

Form 5500

Annual Return/Report of Employee Benefit Plan

OMB Nos. 1210-0110 1210-0089

2024

This Form is Open to Public Inspection

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

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

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

Part I Annual Report Identification Information

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

- A This return/report is for: a multiemployer plan, a multiple-employer plan, a single-employer plan, a DFE (specify) P, B This return/report is: the first return/report, the final return/report, an amended return/report, a short plan year return/report, C If the plan is a collectively-bargained plan, check here, D Check box if filing under: Form 5558, automatic extension, the DFVC program, special extension, E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here

Part II Basic Plan Information—enter all requested information

1a Name of plan: LNL SATG 401K TOOLBOX MANAGED GROWTH
1b Three-digit plan number (PN): 707
1c Effective date of plan
2a Plan sponsor's name (employer, if for a single-employer plan): KRISTIE BROOKS, 150 N. RADNOR-CHESTER ROAD, RADNOR, PA 19087
2b Employer Identification Number (EIN): 35-0472300
2c Plan Sponsor's telephone number: 484-583-1760
2d Business code (see instructions)

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

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

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

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

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:100%;">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 style="text-align: right;">0</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	0	6e		6f		6g(1)		6g(2)		6h	
6a(1)																					
6a(2)																					
6b																					
6c																					
6d	0																				
6e																					
6f																					
6g(1)																					
6g(2)																					
6h																					
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7																				

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

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

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

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>LNL SATG 401K TOOLBOX MANAGED GROWTH</u>	B Three-digit plan number (PN)	<u>707</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:		
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d Entity code

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

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	ENDOCRINE AND DIABETES PA PROFIT SHARING PLAN	
b	Name of plan sponsor	ENDOCRINE AND DIABETES PA	c EIN-PN 01-0697583-001
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	THE FAB SHOP LLC 401K PLAN	
b	Name of plan sponsor	THE FAB SHOP LLC	c EIN-PN 03-0458988-001
a	Plan name	LANIER AND BURROUGHS LLC 401K PLAN	
b	Name of plan sponsor	LANIER AND BURROUGHS LLC	c EIN-PN 03-0475563-001
a	Plan name	SCHORR ARCHITECTS 401K PLAN	
b	Name of plan sponsor	SCHORR ARCHITECTS INC	c EIN-PN 03-0499713-001
a	Plan name	CAPITOL IMPACT LLC 401K PROFIT SHARING PLAN	
b	Name of plan sponsor	CAPITOL IMPACT LLC	c EIN-PN 03-0539997-001
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	SOUTH SHORE PLASTIC SURGERY INC 401K PLAN	
b	Name of plan sponsor	SOUTH SHORE PLASTIC SURGERY	c EIN-PN 04-3334642-001

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	QUADRANT HEALTH STRATEGIES INC 401K PROFIT SHARING PLAN TRUST	
b	Name of plan sponsor	QUADRANT HEALTH STRATEGIES INC	c EIN-PN 04-3352527-001
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	REVENS REVENS AND ST PIERRE PROFIT SHARING PLAN	
b	Name of plan sponsor	REVENS REVENS ST PIERRE	c EIN-PN 05-0385066-001
a	Plan name	IMAGE PRINTING AND COPYING INC 401K PLAN	
b	Name of plan sponsor	IMAGE PRINTING COPYING INC	c EIN-PN 05-0488245-001
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
a	Plan name	DIMENSIONS IN GLASS INC 401K RETIREMENT PLAN	
b	Name of plan sponsor	DIMENSIONS IN GLASS INC	c EIN-PN 06-1243331-001
a	Plan name	OJ MANN ELECTRIC SERVICES INC 401K PROFIT SHARING PLAN	
b	Name of plan sponsor	OJ MANN ELECTRIC SERVICES INC	c EIN-PN 06-1297817-001
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	APPLIED ADVERTISING 401K PLAN	
b	Name of plan sponsor	APPLIED ADVERTISING INC	c EIN-PN 11-3477951-001
a	Plan name	KBL GROUP INTL LTD 401K PLAN	
b	Name of plan sponsor	KBL GROUP INTL LTD	c EIN-PN 13-3280942-001

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	JAIME GUTIERREZ DDS 401K PROFIT SHARING PLAN	
b Name of plan sponsor	JAIME GUTIERREZ DDS	c EIN-PN 13-4236969-001
a Plan name	WHITEY EXTERIORS 401K PLAN	
b Name of plan sponsor	WHITEY EXTERIORS LLC	c EIN-PN 14-2011341-001
a Plan name	DONOHUE PATRICK SCOTT PLLC 401K PROFIT SHARING PLAN TRUST	
b Name of plan sponsor	DONOHUE PATRICK SCOTT PLLC	c EIN-PN 20-0411034-001
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	EMERGENCY SERVICES NETWORK EMPLOYEE SAVINGS TRUST	
b Name of plan sponsor	EMERGENCY SERVICES NETWORK	c EIN-PN 20-0702125-001
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	SHENANDOAH MEDICAL ASSOCIATES LLC PROFIT SHARING 401K PLAN	
b Name of plan sponsor	SHENANDOAH MEDICAL ASSOCIATES LLC	c EIN-PN 20-0909772-001
a Plan name	KISTERS NORTH AMERICA 401K PROFIT SHARING PLAN	
b Name of plan sponsor	KISTERS NORTH AMERICA	c EIN-PN 20-1233047-001
a Plan name	EXPRESS BILLING SYSTEMS LTD 401K PROFIT SHARING PLAN TRUST	
b Name of plan sponsor	EXPRESS BILLING SYSTEMS LTD	c EIN-PN 20-1313178-001
a Plan name	LOGAN MEDIA INC RETIREMENT PLAN	
b Name of plan sponsor	LOGAN MEDIA INC	c EIN-PN 20-1317146-001
a Plan name	FRIENDS OF THE CHILDREN BOSTON 401K RETIREMENT PLAN	
b Name of plan sponsor	FRIENDS OF THE CHILDREN BOSTON	c EIN-PN 20-1581289-001

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	KNOX CLINIC 401K PLAN	
b	Name of plan sponsor	KNOX CLINIC PEDIATRICS PLLC	c EIN-PN 20-2097760-001
a	Plan name	BEEHIVE CHEESE COMPANY 401K PLAN	
b	Name of plan sponsor	BEEHIVE CHEESE COMPANY LLC	c EIN-PN 20-2348231-001
a	Plan name	HIPOLITO HEALTH SERVICES PC 401K PLAN	
b	Name of plan sponsor	HIPOLITO HEALTH SERVICES PC	c EIN-PN 20-2633079-001
a	Plan name	GM LIGHTING LLC 401K PLAN	
b	Name of plan sponsor	GM LIGHTING LLC	c EIN-PN 20-2643274-001
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	VALERIE A BARBA DDS LLC 401KPROFITSHARING PLAN	
b	Name of plan sponsor	VALERIE A BARBA DDS LLC	c EIN-PN 20-3598216-001
a	Plan name	TKJ LLC 401K PLAN	
b	Name of plan sponsor	TKJ LLC	c EIN-PN 20-4669179-001
a	Plan name	JEFF LINDSEY COMMUNITIES RETIREMENT SAVINGS	
b	Name of plan sponsor	JEFF LINDSEY COMMUNITIES	c EIN-PN 20-4695678-001
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	DR TODD BRASUELL LLC 401K PLAN	
b	Name of plan sponsor	DR TODD BRASUELL LLC	c EIN-PN 20-4924711-001
a	Plan name	LEXA MED 401K RETIREMENT PLAN	
b	Name of plan sponsor	LEXA MED	c EIN-PN 20-5065459-001

