | Name of plan sponsor | MOBILE VISION INC | c EIN-PN 55-0750163-001 |
| a | Plan name | MOSES ALBALAS OD INC | |
| b | Name of plan sponsor | MOSES ALBALAS OD INC | c EIN-PN 95-3217995-001 |
| a | Plan name | MOYER ASSOCIATES | |
| b | Name of plan sponsor | MOYER ASSOCIATES | c EIN-PN 36-2967991-001 |
| a | Plan name | MOYER ASSOCIATES | |
| b | Name of plan sponsor | MOYER ASSOCIATES | c EIN-PN 36-2967991-001 |
| 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 22-2991922-001 |
| a | Plan name | OAKTON ANIMAL HOSPITAL | |
| b | Name of plan sponsor | OAKTON ANIMAL HOSPITAL | c EIN-PN 36-4103859-001 |
| 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 |

| 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 | PAUL C. STOLFO | |
| b | Name of plan sponsor | PAUL C. STOLFO | c EIN-PN 23-2575605-001 |
| 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 |
| a | Plan name | PETALUMA ORTHO & SPORTS THERAPY | |
| b | Name of plan sponsor | PETALUMA ORTHO & SPORTS THERAPY | c EIN-PN 68-0181641-001 |
| a | Plan name | PHILIP J. KARAM, MD | |
| b | Name of plan sponsor | PHILIP J. KARAM, MD | c EIN-PN 56-1599764-002 |
| a | Plan name | PLAZA PET CLINIC | |
| b | Name of plan sponsor | PLAZA PET CLINIC | c EIN-PN 95-2946721-001 |
| a | Plan name | POLLEO GROUP LLC | |
| b | Name of plan sponsor | POLLEO GROUP LLC | c EIN-PN 27-2218387-001 |
| a | Plan name | RANDALL T. MUDGE & ASSOCIATES | |
| b | Name of plan sponsor | RANDALL T. MUDGE & ASSOCIATES | c EIN-PN 02-0365403-002 |
| a | Plan name | RATLIFF & JENTHO, CPA'S | |
| b | Name of plan sponsor | RATLIFF & JENTHO, CPAS | c EIN-PN 76-0127451-001 |
| a | Plan name | REIFF, PATRICIA R | |
| b | Name of plan sponsor | REIFF, PATRICIA R | c EIN-PN 86-0733551-001 |
| a | Plan name | RENAISSANCE ARCHITECTS, INC | |
| b | Name of plan sponsor | RENAISSANCE ARCHITECTS, INC | c EIN-PN 37-1312040-001 |
| a | Plan name | RESNECK-SANNES, DAVID MD | |
| b | Name of plan sponsor | RESNECK-SANNES, DAVID MD | c EIN-PN 94-2492834-001 |

| Part II | | Information on Participating Plans (to be completed by DFEs, other than DCGs) | |
|--|----------------------|--|--------------------------------|
| (Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.) | | | |
| a | Plan name | ROBERT A. RUSIGNOLA, ESQ | |
| b | Name of plan sponsor | ROBERT A. RUSIGNOLA, ESQ | c EIN-PN 22-3560179-001 |
| a | Plan name | ROBERTACCIO FUNERAL HOME INC. | |
| b | Name of plan sponsor | ROBERTACCIO FUNERAL HOME INC. | c EIN-PN 11-2009394-001 |
| 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 | SARA MABIE, OD, PA | |
| b | Name of plan sponsor | SARA MABIE, OD, PA | c EIN-PN 41-1936009-001 |
| a | Plan name | SHO INC. | |
| b | Name of plan sponsor | SHO INC. | c EIN-PN 39-1628697-001 |
| a | Plan name | SKL ASSOCIATES, INC. | |
| b | Name of plan sponsor | SKL ASSOCIATES, INC. | c EIN-PN 68-0437638-001 |
| a | Plan name | SKL ASSOCIATES, INC. | |
| b | Name of plan sponsor | SKL ASSOCIATES, INC. | c EIN-PN 68-0437638-001 |
| a | Plan name | SMALL ANIMAL HOSPITAL | |
| b | Name of plan sponsor | SMALL ANIMAL CLINIC | c EIN-PN 86-0494818-001 |
| a | Plan name | SOMERS VISION CLINIC, LLC | |
| b | Name of plan sponsor | SOMERS VISION CLINIC, LLC | c EIN-PN 06-1628429-001 |
| a | Plan name | SOUTHWEST DALLAS EYECARE | |
| b | Name of plan sponsor | SOUTHWEST DALLAS EYECARE | c EIN-PN 75-2800216-001 |
| a | Plan name | SPANAWAY VISION CLINIC | |
| b | Name of plan sponsor | SPANAWAY VISION CLINIC | c EIN-PN 91-6215469-001 |
| a | Plan name | STAMFORD VISION CARE LLC | |
| b | Name of plan sponsor | STAMFORD VISION CARE LLC | c EIN-PN 06-1613985-001 |

