

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 <div style="font-size: 24pt; font-weight: bold; text-align: center;">2024</div> This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

A This return/report is for: a multiemployer plan a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)

a single-employer plan a DFE (specify) C

B This return/report is: the first return/report the final return/report

an amended return/report a short plan year return/report (less than 12 months)

C If the plan is a collectively-bargained plan, check here.

D Check box if filing under: Form 5558 automatic extension the DFVC program

special extension (enter description)

E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here.

Part II	Basic Plan Information—enter all requested information
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1a Name of plan <u>SCHWAB INDEXED RETIREMENT TRUST FUND 2065</u>	1b Three-digit plan number (PN) ▶ <u>025</u> 1c Effective date of plan
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>CHARLES SCHWAB TRUST BANK</u> <u>2360 CORPORATE CIRCLE</u> <u>HENDERSON, NV 89074</u>	2b Employer Identification Number (EIN) <u>81-0625169</u> 2c Plan Sponsor's telephone number <u>800-772-4922</u> 2d Business code (see instructions)

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

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

SIGN HERE		Date	
	Signature of plan administrator		Enter name of individual signing as plan administrator
SIGN HERE		Date	
	Signature of employer/plan sponsor		Enter name of individual signing as employer or plan sponsor
SIGN HERE	<u>Filed with authorized/valid electronic signature.</u>	<u>10/07/2025</u>	<u>DEBORAH CHAFFEE</u>
	Signature of DFE	Date	Enter name of individual signing as DFE

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

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

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

9a Plan funding arrangement (check all that apply) (1) <input type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) <input type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor
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10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

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

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

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

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

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

Receipt Confirmation Code _____

SCHEDULE D (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small>	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 <hr/> 2024 This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning <u>01/01/2024</u> and ending <u>12/31/2024</u>	
A Name of plan <u>SCHWAB INDEXED RETIREMENT TRUST FUND 2065</u>	B Three-digit plan number (PN) <u>025</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>CHARLES SCHWAB TRUST BANK</u>	D Employer Identification Number (EIN) <u>81-0625169</u>

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
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a Name of MTIA, CCT, PSA, or 103-12 IE: <u>BNYM NSL INTL STOCK INDEX FUND</u>		
b Name of sponsor of entity listed in (a): <u>THE BANK OF NEW YORK MELLON</u>		
c EIN-PN <u>25-6078093-221</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>24398186</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>BNYM NSL LARGE CAP STOCK INDEX FUND</u>		
b Name of sponsor of entity listed in (a): <u>THE BANK OF NEW YORK MELLON</u>		
c EIN-PN <u>25-6078093-222</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>51353550</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>BNYM DB SL SMALL CAP STOCK INDEX FD</u>		
b Name of sponsor of entity listed in (a): <u>THE BANK OF NEW YORK MELLON</u>		
c EIN-PN <u>25-6078093-009</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>6736185</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>BNYM NSL AGGREGATE BOND INDEX FUND</u>		
b Name of sponsor of entity listed in (a): <u>THE BANK OF NEW YORK MELLON</u>		
c EIN-PN <u>25-6078093-219</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>1491094</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>STATE ST EMERGING MKTS STOCK INDEX</u>		
b Name of sponsor of entity listed in (a): <u>STATE STREET GLOBAL ADVISORS TRUST COMPANY</u>		
c EIN-PN <u>04-0025081-496</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>7073262</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>STATE ST US SHORT-TERM GOV/CRED BD</u>		
b Name of sponsor of entity listed in (a): <u>STATE STREET GLOBAL ADVISORS TRUST COMPANY</u>		
c EIN-PN <u>90-0337987-230</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>497774</u>
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	ADAMSBROWN, LLC EES PS & 401K	
b	Name of plan sponsor	ADAMS BROWN, LLC	c EIN-PN 84-3541096-001
a	Plan name	ANDERSON WEBER INC 401(K) PLAN	
b	Name of plan sponsor	ANDERSON WEBER, INC.	c EIN-PN 42-0782245-001
a	Plan name	ANOVA 401(K) SAVINGS PLAN	
b	Name of plan sponsor	ANOVA FURNISHINGS, INC.	c EIN-PN 43-0957292-004
a	Plan name	ARGENT CAPITAL MGMT LLC 401K	
b	Name of plan sponsor	ARGENT CAPITAL MANAGEMENT, LLC	c EIN-PN 43-1826950-001
a	Plan name	ATIS ELEVATOR INSPECTIONS 401K	
b	Name of plan sponsor	ATIS ELEVATOR INSPECTIONS, LLC	c EIN-PN 46-1471888-001
a	Plan name	BABC LLP RET PLAN	
b	Name of plan sponsor	BRADLEY ARAND BOULT CUMMINGS LLP	c EIN-PN 63-0243316-001
a	Plan name	BANK OF HERRIN EMPLOYEES PSP	
b	Name of plan sponsor	BANK OF HERRIN	c EIN-PN 37-0207950-001
a	Plan name	BANK-FUND STAFF FED RET PLN	
b	Name of plan sponsor	BANK-FUND STAFF FEDERAL CREDIT UNION	c EIN-PN 53-0209950-002
a	Plan name	BARON CAPITAL, INC. 401(K) PSP	
b	Name of plan sponsor	BARON CAPITAL, INC.	c EIN-PN 13-3107580-001
a	Plan name	BIOMARIN RETIREMENT SVGS PLAN	
b	Name of plan sponsor	BIOMARIN PHARMACEUTICALS	c EIN-PN 68-0397820-001
a	Plan name	BI-STATE FIRE 401K PSP TRUST	
b	Name of plan sponsor	BI-STATE FIRE PROTECTION CORPORATION	c EIN-PN 43-1583116-001
a	Plan name	BUILDING FIRST NATIONS 401(K)	
b	Name of plan sponsor	WEIVHONI INC. DBA BUILDING FIRST NATIONS	c EIN-PN 85-4298087-001

