

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 SATP 401K TOOLBOX MANAGED CAPITAL PRESERVATION
1b Three-digit plan number (PN): 723
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, Date, and Name. Rows include plan administrator, 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 checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number <div style="background-color: #cccccc; height: 40px; width: 100%;"></div>
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN 4d PN
5 Total number of participants at the beginning of the plan year	5
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits..... c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	<div style="background-color: #cccccc; height: 20px; width: 100%;"></div> 6a(1) 6a(2) 6b 6c 6d 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.	<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 <u>LNL SATP 401K TOOLBOX MANAGED CAPITAL PRESERVATION</u>	B Three-digit plan number (PN)	<u>723</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>LINCOLN NATIONAL LIFE INSURANCE COMPANY</u>	D Employer Identification Number (EIN) <u>35-0472300</u>	

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

d Entity code

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

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d Entity code

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d Entity code

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d Entity code

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c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	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	DENNIS B MIRES 401K PLAN	
b	Name of plan sponsor	DENNIS B MIRES THE ARCHITECT	c EIN-PN 02-0397444-001
a	Plan name	WILLIAM H BURNHAM PROFIT SHARING PLAN	
b	Name of plan sponsor	WILLIAM H BURNHAM	c EIN-PN 02-0510354-001
a	Plan name	SCHORR ARCHITECTS 401K PLAN	
b	Name of plan sponsor	SCHORR ARCHITECTS INC	c EIN-PN 03-0499713-001
a	Plan name	KMS MACHINE WORKS INC PROFIT SHARING 401K PLAN	
b	Name of plan sponsor	KMS MACHINE WORKS INC	c EIN-PN 04-2800723-001
a	Plan name	C C METALS ENGINEERING INC RETIREMENT PLAN	
b	Name of plan sponsor	C C METALS ENGINEERING INC	c EIN-PN 04-3018012-001
a	Plan name	ASSOCIATED ELEVATOR COMPANIES 401K PROFIT SHARING PLAN TRUST	
b	Name of plan sponsor	ASSOCIATED ELEVATOR COMPANIES INC	c EIN-PN 04-3093454-001
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	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	CURVED GLASS DISTRIBUTORS UNION 401K PLAN	
b	Name of plan sponsor	CURVED GLASS DISTRIBUTORS UNION	c EIN-PN 06-1227629-001

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 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 KBL GROUP INTL LTD 401K PLAN	
b	Name of plan sponsor KBL GROUP INTL LTD	c EIN-PN 13-3280942-001
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 L R BAGGS CORPORATION PROFIT SHARING PLAN	
b	Name of plan sponsor L R BAGGS CORPORATION	c EIN-PN 20-0552624-001
a	Plan name KONA VETERINARY SERVICE 401K PLAN	
b	Name of plan sponsor KONA ANIMAL CARE INC DBA KONA VETERINARY SERVICE	c EIN-PN 20-0834295-001
a	Plan name 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 LAW OFFICES OF JAMES J STONE A LAW CORPORATION 401KPSP	
b	Name of plan sponsor LAW OFFICES OF JAMES J STONE	c EIN-PN 20-1016858-001
a	Plan name TFS CUSTOMS BROKER RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor TFS CUSTOMS BROKER	c EIN-PN 20-1164526-001
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 VALERIE A BARBA DDS LLC 401KPROFITSHARING PLAN	
b	Name of plan sponsor VALERIE A BARBA DDS LLC	c EIN-PN 20-3598216-001

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	RAND FEUER KLEIN LLC EMPLOYEES 401K PLAN	
b	Name of plan sponsor	RAND FEUER KLEIN LLC	c EIN-PN 20-3811532-001
a	Plan name	CENTRAL STATES WIRE PRODUCTS INC PROFIT SHARING PLAN	
b	Name of plan sponsor	CENTRAL STATES WIRE PRODUCTS INC	c EIN-PN 20-4829205-001
a	Plan name	LEXA MED 401K RETIREMENT PLAN	
b	Name of plan sponsor	LEXA MED	c EIN-PN 20-5065459-001
a	Plan name	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	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
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	BRESLIN BRESLIN P A 401K PLAN	
b	Name of plan sponsor	BRESLIN BRESLIN P A	c EIN-PN 22-2406111-001
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	PIPING SOLUTIONS INC 401K PLAN	
b	Name of plan sponsor	PIPING SOLUTIONS INC	c EIN-PN 22-3755806-001

