

Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security
Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210-0110
1210-0089

2024

This Form is Open to Public Inspection

Part I Annual Report Identification Information

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

- A** This return/report is for:
 - a multiemployer plan
 - a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)
 - a single-employer plan
 - a DFE (specify) P
- B** This return/report is:
 - the first return/report
 - the final return/report
 - an amended return/report
 - a short plan year return/report (less than 12 months)
- C** If the plan is a collectively-bargained plan, check here. ▶
- D** Check box if filing under:
 - Form 5558
 - automatic extension
 - 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>LNL SATC 401K TOOLBOX MANAGED CONSERVATIVE</u>	1b Three-digit plan number (PN) ▶ <u>705</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>LINCOLN NATIONAL LIFE INSURANCE COMPANY</u> <u>KRISTIE BROOKS</u> <u>150 N. RADNOR-CHESTER ROAD</u> <u>RADNOR, PA 19087</u>	2b Employer Identification Number (EIN) <u>35-0472300</u> 2c Plan Sponsor's telephone number <u>484-583-1760</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>10/14/2025</u>	<u>KRISTIE BROOKS</u>
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2024)
v. 240311

3a Plan administrator's name and address <input type="checkbox"/> Same as Plan Sponsor LINCOLN NATIONAL LIFE INSURANCE COMPANY 1300 S CLINTON STREET SUITE 500 FORT WAYNE, IN 46082	3b Administrator's EIN 35-0472300 3c Administrator's telephone number 260-455-2000																				
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN 4d PN																				
5 Total number of participants at the beginning of the plan year	5																				
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits..... c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	<table border="1" style="width:100%; border-collapse: collapse;"> <tr><td style="width:100px;">6a(1)</td><td></td></tr> <tr><td>6a(2)</td><td></td></tr> <tr><td>6b</td><td></td></tr> <tr><td>6c</td><td></td></tr> <tr><td>6d</td><td></td></tr> <tr><td>6e</td><td></td></tr> <tr><td>6f</td><td></td></tr> <tr><td>6g(1)</td><td></td></tr> <tr><td>6g(2)</td><td></td></tr> <tr><td>6h</td><td></td></tr> </table>	6a(1)		6a(2)		6b		6c		6d		6e		6f		6g(1)		6g(2)		6h	
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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 <u> 0 </u> (4) <input type="checkbox"/> C (Service Provider Information) (5) <input checked="" type="checkbox"/> D (DFE/Participating Plan Information) (6) <input type="checkbox"/> G (Financial Transaction Schedules)
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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 0

SCHEDULE D (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small>	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection.
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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>LNL SATC 401K TOOLBOX MANAGED CONSERVATIVE</u>	B Three-digit plan number (PN) ▶ <u>705</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>LINCOLN NATIONAL LIFE INSURANCE COMPANY</u>	D Employer Identification Number (EIN) <u>35-0472300</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:		
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)
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 ARIE SALZMAN PA RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor ARIE SALZMAN PA	c EIN-PN 01-0704682-001
a	Plan name GUIDANT MANAGEMENT GROUP LLC 401K PLAN	
b	Name of plan sponsor GUIDANT MANAGEMENT GROUP LLC	c EIN-PN 02-0546551-001
a	Plan name SCHORR ARCHITECTS 401K PLAN	
b	Name of plan sponsor SCHORR ARCHITECTS INC	c EIN-PN 03-0499713-001
a	Plan name FOODSOURCE PLUS NATIONAL 401K PROFIT SHARING PLAN	
b	Name of plan sponsor FOODSOURCE PLUS NATIONAL	c EIN-PN 03-0604558-001
a	Plan name LUDLOW FAMILY DENTISTRY PROFIT SHARING 401K PLAN	
b	Name of plan sponsor LUDLOW FAMILY DENTISTRY	c EIN-PN 04-2620139-001
a	Plan name MOREHOUSE MACDONALD ASSOCIATES INC 401K PLAN	
b	Name of plan sponsor MOREHOUSE MACDONALD ASSOCIATES INC	c EIN-PN 04-2733451-001
a	Plan name KMS MACHINE WORKS INC PROFIT SHARING 401K PLAN	
b	Name of plan sponsor KMS MACHINE WORKS INC	c EIN-PN 04-2800723-001
a	Plan name C C METALS ENGINEERING INC RETIREMENT PLAN	
b	Name of plan sponsor C C METALS ENGINEERING INC	c EIN-PN 04-3018012-001
a	Plan name CHICOPEE INDUSTRIAL CONTRACTORS INC 401K PROFIT SHARING PLAN	
b	Name of plan sponsor CHICOPEE INDUSTRIAL CONTRACTORS INC	c EIN-PN 04-3146229-001
a	Plan name MARSHALL ELECTRIC CO INC 401K PLAN	
b	Name of plan sponsor MARSHALL ELECTRIC CO INC	c EIN-PN 05-0270703-001
a	Plan name OPTIMAL CARE INC SAFE HARBOR 401K PROFIT SHARING PLAN	
b	Name of plan sponsor OPTIMAL CARE INC	c EIN-PN 05-0580663-001
a	Plan name SCOTT SWIMMING POOLS INC TAX DEFERRED SAVINGS PLAN TRUST	
b	Name of plan sponsor SCOTT SWIMMING POOLS INC	c EIN-PN 06-0857995-001

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	CURVED GLASS DISTRIBUTORS UNION 401K PLAN	
b	Name of plan sponsor	CURVED GLASS DISTRIBUTORS UNION	c EIN-PN 06-1227629-001
a	Plan name	PETRUZELO INSURANCE 401K PLAN	
b	Name of plan sponsor	PETRUZELO INSURANCE AGENCY INC	c EIN-PN 06-1433677-001
a	Plan name	ADVANCED ELECTRONIC SYSTEMS LLC 401K PLAN	
b	Name of plan sponsor	ADVANCED ELECTRONIC SYSTEMS LLC	c EIN-PN 06-1546692-001
a	Plan name	KING FARMS TRUCKING LLC 401K PLAN	
b	Name of plan sponsor	KING FARMS TRUCKING LLC	c EIN-PN 06-1685545-001
a	Plan name	WEST END EXPRESS CO INC 401K PROFIT SHARING PLAN	
b	Name of plan sponsor	WEST END EXPRESS COMPANY INC	c EIN-PN 11-2163771-001
a	Plan name	KBL GROUP INTL LTD 401K PLAN	
b	Name of plan sponsor	KBL GROUP INTL LTD	c EIN-PN 13-3280942-001
a	Plan name	VICINITY MEDIA GROUP INC 401K PROFIT SHARING PLAN	
b	Name of plan sponsor	VICINITY MEDIA GROUP	c EIN-PN 20-0345159-001
a	Plan name	CONTINUITY PRODUCTS LLC 401K PS PLAN	
b	Name of plan sponsor	CONTINUITY PRODUCTS LLC	c EIN-PN 20-0451923-001
a	Plan name	L R BAGGS CORPORATION PROFIT SHARING PLAN	
b	Name of plan sponsor	L R BAGGS CORPORATION	c EIN-PN 20-0552624-001
a	Plan name	KONA VETERINARY SERVICE 401K PLAN	
b	Name of plan sponsor	KONA ANIMAL CARE INC DBA KONA VETERINARY SERVICE	c EIN-PN 20-0834295-001
a	Plan name	LAW OFFICES OF JAMES J STONE A LAW CORPORATION 401KPSP	
b	Name of plan sponsor	LAW OFFICES OF JAMES J STONE	c EIN-PN 20-1016858-001
a	Plan name	KISTERS NORTH AMERICA 401KPROFIT SHARING PLAN	
b	Name of plan sponsor	KISTERS NORTH AMERICA	c EIN-PN 20-1233047-001

