

Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security
Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210-0110
1210-0089

2024

This Form is Open to Public Inspection

Part I Annual Report Identification Information

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

- A** This return/report is for:
 - a multiemployer plan
 - a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)
 - a single-employer plan
 - a DFE (specify) P
- B** This return/report is:
 - the first return/report
 - the final return/report
 - an amended return/report
 - a short plan year return/report (less than 12 months)
- C** If the plan is a collectively-bargained plan, check here. ▶
- D** Check box if filing under:
 - Form 5558
 - automatic extension
 - special extension (enter description)
 - the DFVC program
- E** If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. ▶

Part II Basic Plan Information—enter all requested information

1a Name of plan <u>LNL SATT 401K TOOLBOX MANAGED TACTICAL</u>	1b Three-digit plan number (PN) ▶ <u>724</u> 1c Effective date of plan
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>LINCOLN NATIONAL LIFE INSURANCE COMPANY</u> <u>KRISTIE BROOKS</u> <u>150 N. RADNOR-CHESTER ROAD</u> <u>RADNOR, PA 19087</u>	2b Employer Identification Number (EIN) <u>35-0472300</u> 2c Plan Sponsor's telephone number <u>484-583-1760</u> 2d Business code (see instructions)

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

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

SIGN HERE		Date	
	Signature of plan administrator		Enter name of individual signing as plan administrator
SIGN HERE		Date	
	Signature of employer/plan sponsor		Enter name of individual signing as employer or plan sponsor
SIGN HERE	<u>Filed with authorized/valid electronic signature.</u>	<u>10/14/2025</u>	<u>KRISTIE BROOKS</u>
	Signature of DFE	Date	Enter name of individual signing as DFE

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

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 SATT 401K TOOLBOX MANAGED TACTICAL</u>	B Three-digit plan number (PN)	<u>724</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>LINCOLN NATIONAL LIFE INSURANCE COMPANY</u>	D Employer Identification Number (EIN) <u>35-0472300</u>	

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

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	ARIE SALZMAN PA RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	ARIE SALZMAN PA	c EIN-PN 01-0704682-001
a	Plan name	GUIDANT MANAGEMENT GROUP LLC 401K PLAN	
b	Name of plan sponsor	GUIDANT MANAGEMENT GROUP LLC	c EIN-PN 02-0546551-001
a	Plan name	THE FAB SHOP LLC 401K PLAN	
b	Name of plan sponsor	THE FAB SHOP LLC	c EIN-PN 03-0458988-001
a	Plan name	LANIER AND BURROUGHS LLC 401K PLAN	
b	Name of plan sponsor	LANIER AND BURROUGHS LLC	c EIN-PN 03-0475563-001
a	Plan name	SCHORR ARCHITECTS 401K PLAN	
b	Name of plan sponsor	SCHORR ARCHITECTS INC	c EIN-PN 03-0499713-001
a	Plan name	CAPITOL IMPACT LLC 401K PROFIT SHARING PLAN	
b	Name of plan sponsor	CAPITOL IMPACT LLC	c EIN-PN 03-0539997-001
a	Plan name	FOODSOURCE PLUS NATIONAL 401K PROFIT SHARING PLAN	
b	Name of plan sponsor	FOODSOURCE PLUS NATIONAL	c EIN-PN 03-0604558-001
a	Plan name	LUDLOW FAMILY DENTISTRY PROFIT SHARING 401K PLAN	
b	Name of plan sponsor	LUDLOW FAMILY DENTISTRY	c EIN-PN 04-2620139-001
a	Plan name	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	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	CHICOPEE INDUSTRIAL CONTRACTORS INC 401K PROFIT SHARING PLAN	
b	Name of plan sponsor	CHICOPEE INDUSTRIAL CONTRACTORS INC	c EIN-PN 04-3146229-001
a	Plan name	PROFESSIONAL FLOORING CORPORATION 401K PROFITSHARING PLAN	
b	Name of plan sponsor	PROFESSIONAL FLOORING CORPORATION	c EIN-PN 04-3278210-001

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 SHORE PLASTIC SURGERY INC 401K PLAN	
b	Name of plan sponsor	SOUTH SHORE PLASTIC SURGERY	c EIN-PN 04-3334642-001
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	OJ MANN ELECTRIC SERVICES INC 401K PROFIT SHARING PLAN	
b	Name of plan sponsor	OJ MANN ELECTRIC SERVICES INC	c EIN-PN 06-1297817-001
a	Plan name	ADVANCED ELECTRONIC SYSTEMS LLC 401K PLAN	
b	Name of plan sponsor	ADVANCED ELECTRONIC SYSTEMS LLC	c EIN-PN 06-1546692-001
a	Plan name	KING FARMS TRUCKING LLC 401K PLAN	
b	Name of plan sponsor	KING FARMS TRUCKING LLC	c EIN-PN 06-1685545-001
a	Plan name	KBL GROUP INTL LTD 401K PLAN	
b	Name of plan sponsor	KBL GROUP INTL LTD	c EIN-PN 13-3280942-001
a	Plan name	CONTINUITY PRODUCTS LLC 401K PS PLAN	
b	Name of plan sponsor	CONTINUITY PRODUCTS LLC	c EIN-PN 20-0451923-001
a	Plan name	L R BAGGS CORPORATION PROFIT SHARING PLAN	
b	Name of plan sponsor	L R BAGGS CORPORATION	c EIN-PN 20-0552624-001
a	Plan name	KONA VETERINARY SERVICE 401K PLAN	
b	Name of plan sponsor	KONA ANIMAL CARE INC DBA KONA VETERINARY SERVICE	c EIN-PN 20-0834295-001
a	Plan name	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

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	TFS CUSTOMS BROKER RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	TFS CUSTOMS BROKER	c EIN-PN 20-1164526-001
a	Plan name	KISTERS NORTH AMERICA 401KPROFIT SHARING PLAN	
b	Name of plan sponsor	KISTERS NORTH AMERICA	c EIN-PN 20-1233047-001
a	Plan name	EXPRESS BILLING SYSTEMS LTD 401K PROFIT SHARING PLAN TRUST	
b	Name of plan sponsor	EXPRESS BILLING SYSTEMS LTD	c EIN-PN 20-1313178-001
a	Plan name	LOGAN MEDIA INC RETIREMENT PLAN	
b	Name of plan sponsor	LOGAN MEDIA INC	c EIN-PN 20-1317146-001
a	Plan name	FRIENDS OF THE CHILDREN BOSTON 401K RETIREMENT PLAN	
b	Name of plan sponsor	FRIENDS OF THE CHILDREN BOSTON	c EIN-PN 20-1581289-001
a	Plan name	BEEHIVE CHEESE COMPANY 401K PLAN	
b	Name of plan sponsor	BEEHIVE CHEESE COMPANY LLC	c EIN-PN 20-2348231-001
a	Plan name	DEL VAL MEDIA RETIREMENT PLAN	
b	Name of plan sponsor	DEL VAL MEDIA	c EIN-PN 20-2450522-001
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	VALERIE A BARBA DDS LLC 401KPROFITSHARING PLAN	
b	Name of plan sponsor	VALERIE A BARBA DDS LLC	c EIN-PN 20-3598216-001
a	Plan name	TKJ LLC 401K PLAN	
b	Name of plan sponsor	TKJ LLC	c EIN-PN 20-4669179-001
a	Plan name	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	AVIPA 401K PLAN	
b	Name of plan sponsor	AUSTIN VASCULAR INSTITUTE PA	c EIN-PN 20-4845182-001

