

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 SATB 401K TOOLBOX MANAGED BALANCED; 1b Three-digit plan number (PN): 722; 1c Effective date of plan; 2a Plan sponsor's name: 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

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, Date, and Name. Rows include plan administrator, employer/plan sponsor, and DFE.

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

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

**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:

<b>9a</b> 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	<b>9b</b> 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)

<b>a Pension Schedules</b> (1) <input type="checkbox"/> <b>R</b> (Retirement Plan Information) (2) <input type="checkbox"/> <b>MB</b> (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) <input type="checkbox"/> <b>SB</b> (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary (4) <input type="checkbox"/> <b>DCG</b> (Individual Plan Information) – Number Attached _____ (5) <input type="checkbox"/> <b>MEP</b> (Multiple-Employer Retirement Plan Information)	<b>b General Schedules</b> (1) <input checked="" type="checkbox"/> <b>H</b> (Financial Information) (2) <input type="checkbox"/> <b>I</b> (Financial Information – Small Plan) (3) <input type="checkbox"/> <b>A</b> (Insurance Information) – Number Attached <u>0</u> (4) <input type="checkbox"/> <b>C</b> (Service Provider Information) (5) <input checked="" type="checkbox"/> <b>D</b> (DFE/Participating Plan Information) (6) <input type="checkbox"/> <b>G</b> (Financial Transaction Schedules)
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**Part III Form M-1 Compliance Information (to be completed by welfare benefit plans)**

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**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.

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**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 \_\_\_\_\_

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

<b>A</b> Name of plan <u>LNL SATB 401K TOOLBOX MANAGED BALANCED</u>	<b>B</b> Three-digit plan number (PN)	<u>722</u>
<b>C</b> Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>LINCOLN NATIONAL LIFE INSURANCE COMPANY</u>	<b>D</b> Employer Identification Number (EIN) <u>35-0472300</u>	

<b>Part I</b>	<b>Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)</b> (Complete as many entries as needed to report all interests in DFEs)
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<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> 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.)

<b>a</b>	Plan name	ARIE SALZMAN PA RETIREMENT SAVINGS PLAN	<b>c</b>	EIN-PN	01-0704682-001
<b>b</b>	Name of plan sponsor	ARIE SALZMAN PA	<b>c</b>	EIN-PN	01-0704682-001
<b>a</b>	Plan name	AMERISWISS TECHNOLOGY LLC PROFIT SHARING PLAN	<b>c</b>	EIN-PN	02-0526406-001
<b>b</b>	Name of plan sponsor	AMERISWISS TECHNOLOGY LLC	<b>c</b>	EIN-PN	02-0526406-001
<b>a</b>	Plan name	GUIDANT MANAGEMENT GROUP LLC 401K PLAN	<b>c</b>	EIN-PN	02-0546551-001
<b>b</b>	Name of plan sponsor	GUIDANT MANAGEMENT GROUP LLC	<b>c</b>	EIN-PN	02-0546551-001
<b>a</b>	Plan name	THE FAB SHOP LLC 401K PLAN	<b>c</b>	EIN-PN	03-0458988-001
<b>b</b>	Name of plan sponsor	THE FAB SHOP LLC	<b>c</b>	EIN-PN	03-0458988-001
<b>a</b>	Plan name	LANIER AND BURROUGHS LLC 401K PLAN	<b>c</b>	EIN-PN	03-0475563-001
<b>b</b>	Name of plan sponsor	LANIER AND BURROUGHS LLC	<b>c</b>	EIN-PN	03-0475563-001
<b>a</b>	Plan name	SCHORR ARCHITECTS 401K PLAN	<b>c</b>	EIN-PN	03-0499713-001
<b>b</b>	Name of plan sponsor	SCHORR ARCHITECTS INC	<b>c</b>	EIN-PN	03-0499713-001
<b>a</b>	Plan name	CAPITOL IMPACT LLC 401K PROFIT SHARING PLAN	<b>c</b>	EIN-PN	03-0539997-001
<b>b</b>	Name of plan sponsor	CAPITOL IMPACT LLC	<b>c</b>	EIN-PN	03-0539997-001
<b>a</b>	Plan name	FOODSOURCE PLUS NATIONAL 401K PROFIT SHARING PLAN	<b>c</b>	EIN-PN	03-0604558-001
<b>b</b>	Name of plan sponsor	FOODSOURCE PLUS NATIONAL	<b>c</b>	EIN-PN	03-0604558-001
<b>a</b>	Plan name	LUDLOW FAMILY DENTISTRY PROFIT SHARING 401K PLAN	<b>c</b>	EIN-PN	04-2620139-001
<b>b</b>	Name of plan sponsor	LUDLOW FAMILY DENTISTRY	<b>c</b>	EIN-PN	04-2620139-001
<b>a</b>	Plan name	KMS MACHINE WORKS INC PROFIT SHARING 401K PLAN	<b>c</b>	EIN-PN	04-2800723-001
<b>b</b>	Name of plan sponsor	KMS MACHINE WORKS INC	<b>c</b>	EIN-PN	04-2800723-001
<b>a</b>	Plan name	ARMOR DOOR LOCK INC 401K PLAN	<b>c</b>	EIN-PN	04-2877754-001
<b>b</b>	Name of plan sponsor	ARMOR DOOR LOCK INC	<b>c</b>	EIN-PN	04-2877754-001
<b>a</b>	Plan name	C C METALS ENGINEERING INC RETIREMENT PLAN	<b>c</b>	EIN-PN	04-3018012-001
<b>b</b>	Name of plan sponsor	C C METALS ENGINEERING INC	<b>c</b>	EIN-PN	04-3018012-001

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.)	
<b>a</b>	Plan name CHICOPEE INDUSTRIAL CONTRACTORS INC 401K PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor CHICOPEE INDUSTRIAL CONTRACTORS INC	<b>c</b> EIN-PN 04-3146229-001
<b>a</b>	Plan name MARSHALL ELECTRIC CO INC 401K PLAN	
<b>b</b>	Name of plan sponsor MARSHALL ELECTRIC CO INC	<b>c</b> EIN-PN 05-0270703-001
<b>a</b>	Plan name OPTIMAL CARE INC SAFE HARBOR 401K PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor OPTIMAL CARE INC	<b>c</b> EIN-PN 05-0580663-001
<b>a</b>	Plan name SCOTT SWIMMING POOLS INC TAX DEFERRED SAVINGS PLAN TRUST	
<b>b</b>	Name of plan sponsor SCOTT SWIMMING POOLS INC	<b>c</b> EIN-PN 06-0857995-001
<b>a</b>	Plan name DIMENSIONS IN GLASS INC 401K RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor DIMENSIONS IN GLASS INC	<b>c</b> EIN-PN 06-1243331-001
<b>a</b>	Plan name PETRUZELO INSURANCE 401K PLAN	
<b>b</b>	Name of plan sponsor PETRUZELO INSURANCE AGENCY INC	<b>c</b> EIN-PN 06-1433677-001
<b>a</b>	Plan name ADVANCED ELECTRONIC SYSTEMS LLC 401K PLAN	
<b>b</b>	Name of plan sponsor ADVANCED ELECTRONIC SYSTEMS LLC	<b>c</b> EIN-PN 06-1546692-001
<b>a</b>	Plan name KING FARMS TRUCKING LLC 401K PLAN	
<b>b</b>	Name of plan sponsor KING FARMS TRUCKING LLC	<b>c</b> EIN-PN 06-1685545-001
<b>a</b>	Plan name DOVER HEART SPECIALISTS PC PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor DOVER HEART SPECIALISTS PC	<b>c</b> EIN-PN 06-1687919-001
<b>a</b>	Plan name SWANSON SERVICES LLC PREVAILING WAGE 401K PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor SWANSON SERVICES LLC	<b>c</b> EIN-PN 06-1713063-001
<b>a</b>	Plan name WEST END EXPRESS CO INC 401K PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor WEST END EXPRESS COMPANY INC	<b>c</b> EIN-PN 11-2163771-001
<b>a</b>	Plan name KBL GROUP INTL LTD 401K PLAN	
<b>b</b>	Name of plan sponsor KBL GROUP INTL LTD	<b>c</b> EIN-PN 13-3280942-001

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
<small>(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)</small>			
<b>a</b>	Plan name	VICINITY MEDIA GROUP INC 401K PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	VICINITY MEDIA GROUP	<b>c</b> EIN-PN 20-0345159-001
<b>a</b>	Plan name	DONOHUE PATRICK SCOTT PLLC 401K PROFIT SHARING PLAN TRUST	
<b>b</b>	Name of plan sponsor	DONOHUE PATRICK SCOTT PLLC	<b>c</b> EIN-PN 20-0411034-001
<b>a</b>	Plan name	CONTINUITY PRODUCTS LLC 401K PS PLAN	
<b>b</b>	Name of plan sponsor	CONTINUITY PRODUCTS LLC	<b>c</b> EIN-PN 20-0451923-001
<b>a</b>	Plan name	L R BAGGS CORPORATION PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	L R BAGGS CORPORATION	<b>c</b> EIN-PN 20-0552624-001
<b>a</b>	Plan name	KONA VETERINARY SERVICE 401K PLAN	
<b>b</b>	Name of plan sponsor	KONA ANIMAL CARE INC DBA KONA VETERINARY SERVICE	<b>c</b> EIN-PN 20-0834295-001
<b>a</b>	Plan name	KISTERS NORTH AMERICA 401KPROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	KISTERS NORTH AMERICA	<b>c</b> EIN-PN 20-1233047-001
<b>a</b>	Plan name	EXPRESS BILLING SYSTEMS LTD 401K PROFIT SHARING PLAN TRUST	
<b>b</b>	Name of plan sponsor	EXPRESS BILLING SYSTEMS LTD	<b>c</b> EIN-PN 20-1313178-001
<b>a</b>	Plan name	GM LIGHTING LLC 401K PLAN	
<b>b</b>	Name of plan sponsor	GM LIGHTING LLC	<b>c</b> EIN-PN 20-2643274-001
<b>a</b>	Plan name	BAKER ASSOCIATES 401K PLAN	
<b>b</b>	Name of plan sponsor	BAKER ASSOCIATES CPAS LLC	<b>c</b> EIN-PN 20-3025994-001
<b>a</b>	Plan name	CHARRETTE COMMUNITY MANAGEMENT COMPANY RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	CHARRETTE COMMUNITY MANAGEMENT COMPANY	<b>c</b> EIN-PN 20-3221676-001
<b>a</b>	Plan name	JEFF LINDSEY COMMUNITIES RETIREMENT SAVINGS	
<b>b</b>	Name of plan sponsor	JEFF LINDSEY COMMUNITIES	<b>c</b> EIN-PN 20-4695678-001
<b>a</b>	Plan name	CENTRAL STATES WIRE PRODUCTS INC PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	CENTRAL STATES WIRE PRODUCTS INC	<b>c</b> EIN-PN 20-4829205-001

