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

2025

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

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) C

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
- ☐ the DFVC program
- ☐ special extension (enter description)

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
BELL BALANCED FUND

1b Three-digit plan number (PN) ▶ 001

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)
BELL BANK

520 MAIN AVE
PO BOX 829
FARGO, ND 58103

2b Employer Identification Number (EIN)
20-1146941

2c Plan Sponsor's telephone number
701-298-1500

2d Business code (see instructions)
525920

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	Filed with authorized/valid electronic signature.		
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE	Filed with authorized/valid electronic signature.	07/20/2026	JERROD HANSON
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address [X] Same as Plan Sponsor

3b Administrator's EIN

3c Administrator's telephone number

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

4b EIN

c Plan Name

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	**6a(1)**	
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	
b	Retired or separated participants receiving benefits	**6b**	
c	Other retired or separated participants entitled to future benefits	**6c**	
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	
f	Total. Add lines **6d** and **6e**.	**6f**	
g(1)	Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	**6g(1)**	
g(2)	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g(2)**	
h	Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.	**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 Characteristic Codes in the instructions:

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

9a Plan funding arrangement (check all that apply)

- **(1)** [ ] Insurance
- **(2)** [ ] Code section 412(e)(3) insurance contracts
- **(3)** [ ] Trust
- **(4)** [ ] General assets of the sponsor

9b Plan benefit arrangement (check all that apply)

- **(1)** [ ] Insurance
- **(2)** [ ] Code section 412(e)(3) insurance contracts
- **(3)** [ ] Trust
- **(4)** [ ] General assets of the sponsor

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)** [ ] **R** (Retirement Plan Information)
- **(2)** [ ] **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- **(3)** [ ] **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary
- **(4)** [ ] **DCG** (Individual Plan Information) – Number Attached _____
- **(5)** [ ] **MEP** (Multiple-Employer Retirement Plan Information)

b General Schedules

- **(1)** [X] **H** (Financial Information)
- **(2)** [ ] **I** (Financial Information – Small Plan)
- **(3)** [ ] **A** (Insurance Information) – Number Attached _____
- **(4)** [ ] **C** (Service Provider Information)
- **(5)** [X] **D** (DFE/Participating Plan Information)
- **(6)** [ ] **G** (Financial Transaction Schedules)

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 2025 Form M-1 annual report. If the plan was not required to file the 2025 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)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2025

This Form is Open to Public Inspection.

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A Name of plan
BELL BALANCED FUND

B Three-digit plan number (PN) ▶ 001

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
BELL BANK

D Employer Identification Number (EIN)
20-1146941

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)

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

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

c EIN-PN 35-2315676-001 **d** Entity code C **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 41631197

a Name of MTIA, CCT, PSA, or 103-12 IE: BELL AGGRESSIVE GROWTH FUND

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

c EIN-PN 35-2315675-001 **d** Entity code C **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 42227816

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)

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:

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

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

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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	401(K) PROFIT-SHARING PLAN FOR EMPL		
b Name of plan sponsor	AZTEC MECHANICAL, INC.	**c** EIN-PN	85-0250200-001
a Plan name	ABST LAW 401(K) PLAN		
b Name of plan sponsor	ABST LAW, P.C.	**c** EIN-PN	45-0428353-001
a Plan name	ACCEL MECHANICAL, LLC 401K SAVINGS		
b Name of plan sponsor	ACCEL MECHANICAL, LLC	**c** EIN-PN	20-2276382-001
a Plan name	AGASSIZ SEEDS, INC. RETIREMENT PLAN		
b Name of plan sponsor	AGASSIZ SEEDS, INC.	**c** EIN-PN	45-0402360-001
a Plan name	APEX PT 401(K) PLAN		
b Name of plan sponsor	APEX PHYSICAL THERAPY	**c** EIN-PN	26-3531132-001
a Plan name	ASSOCIATED POTATO GROWERS, INC. 401		
b Name of plan sponsor	ASSOCIATED POTATO GROWERS, INC.	**c** EIN-PN	45-0221996-002
a Plan name	ATLAS FOODS 401(K) PLAN		
b Name of plan sponsor	ATLAS INTERNATIONAL FOOD & EQUIPMEN	**c** EIN-PN	45-0359675-001
a Plan name	BEACH CO-OP GRAIN CO. 401(K) PROFIT		
b Name of plan sponsor	BEACH CO-OP GRAIN CO.	**c** EIN-PN	45-0107400-001
a Plan name	BERGSTROM EYE & LASER CLINIC 401(K)		
b Name of plan sponsor	LANCE K BERGSTROM MD PC	**c** EIN-PN	45-0447439-001
a Plan name	BKH, LLC 401(K) PLAN		
b Name of plan sponsor	BKH, LLC	**c** EIN-PN	45-0460865-001
a Plan name	BOULGER FUNERAL HOME PROFIT SHARING		
b Name of plan sponsor	BOULGER FUNERAL HOME, INC.	**c** EIN-PN	45-0344123-001
a Plan name	BOURGAULT INDUSTRIES, LTD. 401(K) P		
b Name of plan sponsor	BOURGAULT INDUSTRIES, LTD.	**c** EIN-PN	98-0086610-001