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	LAREDO RANCH HEIGHTS LLC RETIREMENT SAVINGS PLAN
b	Name of plan sponsor	LAREDO RANCH HEIGHTS LLC
c	EIN-PN	20-5721266-001
a	Plan name	FPPS INC 401K PROFIT SHARING PLAN
b	Name of plan sponsor	FACILITIES PLANNING AND PROGRAM SERVICES INC
c	EIN-PN	20-5820344-001
a	Plan name	TANNER 401K PLAN
b	Name of plan sponsor	TANNER MARLO CPAS INC
c	EIN-PN	20-5825295-001
a	Plan name	A CENTER FOR CHILDREN FAMILY 401K PROFIT SHARING PLAN TRUST
b	Name of plan sponsor	A CENTER FOR CHILDREN FAMILY
c	EIN-PN	20-5886255-001
a	Plan name	KELLEY PARK MEDICAL CLINIC INC 401K PLAN
b	Name of plan sponsor	KELLEY PARK MEDICAL CLINIC INC
c	EIN-PN	20-8123801-001
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	PMHSLR LLC 401K PLAN
b	Name of plan sponsor	PMHSLR LLC DBA IMAGINE PAUL MITCHELL PARTNER SCHOOL
c	EIN-PN	20-8251565-001
a	Plan name	BRIMTEK INC 401K PLAN
b	Name of plan sponsor	DIGITAL BARRIERS USA INC
c	EIN-PN	20-8738067-001
a	Plan name	CLIFFSIDE BODY CORP 401K PLAN
b	Name of plan sponsor	CLIFFSIDE BODY CORP
c	EIN-PN	22-0826090-001
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	DETERDINGS MARKET INC 401K PLAN
b	Name of plan sponsor	DETERDINGS MARKET INC
c	EIN-PN	22-2084416-001

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	AZCO CORPORATION EMPLOYEES PROFIT SHARING PLAN	
b	Name of plan sponsor	AZCO CORPORATION	c EIN-PN 22-2375283-001
a	Plan name	RIENZI RIENZI COMMUNICATIONS INC EMPLOYEES PROFIT SHARING PLAN	
b	Name of plan sponsor	RIENZI RIENZI COMMUNICATIONS INC	c EIN-PN 22-2628387-001
a	Plan name	SAND CASTLE DINER 401K PLAN	
b	Name of plan sponsor	SAND CASTLE DINER	c EIN-PN 22-2826545-001
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
a	Plan name	FLORENTINE GARDENS 401K PLAN	
b	Name of plan sponsor	PD INC TA FLORENTINE GARDENS	c EIN-PN 22-2949896-001
a	Plan name	BRUNSWICK AUTOMOTIVE 401K PLAN	
b	Name of plan sponsor	BRUNSWICK AUTOMOTIVE PROFESSIONALS	c EIN-PN 22-3235775-001
a	Plan name	TFE RESOURCES LTD 401K PLAN	
b	Name of plan sponsor	TFE RESOURCES LTD	c EIN-PN 22-3438180-001
a	Plan name	FLORENCE IMPORTS LTD 401K RETIREMENT PLAN	
b	Name of plan sponsor	FLORENCE IMPORTS LTD	c EIN-PN 22-3498247-001
a	Plan name	HOWARD J SPERLING MD PC 401K PLAN	
b	Name of plan sponsor	HOWARD J SPERLING MD PC	c EIN-PN 22-3586411-001
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	INTEGRATED DENTAL ESTHETICS 401K PROFIT SHARING PLAN TRUST	
b	Name of plan sponsor	INTEGRATED DENTAL ESTHETICS	c EIN-PN 22-3762067-001

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	DEAD DOG SALOON 401K PLAN	
b Name of plan sponsor	K9 CUISINE INC	c EIN-PN 22-3847854-001
a Plan name	RILEY 401K RETIREMENT PLAN	
b Name of plan sponsor	CHARLES D RILEY INC	c EIN-PN 23-1398862-001
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	KESCO INC EMPLOYEES PROFIT SHARING PLAN	
b Name of plan sponsor	KESCO INC	c EIN-PN 23-1691322-001
a Plan name	SADOWSKI ORTHODONTIC ASSOCIATES PC 401K PROFIT SHARING PLAN	
b Name of plan sponsor	SADOWSKI ORTHODONTIC ASSOCIATES PC	c EIN-PN 23-1884155-001
a Plan name	BERKS ENDODONTICS LTD 401K PROFIT SHARING PLAN	
b Name of plan sponsor	BERKS ENDODONTICS LTD	c EIN-PN 23-2152524-001
a Plan name	EDWARD B WALSH ASSOCIATES 401K PROFIT SHARING PLAN TRUST	
b Name of plan sponsor	EDWARD B WALSH ASSOCIATES INC	c EIN-PN 23-2374746-001
a Plan name	FBCS 401K PLAN	
b Name of plan sponsor	FBCS INC	c EIN-PN 23-2421430-001
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	MECA 401K	
b Name of plan sponsor	MECA MISSION FOR EDUCATING CHILDREN WITH AUTISM	c EIN-PN 23-2906372-001
a Plan name	LARRABEE CUNNINGHAM MCGOWAN PC PROFIT SHARING PLAN	
b Name of plan sponsor	LARRABEE CUNNINGHAM MCGOWAN PC	c EIN-PN 23-2939769-001

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	UNITED SPORTS TRAINING CENTER 401K PS PLAN
b	Name of plan sponsor	UNITED SPORTS TRAINING CENTER LLC
c	EIN-PN	23-2972401-001
a	Plan name	SOUTHAMPTON PEDIATRIC ASSOCIATES 401K PS PLAN
b	Name of plan sponsor	SOUTHAMPTON PEDIATRIC
c	EIN-PN	23-3054538-001
a	Plan name	THE HAVEN RETIREMENT PLAN
b	Name of plan sponsor	HELPING HAND ASSOCIATION INC
c	EIN-PN	23-7043339-001
a	Plan name	CLOVERLEAF GOLF CLUB INC PROFIT SHARING PLAN
b	Name of plan sponsor	CLOVERLEAF GOLF CLUB INC
c	EIN-PN	25-1184326-001
a	Plan name	CONNEX INC 401K PROFIT SHARING PLAN TRUST
b	Name of plan sponsor	CONNEX INC
c	EIN-PN	25-1753548-001
a	Plan name	SANDAS CLEANERS SAFE HARBOR 401K PLAN
b	Name of plan sponsor	SANDAS CLEANERS LLC
c	EIN-PN	26-0196511-001
a	Plan name	ADAMS EDUCATION AND CONSULTING INC PROFIT SHARING PLAN TRUST
b	Name of plan sponsor	ADAMS EDUCATION AND CONSULTING INC
c	EIN-PN	26-0200137-001
a	Plan name	LAW OFFICE OF JOHN R SOLIS RETIREMENT SAVINGS PLAN
b	Name of plan sponsor	LAW OFFICE OF JOHN R SOLIS
c	EIN-PN	26-0560021-001
a	Plan name	SOUTHERN ILLINOIS PSYCHIATRY RETIREMENT PLAN
b	Name of plan sponsor	SOUTHERN ILLINOIS PSYCHIATRY LLC
c	EIN-PN	26-0815552-001
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	EXCEPTIONAL BRANDS LLC 401K PLAN
b	Name of plan sponsor	EXCEPTIONAL BRANDS LLC
c	EIN-PN	26-0905347-001
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

