

Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security
Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

▶ **Complete all entries in accordance with the instructions to the Form 5500.**

OMB Nos. 1210-0110
1210-0089

2024

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

- A** This return/report is for:
 - a multiemployer plan
 - a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)
 - a single-employer plan
 - a DFE (specify) 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
 - special extension (enter description)
 - the DFVC program
- E** If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. ▶

Part II Basic Plan Information—enter all requested information

1a Name of plan <u>SCHWAB INDEXED RETIREMENT TRUST FUND 2015</u>	1b Three-digit plan number (PN) ▶ <u>012</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

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 6e 6f 6g(1) 6g(2) 6h
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7

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

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

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

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

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

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

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

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

Receipt Confirmation Code _____

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

A Name of plan <u>SCHWAB INDEXED RETIREMENT TRUST FUND 2015</u>	B Three-digit plan number (PN) ▶	<u>012</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>11073356</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>33200078</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>1990960</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>52463421</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>9449437</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)

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	ACADEMIC & COMM EM 401K PSP	
b	Name of plan sponsor	ACADEMIC AND COMMUNITY EMERGENCY SPECIALISTS	c EIN-PN 34-1779226-001
a	Plan name	ADAMSBROWN, LLC EES PS & 401K	
b	Name of plan sponsor	ADAMSBROWN, LLC	c EIN-PN 84-3541096-001
a	Plan name	ADVANCED BONE & JOINT PS PLAN	
b	Name of plan sponsor	ADVANCED BONE AND JOINT	c EIN-PN 43-1216115-001
a	Plan name	AICPA 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	AMERICAN INSTITUTE OF CPA	c EIN-PN 13-0432265-001
a	Plan name	ALCHAR PRINTING 401(K) PS PLAN	
b	Name of plan sponsor	ALCHAR PRINTING	c EIN-PN 45-0140105-001
a	Plan name	ALLEN MATKINS PS & 401(K) PLAN	
b	Name of plan sponsor	ALLEN MATKINS LECK GAMBLE	c EIN-PN 95-3605309-003
a	Plan name	ALLERGY CONSULTANTS 401K PSP	
b	Name of plan sponsor	ALLERGY CONSULTANTS	c EIN-PN 43-1201813-001
a	Plan name	AMERICAN BANK OF MISSOURI 401K	
b	Name of plan sponsor	AMERICAN BANK OF MISSOURI	c EIN-PN 43-0170350-001
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	ASPYRA LLC 401K PSP	
b	Name of plan sponsor	ASPYRA, LLC	c EIN-PN 27-3128107-001
a	Plan name	ATHLETICS INVESTMENT GRP 401K	
b	Name of plan sponsor	OAKLAND ATHLETICS BASEBALL COMPANY	c EIN-PN 94-3232189-002
a	Plan name	ATIS ELEVATOR INSPECTIONS 401K	
b	Name of plan sponsor	ATIS ELEVATOR INSPECTIONS, LLC	c EIN-PN 46-1471888-001

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	AW HEALTH CARE 401K RET SVNGS	
b	Name of plan sponsor	AGING WELL HEALTH CARE, LLC	c EIN-PN 71-0868310-001
a	Plan name	AZIMUTH ENERGY, LLC RTMNT SVNG	
b	Name of plan sponsor	AZIMUTH ENERGY, LLC	c EIN-PN 38-3933059-001
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-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	BAY MEDICAL 401 K P/S PLAN	
b	Name of plan sponsor	BAY MEDICAL MANAGEMENT, LLC	c EIN-PN 68-0423282-005
a	Plan name	BENJAMIN MOORE & CO. DEF. SVGS	
b	Name of plan sponsor	BENJAMIN MOORE & CO.	c EIN-PN 13-5256230-003
a	Plan name	BIGWIDESKY 401(K) PLAN	
b	Name of plan sponsor	BIGWIDESKY	c EIN-PN 20-0550715-001
a	Plan name	BIOMARIN RETIREMENT SVGS PLAN	
b	Name of plan sponsor	BIOMARIN PHARMACEUTICALS	c EIN-PN 68-0397820-001
a	Plan name	BUILDING FIRST NATIONS 401(K)	
b	Name of plan sponsor	BUILDING FIRST NATIONS	c EIN-PN 85-4298087-001
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