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.)	
<b>a</b>	Plan name LEXA MED 401K RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor LEXA MED	<b>c</b> EIN-PN 20-5065459-001
<b>a</b>	Plan name FPPS INC 401K PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor FACILITIES PLANNING AND PROGRAM SERVICES INC	<b>c</b> EIN-PN 20-5820344-001
<b>a</b>	Plan name TANNER 401K PLAN	
<b>b</b>	Name of plan sponsor TANNER MARLO CPAS INC	<b>c</b> EIN-PN 20-5825295-001
<b>a</b>	Plan name BRIMTEK INC 401K PLAN	
<b>b</b>	Name of plan sponsor DIGITAL BARRIERS USA INC	<b>c</b> EIN-PN 20-8738067-001
<b>a</b>	Plan name MAHWAH FORD AND D D RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor MAHWAH SALES AND SERVICE INC	<b>c</b> EIN-PN 22-1694208-001
<b>a</b>	Plan name LEHIGH UTILITY ASSOCIATES INC PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor LEHIGH UTILITY ASSOCIATES INC	<b>c</b> EIN-PN 22-1695171-001
<b>a</b>	Plan name DETERDINGS MARKET INC 401K PLAN	
<b>b</b>	Name of plan sponsor DETERDINGS MARKET INC	<b>c</b> EIN-PN 22-2084416-001
<b>a</b>	Plan name AZCO CORPORATION EMPLOYEES PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor AZCO CORPORATION	<b>c</b> EIN-PN 22-2375283-001
<b>a</b>	Plan name BRESLIN BRESLIN P A 401K PLAN	
<b>b</b>	Name of plan sponsor BRESLIN BRESLIN P A	<b>c</b> EIN-PN 22-2406111-001
<b>a</b>	Plan name RIENZI RIENZI COMMUNICATIONS INC EMPLOYEES PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor RIENZI RIENZI COMMUNICATIONS INC	<b>c</b> EIN-PN 22-2628387-001
<b>a</b>	Plan name SAND CASTLE DINER 401K PLAN	
<b>b</b>	Name of plan sponsor SAND CASTLE DINER	<b>c</b> EIN-PN 22-2826545-001
<b>a</b>	Plan name RCP REAL ESTATE MANAGEMENT INC 401K PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor RPC REAL ESTATE MANAGEMENT INC	<b>c</b> EIN-PN 22-2843556-001

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	DANSKIN INSURANCE AGENCY INC 401K PLAN	
<b>b</b>	Name of plan sponsor	DANSKIN INSURANCE AGENCY INC	<b>c</b> EIN-PN 22-2860480-001
<b>a</b>	Plan name	FLORENTINE GARDENS 401K PLAN	
<b>b</b>	Name of plan sponsor	PD INC TA FLORENTINE GARDENS	<b>c</b> EIN-PN 22-2949896-001
<b>a</b>	Plan name	INTEGRA SOLV CORP 401K PLAN	
<b>b</b>	Name of plan sponsor	INTEGRA SOLV CORP	<b>c</b> EIN-PN 22-3186383-001
<b>a</b>	Plan name	BRUNSWICK AUTOMOTIVE 401K PLAN	
<b>b</b>	Name of plan sponsor	BRUNSWICK AUTOMOTIVE PROFESSIONALS	<b>c</b> EIN-PN 22-3235775-001
<b>a</b>	Plan name	INTEGRATED DENTAL ESTHETICS 401K PROFIT SHARING PLAN TRUST	
<b>b</b>	Name of plan sponsor	INTEGRATED DENTAL ESTHETICS	<b>c</b> EIN-PN 22-3762067-001
<b>a</b>	Plan name	RILEY 401K RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	CHARLES D RILEY INC	<b>c</b> EIN-PN 23-1398862-001
<b>a</b>	Plan name	MADSEN INC 401K RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	MADSEN INC	<b>c</b> EIN-PN 23-1541213-001
<b>a</b>	Plan name	BERKS ENDODONTICS LTD 401K PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	BERKS ENDODONTICS LTD	<b>c</b> EIN-PN 23-2152524-001
<b>a</b>	Plan name	JKST INC 401K PROFIT SHARING PLAN TRUST	
<b>b</b>	Name of plan sponsor	JKST INC	<b>c</b> EIN-PN 23-2451825-001
<b>a</b>	Plan name	INFOMC INC 401K PLAN	
<b>b</b>	Name of plan sponsor	INFOMC INC	<b>c</b> EIN-PN 23-2808102-001
<b>a</b>	Plan name	CONNEX INC 401K PROFIT SHARING PLAN TRUST	
<b>b</b>	Name of plan sponsor	CONNEX INC	<b>c</b> EIN-PN 25-1753548-001
<b>a</b>	Plan name	HARMONY BOROUGH NONUNIFORMED PENSION PLAN	
<b>b</b>	Name of plan sponsor	HARMONY BOROUGH	<b>c</b> EIN-PN 25-6000378-001

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.)		
<b>a</b>	Plan name MOUNT OLIVE FAMILY DENTISTRY 401K PLAN	
<b>b</b>	Name of plan sponsor AMY M KIMES DDS PA DBA MOUNT OLIVE FAMILY DENTISTRY	<b>c</b> EIN-PN 26-1233957-001
<b>a</b>	Plan name JERNIGAN ORTHODONTICS 401K PLAN	
<b>b</b>	Name of plan sponsor CHRISTOPHER C JERNIGAN DMD	<b>c</b> EIN-PN 26-1608760-001
<b>a</b>	Plan name KIRKWOOD OIL GAS LLC RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor KIRKWOOD OIL GAS LLC	<b>c</b> EIN-PN 26-2619621-001
<b>a</b>	Plan name CHICAGO MEDS LLC 401K RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor CHICAGO MEDS LLC	<b>c</b> EIN-PN 26-3022651-001
<b>a</b>	Plan name WRIGHT ASSOCIATES LLC PREVAILING WAGE 401K PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor WRIGHT ASSOCIATES LLC	<b>c</b> EIN-PN 26-3144876-001
<b>a</b>	Plan name WINDWARD HEART CENTER LLC 401K PLAN	
<b>b</b>	Name of plan sponsor WINDWARD HEART CENTER LLC	<b>c</b> EIN-PN 26-3207983-001
<b>a</b>	Plan name J S BUSINESS ENTERPRISES INC 401K PLAN	
<b>b</b>	Name of plan sponsor J S BUSINESS ENTERPRISES INC	<b>c</b> EIN-PN 26-3511841-001
<b>a</b>	Plan name TOMPKINS CONSULTING LLC 401K PLAN	
<b>b</b>	Name of plan sponsor TC DEFENSE LLC	<b>c</b> EIN-PN 27-0300958-001
<b>a</b>	Plan name BENEFIT SOLUTIONS U S LLC 401K PLAN	
<b>b</b>	Name of plan sponsor BENEFIT SOLUTIONS U S LLC	<b>c</b> EIN-PN 27-0474713-001
<b>a</b>	Plan name SANCO OILFIELD RENTALS LLC RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor SANCO OILFIELD RENTALS LLC	<b>c</b> EIN-PN 27-0603149-001
<b>a</b>	Plan name WORLDWIDE ADVENTURES INC 401K PLAN	
<b>b</b>	Name of plan sponsor WORLDWIDE ADVENTURES INC	<b>c</b> EIN-PN 27-1154881-001
<b>a</b>	Plan name STUMP HOSPITALITY LLC 401K PLAN	
<b>b</b>	Name of plan sponsor STUMP HOSPITALITY LLC	<b>c</b> EIN-PN 27-1354124-001

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	PRESIDENT CONTAINER GROUP II LLC 401K PLAN	
<b>b</b>	Name of plan sponsor	PRESIDENT CONTAINER GROUP II LLC	<b>c</b> EIN-PN 27-1581303-001
<b>a</b>	Plan name	GREENVILLE MEDICAL ASSOCIATES 401K PLAN	
<b>b</b>	Name of plan sponsor	GREENVILLE MEDICAL ASSOCIATES	<b>c</b> EIN-PN 27-3103607-001
<b>a</b>	Plan name	STONE CONSULTING GROUP 401K PLAN	
<b>b</b>	Name of plan sponsor	STONE CONSULTING GROUP	<b>c</b> EIN-PN 27-4361534-001
<b>a</b>	Plan name	BOSTON PROSTHODONTICS DENTAL GROUP INCORPORATED 401K PLAN	
<b>b</b>	Name of plan sponsor	BOSTON PROSTHODONTICS DENTAL GROUP INCORPORATED	<b>c</b> EIN-PN 27-4843452-001
<b>a</b>	Plan name	TR WELDING SYSTEMS INC EMPLOYEE 401K PLAN	
<b>b</b>	Name of plan sponsor	TR WELDING SYSTEMS INC	<b>c</b> EIN-PN 31-0906357-001
<b>a</b>	Plan name	JOHN P TUMLIN SONS 401K PLAN	
<b>b</b>	Name of plan sponsor	JOHN P TUMLIN SONS	<b>c</b> EIN-PN 31-1495676-001
<b>a</b>	Plan name	GBI TILE STONE INC PROFIT SHARING 401K PLAN	
<b>b</b>	Name of plan sponsor	GBI TILE STONE INC	<b>c</b> EIN-PN 33-0454483-001
<b>a</b>	Plan name	PROGRESSIVE AMERICA INC 401K PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	PROGRESSIVE AMERICA INC	<b>c</b> EIN-PN 33-0687040-001
<b>a</b>	Plan name	YOUNGSTOWN HARD CHROME RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	YOUNGSTOWN HARD CHROME INC	<b>c</b> EIN-PN 34-0925064-001
<b>a</b>	Plan name	LEUGERS INSURANCE AGENCY INC 401K PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	LEUGERS INSURANCE AGENCY INC	<b>c</b> EIN-PN 34-1047003-001
<b>a</b>	Plan name	SKAMAR MACHINE INC 401K PROFIT SHARING PLAN AND TRUST	
<b>b</b>	Name of plan sponsor	SKAMAR MACHINE INC	<b>c</b> EIN-PN 34-1218531-001
<b>a</b>	Plan name	DUCA MANUFACTURING INC SAVINGS RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	DUCA MANUFACTURING INC	<b>c</b> EIN-PN 34-1255439-001