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	CALAMOS PROFIT SHARING 401K	
b	Name of plan sponsor	CALAMOS	c EIN-PN 20-1768357-001
a	Plan name	CAMPBELL & COMPANY 401K PLAN	
b	Name of plan sponsor	CAMPBELL AND COMPANY, LP	c EIN-PN 52-1179493-002
a	Plan name	CAPE RADIOLOGY GRP., EES PSP	
b	Name of plan sponsor	CAPE RADIOLOGY GROUP, INC.	c EIN-PN 43-0954380-001
a	Plan name	CARMODY MACDONALD, P.C. 401(K)	
b	Name of plan sponsor	CARMODY MACDONALD P.C.	c EIN-PN 43-1229825-001
a	Plan name	CDG ENGINEERS, INC RET SAV PL	
b	Name of plan sponsor	CDG ENGINEERS, INC	c EIN-PN 43-1593696-001
a	Plan name	CENTERWELL HOME HEALTH 401K PL	
b	Name of plan sponsor	HUMANA, INC.	c EIN-PN 61-0647538-008
a	Plan name	CENTURY CASTING CORP 401(K) PL	
b	Name of plan sponsor	CENTURY CASTING CORPORATION	c EIN-PN 37-1056829-001
a	Plan name	CHRISTIAN FOODS II, LC	
b	Name of plan sponsor	CHRISTIAN FOODS II, LC	c EIN-PN 04-3712304-001
a	Plan name	CHRISTY EMPLOYEES PSP & TRUST	
b	Name of plan sponsor	O'BRIEN INDUSTRIAL HOLDINGS, LLC	c EIN-PN 92-0198356-001
a	Plan name	CITIZENS NATL BANK ST. LOUIS	
b	Name of plan sponsor	CITIZENS NATIONAL BANK OF GREATER ST. LOUIS	c EIN-PN 20-3646758-003
a	Plan name	CLAYTON FINANCIAL GRP 401K PSP	
b	Name of plan sponsor	CLAYTON FINANCIAL GROUP, LLC	c EIN-PN 47-3829020-001
a	Plan name	CLEMENTINA-CLEMCO GROUP 401K	
b	Name of plan sponsor	CLEMENTINA-CLEMCO GROUP	c EIN-PN 94-3256223-001

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	COGENTRIX RETIREMENT SAVINGS	
b	Name of plan sponsor	COGENTRIX ENERGY POWER MANAGEMENT	c EIN-PN 46-0647218-001
a	Plan name	COMMERCIAL TRANSPORT INC. 401K	
b	Name of plan sponsor	COMMERCIAL TRANSPORT, INC.	c EIN-PN 37-0225015-002
a	Plan name	COMMUNITY BRANDS 401(K) PLAN	
b	Name of plan sponsor	COMMUNITY BRANDS PARENTCO, LLC	c EIN-PN 47-3250999-001
a	Plan name	COOLEY LLP SALARY DEFERRAL PSP	
b	Name of plan sponsor	COOLEY LLP	c EIN-PN 94-1140085-001
a	Plan name	COVERCRESS INC. 401(K) PLAN	
b	Name of plan sponsor	COVERCRESS, INC.	c EIN-PN 47-3764874-001
a	Plan name	COVINGTON PORTFOLIO PENSION PL	
b	Name of plan sponsor	COVINGTON AND BURLING LLP	c EIN-PN 53-0188411-010
a	Plan name	CRESTVIEW/KEMCO 401(K) RET PL	
b	Name of plan sponsor	KEMCO TOOL & MACHINE CO., INC.	c EIN-PN 26-0480921-001
a	Plan name	CRITICAL CARE & PULMONARY 401K	
b	Name of plan sponsor	CRITICAL CARE & PULMONARY CONSULTANTS, P.C.	c EIN-PN 84-1325066-002
a	Plan name	CRITICAL CARE & PULMONARY MPP	
b	Name of plan sponsor	CRITICAL CARE AND PULMONARY CONSULTANTS PC	c EIN-PN 84-1325066-002
a	Plan name	CURTIS-TOLEDO, INC. 401K PLAN	
b	Name of plan sponsor	CURTIS-TOLEDO, INC.	c EIN-PN 43-1155653-001
a	Plan name	D & D DISTRIBUTORS NON-UN 401K	
b	Name of plan sponsor	D AND D DISTRIBUTORS	c EIN-PN 20-3258724-002
a	Plan name	D & D DISTRIBUTORS UNION DCP	
b	Name of plan sponsor	D AND D DISTRIBUTORS	c EIN-PN 20-3258724-005

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	DAVIS+GILBERT LLP P.S. PLAN	
b	Name of plan sponsor	DAVIS & GILBERT LLP	c EIN-PN 13-1504385-001
a	Plan name	DEFERRED COMP & SAV SAL EE	
b	Name of plan sponsor	HERMANN OAK LEATHER COMPANY	c EIN-PN 43-0319840-001
a	Plan name	DELTA DENTAL OF CA 401K	
b	Name of plan sponsor	DELTA DENTAL OF CALIFORNIA	c EIN-PN 94-1461312-002
a	Plan name	DELTA DENTAL PENNSYLVANIA 401K	
b	Name of plan sponsor	DELTA DENTAL OF PENNSYLVANIA	c EIN-PN 23-1667011-002
a	Plan name	DEVELOPMENT STRTEGIES INC 401K	
b	Name of plan sponsor	DEVELOPMENT STRATEGIES, INC.	c EIN-PN 43-1472565-002
a	Plan name	DIERBERGS COLL BARGAIN EES 401	
b	Name of plan sponsor	DIERBERGS MARKETS, INC.	c EIN-PN 43-0863198-003
a	Plan name	DIERBERGS MARKETS INC 401K PLN	
b	Name of plan sponsor	DIERBERGS MARKETS, INC.	c EIN-PN 43-0863198-003
a	Plan name	EDUCATION BRANDS 401(K) PLAN	
b	Name of plan sponsor	EDUCATION BRANDS, LLC	c EIN-PN 81-3027401-001
a	Plan name	EFC INTERNATIONAL 401K PLAN	
b	Name of plan sponsor	EFC INTERNATIONAL	c EIN-PN 43-1039328-001
a	Plan name	EFSC INCENTIVE SVGS PLAN	
b	Name of plan sponsor	ENTERPRISE BANK	c EIN-PN 43-1706259-001
a	Plan name	ERIC W HICKMANN DDS 401K PSP	
b	Name of plan sponsor	ERIC W. HICKMAN, D.D.S., INC.	c EIN-PN 31-1513515-001
a	Plan name	ETHOS TECHNOLOGIES 401K PLAN	
b	Name of plan sponsor	ETHOS TECHNOLOGIES, INC.	c EIN-PN 47-4474775-001