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	DR TODD BRASUELL LLC 401K PLAN	
b	Name of plan sponsor	DR TODD BRASUELL LLC	c EIN-PN 20-4924711-001
a	Plan name	LEXA MED 401K RETIREMENT PLAN	
b	Name of plan sponsor	LEXA MED	c EIN-PN 20-5065459-001
a	Plan name	REGINELLIS PIZZERIA 401K PLAN	
b	Name of plan sponsor	REGINELLIS PIZZERIA	c EIN-PN 20-5399754-001
a	Plan name	LAREDO RANCH HEIGHTS LLC RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	LAREDO RANCH HEIGHTS LLC	c EIN-PN 20-5721266-001
a	Plan name	FPPS INC 401K PROFIT SHARING PLAN	
b	Name of plan sponsor	FACILITIES PLANNING AND PROGRAM SERVICES INC	c EIN-PN 20-5820344-001
a	Plan name	TANNER 401K PLAN	
b	Name of plan sponsor	TANNER MARLO CPAS INC	c EIN-PN 20-5825295-001
a	Plan name	A CENTER FOR CHILDREN FAMILY 401K PROFIT SHARING PLAN TRUST	
b	Name of plan sponsor	A CENTER FOR CHILDREN FAMILY	c EIN-PN 20-5886255-001
a	Plan name	TAYLOR DRIVE DENTAL CARE 401K RETIREMENT PLAN	
b	Name of plan sponsor	TAYLOR DRIVE DENTAL CARE	c EIN-PN 20-8171424-001
a	Plan name	PMHSLR LLC 401K PLAN	
b	Name of plan sponsor	PMHSLR LLC DBA IMAGINE PAUL MITCHELL PARTNER SCHOOL	c EIN-PN 20-8251565-001
a	Plan name	SULLIVAN SULLIVAN AUCTIONEERS LLC 401K PLAN	
b	Name of plan sponsor	SULLIVAN SULLIVAN AUCTIONEERS LLC	c EIN-PN 20-8696877-001
a	Plan name	BRIMTEK INC 401K PLAN	
b	Name of plan sponsor	DIGITAL BARRIERS USA INC	c EIN-PN 20-8738067-001
a	Plan name	MAHWAH FORD AND D D RETIREMENT PLAN	
b	Name of plan sponsor	MAHWAH SALES AND SERVICE INC	c EIN-PN 22-1694208-001

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	LEHIGH UTILITY ASSOCIATES INC PROFIT SHARING PLAN	
b	Name of plan sponsor	LEHIGH UTILITY ASSOCIATES INC	c EIN-PN 22-1695171-001
a	Plan name	BROOKDALE CONFECTIONARY INC 401K PLAN	
b	Name of plan sponsor	BROOKDALE CONFECTIONARY INC	c EIN-PN 22-1736795-001
a	Plan name	DETERDINGS MARKET INC 401K PLAN	
b	Name of plan sponsor	DETERDINGS MARKET INC	c EIN-PN 22-2084416-001
a	Plan name	AZCO CORPORATION EMPLOYEES PROFIT SHARING PLAN	
b	Name of plan sponsor	AZCO CORPORATION	c EIN-PN 22-2375283-001
a	Plan name	SAND CASTLE DINER 401K PLAN	
b	Name of plan sponsor	SAND CASTLE DINER	c EIN-PN 22-2826545-001
a	Plan name	DANSKIN INSURANCE AGENCY INC 401K PLAN	
b	Name of plan sponsor	DANSKIN INSURANCE AGENCY INC	c EIN-PN 22-2860480-001
a	Plan name	FLORENTINE GARDENS 401K PLAN	
b	Name of plan sponsor	PD INC TA FLORENTINE GARDENS	c EIN-PN 22-2949896-001
a	Plan name	TOWN BANK BUILDERS INC 401K PLAN	
b	Name of plan sponsor	TOWN BANK BUILDERS INC	c EIN-PN 22-3231569-001
a	Plan name	TFE RESOURCES LTD 401K PLAN	
b	Name of plan sponsor	TFE RESOURCES LTD	c EIN-PN 22-3438180-001
a	Plan name	FLORENCE IMPORTS LTD 401K RETIREMENT PLAN	
b	Name of plan sponsor	FLORENCE IMPORTS LTD	c EIN-PN 22-3498247-001
a	Plan name	HOWARD J SPERLING MD PC 401K PLAN	
b	Name of plan sponsor	HOWARD J SPERLING MD PC	c EIN-PN 22-3586411-001
a	Plan name	PIPING SOLUTIONS INC 401K PLAN	
b	Name of plan sponsor	PIPING SOLUTIONS INC	c EIN-PN 22-3755806-001

Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)

(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

a Plan name	DEAD DOG SALOON 401K PLAN	
b Name of plan sponsor	K9 CUISINE INC	c EIN-PN 22-3847854-001
a Plan name	SECO 401K PS PLAN	
b Name of plan sponsor	SCIENTIFIC EQUIPMENT COMPANY	c EIN-PN 23-1064490-001
a Plan name	RILEY 401K RETIREMENT PLAN	
b Name of plan sponsor	CHARLES D RILEY INC	c EIN-PN 23-1398862-001
a Plan name	MADSEN INC 401K RETIREMENT SAVINGS PLAN	
b Name of plan sponsor	MADSEN INC	c EIN-PN 23-1541213-001
a Plan name	KESCO INC EMPLOYEES PROFIT SHARING PLAN	
b Name of plan sponsor	KESCO INC	c EIN-PN 23-1691322-001
a Plan name	SADOWSKI ORTHODONTIC ASSOCIATES PC 401K PROFIT SHARING PLAN	
b Name of plan sponsor	SADOWSKI ORTHODONTIC ASSOCIATES PC	c EIN-PN 23-1884155-001
a Plan name	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	EDWARD B WALSH ASSOCIATES 401K PROFIT SHARING PLAN TRUST	
b Name of plan sponsor	EDWARD B WALSH ASSOCIATES INC	c EIN-PN 23-2374746-001
a Plan name	JKST INC 401K PROFIT SHARING PLAN TRUST	
b Name of plan sponsor	JKST INC	c EIN-PN 23-2451825-001
a Plan name	INFOMC INC 401K PLAN	
b Name of plan sponsor	INFOMC INC	c EIN-PN 23-2808102-001
a Plan name	MECA 401K	
b Name of plan sponsor	MECA MISSION FOR EDUCATING CHILDREN WITH AUTISM	c EIN-PN 23-2906372-001
a Plan name	UNITED SPORTS TRAINING CENTER 401K PS PLAN	
b Name of plan sponsor	UNITED SPORTS TRAINING CENTER LLC	c EIN-PN 23-2972401-001

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 HAVEN RETIREMENT PLAN
b	Name of plan sponsor	HELPING HAND ASSOCIATION INC
c	EIN-PN	23-7043339-001
a	Plan name	WESTERN EXPRESS INC RETIREMENT PLAN
b	Name of plan sponsor	WESTERN EXPRESS INC
c	EIN-PN	25-1527672-001
a	Plan name	SANDAS CLEANERS SAFE HARBOR 401K PLAN
b	Name of plan sponsor	SANDAS CLEANERS LLC
c	EIN-PN	26-0196511-001
a	Plan name	ADAMS EDUCATION AND CONSULTING INC PROFIT SHARING PLAN TRUST
b	Name of plan sponsor	ADAMS EDUCATION AND CONSULTING INC
c	EIN-PN	26-0200137-001
a	Plan name	LAW OFFICE OF JOHN R SOLIS RETIREMENT SAVINGS PLAN
b	Name of plan sponsor	LAW OFFICE OF JOHN R SOLIS
c	EIN-PN	26-0560021-001
a	Plan name	SOUTHERN ILLINOIS PSYCHIATRY RETIREMENT PLAN
b	Name of plan sponsor	SOUTHERN ILLINOIS PSYCHIATRY LLC
c	EIN-PN	26-0815552-001
a	Plan name	MOUNT OLIVE FAMILY DENTISTRY 401K PLAN
b	Name of plan sponsor	AMY M KIMES DDS PA DBA MOUNT OLIVE FAMILY DENTISTRY
c	EIN-PN	26-1233957-001
a	Plan name	JERNIGAN ORTHODONTICS 401K PLAN
b	Name of plan sponsor	CHRISTOPHER C JERNIGAN DMD
c	EIN-PN	26-1608760-001
a	Plan name	ARGENAL PEDIATRICS RETIREMENT SAVINGS PLAN
b	Name of plan sponsor	ARGENAL PEDIATRICS
c	EIN-PN	26-2150760-001
a	Plan name	KIRKWOOD OIL GAS LLC RETIREMENT PLAN
b	Name of plan sponsor	KIRKWOOD OIL GAS LLC
c	EIN-PN	26-2619621-001
a	Plan name	CHICAGO MEDS LLC 401K RETIREMENT PLAN
b	Name of plan sponsor	CHICAGO MEDS LLC
c	EIN-PN	26-3022651-001
a	Plan name	NIMA 401K PLAN
b	Name of plan sponsor	MEDSPA ACADEMIES INC
c	EIN-PN	26-3036352-001