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.)		
<b>a</b>	Plan name ORTHOPEDIC BRACING SPECIALISTS INC 401K PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor ORTHOPEDIC BRACING SPECIALISTS INC	<b>c</b> EIN-PN 34-1704630-001
<b>a</b>	Plan name EVAPAR INC 401K PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor EVAPAR INC	<b>c</b> EIN-PN 35-0298105-001
<b>a</b>	Plan name PHILLIPS PATTERNS AND CASTINGS INC 401K PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor PHILLIPS PATTERNS CASTING INC	<b>c</b> EIN-PN 35-0834352-001
<b>a</b>	Plan name MUNCIE MISSION MINISTRIES INC 401K PLAN	
<b>b</b>	Name of plan sponsor MUNCIE MISSION MINISTRIES INC	<b>c</b> EIN-PN 35-0869061-001
<b>a</b>	Plan name ELCONA COUNTRY CLUB 401K PROFIT SHARING PL TR	
<b>b</b>	Name of plan sponsor ELCONA COUNTRY CLUB	<b>c</b> EIN-PN 35-0988156-001
<b>a</b>	Plan name U S SURVEYOR INC 401K PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor U S SURVEYOR INC	<b>c</b> EIN-PN 35-1099340-001
<b>a</b>	Plan name WIBLE LUMBER COMPANY INC EMPLOYEE RETIRE MENT PLAN	
<b>b</b>	Name of plan sponsor WIBLE LUMBER INC	<b>c</b> EIN-PN 35-1156725-001
<b>a</b>	Plan name LAZBOY FURNITURE GALLERIES 401K PLAN	
<b>b</b>	Name of plan sponsor EMRICH FURNITURE INC	<b>c</b> EIN-PN 35-1326076-001
<b>a</b>	Plan name SOUTHLAKE ELECTRIC SUPPLY INC 401K PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor SOUTHLAKE ELECTRIC SUPPLY INC	<b>c</b> EIN-PN 35-1378549-001
<b>a</b>	Plan name ASSOCIATES IN FAMILY DENTISTRY 401K PROF IT SHARING PLAN	
<b>b</b>	Name of plan sponsor ASSOCIATES IN FAMILY DENTISTRY	<b>c</b> EIN-PN 35-1829107-001
<b>a</b>	Plan name PROFESSIONAL MEDICAL BILLING INC 401K PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor PROFESSIONAL MEDICAL BILLING INC	<b>c</b> EIN-PN 35-1855389-001
<b>a</b>	Plan name GUIDESTAR ELDERCARE 401K PLAN	
<b>b</b>	Name of plan sponsor NEUROLOGY PAIN MANAGEMENT ASSOCIATES PC	<b>c</b> EIN-PN 35-2084485-001

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.)	
<b>a</b>	Plan name HOUSING AUTHORITY OF THE CITY OF HAMMOND RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor HOUSING AUTHORITY OF THE CITY OF HAMMOND	<b>c</b> EIN-PN 35-6001609-001
<b>a</b>	Plan name HERRMANN ULTRASONICS INC 401K PLAN	
<b>b</b>	Name of plan sponsor HERRMANN ULTRASONICS INC	<b>c</b> EIN-PN 36-3677459-001
<b>a</b>	Plan name D L ZIMCO 401K	
<b>b</b>	Name of plan sponsor D L ZIMCO DBA FLEET FEET SPORTS	<b>c</b> EIN-PN 36-4089359-001
<b>a</b>	Plan name SOUTHWEST ORGANIZING PROJECT RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor SOUTHWEST ORGANIZING PROJECT	<b>c</b> EIN-PN 36-4090773-001
<b>a</b>	Plan name NIKKI AMERICA INC 401K RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor NIKKI AMERICA INC	<b>c</b> EIN-PN 36-4205958-001
<b>a</b>	Plan name BILL SIGNS TRUCKING LLC 401K PLAN	
<b>b</b>	Name of plan sponsor BILL SIGNS TRUCKING LLC	<b>c</b> EIN-PN 36-4271143-001
<b>a</b>	Plan name FIRST SAVINGS BANK 401K PLAN	
<b>b</b>	Name of plan sponsor FIRST SAVINGS BANK	<b>c</b> EIN-PN 37-0237960-001
<b>a</b>	Plan name LANDMARK CREDIT UNION 401K PSP	
<b>b</b>	Name of plan sponsor LANDMARK CREDIT UNION 401K PSP	<b>c</b> EIN-PN 37-0564965-001
<b>a</b>	Plan name HOLZHAUER 401K AND PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor HOLZHAUER AUTO TRUCK SALES INC	<b>c</b> EIN-PN 37-1027077-001
<b>a</b>	Plan name THOMPSON LENGACHER CO PC 401K PLAN	
<b>b</b>	Name of plan sponsor THOMPSON LENGACHER CO PC	<b>c</b> EIN-PN 37-1138301-001
<b>a</b>	Plan name SCHULTE SUPPLY 401K PLAN TRUST	
<b>b</b>	Name of plan sponsor SCHULTE SUPPLY	<b>c</b> EIN-PN 37-1201472-001
<b>a</b>	Plan name SUN INDUSTRIAL INC 401K PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor SUN INDUSTRIAL INC	<b>c</b> EIN-PN 37-1422969-001

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	KEYHOLE TECHNOLOGIES LLC 401K PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	KEYHOLE TECHNOLOGIES LLC	<b>c</b> EIN-PN 37-1446444-001
<b>a</b>	Plan name	AMERICAN METAL PLASTICS INC SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	AMERICAN METAL PLASTICS INC	<b>c</b> EIN-PN 38-1843883-001
<b>a</b>	Plan name	MVP COMMUNICATIONS INC PROFIT SHARING 401K PLAN	
<b>b</b>	Name of plan sponsor	MVP COMMUNICATIONS INC	<b>c</b> EIN-PN 38-2294437-001
<b>a</b>	Plan name	APOLLO FIRE EQUIPMENT COMPANY 401K PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	APOLLO FIRE EQUIPMENT COMPANY	<b>c</b> EIN-PN 38-2415038-001
<b>a</b>	Plan name	LANSER BROADCASTING 401K PLAN	
<b>b</b>	Name of plan sponsor	LANSER BROADCASTING CORPORATION	<b>c</b> EIN-PN 38-2486966-001
<b>a</b>	Plan name	THE PENNA 401K PLAN	
<b>b</b>	Name of plan sponsor	PENNAS RESTAURANT INC	<b>c</b> EIN-PN 38-3113550-001
<b>a</b>	Plan name	PLASTECH MOLD DESIGN INC 401K SALARY REDUCTION PL TR	
<b>b</b>	Name of plan sponsor	PLASTECH MOLD DESIGN INC	<b>c</b> EIN-PN 38-3234821-001
<b>a</b>	Plan name	UNIVERSAL DENTAL GROUP PLLC 401K PLAN	
<b>b</b>	Name of plan sponsor	UNIVERSAL DENTAL GROUP PLLC	<b>c</b> EIN-PN 38-3353970-001
<b>a</b>	Plan name	DR BOBBI EDWARDS LEWIS 401K SALARY REDUCTION PLAN AND TRUST	
<b>b</b>	Name of plan sponsor	DR BOBBI EDWARDS LEWIS MD PC	<b>c</b> EIN-PN 38-3566224-001
<b>a</b>	Plan name	MOTORS SERVICE AND SUPPLY CORPORATION 40 1K PLAN	
<b>b</b>	Name of plan sponsor	MOTORS SERVICE AND SUPPLY CORPORATION	<b>c</b> EIN-PN 39-0873291-001
<b>a</b>	Plan name	ALLAN GERKE SONS INC 401K PLAN	
<b>b</b>	Name of plan sponsor	ALLAN GERKE SONS INC	<b>c</b> EIN-PN 39-1244145-001
<b>a</b>	Plan name	LAKESHORE VISION CENTERS LTD 401K PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	LAKESHORE VISION CENTERS LTD	<b>c</b> EIN-PN 39-1272629-001

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	HYLAND LAKES SPUDS INC 401K PLAN	
<b>b</b>	Name of plan sponsor	HYLAND LAKES SPUDS INC	<b>c</b> EIN-PN 39-1410869-001
<b>a</b>	Plan name	CAMELOT BANQUET ROOMS 401K PLAN	
<b>b</b>	Name of plan sponsor	CAMELOT BANQUET ROOMS INC	<b>c</b> EIN-PN 39-1411878-001
<b>a</b>	Plan name	PIZZA SHUTTLE INC 401K PROFIT SHARING PLAN TRUST	
<b>b</b>	Name of plan sponsor	PIZZA SHUTTLE INC	<b>c</b> EIN-PN 39-1523454-001
<b>a</b>	Plan name	4TH DIMENSION DESIGN SAVINGS AND RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	4TH DIMENSION DESIGN INC	<b>c</b> EIN-PN 39-1565676-001
<b>a</b>	Plan name	KW ELECTRIC 401K RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	KW ELECTRIC INC	<b>c</b> EIN-PN 39-1614199-001
<b>a</b>	Plan name	TQ DIAMONDS 401K SAVINGS RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	T Q DIAMONDS	<b>c</b> EIN-PN 39-1762148-001
<b>a</b>	Plan name	ABSOLUTE PRINT GRAPHICS 401K RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	ABSOLUTE PRINT GRAPHICS INC	<b>c</b> EIN-PN 41-1871144-001
<b>a</b>	Plan name	INTELLISHARE 401K PLAN	
<b>b</b>	Name of plan sponsor	INTELLISHARE	<b>c</b> EIN-PN 41-1974814-001
<b>a</b>	Plan name	MCCRANEY MONTAGNET PLLC 401K PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	MCCRANEY MONTAGNET PLLC	<b>c</b> EIN-PN 41-2089641-001
<b>a</b>	Plan name	MULFORD PLUMBING AND HEATING INC 401K R ETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	MULFORD PLUMBING AND HEATING	<b>c</b> EIN-PN 42-0863090-001
<b>a</b>	Plan name	KOHLES BACH INC 401K RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	KOHLES BACH INC	<b>c</b> EIN-PN 42-1087213-001
<b>a</b>	Plan name	CARLOS H ORCES MD PA RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	CARLOS H ORCES MD PA	<b>c</b> EIN-PN 42-1542133-001