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	EXACORE 401(K) PLAN	
b	Name of plan sponsor	EXACORE, LLC	c EIN-PN 87-2249778-001
a	Plan name	FAR WEST MANAGEMENT CORP PSP	
b	Name of plan sponsor	FAR WEST MANAGEMENT CORP.	c EIN-PN 95-2575351-001
a	Plan name	FORD HOTEL SUPPLY 401(K) PLAN	
b	Name of plan sponsor	FORD HOTEL SUPPLY COMPANY, INC.	c EIN-PN 43-0274710-001
a	Plan name	FORWARD TILT, LLC 401(K) PLAN	
b	Name of plan sponsor	FORWARD TILT, LLC	c EIN-PN 80-0925475-001
a	Plan name	FOSTER & MOTLEY PROFIT SHARING	
b	Name of plan sponsor	FOSTER & MOTLEY, INC	c EIN-PN 31-1482336-001
a	Plan name	FUERSTE EYE CLINIC 401(K) PLAN	
b	Name of plan sponsor	FUERSTE EYE CLINIC	c EIN-PN 42-0983552-001
a	Plan name	G.H. TOOL & MOLD, INC. 401(K)	
b	Name of plan sponsor	G.H. TOOL & MOLD, LLC	c EIN-PN 43-1298245-001
a	Plan name	GARDNER CAP DEVELOPMENT 401K	
b	Name of plan sponsor	GARDNER CAP DEVELOPMENT	c EIN-PN 47-2704378-001
a	Plan name	GATEWAY STUDIOS, LLC 401K	
b	Name of plan sponsor	GATEWAY STUDIOS, LLC	c EIN-PN 85-1766160-001
a	Plan name	GCRE 401(K) PLAN	
b	Name of plan sponsor	GERSHMAN COMMERCIAL REAL ESTATE LLC	c EIN-PN 43-0763769-001
a	Plan name	GENERAL AUTOMATIC TRNSFR 401K	
b	Name of plan sponsor	GENERAL AUTOMATIC TRANSFER COMPANY	c EIN-PN 43-1729573-001
a	Plan name	GREAT RIVER ORAL & MAX ASSOC	
b	Name of plan sponsor	GREAT RIVER ORAL AND MAXILLOFACIAL SURGERY ASSOCIATES, P.C.	c EIN-PN 42-1056006-002

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
a	Plan name GREENBRIAR HILLS CNTRY CLUB PL	
b	Name of plan sponsor GREENBRIAR HILLS CNTRY CLUB	c EIN-PN 43-0300764-001
a	Plan name GRIMCO, INC 401K & PS PLAN	
b	Name of plan sponsor GRIMCO INC	c EIN-PN 43-0955083-001
a	Plan name H.W. HERRELL 401(K) PSP	
b	Name of plan sponsor H. W. HERRELL DISTRIBUTING CO.	c EIN-PN 43-0810878-002
a	Plan name H.W. HERRELL UNION 401(K) PLAN	
b	Name of plan sponsor W. HERRELL DISTRIBUTING COMPANY	c EIN-PN 43-0810878-004
a	Plan name HARBOUR GROUP IND., RET. PLAN	
b	Name of plan sponsor HARBOUR GROUP INDUSTRIES, INC.	c EIN-PN 43-1322312-001
a	Plan name HAROLD K SCHOLZ CO 401K PSP	
b	Name of plan sponsor HAROLD K. SCHOLZ	c EIN-PN 47-0542046-001
a	Plan name HARRISONVILLE TEL CO NONMGMT	
b	Name of plan sponsor HARRISONVILLE TELEPHONE COMP	c EIN-PN 37-0315345-001
a	Plan name HAVERTY FURNITURE COS. THRIFT	
b	Name of plan sponsor HAVERTY FURNITURE COS.	c EIN-PN 58-0281900-002
a	Plan name HERMANN OAK LEATHER CO 401K PL	
b	Name of plan sponsor HERMANN OAK LEATHER COMPANY	c EIN-PN 43-0319840-001
a	Plan name HERZOG & SCHINDLER 401K PSP	
b	Name of plan sponsor HERZOG & SCHINDLER, LLC	c EIN-PN 81-4498185-001
a	Plan name HOMER G. PHILLIPS RET SVGS PL	
b	Name of plan sponsor HGP MANAGEMENT, LLC	c EIN-PN 47-1228347-001
a	Plan name HONIGMAN LLP INCOME DEFERR PSP	
b	Name of plan sponsor HONIGMAN LLP	c EIN-PN 38-1407377-003

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 HORVITZ & LEVY 401(K) & PSP	
b	Name of plan sponsor HORVITZ & LEVY LLP	c EIN-PN 95-3893974-005
a	Plan name HORVITZ & LEVY 401(K) PLAN	
b	Name of plan sponsor HORVITZ & LEVY LLP	c EIN-PN 95-3893974-005
a	Plan name HUMANA PARTNERSHIP SAV PLAN	
b	Name of plan sponsor HUMANA, INC.	c EIN-PN 61-0647538-009
a	Plan name HUMANA PUERTO RICO RET SAV PLA	
b	Name of plan sponsor HUMANA, INC.	c EIN-PN 61-0647538-009
a	Plan name HUMANA RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor HUMANA, INC.	c EIN-PN 61-0647538-009
a	Plan name HUSCH BLACKWELL STRATEGY 401K	
b	Name of plan sponsor HUSCH BLACKWELL STRATEGIES LLC	c EIN-PN 35-2612034-001
a	Plan name IMPACT STRATEGIES EES 401K PL	
b	Name of plan sponsor HE HINRICHS GROUP, INC.	c EIN-PN 38-3649889-001
a	Plan name IMPERIAL ANIMAL HOSPITAL 401(K)	
b	Name of plan sponsor IMPERIAL ANIMAL HOSPITAL, LLC	c EIN-PN 43-1288267-002
a	Plan name INTRIOR SYSTMS CNTRCTNG EE PSP	
b	Name of plan sponsor INTERIOR SYSTEMS CONTRACTING, INC.	c EIN-PN 20-8847652-001
a	Plan name JAY HENGES ENTERPRISES PSP	
b	Name of plan sponsor JAY HENGES ENTERPRISES, INC.	c EIN-PN 43-0916729-002
a	Plan name JC PEDS LLC 401(K) PLAN	
b	Name of plan sponsor JC PEDS LLC	c EIN-PN 86-2854010-001
a	Plan name JEFFERSON CITY MEDICAL GROUP	
b	Name of plan sponsor JEFFERSON CITY MEDICAL GROUP, P.C.	c EIN-PN 43-0954586-001