| 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 | 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 |
| a Plan name | THOMAS C. SCHMIDT | |
| b Name of plan sponsor | THOMAS C. SCHMIDT | c EIN-PN 42-5292064-001 |
| a Plan name | THOMAS C. SCHMIDT | |
| b Name of plan sponsor | THOMAS C. SCHMIDT | c EIN-PN 42-5292064-001 |
| a Plan name | UNITED FUNERAL SERVICE INC | |
| b Name of plan sponsor | UNITED FUNERAL SERVICE INC | c EIN-PN 64-0427208-001 |
| a Plan name | VISITING EYECARE SERVICE, INC. | |
| b Name of plan sponsor | VISITING EYECARE SERVICE, INC. | c EIN-PN 11-3231234-001 |
| a Plan name | VKSWEN, INC. | |
| b Name of plan sponsor | VKSWEN, INC. | c EIN-PN 20-3977388-001 |
| 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 |

| | | |
|--|--|---|
| SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small> | Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500. | OMB No. 1210-0110 2024 This Form is Open to Public Inspection |
|--|--|---|

| | |
|--|--|
| 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 SA010 | B Three-digit plan number (PN) ▶ 010 |
| 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 |
|--|-----------------|-----------------------|-----------------|
| Assets | | | |
| a Total noninterest-bearing cash | 1a | 56115 | 190739 |
| b Receivables (less allowance for doubtful accounts): | | | |
| (1) Employer contributions | 1b(1) | | |
| (2) Participant contributions | 1b(2) | | |
| (3) Other | 1b(3) | 132076 | 60809 |
| c General investments: | | | |
| (1) Interest-bearing cash (include money market accounts & certificates of deposit) | 1c(1) | | |
| (2) U.S. Government securities | 1c(2) | 5110605 | 4937149 |
| (3) Corporate debt instruments (other than employer securities): | | | |
| (A) Preferred | 1c(3)(A) | | |
| (B) All other | 1c(3)(B) | 2156725 | 2201929 |
| (4) Corporate stocks (other than employer securities): | | | |
| (A) Preferred | 1c(4)(A) | | |
| (B) Common | 1c(4)(B) | 10247548 | 9351416 |
| (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 | 17703069 | 16742042 |
| Liabilities | | | |
| g Benefit claims payable..... | 1g | | |
| h Operating payables..... | 1h | | |
| i Acquisition indebtedness..... | 1i | | |
| j Other liabilities..... | 1j | 682602 | 964316 |
| k Total liabilities (add all amounts in lines 1g through 1j)..... | 1k | 682602 | 964316 |
| Net Assets | | | |
| l Net assets (subtract line 1k from line 1f)..... | 1l | 17020467 | 15777726 |

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) | 3510 | |
| (B) U.S. Government securities..... | 2b(1)(B) | 119342 | |
| (C) Corporate debt instruments..... | 2b(1)(C) | 160384 | |
| (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) | | 283236 |
| (2) Dividends: | | | |
| (A) Preferred stock..... | 2b(2)(A) | | |
| (B) Common stock..... | 2b(2)(B) | 160322 | |
| (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) | | 160322 |
| (3) Rents..... | 2b(3) | | |
| (4) Net gain (loss) on sale of assets: | | | |
| (A) Aggregate proceeds..... | 2b(4)(A) | 28373699 | |
| (B) Aggregate carrying amount (see instructions)..... | 2b(4)(B) | 26855768 | |
| (C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result..... | 2b(4)(C) | | 1517931 |
| (5) Unrealized appreciation (depreciation) of assets: | | | |
| (A) Real estate..... | 2b(5)(A) | | |
| (B) Other..... | 2b(5)(B) | -210256 | |
| (C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B) | 2b(5)(C) | | -210256 |

| | | (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 | | 1751233 |

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) | 97837 | |
| (3) Recordkeeping fees | 2i(3) | | |
| (4) IQPA audit fees | 2i(4) | | |
| (5) Investment advisory and investment management fees | 2i(5) | 139418 | |
| (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) | 57325 | |
| (12) Total administrative expenses. Add lines 2i(1) through (11) | 2i(12) | | 294580 |
| j Total expenses. Add all expense amounts in column (b) and enter total | 2j | | 294580 |

Net Income and Reconciliation

| | | | |
|---|--------------|--|---------|
| k Net income (loss). Subtract line 2j from line 2d | 2k | | 1456653 |
| l Transfers of assets: | | | |
| (1) To this plan | 2l(1) | | 618435 |
| (2) From this plan | 2l(2) | | 3317829 |

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 _____.