<b>Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>		
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)		
<b>a</b> Plan name	LEWIS LAW FIRM LLC 401K	
<b>b</b> Name of plan sponsor	LEWIS LAW FIRM LLC	<b>c</b> EIN-PN 42-1675631-001
<b>a</b> Plan name	MISSISSIPPI COUNTY AMBULANCE DISTRICT RETIREMENT PLAN	
<b>b</b> Name of plan sponsor	MISSISSIPPI COUNTY AMBULANCE DISTRICT	<b>c</b> EIN-PN 43-1264104-001
<b>a</b> Plan name	CRAWFORD OIL COMPANY 401K PROFIT SHARING PLAN	
<b>b</b> Name of plan sponsor	CRAWFORD OIL COMPANY INC	<b>c</b> EIN-PN 43-1630232-001
<b>a</b> Plan name	LAMBERTS CAFE INC 401K PROFIT SHARING PLAN AND TRUST	
<b>b</b> Name of plan sponsor	LAMBERTS CAFE INC	<b>c</b> EIN-PN 43-1666353-001
<b>a</b> Plan name	COMPREHENSIVE CARDIOVASCULAR CONSULTANTS INC 401K PLAN	
<b>b</b> Name of plan sponsor	COMPREHENSIVE CARDIOVASCULAR CONSULTANTS INC	<b>c</b> EIN-PN 43-1905325-001
<b>a</b> Plan name	GRANITE POINTE EYECARE INC 401K SAVINGS PLAN	
<b>b</b> Name of plan sponsor	GRANITE POINTE EYE CARE INC	<b>c</b> EIN-PN 43-2023968-001
<b>a</b> Plan name	SECHLER ELECTRIC INC 401K PLAN	
<b>b</b> Name of plan sponsor	SECHLER ELECTRIC	<b>c</b> EIN-PN 44-0661605-001
<b>a</b> Plan name	SCHWARTZ CONSTRUCTION RETIREMENT PLAN	
<b>b</b> Name of plan sponsor	EDWARD H SCHWARTZ CONSTRUCTION INC	<b>c</b> EIN-PN 45-0349732-001
<b>a</b> Plan name	MIDSOUTH CONTROL LINE 401K PLAN	
<b>b</b> Name of plan sponsor	MIDSOUTH CONTROL LINE	<b>c</b> EIN-PN 45-1625364-001
<b>a</b> Plan name	POGO INC 401K SAVINGS PLAN	
<b>b</b> Name of plan sponsor	POGO INC	<b>c</b> EIN-PN 45-1637234-001
<b>a</b> Plan name	BLAIS ASSOCIATES 401K PLAN	
<b>b</b> Name of plan sponsor	BLAIS ASSOCIATES LLC	<b>c</b> EIN-PN 45-3083595-001
<b>a</b> Plan name	HILO OBSTETRICS AND GYNECOLOGY LLC PROFIT SHARING PLAN	
<b>b</b> Name of plan sponsor	HILO OBSTETRICS AND GYNECOLOGY LLC	<b>c</b> EIN-PN 45-4012496-001

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	GRAND TREASURE CASINO 401K PLAN	
<b>b</b>	Name of plan sponsor	GRAND TREASURE CASINO	<b>c</b> EIN-PN 45-5152183-001
<b>a</b>	Plan name	GENER8 LLC PROFIT SHARING 401K PLAN	
<b>b</b>	Name of plan sponsor	GENER8 LLC	<b>c</b> EIN-PN 45-5608674-001
<b>a</b>	Plan name	NAVTEC RIGGING SOLUTIONS INC 401K PLAN	
<b>b</b>	Name of plan sponsor	NAVTEC RIGGING SOLUTIONS INC	<b>c</b> EIN-PN 46-1475811-001
<b>a</b>	Plan name	EAR NOSE THROAT PHYSICIANS SURGEONS 401K PSP	
<b>b</b>	Name of plan sponsor	EAR NOSE THROAT PHYSICIANS SURGEONS O	<b>c</b> EIN-PN 46-1507282-001
<b>a</b>	Plan name	COOK AUCTION COMPANY INC 401K PLAN	
<b>b</b>	Name of plan sponsor	COOK AUCTION COMPANY INC	<b>c</b> EIN-PN 46-1562259-001
<b>a</b>	Plan name	EDWARDS KETCHER PLLC 401K PLAN	
<b>b</b>	Name of plan sponsor	EDWARDS KETCHER PLLC DBA ELMA FAMILY DENTAL	<b>c</b> EIN-PN 46-1957756-001
<b>a</b>	Plan name	NEHRING SENDIKS ON DOWNER LLC 401K PROFIT SHARING PLAN AND TRUST	
<b>b</b>	Name of plan sponsor	NEHRING SENDIKS ON DOWNER LLC	<b>c</b> EIN-PN 46-3498033-001
<b>a</b>	Plan name	DERMATOLOGY AND SKIN SURGERY CENTER CASH BALANCE PLAN	
<b>b</b>	Name of plan sponsor	DERMATOLOGY AND SKIN SURGERY CENTER	<b>c</b> EIN-PN 46-4319257-001
<b>a</b>	Plan name	NEBRASKA CHILDRENS HOME SOCIETY 401K RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	NEBRASKA CHILDRENS HOME SOCIETY	<b>c</b> EIN-PN 47-0378995-001
<b>a</b>	Plan name	WESTMOOR MANUFACTURING COMPANY PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	WESTMOOR MFG CO	<b>c</b> EIN-PN 47-0410162-001
<b>a</b>	Plan name	401K PROFIT SHARING PLAN OF GIRL SCOUTS SPIRIT OF NEBRASKA	
<b>b</b>	Name of plan sponsor	GIRL SCOUTS SPIRIT OF NEBRASKA	<b>c</b> EIN-PN 47-0432299-001
<b>a</b>	Plan name	ANDERSON CREAGER WITTSTRUCK PC 401K SALARY REDUCTION PLAN TRUST	
<b>b</b>	Name of plan sponsor	ANDERSON CREAGER WITTSTRUCK PC	<b>c</b> EIN-PN 47-0700064-001

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.)	
<b>a</b>	Plan name LESTER GROUP 401K PROFIT SHARING PLAN AND TRUST THE	
<b>b</b>	Name of plan sponsor LESTER INSURANCE GROUP INC NC SCORPORATION	<b>c</b> EIN-PN 47-1982917-001
<b>a</b>	Plan name CAHILL ORTHOPEDIC SPORTS MEDICINE JOINT REPLACEMENT PC 401K PLAN	
<b>b</b>	Name of plan sponsor CAHILL ORTHOPEDIC SPORTS MEDICINE JOINT REPLACEMENT	<b>c</b> EIN-PN 47-2597704-001
<b>a</b>	Plan name CITY OF ORD MONEY PURCHASE	
<b>b</b>	Name of plan sponsor CITY OF ORD MONEY PURCHASE PENSION TRUST	<b>c</b> EIN-PN 47-6006307-001
<b>a</b>	Plan name WEAVERS INC 401K PLAN	
<b>b</b>	Name of plan sponsor WEAVERS INC	<b>c</b> EIN-PN 48-0675556-001
<b>a</b>	Plan name VIVA INTERNATIONAL INC 401K PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor VIVA INTERNATIONAL INC	<b>c</b> EIN-PN 48-0799577-001
<b>a</b>	Plan name OVATION CABINETRY RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor OVATION CABINETRY	<b>c</b> EIN-PN 48-1170475-001
<b>a</b>	Plan name HOPAJET WORLDWIDE JET CHARTER INC 401K PROFIT SHARING PLAN AND TRUST	
<b>b</b>	Name of plan sponsor HOPAJET WORLDWIDE JET CHARTER INC	<b>c</b> EIN-PN 48-1287230-001
<b>a</b>	Plan name APL FEDERAL CREDIT UNION RETIREMENT INCOME PLAN TRUST	
<b>b</b>	Name of plan sponsor APL FEDERAL CREDIT UNION	<b>c</b> EIN-PN 52-0651037-001
<b>a</b>	Plan name ERRANDS PLUS DBA RMA CHAUFFEURED TRANSPORTATION 401K PLAN	
<b>b</b>	Name of plan sponsor ERRANDS PLUS DBA RMA CHAUFFEURED TRANSPORTATION	<b>c</b> EIN-PN 52-1581475-001
<b>a</b>	Plan name CHESAPEAKE ELECTRICAL SYSTEMS INC PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor CHESAPEAKE ELECTRICAL SYSTEMS INC	<b>c</b> EIN-PN 52-1844991-001
<b>a</b>	Plan name CCR SOLUTIONS INC 401K PLAN	
<b>b</b>	Name of plan sponsor CCR SOLUTIONS INC	<b>c</b> EIN-PN 52-2299014-001
<b>a</b>	Plan name LSR HOUSTON INC 401K PLAN	
<b>b</b>	Name of plan sponsor LSR HOUSTON INC	<b>c</b> EIN-PN 52-2362572-001