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	JUSTIN M SCHLAIKJER 401K PSP	
b Name of plan sponsor	JUSTIN M SCHLAIKJER DDS LLC	c EIN-PN 46-2017650-001
a Plan name	KARSTEN MANUFACTURING 401(K)	
b Name of plan sponsor	KARSTEN MANUFACTURING CORPORATION	c EIN-PN 86-0210248-001
a Plan name	KARSTEN, INC. 401(K) PSP	
b Name of plan sponsor	KARSTEN, INC.	c EIN-PN 43-1348893-001
a Plan name	KIAWAH ISLAND COMM 401K PS	
b Name of plan sponsor	KIAWAH ISLAND COMM ASSOCIATION	c EIN-PN 57-0713010-001
a Plan name	KINDLE COMMUNICATIONS LLC 401K	
b Name of plan sponsor	KINDLE COMMUNICATIONS LLC	c EIN-PN 26-3203695-001
a Plan name	LADIES PROFESSIONAL GOLF 401K	
b Name of plan sponsor	LADIES PROFESSIONAL GOLF ASSOCIATION	c EIN-PN 75-0055465-001
a Plan name	LOGITECH 401(K) PLAN	
b Name of plan sponsor	LOGITECH, INC.	c EIN-PN 94-2810519-002
a Plan name	M. L. P. 401(K) PLAN	
b Name of plan sponsor	M. L. P.	c EIN-PN 43-1852949-001
a Plan name	MATTHEWS BOOK CO. EE STOCK OWN	
b Name of plan sponsor	MATTHEWS BOOK COMPANY, INC.	c EIN-PN 43-1619966-001
a Plan name	MEDICAL VENTURES, INC 401K	
b Name of plan sponsor	MEDICAL VENTURES, INC.	c EIN-PN 35-2776904-001
a Plan name	MERAMEC DENTAL 401(K) PLAN	
b Name of plan sponsor	MERAMEC DENTAL CENTER	c EIN-PN 43-1715872-001
a Plan name	MHS LEGACY GROUP 401(K) PLAN	
b Name of plan sponsor	MHS LEGACY GROUP, INC.	c EIN-PN 26-4128041-001

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	MISSIONWIRED 401K PLAN	
b	Name of plan sponsor	ANNE LEWIS STRATEGIES LLC	c EIN-PN 87-0784424-001
a	Plan name	MONETA GROUP SALARY SVGS PLAN	
b	Name of plan sponsor	MONETA GROUP, LLC	c EIN-PN 43-6804983-001
a	Plan name	MOORE CAPITAL MNGMT LP 401K	
b	Name of plan sponsor	MOORE CAPITAL MANAGEMENT, INC.	c EIN-PN 06-1270513-001
a	Plan name	NATIONAL SALES COMPANY P/S PLA	
b	Name of plan sponsor	NATIONAL SALES COMPANY	c EIN-PN 43-0658593-001
a	Plan name	NEW COVENANT BIBLE CHURCH 401K	
b	Name of plan sponsor	NEW COVENANT BIBLE CHURCH	c EIN-PN 51-0139200-002
a	Plan name	NEWGROUND RETIREMENT SAVINGS	
b	Name of plan sponsor	NEWGROUND RESOURCES, INC.	c EIN-PN 36-4264767-001
a	Plan name	NISA INVESTMENT ADVISORS PSP	
b	Name of plan sponsor	NISA INVESTMENT ADVISORS, LLC	c EIN-PN 48-1140940-001
a	Plan name	OPUS SOLUTIONS, LLC 401(K) RET	
b	Name of plan sponsor	OPUS SOLUTIONS, LLC	c EIN-PN 93-1262577-001
a	Plan name	ORAL SURGERY PARTNERS MSO 401K	
b	Name of plan sponsor	ORAL SURGERY PARTNERS MSO, LLC	c EIN-PN 83-4654354-001
a	Plan name	OZARKS DERMATOLOGY SPECIALISTS	
b	Name of plan sponsor	OZARK DERMATOLOGY SPECIALISTS, LLC	c EIN-PN 27-0301358-001
a	Plan name	P & A DRYWALL SUPPLY, INC 401K	
b	Name of plan sponsor	P & A DRYWALL SUPPLY, INC.	c EIN-PN 43-1034297-001
a	Plan name	PALLADIUM POINT 401(K) AND PSP	
b	Name of plan sponsor	PALLADIUM POINT, LLC	c EIN-PN 88-2178980-001

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	PARADOWSKI CREATIVE 401K RET	
b	Name of plan sponsor	PARADOWSKI CREATIVE	c EIN-PN 45-5592818-001
a	Plan name	PARIC CORPORATION 401(K) PLAN	
b	Name of plan sponsor	PARIC CORPORATION	c EIN-PN 43-1165266-001
a	Plan name	PERCHERON INVESTMENT MGMT 401K	
b	Name of plan sponsor	PERCHERON INVESTMENT MANAGEMENT LP	c EIN-PN 85-0967280-001
a	Plan name	PHOENIX TEXTILE CORP 401K PLAN	
b	Name of plan sponsor	PHOENIX TEXTILE CORPORATION	c EIN-PN 43-1291118-001
a	Plan name	PROVISION LIVING ASSOC 401K	
b	Name of plan sponsor	PROVISION LIVING ASSOCIATES, LLC	c EIN-PN 27-1418924-001
a	Plan name	RBO PRINT LOGISTIX, INC PS PLN	
b	Name of plan sponsor	RBO PRINT LOGISTIX, INC.	c EIN-PN 43-1384444-001
a	Plan name	REDSTONE 401K PLAN	
b	Name of plan sponsor	REDSTONE FEDERAL CREDIT UNION	c EIN-PN 63-0322374-001
a	Plan name	REIFERS,HOLMES & PETERS RET PL	
b	Name of plan sponsor	REIFERS, HOLMES & PETERS, LLC	c EIN-PN 90-0433777-002
a	Plan name	RESOLUTE INVESTMENT MNGRS 401K	
b	Name of plan sponsor	RESOLUTE INVESTMENT MANAGERS	c EIN-PN 75-2147195-001
a	Plan name	REVITALIFE WELLNESS CNTR 401K	
b	Name of plan sponsor	REVITALIFE WELLNESS CENTER, LLC	c EIN-PN 45-5181819-001
a	Plan name	RNY LAW 401(K) PLAN	
b	Name of plan sponsor	REICHARDT, NOCE & YOUNG, LLC	c EIN-PN 86-2391781-001
a	Plan name	ROANOKE CONSTRUCTION 401K PLAN	
b	Name of plan sponsor	ROANOKE CONSTRUCTION COMPANY	c EIN-PN 46-0630341-001

