

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

2023

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2023 or fiscal plan year beginning 10/01/2023 and ending 09/30/2024

- A This return/report is for: a multiemployer plan, a multiple-employer plan, 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, C If the plan is a collectively-bargained plan, check here, D Check box if filing under: Form 5558, automatic extension, the DFVC program, special extension, E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here

Part II Basic Plan Information—enter all requested information

1a Name of plan: PUTNAM RETIREMENT ADVANTAGE 2065 TRUST; 1b Three-digit plan number (PN): 277; 1c Effective date of plan; 2a Plan sponsor's name (employer, if for a single-employer plan): PUTNAM FIDUCIARY TRUST COMPANY LLC; 2b Employer Identification Number (EIN): 85-3582370; 2c Plan Sponsor's telephone number: 617-760-5033; 2d Business code (see instructions)

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

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

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

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

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 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 _____ (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 2023 Form M-1 annual report. If the plan was not required to file the 2023 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

SCHEDULE D (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small>	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 <hr/> 2023 This Form is Open to Public Inspection.
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For calendar plan year 2023 or fiscal plan year beginning 10/01/2023 and ending 09/30/2024

A Name of plan <u>PUTNAM RETIREMENT ADVANTAGE 2065 TRUST</u>	B Three-digit plan number (PN)	<u>277</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>PUTNAM FIDUCIARY TRUST COMPANY LLC</u>	D Employer Identification Number (EIN) <u>85-3582370</u>	

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

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

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d Entity code

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

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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	BRISTOL COUNTY WATER AUTHORITY RETIREMENT PLAN	
b	Name of plan sponsor	BRISTOL COUNTY WATER AUTHORITY	c EIN-PN 05-0411175-001
a	Plan name	BRISTOL COUNTY WATER AUTHORITY SUPPLEMENTAL RETIREMENT PLAN	
b	Name of plan sponsor	BRISTOL COUNTY WATER AUTHORITY	c EIN-PN 05-0411175-001
a	Plan name	FRENCHTOWN CHARTER TOWNSHIP 457B PLAN	
b	Name of plan sponsor	FRENCHTOWN CHARTER TOWNSHIP	c EIN-PN 38-6019659-001
a	Plan name	FRENCHTOWN CHARTER TOWNSHIP GOVT NON ERISA RETIREMENT PLAN	
b	Name of plan sponsor	FRENCHTOWN CHARTER TOWNSHIP	c EIN-PN 38-6019659-001
a	Plan name	HAMILTON COUNTY HOSPITAL DISTRICT 401(A) PLAN	
b	Name of plan sponsor	HAMILTON COUNTY HOSPITAL DISTRICT	c EIN-PN 74-2570068-001
a	Plan name	HAMILTON COUNTY HOSPITAL DISTRICT DEFERRED COMPENSATION PLAN AND TRUST	
b	Name of plan sponsor	HAMILTON COUNTY HOSPITAL DISTRICT	c EIN-PN 74-2570068-001
a	Plan name	METAL POWDER PRODUCTS 401K PLAN	
b	Name of plan sponsor	METAL POWDER PRODUCTS COMPANY	c EIN-PN 35-1952389-001
a	Plan name	METAL POWDER PRODUCTS LLC WASHINGTON STREET HOURLY EMPLOYEES RP	
b	Name of plan sponsor	METAL POWDER PRODUCTS LLC WASHINGTO	c EIN-PN 35-1952389-002
a	Plan name	METAL POWDER PRODUCTS, LLC FORD ROAD HOURLY EMPLOYEES RETIREMENT PLAN	
b	Name of plan sponsor	METAL POWDER PRODUCTS, FORD ROAD	c EIN-PN 35-1952389-003
a	Plan name	PLEASANT RIVER LUMBER COMPANY 401K	
b	Name of plan sponsor	PLEASANT RIVER LUMBER COMPANY	c EIN-PN 01-0465420-001
a	Plan name	CARLOAD EXPRESS 401(K) PLAN	
b	Name of plan sponsor	CARLOAD EXPRESS, INC.	c EIN-PN 02-0460024-001
a	Plan name	HALO 401K PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor	HEALTH AND LIFE ORGANIZATION	c EIN-PN 02-0714551-001

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
<small>(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)</small>			
a	Plan name	MILLER WACHMAN LLP 401(K) SAVINGS AND PROFIT SHARING PLAN	
b	Name of plan sponsor	MILLER WACHMAN LLP	c EIN-PN 04-2211907-001
a	Plan name	AIR GENERAL INC 401K PROFIT SHARING PLAN	
b	Name of plan sponsor	AIR GENERAL INC	c EIN-PN 04-2220326-001
a	Plan name	ROPES & GRAY LLP RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	ROPES & GRAY LLP	c EIN-PN 04-2233412-001
a	Plan name	STANMAR INC RESTATED SAVINGS PLAN AND TRUST	
b	Name of plan sponsor	STANMAR INC	c EIN-PN 04-2275792-001
a	Plan name	RANDOLPH ENGINEERING INC 401K PROFIT SHARING PLAN	
b	Name of plan sponsor	RANDOLPH ENGINEERING INC	c EIN-PN 04-2514902-001
a	Plan name	COINS N' THINGS INC RETIREMENT PLAN	
b	Name of plan sponsor	COINS N' THINGS INC	c EIN-PN 04-2694821-001
a	Plan name	APOLLO PROFESSIONAL SOLUTIONS, INC. 401(K) PLAN	
b	Name of plan sponsor	APOLLO PROFESSIONAL SOLUTIONS	c EIN-PN 04-2802517-001
a	Plan name	EPTURA, INC. 401(K) PLAN	
b	Name of plan sponsor	EPTURA, INC.	c EIN-PN 04-3142406-001
a	Plan name	CITY FRESH 401K PLAN	
b	Name of plan sponsor	CITY FRESH	c EIN-PN 04-3236052-001
a	Plan name	CISCO BREWERS INC 401K PLAN	
b	Name of plan sponsor	CISCO BREWERS INC	c EIN-PN 04-3304975-001
a	Plan name	ALL ACCESS COACH LEASING LLC 401K PROFIT SHARING PLAN	
b	Name of plan sponsor	ALL ACCESS COACH LEASING LLC	c EIN-PN 04-3683452-001
a	Plan name	ASHAWAY LINE & TWINE, MFG. CO. PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor	ASHAWAY LINE & TWINE MFG. CO.	c EIN-PN 05-0101200-001