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	JERNIGAN ORTHODONTICS 401K PLAN	
b	Name of plan sponsor	CHRISTOPHER C JERNIGAN DMD	c EIN-PN 26-1608760-001
a	Plan name	ARGENAL PEDIATRICS RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	ARGENAL PEDIATRICS	c EIN-PN 26-2150760-001
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	CHICAGO MEDS LLC 401K RETIREMENT PLAN	
b	Name of plan sponsor	CHICAGO MEDS LLC	c EIN-PN 26-3022651-001
a	Plan name	NIMA 401K PLAN	
b	Name of plan sponsor	MEDSPA ACADEMIES INC	c EIN-PN 26-3036352-001
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	STEALTH TRAILERS 401K PLAN	
b	Name of plan sponsor	STEALTH ENTERPRISES LLC	c EIN-PN 26-3474958-001
a	Plan name	ORTEGA TAX FINANCIAL CONSULTANT RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	FERNANDO ORTEGA TAX FINANCIAL CONSULTANT	c EIN-PN 26-3639670-001
a	Plan name	GAULEY RIVER PHARMACY INC 401K PLAN	
b	Name of plan sponsor	GAULEY RIVER PHARMACY INC	c EIN-PN 26-3658552-001
a	Plan name	CITADEL FEDERAL SOLUTIONS 401K RETIREMENT PLAN	
b	Name of plan sponsor	CITADEL FEDERAL SOLUTIONS LLC	c EIN-PN 26-3881716-001
a	Plan name	FIRST AIDE HOME CARE LLC RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	FIRST AIDE HOME CARE LLC	c EIN-PN 26-4035761-001

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 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 TOMPKINS CONSULTING LLC 401K PLAN	
b	Name of plan sponsor TC DEFENSE LLC	c EIN-PN 27-0300958-001
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 LAW OFFICES OF DONATO D RAMOS RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor LAW OFFICES OF DONATO D RAMOS PLLC	c EIN-PN 27-0451477-001
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 ROBERT M LASELL DDS SAFE HARBOR 401K PROFIT SHARING PLAN	
b	Name of plan sponsor ROBERT M LASELL DDS PA	c EIN-PN 27-0680807-001
a	Plan name CRESCENT BUSINESS MACHINES 401K PLAN	
b	Name of plan sponsor CRESCENT POS LLC	c EIN-PN 27-1099853-001
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 ATHENA SCIENCES CORPORATION 401K PLAN	
b	Name of plan sponsor ATHENA SCIENCES CORPORATION	c EIN-PN 27-1378705-001
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 ANGEL DEAR INC 401K SAFE HARBOR MATCHING PLAN	
b	Name of plan sponsor ANGEL DEAR INC	c EIN-PN 27-1847812-001
a	Plan name ADAMS DENTAL LLC 401K PLAN	
b	Name of plan sponsor ADAMS DENTAL LLC	c EIN-PN 27-2967773-001

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 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 GREENVILLE MEDICAL ASSOCIATES 401K PLAN	
b	Name of plan sponsor GREENVILLE MEDICAL ASSOCIATES	c EIN-PN 27-3103607-001
a	Plan name STONE CONSULTING GROUP 401K PLAN	
b	Name of plan sponsor STONE CONSULTING GROUP	c EIN-PN 27-4361534-001
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 ABEL SCHILLINGER LLP 401K PLAN	
b	Name of plan sponsor ABEL SCHILLINGER LLP	c EIN-PN 27-4813054-001
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
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 TROPICAL FOLIAGE PLANTS INC 401K SIMPLE PLAN	
b	Name of plan sponsor TROPICAL FOLIAGE PLANTS INC	c EIN-PN 31-0737980-001
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 JOHN P TUMLIN SONS 401K PLAN	
b	Name of plan sponsor JOHN P TUMLIN SONS	c EIN-PN 31-1495676-001
a	Plan name ARTHUR MEDICAL CORPORATION 401K PROFIT SHARING PLAN	
b	Name of plan sponsor ARTHUR MEDICAL CORP	c EIN-PN 32-0076107-001

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 STARCRAFT DISTRIBUTION LLC 401K PLAN	
b	Name of plan sponsor STARCRAFT DISTRIBUTION COMPANY LLC	c EIN-PN 32-0141253-001
a	Plan name BYOKANE USA CORP 401K PLAN	
b	Name of plan sponsor BYOKANE USA CORP 401K PLAN	c EIN-PN 33-0119971-001
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 SAN CLEMENTE ORTHOPAEDIC REHABILITATION PROFIT SHARING PLAN	
b	Name of plan sponsor SAN CLEMENTE ORTHOPAEDIC REHABILITATION	c EIN-PN 33-0454898-001
a	Plan name PROGRESSIVE AMERICA INC 401K PROFIT SHARING PLAN	
b	Name of plan sponsor PROGRESSIVE AMERICA INC	c EIN-PN 33-0687040-001
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 YOUNGSTOWN HARD CHROME RETIREMENT PLAN	
b	Name of plan sponsor YOUNGSTOWN HARD CHROME INC	c EIN-PN 34-0925064-001
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 DUCA MANUFACTURING INC SAVINGS RETIREMENT PLAN	
b	Name of plan sponsor DUCA MANUFACTURING INC	c EIN-PN 34-1255439-001
a	Plan name ORTHOPEDIC BRACING SPECIALISTS INC 401K PROFIT SHARING PLAN	
b	Name of plan sponsor ORTHOPEDIC BRACING SPECIALISTS INC	c EIN-PN 34-1704630-001

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	GEORGE F ACKERMAN 401K PLAN	
b	Name of plan sponsor	GEORGE F ACKERMAN COMPANY	c EIN-PN 34-6703154-001
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
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	VETERINARY POULTRY SUPPLY 401K SALAR Y REDUCTION PLAN	
b	Name of plan sponsor	VETERINARY POULTRY SUPPLY	c EIN-PN 35-0998488-001
a	Plan name	MAPLE CREST COUNTRY CLUB 401K SALARY REDUCTION PL TR	
b	Name of plan sponsor	MAPLE CREST COUNTRY CLUB	c EIN-PN 35-1053529-001
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	WIBLE LUMBER COMPANY INC EMPLOYEE RETIRE MENT PLAN	
b	Name of plan sponsor	WIBLE LUMBER INC	c EIN-PN 35-1156725-001
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

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 ROBINSON SONS TRUCKING INC 401K PLAN	
b	Name of plan sponsor ROBINSON SONS TRUCKING INC	c EIN-PN 35-1553240-001
a	Plan name ASSOCIATES IN FAMILY DENTISTRY 401K PROF IT SHARING PLAN	
b	Name of plan sponsor ASSOCIATES IN FAMILY DENTISTRY	c EIN-PN 35-1829107-001
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 HERRMANN ULTRASONICS INC 401K PLAN	
b	Name of plan sponsor HERRMANN ULTRASONICS INC	c EIN-PN 36-3677459-001
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
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

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	NIKKI AMERICA INC 401K RETIREMENT PLAN	
b	Name of plan sponsor	NIKKI AMERICA INC	c EIN-PN 36-4205958-001
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	SIUE CREDIT UNION 401K PLAN	
b	Name of plan sponsor	SIUE CREDIT UNION	c EIN-PN 37-0814055-001
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	AMERICAN METAL PLASTICS INC SAVINGS PLAN	
b	Name of plan sponsor	AMERICAN METAL PLASTICS INC	c EIN-PN 38-1843883-001
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	LANSER BROADCASTING 401K PLAN	
b	Name of plan sponsor	LANSER BROADCASTING CORPORATION	c EIN-PN 38-2486966-001
a	Plan name	SHUGART BUILDERS INC 401K PLAN	
b	Name of plan sponsor	SHUGART BUILDERS INC	c EIN-PN 38-2583150-001