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	ROCKY BRANDS 401K PLAN & TRUST	
b	Name of plan sponsor	ROCKY BRANDS	c EIN-PN 31-1364046-004
a	Plan name	ROESLEIN & ASSOCIATES RET SAV	
b	Name of plan sponsor	ROESLEIN AND ASSOCIATES	c EIN-PN 43-1539282-001
a	Plan name	ROOSEVELT PAPER PS PLAN	
b	Name of plan sponsor	ROOSEVELT PAPER COMPANY	c EIN-PN 23-1514696-002
a	Plan name	SCARBROUGH INTERNATIONAL 401K	
b	Name of plan sponsor	SCARBROUGH INTERNATIONAL	c EIN-PN 43-1629341-001
a	Plan name	SEYFARTH SHAW LLP 401K	
b	Name of plan sponsor	SEYFARTH SHAW LLP	c EIN-PN 36-2152202-004
a	Plan name	SHAPIRO SALES COMPANY EMP 401K	
b	Name of plan sponsor	SHAPIRO SALES COMPANY	c EIN-PN 43-0836237-003
a	Plan name	SHARON YOUNG, INC. 401(K) PSP	
b	Name of plan sponsor	SHARON YOUNG, INC.	c EIN-PN 75-2122740-001
a	Plan name	SHUTTS & BOWEN 401K PSP A	
b	Name of plan sponsor	SHUTTS & BOWEN LLP	c EIN-PN 59-0447122-021
a	Plan name	SHUTTS & BOWEN LLP 401K PSP B	
b	Name of plan sponsor	SHUTTS & BOWEN LLP	c EIN-PN 59-0447122-022
a	Plan name	SINCLAIR & RUSH INC RET SAV PL	
b	Name of plan sponsor	SINCLAIR AND RUSH INC	c EIN-PN 43-1153069-001
a	Plan name	SLINGSHOT ECOMMERCE 401K PSP	
b	Name of plan sponsor	SLINGSHOT ECOMMERCE	c EIN-PN 81-0985795-001
a	Plan name	ST. LOUIS CNTY LIBRARY 457B	
b	Name of plan sponsor	ST. LOUIS COUNTY LIBRARY	c EIN-PN 43-6003246-002

Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)		
<small>(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)</small>		
a	Plan name	ST. LOUIS COUNTY LIBRARY 401A
b	Name of plan sponsor	ST. LOUIS COUNTY LIBRARY
c	EIN-PN	43-6003246-001
a	Plan name	ST. LOUIS PEDIATRIC ASSOCIATES
b	Name of plan sponsor	ST. LOUIS PEDIATRIC ASSOCIATES, INC.
c	EIN-PN	68-0319254-001
a	Plan name	STOKES DISTRIB NON-UNION 401K
b	Name of plan sponsor	STOKES DISTRIBUTING
c	EIN-PN	46-0664106-001
a	Plan name	STOKES DISTRIBUTING UNION 401K
b	Name of plan sponsor	STOKES DISTRIBUTING
c	EIN-PN	46-0664106-001
a	Plan name	SUBTEXT 401(K) PLAN
b	Name of plan sponsor	SUBTEXT
c	EIN-PN	47-1051022-001
a	Plan name	SUMMITRY 401K PLAN & TRUST
b	Name of plan sponsor	SUMMITRY, LLC
c	EIN-PN	20-2133053-001
a	Plan name	SUNSET TRANSPORTATION 401K PSP
b	Name of plan sponsor	SUNSET TRANSPORTATION, INC.
c	EIN-PN	43-1584993-002
a	Plan name	TECHNOLOGY PARTNERS INC 401(K)
b	Name of plan sponsor	TECHNOLOGY PARTNERS INC
c	EIN-PN	20-3193515-001
a	Plan name	TEKLINE ELECTRICAL 401(K) PLAN
b	Name of plan sponsor	TEKLINE ELECTRICAL SERVICES LLC
c	EIN-PN	45-4662227-001
a	Plan name	TERRACON 401(K) AND ESOP PLAN
b	Name of plan sponsor	THE TERRACON CO.'S INC.
c	EIN-PN	06-1664428-002
a	Plan name	THE 401K PSP EMPLOYEES CHILDRE
b	Name of plan sponsor	THE 401K PSP EMPLYS CHILDRNS
c	EIN-PN	32-0505028-001
a	Plan name	THE DANIEL & HENRY CO SALARY
b	Name of plan sponsor	THE DANIEL AND HENRY COMPANY
c	EIN-PN	43-0634945-003

Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)		
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)		
a Plan name	THE IVINS PHILLIPS BARKER SAV	
b Name of plan sponsor	IVINS, PHILLIPS & BARKER, CHARTERED	c EIN-PN 52-1229560-003
a Plan name	THE MAGIC HOUSE PENSION PLAN	
b Name of plan sponsor	THE MAGIC HOUSE	c EIN-PN 51-0138441-001
a Plan name	THE WESTERN UNION CO INCENTIVE	
b Name of plan sponsor	WESTERN UNION COMPANY	c EIN-PN 20-4531180-001
a Plan name	TP ICAP 401(K) PLAN	
b Name of plan sponsor	TP ICAP AMERICAS HOLDINGS INC.	c EIN-PN 51-0631562-002
a Plan name	TRENDWOOD 401(K) PLAN	
b Name of plan sponsor	TRENDWOOD, INC.	c EIN-PN 86-0502466-003
a Plan name	TRIAD BANK 401K PLAN	
b Name of plan sponsor	TRIAD BANK	c EIN-PN 34-2033556-001
a Plan name	TWI OF DUBUQUE, INC. 401K PLAN	
b Name of plan sponsor	TWI OF DUBUQUE, INC.	c EIN-PN 42-1486813-001
a Plan name	UNITED CONTRACTORS INC DAVIS	
b Name of plan sponsor	UNITED CONTRACTORS INC	c EIN-PN 42-0822018-001
a Plan name	VISIBLE CHANGES 401K C.A.P.	
b Name of plan sponsor	VISIBLE CHANGES, INC.	c EIN-PN 74-1940259-002
a Plan name	VPP GROUP SAVINGS & RET PLAN	
b Name of plan sponsor	VPP GROUP, LLC	c EIN-PN 20-3092488-001
a Plan name	WAGSTAFF, INC. 401 K S/R PLAN	
b Name of plan sponsor	WAGSTAFF, INC.	c EIN-PN 91-0722578-002
a Plan name	WEBBANK 401(K) SAFE HARBOR PL	
b Name of plan sponsor	WEBBANK CORPORATION	c EIN-PN 87-0528836-001