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	CAREPOINT HEALTH LLC 401K PSP	
b	Name of plan sponsor	CAREPOINT HEALTH LLC	c EIN-PN 83-1024601-001
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	CENTRAL STATES BUS SALES PSP	
b	Name of plan sponsor	CENTRAL STATES BUS SALES, INC.	c EIN-PN 43-1051799-001
a	Plan name	CENTRAL STATES WATER RES RET	
b	Name of plan sponsor	CENTRAL STATES WATER	c EIN-PN 46-4754176-001
a	Plan name	CENTURION INVESTMENTS 401K PL	
b	Name of plan sponsor	CENTURION INVESTMENTS, INC.	c EIN-PN 43-1144531-001
a	Plan name	CENTURY FENCE CO EES CONT PSP	
b	Name of plan sponsor	CENTURY FENCE CO.	c EIN-PN 39-0203700-001
a	Plan name	CHAMBERLAIN ET AL. PS & 401(K)	
b	Name of plan sponsor	CHAMBERLAIN, HRDLICKA, WHITE, WILLIAMS AND AUGHTRY, P.C.	c EIN-PN 74-1541761-002
a	Plan name	COBRA FIRING SYSTEMS 401K PLAN	
b	Name of plan sponsor	COBRA FIRING SYSTEMS, LLC	c EIN-PN 27-1159974-001
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

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 COMPREHENSIVE ANESTHESIA PSP	
b	Name of plan sponsor COMPREHENSIVE ANESTHESIA	c EIN-PN 43-1727554-001
a	Plan name CONLCO 401K PROFIT SHARING	
b	Name of plan sponsor JOHN J. CONNELL COMPANY, INC.	c EIN-PN 43-0666182-002
a	Plan name CONTEGRA CONSTRUCTION 401K PL	
b	Name of plan sponsor CONTEGRA CONSTRUCTION	c EIN-PN 20-0451287-001
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 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 84-1325066-003
a	Plan name CRITICAL CARE & PULMONARY MPP	
b	Name of plan sponsor CRITICAL CARE & PULMONARY CONSULTANTS, P.C.	c EIN-PN 84-1325066-002
a	Plan name CURTIS-TOLEDO, INC. 401K PLAN	
b	Name of plan sponsor CURTIS-TOLEDO, INC. 401K PLAN	c EIN-PN 43-1155653-001
a	Plan name CUSTOM STEEL PROCESSING 401K	
b	Name of plan sponsor CUSTOM STEEL PROCESSING	c EIN-PN 03-0456218-001
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	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	DIAMONDBACK E & P LLC 401K PL	
b	Name of plan sponsor	DIAMONDBACK E AND P LLC	c EIN-PN 36-4728559-001
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 43-0863198-001
a	Plan name	DONATECH CORP SVGS & INVSTMT	
b	Name of plan sponsor	DONATECH CORP	c EIN-PN 42-1398523-001
a	Plan name	DONCASTERS, INC. EMPLOYEE SP	
b	Name of plan sponsor	DONCASTERS, INC.	c EIN-PN 13-3491053-001
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	EFSC INCENTIVE SVGS PLAN	
b	Name of plan sponsor	EFSC	c EIN-PN 43-1706259-001
a	Plan name	ENI US OPERATING CO SVGS PLAN	
b	Name of plan sponsor	ENI US OPERATING CO	c EIN-PN 87-0715446-001
a	Plan name	EVANS AND DIXON, LLC 401K PL	
b	Name of plan sponsor	EVANS AND DIXON, LLC	c EIN-PN 43-0611994-002
a	Plan name	EXAMINETICS INC 401K SAV PLAN	
b	Name of plan sponsor	EXAMINETICS INC	c EIN-PN 68-0583591-001