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 BAKER ASSOCIATES 401K PLAN	
b	Name of plan sponsor BAKER ASSOCIATES CPAS LLC	c EIN-PN 20-3025994-001
a	Plan name CHARRETTE COMMUNITY MANAGEMENT COMPANY RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor CHARRETTE COMMUNITY MANAGEMENT COMPANY	c EIN-PN 20-3221676-001
a	Plan name CENTRAL STATES WIRE PRODUCTS INC PROFIT SHARING PLAN	
b	Name of plan sponsor CENTRAL STATES WIRE PRODUCTS INC	c EIN-PN 20-4829205-001
a	Plan name LEXA MED 401K RETIREMENT PLAN	
b	Name of plan sponsor LEXA MED	c EIN-PN 20-5065459-001
a	Plan name TANNER 401K PLAN	
b	Name of plan sponsor TANNER MARLO CPAS INC	c EIN-PN 20-5825295-001
a	Plan name TAYLOR DRIVE DENTAL CARE 401K RETIREMENT PLAN	
b	Name of plan sponsor TAYLOR DRIVE DENTAL CARE	c EIN-PN 20-8171424-001
a	Plan name MAHWAH FORD AND D D RETIREMENT PLAN	
b	Name of plan sponsor MAHWAH SALES AND SERVICE INC	c EIN-PN 22-1694208-001
a	Plan name LEHIGH UTILITY ASSOCIATES INC PROFIT SHARING PLAN	
b	Name of plan sponsor LEHIGH UTILITY ASSOCIATES INC	c EIN-PN 22-1695171-001
a	Plan name BROOKDALE CONFECTIONARY INC 401K PLAN	
b	Name of plan sponsor BROOKDALE CONFECTIONARY INC	c EIN-PN 22-1736795-001
a	Plan name DETERDINGS MARKET INC 401K PLAN	
b	Name of plan sponsor DETERDINGS MARKET INC	c EIN-PN 22-2084416-001
a	Plan name RCP REAL ESTATE MANAGEMENT INC 401K PROFIT SHARING PLAN	
b	Name of plan sponsor RPC REAL ESTATE MANAGEMENT INC	c EIN-PN 22-2843556-001
a	Plan name DANSKIN INSURANCE AGENCY INC 401K PLAN	
b	Name of plan sponsor DANSKIN INSURANCE AGENCY INC	c EIN-PN 22-2860480-001

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	INTEGRA SOLV CORP 401K PLAN	
b Name of plan sponsor	INTEGRA SOLV CORP	c EIN-PN 22-3186383-001
a Plan name	PIPING SOLUTIONS INC 401K PLAN	
b Name of plan sponsor	PIPING SOLUTIONS INC	c EIN-PN 22-3755806-001
a Plan name	MADSEN INC 401K RETIREMENT SAVINGS PLAN	
b Name of plan sponsor	MADSEN INC	c EIN-PN 23-1541213-001
a Plan name	JKST INC 401K PROFIT SHARING PLAN TRUST	
b Name of plan sponsor	JKST INC	c EIN-PN 23-2451825-001
a Plan name	INFOMC INC 401K PLAN	
b Name of plan sponsor	INFOMC INC	c EIN-PN 23-2808102-001
a Plan name	WESTERN EXPRESS INC RETIREMENT PLAN	
b Name of plan sponsor	WESTERN EXPRESS INC	c EIN-PN 25-1527672-001
a Plan name	RC ORNAMENTAL CASH BALANCE PLAN	
b Name of plan sponsor	RC ORNAMENTAL LLC	c EIN-PN 26-0712156-001
a Plan name	ACE PRECISION INTERNATIONAL 401K RETIREMENT PLAN	
b Name of plan sponsor	ACE PRECISION INTERNATIONAL	c EIN-PN 26-0886310-001
a Plan name	STODDARD NLALLC 401K RETIREMENT PLAN	
b Name of plan sponsor	STODDARD NLALLC	c EIN-PN 26-1180358-001
a Plan name	MOUNT OLIVE FAMILY DENTISTRY 401K PLAN	
b Name of plan sponsor	AMY M KIMES DDS PA DBA MOUNT OLIVE FAMILY DENTISTRY	c EIN-PN 26-1233957-001
a Plan name	MILLS SHANNON DMD PC 401K PLAN	
b Name of plan sponsor	MILLS SHANNON DMD PC	c EIN-PN 26-1644766-001
a Plan name	LEGACY DENTAL CARE 401K PLAN	
b Name of plan sponsor	AMANDA J DARLING DDS DBA LEGACY DENTAL CARE	c EIN-PN 26-2192408-001

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	KIRKWOOD OIL GAS LLC RETIREMENT PLAN	
b	Name of plan sponsor	KIRKWOOD OIL GAS LLC	c EIN-PN 26-2619621-001
a	Plan name	WRIGHT ASSOCIATES LLC PREVAILING WAGE 401K PROFIT SHARING PLAN	
b	Name of plan sponsor	WRIGHT ASSOCIATES LLC	c EIN-PN 26-3144876-001
a	Plan name	WINDWARD HEART CENTER LLC 401K PLAN	
b	Name of plan sponsor	WINDWARD HEART CENTER LLC	c EIN-PN 26-3207983-001
a	Plan name	J S BUSINESS ENTERPRISES INC 401K PLAN	
b	Name of plan sponsor	J S BUSINESS ENTERPRISES INC	c EIN-PN 26-3511841-001
a	Plan name	BLUE RIDGE CONSULTING SERVICES INC 401K PLAN	
b	Name of plan sponsor	BLUE RIDGE CONSULTING SERVICES INC	c EIN-PN 27-0019089-001
a	Plan name	STUDY ACROSS THE POND 401K PLAN	
b	Name of plan sponsor	STUDY ACROSS THE POND	c EIN-PN 27-0381313-001
a	Plan name	SANCO OILFIELD RENTALS LLC RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	SANCO OILFIELD RENTALS LLC	c EIN-PN 27-0603149-001
a	Plan name	STUMP HOSPITALITY LLC 401K PLAN	
b	Name of plan sponsor	STUMP HOSPITALITY LLC	c EIN-PN 27-1354124-001
a	Plan name	PRESIDENT CONTAINER GROUP II LLC 401K PLAN	
b	Name of plan sponsor	PRESIDENT CONTAINER GROUP II LLC	c EIN-PN 27-1581303-001
a	Plan name	CHAPA LAW GROUP PC RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	CHAPA LAW GROUP PC	c EIN-PN 27-3042235-001
a	Plan name	LAGREGA RICH GRANT ARCHITECTS INC 401K PLAN	
b	Name of plan sponsor	LAGREGA ARCHITECTURE	c EIN-PN 27-4677226-001
a	Plan name	BOSTON PROSTHODONTICS DENTAL GROUP INCORPORATED 401K PLAN	
b	Name of plan sponsor	BOSTON PROSTHODONTICS DENTAL GROUP INCORPORATED	c EIN-PN 27-4843452-001