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	INTERNAL MEDICINE ASSOCIATES INC PROFIT SHARING PLAN	
b	Name of plan sponsor	INTERNAL MEDICINE ASSOCIATES INC	c EIN-PN 05-0341838-002
a	Plan name	A & R EMPLOYEE 401K RETIREMENT PLAN	
b	Name of plan sponsor	ANDCO INC DBA ANDERSON MOTORS INC	c EIN-PN 05-0351051-001
a	Plan name	DR BARBARA M BILDER, INC. PROFIT SHARING PLAN	
b	Name of plan sponsor	DR BARBARA M BILDER, INC.	c EIN-PN 05-0377689-001
a	Plan name	FREEDOM TECHNOLOGY SOLUTIONS INC 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor	FREEDOM TECHNOLOGY SOLUTIONS INC	c EIN-PN 05-0520150-001
a	Plan name	MITCHELL AUTO GROUP INC 401K PLAN	
b	Name of plan sponsor	MITCHELL AUTO GROUP INC	c EIN-PN 06-0582770-001
a	Plan name	SENIOR LIVING ASSOCIATES 401(K) PLAN	
b	Name of plan sponsor	ROBERT (BOB) CHARLES SCHLEICHER	c EIN-PN 06-1170659-001
a	Plan name	FIORITA KORNHAAS & COMPANY, PC 401(K) PLAN	
b	Name of plan sponsor	FIORITA, KORNHAAS & COMPANY, PC	c EIN-PN 06-1183747-001
a	Plan name	FUTURE TECHNOLOGIES INC 401K RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	FUTURE TECHNOLOGIES INC	c EIN-PN 06-1240723-004
a	Plan name	SAUCIER MECHANICAL SERVICES INC 401(K) PLAN	
b	Name of plan sponsor	SAUCIER MECHANICAL INC	c EIN-PN 06-1320047-001
a	Plan name	RITE CHECK CASHING INC 401K PS PLAN	
b	Name of plan sponsor	RITE CHECK CASHING INC	c EIN-PN 13-1825499-001
a	Plan name	EASTERN STAR HALL AND HOME INC 401K	
b	Name of plan sponsor	EASTERN STAR HALL AND HOME INC	c EIN-PN 13-2683047-001
a	Plan name	WOLFFER ESTATE VINEYARD, INC. 401(K) SAVINGS PLAN	
b	Name of plan sponsor	WOLFFER ESTATE VINEYARD, INC	c EIN-PN 13-3458910-001

Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)		
<small>(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)</small>		
a Plan name	CHARLIE COLE, INC. 401(K) PLAN	
b Name of plan sponsor	CHARLIE COLE INC	c EIN-PN 13-4303902-001
a Plan name	SIMUTECH GROUP INC 401K PLAN	
b Name of plan sponsor	SIMUTECH GROUP INC	c EIN-PN 16-1578599-001
a Plan name	LUVATA WATERBURY 401(K) RETIREMENT SAVINGS PLAN	
b Name of plan sponsor	LUVATA WATERBURY, INC	c EIN-PN 16-1611733-001
a Plan name	HCF MANAGEMENT, INC. RETIREMENT INCENTIVE SAVINGS PLAN	
b Name of plan sponsor	HCF MANAGEMENT INC	c EIN-PN 20-0085606-001
a Plan name	NETCENERGY LLC 401K PLAN	
b Name of plan sponsor	NETCENERGY LLC	c EIN-PN 20-0146649-001
a Plan name	TOPSPOT IMS 401(K) EMPLOYEE SAVINGS PLAN	
b Name of plan sponsor	TOPSPOT INTERNET MARKETING SERVICE	c EIN-PN 20-0844703-001
a Plan name	PIERSON WIRELESS SAFE HARBOR 401K PLAN	
b Name of plan sponsor	PIERSON WIRELESS	c EIN-PN 20-1240400-001
a Plan name	GLOBAL MEDICAL RESPONSE INC 401K PLAN	
b Name of plan sponsor	GLOBAL MEDICAL RESPONSE INC	c EIN-PN 20-1305023-001
a Plan name	RTI 401K PLAN	
b Name of plan sponsor	RIVERSIDE TECHNOLOGIES, INC	c EIN-PN 20-2173161-001
a Plan name	PATRA CORPORATION 401K PROFIT SHARING PLAN AND TRUST	
b Name of plan sponsor	PATRA CORPORATION	c EIN-PN 20-2282001-001
a Plan name	VETERINARY EMERGENCY CENTER OF MANCHESTER PLLC 401(K) PLAN	
b Name of plan sponsor	VETERINARY EMERGENCY CENTER OF MANC	c EIN-PN 20-2902768-001
a Plan name	HEARTLAND FABRICATION LLC 401K PLAN	
b Name of plan sponsor	HEARTLAND FABRICATION LLC	c EIN-PN 20-3489593-001