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	MADSEN INC 401K RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	MADSEN INC	c EIN-PN 23-1541213-001
a	Plan name	GRANT MFG ALLOYING INC 401K PROFIT SHARING PLAN	
b	Name of plan sponsor	GRANT MFG ALLOYING INC	c EIN-PN 23-2180060-001
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	ACE PRECISION INTERNATIONAL 401K RETIREMENT PLAN	
b	Name of plan sponsor	ACE PRECISION INTERNATIONAL	c EIN-PN 26-0886310-001
a	Plan name	STODDARD NLALLC 401K RETIREMENT PLAN	
b	Name of plan sponsor	STODDARD NLALLC	c EIN-PN 26-1180358-001
a	Plan name	ARGENAL PEDIATRICS RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	ARGENAL PEDIATRICS	c EIN-PN 26-2150760-001
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	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	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	CITADEL FEDERAL SOLUTIONS 401K RETIREMENT PLAN	
b	Name of plan sponsor	CITADEL FEDERAL SOLUTIONS LLC	c EIN-PN 26-3881716-001
a	Plan name	BLUE RIDGE CONSULTING SERVICES INC 401K PLAN	
b	Name of plan sponsor	BLUE RIDGE CONSULTING SERVICES INC	c EIN-PN 27-0019089-001
a	Plan name	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

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 WORLDWIDE ADVENTURES INC 401K PLAN	
b	Name of plan sponsor WORLDWIDE ADVENTURES INC	c EIN-PN 27-1154881-001
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 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 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 ARTHER MEDICAL CORPORATION 401KPROFIT SHARING PLAN	
b	Name of plan sponsor ARTHER MEDICAL CORP	c EIN-PN 32-0076107-001
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 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 LAZBOY FURNITURE GALLERIES 401K PLAN	
b	Name of plan sponsor EMRICH FURNITURE INC	c EIN-PN 35-1326076-001

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	IMPERIAL TRAVEL SERVICES INC 401K PROFIT SHARING	
b	Name of plan sponsor	IMPERIAL TRAVEL SERVICES INC	c EIN-PN 35-1552872-001
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	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	SOUTHWEST ORGANIZING PROJECT RETIREMENT PLAN	
b	Name of plan sponsor	SOUTHWEST ORGANIZING PROJECT	c EIN-PN 36-4090773-001
a	Plan name	BCL FINANCIAL MANAGEMENT CONSULTANTS IN C 401K PLAN	
b	Name of plan sponsor	BCL FINANCIAL MANAGEMENT CONSULTANTS INC	c EIN-PN 36-4122320-001
a	Plan name	BILL SIGNS TRUCKING LLC 401K PLAN	
b	Name of plan sponsor	BILL SIGNS TRUCKING LLC	c EIN-PN 36-4271143-001
a	Plan name	LANDMARK CREDIT UNION 401K PSP	
b	Name of plan sponsor	LANDMARK CREDIT UNION 401K PSP	c EIN-PN 37-0564965-001
a	Plan name	THOMPSON LENGACHER CO PC 401K PLAN	
b	Name of plan sponsor	THOMPSON LENGACHER CO PC	c EIN-PN 37-1138301-001
a	Plan name	SCHULTE SUPPLY 401K PLAN TRUST	
b	Name of plan sponsor	SCHULTE SUPPLY	c EIN-PN 37-1201472-001
a	Plan name	SUN INDUSTRIAL INC 401K PROFIT SHARING PLAN	
b	Name of plan sponsor	SUN INDUSTRIAL INC	c EIN-PN 37-1422969-001
a	Plan name	AMERICAN METAL PLASTICS INC SAVINGS PLAN	
b	Name of plan sponsor	AMERICAN METAL PLASTICS INC	c EIN-PN 38-1843883-001