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	HOMECARE OF MICHIGAN 401K PLAN	
b	Name of plan sponsor	HOMECARE OF MICHIGAN	c EIN-PN 38-2760893-001
a	Plan name	EMAG TECHNOLOGIES INC 401K PROFIT SHARING PLAN	
b	Name of plan sponsor	EMAG TECHNOLOGIES INC	c EIN-PN 38-3209186-001
a	Plan name	BENEFIT MANAGEMENT ADMINSTRATORS INC 40 1K SALARY REDUCTION PLAN AND TRUST	
b	Name of plan sponsor	BENEFIT MANAGEMENT ADMIN INC	c EIN-PN 38-3294808-001
a	Plan name	UNIVERSAL DENTAL GROUP PLLC 401K PLAN	
b	Name of plan sponsor	UNIVERSAL DENTAL GROUP PLLC	c EIN-PN 38-3353970-001
a	Plan name	MAULDIN DENTAL RETIREMENT PLAN	
b	Name of plan sponsor	MAULDIN DENTAL	c EIN-PN 38-3818437-001
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	CIRCLE ELECTRIC INC 401K PLAN	
b	Name of plan sponsor	CIRCLE ELECTRIC INC	c EIN-PN 39-1462928-001
a	Plan name	PIZZA SHUTTLE INC 401K PROFIT SHARING PLAN TRUST	
b	Name of plan sponsor	PIZZA SHUTTLE INC	c EIN-PN 39-1523454-001
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

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 DARRELL L HINES ACADEMY INC 401K SAVINGS PLAN	
b	Name of plan sponsor DARRELL L HINES ACADEMY INC	c EIN-PN 39-1968365-001
a	Plan name WEBER LANDSCAPING INC EMPLOYEE SAVINGS PLAN	
b	Name of plan sponsor WEBER LANDSCAPING INC	c EIN-PN 39-2024907-001
a	Plan name KOLSTAD COMPANY INC SALARY SAVINGS PLAN	
b	Name of plan sponsor KOLSTAD COMPANY INC	c EIN-PN 41-1527522-001
a	Plan name KELLER FENCE COMPANY RETIREMENT PLAN	
b	Name of plan sponsor KELLER FENCE COMPANY	c EIN-PN 41-1799840-001
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
a	Plan name MCCRANEY MONTAGNET PLLC 401K PROFIT SHARING PLAN	
b	Name of plan sponsor MCCRANEY MONTAGNET PLLC	c EIN-PN 41-2089641-001
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 LAFFOON AND COMPANY INC 401K PLAN	
b	Name of plan sponsor LAFFOON AND COMPANY INC	c EIN-PN 42-1378336-001
a	Plan name LEWIS LAW FIRM LLC 401K	
b	Name of plan sponsor LEWIS LAW FIRM LLC	c EIN-PN 42-1675631-001
a	Plan name VEIN CENTER OF NORTH JERSEY PC 401K PROFIT SHARING PLAN TRUST	
b	Name of plan sponsor VEIN CENTER OF NORTH JERSEY PC	c EIN-PN 42-1825985-001
a	Plan name MISSOURI INDUSTRIAL EQUIPMENT 401K PLAN	
b	Name of plan sponsor MISSOURI INDUSTRIAL EQUIPMENT SALES	c EIN-PN 43-0960436-001

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	AMERICAN BOILER SERVICES 401K SALARY SAVINGS PLAN	
b	Name of plan sponsor	AMERICAN BOILER SERVICES	c EIN-PN 43-1014083-001
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	GERALD KRETMAR 401K PROFIT SHARING PLAN	
b	Name of plan sponsor	GERALD KRETMAR LAW FIRM	c EIN-PN 43-1379429-001
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	CORE TECHS INC 401K PLAN	
b	Name of plan sponsor	CORE TECHS INC 401K PLAN	c EIN-PN 43-1964901-001
a	Plan name	GRANITE POINTE EYECARE INC 401K SAVINGS PLAN	
b	Name of plan sponsor	GRANITE POINTE EYE CARE INC	c EIN-PN 43-2023968-001
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	DAYBREAK 401K PLAN	
b	Name of plan sponsor	DAYBREAK	c EIN-PN 45-0643371-001
a	Plan name	INO8 INC RETIREMENT PLAN	
b	Name of plan sponsor	INO8 INC	c EIN-PN 45-1000546-001

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	MIDSOUTH CONTROL LINE 401K PLAN	
b	Name of plan sponsor	MIDSOUTH CONTROL LINE	c EIN-PN 45-1625364-001
a	Plan name	POGO INC 401K SAVINGS PLAN	
b	Name of plan sponsor	POGO INC	c EIN-PN 45-1637234-001
a	Plan name	WARD ZINNA 401K PROFIT SHARING PLAN	
b	Name of plan sponsor	WARD ZINNA LLC	c EIN-PN 45-2448265-001
a	Plan name	AIRX TESTING 401K PLAN	
b	Name of plan sponsor	AIRX TESTING SERVICES INC	c EIN-PN 45-2646319-001
a	Plan name	BLAIS ASSOCIATES 401K PLAN	
b	Name of plan sponsor	BLAIS ASSOCIATES LLC	c EIN-PN 45-3083595-001
a	Plan name	BEAR RIVER ANIMAL HOSPITAL 401K PLAN	
b	Name of plan sponsor	BEAR RIVER ANIMAL HOSPITAL	c EIN-PN 45-3911653-001
a	Plan name	HILO OBSTETRICS AND GYNECOLOGY LLC PROFIT SHARING PLAN	
b	Name of plan sponsor	HILO OBSTETRICS AND GYNECOLOGY LLC	c EIN-PN 45-4012496-001
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
a	Plan name	WELLNESS HEALTH MANAGEMENT INC 401K PLAN	
b	Name of plan sponsor	WELLNESS HEALTH MANAGEMENT INC	c EIN-PN 45-4377614-001
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	GENER8 LLC PROFIT SHARING 401K PLAN	
b	Name of plan sponsor	GENER8 LLC	c EIN-PN 45-5608674-001
a	Plan name	KELLY FAMILY DENTISTRY PC	
b	Name of plan sponsor	KELLY FAMILY DENTISTRY PC	c EIN-PN 45-9639625-001

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	EXPORTING COMMODITIES INTERNATIONAL LLC 401K PLAN	
b	Name of plan sponsor	ECI INC	c EIN-PN 46-0578191-001
a	Plan name	KOVAR 401K PLAN	
b	Name of plan sponsor	LANCE C KOVAR DDS PLLC	c EIN-PN 46-0586796-001
a	Plan name	BITTIGER ELIAS TRIOLO PC 401K PLAN	
b	Name of plan sponsor	BITTIGER ELIAS TRIOLO PC	c EIN-PN 46-1201961-001
a	Plan name	THE PEDIATRIC PLACE 401K PLAN	
b	Name of plan sponsor	THE PEDIATRIC PLACE LLC	c EIN-PN 46-1287627-001
a	Plan name	BJS PRINTABLES 401K PLAN	
b	Name of plan sponsor	B JS PRINTABLES	c EIN-PN 46-1427640-001
a	Plan name	EISEN GROUP 401K PLAN	
b	Name of plan sponsor	EISEN GROUP LLC	c EIN-PN 46-1463058-001
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	COOK AUCTION COMPANY INC 401K PLAN	
b	Name of plan sponsor	COOK AUCTION COMPANY INC	c EIN-PN 46-1562259-001
a	Plan name	LURN INC SAFE HARBOR PROFIT SHARING PLAN	
b	Name of plan sponsor	LURN INC	c EIN-PN 46-1741912-001
a	Plan name	EDWARDS KETCHER PLLC 401K PLAN	
b	Name of plan sponsor	EDWARDS KETCHER PLLC DBA ELMA FAMILY DENTAL	c EIN-PN 46-1957756-001
a	Plan name	CENTER FOR DYNAMIC AGING 401K PLAN	
b	Name of plan sponsor	CENTER FOR DYNAMIC AGING	c EIN-PN 46-2753364-001