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 PHYSICIANS GROUP 401(K)	
b	Name of plan sponsor	HUMANA, INC.	c EIN-PN 61-0647538-006
a	Plan name	FERGUSON CASE ORR 401K	
b	Name of plan sponsor	FERGUSON, CASE, ORR LLP	c EIN-PN 95-3764264-001
a	Plan name	FLEXIBLE CUTTING SYSTEMS 401K	
b	Name of plan sponsor	FLEXIBLE CUTTING SYSTEMS, LLC	c EIN-PN 41-2028066-001
a	Plan name	FREEARK DENNIS MURPHY PSP	
b	Name of plan sponsor	FREEARK, DENNIS, MURPHY & MOSKOP, P.C.	c EIN-PN 37-0971359-002
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 INDUSTRIAL RET SVGS	
b	Name of plan sponsor	GATEWAY INDUSTRIAL POWER, INC.	c EIN-PN 20-1225632-001
a	Plan name	GRIMCO, INC 401K & PS PLAN	
b	Name of plan sponsor	GRIMCO INC	c EIN-PN 43-0955083-001
a	Plan name	GROUP360, INC SAV PLAN & TRUST	
b	Name of plan sponsor	GROUP360, INC	c EIN-PN 43-1747891-001
a	Plan name	GSI 401(K) PLAN	
b	Name of plan sponsor	GSI DIVERSIFIED, INC.	c EIN-PN 45-2516019-001
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	HAVERTY FURNITURE COS. THRIFT	
b	Name of plan sponsor	HAVERTY FURNITURE COS.	c EIN-PN 58-0281900-002
a	Plan name	HEALTH, EDUCATION & RES PSP	
b	Name of plan sponsor	HEALTH, EDUCATION AND RES	c EIN-PN 20-0820473-001

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	HEALTHTEXAS MEDICAL GRP 401K	
b	Name of plan sponsor	HEALTHTEXAS MEDICAL GROUP	c EIN-PN 20-2148889-001
a	Plan name	HOMER G. PHILLIPS RET SVGS PL	
b	Name of plan sponsor	HOMER G. PHILLIPS HOSPITAL	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
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	HOUS AUTH ST. LOUIS CO RET	
b	Name of plan sponsor	HOUSING AUTHORITY OF ST. LOUIS CO	c EIN-PN 43-6003234-001
a	Plan name	HUMANA PARTNERSHIP SAV PLAN	
b	Name of plan sponsor	HUMANA, INC.	c EIN-PN 61-0647538-006
a	Plan name	HUMANA PUERTO RICO RET SAV PLA	
b	Name of plan sponsor	HUMANA, INC.	c EIN-PN 61-0647538-006
a	Plan name	HUMANA RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	HUMANA, INC.	c EIN-PN 61-0647538-006
a	Plan name	HUSCH BLACKWELL STRATEGY 401K	
b	Name of plan sponsor	HUSCH BLACKWELL STRATEGY	c EIN-PN 35-2612034-001
a	Plan name	JEFFERSON CITY MEDICAL GROUP	
b	Name of plan sponsor	JEFFERSON CITY MEDICAL GROUP, P.C.	c EIN-PN 43-0954586-001
a	Plan name	JUNIOR CHAMBER INT'L RET PLAN	
b	Name of plan sponsor	JUNIOR CHAMBER INT'L	c EIN-PN 59-0738429-001
a	Plan name	KARSTEN MANUFACTURING 401(K)	
b	Name of plan sponsor	KARSTEN MANUFACTURING CORPORATION	c EIN-PN 86-0210248-001