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
<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	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	HOMECARE OF MICHIGAN 401K PLAN	
b	Name of plan sponsor	HOMECARE OF MICHIGAN	c EIN-PN 38-2760893-001
a	Plan name	THE PENNA 401K PLAN	
b	Name of plan sponsor	PENNAS RESTAURANT INC	c EIN-PN 38-3113550-001
a	Plan name	ALLAN GERKE SONS INC 401K PLAN	
b	Name of plan sponsor	ALLAN GERKE SONS INC	c EIN-PN 39-1244145-001
a	Plan name	ARCHITECTS GROUP LIMITED 401K PLAN	
b	Name of plan sponsor	ARCHITECTS GROUP LIMITED	c EIN-PN 39-1307191-001
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	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	MISSOURI INDUSTRIAL EQUIPMENT 401K PLAN	
b	Name of plan sponsor	MISSOURI INDUSTRIAL EQUIPMENT SALES	c EIN-PN 43-0960436-001
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	AT 401K PLAN	
b	Name of plan sponsor	AUTOMOTIVE AMP TRAILER LLC DBA NORTHWEST AUTOMOTIVE	c EIN-PN 43-1712267-001

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	COMPREHENSIVE CARDIOVASCULAR CONSULTANTS INC 401K PLAN	
b	Name of plan sponsor	COMPREHENSIVE CARDIOVASCULAR CONSULTANTS INC	c EIN-PN 43-1905325-001
a	Plan name	SECHLER ELECTRIC INC 401K PLAN	
b	Name of plan sponsor	SECHLER ELECTRIC	c EIN-PN 44-0661605-001
a	Plan name	SCHWARTZ CONSTRUCTION RETIREMENT PLAN	
b	Name of plan sponsor	EDWARD H SCHWARTZ CONSTRUCTION INC	c EIN-PN 45-0349732-001
a	Plan name	POGO INC 401K SAVINGS PLAN	
b	Name of plan sponsor	POGO INC	c EIN-PN 45-1637234-001
a	Plan name	GRAND TREASURE CASINO 401K PLAN	
b	Name of plan sponsor	GRAND TREASURE CASINO	c EIN-PN 45-5152183-001
a	Plan name	NAVTEC RIGGING SOLUTIONS INC 401K PLAN	
b	Name of plan sponsor	NAVTEC RIGGING SOLUTIONS INC	c EIN-PN 46-1475811-001
a	Plan name	CENTER FOR DYNAMIC AGING 401K PLAN	
b	Name of plan sponsor	CENTER FOR DYNAMIC AGING	c EIN-PN 46-2753364-001
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

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 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 WEAVERS INC 401K PLAN	
b	Name of plan sponsor WEAVERS INC	c EIN-PN 48-0675556-001
a	Plan name OVATION CABINETRY RETIREMENT PLAN	
b	Name of plan sponsor OVATION CABINETRY	c EIN-PN 48-1170475-001
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 DENSIFICATION INC 401K PLAN	
b	Name of plan sponsor DENSIFICATION INC	c EIN-PN 54-1670112-001
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 EARL W MORROW CPA PC 401K PROFIT SHARING 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

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 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 CENSTATE CONTRACTORS INC 401K PLAN	
b	Name of plan sponsor CENSTATE CONTRACTORS INC	c EIN-PN 59-2554615-001
a	Plan name GENERAL UTILITIES CORPORATION 401K PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor GENERAL UTILITIES CORP	c EIN-PN 59-3600185-001
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 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
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 ORLAMPA INC 401K PROFIT SHARING PLAN TRUST	
b	Name of plan sponsor ORLAMPA 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