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	THE RIVERCROSS GROUP RETIREMENT PLAN	
b	Name of plan sponsor	RCG LLC	c EIN-PN 46-3342025-001
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	COTLEUR HEARING 401K PLAN	
b	Name of plan sponsor	COTLEUR HEARING LANDSCAPE ARCHITECTURE LLC	c EIN-PN 47-1877271-001
a	Plan name	LESTER GROUP 401K PROFIT SHARING PLAN AND TRUST THE	
b	Name of plan sponsor	LESTER INSURANCE GROUP INC NC SCORPORATION	c EIN-PN 47-1982917-001
a	Plan name	CAHILL ORTHOPEDIC SPORTS MEDICINE JOINT REPLACEMENT PC 401K PLAN	
b	Name of plan sponsor	CAHILL ORTHOPEDIC SPORTS MEDICINE JOINT REPLACEMENT	c EIN-PN 47-2597704-001
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	FIRST STATE BANK OF RANSOM 401K PROFIT SHARING PLAN TRUST	
b	Name of plan sponsor	FIRST STATE BANK OF RANSOM	c EIN-PN 48-0221560-001

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	WEAVERS INC 401K PLAN
b	Name of plan sponsor	WEAVERS INC
c	EIN-PN	48-0675556-001
a	Plan name	DS MACHINE WELDING INC RETIREMENT PLAN
b	Name of plan sponsor	DS MACHINE WELDING INC
c	EIN-PN	48-0874734-001
a	Plan name	OVATION CABINETRY RETIREMENT PLAN
b	Name of plan sponsor	OVATION CABINETRY
c	EIN-PN	48-1170475-001
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	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	CLEAR SPRING AMBULANCE 401K PLAN
b	Name of plan sponsor	CLEAR SPRING AMBULANCE
c	EIN-PN	52-1610915-001
a	Plan name	M D ELECTRIC 401K SAFE HARBORPROFIT SHARE PLAN
b	Name of plan sponsor	M D ELECTRIC INC
c	EIN-PN	52-2107655-001
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	HAND AND UPPER EXTREMITY CENTER SIMPLE K
b	Name of plan sponsor	THE HAND UPPER EXTREMITY CENTER INC
c	EIN-PN	52-2355139-001
a	Plan name	BUSINESS OPPORTUNITIES FOR THE BLIND RETIREMENT PLAN
b	Name of plan sponsor	BUSINESS OPPORTUNITIES FOR THE BLIND
c	EIN-PN	54-0627094-001
a	Plan name	CENTRAL DIESEL INC 401K PROFIT SHARING PLAN
b	Name of plan sponsor	CENTRAL DIESEL INC
c	EIN-PN	54-0912182-001
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

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	SOUTHSIDE HEAD NECK SURGERY PC 401K PLAN	
b	Name of plan sponsor	SOUTHSIDE HEAD NECK SURGERY P C	c EIN-PN 54-1648209-001
a	Plan name	DENSIFICATION INC 401K PLAN	
b	Name of plan sponsor	DENSIFICATION INC	c EIN-PN 54-1670112-001
a	Plan name	VIRGINIA EASTERN COMPANY LLC 401K PRO FIT SHARING PLAN	
b	Name of plan sponsor	VIRGINIA EASTERN COMPANY LLC	c EIN-PN 54-1743076-001
a	Plan name	VALLEY MILK PRODUCTS LLC 401K PROFIT SHARING PLAN	
b	Name of plan sponsor	VALLEY MILK PRODUCTS LLC	c EIN-PN 54-1959730-001
a	Plan name	MOUNTAINEER GLASS INC PROFIT SHARING	
b	Name of plan sponsor	MOUNTAINEER GLASS INC	c EIN-PN 55-0587560-001
a	Plan name	R D MANAGEMENT 401K SAVINGS PLAN	
b	Name of plan sponsor	R D MANAGEMENT	c EIN-PN 55-0877541-001
a	Plan name	FORTRAN CORPORATION 401K PLAN	
b	Name of plan sponsor	FORTRAN CORPORATION	c EIN-PN 56-0506342-001
a	Plan name	BLACK PONTIAC INC PROFIT SHARING 401K PLAN	
b	Name of plan sponsor	BLACK PONTIAC INC	c EIN-PN 56-0509110-001
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	CLARKE COMPANY BENEFITS LLC 401K PLAN	
b	Name of plan sponsor	CLARKE COMPANY BENEFITS	c EIN-PN 56-2192503-001
a	Plan name	TELESOURCE RETIREMENT PLAN	
b	Name of plan sponsor	TELESOURCE	c EIN-PN 56-2249595-001
a	Plan name	CUSTOMS IMAGES INC 401K SALARY REDUCTION PLAN AND TRUST	
b	Name of plan sponsor	CUSTOM IMAGES INC	c EIN-PN 57-0912918-001

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	CSL SERVICES INC 401K PLAN	
b	Name of plan sponsor	CSL SERVICES INC	c EIN-PN 57-1164050-001
a	Plan name	EARL W MORROW CPA PC 401K PROFIT SHA RING PLAN AND TRUST	
b	Name of plan sponsor	EARL W MORROW CPA PC	c EIN-PN 58-1679513-001
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
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	EPIPHANY EVANGELICAL LUTHERAN CHURCH 401K PLAN	
b	Name of plan sponsor	EPIPHANY EVANGELICAL LUTHERAN CHURCH	c EIN-PN 59-1759658-001
a	Plan name	HISPANIC UNITY OF FLORIDA INC 401K RETIREMENT PLAN	
b	Name of plan sponsor	HISPANIC UNITY OF FLORIDA INC	c EIN-PN 59-2230272-001
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	UNCONVENTIONAL CONCEPTS INC 401K SAVINGS PLAN	
b	Name of plan sponsor	UNCONVENTIONAL CONCEPTS INC	c EIN-PN 59-3448894-001

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 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 SCHULER LEE PA 401K PROFIT SHARING PLAN TRUST	
b	Name of plan sponsor SCHULER LEE PA	c EIN-PN 59-3687844-001
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 A S FABRICATING COMPANY 401K PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor A S FABRICATING COMPANY	c EIN-PN 61-0706815-001
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 CHRYSALIS HOUSE INC 401K PROFIT SHARING PLAN	
b	Name of plan sponsor CHRYSALIS HOUSE INC	c EIN-PN 61-1012290-001
a	Plan name DELTECH MANUFACTURING INC 401K RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor DELTECH MANUFACTURING INC	c EIN-PN 61-1087649-001
a	Plan name LONKARD CONSTRUCTION COMPANY 401K PLAN	
b	Name of plan sponsor LONKARD CONSTRUCTION COMPANY	c EIN-PN 61-1279509-001
a	Plan name OGDEN WEBER CVB 401K RETIREMENT PLAN	
b	Name of plan sponsor OGDENWEBER CONVENTION VISITORS BUREAU	c EIN-PN 61-1436436-001
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
a	Plan name KTR CORPORATION 401K PROFIT SHARING PLAN	
b	Name of plan sponsor KTR CORPORATION	c EIN-PN 62-1384024-001