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	KLEBERG BANK, N.A. 401(K) PLAN	
b	Name of plan sponsor	KLEBERG BANK, N.A.	c EIN-PN 74-0726853-002
a	Plan name	LACINY BROS INC 401K PSP	
b	Name of plan sponsor	LACINY BROS INC	c EIN-PN 43-0367870-001
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	LOCKE LORD LLP RETIREMENT SP	
b	Name of plan sponsor	LOCKE LORD LLP	c EIN-PN 74-1164324-001
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	MLP MANAGEMENT, LLC	c EIN-PN 43-1852949-001
a	Plan name	MATTHEWS BOOK CO. EE STOCK OWN	
b	Name of plan sponsor	MATTHEWS BOOK CO.	c EIN-PN 43-1619966-001
a	Plan name	MAZARS USA LLP RTRMT SAV PLAN	
b	Name of plan sponsor	MAZARS USA LLP	c EIN-PN 13-1459550-001
a	Plan name	MCCI GROUP HOLDINGS, LLC 401K	
b	Name of plan sponsor	MCCI GROUP HOLDINGS, LLC	c EIN-PN 20-5904436-001
a	Plan name	MCGINNIS LOCHRIDGE LLP SAVINGS	
b	Name of plan sponsor	MCGINNIS LOCHRIDGE LLP	c EIN-PN 74-1196349-002
a	Plan name	MCLALLEN ENTERPRISES 401K PSP	
b	Name of plan sponsor	MCLALLEN ENTERPRISES	c EIN-PN 36-3219217-001
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	MIDWEST SCIENTIFIC, INC 401(K)	
b Name of plan sponsor	MIDWEST SCIENTIFIC, INC	c EIN-PN 43-1395185-001
a Plan name	MINISTRY BRANDS 401(K) PLAN	
b Name of plan sponsor	SITE ORGANIC LLC	c EIN-PN 46-1145297-001
a Plan name	MISSIONWIRED 401K PLAN	
b Name of plan sponsor	ANNE LEWIS STRATEGIES, LLC	c EIN-PN 87-0784424-001
a Plan name	MONROE UNIVERSITY, LTD RET SVG	
b Name of plan sponsor	MONROE COLLEGE LTD	c EIN-PN 13-2501225-002
a Plan name	MONSTER WORLDWIDE 401K SAVINGS	
b Name of plan sponsor	MONSTER WORLDWIDE	c EIN-PN 13-3906555-001
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 BRUNSWICK ANES SVGS & INV	
b Name of plan sponsor	NEW BRUNSWICK ANESTHESIA ASSOCIATES	c EIN-PN 22-3630403-001
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	NORTHEAST MISSOURI 401K	
b Name of plan sponsor	NORTHEAST MISSOURI AMBULATORY SURGERY CENTER, LLC	c EIN-PN 43-1857277-001
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

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 OZARKS DERMATOLOGY SPECIALISTS	
b	Name of plan sponsor OZARK DERMATOLOGY SPECIALISTS, LLC	c EIN-PN 27-0301358-001
a	Plan name PARIC CORPORATION 401(K) PLAN	
b	Name of plan sponsor PARIC CORPORATION	c EIN-PN 43-1165266-001
a	Plan name PASCO SYSTEMS CORP. 401K PLAN	
b	Name of plan sponsor PRODUCTIVE AUTOMATED SYSTEMS C	c EIN-PN 43-1330573-001
a	Plan name PRITCHARD INDUSTRIES 401K PSP	
b	Name of plan sponsor PRITCHARD INDUSTRIES, INC.	c EIN-PN 13-3353489-001
a	Plan name REDSTONE 401K PLAN	
b	Name of plan sponsor REDSTONE FEDERAL CREDIT UNION	c EIN-PN 63-0322374-001
a	Plan name REINTJES SERVICES 401K PLAN	
b	Name of plan sponsor REINTJES SERVICES, INC.	c EIN-PN 43-1306685-002
a	Plan name ROANOKE CONSTRUCTION 401K PLAN	
b	Name of plan sponsor ROANOKE CONSTRUCTION COMPANY	c EIN-PN 46-0630341-001
a	Plan name ROBBINS, KELLY ET AL 401K PSP	
b	Name of plan sponsor ROBBINS, KELLY, PATTERSON & TUCKER	c EIN-PN 31-0796417-001
a	Plan name ROBINSON, BRADSHAW HINSON PSP	
b	Name of plan sponsor ROBINSON, BRADSHAW AND HINSON, P.A.	c EIN-PN 56-0944079-001
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 & ASSOCIATES, INC.	c EIN-PN 43-1539282-001
a	Plan name SALES RESOURCE PS & 401K	
b	Name of plan sponsor SALES RESOURCE INC.	c EIN-PN 43-1578343-002

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	SCARBROUGH INTERNATIONAL 401K	
b	Name of plan sponsor	SCARBROUGH INTERNATIONAL	c EIN-PN 43-1629341-001
a	Plan name	SCHMITT PROFITOLS 401K PSP	
b	Name of plan sponsor	SCHMITT PROFITOLS	c EIN-PN 43-1503349-001
a	Plan name	SEAKR ENGINEERING	
b	Name of plan sponsor	SEAKR ENGINEERING, INC.	c EIN-PN 84-1318847-001
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	SHEERTRANS SOLUTIONS LLC 401K	
b	Name of plan sponsor	SHEERTRANS SOLUTIONS LLC	c EIN-PN 27-4415526-001
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 59-0447122-021
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	SLOSM, LLC 401(K) PSP	
b	Name of plan sponsor	SLOSM, LLC	c EIN-PN 83-2675652-001