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	WRIGHT ASSOCIATES LLC PREVAILING WAGE 401K PROFIT SHARING PLAN	
b	Name of plan sponsor	WRIGHT ASSOCIATES LLC	c EIN-PN 26-3144876-001
a	Plan name	WINDWARD HEART CENTER LLC 401K PLAN	
b	Name of plan sponsor	WINDWARD HEART CENTER LLC	c EIN-PN 26-3207983-001
a	Plan name	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	FIRST AIDE HOME CARE LLC RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	FIRST AIDE HOME CARE LLC	c EIN-PN 26-4035761-001
a	Plan name	LITTLE PINE PEDIATRICS PLLC 401K PROFIT SHARING PLAN TRUST	
b	Name of plan sponsor	LITTLE PINE PEDIATRICS PLLC	c EIN-PN 26-4385452-001
a	Plan name	STUDY ACROSS THE POND 401K PLAN	
b	Name of plan sponsor	STUDY ACROSS THE POND	c EIN-PN 27-0381313-001
a	Plan name	LAW OFFICES OF DONATO D RAMOS RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	LAW OFFICES OF DONATO D RAMOS PLLC	c EIN-PN 27-0451477-001
a	Plan name	BENEFIT SOLUTIONS U S LLC 401K PLAN	
b	Name of plan sponsor	BENEFIT SOLUTIONS U S LLC	c EIN-PN 27-0474713-001
a	Plan name	SANCO OILFIELD RENTALS LLC RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	SANCO OILFIELD RENTALS LLC	c EIN-PN 27-0603149-001
a	Plan name	ROBERT M LASELL DDS SAFE HARBOR 401K PROFIT SHARING PLAN	
b	Name of plan sponsor	ROBERT M LASELL DDS PA	c EIN-PN 27-0680807-001
a	Plan name	STUMP HOSPITALITY LLC 401K PLAN	
b	Name of plan sponsor	STUMP HOSPITALITY LLC	c EIN-PN 27-1354124-001
a	Plan name	ATHENA SCIENCES CORPORATION 401K PLAN	
b	Name of plan sponsor	ATHENA SCIENCES CORPORATION	c EIN-PN 27-1378705-001

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	PRESIDENT CONTAINER GROUP II LLC 401K PLAN	
b	Name of plan sponsor	PRESIDENT CONTAINER GROUP II LLC	c EIN-PN 27-1581303-001
a	Plan name	ANGEL DEAR INC 401K SAFE HARBOR MATCHING PLAN	
b	Name of plan sponsor	ANGEL DEAR INC	c EIN-PN 27-1847812-001
a	Plan name	ADAMS DENTAL LLC 401K PLAN	
b	Name of plan sponsor	ADAMS DENTAL LLC	c EIN-PN 27-2967773-001
a	Plan name	CHAPA LAW GROUP PC RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	CHAPA LAW GROUP PC	c EIN-PN 27-3042235-001
a	Plan name	GREENVILLE MEDICAL ASSOCIATES 401K PLAN	
b	Name of plan sponsor	GREENVILLE MEDICAL ASSOCIATES	c EIN-PN 27-3103607-001
a	Plan name	STONE CONSULTING GROUP 401K PLAN	
b	Name of plan sponsor	STONE CONSULTING GROUP	c EIN-PN 27-4361534-001
a	Plan name	LAGREGA RICH GRANT ARCHITECTS INC 401K PLAN	
b	Name of plan sponsor	LAGREGA ARCHITECTURE	c EIN-PN 27-4677226-001
a	Plan name	ABEL SCHILLINGER LLP 401K PLAN	
b	Name of plan sponsor	ABEL SCHILLINGER LLP	c EIN-PN 27-4813054-001
a	Plan name	BOSTON PROSTHODONTICS DENTAL GROUP INCORPORATED 401K PLAN	
b	Name of plan sponsor	BOSTON PROSTHODONTICS DENTAL GROUP INCORPORATED	c EIN-PN 27-4843452-001
a	Plan name	SCHWEITZER BROTHERS CO 401K SALARY REDU CTION PLAN AND TRUST	
b	Name of plan sponsor	SCHWEITZER BROTHERS COMPANY	c EIN-PN 31-0438250-001
a	Plan name	TR WELDING SYSTEMS INC EMPLOYEE 401K PLAN	
b	Name of plan sponsor	TR WELDING SYSTEMS INC	c EIN-PN 31-0906357-001
a	Plan name	M AND S DRYWALL INC PROFIT SHARING PLAN	
b	Name of plan sponsor	M S DRYWALL INC	c EIN-PN 31-1250162-001

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	BRENCO INC 401K PROFIT SHARING PLAN	
b	Name of plan sponsor	BRENCO INC	c EIN-PN 31-1328273-001
a	Plan name	JOHN P TUMLIN SONS 401K PLAN	
b	Name of plan sponsor	JOHN P TUMLIN SONS	c EIN-PN 31-1495676-001
a	Plan name	ARTHER MEDICAL CORPORATION 401K PROFIT SHARING PLAN	
b	Name of plan sponsor	ARTHER MEDICAL CORP	c EIN-PN 32-0076107-001
a	Plan name	GBI TILE STONE INC PROFIT SHARING 401K PLAN	
b	Name of plan sponsor	GBI TILE STONE INC	c EIN-PN 33-0454483-001
a	Plan name	SAN CLEMENTE ORTHOPAEDIC REHABILITATION PROFIT SHARING PLAN	
b	Name of plan sponsor	SAN CLEMENTE ORTHOPAEDIC REHABILITATION	c EIN-PN 33-0454898-001
a	Plan name	WINGS N MORE RESTAURANTS LLC 401K PLAN	
b	Name of plan sponsor	WINGS N MORE RESTAURANTS LLC	c EIN-PN 33-1750703-001
a	Plan name	YOUNGSTOWN HARD CHROME RETIREMENT PLAN	
b	Name of plan sponsor	YOUNGSTOWN HARD CHROME INC	c EIN-PN 34-0925064-001
a	Plan name	LEUGERS INSURANCE AGENCY INC 401K PROFIT SHARING PLAN	
b	Name of plan sponsor	LEUGERS INSURANCE AGENCY INC	c EIN-PN 34-1047003-001
a	Plan name	SKAMAR MACHINE INC 401K PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor	SKAMAR MACHINE INC	c EIN-PN 34-1218531-001
a	Plan name	DUCA MANUFACTURING INC SAVINGS RETIREMENT PLAN	
b	Name of plan sponsor	DUCA MANUFACTURING INC	c EIN-PN 34-1255439-001
a	Plan name	ORTHOPEDIC BRACING SPECIALISTS INC 401K PROFIT SHARING PLAN	
b	Name of plan sponsor	ORTHOPEDIC BRACING SPECIALISTS INC	c EIN-PN 34-1704630-001
a	Plan name	GEORGE F ACKERMAN 401K PLAN	
b	Name of plan sponsor	GEORGE F ACKERMAN COMPANY	c EIN-PN 34-6703154-001

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 EVAPAR INC 401K PROFIT SHARING PLAN	
b	Name of plan sponsor EVAPAR INC	c EIN-PN 35-0298105-001
a	Plan name PHILLIPS PATTERNS AND CASTINGS INC 401K PROFIT SHARING PLAN	
b	Name of plan sponsor PHILLIPS PATTERNS CASTING INC	c EIN-PN 35-0834352-001
a	Plan name MUNCIE MISSION MINISTRIES INC 401K PLAN	
b	Name of plan sponsor MUNCIE MISSION MINISTRIES INC	c EIN-PN 35-0869061-001
a	Plan name ELCONA COUNTRY CLUB 401K PROFIT SHARING PL TR	
b	Name of plan sponsor ELCONA COUNTRY CLUB	c EIN-PN 35-0988156-001
a	Plan name U S SURVEYOR INC 401K PROFIT SHARING PLAN	
b	Name of plan sponsor U S SURVEYOR INC	c EIN-PN 35-1099340-001
a	Plan name LAZBOY FURNITURE GALLERIES 401K PLAN	
b	Name of plan sponsor EMRICH FURNITURE INC	c EIN-PN 35-1326076-001
a	Plan name ASSOCIATES IN FAMILY DENTISTRY 401K PROF IT SHARING PLAN	
b	Name of plan sponsor ASSOCIATES IN FAMILY DENTISTRY	c EIN-PN 35-1829107-001
a	Plan name PROFESSIONAL MEDICAL BILLING INC 401K PROFIT SHARING PLAN	
b	Name of plan sponsor PROFESSIONAL MEDICAL BILLING INC	c EIN-PN 35-1855389-001
a	Plan name GUIDESTAR ELDERCARE 401K PLAN	
b	Name of plan sponsor NEUROLOGY PAIN MANAGEMENT ASSOCIATES PC	c EIN-PN 35-2084485-001
a	Plan name STEVENS AND ASSOCIATES PC 401K PROFIT SHARING PLAN	
b	Name of plan sponsor STEVENS ASSOCIATES PC	c EIN-PN 35-2155696-001
a	Plan name BAY STATE GYPSUM FLOORS 401K PLAN	
b	Name of plan sponsor BAY STATE GYPSUM FLOORS	c EIN-PN 35-2164356-001
a	Plan name HERRMANN ULTRASONICS INC 401K PLAN	
b	Name of plan sponsor HERRMANN ULTRASONICS INC	c EIN-PN 36-3677459-001