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	SCHWEITZER BROTHERS CO 401K SALARY REDU CTION PLAN AND TRUST	
b	Name of plan sponsor	SCHWEITZER BROTHERS COMPANY	c EIN-PN 31-0438250-001
a	Plan name	TR WELDING SYSTEMS INC EMPLOYEE 401K PLAN	
b	Name of plan sponsor	TR WELDING SYSTEMS INC	c EIN-PN 31-0906357-001
a	Plan name	M AND S DRYWALL INC PROFIT SHARING PLAN	
b	Name of plan sponsor	M S DRYWALL INC	c EIN-PN 31-1250162-001
a	Plan name	MAC PARAN CONSULTING SERVICES INC 401K PLAN	
b	Name of plan sponsor	MAC PARAN CONSULTING SERVICES INC	c EIN-PN 31-1289171-001
a	Plan name	ARTHER MEDICAL CORPORATION 401KPROFIT SHARING PLAN	
b	Name of plan sponsor	ARTHER MEDICAL CORP	c EIN-PN 32-0076107-001
a	Plan name	SMITHSON ELECTRIC INC PROFIT SHARING PLAN	
b	Name of plan sponsor	SMITHSON ELECTRIC INC	c EIN-PN 33-0447874-001
a	Plan name	GBI TILE STONE INC PROFIT SHARING 401K PLAN	
b	Name of plan sponsor	GBI TILE STONE INC	c EIN-PN 33-0454483-001
a	Plan name	WINGS N MORE RESTAURANTS LLC 401K PLAN	
b	Name of plan sponsor	WINGS N MORE RESTAURANTS LLC	c EIN-PN 33-1750703-001
a	Plan name	LEUGERS INSURANCE AGENCY INC 401K PROFIT SHARING PLAN	
b	Name of plan sponsor	LEUGERS INSURANCE AGENCY INC	c EIN-PN 34-1047003-001
a	Plan name	SKAMAR MACHINE INC 401K PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor	SKAMAR MACHINE INC	c EIN-PN 34-1218531-001
a	Plan name	EVAPAR INC 401K PROFIT SHARING PLAN	
b	Name of plan sponsor	EVAPAR INC	c EIN-PN 35-0298105-001
a	Plan name	PHILLIPS PATTERNS AND CASTINGS INC 401K PROFIT SHARING PLAN	
b	Name of plan sponsor	PHILLIPS PATTERNS CASTING INC	c EIN-PN 35-0834352-001

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	MUNCIE MISSION MINISTRIES INC 401K PLAN	
b	Name of plan sponsor	MUNCIE MISSION MINISTRIES INC	c EIN-PN 35-0869061-001
a	Plan name	ELCONA COUNTRY CLUB 401K PROFIT SHARING PL TR	
b	Name of plan sponsor	ELCONA COUNTRY CLUB	c EIN-PN 35-0988156-001
a	Plan name	U S SURVEYOR INC 401K PROFIT SHARING PLAN	
b	Name of plan sponsor	U S SURVEYOR INC	c EIN-PN 35-1099340-001
a	Plan name	LAZBOY FURNITURE GALLERIES 401K PLAN	
b	Name of plan sponsor	EMRICH FURNITURE INC	c EIN-PN 35-1326076-001
a	Plan name	SOUTHLAKE ELECTRIC SUPPLY INC 401K PROFIT SHARING PLAN	
b	Name of plan sponsor	SOUTHLAKE ELECTRIC SUPPLY INC	c EIN-PN 35-1378549-001
a	Plan name	BAMAR PLASTICS INC 401K PROFIT SHARING PLAN	
b	Name of plan sponsor	BAMAR PLASTICS INC	c EIN-PN 35-1444549-001
a	Plan name	PROFESSIONAL MEDICAL BILLING INC 401K PROFIT SHARING PLAN	
b	Name of plan sponsor	PROFESSIONAL MEDICAL BILLING INC	c EIN-PN 35-1855389-001
a	Plan name	GUIDESTAR ELDERCARE 401K PLAN	
b	Name of plan sponsor	NEUROLOGY PAIN MANAGEMENT ASSOCIATES PC	c EIN-PN 35-2084485-001
a	Plan name	STEVENS AND ASSOCIATES PC 401K PROFIT SHARING PLAN	
b	Name of plan sponsor	STEVENS ASSOCIATES PC	c EIN-PN 35-2155696-001
a	Plan name	BAY STATE GYPSUM FLOORS 401K PLAN	
b	Name of plan sponsor	BAY STATE GYPSUM FLOORS	c EIN-PN 35-2164356-001
a	Plan name	HOUSING AUTHORITY OF THE CITY OF HAMMOND RETIREMENT PLAN	
b	Name of plan sponsor	HOUSING AUTHORITY OF THE CITY OF HAMMOND	c EIN-PN 35-6001609-001
a	Plan name	VICTOR FORD INC 401K SALARY REDUCTION PLAN AND TRUST	
b	Name of plan sponsor	VICTOR FORD INC	c EIN-PN 36-3859193-001

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	D L ZIMCO 401K	
b	Name of plan sponsor	D L ZIMCO DBA FLEET FEET SPORTS	c EIN-PN 36-4089359-001
a	Plan name	SOUTHWEST ORGANIZING PROJECT RETIREMENT PLAN	
b	Name of plan sponsor	SOUTHWEST ORGANIZING PROJECT	c EIN-PN 36-4090773-001
a	Plan name	BCL FINANCIAL MANAGEMENT CONSULTANTS IN C 401K PLAN	
b	Name of plan sponsor	BCL FINANCIAL MANAGEMENT CONSULTANTS INC	c EIN-PN 36-4122320-001
a	Plan name	BILL SIGNS TRUCKING LLC 401K PLAN	
b	Name of plan sponsor	BILL SIGNS TRUCKING LLC	c EIN-PN 36-4271143-001
a	Plan name	FIRST SAVINGS BANK 401K PLAN	
b	Name of plan sponsor	FIRST SAVINGS BANK	c EIN-PN 37-0237960-001
a	Plan name	LANDMARK CREDIT UNION 401K PSP	
b	Name of plan sponsor	LANDMARK CREDIT UNION 401K PSP	c EIN-PN 37-0564965-001
a	Plan name	LANTER COMPANY RETIREMENT AND 401K SAVINGS PLAN	
b	Name of plan sponsor	LANTER COMPANY	c EIN-PN 37-0920770-001
a	Plan name	HOLZHAUER 401K AND PROFIT SHARING PLAN	
b	Name of plan sponsor	HOLZHAUER AUTO TRUCK SALES INC	c EIN-PN 37-1027077-001
a	Plan name	SCHULTE SUPPLY 401K PLAN TRUST	
b	Name of plan sponsor	SCHULTE SUPPLY	c EIN-PN 37-1201472-001
a	Plan name	SUN INDUSTRIAL INC 401K PROFIT SHARING PLAN	
b	Name of plan sponsor	SUN INDUSTRIAL INC	c EIN-PN 37-1422969-001
a	Plan name	KEYHOLE TECHNOLOGIES LLC 401K PROFIT SHARING PLAN	
b	Name of plan sponsor	KEYHOLE TECHNOLOGIES LLC	c EIN-PN 37-1446444-001
a	Plan name	AMERICAN METAL PLASTICS INC SAVINGS PLAN	
b	Name of plan sponsor	AMERICAN METAL PLASTICS INC	c EIN-PN 38-1843883-001