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	HIGHHOUSE OIL OPERATIONS INC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	HIGHHOUSE OIL OPERATIONS INC	c EIN-PN 20-3844440-001
a	Plan name	SHOWTIME SOUND LLC 401K PLAN	
b	Name of plan sponsor	SHOWTIME SOUND LLC	c EIN-PN 20-4008836-001
a	Plan name	OXFORD CAPITAL GROUP 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	OXFORD CAPITAL GROUP	c EIN-PN 20-4187600-001
a	Plan name	TIMELESS CONSTRUCTION INC	
b	Name of plan sponsor	TIMELESS CONSTRUCTION INC	c EIN-PN 20-4495783-001
a	Plan name	CENERGY, LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	CENERGY, LLC	c EIN-PN 20-4573094-001
a	Plan name	CUSTOMERSTREAM LLC 401K PROFIT SHARING PLAN	
b	Name of plan sponsor	CUSTOMERSTREAM LLC	c EIN-PN 20-4900186-001
a	Plan name	ORTHOPEDICS SPINE AND SPORTS 401K PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor	TOTAL ORTHOPEDIC SPINE AND SPORTS	c EIN-PN 20-5290355-001
a	Plan name	INTERACTIVE MEMORIES INC (DBA MIXBOOK) 401(K) PLAN	
b	Name of plan sponsor	INTERACTIVE MEMORIES INC (DBA MIXBO	c EIN-PN 20-5293342-001
a	Plan name	AMERICAN EXPEDITION VEHICLES 401K PLAN	
b	Name of plan sponsor	AMERICAN EXPEDITION VEHICLES	c EIN-PN 20-5328810-001
a	Plan name	HORIZON INTERNAL MEDICINE 401K PLAN	
b	Name of plan sponsor	HORIZON INTERNAL MEDICINE PLLC	c EIN-PN 20-5519639-001
a	Plan name	NORTHWEST COMMUNITY CONNECTIONS 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	NORTHWEST COMMUNITY CONNECTIONS	c EIN-PN 20-5865035-001
a	Plan name	STAR BEVERAGE UMBRELLA RETIRMENT PLAN	
b	Name of plan sponsor	STAR BEVERAGE COMPANY, INC	c EIN-PN 20-5917946-002

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	VAULT PRESSURE CONTROL 401K PLAN	
b	Name of plan sponsor	VAULT PRESSURE CONTROL LLC	c EIN-PN 20-5938400-001
a	Plan name	CBHF ENGINEERING, PLLC RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	CBHF ENGINEERING	c EIN-PN 20-8054486-001
a	Plan name	GAIA INC 401K PLAN	
b	Name of plan sponsor	GAIA INTERNATIONAL INC	c EIN-PN 20-8246004-001
a	Plan name	DSA PHOTOTECH LLC 401K PLAN	
b	Name of plan sponsor	DSA PHOTOTECH LLC	c EIN-PN 20-8369380-001
a	Plan name	BAUM REALTY GROUP LLC 401K PLAN	
b	Name of plan sponsor	BAUM REALTY GROUP LLC	c EIN-PN 20-8434409-001
a	Plan name	SRS ACQUIOM LLC 401K PLAN	
b	Name of plan sponsor	SRS ACQUIOM HOLDINGS LLC	c EIN-PN 20-8634381-001
a	Plan name	ARCADIA SOLUTIONS RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	ARCADIA SOLUTIONS LLC	c EIN-PN 20-8835152-001
a	Plan name	CONNOR & GALLAGHER ONESOURCE, INC. MULTIPLE EMPLOYER RETIREMENT SAVING	
b	Name of plan sponsor	CONNOR & GALLAGHER ONESOURCE, INC.	c EIN-PN 47-5216035-333
a	Plan name	LITTELL STEEL COMPANY 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	LITTELL STEEL COMPANY	c EIN-PN 25-0928787-003
a	Plan name	BABB INC PROFIT SHARING TRUST	
b	Name of plan sponsor	BABB INC	c EIN-PN 25-1102236-001
a	Plan name	KEYSTONE LIME & COMPANIES 401(K) PLAN	
b	Name of plan sponsor	KEYSTONE LIME & COMPANIES	c EIN-PN 25-1146455-002
a	Plan name	AVALOTIS CORPORATION PROFIT SHARING PLAN	
b	Name of plan sponsor	AVALOTIS CORPORATION	c EIN-PN 25-1187540-001

Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)		
<small>(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)</small>		
a	Plan name	KEYSTONE REAL ESTATE GROUP INC RETIREMENT PLAN
b	Name of plan sponsor	KEYSTONE REAL ESTATE GROUP INC
c	EIN-PN	25-1315549-001
a	Plan name	SUMMIT ENVIRONMENTAL SERVICES PROFIT SHARING PLAN
b	Name of plan sponsor	SUMMIT ENVIRONMENTAL SERVICES CORP
c	EIN-PN	25-1643755-001
a	Plan name	URBAN IMPACT 401K PLAN
b	Name of plan sponsor	URBAN IMPACT FOUNDATION
c	EIN-PN	25-1752269-001
a	Plan name	CRAFT TIRE INC 401K RETIREMENT PLAN
b	Name of plan sponsor	CRAFT TIRE INC
c	EIN-PN	25-1768455-001
a	Plan name	CITY CHARTER HIGH SCHOOL ALTERNATIVE RETIREMENT PLAN
b	Name of plan sponsor	CITY CHARTER HIGH SCHOOL
c	EIN-PN	25-1876461-001
a	Plan name	WHOLE LIFE SERVICES INC 401K PLAN
b	Name of plan sponsor	WHOLE LIFE SERVICES INC
c	EIN-PN	25-1881836-001
a	Plan name	THE PUTNAM RETIREMENT PLAN
b	Name of plan sponsor	PUTNAM INVESTMENTS, LLC
c	EIN-PN	26-1080669-001
a	Plan name	GRAVES ELECTRICAL 401K PLAN
b	Name of plan sponsor	GRAVES ELECTRICAL
c	EIN-PN	26-2744478-001
a	Plan name	PAUL BURRELL MANAGEMENT INC 401K PLAN
b	Name of plan sponsor	PAUL BURRELL MANAGEMENT INC
c	EIN-PN	26-2916376-001
a	Plan name	LEGACY HEALTHCARE 401(K) RETIREMENT PLAN
b	Name of plan sponsor	LEGACY HEALTHCARE FINANCIAL
c	EIN-PN	26-3151856-001
a	Plan name	SIMONMED 401K PROFIT SHARING PLAN
b	Name of plan sponsor	SIMONMED
c	EIN-PN	26-4000683-001
a	Plan name	EMPLOYEE BENEFITS LEASING, INC. 401(K) PLAN
b	Name of plan sponsor	EMPLOYEE BENEFITS LEASING, INC.
c	EIN-PN	27-0016253-001

Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)		
<small>(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)</small>		
a Plan name	PELHAM HEALTHCARE ASSOCIATES, PLLC 401(K) PLAN	
b Name of plan sponsor	PELHAM HEALTHCARE ASSOCIATES PLLC	c EIN-PN 27-0134323-001
a Plan name	DOOR AND WINDOW GUARD SYSTEMS, INC. 401(K)	
b Name of plan sponsor	DOOR AND WINDOW GUARD SYSTEMS INC	c EIN-PN 27-0312379-001
a Plan name	VITOS 401K PLAN	
b Name of plan sponsor	VITO'S PIZZA AND RISTORANTE, LLC	c EIN-PN 27-0967601-001
a Plan name	CRAFTSMAN KITCHENS 401(K) PLAN	
b Name of plan sponsor	CRAFTSMAN KITCHENS, LLC	c EIN-PN 27-1342544-001
a Plan name	ROARING FORK NEUROLOGY, PC 401(K) PLAN	
b Name of plan sponsor	ROARING FORK NEUROLOGY, P.C.	c EIN-PN 27-1456812-001
a Plan name	GOLDEN CERAMIC DENTAL LAB 401(K) PLAN	
b Name of plan sponsor	GOLDEN CERAMIC DENTAL LAB LLC	c EIN-PN 27-1485543-001
a Plan name	PERCHERON LLC 401(K) PROFIT SHARING PLAN	
b Name of plan sponsor	PERCHERON, LLC	c EIN-PN 27-1955567-001
a Plan name	COMMONWEALTH CASUALTY COMPANY 401(K) PLAN	
b Name of plan sponsor	COMMONWEALTH CASUALTY COMPANY	c EIN-PN 27-1967640-001
a Plan name	FETCHPOOP.COM, LLC 401(K) PLAN	
b Name of plan sponsor	FETCHPOOP.COM, LLC	c EIN-PN 27-2073716-001
a Plan name	ICARE SERVICES 401(K) PLAN	
b Name of plan sponsor	ICARE SERVICES	c EIN-PN 27-2323090-001
a Plan name	EWSI 401(K) PLAN	
b Name of plan sponsor	EAGLE WELDING SERVICES INC	c EIN-PN 27-4310470-001
a Plan name	FRONTRUNNERHC, INC. 401(K) PLAN	
b Name of plan sponsor	FRONTRUNNERHC INC	c EIN-PN 27-4416044-001

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	USILLUMINATIONS LLC 401K
b	Name of plan sponsor	USILLUMINATIONS LLC
c	EIN-PN	27-5495132-001
a	Plan name	CRANSTON PUBLIC SCHOOLS 401(A) RETIREMENT PLAN
b	Name of plan sponsor	CRANSTON PUBLIC SCHOOLS
c	EIN-PN	30-0243173-001
a	Plan name	ASTRO MET INC 401K PROFIT SHARING PLAN
b	Name of plan sponsor	ASTRO MET INC
c	EIN-PN	31-0641716-002
a	Plan name	HIGH COUNTRY EXECUTIVE SEARCH 401(K) PLAN
b	Name of plan sponsor	HIGH COUNTRY EXECUTIVE SEARCH
c	EIN-PN	32-0018501-001
a	Plan name	DEICHMAN COMPANIES 401(K) PLAN
b	Name of plan sponsor	DEICHMAN CONSTRUCTION
c	EIN-PN	32-0058392-001
a	Plan name	DOWNES SWIMMING POOL CO INC PROFIT SHARING PLAN & TRUST
b	Name of plan sponsor	DOWNES SWIMMING POOL
c	EIN-PN	32-2767503-001
a	Plan name	SANCON RETIREMENT PLAN
b	Name of plan sponsor	SANCON ENGINEERING INC
c	EIN-PN	33-0730318-001
a	Plan name	BORN CAPITAL LLC PROFIT SHARING PLAN & TRUST
b	Name of plan sponsor	BORN CAPITAL LLC
c	EIN-PN	33-1042175-001
a	Plan name	NICKLES BAKERIES EMPLOYEES 401(K) PLAN
b	Name of plan sponsor	ALFRED NICKLES BAKERY, INC
c	EIN-PN	34-0428345-002
a	Plan name	NICKLES BAKERY 401(K) PLAN FOR BARGAINING EMPLOYEES
b	Name of plan sponsor	ALFRED NICKLES BAKERY INC (UNION)
c	EIN-PN	34-0428345-003
a	Plan name	MACK INDUSTRIES, INC. 401(K) PROFIT SHARING PLAN
b	Name of plan sponsor	MACK INDUSTRIES, INC.
c	EIN-PN	34-0934842-002
a	Plan name	SCHNIPKE ENGRAVING 401K PROFIT SHARING PLAN
b	Name of plan sponsor	SCHNIPKE ENGRAVING COMPANY INC
c	EIN-PN	34-1005519-001