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

a Plan name	BUHLER 401(K) PLAN		
b Name of plan sponsor	AMARILLO SERVICE & SUPPLY, INC.	**c** EIN-PN	75-1655793-001
a Plan name	BURKE, MYERS & ASSOCIATES 401(K) PL		
b Name of plan sponsor	BURKE, MYERS & ASSOCIATES, LTD.	**c** EIN-PN	45-0446817-001
a Plan name	CENTRAL DOOR & HARDWARE, INC. 401(K		
b Name of plan sponsor	CENTRAL DOOR & HARDWARE, INC.	**c** EIN-PN	45-0403161-001
a Plan name	CLASSIC MANAGEMENT CORP. 401(K) PRO		
b Name of plan sponsor	CLASSIC MANAGEMENT CORP.	**c** EIN-PN	45-0438332-001
a Plan name	COACHES CHOICE 401(K) PLAN		
b Name of plan sponsor	COACHES CHOICE, INC.	**c** EIN-PN	45-0450147-001
a Plan name	COLLIERS INTERNATIONAL 401(K) PLAN		
b Name of plan sponsor	COLLIERS PARAGON, LLC	**c** EIN-PN	30-0005257-001
a Plan name	COMMUNITY LIVING SERVICES, INC. 401		
b Name of plan sponsor	COMMUNITY LIVING SERVICES, INC.	**c** EIN-PN	45-0416774-001
a Plan name	COMSTOCK CONSTRUCTION, INC. 401(K)		
b Name of plan sponsor	COMSTOCK CONSTRUCTION, INC.	**c** EIN-PN	45-0320073-001
a Plan name	CORPORATE INTERIOR SYSTEMS, INC. 40		
b Name of plan sponsor	CORPORATE INTERIOR SYSTEMS, INC.	**c** EIN-PN	86-0567645-001
a Plan name	CROWN JEWELS, INC. 401(K) PLAN		
b Name of plan sponsor	CROWN JEWELS, INC.	**c** EIN-PN	45-0376182-001
a Plan name	C-W VALLEY CO-OP PROFIT SHARING 401		
b Name of plan sponsor	C-W VALLEY CO-OP	**c** EIN-PN	41-0201050-001
a Plan name	DAKOTA BUSINESS LENDING 401(K) PROF		
b Name of plan sponsor	DAKOTA BUSINESS LENDING	**c** EIN-PN	45-0443523-001