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 MVP COMMUNICATIONS INC PROFIT SHARING 401K PLAN	
b	Name of plan sponsor MVP COMMUNICATIONS INC	c EIN-PN 38-2294437-001
a	Plan name APOLLO FIRE EQUIPMENT COMPANY 401K PROFIT SHARING PLAN	
b	Name of plan sponsor APOLLO FIRE EQUIPMENT COMPANY	c EIN-PN 38-2415038-001
a	Plan name THE PENNA 401K PLAN	
b	Name of plan sponsor PENNAS RESTAURANT INC	c EIN-PN 38-3113550-001
a	Plan name PLASTECH MOLD DESIGN INC 401K SALARY REDUCTION PL TR	
b	Name of plan sponsor PLASTECH MOLD DESIGN INC	c EIN-PN 38-3234821-001
a	Plan name ALLAN GERKE SONS INC 401K PLAN	
b	Name of plan sponsor ALLAN GERKE SONS INC	c EIN-PN 39-1244145-001
a	Plan name HYLAND LAKES SPUDS INC 401K PLAN	
b	Name of plan sponsor HYLAND LAKES SPUDS INC	c EIN-PN 39-1410869-001
a	Plan name CAMELOT BANQUET ROOMS 401K PLAN	
b	Name of plan sponsor CAMELOT BANQUET ROOMS INC	c EIN-PN 39-1411878-001
a	Plan name CIRCLE ELECTRIC INC 401K PLAN	
b	Name of plan sponsor CIRCLE ELECTRIC INC	c EIN-PN 39-1462928-001
a	Plan name 4TH DIMENSION DESIGN SAVINGS AND RETIREMENT PLAN	
b	Name of plan sponsor 4TH DIMENSION DESIGN INC	c EIN-PN 39-1565676-001
a	Plan name KW ELECTRIC 401K RETIREMENT PLAN	
b	Name of plan sponsor KW ELECTRIC INC	c EIN-PN 39-1614199-001
a	Plan name TQ DIAMONDS 401K SAVINGS RETIREMENT PLAN	
b	Name of plan sponsor T Q DIAMONDS	c EIN-PN 39-1762148-001
a	Plan name JOSEPH P CAMERO MD PA RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor JOSEPH P CAMERO MD PA	c EIN-PN 41-2039616-001

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	MULFORD PLUMBING AND HEATING INC 401K R ETIREMENT PLAN	
b	Name of plan sponsor	MULFORD PLUMBING AND HEATING	c EIN-PN 42-0863090-001
a	Plan name	KOHLES BACH INC 401K RETIREMENT PLAN	
b	Name of plan sponsor	KOHLES BACH INC	c EIN-PN 42-1087213-001
a	Plan name	MISSOURI INDUSTRIAL EQUIPMENT 401K PLAN	
b	Name of plan sponsor	MISSOURI INDUSTRIAL EQUIPMENT SALES	c EIN-PN 43-0960436-001
a	Plan name	DENTAL ARTS GROUP LLC 401K PLAN	
b	Name of plan sponsor	DENTAL ARTS GROUP LLC	c EIN-PN 43-1150606-001
a	Plan name	MISSISSIPPI COUNTY AMBULANCE DISTRICT RETIREMENT PLAN	
b	Name of plan sponsor	MISSISSIPPI COUNTY AMBULANCE DISTRICT	c EIN-PN 43-1264104-001
a	Plan name	CRAWFORD OIL COMPANY 401K PROFIT SHARING PLAN	
b	Name of plan sponsor	CRAWFORD OIL COMPANY INC	c EIN-PN 43-1630232-001
a	Plan name	LAMBERTS CAFE INC 401K PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor	LAMBERTS CAFE INC	c EIN-PN 43-1666353-001
a	Plan name	COMPREHENSIVE CARDIOVASCULAR CONSULTANTS INC 401K PLAN	
b	Name of plan sponsor	COMPREHENSIVE CARDIOVASCULAR CONSULTANTS INC	c EIN-PN 43-1905325-001
a	Plan name	SECHLER ELECTRIC INC 401K PLAN	
b	Name of plan sponsor	SECHLER ELECTRIC	c EIN-PN 44-0661605-001
a	Plan name	SCHWARTZ CONSTRUCTION RETIREMENT PLAN	
b	Name of plan sponsor	EDWARD H SCHWARTZ CONSTRUCTION INC	c EIN-PN 45-0349732-001
a	Plan name	POGO INC 401K SAVINGS PLAN	
b	Name of plan sponsor	POGO INC	c EIN-PN 45-1637234-001
a	Plan name	BRIGHAM PROPERTY RIGHTS LAW FIRM 401K PROFIT SHARING PLAN	
b	Name of plan sponsor	BRIGHAM PROPERTY RIGHTS LAW FIRM PLLC	c EIN-PN 45-4170596-001