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 HUTTON LAW FIRM EMPLOYEE SAVINGS PLAN	
b	Name of plan sponsor STEVEN D HUTTON PL	c EIN-PN 65-1064666-001
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 METCALF MARINE REPAIRS INC PROFIT SHARING PLAN	
b	Name of plan sponsor METCALF MARINE REPAIRS INC	c EIN-PN 72-0828357-001
a	Plan name GULF CRANE SERVICES INC 401K PLAN	
b	Name of plan sponsor GULF CRANE SERVICES INC	c EIN-PN 72-0936565-001
a	Plan name VIP INTERNATIONAL INC EMPLOYEE RETIREMENT PLAN	
b	Name of plan sponsor VACUUM IND POLLUTION INTL INC DBA VIP INTL INC	c EIN-PN 72-0960423-001
a	Plan name NTA GRAPHICS SOUTH INC 401K PLAN	
b	Name of plan sponsor NTA GRAPHICS SOUTH INC	c EIN-PN 72-1377388-001
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 CAMPBELLKAUFFMAN INC 401K PLAN	
b	Name of plan sponsor CAMPBELLKAUFFMAN INC	c EIN-PN 73-1123862-001
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 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 CLARK HARDWARE INC 401K PROFIT SHARING P LAN	
b	Name of plan sponsor CLARK HARDWARE INC	c EIN-PN 74-2006267-001

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	WINDER N VASQUEZ M D RETIREMENT SAVINGS PLAN	
b Name of plan sponsor	WINDER N VASQUEZ MD	c EIN-PN 74-2117062-001
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	GENDRY AND SPRAGUE PC RETIREMENT PLAN	
b Name of plan sponsor	GENDRY SPRAGUE PC	c EIN-PN 74-2649724-001
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	MARTINEZ AND GUARNEROS PLLC RETIREMENT SAVINGS PLAN	
b Name of plan sponsor	MARTINEZ GUARNEROS PLLC	c EIN-PN 74-2962994-001
a Plan name	EYE CENTER ON CAPITOL HILL 401K PLAN	
b Name of plan sponsor	S I BUTRUS MD PC	c EIN-PN 75-3171733-001
a Plan name	MOLLOY CORPORATION 401K PLAN	
b Name of plan sponsor	MOLLOY CORPORATION	c EIN-PN 76-0222373-001
a Plan name	SABRE TECHNOLOGIES LP EMPLOYEES SAVINGS TRUST	
b Name of plan sponsor	SABRE TECHNOLOGIES LP	c EIN-PN 76-0539618-001
a Plan name	WWT INTERNATIONAL INC 401K PROFIT SHARING PLAN TRUST	
b Name of plan sponsor	WWT INTERNATIONAL INC	c EIN-PN 76-0557787-001
a Plan name	STERLINGTECH 401K PLAN	
b Name of plan sponsor	STERLINGTECH INC	c EIN-PN 76-0577046-001
a Plan name	ORCHARD COMMERCIAL INC RETIREMENT PLAN	
b Name of plan sponsor	ORCHARD COMMERCIAL INC	c EIN-PN 77-0539406-001
a Plan name	WILDLIFE PARTNERS LLC RETIREMENT SAVINGS PLAN	
b Name of plan sponsor	WILDLIFE PARTNERS LLC	c EIN-PN 81-1484264-001

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 HOWELL LAW FIRM 401K PROFIT SHARING PLAN	
b	Name of plan sponsor THE HOWELL FIRM PA	c EIN-PN 81-3396131-001
a	Plan name HIGH MOUNTAIN GROUP 401K SALARY REDUCTION PLAN AND TRUST	
b	Name of plan sponsor HMG INC DBA HIGH MOUNTAIN GROUP	c EIN-PN 83-0314357-001
a	Plan name HARTMAN BROTHERS INC PROFIT SHARING PLAN	
b	Name of plan sponsor HARTMAN BROTHERS INC	c EIN-PN 84-0223090-001
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 PRECISION SERVICE ELECTRIC INC 401K PLAN	
b	Name of plan sponsor PRECISION SERVICE ELECTRIC INC	c EIN-PN 84-1274632-001
a	Plan name HOFFMAN STANS COFFEE LLC 401K PROFIT SHARING PLAN	
b	Name of plan sponsor HOFFMAN STANS COFFEE LLC	c EIN-PN 84-3833057-001
a	Plan name WHITE MOUNTAIN APACHE HOUSING AUTHORITY 401K PLAN	
b	Name of plan sponsor WHITE MOUNTAIN APACHE HOUSING AUTHORITY	c EIN-PN 86-0194403-001
a	Plan name SEITEC INC 401K SALARY REDUCTION PLAN TRUST	
b	Name of plan sponsor SEITEC INC	c EIN-PN 87-0404441-001
a	Plan name SEEHOLZER VISION CENTER 401K PLAN	
b	Name of plan sponsor SEEHOLZER VISION CENTER INC	c EIN-PN 87-0444053-001
a	Plan name RAYS MUFFLER SERVICE 401K PROFIT SHARING	
b	Name of plan sponsor RAYS MUFFLER SERVICE LLC	c EIN-PN 87-0526249-001
a	Plan name BRIAN G CHAPMAN INSURANCE AGENCY INC 401K PLAN	
b	Name of plan sponsor BRIAN G CHAPMAN INSURANCE AGENCY INC	c EIN-PN 87-2428655-001
a	Plan name ALAN R SMITH 401K PLAN	
b	Name of plan sponsor ALAN R SMITH	c EIN-PN 88-0185028-001