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.)	
<b>a</b>	Plan name BUSINESS OPPORTUNITIES FOR THE BLIND RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor BUSINESS OPPORTUNITIES FOR THE BLIND	<b>c</b> EIN-PN 54-0627094-001
<b>a</b>	Plan name GARY ALLEN HAIR SKIN CARE CENTRE 401K PLAN	
<b>b</b>	Name of plan sponsor GARY ALLEN HAIR SKIN CARE CENTRE	<b>c</b> EIN-PN 54-1020253-001
<b>a</b>	Plan name POSITIVE IMAGE INC 401K PLAN	
<b>b</b>	Name of plan sponsor POSITIVE IMAGE INC	<b>c</b> EIN-PN 54-1220312-001
<b>a</b>	Plan name R D MANAGEMENT 401K SAVINGS PLAN	
<b>b</b>	Name of plan sponsor R D MANAGEMENT	<b>c</b> EIN-PN 55-0877541-001
<b>a</b>	Plan name STRICKLAND WATERPROOFING COMPANY INC 401K PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor STRICKLAND WATERPROOFING COMPANY INC	<b>c</b> EIN-PN 56-1546253-001
<b>a</b>	Plan name CLARKE COMPANY BENEFITS LLC 401K PLAN	
<b>b</b>	Name of plan sponsor CLARKE COMPANY BENEFITS	<b>c</b> EIN-PN 56-2192503-001
<b>a</b>	Plan name TELESOURCE RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor TELESOURCE	<b>c</b> EIN-PN 56-2249595-001
<b>a</b>	Plan name CSL SERVICES INC 401K PLAN	
<b>b</b>	Name of plan sponsor CSL SERVICES INC	<b>c</b> EIN-PN 57-1164050-001
<b>a</b>	Plan name SOUTH GEORGIA MEDICINE PC 401K PROFIT SHARING PLAN TRUST	
<b>b</b>	Name of plan sponsor SOUTH GEORGIA MEDICINE PC	<b>c</b> EIN-PN 58-1979611-001
<b>a</b>	Plan name MAJTH MANAGEMENT LLC 401K PLAN	
<b>b</b>	Name of plan sponsor MAJTH MANAGEMENT	<b>c</b> EIN-PN 58-2516641-001
<b>a</b>	Plan name ATLAS MORTGAGE AND INSURANCE 401K SAVINGS PLAN	
<b>b</b>	Name of plan sponsor ATLAS MORTGAGE INSURANCE COMPANY INC	<b>c</b> EIN-PN 59-0700799-001
<b>a</b>	Plan name SOUTH FLORIDA FAIR PALM BEACH COUNTY EXPO INC PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor SOUTH FLORIDA FAIR PALM BEACH COUNTY EXPO INC	<b>c</b> EIN-PN 59-0870057-001

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
<small>(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)</small>			
<b>a</b>	Plan name	GRUHN MAY INC 401K SALARY REDUCTION PLAN TRUST	
<b>b</b>	Name of plan sponsor	GRUHN MAY INC 401K SAL REDUCT PL TRST	<b>c</b> EIN-PN 59-1428549-001
<b>a</b>	Plan name	JEFFREY D JONES DMD PA 401K PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	JEFFREY D JONES DMD PA	<b>c</b> EIN-PN 59-1628858-001
<b>a</b>	Plan name	CENSTATE CONTRACTORS INC 401K PLAN	
<b>b</b>	Name of plan sponsor	CENSTATE CONTRACTORS INC	<b>c</b> EIN-PN 59-2554615-001
<b>a</b>	Plan name	CHEMTEL INC 401K RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	CHEMTEL INC	<b>c</b> EIN-PN 59-2998814-001
<b>a</b>	Plan name	UNCONVENTIONAL CONCEPTS INC 401K SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	UNCONVENTIONAL CONCEPTS INC	<b>c</b> EIN-PN 59-3448894-001
<b>a</b>	Plan name	PETER G LEMIEUX DMD PA 401K PLAN	
<b>b</b>	Name of plan sponsor	PETER G LEMIEUX DMD PA	<b>c</b> EIN-PN 59-3631256-001
<b>a</b>	Plan name	BIRKHEAD COMPANY INCORPORATED 401K PROFIT SHARING PLAN TRUST	
<b>b</b>	Name of plan sponsor	BIRKHEAD COMPANY INCORPORATED	<b>c</b> EIN-PN 61-0570320-001
<b>a</b>	Plan name	ALLIANCE CORPORATION 401K PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	ALLIANCE CORPORATION	<b>c</b> EIN-PN 61-0875443-001
<b>a</b>	Plan name	CHRYSLIS HOUSE INC 401K PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	CHRYSLIS HOUSE INC	<b>c</b> EIN-PN 61-1012290-001
<b>a</b>	Plan name	DELTECH MANUFACTURING INC 401K RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	DELTECH MANUFACTURING INC	<b>c</b> EIN-PN 61-1087649-001
<b>a</b>	Plan name	HAIR BENDERS INTERNATIONAL LLC 401K PLAN	
<b>b</b>	Name of plan sponsor	HAIR BENDERS INTERNATIONAL LLC	<b>c</b> EIN-PN 62-1031207-001
<b>a</b>	Plan name	METAL BUILDING PRODUCTS INC 401K PLAN	
<b>b</b>	Name of plan sponsor	METAL BUILDING PRODUCTS INC	<b>c</b> EIN-PN 62-1290071-001

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	KTR CORPORATION 401K PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	KTR CORPORATION	<b>c</b> EIN-PN 62-1384024-001
<b>a</b>	Plan name	ORLAMPA INC 401K PROFIT SHARING PLAN TRUST	
<b>b</b>	Name of plan sponsor	ORLAMPA INC	<b>c</b> EIN-PN 65-0170939-001
<b>a</b>	Plan name	OCALA REGIONAL PHYSICAL THERAPY CENTER LTD 401K PLAN	
<b>b</b>	Name of plan sponsor	OCALA REGIONAL PHYSICAL THERAPY CENTER LTD	<b>c</b> EIN-PN 65-0773288-001
<b>a</b>	Plan name	HUTTON LAW FIRM EMPLOYEE SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	STEVEN D HUTTON PL	<b>c</b> EIN-PN 65-1064666-001
<b>a</b>	Plan name	HDD COMPANY INC 401K SALARY REDUCTION PLAN AND TRUST	
<b>b</b>	Name of plan sponsor	HDD COMPANY INC	<b>c</b> EIN-PN 68-0422993-001
<b>a</b>	Plan name	ADVANCE KIDS INC 401K PLAN	
<b>b</b>	Name of plan sponsor	ADVANCE KIDS INC	<b>c</b> EIN-PN 68-0487185-001
<b>a</b>	Plan name	ARROW LAND SOLUTIONS LLC 401K PLAN	
<b>b</b>	Name of plan sponsor	ARROW LAND SOLUTIONS LLC	<b>c</b> EIN-PN 71-0921287-001
<b>a</b>	Plan name	KENNEDY LAW FIRM LLC PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	KENNEDY LAW FIRM LLC	<b>c</b> EIN-PN 71-0926845-001
<b>a</b>	Plan name	MOSES ENGINEERS INC 401K PLAN	
<b>b</b>	Name of plan sponsor	MOSES ENGINEERS INC	<b>c</b> EIN-PN 72-0653352-001
<b>a</b>	Plan name	GRADY CRAWFORD CONSTRUCTION CO PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	GRADY CRAWFORD CONSTRUCTION	<b>c</b> EIN-PN 72-0795086-001
<b>a</b>	Plan name	VIP INTERNATIONAL INC EMPLOYEE RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	VACUUM IND POLLUTION INTL INC DBA VIP INTL INC	<b>c</b> EIN-PN 72-0960423-001
<b>a</b>	Plan name	NTA GRAPHICS SOUTH INC 401K PLAN	
<b>b</b>	Name of plan sponsor	NTA GRAPHICS SOUTH INC	<b>c</b> EIN-PN 72-1377388-001

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.)	
<b>a</b>	Plan name STEVE MOORE LAW FIRM 401K PLAN	
<b>b</b>	Name of plan sponsor STEVEN J MOORE LLC	<b>c</b> EIN-PN 72-1455080-001
<b>a</b>	Plan name LOUISIANA TRUCK STOP GAMING EMPLOYEES LLC 401K PLAN	
<b>b</b>	Name of plan sponsor LOUISIANA TRUCK STOP GAMING EES LLC 401K	<b>c</b> EIN-PN 72-1489433-001
<b>a</b>	Plan name THE INSURANCE CENTER AGENCY INC 401K PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor INSURANCE CENTER AGENCY INC	<b>c</b> EIN-PN 73-1466362-001
<b>a</b>	Plan name JORDAN PROPELLER SERVICE INC PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor JORDAN PROPELLER SERVICE INC	<b>c</b> EIN-PN 74-1612573-001
<b>a</b>	Plan name STSARS 401K	
<b>b</b>	Name of plan sponsor SOUTH TEXAS SUBSTANCE ABUSE RECOVERY SERVICES	<b>c</b> EIN-PN 74-1658460-001
<b>a</b>	Plan name MOHAWK MACHINE WELDING INC 401K PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor MOHAWK MACHINE WELDING INC	<b>c</b> EIN-PN 74-1671007-001
<b>a</b>	Plan name LAREDO PAINT AND DECORATING INC PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor LAREDO PAINT DECORATING INC	<b>c</b> EIN-PN 74-1700913-001
<b>a</b>	Plan name WELDERS SUPPLY COMPANY EMPLOYEES PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor WELDERS SUPPLY COMPANY	<b>c</b> EIN-PN 74-1703784-001
<b>a</b>	Plan name CLARK HARDWARE INC 401K PROFIT SHARING P LAN	
<b>b</b>	Name of plan sponsor CLARK HARDWARE INC	<b>c</b> EIN-PN 74-2006267-001
<b>a</b>	Plan name TRANS AMERICA STORAGE AND FORWARDING CO INC RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor TRANSAMERICA STORAGE	<b>c</b> EIN-PN 74-2032448-001
<b>a</b>	Plan name TEXAS FORWARDING SERVICES INC RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor TEXAS FORWARDING SERVICES INC	<b>c</b> EIN-PN 74-2184729-001
<b>a</b>	Plan name GOYOS AND SONS INC RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor GOYOS AND SONS INC	<b>c</b> EIN-PN 74-2195132-001