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	GRAND TREASURE CASINO 401K PLAN	
b	Name of plan sponsor	GRAND TREASURE CASINO	c EIN-PN 45-5152183-001
a	Plan name	NAVTEC RIGGING SOLUTIONS INC 401K PLAN	
b	Name of plan sponsor	NAVTEC RIGGING SOLUTIONS INC	c EIN-PN 46-1475811-001
a	Plan name	EAR NOSE THROAT PHYSICIANS SURGEONS 401K PSP	
b	Name of plan sponsor	EAR NOSE THROAT PHYSICIANS SURGEONS O	c EIN-PN 46-1507282-001
a	Plan name	NEHRING SENDIKS ON DOWNER LLC 401K PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor	NEHRING SENDIKS ON DOWNER LLC	c EIN-PN 46-3498033-001
a	Plan name	NEBRASKA CHILDRENS HOME SOCIETY 401K RETIREMENT PLAN	
b	Name of plan sponsor	NEBRASKA CHILDRENS HOME SOCIETY	c EIN-PN 47-0378995-001
a	Plan name	WESTMOOR MANUFACTURING COMPANY PROFIT SHARING PLAN	
b	Name of plan sponsor	WESTMOOR MFG CO	c EIN-PN 47-0410162-001
a	Plan name	401K PROFIT SHARING PLAN OF GIRL SCOUTS SPIRIT OF NEBRASKA	
b	Name of plan sponsor	GIRL SCOUTS SPIRIT OF NEBRASKA	c EIN-PN 47-0432299-001
a	Plan name	ANDERSON CREAGER WITTSTRUCK PC 401K SALARY REDUCTION PLAN TRUST	
b	Name of plan sponsor	ANDERSON CREAGER WITTSTRUCK PC	c EIN-PN 47-0700064-001
a	Plan name	STERETT COMPANIES INC 401K PROFIT SHARING PLAN	
b	Name of plan sponsor	STERETT COMPANIES INC	c EIN-PN 47-5098750-001
a	Plan name	CITY OF ORD MONEY PURCHASE	
b	Name of plan sponsor	CITY OF ORD MONEY PURCHASE PENSION TRUST	c EIN-PN 47-6006307-001
a	Plan name	WEAVERS INC 401K PLAN	
b	Name of plan sponsor	WEAVERS INC	c EIN-PN 48-0675556-001
a	Plan name	OVATION CABINETRY RETIREMENT PLAN	
b	Name of plan sponsor	OVATION CABINETRY	c EIN-PN 48-1170475-001

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 HOPAJET WORLDWIDE JET CHARTER INC 401K PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor HOPAJET WORLDWIDE JET CHARTER INC	c EIN-PN 48-1287230-001
a	Plan name B W HOVERMILL CO INC 401K PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor B W HOVERMILL CO INC	c EIN-PN 52-1020934-001
a	Plan name ERRANDS PLUS DBA RMA CHAUFFEURED TRANSPORTATION 401K PLAN	
b	Name of plan sponsor ERRANDS PLUS DBA RMA CHAUFFEURED TRANSPORTATION	c EIN-PN 52-1581475-001
a	Plan name DMS RETIREMENT PLAN	
b	Name of plan sponsor DATA MANAGEMENT SERVICES INC	c EIN-PN 52-1888039-001
a	Plan name CCR SOLUTIONS INC 401K PLAN	
b	Name of plan sponsor CCR SOLUTIONS INC	c EIN-PN 52-2299014-001
a	Plan name LSR HOUSTON INC 401K PLAN	
b	Name of plan sponsor LSR HOUSTON INC	c EIN-PN 52-2362572-001
a	Plan name GARY ALLEN HAIR SKIN CARE CENTRE 401K PLAN	
b	Name of plan sponsor GARY ALLEN HAIR SKIN CARE CENTRE	c EIN-PN 54-1020253-001
a	Plan name POSITIVE IMAGE INC 401K PLAN	
b	Name of plan sponsor POSITIVE IMAGE INC	c EIN-PN 54-1220312-001
a	Plan name DENSIFICATION INC 401K PLAN	
b	Name of plan sponsor DENSIFICATION INC	c EIN-PN 54-1670112-001
a	Plan name STRICKLAND WATERPROOFING COMPANY INC 401K PROFIT SHARING PLAN	
b	Name of plan sponsor STRICKLAND WATERPROOFING COMPANY INC	c EIN-PN 56-1546253-001
a	Plan name TELESOURCE RETIREMENT PLAN	
b	Name of plan sponsor TELESOURCE	c EIN-PN 56-2249595-001
a	Plan name SOUTH GEORGIA MEDICINE PC 401K PROFIT SHARING PLAN TRUST	
b	Name of plan sponsor SOUTH GEORGIA MEDICINE PC	c EIN-PN 58-1979611-001

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	MAJTH MANAGEMENT LLC 401K PLAN	
b	Name of plan sponsor	MAJTH MANAGEMENT	c EIN-PN 58-2516641-001
a	Plan name	ATLAS MORTGAGE AND INSURANCE 401K SAVINGS PLAN	
b	Name of plan sponsor	ATLAS MORTGAGE INSURANCE COMPANY INC	c EIN-PN 59-0700799-001
a	Plan name	SOUTH FLORIDA FAIR PALM BEACH COUNTY EXPO INC PROFIT SHARING PLAN	
b	Name of plan sponsor	SOUTH FLORIDA FAIR PALM BEACH COUNTY EXPO INC	c EIN-PN 59-0870057-001
a	Plan name	GRUHN MAY INC 401K SALARY REDUCTION PLAN TRUST	
b	Name of plan sponsor	GRUHN MAY INC 401K SAL REDUCT PL TRST	c EIN-PN 59-1428549-001
a	Plan name	JEFFREY D JONES DMD PA 401K PROFIT SHARING PLAN	
b	Name of plan sponsor	JEFFREY D JONES DMD PA	c EIN-PN 59-1628858-001
a	Plan name	CENSTATE CONTRACTORS INC 401K PLAN	
b	Name of plan sponsor	CENSTATE CONTRACTORS INC	c EIN-PN 59-2554615-001
a	Plan name	CHEMTEL INC 401K RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	CHEMTEL INC	c EIN-PN 59-2998814-001
a	Plan name	PETER G LEMIEUX DMD PA 401K PLAN	
b	Name of plan sponsor	PETER G LEMIEUX DMD PA	c EIN-PN 59-3631256-001
a	Plan name	BIRKHEAD COMPANY INCORPORATED 401K PROFIT SHARING PLAN TRUST	
b	Name of plan sponsor	BIRKHEAD COMPANY INCORPORATED	c EIN-PN 61-0570320-001
a	Plan name	ALLIANCE CORPORATION 401K PROFIT SHARING PLAN	
b	Name of plan sponsor	ALLIANCE CORPORATION	c EIN-PN 61-0875443-001
a	Plan name	HAIR BENDERS INTERNATIONAL LLC 401K PLAN	
b	Name of plan sponsor	HAIR BENDERS INTERNATIONAL LLC	c EIN-PN 62-1031207-001
a	Plan name	METAL BUILDING PRODUCTS INC 401K PLAN	
b	Name of plan sponsor	METAL BUILDING PRODUCTS INC	c EIN-PN 62-1290071-001