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 BEVERLY REALTY INC 401K PLAN	
b	Name of plan sponsor	BEVERLY REALTY INC	c EIN-PN 88-0206095-001
a	Plan name	WITREY INC 401K PLAN	
b	Name of plan sponsor	WITREY INC	c EIN-PN 92-0015587-001
a	Plan name	JJ FUNERAL SERVICES 401K PLAN	
b	Name of plan sponsor	J J FUNERAL SERVICES DBA PARRISH FUNERAL	c EIN-PN 92-3406593-001
a	Plan name	O G PACKING COMPANY 401K PLAN	
b	Name of plan sponsor	O G PACKING COMPANY	c EIN-PN 94-2145414-001
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	MIDTOWN INTERNAL MEDICINE GROUP 401K SAV INGS PLAN	
b	Name of plan sponsor	MIDTOWN INTERNAL MEDICINE GROUP	c EIN-PN 94-3369501-001
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	LENAX CONSTRUCTION SERVICES INC 401K PLAN	
b	Name of plan sponsor	LENAX CONSTRUCTION SERVICES INC	c EIN-PN 95-4414445-001
a	Plan name	GINGERICH CONSTRUCTION INC PREVAILING WAGE RETIREMENT PLAN	
b	Name of plan sponsor	GINGERICH CONSTRUCTION INC	c EIN-PN 95-4769656-001
a	Plan name	EXECUTIVE ELECTRONICS INC 401K PROFIT SHARING PLAN TRUST	
b	Name of plan sponsor	EXECUTIVE ELECTRONICS INC	c EIN-PN 02-0635588-002
a	Plan name	MATERIAL INSTALLATIONS INC 401K PLAN	
b	Name of plan sponsor	MATERIAL INSTALLATIONS INC	c EIN-PN 04-2712911-002

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 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 PAPPA CASAZZA PC	c EIN-PN 22-2127529-002
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 THE CAMARGO CLUB 401K PLAN	
b	Name of plan sponsor THE CAMARGO CLUB	c EIN-PN 31-0232360-002
a	Plan name YOUNGSTOWN HARD CHROME PLATING GRINDING INC 401K RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor YOUNGSTOWN HARD CHROME PLATING GRINDING INC	c EIN-PN 34-0925064-002
a	Plan name FARMERS MERCHANTS NATIONAL BANK 401K PROFIT SHARING PLAN	
b	Name of plan sponsor FARMERS MERCHANTS NATIONAL BANK	c EIN-PN 37-0269515-002
a	Plan name STOFFEL FARMS INC EMPLOYEES PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor STOFFEL FARMS INC	c EIN-PN 39-1204572-002
a	Plan name HANSEN PLUMBING INC 401K PLAN	
b	Name of plan sponsor HANSEN PLUMBING INC	c EIN-PN 39-1720277-002
a	Plan name RJI RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor ROLLIE JOHNSON INC	c EIN-PN 43-1036919-002
a	Plan name BOOTHEEL COUNSELING SERVICES RETIREMENT PLAN	
b	Name of plan sponsor BOOTHEEL COUNSELING SERVICES INC	c EIN-PN 43-1067515-002
a	Plan name INTERNATIONAL SENSOR SYSTEMS INC 401K PLAN	
b	Name of plan sponsor INTERNATIONAL SENSOR SYSTEMS INC	c EIN-PN 47-0546225-002
a	Plan name SAPENOFF AND HARRIS PA 401K PROFIT SHARING PLAN DTR	
b	Name of plan sponsor SAPENOFF HARRIS PA	c EIN-PN 59-1718851-002