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	MAR-BAL INC RETIREMENT SAVINGS PLAN	
b Name of plan sponsor	MAR-BAL INC	c EIN-PN 34-1059601-004
a Plan name	OPEN DOOR CHRISTIAN SCHOOLS INC 401K PLAN	
b Name of plan sponsor	OPEN DOOR CHRISTIAN SCHOOLS INC	c EIN-PN 34-1196802-001
a Plan name	KELTEC INC 401K PROFIT SHARING PLAN	
b Name of plan sponsor	KELTEC INC	c EIN-PN 34-1378057-003
a Plan name	JM MOLD SOUTH, INC. 401K RETIREMENT PLAN	
b Name of plan sponsor	JM MOLD SOUTH INC	c EIN-PN 34-1486643-001
a Plan name	CMP EMPLOYEE SAVINGS PLAN	
b Name of plan sponsor	CORP. FOR THE PROMOTION OF RIFLE	c EIN-PN 34-1839195-001
a Plan name	GILCO SCAFFOLDING COMPANY LLC SAFE HARBOR 401K PLAN	
b Name of plan sponsor	GILCO SCAFFOLDING COMPANY LLC	c EIN-PN 34-1999208-001
a Plan name	DEVOE AUTOMOTIVE 401(K) SALARY SAVINGS PLAN	
b Name of plan sponsor	DICK DEVOE BUICK-CADILLAC, INC.	c EIN-PN 35-1051129-001
a Plan name	ASPHALT DRUM MIXERS INC 401K PLAN	
b Name of plan sponsor	ASPHALT DRUM MIXERS, INC.	c EIN-PN 35-1572077-001
a Plan name	YOUTH FIRST INC 401K PLAN	
b Name of plan sponsor	YOUTH FIRST INC	c EIN-PN 35-2050168-001
a Plan name	DAWES FRETZIN DERMATOLOGY GROUP LLC 401K PROFIT SHARING PLAN	
b Name of plan sponsor	DAWES FRETZIN DERMATOLOGY GROUP LLC	c EIN-PN 35-2072221-001
a Plan name	MINNESOTA DIAGNOSTIC IMAGING PARTNERS LLC 401(K) PROFIT SHARING PLAN	
b Name of plan sponsor	MINNESOTA DIAGNOSTIC IMAGING PARTNE	c EIN-PN 35-2162215-001
a Plan name	GOULD & RATNER LLP RETIREMENT SAVINGS PLAN	
b Name of plan sponsor	GOULD & RATNER LLP	c EIN-PN 36-2130566-001

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	JOSEPH H HUEMANN & SONS INC 401K PLAN	c	EIN-PN	36-2528180-001
b	Name of plan sponsor	JOSEPH H HUEMANN & SONS INC			
a	Plan name	WATER QUALITY ASSOCIATION 401(K) PLAN	c	EIN-PN	36-2784319-001
b	Name of plan sponsor	WATER QUALITY ASSOCIATION			
a	Plan name	INDUSTRIAL LADDER & SUPPLY CO 401(K) PROFIT SHARING PLAN	c	EIN-PN	36-2829930-001
b	Name of plan sponsor	INDUSTRIAL LADDER & SUPPLY CO			
a	Plan name	CHAMPION CONTAINER 401K PLAN	c	EIN-PN	36-2849377-002
b	Name of plan sponsor	CHAMPION CONTAINER CORPORATION			
a	Plan name	LARRY ROESCH FAMILY AUTO GROUP 401K PLAN	c	EIN-PN	36-2894859-001
b	Name of plan sponsor	LARRY ROESCH FAMILY AUTO GROUP			
a	Plan name	CONNOR & GALLAGHER ONESOURCE, INC. MULTIPLE EMPLOYER RETIREMENT SAVING	c	EIN-PN	36-2948535-333
b	Name of plan sponsor	CONNOR & GALLAGHER ONESOURCE, INC.			
a	Plan name	LEGAT ARCHITECTS INC PROFIT SHARING 401K PLAN	c	EIN-PN	36-3003268-002
b	Name of plan sponsor	LEGAT ARCHITECTS INC			
a	Plan name	JK MANUFACTURING CO. 401(K) PLAN	c	EIN-PN	36-3287089-001
b	Name of plan sponsor	JK MANUFACTURING CO			
a	Plan name	NATIONAL DBSA 401K PLAN	c	EIN-PN	36-3379124-001
b	Name of plan sponsor	NATIONAL DEPRESSION & BIPOLAR			
a	Plan name	SALON DAMOLARIS INC 401K PLAN	c	EIN-PN	36-3884078-001
b	Name of plan sponsor	SALON DAMOLARIS INC			
a	Plan name	BARSTEEL CORPORATION 401K PROFIT SHARING PLAN	c	EIN-PN	36-3972940-001
b	Name of plan sponsor	BARSTEEL CORPORATION			
a	Plan name	PRESSURE SPECIALIST INC PSI 401K PLAN	c	EIN-PN	36-4014381-001
b	Name of plan sponsor	PRESSURE SPECIALIST INC PSI			