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	KTR CORPORATION 401K PROFIT SHARING PLAN	
b	Name of plan sponsor	KTR CORPORATION	c EIN-PN 62-1384024-001
a	Plan name	TIGER RAGS INC PROFIT SHARING PLAN TRUST	
b	Name of plan sponsor	TIGER RAGS INC	c EIN-PN 63-0458788-001
a	Plan name	FLORIDA HOME HEALTH EQUIPMENT SUPPLY INC 401K PLAN	
b	Name of plan sponsor	FLORIDA HOME HEALTH EQUIPMENT SUPPLY INC	c EIN-PN 65-0514269-001
a	Plan name	OCALA REGIONAL PHYSICAL THERAPY CENTER LTD 401K PLAN	
b	Name of plan sponsor	OCALA REGIONAL PHYSICAL THERAPY CENTER LTD	c EIN-PN 65-0773288-001
a	Plan name	ADVANCE KIDS INC 401K PLAN	
b	Name of plan sponsor	ADVANCE KIDS INC	c EIN-PN 68-0487185-001
a	Plan name	ARROW LAND SOLUTIONS LLC 401K PLAN	
b	Name of plan sponsor	ARROW LAND SOLUTIONS LLC	c EIN-PN 71-0921287-001
a	Plan name	KENNEDY LAW FIRM LLC PROFIT SHARING PLAN	
b	Name of plan sponsor	KENNEDY LAW FIRM LLC	c EIN-PN 71-0926845-001
a	Plan name	GULF CRANE SERVICES INC 401K PLAN	
b	Name of plan sponsor	GULF CRANE SERVICES INC	c EIN-PN 72-0936565-001
a	Plan name	VIP INTERNATIONAL INC EMPLOYEE RETIREMENT PLAN	
b	Name of plan sponsor	VACUUM IND POLLUTION INTL INC DBA VIP INTL INC	c EIN-PN 72-0960423-001
a	Plan name	THE SLIDELL EAR NOSE THROAT ASSOCIATES PROFIT SHARING PLAN	
b	Name of plan sponsor	SLIDELL EAR NOSE THROAT ASSOCIATES APMC	c EIN-PN 72-1139089-001
a	Plan name	KENNETH L ODINET JR MD APMC 401K AND PROFIT SHARING PLAN	
b	Name of plan sponsor	KENNETH L ODINET JR MD APMC	c EIN-PN 72-1460538-001
a	Plan name	WSH ENTERPRISES INC 401K PLAN	
b	Name of plan sponsor	WSH ENTERPRISES INC	c EIN-PN 73-1678877-001

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	JORDAN PROPELLER SERVICE INC PROFIT SHARING PLAN	
b	Name of plan sponsor	JORDAN PROPELLER SERVICE INC	c EIN-PN 74-1612573-001
a	Plan name	STSARS 401K	
b	Name of plan sponsor	SOUTH TEXAS SUBSTANCE ABUSE RECOVERY SERVICES	c EIN-PN 74-1658460-001
a	Plan name	LAREDO PAINT AND DECORATING INC PROFIT SHARING PLAN	
b	Name of plan sponsor	LAREDO PAINT DECORATING INC	c EIN-PN 74-1700913-001
a	Plan name	WELDERS SUPPLY COMPANY EMPLOYEES PROFIT SHARING PLAN	
b	Name of plan sponsor	WELDERS SUPPLY COMPANY	c EIN-PN 74-1703784-001
a	Plan name	CLARK HARDWARE INC 401K PROFIT SHARING P LAN	
b	Name of plan sponsor	CLARK HARDWARE INC	c EIN-PN 74-2006267-001
a	Plan name	TEXAS FORWARDING SERVICES INC RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	TEXAS FORWARDING SERVICES INC	c EIN-PN 74-2184729-001
a	Plan name	PHI SERVICE AGENCY INC PROFIT SHARING PL AN	
b	Name of plan sponsor	PHI SERVICE AGENCY INC	c EIN-PN 74-2443916-001
a	Plan name	NEEL TITLE CORPORATION RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	NEEL TITLE CORPORATION	c EIN-PN 74-2557609-001
a	Plan name	ALAMO ENT ASSOCIATES 401K PLAN	
b	Name of plan sponsor	ALAMO ENT ASSOCIATES PA	c EIN-PN 74-2625722-001
a	Plan name	HEPECA LOGISTICS INC RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	HEPECA LOGISTICS INC	c EIN-PN 74-2661272-001
a	Plan name	LAWRENCE A FRIEDMAN RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	LAWRENCE A FRIEDMAN	c EIN-PN 74-2702489-001
a	Plan name	GAILS FLAGS INC 401K PLAN	
b	Name of plan sponsor	GAILS FLAGS GOLF COURSE ACCESSORIES INC	c EIN-PN 75-2407147-001

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	NEARSTAR 401K PLAN	
b	Name of plan sponsor	NEARSTAR INC	c EIN-PN 75-2856626-001
a	Plan name	EYE CENTER ON CAPITOL HILL 401K PLAN	
b	Name of plan sponsor	S I BUTRUS MD PC	c EIN-PN 75-3171733-001
a	Plan name	MOLLOY CORPORATION 401K PLAN	
b	Name of plan sponsor	MOLLOY CORPORATION	c EIN-PN 76-0222373-001
a	Plan name	SABRE TECHNOLOGIES LP EMPLOYEES SAVINGS TRUST	
b	Name of plan sponsor	SABRE TECHNOLOGIES LP	c EIN-PN 76-0539618-001
a	Plan name	WWT INTERNATIONAL INC 401K PROFIT SHARING PLAN TRUST	
b	Name of plan sponsor	WWT INTERNATIONAL INC	c EIN-PN 76-0557787-001
a	Plan name	STERLINGTECH 401K PLAN	
b	Name of plan sponsor	STERLINGTECH INC	c EIN-PN 76-0577046-001
a	Plan name	ORCHARD COMMERCIAL INC RETIREMENT PLAN	
b	Name of plan sponsor	ORCHARD COMMERCIAL INC	c EIN-PN 77-0539406-001
a	Plan name	WHITEBRIDGE PET BRANDS LLC 401K PLAN	
b	Name of plan sponsor	WHITEBRIDGE PET BRANDS LLC	c EIN-PN 77-0584827-001
a	Plan name	CHRISTOPHER J OKEEFFE CPA LLC 401K PLAN	
b	Name of plan sponsor	CHRISTOPHER J OKEEFFE CPA LLC	c EIN-PN 81-0657915-001
a	Plan name	WILDLIFE PARTNERS LLC RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	WILDLIFE PARTNERS LLC	c EIN-PN 81-1484264-001
a	Plan name	JTECH MEDICAL 401K PLAN	
b	Name of plan sponsor	SALTIRE INVESTMENT CORP DBA JTECH MEDICAL INDUSTRIES	c EIN-PN 83-2237884-001
a	Plan name	HARTMAN BROTHERS INC PROFIT SHARING PLAN	
b	Name of plan sponsor	HARTMAN BROTHERS INC	c EIN-PN 84-0223090-001