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	WILLERT HOME PRO UNION EE 401K
b	Name of plan sponsor	WILLERT HOME PRODUCTS, INC
c	EIN-PN	43-0678433-002
a	Plan name	WILLERT HOME PRODUCTS, INC PSP
b	Name of plan sponsor	WILLERT HOME PRODUCTS, INC
c	EIN-PN	43-0678433-002
a	Plan name	WILSON'S STRUCTURAL STEEL 401K
b	Name of plan sponsor	WILSON'S STRUCTURAL STEEL, LLC
c	EIN-PN	90-0989438-001
a	Plan name	WOODS BASEMENT SYS 401K PLAN
b	Name of plan sponsor	WOOD BASEMENT SYSTEMS, INC.
c	EIN-PN	37-1210874-001
a	Plan name	WORLD GROUP SAVINGS AND INVEST
b	Name of plan sponsor	WORLD SHIPPING, INC.
c	EIN-PN	34-0895033-002
a	Plan name	YOKOGAWA WEALTH BUILDER PLAN
b	Name of plan sponsor	YOKOGAWA USA INC.
c	EIN-PN	58-1874832-001
a	Plan name	ADVANTEK LLC 401K PLAN
b	Name of plan sponsor	ADVANTEK, LLC
c	EIN-PN	41-1717163-001
a	Plan name	AEGLEA BIOTHERAPEUTICS, INC. 401(K) PLAN
b	Name of plan sponsor	SPYRE THERAPEUTICS
c	EIN-PN	46-4312787-001
a	Plan name	ALLSPRING 401(K)
b	Name of plan sponsor	ALLSPRING
c	EIN-PN	86-2098962-001
a	Plan name	AMERICAN BANK EMPLOYEES SAVINGS PLAN
b	Name of plan sponsor	AMERICAN BANK
c	EIN-PN	74-1650800-001
a	Plan name	ANGELS BASEBALL 401(K) RETIREMENT SAVINGS PLAN
b	Name of plan sponsor	ANGELS BASEBALL
c	EIN-PN	05-0564428-001
a	Plan name	ARCO MURRAY GROUP PROFIT SHARING PLAN
b	Name of plan sponsor	ARCO/MURRAY GROUP
c	EIN-PN	43-1615415-001

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	ASPECT MANAGEMENT CORP 401(K)	
b	Name of plan sponsor	ASPECT MANAGEMENT	c EIN-PN 84-1217391-001
a	Plan name	ATC DRIVETRAIN LLC RETIREMENT PLAN	
b	Name of plan sponsor	ATC DRIVETRAIN, LLC	c EIN-PN 90-0857545-001
a	Plan name	BALLANTINE COMMUNICATIONS INC 401K	
b	Name of plan sponsor	BALLANTINE COMMUNICA	c EIN-PN 84-0621590-002
a	Plan name	BUILDING SERVICE 32BJ SUPPLEMENTAL RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	BUILDING SERVICE 32BJ	c EIN-PN 13-3507075-001
a	Plan name	BUTLER CHEMICALS EMPLOYEES' SALARY SAVINGS PLAN	
b	Name of plan sponsor	BUTLER CHEMICALS	c EIN-PN 33-0887267-001
a	Plan name	C.L. SMITH COMPANY 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	C.L. SMITH COMPANY	c EIN-PN 43-1051754-001
a	Plan name	CAPSTONE RESTAURANT GROUP 401K PLAN	
b	Name of plan sponsor	CAPSTONE RESTAURANT	c EIN-PN 35-2488578-001
a	Plan name	CAREVET RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	CAREVET LLC	c EIN-PN 83-1579193-001
a	Plan name	CCS FACILITY SERVICES 401(K) PLAN	
b	Name of plan sponsor	CCS FACILITY SERVICES	c EIN-PN 80-0947923-001
a	Plan name	CENTER 401(K) PLAN	
b	Name of plan sponsor	VERITAS MANAGE	c EIN-PN 27-2876769-001
a	Plan name	CITY OF WHEAT RIDGE MONEY PURCHASE PENSION PLAN	
b	Name of plan sponsor	CITY OF WHEAT RIDGE	c EIN-PN 20-3832976-001
a	Plan name	CONCORDANCE HEALTHCARE SOLUTIONS 401K RETIREMENT PLAN	
b	Name of plan sponsor	CONCORDANCE HEALTHCARE SOLUTIONS	c EIN-PN 38-3986849-001

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	CONTAINER SUPPLY, INC. SAFE HARBOR PLAN	
b	Name of plan sponsor	CONTAINER SUPPLY, INC.	c EIN-PN 75-1308328-001
a	Plan name	CONTINENTAL DISC CORP LLC, 401K PLAN	
b	Name of plan sponsor	CONTINENTAL DISC	c EIN-PN 43-0834253-001
a	Plan name	CORDELL LAW LLP 401K PLAN	
b	Name of plan sponsor	CORDELL LAW, LLP	c EIN-PN 26-4467572-002
a	Plan name	DATASERV LLC 401K RETIREMENT PLAN & TRUST	
b	Name of plan sponsor	DATASERV, L.L.C.	c EIN-PN 43-1696564-001
a	Plan name	DEFLECTO 401(K) PLAN	
b	Name of plan sponsor	DEFLECTO, LLC	c EIN-PN 27-2701695-001
a	Plan name	DEXTER MAGNETIC HOLDINGS, LLC 401K PLAN	
b	Name of plan sponsor	MAGNETIC HOLDINGS	c EIN-PN 88-0868607-001
a	Plan name	DUKE MANUFACTURING COMPANY RETIREMENT PLAN	
b	Name of plan sponsor	DUKE	c EIN-PN 43-1548196-002
a	Plan name	EVOLVE VACATION RENTAL 401(K) PLAN	
b	Name of plan sponsor	EVOLVE VACATION RENTAL	c EIN-PN 27-4745991-001
a	Plan name	FIRST NATIONAL BANK OF WATERLOO PSP	
b	Name of plan sponsor	FIRST NATIONAL BANK OF WATERLOO	c EIN-PN 37-0573575-001
a	Plan name	GILLESPIE & POWERS REFRACTORY & ENGINEERING, INC. 401K PLAN	
b	Name of plan sponsor	GILLESPIE & POWERS	c EIN-PN 43-0648117-002
a	Plan name	GM JOHNSON COMPANIES INC, 401K	
b	Name of plan sponsor	G.M. JOHNSON	c EIN-PN 43-1578328-001
a	Plan name	GRANDE ASSOCIATES ASSET ACCUMULATION PLAN	
b	Name of plan sponsor	GRANDE CHEESE COMPANY	c EIN-PN 39-0867071-001