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	D L ZIMCO 401K	
b	Name of plan sponsor	D L ZIMCO DBA FLEET FEET SPORTS	c EIN-PN 36-4089359-001
a	Plan name	SOUTHWEST ORGANIZING PROJECT RETIREMENT PLAN	
b	Name of plan sponsor	SOUTHWEST ORGANIZING PROJECT	c EIN-PN 36-4090773-001
a	Plan name	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	HOLZHAUER 401K AND PROFIT SHARING PLAN	
b	Name of plan sponsor	HOLZHAUER AUTO TRUCK SALES INC	c EIN-PN 37-1027077-001
a	Plan name	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	KEYHOLE TECHNOLOGIES LLC 401K PROFIT SHARING PLAN	
b	Name of plan sponsor	KEYHOLE TECHNOLOGIES LLC	c EIN-PN 37-1446444-001
a	Plan name	AMERICAN METAL PLASTICS INC SAVINGS PLAN	
b	Name of plan sponsor	AMERICAN METAL PLASTICS INC	c EIN-PN 38-1843883-001
a	Plan name	MVP COMMUNICATIONS INC PROFIT SHARING 401K PLAN	
b	Name of plan sponsor	MVP COMMUNICATIONS INC	c EIN-PN 38-2294437-001
a	Plan name	THE PENNA 401K PLAN	
b	Name of plan sponsor	PENNAS RESTAURANT INC	c EIN-PN 38-3113550-001
a	Plan name	UNIVERSAL DENTAL GROUP PLLC 401K PLAN	
b	Name of plan sponsor	UNIVERSAL DENTAL GROUP PLLC	c EIN-PN 38-3353970-001

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	MAULDIN DENTAL RETIREMENT PLAN	
b	Name of plan sponsor	MAULDIN DENTAL	c EIN-PN 38-3818437-001
a	Plan name	ALLAN GERKE SONS INC 401K PLAN	
b	Name of plan sponsor	ALLAN GERKE SONS INC	c EIN-PN 39-1244145-001
a	Plan name	LAKESHORE VISION CENTERS LTD 401K PROFIT SHARING PLAN	
b	Name of plan sponsor	LAKESHORE VISION CENTERS LTD	c EIN-PN 39-1272629-001
a	Plan name	CIRCLE ELECTRIC INC 401K PLAN	
b	Name of plan sponsor	CIRCLE ELECTRIC INC	c EIN-PN 39-1462928-001
a	Plan name	PIZZA SHUTTLE INC 401K PROFIT SHARING PLAN TRUST	
b	Name of plan sponsor	PIZZA SHUTTLE INC	c EIN-PN 39-1523454-001
a	Plan name	KW ELECTRIC 401K RETIREMENT PLAN	
b	Name of plan sponsor	KW ELECTRIC INC	c EIN-PN 39-1614199-001
a	Plan name	TQ DIAMONDS 401K SAVINGS RETIREMENT PLAN	
b	Name of plan sponsor	T Q DIAMONDS	c EIN-PN 39-1762148-001
a	Plan name	DARRELL L HINES ACADEMY INC 401K SAVINGS PLAN	
b	Name of plan sponsor	DARRELL L HINES ACADEMY INC	c EIN-PN 39-1968365-001
a	Plan name	WEBER LANDSCAPING INC EMPLOYEE SAVINGS PLAN	
b	Name of plan sponsor	WEBER LANDSCAPING INC	c EIN-PN 39-2024907-001
a	Plan name	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	SOUTHSIDE PEDIATRIC CENTER PC 401K PROFIT SHARING PLAN TRUST	
b	Name of plan sponsor	SOUTHSIDE PEDIATRIC CENTER PC	c EIN-PN 41-2051062-001
a	Plan name	MULFORD PLUMBING AND HEATING INC 401K R ETIREMENT PLAN	
b	Name of plan sponsor	MULFORD PLUMBING AND HEATING	c EIN-PN 42-0863090-001

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	LEWIS LAW FIRM LLC 401K	
b	Name of plan sponsor	LEWIS LAW FIRM LLC	c EIN-PN 42-1675631-001
a	Plan name	MISSOURI INDUSTRIAL EQUIPMENT 401K PLAN	
b	Name of plan sponsor	MISSOURI INDUSTRIAL EQUIPMENT SALES	c EIN-PN 43-0960436-001
a	Plan name	DENTAL ARTS GROUP LLC 401K PLAN	
b	Name of plan sponsor	DENTAL ARTS GROUP LLC	c EIN-PN 43-1150606-001
a	Plan name	MISSISSIPPI COUNTY AMBULANCE DISTRICT RETIREMENT PLAN	
b	Name of plan sponsor	MISSISSIPPI COUNTY AMBULANCE DISTRICT	c EIN-PN 43-1264104-001
a	Plan name	CRAWFORD OIL COMPANY 401K PROFIT SHARING PLAN	
b	Name of plan sponsor	CRAWFORD OIL COMPANY INC	c EIN-PN 43-1630232-001
a	Plan name	LAMBERTS CAFE INC 401K PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor	LAMBERTS CAFE INC	c EIN-PN 43-1666353-001
a	Plan name	GRANITE POINTE EYECARE INC 401K SAVINGS PLAN	
b	Name of plan sponsor	GRANITE POINTE EYE CARE INC	c EIN-PN 43-2023968-001
a	Plan name	SECHLER ELECTRIC INC 401K PLAN	
b	Name of plan sponsor	SECHLER ELECTRIC	c EIN-PN 44-0661605-001
a	Plan name	SCHWARTZ CONSTRUCTION RETIREMENT PLAN	
b	Name of plan sponsor	EDWARD H SCHWARTZ CONSTRUCTION INC	c EIN-PN 45-0349732-001
a	Plan name	DAYBREAK 401K PLAN	
b	Name of plan sponsor	DAYBREAK	c EIN-PN 45-0643371-001
a	Plan name	INOV8 INC RETIREMENT PLAN	
b	Name of plan sponsor	INOV8 INC	c EIN-PN 45-1000546-001
a	Plan name	MIDSOUTH CONTROL LINE 401K PLAN	
b	Name of plan sponsor	MIDSOUTH CONTROL LINE	c EIN-PN 45-1625364-001

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	POGO INC 401K SAVINGS PLAN	
b	Name of plan sponsor	POGO INC	c EIN-PN 45-1637234-001
a	Plan name	WACO PRIMARY CARE RETIREMENT PLAN	
b	Name of plan sponsor	WACO PRIMARY CARE RETIREMENT PLAN	c EIN-PN 45-2641890-001
a	Plan name	AIRX TESTING 401K PLAN	
b	Name of plan sponsor	AIRX TESTING SERVICES INC	c EIN-PN 45-2646319-001
a	Plan name	BLAIS ASSOCIATES 401K PLAN	
b	Name of plan sponsor	BLAIS ASSOCIATES LLC	c EIN-PN 45-3083595-001
a	Plan name	BEAR RIVER ANIMAL HOSPITAL 401K PLAN	
b	Name of plan sponsor	BEAR RIVER ANIMAL HOSPITAL	c EIN-PN 45-3911653-001
a	Plan name	WELLNESS HEALTH MANAGEMENT INC 401K PLAN	
b	Name of plan sponsor	WELLNESS HEALTH MANAGEMENT INC	c EIN-PN 45-4377614-001
a	Plan name	SIMPSON VETERINARY SERVICES RETIREMENT PLAN	
b	Name of plan sponsor	SIMPSON VETERINARY SERVICES	c EIN-PN 45-4517075-001
a	Plan name	GRAND TREASURE CASINO 401K PLAN	
b	Name of plan sponsor	GRAND TREASURE CASINO	c EIN-PN 45-5152183-001
a	Plan name	GENER8 LLC PROFIT SHARING 401K PLAN	
b	Name of plan sponsor	GENER8 LLC	c EIN-PN 45-5608674-001
a	Plan name	KELLY FAMILY DENTISTRY PC	
b	Name of plan sponsor	KELLY FAMILY DENTISTRY PC	c EIN-PN 45-9639625-001
a	Plan name	KOVAR 401K PLAN	
b	Name of plan sponsor	LANCE C KOVAR DDS PLLC	c EIN-PN 46-0586796-001
a	Plan name	THE PEDIATRIC PLAGE 401K PLAN	
b	Name of plan sponsor	THE PEDIATRIC PLAGE LLC	c EIN-PN 46-1287627-001