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 SNYDER ENGINEERING RET SVGS PL	
b	Name of plan sponsor SNYDER ENGINEERING	c EIN-PN 43-1802354-001
a	Plan name SOUTHERN METAL PROCS 401K	
b	Name of plan sponsor SOUTHERN METAL PROCS	c EIN-PN 82-2985108-001
a	Plan name ST. LOUIS COMPOSTING INC. 401K	
b	Name of plan sponsor ST. LOUIS COMPOSTING INC.	c EIN-PN 43-1613768-001
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 STINGRAY 401(K) PLAN	
b	Name of plan sponsor STINGRAY	c EIN-PN 27-0741131-001
a	Plan name STRAIGHTUP SOLAR 401(K) PLAN	
b	Name of plan sponsor STRAIGHTUP SOLAR, LLC	c EIN-PN 20-5499873-001
a	Plan name SUBTEXT 401(K) PLAN	
b	Name of plan sponsor SUBTEXT	c EIN-PN 47-1051022-001
a	Plan name TELLE TIRE RETIREMENT PSP	
b	Name of plan sponsor TELLE TIRE	c EIN-PN 43-0783301-001
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 TEXAS MUNICIPAL POWER EE PENS	
b	Name of plan sponsor TEXAS MUNICIPAL POWER EE PENS	c EIN-PN 74-1881816-001
a	Plan name THE ENERGEN CORP ESOP	
b	Name of plan sponsor DIAMONDBACK E AND P LLC	c EIN-PN 36-4728559-002
a	Plan name THE IVINS PHILLIPS BARKER SAV	
b	Name of plan sponsor IVINS, PHILLIPS AND BARKER, CHARTERED	c EIN-PN 52-1229560-003

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 WATERWAYS JOURNAL 401K	
b Name of plan sponsor	THE WATERWAYS JOURNAL INC.	c EIN-PN 43-0833503-002
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	TIDEWATER PHYSICIANS GRP 401K	
b Name of plan sponsor	TIDEWATER PHYSICIANS MULTISPECIALTY GROUP, P.C.	c EIN-PN 54-1634477-002
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, INC. ESOP	
b Name of plan sponsor	TRENDWOOD, INC.	c EIN-PN 86-0502466-002
a Plan name	U-MARK, INC. 401(K) PLAN	
b Name of plan sponsor	U-MARK, INC.	c EIN-PN 06-1650046-001
a Plan name	UNITED CONTRACTORS INC DAVIS	
b Name of plan sponsor	UNITED CONTRACTORS INC	c EIN-PN 42-0822018-001
a Plan name	USSEC 401(K) PLAN	
b Name of plan sponsor	U.S. SOYBEAN EXPORT COUNCIL INC.	c EIN-PN 20-2462213-001
a Plan name	VIENNA BEEF LTD. 401(K) PSP	
b Name of plan sponsor	VIENNA BEEF, LTD	c EIN-PN 20-8038724-002
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	VOYANT BEAUTY, LLC 401(K)	
b Name of plan sponsor	VOYANT BEAUTY, LLC	c EIN-PN 81-5395969-001
a Plan name	VPP GROUP SAVINGS & RET PLAN	
b Name of plan sponsor	VPP GROUP LLC	c EIN-PN 20-3092488-001