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	SCOOTER BAY 401K PLAN	
b	Name of plan sponsor	SCOOTER BAY SEAFOOD SALES CO	c EIN-PN 36-4064069-001
a	Plan name	THE IFH GROUP INC 401K PLAN	
b	Name of plan sponsor	THE IFH GROUP INC	c EIN-PN 36-4216754-001
a	Plan name	EMPLOYEE RETIREMENT SAVINGS PLAN OF FIRST COMMUNITY BANK	
b	Name of plan sponsor	FIRST COMMUNITY BANK	c EIN-PN 38-0519160-002
a	Plan name	MEDLER ELECTRIC COMPANY SAVINGS AND PROFIT SHARING PLAN	
b	Name of plan sponsor	MEDLER ELECTRIC COMPANY	c EIN-PN 38-1655673-003
a	Plan name	URBAN SCIENCE APPLICATIONS INC 401K PROFIT SHARING PLAN	
b	Name of plan sponsor	URBAN SCIENCE APPLICATIONS INC	c EIN-PN 38-2134622-001
a	Plan name	QUINN EVANS ARCHITECTS, INC. EMPLOYEE RETIREMENT BENEFIT PLAN	
b	Name of plan sponsor	QUINN EVANS ARCHITECTS, INC.	c EIN-PN 38-2637715-001
a	Plan name	CHATBOOKS, INC. 401(K) PLAN	
b	Name of plan sponsor	CHATBOOKS, INC.	c EIN-PN 38-3866293-001
a	Plan name	LCB SENIOR LIVING, LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	LCB SENIOR LIVING, LLC	c EIN-PN 38-3900044-001
a	Plan name	RAMACO RESOURCES INC 401K PLAN	
b	Name of plan sponsor	RAMACO RESOURCES INC	c EIN-PN 38-4018838-001
a	Plan name	COUNTY ROAD ASSOCIATION OF MICHIGAN 401K PROFIT SHARING PLAN	
b	Name of plan sponsor	COUNTY ROAD ASSOCIATION OF MICHIGAN	c EIN-PN 38-6004884-001
a	Plan name	ASAE RETIREMENT PROGRAM MASTER TRUST	
b	Name of plan sponsor	ASAE PLANS	c EIN-PN 38-7159448-001
a	Plan name	LYLE'S TV & APPLIANCE 401(K) PLAN	
b	Name of plan sponsor	LYLES TV & APPLIANCE INC	c EIN-PN 39-1154865-001

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	MIDWEST PRODUCTS AND ENGINEERING, INC. 401K SAVINGS PLAN	
b	Name of plan sponsor	MIDWEST PRODUCTS AND ENGINEERING	c EIN-PN 39-1345278-001
a	Plan name	NAVIANT INC. 401(K) PLAN	
b	Name of plan sponsor	NAVIANT INC	c EIN-PN 39-1568840-001
a	Plan name	THERA-DYNAMICS, S.C. 401(K) PLAN	
b	Name of plan sponsor	THERA DYNAMICS S C	c EIN-PN 39-1727439-001
a	Plan name	MIDWEST FINANCIAL GROUP, INC 401K PLAN	
b	Name of plan sponsor	MIDWEST FINANCIAL GROUP, INC	c EIN-PN 39-1916714-001
a	Plan name	WINDING ROOFING COMPANY, INC. PROFIT SHARING TRUST	
b	Name of plan sponsor	WINDING ROOFING COMPANY, INC.	c EIN-PN 39-1946617-001
a	Plan name	FLOREK HENDERSON DENTAL LLC EMPLOYEE SAVINGS & RETIREMENT PLAN	
b	Name of plan sponsor	FLOREK HENDERSON DENTAL LLC	c EIN-PN 39-2043757-001
a	Plan name	DEY DISTRIBUTING 401K SAVINGS PLAN	
b	Name of plan sponsor	DEY DISTRIBUTING	c EIN-PN 41-0722731-001
a	Plan name	DAVANNI'S INC 401(K) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor	DAVANNI S INC	c EIN-PN 41-1249827-001
a	Plan name	SINGLE-PLY SYSTEMS INC RETIREMENT PLAN	
b	Name of plan sponsor	SINGLE PLY SYSTEMS INC	c EIN-PN 41-1447100-001
a	Plan name	PROFINIUM 401(K) PLAN	
b	Name of plan sponsor	PROFINIUM FINANCIAL HOLDINGS INC	c EIN-PN 41-1470223-001
a	Plan name	E I MICROCIRCUITS INC 401K PROFIT SHARING PLAN	
b	Name of plan sponsor	E I MICROCIRCUITS INC	c EIN-PN 41-1496497-001
a	Plan name	R.E. PURVIS & ASSOCIATES, INC. 401(K) PLAN	
b	Name of plan sponsor	R E PERVIS & ASSOCIATES INC	c EIN-PN 41-1668392-001

Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)		
<small>(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)</small>		
a	Plan name	BOB BROWN CHEVROLET, INC PROFIT SHARING PLAN
b	Name of plan sponsor	BOB BROWN CHEVROLET, INC
c	EIN-PN	42-0846759-001
a	Plan name	C & S PRODUCTS CO INC 401K SAVINGS PLAN
b	Name of plan sponsor	C & S PRODUCTS CO INC
c	EIN-PN	42-1029806-001
a	Plan name	ALL SEASONS HEATING AND COOLING INC 401(K) PLAN
b	Name of plan sponsor	ALL SEASONS HEATING AND COOLING
c	EIN-PN	42-1270657-001
a	Plan name	GREEN HILLS HEALTH CARE CENTER INC 401K RETIREMENT PLAN
b	Name of plan sponsor	GREEN HILLS HEALTH CARE CENTER INC
c	EIN-PN	42-1490784-001
a	Plan name	LEE COUNTY 401K RETIREMENT PLAN
b	Name of plan sponsor	LEE COUNTY
c	EIN-PN	42-6004689-001
a	Plan name	AUSTIN NICHOLS TECHNICAL SEARCH PROFIT SHARING PLAN
b	Name of plan sponsor	AUSTIN NICHOLS TECHNICAL SEARCH
c	EIN-PN	43-1477249-002
a	Plan name	ST LOUIS DEVELOPMENT CORP EMPLOYEES RETIREMENT PLAN
b	Name of plan sponsor	ST LOUIS DEVELOPMENT CORPORATION
c	EIN-PN	43-1490972-001
a	Plan name	TRI STATE WATER TREATMENT INC 401K PROFIT SHARING PLAN
b	Name of plan sponsor	TRI STATE WATER TREATMENT INC
c	EIN-PN	43-1618312-001
a	Plan name	DESIGN RESOURCES INCORPORATED 401K PLAN
b	Name of plan sponsor	DESIGN RESOURCES INCORPORATED
c	EIN-PN	43-1706220-001
a	Plan name	MY AIRLINE 401(K) RETIREMENT PLAN
b	Name of plan sponsor	TRANS STATES HOLDINGS, INC.
c	EIN-PN	43-1812952-001
a	Plan name	WEST PLAINS BANK PROFIT SHARING 401(K) PLAN
b	Name of plan sponsor	WEST PLAINS BANK
c	EIN-PN	44-0483820-002
a	Plan name	BIG TIMBER WEALTH MANAGEMENT 401K PLAN
b	Name of plan sponsor	BIG TIMBER WEALTH MANAGEMENT
c	EIN-PN	45-2244988-001

Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)		
<small>(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)</small>		
a	Plan name	RUBIO PHARMACY AND DISCOUNT, INC. 401(K) PLAN
b	Name of plan sponsor	RUBIO PHARMACY AND DISCOUNT INC
c	EIN-PN	45-2445834-001
a	Plan name	BEHAVIORAL HEALTH GROUP EMPLOYEE 401(K) PLAN
b	Name of plan sponsor	BHG HOLDINGS, LLC DBA BEHAVIORAL
c	EIN-PN	45-2718628-001
a	Plan name	POSTWORKS NEW YORK, LLC 401(K) PLAN
b	Name of plan sponsor	POSTWORKS NEW YORK, LLC
c	EIN-PN	45-2848381-001
a	Plan name	MY HEALTH MEDICAL GROUP 401(K) PLAN
b	Name of plan sponsor	MY HEALTH MEDICAL GROUP
c	EIN-PN	45-3733601-001
a	Plan name	EMERALD SITE SERVICES, INC. 401(K) PROFIT SHARING PLAN
b	Name of plan sponsor	EMERALD SITE SERVICES INC
c	EIN-PN	45-3991150-001
a	Plan name	RUGGED LOGIC SAFE HARBOR 401K
b	Name of plan sponsor	RUGGED LOGIC, INC
c	EIN-PN	45-4234913-001
a	Plan name	HEARTWOOD TREE COMPANY 401(K) PLAN
b	Name of plan sponsor	HEARTWOOD TREE COMPANY
c	EIN-PN	45-4265873-001
a	Plan name	ADVANCED CARDIOLOGY ASSOCIATES P C 401(K) PROFIT SHARING PLAN
b	Name of plan sponsor	ADVANCED CARDIOLOGY ASSOCIATES
c	EIN-PN	45-4431447-001
a	Plan name	SUSE 401(K) PLAN
b	Name of plan sponsor	SUSE, LLC
c	EIN-PN	45-4703967-001
a	Plan name	OMNIA HEALTHCARE GROUP, LLC 401(K) PLAN
b	Name of plan sponsor	OMNIA HEALTHCARE GROUP, LLC
c	EIN-PN	45-4945543-001
a	Plan name	DATAZOOM 401(K) PLAN
b	Name of plan sponsor	DATAZOOM INC
c	EIN-PN	45-5073812-001
a	Plan name	ADD/ADHD DIAGNOSTIC & TREATMENT CENTER 401(K) PROFIT SHARING PLAN
b	Name of plan sponsor	ADD ADHD DIAGNOSTIC & TREATMENT CEN
c	EIN-PN	45-5131655-001

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	HERITAGE INSURANCE HOLDINGS, INC. RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	HERITAGE INSURANCE HOLDINGS, INC	c EIN-PN 45-5338504-001
a	Plan name	MOUNTAIN PLAINS YOUTH SERVICES/YOUTHWORKS 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	MOUNTAIN PLAINS YOUTH SERVICES	c EIN-PN 46-0345922-001
a	Plan name	SUPPLY LINE INTERNATIONAL, LLC PROFIT SHARING 401(K)	
b	Name of plan sponsor	SUPPLY LINE INTERNATIONAL LLC	c EIN-PN 46-0720013-001
a	Plan name	AFC DENVER 401(K) PLAN	
b	Name of plan sponsor	URGENT CARE SOLUTIONS GLENDALE, P.C	c EIN-PN 46-1082069-001
a	Plan name	FLOW CONTROL ENTERPRISES, INC. 401(K) PLAN	
b	Name of plan sponsor	FLOW CONTROL ENTERPRISES INC	c EIN-PN 46-1457878-001
a	Plan name	IOTA IT 401K PLAN	
b	Name of plan sponsor	IOTA IT INC	c EIN-PN 46-2120035-001
a	Plan name	MERRELL FAMILY DENTISTRY 401(K) PLAN	
b	Name of plan sponsor	MERRELL FAMILY DENTISTRY	c EIN-PN 46-4288509-001
a	Plan name	PHOTOBOOTH SUPPLY CO. 401(K) PLAN	
b	Name of plan sponsor	PHOTOBOOTH SUPPLY CO	c EIN-PN 46-4905931-001
a	Plan name	EPIC MEDIA SOLUTIONS 401K PLAN	
b	Name of plan sponsor	MATTHEW K RAILE INC DBA EPIC MEDIA	c EIN-PN 46-5656277-001
a	Plan name	CHILDREN & ADOLESCENT CLINIC, P.C. PROFIT SHARING PLAN	
b	Name of plan sponsor	CHILDREN & ADOLESCENT CLINIC PC	c EIN-PN 47-0637178-002
a	Plan name	NEOSYSTEMS CORP EMPLOYEES 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	NEOSYSTEMS CORP	c EIN-PN 47-0907606-001
a	Plan name	LA SCUOLA 401K PLAN	
b	Name of plan sponsor	LA SCUOLA	c EIN-PN 47-0976591-001