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	FREEMAN AND CASTILLON RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	FREEMAN CASTILLON	<b>c</b> EIN-PN 74-2262144-001
<b>a</b>	Plan name	PHI SERVICE AGENCY INC PROFIT SHARING PL AN	
<b>b</b>	Name of plan sponsor	PHI SERVICE AGENCY INC	<b>c</b> EIN-PN 74-2443916-001
<b>a</b>	Plan name	ALAMO ENT ASSOCIATES 401K PLAN	
<b>b</b>	Name of plan sponsor	ALAMO ENT ASSOCIATES PA	<b>c</b> EIN-PN 74-2625722-001
<b>a</b>	Plan name	HEPECA LOGISTICS INC RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	HEPECA LOGISTICS INC	<b>c</b> EIN-PN 74-2661272-001
<b>a</b>	Plan name	MARTINEZ AND GUARNEROS PLLC RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	MARTINEZ GUARNEROS PLLC	<b>c</b> EIN-PN 74-2962994-001
<b>a</b>	Plan name	GARCIA CHIROPRACTIC RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	J J GARCIA ENTERPRISES INC DBA GARCIA CHIROPRACTIC	<b>c</b> EIN-PN 74-2973544-001
<b>a</b>	Plan name	GAILS FLAGS INC 401K PLAN	
<b>b</b>	Name of plan sponsor	GAILS FLAGS GOLF COURSE ACCESSORIES INC	<b>c</b> EIN-PN 75-2407147-001
<b>a</b>	Plan name	EYE CENTER ON CAPITOL HILL 401K PLAN	
<b>b</b>	Name of plan sponsor	S I BUTRUS MD PC	<b>c</b> EIN-PN 75-3171733-001
<b>a</b>	Plan name	MOLLOY CORPORATION 401K PLAN	
<b>b</b>	Name of plan sponsor	MOLLOY CORPORATION	<b>c</b> EIN-PN 76-0222373-001
<b>a</b>	Plan name	LINER SHOES INC 401K PLAN	
<b>b</b>	Name of plan sponsor	LINER SHOES INC	<b>c</b> EIN-PN 76-0486356-001
<b>a</b>	Plan name	SABRE TECHNOLOGIES LP EMPLOYEES SAVINGS TRUST	
<b>b</b>	Name of plan sponsor	SABRE TECHNOLOGIES LP	<b>c</b> EIN-PN 76-0539618-001
<b>a</b>	Plan name	WWT INTERNATIONAL INC 401K PROFIT SHARING PLAN TRUST	
<b>b</b>	Name of plan sponsor	WWT INTERNATIONAL INC	<b>c</b> EIN-PN 76-0557787-001

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	STERLINGTECH 401K PLAN	
<b>b</b>	Name of plan sponsor	STERLINGTECH INC	<b>c</b> EIN-PN 76-0577046-001
<b>a</b>	Plan name	THANG ALEX HUYNH DDS PA 401K PLAN	
<b>b</b>	Name of plan sponsor	THANG ALEX HUYNH DDS PA	<b>c</b> EIN-PN 76-0658914-001
<b>a</b>	Plan name	SMILE QUEST DENTAL 401K PROFIT SHARING PLAN TRUST	
<b>b</b>	Name of plan sponsor	SMILE QUEST DENTAL	<b>c</b> EIN-PN 76-0722634-001
<b>a</b>	Plan name	SULAK DENTISTRY 401K PLAN	
<b>b</b>	Name of plan sponsor	SULAK DENTISTRY	<b>c</b> EIN-PN 77-0047075-001
<b>a</b>	Plan name	ORCHARD COMMERCIAL INC RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	ORCHARD COMMERCIAL INC	<b>c</b> EIN-PN 77-0539406-001
<b>a</b>	Plan name	WHITEBRIDGE PET BRANDS LLC 401K PLAN	
<b>b</b>	Name of plan sponsor	WHITEBRIDGE PET BRANDS LLC	<b>c</b> EIN-PN 77-0584827-001
<b>a</b>	Plan name	WILDLIFE PARTNERS LLC RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	WILDLIFE PARTNERS LLC	<b>c</b> EIN-PN 81-1484264-001
<b>a</b>	Plan name	LAW OFFICE OF D WAYNE LEECH 401K PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	LAW OFFICE OF D WAYNE LEECH A PROFESSIONAL CORP	<b>c</b> EIN-PN 81-1504588-001
<b>a</b>	Plan name	ALL SEASONS COMFORT SYSTEMS INC 401K PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	ALL SEASONS COMFORT SYSTEMS INC	<b>c</b> EIN-PN 81-5230862-001
<b>a</b>	Plan name	COATINGS OF ILLINOIS INC DBA CENTRAL ILLINOIS COATINGS 401K PLAN	
<b>b</b>	Name of plan sponsor	COATINGS OF ILLINOIS INC DBA CENTRAL ILLINOIS COATINGS	<b>c</b> EIN-PN 83-0867636-001
<b>a</b>	Plan name	JTECH MEDICAL 401K PLAN	
<b>b</b>	Name of plan sponsor	SALTIRE INVESTMENT CORP DBA JTECH MEDICAL INDUSTRIES	<b>c</b> EIN-PN 83-2237884-001
<b>a</b>	Plan name	HARTMAN BROTHERS INC PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	HARTMAN BROTHERS INC	<b>c</b> EIN-PN 84-0223090-001

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	HOFFMAN STANS COFFEE LLC 401K PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	HOFFMAN STANS COFFEE LLC	<b>c</b> EIN-PN 84-3833057-001
<b>a</b>	Plan name	WHITE MOUNTAIN APACHE HOUSING AUTHORITY 401K PLAN	
<b>b</b>	Name of plan sponsor	WHITE MOUNTAIN APACHE HOUSING AUTHORITY	<b>c</b> EIN-PN 86-0194403-001
<b>a</b>	Plan name	THE LEARNING JOURNEY INTERNATIONAL LLC 401K PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	LEARNING JOURNEY INTERNATIONAL LLC	<b>c</b> EIN-PN 86-0902474-001
<b>a</b>	Plan name	CRONKHITE INDUSTRIES INC 401K PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	MOHR MANUFACTURING CORPORATION DBA CRONKHITE INDUSTRIES	<b>c</b> EIN-PN 86-2914929-001
<b>a</b>	Plan name	T M MANUFACTURING INC SAFE HARBOR 401K PLAN	
<b>b</b>	Name of plan sponsor	T M MANUFACTURING INC	<b>c</b> EIN-PN 87-0578345-001
<b>a</b>	Plan name	MILESTONE MANAGEMENT INC RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	MILESTONE MANAGEMENT INC	<b>c</b> EIN-PN 87-0685560-001
<b>a</b>	Plan name	MC DONALD AND FOSTER 401K PLAN	
<b>b</b>	Name of plan sponsor	MC DONALD AND FOSTER	<b>c</b> EIN-PN 88-0119775-001
<b>a</b>	Plan name	CCP GLOBAL INC 401K PROFIT SHARING PLAN TRUST	
<b>b</b>	Name of plan sponsor	CCP GLOBAL INC	<b>c</b> EIN-PN 88-0382314-001
<b>a</b>	Plan name	BELLINGHAM EAR NOSE THROAT PLASTIC SURGERY 401K PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	BELLINGHAM EAR NOSE THROAT PLASTIC SURGERY	<b>c</b> EIN-PN 91-1009308-001
<b>a</b>	Plan name	STEVEN H KIGAWA DDS INC 401K PLAN	
<b>b</b>	Name of plan sponsor	STEVEN H KIGAWA DDS INC	<b>c</b> EIN-PN 91-1886979-001
<b>a</b>	Plan name	WITREY INC 401K PLAN	
<b>b</b>	Name of plan sponsor	WITREY INC	<b>c</b> EIN-PN 92-0015587-001
<b>a</b>	Plan name	JJ FUNERAL SERVICES 401K PLAN	
<b>b</b>	Name of plan sponsor	J J FUNERAL SERVICES DBA PARRISH FUNERAL	<b>c</b> EIN-PN 92-3406593-001

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	HANSEN YAO CORPORATION 401K PLAN	
<b>b</b>	Name of plan sponsor	HANSEN YAO CORPORATION	<b>c</b> EIN-PN 94-2969054-001
<b>a</b>	Plan name	MIDTOWN INTERNAL MEDICINE GROUP 401K SAV INGS PLAN	
<b>b</b>	Name of plan sponsor	MIDTOWN INTERNAL MEDICINE GROUP	<b>c</b> EIN-PN 94-3369501-001
<b>a</b>	Plan name	WECKERLE COSMETICS USA 401K PLAN	
<b>b</b>	Name of plan sponsor	WECKERLE SALES CORPORATION	<b>c</b> EIN-PN 95-3402236-001
<b>a</b>	Plan name	KUSHIYU PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	KUSHIYU	<b>c</b> EIN-PN 95-4118432-001
<b>a</b>	Plan name	LENAX CONSTRUCTION SERVICES INC 401K PLAN	
<b>b</b>	Name of plan sponsor	LENAX CONSTRUCTION SERVICES INC	<b>c</b> EIN-PN 95-4414445-001
<b>a</b>	Plan name	GINGERICH CONSTRUCTION INC PREVAILING WAGE RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	GINGERICH CONSTRUCTION INC	<b>c</b> EIN-PN 95-4769656-001
<b>a</b>	Plan name	INTEGRATED SECURITY TECHNOLOGIES INC 401K PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	INTEGRATED SECURITY TECHNOLOGIES INC	<b>c</b> EIN-PN 99-0332043-001
<b>a</b>	Plan name	VANS FLOORING PENSION PLAN	
<b>b</b>	Name of plan sponsor	VANS FLOORING TILE INC	<b>c</b> EIN-PN 99-0341042-001
<b>a</b>	Plan name	EXECUTIVE ELECTRONICS INC 401K PROFIT SHARING PLAN TRUST	
<b>b</b>	Name of plan sponsor	EXECUTIVE ELECTRONICS INC	<b>c</b> EIN-PN 02-0635588-002
<b>a</b>	Plan name	MATERIAL INSTALLATIONS INC 401K PLAN	
<b>b</b>	Name of plan sponsor	MATERIAL INSTALLATIONS INC	<b>c</b> EIN-PN 04-2712911-002
<b>a</b>	Plan name	GAFFNEY BENNETT AND ASSOCIATES INC 401K PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	GAFFNEY BENNETT AND ASSOCIATES INC	<b>c</b> EIN-PN 06-1123532-002
<b>a</b>	Plan name	LIPMAN ANTONELLI BATT GILSON ROTHMAN CAPASSO 401K PLAN	
<b>b</b>	Name of plan sponsor	LIPMAN ANTONELLI BATT GILSON ROTHMAN CAPASSO PA	<b>c</b> EIN-PN 22-1972548-002