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	DAKOTA MEDICAL FOUNDATION 401(K) PL		
b Name of plan sponsor	DAKOTA MEDICAL FOUNDATION	**c** EIN-PN	45-6012318-002
a Plan name	DAKOTA MONTESSORI SCHOOL 401(K) PLA		
b Name of plan sponsor	DAKOTA MONTESSORI SCHOOL, INC.	**c** EIN-PN	45-0308160-001
a Plan name	DAKTECH, INC. 401(K) PLAN		
b Name of plan sponsor	DAKTECH, INC.	**c** EIN-PN	45-0416933-001
a Plan name	DEAN'S BULK SERVICE, INC. PROFIT SH		
b Name of plan sponsor	DEAN'S BULK SERVICE, INC.	**c** EIN-PN	41-1648498-001
a Plan name	D-S BEVERAGES 401(K) SAVINGS PLAN		
b Name of plan sponsor	D-S BEVERAGES, INC.	**c** EIN-PN	41-0940379-001
a Plan name	FABRICATORS UNLIMITED, INC. 401(K)		
b Name of plan sponsor	FABRICATORS UNLIMITED, INC.	**c** EIN-PN	41-0810334-001
a Plan name	FACE & JAW SURGERY CENTER, P.C. 401		
b Name of plan sponsor	FACE AND JAW SURGEONS, P.C.	**c** EIN-PN	45-0422944-001
a Plan name	FAMILY HEALTHCARE CENTER 401(K) PLA		
b Name of plan sponsor	FAMILY HEALTHCARE CENTER	**c** EIN-PN	45-0430628-002
a Plan name	FINLEY FARMERS ELEVATOR PROFIT SHAR		
b Name of plan sponsor	FINLEY FARMERS ELEVATOR	**c** EIN-PN	45-0134040-001
a Plan name	FORUM COMMUNICATIONS COMPANY 401(K)		
b Name of plan sponsor	FORUM COMMUNICATIONS COMPANY	**c** EIN-PN	45-0129560-004
a Plan name	FOSS ARCHITECTURE & INTERIORS 401(K		
b Name of plan sponsor	FOSS ARCHITECTURE & INTERIORS, INC.	**c** EIN-PN	41-0262428-002
a Plan name	FPS CIVIL 401(K) PLAN		
b Name of plan sponsor	FPS CIVIL, LLC	**c** EIN-PN	82-5263272-001

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	GERINGHOFF GROUP 401(K) PROFIT SHAR		
b Name of plan sponsor	GERINGHOFF HOLDING LP	**c** EIN-PN	37-2057733-001
a Plan name	GPK PRODUCTS, INC. CASH OR DEFERRED		
b Name of plan sponsor	GPK PRODUCTS, INC.	**c** EIN-PN	45-0315158-001
a Plan name	GREAT PLAINS HOLDING COMPANY 401(K)		
b Name of plan sponsor	GREAT PLAINS HOLDING COMPANY	**c** EIN-PN	45-0313021-001
a Plan name	HALL'S PROFIT SHARING PLAN		
b Name of plan sponsor	HALLS G4 LLP	**c** EIN-PN	26-1869375-001
a Plan name	HEARTLAND STATE BANK 401(K) PLAN		
b Name of plan sponsor	HEARTLAND STATE BANK	**c** EIN-PN	45-0192665-001
a Plan name	HELM ENTERPRISES 401(K) PLAN		
b Name of plan sponsor	HELM TRUCK LINE LTD. DBA HELM ENTER	**c** EIN-PN	46-0346659-001
a Plan name	HEYER ENGINEERING, INC. 401(K) PROF		
b Name of plan sponsor	HEYER ENGINEERING, INC.	**c** EIN-PN	45-0397284-001
a Plan name	HOMECREST OUTDOOR LIVING LLC 401(K)		
b Name of plan sponsor	HOMECREST OUTDOOR LIVING LLC	**c** EIN-PN	26-1565199-001
a Plan name	HORN PLASTICS 401(K) PROFIT SHARING		
b Name of plan sponsor	HORN PLASTICS, INC.	**c** EIN-PN	45-0400841-001
a Plan name	INDIGO SIGNWORKS, INC. 401(K) PLAN		
b Name of plan sponsor	INDIGO SIGNWORKS, INC.	**c** EIN-PN	45-0444969-001
a Plan name	INTERNAL MEDICINE ASSOCIATES 401(K)		
b Name of plan sponsor	INTERNAL MEDICINE ASSOCIATES, LTD.	**c** EIN-PN	45-0363176-001
a Plan name	JSE, INC. 401(K) PLAN		
b Name of plan sponsor	JSE, INC.	**c** EIN-PN	20-4487594-001