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	KRUSE LLC 401K PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor	IMPORT SPECIALTY SERVICE	c EIN-PN 62-1582292-001
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	ORLAMP A INC 401K PROFIT SHARING PLAN TRUST	
b	Name of plan sponsor	ORLAMP A INC	c EIN-PN 65-0170939-001
a	Plan name	OH MY GAUZE INC 401K PROFIT SHARING PLAN TRUST	
b	Name of plan sponsor	OH MY GAUZE INC	c EIN-PN 65-0556088-001
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	BI COUNTY IRRIGATION 401K PLAN	
b	Name of plan sponsor	BI COUNTY IRRIGATION INC	c EIN-PN 68-0261656-001
a	Plan name	HDD COMPANY INC 401K SALARY REDUCTION PLAN AND TRUST	
b	Name of plan sponsor	HDD COMPANY INC	c EIN-PN 68-0422993-001
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	MOSES ENGINEERS INC 401K PLAN	
b	Name of plan sponsor	MOSES ENGINEERS INC	c EIN-PN 72-0653352-001
a	Plan name	METCALF MARINE REPAIRS INC PROFIT SHARING PLAN	
b	Name of plan sponsor	METCALF MARINE REPAIRS INC	c EIN-PN 72-0828357-001

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	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	NTA GRAPHICS SOUTH INC 401K PLAN	
b	Name of plan sponsor	NTA GRAPHICS SOUTH INC	c EIN-PN 72-1377388-001
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	LOUISIANA TRUCK STOP GAMING EMPLOYEES LLC 401K PLAN	
b	Name of plan sponsor	LOUISIANA TRUCK STOP GAMING EES LLC 401K	c EIN-PN 72-1489433-001
a	Plan name	THE INSURANCE CENTER AGENCY INC 401K PROFIT SHARING PLAN	
b	Name of plan sponsor	INSURANCE CENTER AGENCY INC	c EIN-PN 73-1466362-001
a	Plan name	WSH ENTERPRISES INC 401K PLAN	
b	Name of plan sponsor	WSH ENTERPRISES INC	c EIN-PN 73-1678877-001
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	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	WINDER N VASQUEZ M D RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	WINDER N VASQUEZ MD	c EIN-PN 74-2117062-001

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	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	GOYOS AND SONS INC RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	GOYOS AND SONS INC	c EIN-PN 74-2195132-001
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	GEOPROJECTS INTERNATIONAL INC RETIREMENT PLAN	
b	Name of plan sponsor	GEOPROJECTS INTERNATIONAL INC	c EIN-PN 74-2630308-001
a	Plan name	GENDRY AND SPRAGUE PC RETIREMENT PLAN	
b	Name of plan sponsor	GENDRY SPRAGUE PC	c EIN-PN 74-2649724-001
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	JESUS A DAVILA RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	JESUS A DAVILA PC	c EIN-PN 74-2937225-001
a	Plan name	DESTINY HIGH SCHOOL 401K SAVINGS PLAN	
b	Name of plan sponsor	DESTINY HIGH SCHOOL	c EIN-PN 74-3186803-001
a	Plan name	JULIAN P BARRY GENERAL CONTRACTOR LP 401K PROFIT SHARING PLAN AND TR	
b	Name of plan sponsor	JULIAN P BARRY GENERAL	c EIN-PN 75-1074951-001
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	FS CAPITOL CONSULTING 401K PLAN	
b	Name of plan sponsor	FS CAPITOL CONSULTING	c EIN-PN 75-3091619-001
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	BB COMMUNICATIONS GROUP INC PROFIT SHARING PLAN	
b	Name of plan sponsor	BB COMMUNICATIONS GROUP INC	c EIN-PN 75-3258517-001
a	Plan name	MOLLOY CORPORATION 401K PLAN	
b	Name of plan sponsor	MOLLOY CORPORATION	c EIN-PN 76-0222373-001
a	Plan name	LINER SHOES INC 401K PLAN	
b	Name of plan sponsor	LINER SHOES INC	c EIN-PN 76-0486356-001
a	Plan name	WINGS N THINGS EMPLOYEES 401K PLAN	
b	Name of plan sponsor	WINGS N THINGS	c EIN-PN 76-0534159-001
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	THANG ALEX HUYNH DDS PA 401K PLAN	
b	Name of plan sponsor	THANG ALEX HUYNH DDS PA	c EIN-PN 76-0658914-001
a	Plan name	SMILE QUEST DENTAL 401K PROFIT SHARING PLAN TRUST	
b	Name of plan sponsor	SMILE QUEST DENTAL	c EIN-PN 76-0722634-001
a	Plan name	SULAK DENTISTRY 401K PLAN	
b	Name of plan sponsor	SULAK DENTISTRY	c EIN-PN 77-0047075-001

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	BANANA LEAF INC 401K SAFE HARBOR PROFIT SHARING PLAN	
b	Name of plan sponsor	BANANA LEAF INC	c EIN-PN 77-0497844-001
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	ROMANO ASSOCIATES PLLC 401K PROFIT SHARING PLAN	
b	Name of plan sponsor	ROMANO ASSOCIATES PLLC	c EIN-PN 80-0442714-001
a	Plan name	LOGAN PRODUCTIONS INC RETIREMENT PLAN	
b	Name of plan sponsor	LOGAN PRODUCTIONS INC	c EIN-PN 80-0633384-001
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	BLUE RIDGE HOSPITALITY GROUP LLC 401K PLAN	
b	Name of plan sponsor	BLUE RIDGE HOSPITALITY GROUP LLC	c EIN-PN 81-1535796-001
a	Plan name	BARBEE PHARMACY 401K SAVINGS PLAN	
b	Name of plan sponsor	THE NEW BARBEE PHARMACY	c EIN-PN 81-3870614-001
a	Plan name	ALL SEASONS COMFORT SYSTEMS INC 401K PROFIT SHARING PLAN	
b	Name of plan sponsor	ALL SEASONS COMFORT SYSTEMS INC	c EIN-PN 81-5230862-001
a	Plan name	COATINGS OF ILLINOIS INC DBA CENTRAL ILLINOIS COATINGS 401K PLAN	
b	Name of plan sponsor	COATINGS OF ILLINOIS INC DBA CENTRAL ILLINOIS COATINGS	c EIN-PN 83-0867636-001
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)	
<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	BILL NANCE PLUMBING HEATING INC PROFIT SHARING PLAN	
b	Name of plan sponsor	BILL NANCE PLUMBING HEATING INC	c EIN-PN 84-0639056-001
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	ECKSTINE ELECTRIC CO 401K PLAN	
b	Name of plan sponsor	ECKSTINE ELECTRIC COMPANY	c EIN-PN 84-0864256-001
a	Plan name	PRECISION SERVICE ELECTRIC INC 401K PLAN	
b	Name of plan sponsor	PRECISION SERVICE ELECTRIC INC	c EIN-PN 84-1274632-001
a	Plan name	AMCAN STAIR AND RAIL RETIREMENT PLAN	
b	Name of plan sponsor	NADANO LLC DBA AMCAN STAIR AND RAIL	c EIN-PN 84-2203413-001
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	MENCHACA FLORES LC RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	MENCHACA FLORES LC RETIREMENT SAVINGS PLAN	c EIN-PN 85-3810531-001
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	S M DISPLAY 401K RETIREMENT PLAN	
b	Name of plan sponsor	S M DISPLAY	c EIN-PN 86-0883069-001
a	Plan name	THE LEARNING JOURNEY INTERNATIONAL LLC 401K PROFIT SHARING PLAN	
b	Name of plan sponsor	LEARNING JOURNEY INTERNATIONAL LLC	c EIN-PN 86-0902474-001
a	Plan name	CRONKHITE INDUSTRIES INC 401K PROFIT SHARING PLAN	
b	Name of plan sponsor	MOHR MANUFACTURING CORPORATION DBA CRONKHITE INDUSTRIES	c EIN-PN 86-2914929-001
a	Plan name	SEITEC INC 401K SALARY REDUCTION PLAN TRUST	
b	Name of plan sponsor	SEITEC INC	c EIN-PN 87-0404441-001