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.)	
<b>a</b>	Plan name <b>RAPC RETIREMENT PLAN</b>	
<b>b</b>	Name of plan sponsor <b>RUDNICK ADDONIZIO PAPPAS CASAZZA PC</b>	<b>c</b> EIN-PN <b>22-2127529-002</b>
<b>a</b>	Plan name <b>ANTZ ENERGY SYSTEMS INC 401K PLAN</b>	
<b>b</b>	Name of plan sponsor <b>ANTZ ENERGY SYSTEMS INC</b>	<b>c</b> EIN-PN <b>23-1695009-002</b>
<b>a</b>	Plan name <b>BAILY INSURANCE AGENCY INC PROFIT SHARING PLAN</b>	
<b>b</b>	Name of plan sponsor <b>BAILY INSURANCE AGENCY INC</b>	<b>c</b> EIN-PN <b>25-1352190-002</b>
<b>a</b>	Plan name <b>GLOBAL EMPIRE LLC DBA GLOBAL HEALTHCARE GROUP LLC PREVAILING WAGE 401K PROFIT SHARING PLAN</b>	
<b>b</b>	Name of plan sponsor <b>GLOBAL EMPIRE LLC DBA GLOBAL HEALTHCARE GROUP LLC</b>	<b>c</b> EIN-PN <b>25-1836736-002</b>
<b>a</b>	Plan name <b>STUDY ACROSS THE POND CASH BALANCE PLAN</b>	
<b>b</b>	Name of plan sponsor <b>STUDY ACROSS THE POND</b>	<b>c</b> EIN-PN <b>27-0381313-002</b>
<b>a</b>	Plan name <b>THE CAMARGO CLUB 401K PLAN</b>	
<b>b</b>	Name of plan sponsor <b>THE CAMARGO CLUB</b>	<b>c</b> EIN-PN <b>31-0232360-002</b>
<b>a</b>	Plan name <b>YOUNGSTOWN HARD CHROME PLATING GRINDING INC 401K RETIREMENT SAVINGS PLAN</b>	
<b>b</b>	Name of plan sponsor <b>YOUNGSTOWN HARD CHROME PLATING GRINDING INC</b>	<b>c</b> EIN-PN <b>34-0925064-002</b>
<b>a</b>	Plan name <b>MARKET SHARE INC 401K SALARY REDUCTION PL TR</b>	
<b>b</b>	Name of plan sponsor <b>MARKET SHARE INC</b>	<b>c</b> EIN-PN <b>35-1627273-002</b>
<b>a</b>	Plan name <b>FARMERS MERCHANTS NATIONAL BANK 401K PROFIT SHARING PLAN</b>	
<b>b</b>	Name of plan sponsor <b>FARMERS MERCHANTS NATIONAL BANK</b>	<b>c</b> EIN-PN <b>37-0269515-002</b>
<b>a</b>	Plan name <b>WHITE BROKERAGE CO PROFIT SHARING PLAN</b>	
<b>b</b>	Name of plan sponsor <b>WHITE BROKERAGE</b>	<b>c</b> EIN-PN <b>38-2420654-002</b>
<b>a</b>	Plan name <b>RJI RETIREMENT SAVINGS PLAN</b>	
<b>b</b>	Name of plan sponsor <b>ROLLIE JOHNSON INC</b>	<b>c</b> EIN-PN <b>43-1036919-002</b>
<b>a</b>	Plan name <b>BOOTHEEL COUNSELING SERVICES RETIREMENT PLAN</b>	
<b>b</b>	Name of plan sponsor <b>BOOTHEEL COUNSELING SERVICES INC</b>	<b>c</b> EIN-PN <b>43-1067515-002</b>

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.)		
<b>a</b>	Plan name MILLER CENTRIFUGAL CASTING CO INC 401K SAVINGS PLAN	
<b>b</b>	Name of plan sponsor MILLER CENTRIFUGAL CASTING CO INC	<b>c</b> EIN-PN 47-0855967-002
<b>a</b>	Plan name EASTCOAST MEDICAL NETWORK 401K SAVINGS PLAN	
<b>b</b>	Name of plan sponsor EASTCOAST MEDICAL NETWORK INC	<b>c</b> EIN-PN 59-3001031-002
<b>a</b>	Plan name HOWELL CONTRACTORS PREVAILING WAGE PLAN	
<b>b</b>	Name of plan sponsor HOWELL CONTRACTORS	<b>c</b> EIN-PN 61-1157309-002
<b>a</b>	Plan name STEVEN R DANIEL DDS 401K PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor STEVEN R DANIEL DDS	<b>c</b> EIN-PN 62-1166684-002
<b>a</b>	Plan name PULMONARY CARE OF CENTRAL FLORIDA P A PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor PULMONARY CARE OF CENTRAL FLORIDA PA	<b>c</b> EIN-PN 65-1188872-002
<b>a</b>	Plan name CAMPBELL LUMBER CO EMPLOYEES PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor CAMPBELL LUMBER COMPANY	<b>c</b> EIN-PN 74-0542190-002
<b>a</b>	Plan name HOUSTON MANUFACTURING SPECIALTY CO INC 401K PLAN	
<b>b</b>	Name of plan sponsor HOUSTON MANUFACTURING SPECIALTY CO INC	<b>c</b> EIN-PN 74-1791046-002
<b>a</b>	Plan name FOLBRE ASSOCIATES INC RETIREMENT SAVIN GS PLAN	
<b>b</b>	Name of plan sponsor FOLBRE ASSOCIATES INC	<b>c</b> EIN-PN 74-2466999-002
<b>a</b>	Plan name BOWIE COUNTY APPRAISAL DISTRICT MPPP	
<b>b</b>	Name of plan sponsor BOWIE COUNTY APPRAISAL DISTRICT	<b>c</b> EIN-PN 75-1683548-002
<b>a</b>	Plan name HORIZON TECH INDUSTRIES XS SIGHT SYSTEMS 401K PLAN	
<b>b</b>	Name of plan sponsor HORIZON TECH INDUSTRIES INC	<b>c</b> EIN-PN 75-2004247-002
<b>a</b>	Plan name BUTRUS CASH BALANCE PLAN	
<b>b</b>	Name of plan sponsor SALIM I BUTRUS MD PC EYE CENTER ON CAPITOL HILL	<b>c</b> EIN-PN 75-3171733-002
<b>a</b>	Plan name PROPORTIONAL TECHNOLOGIES INC 401K PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor PROPORTIONAL TECHNOLOGIES INC	<b>c</b> EIN-PN 76-0345581-002

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	NPC DCDF 401K SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	NEVADA PACIFIC CONSULTING LLC	<b>c</b> EIN-PN 88-0405451-002
<b>a</b>	Plan name	FLORAL SUPPLY SYNDICATE 401K PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	FLORAL SUPPLY SYNDICATE	<b>c</b> EIN-PN 95-1577217-002
<b>a</b>	Plan name	DME INCORPORATED 401K PLAN	
<b>b</b>	Name of plan sponsor	DME INCORPORATED	<b>c</b> EIN-PN 95-3044994-002
<b>a</b>	Plan name	THE PAINTED TURTLE CAMP FOUNDATION 401K SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	PAINTED TURTLE CAMP FOUNDATION THE	<b>c</b> EIN-PN 95-4612481-002
<b>a</b>	Plan name	LOS ANGELES OPHTHALMOLOGY MEDICAL GROUP INC 401K PLAN	
<b>b</b>	Name of plan sponsor	LOS ANGELES OPHTHALMOLOGY MEDICAL GROUP INC	<b>c</b> EIN-PN 95-4860622-002
<b>a</b>	Plan name	WEIL AKMAN BAYLIN COLEMAN PA 401K PROFIT SHARING PLAN TRUST	
<b>b</b>	Name of plan sponsor	WEIL AKMAN BAYLIN COLEMANPA	<b>c</b> EIN-PN 52-1645472-003
<b>a</b>	Plan name	THE LEATHER SPECIALTY COMPANY EMPLOYEES RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	THE LEATHER SPECIALTY COMPANY	<b>c</b> EIN-PN 59-1237020-003
<b>a</b>	Plan name	WORKFORCE SOLUTIONS FOR SOUTH TEXAS RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	WORKFORCE SOLUTIONS FOR SOUTH TEXAS	<b>c</b> EIN-PN 74-2821303-003
<b>a</b>	Plan name	KAVON FILTER PRODUCTS LLC 401K PLAN	
<b>b</b>	Name of plan sponsor	KAVON FILTER PRODUCTS LLC	<b>c</b> EIN-PN 92-1715575-003
<b>a</b>	Plan name	PEORIA DAY SURGERY CENTER S C PROFIT SHARING PLAN AND TRUST	
<b>b</b>	Name of plan sponsor	PEORIA DAY SURGERY CENTER SC	<b>c</b> EIN-PN 37-1036514-004
<b>a</b>	Plan name	PATHFINDER INC PREVAILING WAGE PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	PATHFINDER INC	<b>c</b> EIN-PN 71-0428218-006
<b>a</b>	Plan name	INTERNATIONAL UNION OF OPERATING ENGINEERS LOCAL 324 STAFF 401K RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	INTERNATIONAL UNION OF OPERATING ENGINEERS LOCAL 324	<b>c</b> EIN-PN 38-0679790-111



**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.)

<b>a</b> Plan name	GENOAKLAND BAY LANDSCAPING SERVICES LLC MULTIPLE EMPLOYER 401K SAVINGS PLAN	
<b>b</b> Name of plan sponsor	GENOAKLAND BAY LANDSCAPING SERVICES LLC	<b>c</b> EIN-PN 91-2120314-333