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	EISEN GROUP 401K PLAN	
b	Name of plan sponsor	EISEN GROUP LLC	c EIN-PN 46-1463058-001
a	Plan name	COOK AUCTION COMPANY INC 401K PLAN	
b	Name of plan sponsor	COOK AUCTION COMPANY INC	c EIN-PN 46-1562259-001
a	Plan name	LURN INC SAFE HARBOR PROFIT SHARING PLAN	
b	Name of plan sponsor	LURN INC	c EIN-PN 46-1741912-001
a	Plan name	EDWARDS KETCHER PLLC 401K PLAN	
b	Name of plan sponsor	EDWARDS KETCHER PLLC DBA ELMA FAMILY DENTAL	c EIN-PN 46-1957756-001
a	Plan name	CENTER FOR DYNAMIC AGING 401K PLAN	
b	Name of plan sponsor	CENTER FOR DYNAMIC AGING	c EIN-PN 46-2753364-001
a	Plan name	DERMATOLOGY AND SKIN SURGERY CENTER 401K PLAN	
b	Name of plan sponsor	DERMATOLOGY AND SKIN SURGERY CENTER	c EIN-PN 46-4311145-001
a	Plan name	NEBRASKA CHILDRENS HOME SOCIETY 401K RETIREMENT PLAN	
b	Name of plan sponsor	NEBRASKA CHILDRENS HOME SOCIETY	c EIN-PN 47-0378995-001
a	Plan name	WESTMOOR MANUFACTURING COMPANY PROFIT SHARING PLAN	
b	Name of plan sponsor	WESTMOOR MFG CO	c EIN-PN 47-0410162-001
a	Plan name	401K PROFIT SHARING PLAN OF GIRL SCOUTS SPIRIT OF NEBRASKA	
b	Name of plan sponsor	GIRL SCOUTS SPIRIT OF NEBRASKA	c EIN-PN 47-0432299-001
a	Plan name	ANDERSON CREAGER WITTSTRUCK PC 401K SALARY REDUCTION PLAN TRUST	
b	Name of plan sponsor	ANDERSON CREAGER WITTSTRUCK PC	c EIN-PN 47-0700064-001
a	Plan name	PISTOTNIK LAW OFFICE LLC PROFIT SHARING PLAN	
b	Name of plan sponsor	PISTOTNIK LAW OFFICE LLC	c EIN-PN 47-1118264-001
a	Plan name	COTLEUR HEARING 401K PLAN	
b	Name of plan sponsor	COTLEUR HEARING LANDSCAPE ARCHITECTURE LLC	c EIN-PN 47-1877271-001

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	LESTER GROUP 401K PROFIT SHARING PLAN AND TRUST THE	
b	Name of plan sponsor	LESTER INSURANCE GROUP INC NC SCORPORATION	c EIN-PN 47-1982917-001
a	Plan name	CAHILL ORTHOPEDIC SPORTS MEDICINE JOINT REPLACEMENT PC 401K PLAN	
b	Name of plan sponsor	CAHILL ORTHOPEDIC SPORTS MEDICINE JOINT REPLACEMENT	c EIN-PN 47-2597704-001
a	Plan name	STERETT COMPANIES INC 401K PROFIT SHARING PLAN	
b	Name of plan sponsor	STERETT COMPANIES INC	c EIN-PN 47-5098750-001
a	Plan name	CITY OF ORD MONEY PURCHASE	
b	Name of plan sponsor	CITY OF ORD MONEY PURCHASE PENSION TRUST	c EIN-PN 47-6006307-001
a	Plan name	DS MACHINE WELDING INC RETIREMENT PLAN	
b	Name of plan sponsor	DS MACHINE WELDING INC	c EIN-PN 48-0874734-001
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	STRATEGIC BENEFITS CONSULTANTS LLC 401K PLAN	
b	Name of plan sponsor	STRATEGIC BENEFITS CONSULTANTS LLC	c EIN-PN 51-0512872-001
a	Plan name	FOURTH TECHNOLOGIES INC 401K RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	FOURTH TECHNOLOGIES INC	c EIN-PN 52-1585001-001
a	Plan name	CLEAR SPRING AMBULANCE 401K PLAN	
b	Name of plan sponsor	CLEAR SPRING AMBULANCE	c EIN-PN 52-1610915-001
a	Plan name	DMS RETIREMENT PLAN	
b	Name of plan sponsor	DATA MANAGEMENT SERVICES INC	c EIN-PN 52-1888039-001
a	Plan name	CCR SOLUTIONS INC 401K PLAN	
b	Name of plan sponsor	CCR SOLUTIONS INC	c EIN-PN 52-2299014-001
a	Plan name	GARY ALLEN HAIR SKIN CARE CENTRE 401K PLAN	
b	Name of plan sponsor	GARY ALLEN HAIR SKIN CARE CENTRE	c EIN-PN 54-1020253-001

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	SOUTHSIDE HEAD NECK SURGERY PC 401K PLAN	
b	Name of plan sponsor	SOUTHSIDE HEAD NECK SURGERY P C	c EIN-PN 54-1648209-001
a	Plan name	MOUNTAINEER GLASS INC PROFIT SHARING	
b	Name of plan sponsor	MOUNTAINEER GLASS INC	c EIN-PN 55-0587560-001
a	Plan name	R D MANAGEMENT 401K SAVINGS PLAN	
b	Name of plan sponsor	R D MANAGEMENT	c EIN-PN 55-0877541-001
a	Plan name	STRICKLAND WATERPROOFING COMPANY INC 401K PROFIT SHARING PLAN	
b	Name of plan sponsor	STRICKLAND WATERPROOFING COMPANY INC	c EIN-PN 56-1546253-001
a	Plan name	CLARKE COMPANY BENEFITS LLC 401K PLAN	
b	Name of plan sponsor	CLARKE COMPANY BENEFITS	c EIN-PN 56-2192503-001
a	Plan name	TELESOURCE RETIREMENT PLAN	
b	Name of plan sponsor	TELESOURCE	c EIN-PN 56-2249595-001
a	Plan name	CSL SERVICES INC 401K PLAN	
b	Name of plan sponsor	CSL SERVICES INC	c EIN-PN 57-1164050-001
a	Plan name	MAJTH MANAGEMENT LLC 401K PLAN	
b	Name of plan sponsor	MAJTH MANAGEMENT	c EIN-PN 58-2516641-001
a	Plan name	ATLAS MORTGAGE AND INSURANCE 401K SAVINGS PLAN	
b	Name of plan sponsor	ATLAS MORTGAGE INSURANCE COMPANY INC	c EIN-PN 59-0700799-001
a	Plan name	SOUTH FLORIDA FAIR PALM BEACH COUNTY EXPO INC PROFIT SHARING PLAN	
b	Name of plan sponsor	SOUTH FLORIDA FAIR PALM BEACH COUNTY EXPO INC	c EIN-PN 59-0870057-001
a	Plan name	JEFFREY D JONES DMD PA 401K PROFIT SHARING PLAN	
b	Name of plan sponsor	JEFFREY D JONES DMD PA	c EIN-PN 59-1628858-001
a	Plan name	EPIPHANY EVANGELICAL LUTHERAN CHURCH 401K PLAN	
b	Name of plan sponsor	EPIPHANY EVANGELICAL LUTHERAN CHURCH	c EIN-PN 59-1759658-001