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 TECHNICAL MOLDED PRODUCTS INC PROFIT SHARING PLAN	
b	Name of plan sponsor TECHNICAL MOLDED PRODUCTS INC	c EIN-PN 84-0724189-001
a	Plan name HOFFMAN STANS COFFEE LLC 401K PROFIT SHARING PLAN	
b	Name of plan sponsor HOFFMAN STANS COFFEE LLC	c EIN-PN 84-3833057-001
a	Plan name WHITE MOUNTAIN APACHE HOUSING AUTHORITY 401K PLAN	
b	Name of plan sponsor WHITE MOUNTAIN APACHE HOUSING AUTHORITY	c EIN-PN 86-0194403-001
a	Plan name SEEHOLZER VISION CENTER 401K PLAN	
b	Name of plan sponsor SEEHOLZER VISION CENTER INC	c EIN-PN 87-0444053-001
a	Plan name LPI 401K RETIREMENT PLAN	
b	Name of plan sponsor LEGACY PROBATE INTERNATIONAL INC	c EIN-PN 87-0490601-001
a	Plan name T M MANUFACTURING INC SAFE HARBOR 401K PLAN	
b	Name of plan sponsor T M MANUFACTURING INC	c EIN-PN 87-0578345-001
a	Plan name BRIAN G CHAPMAN INSURANCE AGENCY INC 401K PLAN	
b	Name of plan sponsor BRIAN G CHAPMAN INSURANCE AGENCY INC	c EIN-PN 87-2428655-001
a	Plan name MANASOTA MEDICAL GROUP LLC 401K PLAN	
b	Name of plan sponsor MANASOTA MEDICAL GROUP LLC	c EIN-PN 90-0401563-001
a	Plan name BELLINGHAM EAR NOSE THROAT PLASTIC SURGERY 401K PROFIT SHARING PLAN	
b	Name of plan sponsor BELLINGHAM EAR NOSE THROAT PLASTIC SURGERY	c EIN-PN 91-1009308-001
a	Plan name WITREY INC 401K PLAN	
b	Name of plan sponsor WITREY INC	c EIN-PN 92-0015587-001
a	Plan name JJ FUNERAL SERVICES 401K PLAN	
b	Name of plan sponsor J J FUNERAL SERVICES DBA PARRISH FUNERAL	c EIN-PN 92-3406593-001
a	Plan name O G PACKING COMPANY 401K PLAN	
b	Name of plan sponsor O G PACKING COMPANY	c EIN-PN 94-2145414-001

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	HANSEN YAO CORPORATION 401K PLAN	
b	Name of plan sponsor	HANSEN YAO CORPORATION	c EIN-PN 95-2969054-001
a	Plan name	GROWER DIRECT MARKETING LLC 401K PLAN	
b	Name of plan sponsor	GROWER DIRECT MARKETING LLC	c EIN-PN 94-3319310-001
a	Plan name	WECKERLE COSMETICS USA 401K PLAN	
b	Name of plan sponsor	WECKERLE SALES CORPORATION	c EIN-PN 95-3402236-001
a	Plan name	KUSHIYU PROFIT SHARING PLAN	
b	Name of plan sponsor	KUSHIYU	c EIN-PN 95-4118432-001
a	Plan name	WOLFLICK SIMPSON 401K PROFIT SHARING PLAN	
b	Name of plan sponsor	WOLFLICK SIMPSON	c EIN-PN 95-4264449-001
a	Plan name	LENAX CONSTRUCTION SERVICES INC 401K PLAN	
b	Name of plan sponsor	LENAX CONSTRUCTION SERVICES INC	c EIN-PN 95-4414445-001
a	Plan name	GINGERICH CONSTRUCTION INC PREVAILING WAGE RETIREMENT PLAN	
b	Name of plan sponsor	GINGERICH CONSTRUCTION INC	c EIN-PN 95-4769656-001
a	Plan name	EXECUTIVE ELECTRONICS INC 401K PROFIT SHARING PLAN TRUST	
b	Name of plan sponsor	EXECUTIVE ELECTRONICS INC	c EIN-PN 02-0635588-002
a	Plan name	MATERIAL INSTALLATIONS INC 401K PLAN	
b	Name of plan sponsor	MATERIAL INSTALLATIONS INC	c EIN-PN 04-2712911-002
a	Plan name	GAFFNEY BENNETT AND ASSOCIATES INC 401K PROFIT SHARING PLAN	
b	Name of plan sponsor	GAFFNEY BENNETT AND ASSOCIATES INC	c EIN-PN 06-1123532-002
a	Plan name	THE RCAI 401K SAVINGS PLAN	
b	Name of plan sponsor	ROSSMOOR COMMUNITY ASSOCIATON INC	c EIN-PN 22-2375993-002
a	Plan name	ANTZ ENERGY SYSTEMS INC 401K PLAN	
b	Name of plan sponsor	ANTZ ENERGY SYSTEMS INC	c EIN-PN 23-1695009-002

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	TSAADVET EMPLOYEE RETIREMENT SAVINGS PL	
b	Name of plan sponsor	TSAADVET EMPLOYEE RETIREMENT SAVINGS PL	c EIN-PN 25-1372377-002
a	Plan name	THE CAMARGO CLUB 401K PLAN	
b	Name of plan sponsor	THE CAMARGO CLUB	c EIN-PN 31-0232360-002
a	Plan name	FARMERS MERCHANTS NATIONAL BANK 401K PROFIT SHARING PLAN	
b	Name of plan sponsor	FARMERS MERCHANTS NATIONAL BANK	c EIN-PN 37-0269515-002
a	Plan name	STOFFEL FARMS INC EMPLOYEES PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor	STOFFEL FARMS INC	c EIN-PN 39-1204572-002
a	Plan name	FIRST CLASS COMMUNITY CREDIT UNION 401K PLAN	
b	Name of plan sponsor	FIRST CLASS CREDIT UNION	c EIN-PN 42-0214790-002
a	Plan name	RJI RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	ROLLIE JOHNSON INC	c EIN-PN 43-1036919-002
a	Plan name	BOOTHEEL COUNSELING SERVICES RETIREMENT PLAN	
b	Name of plan sponsor	BOOTHEEL COUNSELING SERVICES INC	c EIN-PN 43-1067515-002
a	Plan name	MILLER CENTRIFUGAL CASTING CO INC 401K SAVINGS PLAN	
b	Name of plan sponsor	MILLER CENTRIFUGAL CASTING CO INC	c EIN-PN 47-0855967-002
a	Plan name	HOWELL CONTRACTORS PREVAILING WAGE PLAN	
b	Name of plan sponsor	HOWELL CONTRACTORS	c EIN-PN 61-1157309-002
a	Plan name	STEVEN R DANIEL DDS 401K PROFIT SHARING PLAN	
b	Name of plan sponsor	STEVEN R DANIEL DDS	c EIN-PN 62-1166684-002
a	Plan name	PULMONARY CARE OF CENTRAL FLORIDA P A PROFIT SHARING PLAN	
b	Name of plan sponsor	PULMONARY CARE OF CENTRAL FLORIDA PA	c EIN-PN 65-1188872-002
a	Plan name	CAMPBELL LUMBER CO EMPLOYEES PROFIT SHARING PLAN	
b	Name of plan sponsor	CAMPBELL LUMBER COMPANY	c EIN-PN 74-0542190-002