<b>a</b> Plan name		
<b>b</b> Name of plan sponsor		<b>c</b> EIN-PN

<b>a</b> Plan name		
<b>b</b> Name of plan sponsor		<b>c</b> EIN-PN

<b>a</b> Plan name		
<b>b</b> Name of plan sponsor		<b>c</b> EIN-PN

<b>a</b> Plan name		
<b>b</b> Name of plan sponsor		<b>c</b> EIN-PN

<b>a</b> Plan name		
<b>b</b> Name of plan sponsor		<b>c</b> EIN-PN

<b>a</b> Plan name		
<b>b</b> Name of plan sponsor		<b>c</b> EIN-PN

<b>a</b> Plan name		
<b>b</b> Name of plan sponsor		<b>c</b> EIN-PN

<b>a</b> Plan name		
<b>b</b> Name of plan sponsor		<b>c</b> EIN-PN

<b>a</b> Plan name		
<b>b</b> Name of plan sponsor		<b>c</b> EIN-PN

<b>a</b> Plan name		
<b>b</b> Name of plan sponsor		<b>c</b> EIN-PN

<b>a</b> Plan name		
<b>b</b> Name of plan sponsor		<b>c</b> EIN-PN

<b>SCHEDULE H</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Financial Information</b>  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).  <b>▶ File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2024</b>  <b>This Form is Open to Public Inspection</b>
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For calendar plan year 2024 or fiscal plan year beginning <b>01/01/2024</b> and ending <b>12/31/2024</b>	
<b>A</b> Name of plan <b>LNL SATB 401K TOOLBOX MANAGED BALANCED</b>	<b>B</b> Three-digit plan number (PN) ▶ <b>722</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>LINCOLN NATIONAL LIFE INSURANCE COMPANY</b>	<b>D</b> Employer Identification Number (EIN) <b>35-0472300</b>

<b>Part I</b>	<b>Asset and Liability Statement</b>
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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
<b>Assets</b>		
<b>a</b> Total noninterest-bearing cash .....	<b>1a</b>	
<b>b</b> Receivables (less allowance for doubtful accounts):		
<b>(1)</b> Employer contributions .....	<b>1b(1)</b>	
<b>(2)</b> Participant contributions .....	<b>1b(2)</b>	
<b>(3)</b> Other .....	<b>1b(3)</b>	94790
		2979156
<b>c</b> General investments:		
<b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....	<b>1c(1)</b>	
<b>(2)</b> U.S. Government securities .....	<b>1c(2)</b>	
<b>(3)</b> Corporate debt instruments (other than employer securities):		
<b>(A)</b> Preferred .....	<b>1c(3)(A)</b>	
<b>(B)</b> All other .....	<b>1c(3)(B)</b>	
<b>(4)</b> Corporate stocks (other than employer securities):		
<b>(A)</b> Preferred .....	<b>1c(4)(A)</b>	
<b>(B)</b> Common .....	<b>1c(4)(B)</b>	
<b>(5)</b> Partnership/joint venture interests .....	<b>1c(5)</b>	
<b>(6)</b> Real estate (other than employer real property) .....	<b>1c(6)</b>	
<b>(7)</b> Loans (other than to participants) .....	<b>1c(7)</b>	
<b>(8)</b> Participant loans .....	<b>1c(8)</b>	
<b>(9)</b> Value of interest in common/collective trusts .....	<b>1c(9)</b>	
<b>(10)</b> Value of interest in pooled separate accounts .....	<b>1c(10)</b>	
<b>(11)</b> Value of interest in master trust investment accounts .....	<b>1c(11)</b>	
<b>(12)</b> Value of interest in 103-12 investment entities .....	<b>1c(12)</b>	
<b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds) .....	<b>1c(13)</b>	59826853
<b>(14)</b> Value of funds held in insurance company general account (unallocated contracts).....	<b>1c(14)</b>	
<b>(15)</b> Other.....	<b>1c(15)</b>	55322311

<b>1d</b> Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	<b>1d(1)</b>		
(2) Employer real property.....	<b>1d(2)</b>		
<b>e</b> Buildings and other property used in plan operation.....	<b>1e</b>		
<b>f</b> Total assets (add all amounts in lines 1a through 1e).....	<b>1f</b>	59921643	58301467
<b>Liabilities</b>			
<b>g</b> Benefit claims payable.....	<b>1g</b>		
<b>h</b> Operating payables.....	<b>1h</b>		
<b>i</b> Acquisition indebtedness.....	<b>1i</b>		
<b>j</b> Other liabilities.....	<b>1j</b>	298974	3045924
<b>k</b> Total liabilities (add all amounts in lines 1g through 1j).....	<b>1k</b>	298974	3045924
<b>Net Assets</b>			
<b>l</b> Net assets (subtract line 1k from line 1f).....	<b>1l</b>	59622669	55255543

**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.

<b>Income</b>		(a) Amount	(b) Total
<b>a Contributions:</b>			
(1) Received or receivable in cash from: <b>(A)</b> Employers.....	<b>2a(1)(A)</b>		
<b>(B)</b> Participants.....	<b>2a(1)(B)</b>		
<b>(C)</b> Others (including rollovers).....	<b>2a(1)(C)</b>		
(2) Noncash contributions.....	<b>2a(2)</b>		
(3) Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> .....	<b>2a(3)</b>		0
<b>b Earnings on investments:</b>			
<b>(1) Interest:</b>			
<b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit).....	<b>2b(1)(A)</b>		
<b>(B)</b> U.S. Government securities.....	<b>2b(1)(B)</b>		
<b>(C)</b> Corporate debt instruments.....	<b>2b(1)(C)</b>		
<b>(D)</b> Loans (other than to participants).....	<b>2b(1)(D)</b>		
<b>(E)</b> Participant loans.....	<b>2b(1)(E)</b>		
<b>(F)</b> Other.....	<b>2b(1)(F)</b>	316302	
<b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....	<b>2b(1)(G)</b>		316302
<b>(2) Dividends:</b>			
<b>(A)</b> Preferred stock.....	<b>2b(2)(A)</b>		
<b>(B)</b> Common stock.....	<b>2b(2)(B)</b>	921593	
<b>(C)</b> Registered investment company shares (e.g. mutual funds).....	<b>2b(2)(C)</b>		
<b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....	<b>2b(2)(D)</b>		921593
<b>(3)</b> Rents.....	<b>2b(3)</b>		
<b>(4) Net gain (loss) on sale of assets:</b>			
<b>(A)</b> Aggregate proceeds.....	<b>2b(4)(A)</b>	153028027	
<b>(B)</b> Aggregate carrying amount (see instructions).....	<b>2b(4)(B)</b>	149135544	
<b>(C)</b> Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result.....	<b>2b(4)(C)</b>		
<b>(5) Unrealized appreciation (depreciation) of assets:</b>			
<b>(A)</b> Real estate.....	<b>2b(5)(A)</b>		
<b>(B)</b> Other.....	<b>2b(5)(B)</b>		
<b>(C)</b> Total unrealized appreciation of assets. Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....	<b>2b(5)(C)</b>		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts .....	<b>2b(6)</b>		
(7) Net investment gain (loss) from pooled separate accounts .....	<b>2b(7)</b>		
(8) Net investment gain (loss) from master trust investment accounts .....	<b>2b(8)</b>		
(9) Net investment gain (loss) from 103-12 investment entities .....	<b>2b(9)</b>		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds) .....	<b>2b(10)</b>		1675671
<b>c</b> Other income .....	<b>2c</b>		
<b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total .....	<b>2d</b>		6806049

**Expenses**

<b>e</b> Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers .....	<b>2e(1)</b>		
(2) To insurance carriers for the provision of benefits .....	<b>2e(2)</b>		
(3) Other .....	<b>2e(3)</b>		
(4) Total benefit payments. Add lines <b>2e(1)</b> through <b>(3)</b> .....	<b>2e(4)</b>		0
<b>f</b> Corrective distributions (see instructions) .....	<b>2f</b>		
<b>g</b> Certain deemed distributions of participant loans (see instructions) .....	<b>2g</b>		
<b>h</b> Interest expense .....	<b>2h</b>		
<b>i</b> Administrative expenses:			
(1) Salaries and allowances .....	<b>2i(1)</b>		
(2) Contract administrator fees .....	<b>2i(2)</b>		
(3) Recordkeeping fees .....	<b>2i(3)</b>		
(4) IQPA audit fees .....	<b>2i(4)</b>	345033	
(5) Investment advisory and investment management fees .....	<b>2i(5)</b>		
(6) Bank or trust company trustee/custodial fees .....	<b>2i(6)</b>		
(7) Actuarial fees .....	<b>2i(7)</b>		
(8) Legal fees .....	<b>2i(8)</b>		
(9) Valuation/appraisal fees .....	<b>2i(9)</b>		
(10) Other trustee fees and expenses .....	<b>2i(10)</b>		
(11) Other expenses .....	<b>2i(11)</b>		
(12) Total administrative expenses. Add lines <b>2i(1)</b> through <b>(11)</b> .....	<b>2i(12)</b>		345033
<b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total .....	<b>2j</b>		345033

**Net Income and Reconciliation**

<b>k</b> Net income (loss). Subtract line <b>2j</b> from line <b>2d</b> .....	<b>2k</b>		6461016
<b>l</b> Transfers of assets:			
(1) To this plan .....	<b>2l(1)</b>		20098449
(2) From this plan .....	<b>2l(2)</b>		30926591

**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
<b>a</b> 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>b</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.)			
<b>c</b> 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.)			
<b>d</b> 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.)			
<b>e</b> Was this plan covered by a fidelity bond?			
<b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?			
<b>g</b> 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?			
<b>h</b> 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?			
<b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)			
<b>j</b> 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.)			
<b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?			
<b>l</b> Has the plan failed to provide any benefit when due under the plan?			
<b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
<b>n</b> 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.)

<b>5b(1)</b> Name of plan(s)	<b>5b(2)</b> EIN(s)	<b>5b(3)</b> 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 \_\_\_\_\_.