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 CENSTATE CONTRACTORS INC 401K PLAN	
b	Name of plan sponsor CENSTATE CONTRACTORS INC	c EIN-PN 59-2554615-001
a	Plan name PETER G LEMIEUX DMD PA 401K PLAN	
b	Name of plan sponsor PETER G LEMIEUX DMD PA	c EIN-PN 59-3631256-001
a	Plan name SCHULER LEE PA 401K PROFIT SHARING PLAN TRUST	
b	Name of plan sponsor SCHULER LEE PA	c EIN-PN 59-3687844-001
a	Plan name BIRKHEAD COMPANY INCORPORATED 401K PROFIT SHARING PLAN TRUST	
b	Name of plan sponsor BIRKHEAD COMPANY INCORPORATED	c EIN-PN 61-0570320-001
a	Plan name ALLIANCE CORPORATION 401K PROFIT SHARING PLAN	
b	Name of plan sponsor ALLIANCE CORPORATION	c EIN-PN 61-0875443-001
a	Plan name CHRYSALIS HOUSE INC 401K PROFIT SHARING PLAN	
b	Name of plan sponsor CHRYSALIS HOUSE INC	c EIN-PN 61-1012290-001
a	Plan name DELTECH MANUFACTURING INC 401K RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor DELTECH MANUFACTURING INC	c EIN-PN 61-1087649-001
a	Plan name LONKARD CONSTRUCTION COMPANY 401K PLAN	
b	Name of plan sponsor LONKARD CONSTRUCTION COMPANY	c EIN-PN 61-1279509-001
a	Plan name OGDEN WEBER CVB 401K RETIREMENT PLAN	
b	Name of plan sponsor OGDENWEBER CONVENTION VISITORS BUREAU	c EIN-PN 61-1436436-001
a	Plan name HAIR BENDERS INTERNATIONAL LLC 401K PLAN	
b	Name of plan sponsor HAIR BENDERS INTERNATIONAL LLC	c EIN-PN 62-1031207-001
a	Plan name 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

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	ORLAMPA INC 401K PROFIT SHARING PLAN TRUST	
b	Name of plan sponsor	ORLAMPA INC	c EIN-PN 65-0170939-001
a	Plan name	OCALA REGIONAL PHYSICAL THERAPY CENTER LTD 401K PLAN	
b	Name of plan sponsor	OCALA REGIONAL PHYSICAL THERAPY CENTER LTD	c EIN-PN 65-0773288-001
a	Plan name	BI COUNTY IRRIGATION 401K PLAN	
b	Name of plan sponsor	BI COUNTY IRRIGATION INC	c EIN-PN 68-0261656-001
a	Plan name	HDD COMPANY INC 401K SALARY REDUCTION PLAN AND TRUST	
b	Name of plan sponsor	HDD COMPANY INC	c EIN-PN 68-0422993-001
a	Plan name	ADVANCE KIDS INC 401K PLAN	
b	Name of plan sponsor	ADVANCE KIDS INC	c EIN-PN 68-0487185-001
a	Plan name	ARROW LAND SOLUTIONS LLC 401K PLAN	
b	Name of plan sponsor	ARROW LAND SOLUTIONS LLC	c EIN-PN 71-0921287-001
a	Plan name	KENNEDY LAW FIRM LLC PROFIT SHARING PLAN	
b	Name of plan sponsor	KENNEDY LAW FIRM LLC	c EIN-PN 71-0926845-001
a	Plan name	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	KENNETH L ODINET JR MD APMC 401K AND PROFIT SHARING PLAN	
b	Name of plan sponsor	KENNETH L ODINET JR MD APMC	c EIN-PN 72-1460538-001
a	Plan name	LOUISIANA TRUCK STOP GAMING EMPLOYEES LLC 401K PLAN	
b	Name of plan sponsor	LOUISIANA TRUCK STOP GAMING EES LLC 401K	c EIN-PN 72-1489433-001

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 WSH ENTERPRISES INC 401K PLAN	
b	Name of plan sponsor WSH ENTERPRISES INC	c EIN-PN 73-1678877-001
a	Plan name MOHAWK MACHINE WELDING INC 401K PROFIT SHARING PLAN	
b	Name of plan sponsor MOHAWK MACHINE WELDING INC	c EIN-PN 74-1671007-001
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
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 GOYOS AND SONS INC RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor GOYOS AND SONS INC	c EIN-PN 74-2195132-001
a	Plan name PHI SERVICE AGENCY INC PROFIT SHARING PL AN	
b	Name of plan sponsor PHI SERVICE AGENCY INC	c EIN-PN 74-2443916-001
a	Plan name NEEL TITLE CORPORATION RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor NEEL TITLE CORPORATION	c EIN-PN 74-2557609-001
a	Plan name ALAMO ENT ASSOCIATES 401K PLAN	
b	Name of plan sponsor ALAMO ENT ASSOCIATES PA	c EIN-PN 74-2625722-001
a	Plan name HEPECA LOGISTICS INC RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor HEPECA LOGISTICS INC	c EIN-PN 74-2661272-001
a	Plan name JESUS A DAVILA RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor JESUS A DAVILA PC	c EIN-PN 74-2937225-001
a	Plan name MARTINEZ AND GUARNEROS PLLC RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor MARTINEZ GUARNEROS PLLC	c EIN-PN 74-2962994-001

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	NEWMETRIC HHC RETIREMENT PLAN	
b	Name of plan sponsor	NEWMETRIC HOME HEALTH CARE INC	c EIN-PN 74-3171708-001
a	Plan name	DESTINY HIGH SCHOOL 401K SAVINGS PLAN	
b	Name of plan sponsor	DESTINY HIGH SCHOOL	c EIN-PN 74-3186803-001
a	Plan name	GAILS FLAGS INC 401K PLAN	
b	Name of plan sponsor	GAILS FLAGS GOLF COURSE ACCESSORIES INC	c EIN-PN 75-2407147-001
a	Plan name	MOLLOY CORPORATION 401K PLAN	
b	Name of plan sponsor	MOLLOY CORPORATION	c EIN-PN 76-0222373-001
a	Plan name	LINER SHOES INC 401K PLAN	
b	Name of plan sponsor	LINER SHOES INC	c EIN-PN 76-0486356-001
a	Plan name	SABRE TECHNOLOGIES LP EMPLOYEES SAVINGS TRUST	
b	Name of plan sponsor	SABRE TECHNOLOGIES LP	c EIN-PN 76-0539618-001
a	Plan name	WWT INTERNATIONAL INC 401K PROFIT SHARING PLAN TRUST	
b	Name of plan sponsor	WWT INTERNATIONAL INC	c EIN-PN 76-0557787-001
a	Plan name	STERLINGTECH 401K PLAN	
b	Name of plan sponsor	STERLINGTECH INC	c EIN-PN 76-0577046-001
a	Plan name	THANG ALEX HUYNH DDS PA 401K PLAN	
b	Name of plan sponsor	THANG ALEX HUYNH DDS PA	c EIN-PN 76-0658914-001
a	Plan name	SMILE QUEST DENTAL 401K PROFIT SHARING PLAN TRUST	
b	Name of plan sponsor	SMILE QUEST DENTAL	c EIN-PN 76-0722634-001
a	Plan name	BANANA LEAF INC 401K SAFE HARBOR PROFIT SHARING PLAN	
b	Name of plan sponsor	BANANA LEAF INC	c EIN-PN 77-0497844-001
a	Plan name	ORCHARD COMMERCIAL INC RETIREMENT PLAN	
b	Name of plan sponsor	ORCHARD COMMERCIAL INC	c EIN-PN 77-0539406-001

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 WHITEBRIDGE PET BRANDS LLC 401K PLAN	
b	Name of plan sponsor WHITEBRIDGE PET BRANDS LLC	c EIN-PN 77-0584827-001
a	Plan name ROMANO ASSOCIATES PLLC 401K PROFIT SHARING PLAN	
b	Name of plan sponsor ROMANO ASSOCIATES PLLC	c EIN-PN 80-0442714-001
a	Plan name LOGAN PRODUCTIONS INC RETIREMENT PLAN	
b	Name of plan sponsor LOGAN PRODUCTIONS INC	c EIN-PN 80-0633384-001
a	Plan name WILDLIFE PARTNERS LLC RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor WILDLIFE PARTNERS LLC	c EIN-PN 81-1484264-001
a	Plan name ALL SEASONS COMFORT SYSTEMS INC 401K PROFIT SHARING PLAN	
b	Name of plan sponsor ALL SEASONS COMFORT SYSTEMS INC	c EIN-PN 81-5230862-001
a	Plan name COATINGS OF ILLINOIS INC DBA CENTRAL ILLINOIS COATINGS 401K PLAN	
b	Name of plan sponsor COATINGS OF ILLINOIS INC DBA CENTRAL ILLINOIS COATINGS	c EIN-PN 83-0867636-001
a	Plan name HARTMAN BROTHERS INC PROFIT SHARING PLAN	
b	Name of plan sponsor HARTMAN BROTHERS INC	c EIN-PN 84-0223090-001
a	Plan name BILL NANCE PLUMBING HEATING INC PROFIT SHARING PLAN	
b	Name of plan sponsor BILL NANCE PLUMBING HEATING INC	c EIN-PN 84-0639056-001
a	Plan name TECHNICAL MOLDED PRODUCTS INC PROFIT SHARING PLAN	
b	Name of plan sponsor TECHNICAL MOLDED PRODUCTS INC	c EIN-PN 84-0724189-001
a	Plan name ECKSTINE ELECTRIC CO 401K PLAN	
b	Name of plan sponsor ECKSTINE ELECTRIC COMPANY	c EIN-PN 84-0864256-001
a	Plan name ALPHATRAC RETIREMENT PLAN TRUST	
b	Name of plan sponsor ALPHATRAC INC	c EIN-PN 84-1195474-001
a	Plan name PRECISION SERVICE ELECTRIC INC 401K PLAN	
b	Name of plan sponsor PRECISION SERVICE ELECTRIC INC	c EIN-PN 84-1274632-001