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 HOUSTON MANUFACTURING SPECIALTY CO INC 401K PLAN	
b	Name of plan sponsor HOUSTON MANUFACTURING SPECIALTY CO INC	c EIN-PN 74-1791046-002
a	Plan name BOWIE COUNTY APPRAISAL DISTRICT MPPP	
b	Name of plan sponsor BOWIE COUNTY APPRAISAL DISTRICT	c EIN-PN 75-1683548-002
a	Plan name HORIZON TECH INDUSTRIES XS SIGHT SYSTEMS 401K PLAN	
b	Name of plan sponsor HORIZON TECH INDUSTRIES INC	c EIN-PN 75-2004247-002
a	Plan name PROPORTIONAL TECHNOLOGIES INC 401K PROFIT SHARING PLAN	
b	Name of plan sponsor PROPORTIONAL TECHNOLOGIES INC	c EIN-PN 76-0345581-002
a	Plan name NPC DCDF 401K SAVINGS PLAN	
b	Name of plan sponsor NEVADA PACIFIC CONSULTING LLC	c EIN-PN 88-0405451-002
a	Plan name MGM TRANSFORMER 401K RETIREMENT PLAN	
b	Name of plan sponsor MGM TRANSFORMER COMPANY	c EIN-PN 95-3021610-002
a	Plan name THE PAINTED TURTLE CAMP FOUNDATION 401K SAVINGS PLAN	
b	Name of plan sponsor PAINTED TURTLE CAMP FOUNDATION THE	c EIN-PN 95-4612481-002
a	Plan name LOS ANGELES OPHTHALMOLOGY MEDICAL GROUP INC 401K PLAN	
b	Name of plan sponsor LOS ANGELES OPHTHALMOLOGY MEDICAL GROUP INC	c EIN-PN 95-4860622-002
a	Plan name RITTER FOODS LLC PROFIT SHARING PLAN	
b	Name of plan sponsor RITTER FOODS LLC	c EIN-PN 23-1022660-003
a	Plan name KILARESKI ORTHODONTICS PC 401K PLAN	
b	Name of plan sponsor KILARESKI ORTHODONTICS PC	c EIN-PN 30-0793484-003
a	Plan name DWIGHT H JOHNSON DDS PC PROFIT SHARING P LAN 401K	
b	Name of plan sponsor DWIGHT H JOHNSON DDS PC PROFIT SHARING PLAN 401K	c EIN-PN 43-1053866-003
a	Plan name THE LEATHER SPECIALTY COMPANY EMPLOYEES RETIREMENT PLAN	
b	Name of plan sponsor THE LEATHER SPECIALTY COMPANY	c EIN-PN 59-1237020-003

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	KAVON FILTER PRODUCTS LLC 401K PLAN	
b Name of plan sponsor	KAVON FILTER PRODUCTS LLC	c EIN-PN 92-1715575-003
a Plan name	SAVAGE SCAFFOLD AND EQUIPMENT COMPANY 401K RETIREMENT PLAN	
b Name of plan sponsor	SAVAGE SCAFFOLD AND EQUIPMENT COMPANY	c EIN-PN 87-0282163-005
a Plan name	PATHFINDER INC PREVAILING WAGE PROFIT SHARING PLAN	
b Name of plan sponsor	PATHFINDER INC	c EIN-PN 71-0428218-006
a Plan name	SAVAGE SCAFFOLD EQUIPMENT COMPANY CASH BALANCE PENSION PLAN	
b Name of plan sponsor	SAVAGE SCAFFOLD AND EQUIPMENT COMPANY	c EIN-PN 87-0282163-006
a Plan name	INTERNATIONAL UNION OF OPERATING ENGINEERS LOCAL 324 STAFF 401K RETIREMENT PLAN	
b Name of plan sponsor	INTERNATIONAL UNION OF OPERATING ENGINEERS LOCAL 324	c EIN-PN 38-0679790-111
a Plan name	BLD CONNECTION 401K MULTIPLE EMPLOYER PLAN	
b Name of plan sponsor	BLD CONNECTION 401K MULTIPLE EMPLOYER PLAN	c EIN-PN 41-0956904-333
a Plan name	BLD CONNECTION 401K MULTIPLE EMPLOYER PLAN	
b Name of plan sponsor	BLDBUILDERS CASHWAY INC	c EIN-PN 41-0956904-333
a Plan name	BLD CONNECTION 401K MULTIPLE EMPLOYER PLAN	
b Name of plan sponsor	BLDENGQUIST LUMBER CO INC	c EIN-PN 41-0956904-333
a Plan name	BLD CONNECTION 401K MULTIPLE EMPLOYER PLAN	
b Name of plan sponsor	BLDLONG CREEK STEEL LLC	c EIN-PN 41-0956904-333
a Plan name	BLD CONNECTION 401K MULTIPLE EMPLOYER PLAN	
b Name of plan sponsor	BLDMINNESOTA BUILDERS EXCHANGE	c EIN-PN 41-0956904-333
a Plan name	BLD CONNECTION 401K MULTIPLE EMPLOYER PLAN	
b Name of plan sponsor	BLDMULCAHY NICKOLAUS LLC	c EIN-PN 41-0956904-333
a Plan name	BLD CONNECTION 401K MULTIPLE EMPLOYER PLAN	
b Name of plan sponsor	BLDSEIFFERT BUILDING SUPPLIES LLC	c EIN-PN 41-0956904-333

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 LNL SATC 401K TOOLBOX MANAGED CONSERVATIVE	B Three-digit plan number (PN) ▶ 705
C Plan sponsor's name as shown on line 2a of Form 5500 LINCOLN NATIONAL LIFE INSURANCE COMPANY	D Employer Identification Number (EIN) 35-0472300

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)	1518420
c General investments:		
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	
(2) U.S. Government securities	1c(2)	
(3) Corporate debt instruments (other than employer securities):		
(A) Preferred	1c(3)(A)	
(B) All other	1c(3)(B)	
(4) Corporate stocks (other than employer securities):		
(A) Preferred	1c(4)(A)	
(B) Common	1c(4)(B)	
(5) Partnership/joint venture interests	1c(5)	
(6) Real estate (other than employer real property)	1c(6)	
(7) Loans (other than to participants)	1c(7)	
(8) Participant loans	1c(8)	
(9) Value of interest in common/collective trusts	1c(9)	
(10) Value of interest in pooled separate accounts	1c(10)	
(11) Value of interest in master trust investment accounts	1c(11)	
(12) Value of interest in 103-12 investment entities	1c(12)	
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	30509554
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	
(15) Other.....	1c(15)	

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)		
(2) Employer real property.....	1d(2)		
e Buildings and other property used in plan operation.....	1e		
f Total assets (add all amounts in lines 1a through 1e).....	1f	33289697	32027974
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h		
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j	2237	1470457
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	2237	1470457
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	33287460	30557517

Part II Income and Expense Statement

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

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers.....	2a(1)(A)		
(B) Participants.....	2a(1)(B)		
(C) Others (including rollovers).....	2a(1)(C)		
(2) Noncash contributions.....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		0
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)		
(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)	218043	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		218043
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)		
(B) Common stock.....	2b(2)(B)	467275	
(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)		467275
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)	93702099	
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	91587676	
(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)		
(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)		483784
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		3283525

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)		
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		0
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)	180825	
(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)		
(11) Other expenses	2i(11)		
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		180825
j Total expenses. Add all expense amounts in column (b) and enter total	2j		180825

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		3102700
l Transfers of assets:			
(1) To this plan	2l(1)		15533666
(2) From this plan	2l(2)		21366309

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 _____.