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	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	DOUGLAS F SMITH INC PROFIT SHARING PLAN	
b	Name of plan sponsor	DOUGLAS F SMITH INC	c EIN-PN 87-0669603-001
a	Plan name	MILESTONE MANAGEMENT INC RETIREMENT PLAN	
b	Name of plan sponsor	MILESTONE MANAGEMENT INC	c EIN-PN 87-0685560-001
a	Plan name	SOUTHWEST AIR CONDITIONING 401K PLAN	
b	Name of plan sponsor	SOUTHWEST AIR CONDITIONING	c EIN-PN 88-0100020-001
a	Plan name	MC DONALD AND FOSTER 401K PLAN	
b	Name of plan sponsor	MC DONALD AND FOSTER	c EIN-PN 88-0119775-001
a	Plan name	GARTH W LAMB DVM INC 401K PROFIT SHARING PLAN TRUST	
b	Name of plan sponsor	DESERT PINES EQUINE MEDICAL SURGICAL CENTER	c EIN-PN 88-0484322-001
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	STEWART ROOFING INC 401K PLAN	
b	Name of plan sponsor	STEWART ROOFING INC	c EIN-PN 91-1465891-001
a	Plan name	DEBTWAVE CREDIT COUNSELING INC 401K PLAN	
b	Name of plan sponsor	DEBTWAVE CREDIT COUNSELING INC	c EIN-PN 91-2156504-001
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	MASAMI FOODS INC 401K PROFIT SHARING PLAN	
b	Name of plan sponsor	MASAMI FOODS INC	c EIN-PN 93-1077518-001

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	SIERRA MINIT MARTS INC 401K SALARY REDUCTION PL TR	
b	Name of plan sponsor	SIERRA MINIT MARTS INC	c EIN-PN 94-2428490-001
a	Plan name	DISCOVERY GATEWAY 401K PLAN	
b	Name of plan sponsor	DISCOVERY GATEWAY	c EIN-PN 94-2562430-001
a	Plan name	RONS MEDICAL GASES 401K PROFIT SHARING PLAN	
b	Name of plan sponsor	RONS MEDICAL GASES INC	c EIN-PN 94-2864176-001
a	Plan name	HANSEN YAO CORPORATION 401K PLAN	
b	Name of plan sponsor	HANSEN YAO CORPORATION	c EIN-PN 94-2969054-001
a	Plan name	HAWAII ENGINEERING GROUP INC 401K PROFIT SHARING PLAN	
b	Name of plan sponsor	HAWAII ENGINEERING GROUP INC	c EIN-PN 94-3264591-001
a	Plan name	MANSFIELD DERMATOLOGY PLLC 401K PLAN	
b	Name of plan sponsor	MANSFIELD DERMATOLOGY PLLC	c EIN-PN 94-3458677-001
a	Plan name	LEEMAR AQUARIUM PET SUPPLY 401K PROFIT SHARING PLAN TRUST	
b	Name of plan sponsor	LEEMAR AQUARIUM PET SUPPLY	c EIN-PN 95-2948054-001
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	SEA DWELLING CREATURES INC 401K SALARY R EDUCATION PLAN AND TRUST	
b	Name of plan sponsor	SEA DWELLING CREATURES INC	c EIN-PN 95-4504273-001

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 HUNTINGTON FAMILY DENTAL PROFIT SHARING PLAN	
b	Name of plan sponsor HUNTINGTON FAMILY DENTAL	c EIN-PN 95-4533290-001
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 INTEGRATED SECURITY TECHNOLOGIES INC 401K PROFIT SHARING PLAN	
b	Name of plan sponsor INTEGRATED SECURITY TECHNOLOGIES INC	c EIN-PN 99-0332043-001
a	Plan name PACIFIC RECREATION 401K PLAN	
b	Name of plan sponsor PACIFIC RECREATION CO LLC	c EIN-PN 99-0333140-001
a	Plan name VANS FLOORING PENSION PLAN	
b	Name of plan sponsor VANS FLOORING TILE INC	c EIN-PN 99-0341042-001
a	Plan name ALOHA SECURITY INC PROFIT SHARING PLAN	
b	Name of plan sponsor ALOHA SECURITY INC	c EIN-PN 99-0345154-001
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 CLIFFSIDE PROFIT SHARING TRUST	
b	Name of plan sponsor CLIFFSIDE EYE CENTER LLC	c EIN-PN 04-3749519-002
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 RAPC RETIREMENT PLAN	
b	Name of plan sponsor RUDNICK ADDONIZIO PAPPAS CASAZZA PC	c EIN-PN 22-2127529-002
a	Plan name CHEROKEE 8A GROUP 401K PLAN	
b	Name of plan sponsor THE CHEROKEE 8A GROUP INC	c EIN-PN 22-3311133-002

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	ANTZ ENERGY SYSTEMS INC 401K PLAN	
b	Name of plan sponsor	ANTZ ENERGY SYSTEMS INC	c EIN-PN 23-1695009-002
a	Plan name	FBCS 401K PLAN 2	
b	Name of plan sponsor	FBCS INC	c EIN-PN 23-2421430-002
a	Plan name	DEVON TILE DESIGN STUDIO 401K PLAN	
b	Name of plan sponsor	DEVON TILE DESIGN STUDIO	c EIN-PN 23-2530172-002
a	Plan name	BAILY INSURANCE AGENCY INC PROFIT SHARING PLAN	
b	Name of plan sponsor	BAILY INSURANCE AGENCY INC	c EIN-PN 25-1352190-002
a	Plan name	GLOBAL EMPIRE LLC DBA GLOBAL HEALTHCARE GROUP LLC PREVAILING WAGE 401K PROFIT SHARING PLAN	
b	Name of plan sponsor	GLOBAL EMPIRE LLC DBA GLOBAL HEALTHCARE GROUP LLC	c EIN-PN 25-1836736-002
a	Plan name	DUBLIN PHYSICAL THERAPY 401K PROFIT SHARING PLAN	
b	Name of plan sponsor	DUBLIN PHYSICAL THERAPY	c EIN-PN 26-4120347-002
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	PERFORMANCE MANAGEMENT GROUP INC 401K PROFIT SHARING PLAN	
b	Name of plan sponsor	PERFORMANCE MANAGEMENT GROUP INC	c EIN-PN 31-1600865-002
a	Plan name	BOYS GIRLS CLUB OF FORT WAYNE RETIREMENT PLAN	
b	Name of plan sponsor	BOYS GIRLS CLUB OF FORT WAYNE	c EIN-PN 35-1778767-002
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	HANSEN PLUMBING INC 401K PLAN	
b	Name of plan sponsor	HANSEN PLUMBING INC	c EIN-PN 39-1720277-002
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