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	EASTCOAST MEDICAL NETWORK 401K SAVINGS PLAN	
b	Name of plan sponsor	EASTCOAST MEDICAL NETWORK INC	c EIN-PN 59-3001031-002
a	Plan name	STEVEN R DANIEL DDS 401K PROFIT SHARING PLAN	
b	Name of plan sponsor	STEVEN R DANIEL DDS	c EIN-PN 62-1166684-002
a	Plan name	PULMONARY CARE OF CENTRAL FLORIDA P A PROFIT SHARING PLAN	
b	Name of plan sponsor	PULMONARY CARE OF CENTRAL FLORIDA PA	c EIN-PN 65-1188872-002
a	Plan name	CAMPBELL LUMBER CO EMPLOYEES PROFIT SHARING PLAN	
b	Name of plan sponsor	CAMPBELL LUMBER COMPANY	c EIN-PN 74-0542190-002
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
a	Plan name	PROPORTIONAL TECHNOLOGIES INC 401K PROFIT SHARING PLAN	
b	Name of plan sponsor	PROPORTIONAL TECHNOLOGIES INC	c EIN-PN 76-0345581-002
a	Plan name	NPC DCDF 401K SAVINGS PLAN	
b	Name of plan sponsor	NEVADA PACIFIC CONSULTING LLC	c EIN-PN 88-0405451-002
a	Plan name	FLORAL SUPPLY SYNDICATE 401K PROFIT SHARING PLAN	
b	Name of plan sponsor	FLORAL SUPPLY SYNDICATE	c EIN-PN 95-1577217-002
a	Plan name	DME INCORPORATED 401K PLAN	
b	Name of plan sponsor	DME INCORPORATED	c EIN-PN 95-3044994-002
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)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
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 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 BLD CONNECTION 401K MULTIPLE EMPLOYER PLAN	
b	Name of plan sponsor BLD CONNECTION 401K MULTIPLE EMPLOYER PLAN	c EIN-PN 41-0956904-333
a	Plan name BLD CONNECTION 401K MULTIPLE EMPLOYER PLAN	
b	Name of plan sponsor BLDBUILDERS CASHWAY INC	c EIN-PN 41-0956904-333
a	Plan name BLD CONNECTION 401K MULTIPLE EMPLOYER PLAN	
b	Name of plan sponsor BLDENGQUIST LUMBER CO INC	c EIN-PN 41-0956904-333
a	Plan name BLD CONNECTION 401K MULTIPLE EMPLOYER PLAN	
b	Name of plan sponsor 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 BLD SCHUYLER HOME BUILDING SUPPLY LLC	c EIN-PN 41-0956904-333
a	Plan name BLD CONNECTION 401K MULTIPLE EMPLOYER PLAN	
b	Name of plan sponsor BLDSEIFFERT BUILDING SUPPLIES LLC	c EIN-PN 41-0956904-333

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
A Name of plan LNL SATP 401K TOOLBOX MANAGED CAPITAL PRESERVATION	B Three-digit plan number (PN) ▶ 723
C Plan sponsor's name as shown on line 2a of Form 5500 LINCOLN NATIONAL LIFE INSURANCE COMPANY	D Employer Identification Number (EIN) 35-0472300

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

Assets	(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	
b Receivables (less allowance for doubtful accounts):		
(1) Employer contributions	1b(1)	
(2) Participant contributions	1b(2)	
(3) Other	1b(3)	126605
		1038174
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)	20194342
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	24502763
(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	20320947	25540937
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h		
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j	238560	1115285
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	238560	1115285
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	20082387	24425652

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)	229559	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		229559
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)		
(B) Common stock.....	2b(2)(B)	368410	
(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)		368410
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)	73972206	
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	72720993	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		1251213
(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)		615723
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		2464905

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)	144356	
(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)		144356
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		144356

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d.....	2k		2320549
l Transfers of assets:			
(1) To this plan.....	2l(1)		10529032
(2) From this plan	2l(2)		8506316

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 _____.