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	VSM 401K EES RET SAVINGS PLAN	
b	Name of plan sponsor	VSM ABRASIVES CORPORATION	c EIN-PN 43-1136835-001
a	Plan name	WALSH & ASSOCIATES PS 401(K)	
b	Name of plan sponsor	WALSH AND ASSOCIATES, INC.	c EIN-PN 43-1646120-002
a	Plan name	WASHINGTON CAPITAL MNGNT 401K	
b	Name of plan sponsor	WASHINGTON CAPITAL MANAGEMENT, INC.	c EIN-PN 91-1042342-001
a	Plan name	WCG 401(K) PLAN	
b	Name of plan sponsor	WCG	c EIN-PN 81-3500129-001
a	Plan name	WE BUILD PAGES 401(K) PLAN	
b	Name of plan sponsor	FIND YOUR DREAMS, INC.	c EIN-PN 14-1829752-001
a	Plan name	WEBBANK 401(K) SAFE HARBOR PL	
b	Name of plan sponsor	WEBBANK CORPORATION	c EIN-PN 87-0528836-001
a	Plan name	WEISSMAN DESIGN FOR DANCE 401K	
b	Name of plan sponsor	WEISSMAN DESIGN FOR DANCE	c EIN-PN 43-0764447-001
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 43-0678433-001
a	Plan name	WILSON MANUFACTURING CO 401K	
b	Name of plan sponsor	WILSON MANUFACTURING	c EIN-PN 43-1168547-001
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	WORLD GROUP SAVINGS AND INVEST	
b	Name of plan sponsor	WORLD SHIPPING, INC.	c EIN-PN 34-0895033-002

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	YOKOGAWA WEALTH BUILDER PLAN	
b	Name of plan sponsor	YOKOGAWA USA INC.	c EIN-PN 58-1874832-001
a	Plan name	ZOLTEK CORP SAVINGS & PSP	
b	Name of plan sponsor	ZOLTEK CORP	c EIN-PN 43-0549050-001
a	Plan name	ADRIAN JULES LTD. 401K PLAN	
b	Name of plan sponsor	ADRIAN JULES, LTD.	c EIN-PN 16-0873017-001
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	ALVARIA, INC. 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	ALVARIA, INC.	c EIN-PN 02-0364368-001
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
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	BANCROFT ARCHITECTS & ENGINEERS 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	BANCROFT ARCHITECTS & ENGINEERS	c EIN-PN 27-0495939-001

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	BEER NUTS INC 401K PS PLAN	
b	Name of plan sponsor	BEER NUTS, INC.	c EIN-PN 37-0728557-001
a	Plan name	BIOMERICS 401(K)	
b	Name of plan sponsor	BIOMERICS	c EIN-PN 26-4327437-001
a	Plan name	BLENDTEC, INC 401K TRUST	
b	Name of plan sponsor	BLENDTEC, INC.	c EIN-PN 87-0471667-001
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	CENTER 401(K) PLAN	
b	Name of plan sponsor	VERITAS MANAGE	c EIN-PN 27-2876769-001
a	Plan name	CERTIFIED PAINTING INC 401(K)	
b	Name of plan sponsor	CERTIFIED PAINTING	c EIN-PN 41-1522159-001
a	Plan name	CONCEPT II 401(K)	
b	Name of plan sponsor	CONCEPT II FINE KITCHEN & BATH, INC.	c EIN-PN 16-1473518-001
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)	
<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	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	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	DR. ANDREW MACK DENTISTRY, LLC 401(K) PLAN	
b	Name of plan sponsor	DR. ANDREW MACK DENTISTRY, LLC	c EIN-PN 47-3472605-001
a	Plan name	DUKE MANUFACTURING COMPANY RETIREMENT PLAN	
b	Name of plan sponsor	DUKE	c EIN-PN 43-1548196-002
a	Plan name	ERIC SCOTT LEATHERS, LTD. 401(K) SAVINGS PLAN	
b	Name of plan sponsor	ERIC SCOTT LEATHERS LLC	c EIN-PN 84-4679090-001
a	Plan name	EWING IRRIGATION PRODUCTS, INC. PROFIT SHARING PLAN	
b	Name of plan sponsor	EWING IRRIGATION PRODUCTS, INC.	c EIN-PN 94-1351799-001
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	GARAGE MANAGEMENT COMPANY 401K PROFIT SHARING PLAN NON-UNION EMPLOYEES	
b	Name of plan sponsor	GARAGE MANAGEMENT CO.	c EIN-PN 13-4120627-004
a	Plan name	GARAGE MANAGEMENT COMPANY 401K PROFIT SHARING PLAN UNION EMPLOYEES	
b	Name of plan sponsor	GARAGE MANAGEMENT CO.	c EIN-PN 13-4120627-005