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 AMCAN STAIR AND RAIL RETIREMENT PLAN	
b	Name of plan sponsor NADANO LLC DBA AMCAN STAIR AND RAIL	c EIN-PN 84-2203413-001
a	Plan name HOFFMAN STANS COFFEE LLC 401K PROFIT SHARING PLAN	
b	Name of plan sponsor HOFFMAN STANS COFFEE LLC	c EIN-PN 84-3833057-001
a	Plan name MENCHACA FLORES LC RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor MENCHACA FLORES LC RETIREMENT SAVINGS PLAN	c EIN-PN 85-3810531-001
a	Plan name WHITE MOUNTAIN APACHE HOUSING AUTHORITY 401K PLAN	
b	Name of plan sponsor WHITE MOUNTAIN APACHE HOUSING AUTHORITY	c EIN-PN 86-0194403-001
a	Plan name THE LEARNING JOURNEY INTERNATIONAL LLC 401K PROFIT SHARING PLAN	
b	Name of plan sponsor LEARNING JOURNEY INTERNATIONAL LLC	c EIN-PN 86-0902474-001
a	Plan name CRONKHITE INDUSTRIES INC 401K PROFIT SHARING PLAN	
b	Name of plan sponsor MOHR MANUFACTURING CORPORATION DBA CRONKHITE INDUSTRIES	c EIN-PN 86-2914929-001
a	Plan name SEITEC INC 401K SALARY REDUCTION PLAN TRUST	
b	Name of plan sponsor SEITEC INC	c EIN-PN 87-0404441-001
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 T M MANUFACTURING INC SAFE HARBOR 401K PLAN	
b	Name of plan sponsor T M MANUFACTURING INC	c EIN-PN 87-0578345-001
a	Plan name YOUR EMPLOYMENT SOLUTIONS RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor YOUR EMPLOYMENT SOLUTIONS	c EIN-PN 87-0639431-001
a	Plan name DOUGLAS F SMITH INC PROFIT SHARING PLAN	
b	Name of plan sponsor DOUGLAS F SMITH INC	c EIN-PN 87-0669603-001
a	Plan name CCP GLOBAL INC 401K PROFIT SHARING PLAN TRUST	
b	Name of plan sponsor CCP GLOBAL INC	c EIN-PN 88-0382314-001

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 BELLINGHAM EAR NOSE THROAT PLASTIC SURGERY 401K PROFIT SHARING PLAN	
b	Name of plan sponsor BELLINGHAM EAR NOSE THROAT PLASTIC SURGERY	c EIN-PN 91-1009308-001
a	Plan name STEVEN H KIGAWA DDS INC 401K PLAN	
b	Name of plan sponsor STEVEN H KIGAWA DDS INC	c EIN-PN 91-1886979-001
a	Plan name DEBTWAVE CREDIT COUNSELING INC 401K PLAN	
b	Name of plan sponsor DEBTWAVE CREDIT COUNSELING INC	c EIN-PN 91-2156504-001
a	Plan name WITREY INC 401K PLAN	
b	Name of plan sponsor WITREY INC	c EIN-PN 92-0015587-001
a	Plan name JJ FUNERAL SERVICES 401K PLAN	
b	Name of plan sponsor J J FUNERAL SERVICES DBA PARRISH FUNERAL	c EIN-PN 92-3406593-001
a	Plan name SIERRA MINIT MARTS INC 401K SALARY REDUCTION PL TR	
b	Name of plan sponsor SIERRA MINIT MARTS INC	c EIN-PN 94-2428490-001
a	Plan name DISCOVERY GATEWAY 401K PLAN	
b	Name of plan sponsor DISCOVERY GATEWAY	c EIN-PN 94-2562430-001
a	Plan name HANSEN YAO CORPORATION 401K PLAN	
b	Name of plan sponsor HANSEN YAO CORPORATION	c EIN-PN 94-2969054-001
a	Plan name HAWAII ENGINEERING GROUP INC 401K PROFIT SHARING PLAN	
b	Name of plan sponsor HAWAII ENGINEERING GROUP INC	c EIN-PN 94-3264591-001
a	Plan name GROWER DIRECT MARKETING LLC 401K PLAN	
b	Name of plan sponsor GROWER DIRECT MARKETING LLC	c EIN-PN 94-3319310-001
a	Plan name MANSFIELD DERMATOLOGY PLLC 401K PLAN	
b	Name of plan sponsor MANSFIELD DERMATOLOGY PLLC	c EIN-PN 94-3458677-001
a	Plan name LEEMAR AQUARIUM PET SUPPLY 401K PROFIT SHARING PLAN TRUST	
b	Name of plan sponsor LEEMAR AQUARIUM PET SUPPLY	c EIN-PN 95-2948054-001

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	WECKERLE COSMETICS USA 401K PLAN	
b	Name of plan sponsor	WECKERLE SALES CORPORATION	c EIN-PN 95-3402236-001
a	Plan name	KUSHIYU PROFIT SHARING PLAN	
b	Name of plan sponsor	KUSHIYU	c EIN-PN 95-4118432-001
a	Plan name	WOLFLICK SIMPSON 401K PROFIT SHARING PLAN	
b	Name of plan sponsor	WOLFLICK SIMPSON	c EIN-PN 95-4264449-001
a	Plan name	LENAX CONSTRUCTION SERVICES INC 401K PLAN	
b	Name of plan sponsor	LENAX CONSTRUCTION SERVICES INC	c EIN-PN 95-4414445-001
a	Plan name	SEA DWELLING CREATURES INC 401K SALARY R EDUCATION PLAN AND TRUST	
b	Name of plan sponsor	SEA DWELLING CREATURES INC	c EIN-PN 95-4504273-001
a	Plan name	GINGERICH CONSTRUCTION INC PREVAILING WAGE RETIREMENT PLAN	
b	Name of plan sponsor	GINGERICH CONSTRUCTION INC	c EIN-PN 95-4769656-001
a	Plan name	INTEGRATED SECURITY TECHNOLOGIES INC 401K PROFIT SHARING PLAN	
b	Name of plan sponsor	INTEGRATED SECURITY TECHNOLOGIES INC	c EIN-PN 99-0332043-001
a	Plan name	PACIFIC RECREATION 401K PLAN	
b	Name of plan sponsor	PACIFIC RECREATION CO LLC	c EIN-PN 99-0333140-001
a	Plan name	ALOHA SECURITY INC PROFIT SHARING PLAN	
b	Name of plan sponsor	ALOHA SECURITY INC	c EIN-PN 99-0345154-001
a	Plan name	EXECUTIVE ELECTRONICS INC 401K PROFIT SHARING PLAN TRUST	
b	Name of plan sponsor	EXECUTIVE ELECTRONICS INC	c EIN-PN 02-0635588-002
a	Plan name	CLIFFSIDE PROFIT SHARING TRUST	
b	Name of plan sponsor	CLIFFSIDE EYE CENTER LLC	c EIN-PN 04-3749519-002
a	Plan name	GAFFNEY BENNETT AND ASSOCIATES INC 401K PROFIT SHARING PLAN	
b	Name of plan sponsor	GAFFNEY BENNETT AND ASSOCIATES INC	c EIN-PN 06-1123532-002