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 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 TRINDCO 401K PROFIT SHARING PLAN TRUST	
b	Name of plan sponsor TRINDCO	c EIN-PN 54-1610824-002
a	Plan name EASTCOAST MEDICAL NETWORK 401K SAVINGS PLAN	
b	Name of plan sponsor EASTCOAST MEDICAL NETWORK INC	c EIN-PN 59-3001031-002
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 CAMPBELL LUMBER CO EMPLOYEES PROFIT SHARING PLAN	
b	Name of plan sponsor CAMPBELL LUMBER COMPANY	c EIN-PN 74-0542190-002
a	Plan name MOUNTAIN STAR FEDERAL CREDIT UNION 401K PROFIT SHARING PLAN TRUST	
b	Name of plan sponsor MOUNTAIN STAR FEDERAL CREDIT UNION	c EIN-PN 74-1146201-002
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 FOLBRE ASSOCIATES INC RETIREMENT SAVIN GS PLAN	
b	Name of plan sponsor FOLBRE ASSOCIATES INC	c EIN-PN 74-2466999-002
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

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	PROPORTIONAL TECHNOLOGIES INC 401K PROFIT SHARING PLAN	
b	Name of plan sponsor	PROPORTIONAL TECHNOLOGIES INC	c EIN-PN 76-0345581-002
a	Plan name	FRISIUS ENTERPRISES INC 401K PLAN	
b	Name of plan sponsor	MERRY MAIDS 615 410	c EIN-PN 77-0584524-002
a	Plan name	AC ELECTRIC INC PROFIT SHARING PLAN	
b	Name of plan sponsor	AC ELECTRIC INC	c EIN-PN 87-0285920-002
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	THE HUDSON COMPANIES LLC 401K PLAN	
b	Name of plan sponsor	THE HUDSON COMPANIES	c EIN-PN 94-1546080-002
a	Plan name	FLORAL SUPPLY SYNDICATE 401K PROFIT SHARING PLAN	
b	Name of plan sponsor	FLORAL SUPPLY SYNDICATE	c EIN-PN 95-1577217-002
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	DME INCORPORATED 401K PLAN	
b	Name of plan sponsor	DME INCORPORATED	c EIN-PN 95-3044994-002
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	CLIFFSIDE CASH BALANCE TRUST	
b	Name of plan sponsor	CLIFFSIDE EYE CENTER LLC	c EIN-PN 04-3749519-003
a	Plan name	RITTER FOODS LLC PROFIT SHARING PLAN	
b	Name of plan sponsor	RITTER FOODS LLC	c EIN-PN 23-1022660-003

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	FILTECH INC 401K SAVINGS PLAN INC 401K SAVINGS PLAN
b	Name of plan sponsor	FILTECH INC
c	EIN-PN	25-1199724-003
a	Plan name	THOMPSON LAW OFFICE LLC 401K PROFIT SHARING PLAN AND TRUST
b	Name of plan sponsor	THOMPSON LAW OFFICE LLC
c	EIN-PN	27-3236975-003
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	WEIL AKMAN BAYLIN COLEMAN PA 401K PROFIT SHARING PLAN TRUST
b	Name of plan sponsor	WEIL AKMAN BAYLIN COLEMANPA
c	EIN-PN	52-1645472-003
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
a	Plan name	WORKFORCE SOLUTIONS FOR SOUTH TEXAS RETIREMENT PLAN
b	Name of plan sponsor	WORKFORCE SOLUTIONS FOR SOUTH TEXAS
c	EIN-PN	74-2821303-003
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	THE STAR WEST 401K PROFIT SHARING PLAN
b	Name of plan sponsor	STAR WEST DISTRIBUTING
c	EIN-PN	87-0419848-007
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

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	BLD CONNECTION 401K MULTIPLE EMPLOYER PLAN	
b	Name of plan sponsor	BLDBOARDS MORE LLC	c EIN-PN 41-0956904-333
a	Plan name	BLD CONNECTION 401K MULTIPLE EMPLOYER PLAN	
b	Name of plan sponsor	BLDBOE ORNAMENTAL IRON INC	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	BLDCARCIOFINI CO	c EIN-PN 41-0956904-333
a	Plan name	BLD CONNECTION 401K MULTIPLE EMPLOYER PLAN	
b	Name of plan sponsor	BLDCHRIS KRAGE ASSOCIATES	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	BLDLAKESIDE LUMBER OF ASHBY 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
a	Plan name	BLD CONNECTION 401K MULTIPLE EMPLOYER PLAN	
b	Name of plan sponsor	BLDSHELBY LUMBER COMPANY INC	c EIN-PN 41-0956904-333

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	BLD CONNECTION 401K MULTIPLE EMPLOYER PLAN	
b	Name of plan sponsor	BLDTHE BUILDERS GROUP	c EIN-PN 41-0956904-333
a	Plan name	BLD CONNECTION 401K MULTIPLE EMPLOYER PLAN	
b	Name of plan sponsor	BLDWICKMAN ENTERPRISES LLC	c EIN-PN 41-0956904-333
a	Plan name	BLD CONNECTION 401K MULTIPLE EMPLOYER PLAN	
b	Name of plan sponsor	FORMULA BENEFITS	c EIN-PN 41-0956904-333
a	Plan name	GENNISTEVO LLC MULTIPLE EMPLOYER 401K SAVINGS PLAN	
b	Name of plan sponsor	GENNISTEVO LLC	c EIN-PN 91-2120314-333
a	Plan name	GENINTEGRATED CLAIMS MANAGEMENT INC MULTIPLE EMPLOYER 401K SAVINGS PLAN	
b	Name of plan sponsor	GENINTEGRATED CLAIMS MANAGEMENT INC	c EIN-PN 91-2120314-333
a	Plan name	GENOAKLAND BAY LANDSCAPING SERVICES LLC MULTIPLE EMPLOYER 401K SAVINGS PLAN	
b	Name of plan sponsor	GENOAKLAND BAY LANDSCAPING SERVICES LLC	c EIN-PN 91-2120314-333
a	Plan name	GENSUPERIOR BUILDING SERVICES INC MULTIPLE EMPLOYER 401K SAVINGS PLAN	
b	Name of plan sponsor	GENSUPERIOR BUILDING SERVICES INC	c EIN-PN 91-2120314-333
a	Plan name	GENVISITOR CONVENTION BUREAU OF THURSTON COUNTY MULTIPLE EMPLOYER 401K SAVINGS PLAN	
b	Name of plan sponsor	GENVISITOR CONVENTION BUREAU OF THURSTON COUNTY	c EIN-PN 91-2120314-333
a	Plan name	ADVGIL TEPPER MD INC MULTIPLE EMPLOYER 401K SAVINGS PLAN	
b	Name of plan sponsor	ADVGIL TEPPER MD INC	c EIN-PN 95-4700640-333
a	Plan name		
b	Name of plan sponsor		c EIN-PN
a	Plan name		
b	Name of plan sponsor		c EIN-PN
a	Plan name		
b	Name of plan sponsor		c EIN-PN

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
A Name of plan LNL SATG 401K TOOLBOX MANAGED GROWTH	B Three-digit plan number (PN) ▶ 707
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.

		(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)	503820	5985439
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)	85109866	84658151
(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	85613686	90643590
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h		
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j	5751	5525712
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	5751	5525712
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	85607935	85117878

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)	277669	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		277669
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)		
(B) Common stock.....	2b(2)(B)	1521868	
(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)		1521868
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)	150125539	
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	143776840	
(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)		3530943
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		11679179

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)	528871	
(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)		528871
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		528871

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		11150308
l Transfers of assets:			
(1) To this plan.....	2l(1)		16905733
(2) From this plan	2l(2)		28546098

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 _____.