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 GILLESPIE & POWERS REFRACTORY & ENGINEERING, INC. 401K PLAN	
b	Name of plan sponsor GILLESPIE & POWERS	c EIN-PN 43-0648117-002
a	Plan name GRANDE ASSOCIATES ASSET ACCUMULATION PLAN	
b	Name of plan sponsor GRANDE CHEESE COMPANY	c EIN-PN 39-0867071-001
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 H-J ENTERPRISE EMPLOYEE PSP	
b	Name of plan sponsor H-J ENTERPRISES	c EIN-PN 43-0925854-001
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 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 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

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	LENOIR MEMORIAL HOSPITAL INC SAVINGS & PROTECTION PLAN	
b	Name of plan sponsor	LENOIR MEMORIAL HOSPITAL, INC.	c EIN-PN 56-6000674-002
a	Plan name	LISA'S LIQUOR BARN 401(K)	
b	Name of plan sponsor	LISA'S LIQUOR BARN	c EIN-PN 16-1321684-001
a	Plan name	LITTLEJOHN & BARBI ORTHODONTICS 401	
b	Name of plan sponsor	LITTLEJOHN & BARBI ORTHODONTICS	c EIN-PN 84-2247742-001
a	Plan name	LONG LIVE THE KINGS 401K PSP & TRUST	
b	Name of plan sponsor	LONG LIVE THE KINGS	c EIN-PN 91-1353982-001
a	Plan name	MAIN-FORD GENERAL SUPPLY CO., INC. 401(K)	
b	Name of plan sponsor	MAIN-FORD GENERAL SUPPLY CO., INC.	c EIN-PN 16-0781457-001
a	Plan name	MARKETSTAR 401K	
b	Name of plan sponsor	MARKETSTAR	c EIN-PN 83-3522848-001
a	Plan name	MCCORMACK BARON SALAZAR 401K	
b	Name of plan sponsor	MCCORMACK BARON	c EIN-PN 43-1053637-001
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

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	NAED 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	NAED	c EIN-PN 22-2864272-003
a	Plan name	NORTH NORWICH MOTORS TRAILER SALES LLC 401(K)	
b	Name of plan sponsor	NORTH NORWICH MOTORS TRAILER SALES, LLC	c EIN-PN 16-1615898-001
a	Plan name	NOVVIA GROUP 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	C.L. SMITH COMPANY	c EIN-PN 43-1051754-001
a	Plan name	NYMAT MACHINE TOOL CORP 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor	NYMAT MACHINE TOOL CORP.	c EIN-PN 16-1171775-002
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
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	RENSA FILTRATION RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	RENSA FILTRATION	c EIN-PN 82-1253707-001
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

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	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
a	Plan name	SERA ARCHITECTS, INC 401(K) PLAN	
b	Name of plan sponsor	SERA ARCHITECTS, INC.	c EIN-PN 93-0723380-001
a	Plan name	SIMPSON HOUSING 401K	
b	Name of plan sponsor	SIMPSON HOUSING	c EIN-PN 26-0136283-001
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	SUNNEN EMPLOYEE'S RETIREMENT PLAN	
b	Name of plan sponsor	SUNNEN PRODUCTS COMP	c EIN-PN 43-0543500-001
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 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) PLAN	
b	Name of plan sponsor	TIERPOINT	c EIN-PN 32-0356624-001
a	Plan name	UNITY 401(K) POOLED EMPLOYER PLAN	
b	Name of plan sponsor	NEWPORT GROUP, INC.	c EIN-PN 27-2037969-003

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
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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 2015	B Three-digit plan number (PN) ▶ 012
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.

		(a) Beginning of Year	(b) End of Year
Assets			
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	851963	1372441
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	5074496	3317690
(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)	105608990	108177252
(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)	14129160	14260201

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	125664609	127127584
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h		
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j	675702	1489027
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	675702	1489027
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	124988907	125638557

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)	176395	
(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)		176395
(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)		9677666
(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		437439
d Total income. Add all income amounts in column (b) and enter total	2d		10291500

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)	74368	
(11) Other expenses	2i(11)		
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		74368
j Total expenses. Add all expense amounts in column (b) and enter total	2j		74368

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		10217132
l Transfers of assets:			
(1) To this plan	2l(1)		38950574
(2) From this plan	2l(2)		48518056

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 _____.