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 LIPMAN ANTONELLI BATT GILSON ROTHMAN CAPASSO 401K PLAN	
b	Name of plan sponsor LIPMAN ANTONELLI BATT GILSON ROTHMAN CAPASSO PA	c EIN-PN 22-1972548-002
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 DEVON TILE DESIGN STUDIO 401K PLAN	
b	Name of plan sponsor DEVON TILE DESIGN STUDIO	c EIN-PN 23-2530172-002
a	Plan name BAILY INSURANCE AGENCY INC PROFIT SHARING PLAN	
b	Name of plan sponsor BAILY INSURANCE AGENCY INC	c EIN-PN 25-1352190-002
a	Plan name GLOBAL EMPIRE LLC DBA GLOBAL HEALTHCARE GROUP LLC PREVAILING WAGE 401K PROFIT SHARING PLAN	
b	Name of plan sponsor GLOBAL EMPIRE LLC DBA GLOBAL HEALTHCARE GROUP LLC	c EIN-PN 25-1836736-002
a	Plan name DUBLIN PHYSICAL THERAPY 401K PROFIT SHARING PLAN	
b	Name of plan sponsor DUBLIN PHYSICAL THERAPY	c EIN-PN 26-4120347-002
a	Plan name THE CAMARGO CLUB 401K PLAN	
b	Name of plan sponsor THE CAMARGO CLUB	c EIN-PN 31-0232360-002
a	Plan name PERFORMANCE MANAGEMENT GROUP INC 401K PROFIT SHARING PLAN	
b	Name of plan sponsor PERFORMANCE MANAGEMENT GROUP INC	c EIN-PN 31-1600865-002
a	Plan name 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 WHITE BROKERAGE CO PROFIT SHARING PLAN	
b	Name of plan sponsor WHITE BROKERAGE	c EIN-PN 38-2420654-002
a	Plan name HANSEN PLUMBING INC 401K PLAN	
b	Name of plan sponsor HANSEN PLUMBING INC	c EIN-PN 39-1720277-002
a	Plan name FIRST CLASS COMMUNITY CREDIT UNION 401K PLAN	
b	Name of plan sponsor FIRST CLASS CREDIT UNION	c EIN-PN 42-0214790-002

Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)		
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)		
a	Plan name	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	MILLER CENTRIFUGAL CASTING CO INC 401K SAVINGS PLAN
b	Name of plan sponsor	MILLER CENTRIFUGAL CASTING CO INC
c	EIN-PN	47-0855967-002
a	Plan name	PURCELLS INC 401K PLAN
b	Name of plan sponsor	PURCELLS INC
c	EIN-PN	57-0216340-002
a	Plan name	EASTCOAST MEDICAL NETWORK 401K SAVINGS PLAN
b	Name of plan sponsor	EASTCOAST MEDICAL NETWORK INC
c	EIN-PN	59-3001031-002
a	Plan name	HOWELL CONTRACTORS PREVAILING WAGE PLAN
b	Name of plan sponsor	HOWELL CONTRACTORS
c	EIN-PN	61-1157309-002
a	Plan name	STEVEN R DANIEL DDS 401K PROFIT SHARING PLAN
b	Name of plan sponsor	STEVEN R DANIEL DDS
c	EIN-PN	62-1166684-002
a	Plan name	CAMPBELL LUMBER CO EMPLOYEES PROFIT SHARING PLAN
b	Name of plan sponsor	CAMPBELL LUMBER COMPANY
c	EIN-PN	74-0542190-002
a	Plan name	MOUNTAIN STAR FEDERAL CREDIT UNION 401K PROFIT SHARING PLAN TRUST
b	Name of plan sponsor	MOUNTAIN STAR FEDERAL CREDIT UNION
c	EIN-PN	74-1146201-002
a	Plan name	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

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	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	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	MGM TRANSFORMER 401K RETIREMENT PLAN	
b	Name of plan sponsor	MGM TRANSFORMER COMPANY	c EIN-PN 95-3021610-002
a	Plan name	DME INCORPORATED 401K PLAN	
b	Name of plan sponsor	DME INCORPORATED	c EIN-PN 95-3044994-002
a	Plan name	THE PAINTED TURTLE CAMP FOUNDATION 401K SAVINGS PLAN	
b	Name of plan sponsor	PAINTED TURTLE CAMP FOUNDATION THE	c EIN-PN 95-4612481-002
a	Plan name	RITTER FOODS LLC PROFIT SHARING PLAN	
b	Name of plan sponsor	RITTER FOODS LLC	c EIN-PN 23-1022660-003
a	Plan name	KILARESKI ORTHODONTICS PC 401K PLAN	
b	Name of plan sponsor	KILARESKI ORTHODONTICS PC	c EIN-PN 30-0793484-003
a	Plan name	DWIGHT H JOHNSON DDS PC PROFIT SHARING P LAN 401K	
b	Name of plan sponsor	DWIGHT H JOHNSON DDS PC PROFIT SHARING PLAN 401K	c EIN-PN 43-1053866-003
a	Plan name	THE LEATHER SPECIALTY COMPANY EMPLOYEES RETIREMENT PLAN	
b	Name of plan sponsor	THE LEATHER SPECIALTY COMPANY	c EIN-PN 59-1237020-003
a	Plan name	KAVON FILTER PRODUCTS LLC 401K PLAN	
b	Name of plan sponsor	KAVON FILTER PRODUCTS LLC	c EIN-PN 92-1715575-003
a	Plan name	SAVAGE SCAFFOLD AND EQUIPMENT COMPANY 401K RETIREMENT PLAN	
b	Name of plan sponsor	SAVAGE SCAFFOLD AND EQUIPMENT COMPANY	c EIN-PN 87-0282163-005

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	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	BLDBOARDS MORE LLC	c EIN-PN 41-0956904-333
a	Plan name	BLD CONNECTION 401K MULTIPLE EMPLOYER PLAN	
b	Name of plan sponsor	BLDBOE ORNAMENTAL IRON INC	c EIN-PN 41-0956904-333
a	Plan name	BLD CONNECTION 401K MULTIPLE EMPLOYER PLAN	
b	Name of plan sponsor	BLDCARCIOFINI CO	c EIN-PN 41-0956904-333
a	Plan name	BLD CONNECTION 401K MULTIPLE EMPLOYER PLAN	
b	Name of plan sponsor	BLDENGQUIST LUMBER CO INC	c EIN-PN 41-0956904-333
a	Plan name	BLD CONNECTION 401K MULTIPLE EMPLOYER PLAN	
b	Name of plan sponsor	BLDLAKESIDE LUMBER OF ASHBY INC	c EIN-PN 41-0956904-333
a	Plan name	BLD CONNECTION 401K MULTIPLE EMPLOYER PLAN	
b	Name of plan sponsor	BLDLONG CREEK STEEL LLC	c EIN-PN 41-0956904-333
a	Plan name	BLD CONNECTION 401K MULTIPLE EMPLOYER PLAN	
b	Name of plan sponsor	BLDMINNESOTA BUILDERS EXCHANGE	c EIN-PN 41-0956904-333
a	Plan name	BLD CONNECTION 401K MULTIPLE EMPLOYER PLAN	
b	Name of plan sponsor	BLDMULCAHY NICKOLAUS LLC	c EIN-PN 41-0956904-333
a	Plan name	BLD CONNECTION 401K MULTIPLE EMPLOYER PLAN	
b	Name of plan sponsor	BLDRESICAD LLC	c EIN-PN 41-0956904-333
a	Plan name	BLD CONNECTION 401K MULTIPLE EMPLOYER PLAN	
b	Name of plan sponsor	BLDSCHUYLER HOME BUILDING SUPPLY LLC	c EIN-PN 41-0956904-333

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

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
A Name of plan LNL SATT 401K TOOLBOX MANAGED TACTICAL	B Three-digit plan number (PN) 724
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)	37777 1649836
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)	19428078 19595938
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	
(15) Other.....	1c(15)	

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)		
(2) Employer real property.....	1d(2)		
e Buildings and other property used in plan operation.....	1e		
f Total assets (add all amounts in lines 1a through 1e).....	1f	19465855	21245774
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h		
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j	1294	1374232
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	1294	1374232
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	19464561	19871542

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)	45127	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		45127
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)		
(B) Common stock.....	2b(2)(B)	345818	
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)		
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)	32327737	
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	30468358	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		551228
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		2801552

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)	118803	
(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)		118803
j Total expenses. Add all expense amounts in column (b) and enter total	2j		118803

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		2682749
l Transfers of assets:			
(1) To this plan	2l(1)		9989205
(2) From this plan	2l(2)		12264973

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 _____.