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	HAMMER & STEEL, INC PROFIT SHARING PLAN
b	Name of plan sponsor	HAMMER STEEL
c	EIN-PN	43-1514838-001
a	Plan name	HERITAGE MEDICAL GROUP RETIREMENT SAVINGS 401(K) PLAN
b	Name of plan sponsor	HERITAGE MEDICAL GRO
c	EIN-PN	95-3930862-002
a	Plan name	HYDROMAT, INC. OF ST. LOUIS MO 401(K) PLAN
b	Name of plan sponsor	HYDROMAT, INC. OF ST. LOUIS MO
c	EIN-PN	43-1177255-333
a	Plan name	IMPERIAL ORNAMENTAL METAL CO. , INC. 401(K) PROFIT SHARING PLAN
b	Name of plan sponsor	IMPERIAL ORNAMENTAL METAL
c	EIN-PN	43-1068041-001
a	Plan name	INDEX FRESH, INC. 401(K) RETIREMENT PLAN
b	Name of plan sponsor	INDEX FRESH, INC
c	EIN-PN	33-0862019-001
a	Plan name	INDUSTRIAL SERVICE SOLUTIONS 401K PLAN
b	Name of plan sponsor	INDUSTRIAL SERVICE SOLUTIONS
c	EIN-PN	58-2577037-001
a	Plan name	INMOMENT 401(K) RETIREMENT PLAN
b	Name of plan sponsor	INMOMENT
c	EIN-PN	57-1137115-001
a	Plan name	IVC 401(K) PLAN
b	Name of plan sponsor	INTERNATIONAL VITAMIN CORP
c	EIN-PN	27-1354354-001
a	Plan name	JETCO DELIVERY, LLC 401(K) PLAN
b	Name of plan sponsor	JETCO DELIVERY, LLC
c	EIN-PN	20-4272510-001
a	Plan name	KELLY MITCHELL GROUP, INC. 401(K) PROFIT SHARING PLAN
b	Name of plan sponsor	KELLY MITCHELL GROUP, INC.
c	EIN-PN	43-1810274-001
a	Plan name	LAKE REGIONAL HEALTH SYSTEM EMPLOYEES' RETIREMENT PLAN
b	Name of plan sponsor	LAKE REGIONAL HEALTH SYSTEM
c	EIN-PN	23-7339737-001
a	Plan name	LENOIR MEMORIAL HOSPITAL INC SAVINGS & PROTECTION PLAN
b	Name of plan sponsor	LENOIR MEMORIAL HOSPITAL, INC.
c	EIN-PN	56-6000674-002

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	LTI TRUCKING SERVICES INC RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	LTI TRUCKING SERVICES, INC.	c EIN-PN 20-3393768-001
a	Plan name	MARYVILLE CONSULTING GROUP, INC. RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	MARYVILLE CONSULTING	c EIN-PN 43-1669059-001
a	Plan name	MELALEUCA INC 401K	
b	Name of plan sponsor	MELALEUCA INC.	c EIN-PN 82-0399405-001
a	Plan name	MII ASSOCIATES' RETIREMENT SAVINGS 401K PLAN	
b	Name of plan sponsor	MII	c EIN-PN 43-1531931-010
a	Plan name	MILLS GROUP INC 401(K) PLAN	
b	Name of plan sponsor	MILLS GROUP, INC.	c EIN-PN 43-1166720-001
a	Plan name	MISSOURI FOUNDATION FOR HEALTH 401K (MFH)	
b	Name of plan sponsor	MFH	c EIN-PN 43-1880952-001
a	Plan name	MSCI INC. 401(K) RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	MSCI INC.	c EIN-PN 13-4038723-001
a	Plan name	NGG LTD., INCOPORATED, 401K PLAN	
b	Name of plan sponsor	NGG LTD., INCORPORAT	c EIN-PN 43-1463560-001
a	Plan name	NOORDA COLLEGE 401K PLAN	
b	Name of plan sponsor	NOORDA COLLEGE	c EIN-PN 82-0885956-001
a	Plan name	NOVIA GROUP 401K - SOUTHERN CONTAINER, LLC	
b	Name of plan sponsor	SOUTHERN CONTAINER, LLC	c EIN-PN 20-2928061-001
a	Plan name	OCEANS HEALTHCARE 401(K) PLAN	
b	Name of plan sponsor	OCEANS HEALTHCARE	c EIN-PN 46-1595657-001
a	Plan name	OIL CHANGERS 401K PLAN	
b	Name of plan sponsor	OIL CHANGERS	c EIN-PN 68-0031624-001

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	PAIN & SPINE SPECIALIST OF MARYLAND LLC 401K	
b	Name of plan sponsor	PAIN & SPINE SPECIALISTS OF MARYLAND, LLC	c EIN-PN 45-4981040-001
a	Plan name	PERFICIENT, INC. 401(K) EMPLOYEE SAVINGS PLAN	
b	Name of plan sponsor	PERFICIENT, INC.	c EIN-PN 74-2853258-001
a	Plan name	PERMANENT EQUITY 401(K) PLAN	
b	Name of plan sponsor	PERMANENT EQUITY	c EIN-PN 20-8705924-001
a	Plan name	RENSA FILTRATION RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	RENSA FILTRATION	c EIN-PN 82-1253707-001
a	Plan name	RENT ONE 401K	
b	Name of plan sponsor	SKC ENTERPRISES INC	c EIN-PN 37-1211032-001
a	Plan name	RHINO CONTAINER 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	RHINO CONTAINER	c EIN-PN 33-0858850-001
a	Plan name	RTL NETWORKS RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	RTL NETWORKS	c EIN-PN 81-0565568-002
a	Plan name	RUBINBROWN LLC 401K PLAN	
b	Name of plan sponsor	RUBINBROWN LLP	c EIN-PN 43-0765316-002
a	Plan name	SALINA VORTEX EMPLOYEES' RET PLAN	
b	Name of plan sponsor	SALINA VORTEX	c EIN-PN 48-0864772-001
a	Plan name	SANTA MONICA SEAFOOD COMPANY 401K PLAN	
b	Name of plan sponsor	SANTA MONICA SEAFOOD	c EIN-PN 95-3616163-001
a	Plan name	SAPIENS AMERICAS CORPORATION EMPLOYEE SAVINGS PLAN	
b	Name of plan sponsor	SAPIENS AMERICAS CORPORATION	c EIN-PN 13-3621430-001
a	Plan name	SAUSE BROS. RETIREMENT PLAN	
b	Name of plan sponsor	SAUSE BROS.	c EIN-PN 93-1258785-001