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	KILBOURNE 401(K) PLAN		
b Name of plan sponsor	TALLGRASS STUDIO, LLC	**c** EIN-PN	81-2458965-001
a Plan name	LANEY'S INC. 401(K) PLAN		
b Name of plan sponsor	LANEY'S INC.	**c** EIN-PN	71-0919832-001
a Plan name	LANGDON IMPLEMENT, INC. 401(K) PROF		
b Name of plan sponsor	LANGDON IMPLEMENT, INC.	**c** EIN-PN	45-0319065-003
a Plan name	LEARNERS EDGE, LLC 401(K) PLAN		
b Name of plan sponsor	LEARNERS EDGE, LLC	**c** EIN-PN	73-1629646-002
a Plan name	LILLESTOL RESEARCH 401(K) PLAN		
b Name of plan sponsor	LILLESTOL RESEARCH LLC	**c** EIN-PN	56-2466310-001
a Plan name	LLOYD'S MOTORS 401(K) RETIREMENT SA		
b Name of plan sponsor	LLOYD'S MOTORS	**c** EIN-PN	45-0453770-001
a Plan name	LUEKEN'S FOOD STORES, INC. 401(K) P		
b Name of plan sponsor	LUEKEN'S FOOD STORES, INC.	**c** EIN-PN	41-0991254-001
a Plan name	LUNDE LINCOLN, INC. SALARY REDUCTIO		
b Name of plan sponsor	LUNDE LINCOLN, INC.	**c** EIN-PN	45-0398723-002
a Plan name	M.J. DALSIN COMPANY OF NORTH DAKOTA		
b Name of plan sponsor	M.J. DALSIN COMPANY OF NORTH DAKOTA	**c** EIN-PN	42-1534865-002
a Plan name	MARING WILLIAMS LAW OFFICE, P.C. 40		
b Name of plan sponsor	MARING WILLIAMS LAW OFFICE, P.C.	**c** EIN-PN	45-0426615-001
a Plan name	MASTER CONSTRUCTION CO., INC. 401(K		
b Name of plan sponsor	MASTER CONSTRUCTION COMPANY, INC.	**c** EIN-PN	45-0318135-001
a Plan name	MCNEILUS STEEL, INC. 401(K) AND PRO		
b Name of plan sponsor	MCNEILUS STEEL, INC.	**c** EIN-PN	41-1224472-001

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	MERCHANTS BANK OF RUGBY 401(K) PROF		
b Name of plan sponsor	MERCHANTS BANK OF RUGBY	**c** EIN-PN	45-0164330-001
a Plan name	MIDI ENTERPRISES, LLC 401(K) PLAN		
b Name of plan sponsor	MIDI ENTERPRISES, LLC	**c** EIN-PN	75-3209825-001
a Plan name	MID-STATE WHOLESALE TIRE 401(K) PRO		
b Name of plan sponsor	MID-STATE WHOLESALE TIRE, INC.	**c** EIN-PN	41-1407900-001
a Plan name	MINTAHOE HOSPITALITY GROUP 401(K) P		
b Name of plan sponsor	MINTAHOE, INC.	**c** EIN-PN	41-1734575-001
a Plan name	NETWORK CENTER COMMUNICATIONS 401(K		
b Name of plan sponsor	NETWORK CENTER COMMUNICATIONS, INC.	**c** EIN-PN	91-1834827-001
a Plan name	NEWMAN SIGNS, INC. RETIREMENT 401(K		
b Name of plan sponsor	NEWMAN SIGNS, INC.	**c** EIN-PN	45-0276348-001
a Plan name	NORTH DAKOTA PETROLEUM COUNCIL 401(		
b Name of plan sponsor	NORTH DAKOTA PETROLEUM COUNCIL	**c** EIN-PN	45-0454738-001
a Plan name	NORTHLAND COMMUNITY HEALTH CENTER 4		
b Name of plan sponsor	NORTHLAND HEALTH PARTNERS COMMUNITY	**c** EIN-PN	33-1029318-001
a Plan name	NORTHWOOD EQUITY ELEVATOR 401(K) PR		
b Name of plan sponsor	NORTHWOOD EQUITY ELEVATOR CO.	**c** EIN-PN	45-0174970-001
a Plan name	ONSHARP, INC. 401(K) PLAN		
b Name of plan sponsor	ONSHARP, INC.	**c** EIN-PN	20-8119718-001
a Plan name	PEMBILIER NURSING CENTER 401(K) PRO		
b Name of plan sponsor	PEMBILIER NURSING CENTER	**c** EIN-PN	45-0278093-001
a Plan name	PLAINS MEDICAL CLINIC, LLC 401(K) P		
b Name of plan sponsor	PLAINS MEDICAL CLINIC, LLC	**c** EIN-PN	04-3755538-001

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	PLUMB 401(K) PLAN		
b Name of plan sponsor	TAG MANGEMENT, INC. DBA PLUMB	**c** EIN-PN	33-0879925-001
a Plan name	PRAIRIE ENGINEERING, P.C. EMPLOYEES		
b Name of plan sponsor	PRAIRIE ENGINEERING, P.C.	**c** EIN-PN	45-0354125-001
a Plan name	QUALITY COMPANIES, INC. 401(K) PROF		
b Name of plan sponsor	QUALITY COMPANIES, INC.	**c** EIN-PN	33-3560648-001
a Plan name	RED RIVER REFRIGERATION 401(K) PROF		
b Name of plan sponsor	RED RIVER REFRIGERATION, INC.	**c** EIN-PN	45-0434387-001
a Plan name	REFRIGERATION-HEATING, INC. 401(K)		
b Name of plan sponsor	REFRIGERATION-HEATING, INC.	**c** EIN-PN	45-0352129-001
a Plan name	RESENDEZ LAW OFFICES, L.L.C. 401(K)		
b Name of plan sponsor	RESENDEZ LAW OFFICES, L.L.C.	**c** EIN-PN	27-3641779-001
a Plan name	RETINA CONSULTANTS, LTD. 401(K) PRO		
b Name of plan sponsor	RETINA CONSULTANTS, LTD.	**c** EIN-PN	45-0408552-001
a Plan name	ROERS 401(K) RETIREMENT PLAN		
b Name of plan sponsor	ROERS MANAGEMENT, INC.	**c** EIN-PN	45-0358262-001
a Plan name	S & S PROMOTIONAL GROUP, INC. 401(K		
b Name of plan sponsor	S & S PROMOTIONAL GROUP, INC.	**c** EIN-PN	45-0369259-001
a Plan name	SATURN OF FARGO, INC. SALARY REDUCT		
b Name of plan sponsor	SATURN OF FARGO, INC.	**c** EIN-PN	45-0425545-001
a Plan name	SCHEELS ALL SPORTS, INC. 401(K) PLA		
b Name of plan sponsor	SCHEELS ALL SPORTS, INC.	**c** EIN-PN	45-0306649-003
a Plan name	SERKLAND LAW FIRM 401(K) PROFIT SHA		
b Name of plan sponsor	SERKLAND LAW FIRM	**c** EIN-PN	45-0317659-002