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	SCOTT EQUIPMENT INC. 401(K) PSP	
b	Name of plan sponsor	SCOTT EQUIPMENT, INC	c EIN-PN 33-0483223-001
a	Plan name	SEVEN EIGHT CAPITAL LP 401K PLAN	
b	Name of plan sponsor	SEVEN EIGHT CAPITAL LP	c EIN-PN 81-1493633-001
a	Plan name	SNELL & WILMER PROFIT SHARING AND SAVINGS PLAN	
b	Name of plan sponsor	SNELL & WILMER, LLP	c EIN-PN 86-0089371-001
a	Plan name	TECO - WESTINGHOUSE MOTOR COMPANY 401(K) EMPLOYEE SAVINGS PLAN	
b	Name of plan sponsor	TECO WESTINGHOUSE	c EIN-PN 74-2482708-001
a	Plan name	THE FNB COMMUNITY BANK 401(K) PLAN	
b	Name of plan sponsor	THE FNB COMMUNITY BANK	c EIN-PN 37-0562445-001
a	Plan name	THE GLIK COMPANY 401K	
b	Name of plan sponsor	THE GLIK COMPANY	c EIN-PN 37-0294640-001
a	Plan name	THE SPECTRIS GROUP SAFE HARBOR 401K RETIREMENT PLAN	
b	Name of plan sponsor	THE SPECTRIS GROUP	c EIN-PN 51-0363173-003
a	Plan name	THOMPSON COBURN LLP 401K PSP	
b	Name of plan sponsor	THOMPSON COBURN LLP	c EIN-PN 43-0666662-002
a	Plan name	TIERPOINT 401(K)	
b	Name of plan sponsor	TIERPOINT	c EIN-PN 32-0356624-001
a	Plan name	TRONICOM CORPORATION AND SUBSIDIARY RETIREMENT SVINGS PLAN	
b	Name of plan sponsor	TRONICOM CORPORATION	c EIN-PN 43-1306403-001
a	Plan name	TRUE FITNESS TECHNOLOGY, INC. PROFIT SHARING PLAN	
b	Name of plan sponsor	TRUE FITNESS TECHNOLOGY, INC.	c EIN-PN 43-1240135-001
a	Plan name	VIANT TECHNOLOGY LLC 401K	
b	Name of plan sponsor	VIANT	c EIN-PN 81-1358701-001

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.)
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a	Plan name	
	WEINTRAUB TOBIN CHEDIAK COLEMAN GRODIN LAW CORPORATION 401(K)	
b	Name of plan sponsor	c EIN-PN
	WEINTRAUB TOBIN	68-0231351-001
a	Plan name	
	WOLTER INC. SALARY SAVINGS PLAN	
b	Name of plan sponsor	c EIN-PN
	WOLTER INC.	43-2044052-001
a	Plan name	
	WORKCARE INC. RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	c EIN-PN
	WORKCARE, INC	33-0779311-003
a	Plan name	
	WORLDLY RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	c EIN-PN
	WORLDLY	83-4312755-001
a	Plan name	
	YORKE ENGINEERING LLC 401K PSP	
b	Name of plan sponsor	c EIN-PN
	YORKE ENGINEERING	51-0454756-001
a	Plan name	
	ZAYO GROUP HOLDINGS INC 401K	
b	Name of plan sponsor	c EIN-PN
	ZAYO GROUP HOLDINGS	26-1398293-002
a	Plan name	
b	Name of plan sponsor	c EIN-PN
a	Plan name	
b	Name of plan sponsor	c EIN-PN
a	Plan name	
b	Name of plan sponsor	c EIN-PN
a	Plan name	
b	Name of plan sponsor	c EIN-PN
a	Plan name	
b	Name of plan sponsor	c EIN-PN

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
A Name of plan SCHWAB INDEXED RETIREMENT TRUST FUND 2065	B Three-digit plan number (PN) ▶ 025
C Plan sponsor's name as shown on line 2a of Form 5500 CHARLES SCHWAB TRUST BANK	D Employer Identification Number (EIN) 81-0625169

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

Assets	(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	
b Receivables (less allowance for doubtful accounts):		
(1) Employer contributions	1b(1)	
(2) Participant contributions	1b(2)	
(3) Other	1b(3)	498632
		633725
c General investments:		
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	520594
(2) U.S. Government securities	1c(2)	
(3) Corporate debt instruments (other than employer securities):		
(A) Preferred	1c(3)(A)	
(B) All other	1c(3)(B)	
(4) Corporate stocks (other than employer securities):		
(A) Preferred	1c(4)(A)	
(B) Common	1c(4)(B)	
(5) Partnership/joint venture interests	1c(5)	
(6) Real estate (other than employer real property)	1c(6)	
(7) Loans (other than to participants)	1c(7)	
(8) Participant loans	1c(8)	
(9) Value of interest in common/collective trusts	1c(9)	46837020
(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)	3689835
		7266039

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	51546081	100185246
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h		
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j	609198	705331
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	609198	705331
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	50936883	99479915

Part II Income and Expense Statement

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

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers.....	2a(1)(A)		
(B) Participants.....	2a(1)(B)		
(C) Others (including rollovers).....	2a(1)(C)		
(2) Noncash contributions.....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A), (B), (C), and line 2a(2).....	2a(3)		
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	27402	
(B) U.S. Government securities.....	2b(1)(B)		
(C) Corporate debt instruments.....	2b(1)(C)		
(D) Loans (other than to participants).....	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)		
(F) Other.....	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F).....	2b(1)(G)		27402
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)		
(B) Common stock.....	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)		
(D) Total dividends. Add lines 2b(2)(A), (B), and (C).....	2b(2)(D)		
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)		
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B).....	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		9770820
(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)		2041
c Other income	2c		167660
d Total income. Add all income amounts in column (b) and enter total	2d		9967923

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)		
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)		
(5) Investment advisory and investment management fees	2i(5)		
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)	36853	
(11) Other expenses	2i(11)		
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		36853
j Total expenses. Add all expense amounts in column (b) and enter total	2j		36853

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		9931070
l Transfers of assets:			
(1) To this plan	2l(1)		68091642
(2) From this plan	2l(2)		29479680

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 _____.