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	SISTERS OF MARY OF THE PRESENTATION		
b Name of plan sponsor	SISTERS OF MARY OF THE PRESENTATION	**c** EIN-PN	75-2999939-001
a Plan name	SMITH MOTORS, INC. 401(K) PROFIT SH		
b Name of plan sponsor	SMITH MOTORS, INC.	**c** EIN-PN	45-0249961-001
a Plan name	STATE BANKSHARES 401(K) PROFIT SHAR		
b Name of plan sponsor	STATE BANKSHARES, INC.	**c** EIN-PN	45-0412162-002
a Plan name	STEPHENSON DRYWALL & LATHING 401(K)		
b Name of plan sponsor	STEPHENSON DRYWALL & LATHING	**c** EIN-PN	41-1894451-001
a Plan name	STOCK GROWERS BANK 401(K) PROFIT SH		
b Name of plan sponsor	NAPOLEON BANCORPORATION, INC.	**c** EIN-PN	45-0368299-002
a Plan name	STONERIDGE COMPANIES, LLC 401(K) PL		
b Name of plan sponsor	STONERIDGE COMPANIES, LLC	**c** EIN-PN	30-1123712-001
a Plan name	STRATEGIC MISSION CRITICAL 401(K) T		
b Name of plan sponsor	STRATEGIC MISSION CRITICAL	**c** EIN-PN	93-4621821-001
a Plan name	SWENSON LERVICK SYVERSON TROSVIG JA		
b Name of plan sponsor	SWENSON LERVICK SYVERSON TROSVIG, E	**c** EIN-PN	41-0982361-002
a Plan name	TCI INSURANCE AGENCY, INC. SAFE HAR		
b Name of plan sponsor	TCI INSURANCE AGENCY, INC.	**c** EIN-PN	45-0391333-002
a Plan name	TFC, INC. 401(K) PLAN		
b Name of plan sponsor	TFC, INC.	**c** EIN-PN	45-0361974-001
a Plan name	THE ARTHUR COMPANIES, INC. 401(K) P		
b Name of plan sponsor	THE ARTHUR COMPANIES, INC.	**c** EIN-PN	45-0130650-001
a Plan name	THE BUILDERS GROUP 401(K) PLAN		
b Name of plan sponsor	THE BUILDERS GROUP	**c** EIN-PN	41-1873328-002

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	THE DIOCESE OF FARGO LAY EMPLOYEES		
b Name of plan sponsor	THE DIOCESE OF FARGO	**c** EIN-PN	45-0255543-005
a Plan name	THE ROY GROUP 401(K) PLAN		
b Name of plan sponsor	FARMERS & MERCHANTS BANK OF LANGDON	**c** EIN-PN	45-0321401-001
a Plan name	THE TITLE COMPANY 401(K) PLAN		
b Name of plan sponsor	THE TITLE COMPANY	**c** EIN-PN	45-0416750-001
a Plan name	THORNTON, DOLAN, BOWEN, KLECKER & B		
b Name of plan sponsor	THORNTON, DOLAN, BOWEN, KLECKER & B	**c** EIN-PN	41-1760413-001
a Plan name	TRONSGARD & SULLIVAN 401(K) PLAN		
b Name of plan sponsor	TRONSGARD AND SULLIVAN, D.D.S. PART	**c** EIN-PN	82-3880256-001
a Plan name	TUTTLE FARMERS ELEVATOR INC. 401(K)		
b Name of plan sponsor	TUTTLE FARMERS ELEVATOR INC.	**c** EIN-PN	45-0132480-002
a Plan name	TYR TACTICAL 401(K) PROFIT SHARING		
b Name of plan sponsor	TYR TACTICAL	**c** EIN-PN	27-2463209-001
a Plan name	UNION STORAGE AND TRANSFER COMPANY		
b Name of plan sponsor	UNION STORAGE AND TRANSFER COMPANY	**c** EIN-PN	45-0205050-002
a Plan name	UNITED VALLEY BANK 401(K) PLAN		
b Name of plan sponsor	UNITED VALLEY BANK	**c** EIN-PN	45-0164345-001
a Plan name	UNITY MEDICAL CENTER 401(K) PROFIT		
b Name of plan sponsor	UNITY MEDICAL CENTER	**c** EIN-PN	45-0310159-001
a Plan name	VADERSTAD, INC. 401(K) PLAN		
b Name of plan sponsor	VADERSTAD INC.	**c** EIN-PN	86-3498531-001
a Plan name	WESTERN PRODUCTS, INC. 401(K) PLAN		
b Name of plan sponsor	WESTERN PRODUCTS, INC.	**c** EIN-PN	45-0438998-001

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 WIDMER ROEL PC 401(K) PROFIT SHARIN

b Name of plan sponsor WIDMER ROEL PC | **c** EIN-PN 45-0334950-001

a Plan name WRIGLEY MECHANICAL, INC. 401(K) PRO

b Name of plan sponsor WRIGLEY MECHANICAL, INC. | **c** EIN-PN 45-0346666-001

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

SCHEDULE H
(Form 5500)

Department of the Treasury
Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

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

2025

This Form is Open to Public Inspection

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A Name of plan
BELL BALANCED FUND

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
BELL BANK

D Employer Identification Number (EIN)
20-1146941

Part I Asset and Liability Statement

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)	3087	64958
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	849131	933249
(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)	78173241	83859013
(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)		
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
1e Buildings and other property used in plan operation	1e		
1f Total assets (add all amounts in lines 1a through 1e)	1f	79025459	84857220
Liabilities			
1g Benefit claims payable	1g		
1h Operating payables	1h	42810	61588
1i Acquisition indebtedness	1i		
1j Other liabilities	1j		
1k Total liabilities (add all amounts in lines 1g through1j)	1k	42810	61588
Net Assets			
1l Net assets (subtract line 1k from line 1f)	1l	78982649	84795632

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)		
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	32527	
(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)		
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		32527
(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(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)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(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)		9721263
(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)		
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		9753790
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)		
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)	4227	
(4) IQPA audit fees	2i(4)		
(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)		4227
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		4227
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		9749563
l Transfers of assets:			
(1) To this plan	2l(1)		6419299
(2) From this plan	2l(2)		10355879

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.)	**4a**			
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.)	**4b**			
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.)	**4c**			
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.)	**4d**			
e Was this plan covered by a fidelity bond?	**4e**			
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	**4f**			
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?	**4g**			
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?	**4h**			
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	**4i**			
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.)	**4j**			
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	**4k**			
l Has the plan failed to provide any benefit when due under the plan?	**4l**			
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	**4m**			
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.	**4n**			

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 _____.

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

2025

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

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) C

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 ☐ the DFVC program
☐ special extension (enter description)

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
BELL BALANCED FUND

1b Three-digit plan number (PN) ▶ 001

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)
BELL BANK

520 MAIN AVE
PO BOX 829
FARGO ND 58103

2b Employer Identification Number (EIN)
20-1146941

2c Plan Sponsor's telephone number
701-298-1500

2d Business code (see instructions)
525920

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			
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
X SIGN HERE	Jerrod Hanson	7/20/2026	JERROD HANSON
	Signature of DFE	Date	Enter name of individual signing as DFE

For Paperwork Reduction Act Notice, see the Instructions for Form 5500. **Form 5500 (2025) v. 250312**

518401 12-22-25

3a Plan administrator's name and address [X] Same as Plan Sponsor

3b Administrator's EIN

3c Administrator's telephone number

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	**6a(1)**
a (2)	Total number of active participants at the end of the plan year	**6a(2)**
b	Retired or separated participants receiving benefits	**6b**
c	Other retired or separated participants entitled to future benefits	**6c**
d	Subtotal. Add lines **6a(2), 6b,** and **6c**	**6d**
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	**6e**
f	Total. Add lines **6d** and **6e**	**6f**
g (1)	Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	**6g(1)**
(2)	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g(2)**
h	Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	**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 Characteristic Codes in the instructions:

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

9a Plan funding arrangement (check all that apply)
- **(1)** [ ] Insurance
- **(2)** [ ] Code section 412(e)(3) insurance contracts
- **(3)** [ ] Trust
- **(4)** [ ] General assets of the sponsor

9b Plan benefit arrangement (check all that apply)
- **(1)** [ ] Insurance
- **(2)** [ ] Code section 412(e)(3) insurance contracts
- **(3)** [ ] Trust
- **(4)** [ ] General assets of the sponsor

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)** [ ] **R** (Retirement Plan Information)
- **(2)** [ ] **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- **(3)** [ ] **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary
- **(4)** [ ] **DCG** (Individual Plan Information) - Number Attached ____
- **(5)** [ ] **MEP** (Multiple-Employer Retirement Plan Information)

b General Schedules
- **(1)** [X] **H** (Financial Information)
- **(2)** [ ] **I** (Financial Information - Small Plan)
- **(3)** [ ] **A** (Insurance Information) - Number Attached ____
- **(4)** [ ] **C** (Service Provider Information)
- **(5)** [X] **D** (DFE/Participating Plan Information)
- **(6)** [ ] **G** (Financial Transaction Schedules)