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	MAVEN MACHINES 401(K) PLAN
b	Name of plan sponsor	MAVEN MACHINES INC
c	EIN-PN	47-1864449-001
a	Plan name	IMMATICS US INC 401K PROFIT SHARING PLAN AND TRUST
b	Name of plan sponsor	IMMATICS
c	EIN-PN	47-2194527-001
a	Plan name	ZYMEWORKS BIOPHARMACEUTICALS INC 401(K) PLAN
b	Name of plan sponsor	ZYMEWORKS BIOPHARMACEUTICALS INC
c	EIN-PN	47-2569713-001
a	Plan name	SABA FINANCIAL 401K PROFIT SHARING PLAN
b	Name of plan sponsor	SABA FINANCIAL
c	EIN-PN	47-3902336-001
a	Plan name	CONNOR & GALLAGHER ONESOURCE, INC. MULTIPLE EMPLOYER RETIREMENT PLAN
b	Name of plan sponsor	CONNOR & GALLAGHER ONESOURCE MEP
c	EIN-PN	47-5216035-333
a	Plan name	SEMPER PIE 401(K) PLAN
b	Name of plan sponsor	SEMPER PIE
c	EIN-PN	47-5340602-001
a	Plan name	CENTRAL NEBRASKA PUBLIC POWER AND IRRIGATION DISTRICT 457B PLAN
b	Name of plan sponsor	CENTRAL NEBRASKA PUBLIC POWER AND
c	EIN-PN	47-6000076-001
a	Plan name	NOBLE HOSPITALITY INC EMPLOYEES 401(K) PLAN
b	Name of plan sponsor	NOBLE HOSPITALITY INC
c	EIN-PN	48-1105899-001
a	Plan name	COMMUNITY FIRST FOUNDATION RETIREMENT PLAN
b	Name of plan sponsor	COMMUNITY FIRST FOUNDATION
c	EIN-PN	51-0157964-001
a	Plan name	KCE LOGISTICS INC 401K PLAN
b	Name of plan sponsor	KCE LOGISTICS INC
c	EIN-PN	51-0550912-001
a	Plan name	CMAA CLUB RETIREMENT PLANS
b	Name of plan sponsor	CLUB MANAGERS ASSOC. OF AMERICA
c	EIN-PN	52-0235732-001
a	Plan name	RMF ENGINEERING INC 401K PLAN
b	Name of plan sponsor	RMF ENGINEERING
c	EIN-PN	52-1279953-001

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	ACM SERVICES INC 401(K) SAVINGS PLAN	
b	Name of plan sponsor	ACM SERVICES INC	c EIN-PN 52-1673828-001
a	Plan name	ENVIRONMENTAL QUALITY RESOURCES, LLC PROFIT SHARING PLAN	
b	Name of plan sponsor	ENVIRONMENTAL QUALITY RESOURCES LLC	c EIN-PN 52-2145482-001
a	Plan name	NOVEL GEO ENVIRONMENTAL LLC 401K PROFIT SHARING PLAN	
b	Name of plan sponsor	NOVEL GEO ENVIRONMENTAL LLC	c EIN-PN 52-2365940-001
a	Plan name	ONCOURSE HOME SOLUTIONS 401(K) PLAN	
b	Name of plan sponsor	AMERICAN WATER RESOURCES LLC	c EIN-PN 54-0912221-001
a	Plan name	WVVA GROUP 401K PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor	CENTRAL COAL COMPANY	c EIN-PN 54-0950445-001
a	Plan name	CARE NET 401K PROFIT SHARING PLAN	
b	Name of plan sponsor	CARE NET INC	c EIN-PN 54-1382723-001
a	Plan name	BLUEPRINT AUTOMATION RETIREMENT PLAN	
b	Name of plan sponsor	BLUEPRINT AUTOMATION INC	c EIN-PN 54-1401039-001
a	Plan name	ASSOCIATED SERVICES CORPORATION 401(K) PLAN	
b	Name of plan sponsor	ASSOCIATED SERVICES CORPORATION	c EIN-PN 54-1519274-001
a	Plan name	MONARC CONSTRUCTION INC 401K PROFIT SHARING PLAN	
b	Name of plan sponsor	MONARC CONSTRUCTION INC	c EIN-PN 54-1595040-001
a	Plan name	SIMPSON DENTAL PLLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	SIMPSON DENTAL PLLC	c EIN-PN 55-0538620-001
a	Plan name	HIGHLAND MACHINERY CORPORATION SAVINGS PLAN	
b	Name of plan sponsor	HIGHLAND MACHINERY CORPORATION DBA	c EIN-PN 55-0707406-002
a	Plan name	BLUEFIELD CYCLES INC 401(K) PLAN	
b	Name of plan sponsor	BLUEFIELD CYCLES INC	c EIN-PN 55-0755940-001

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	RECORE ELECTRICAL CONTRACTORS 401K PLAN	
b	Name of plan sponsor	RECORE ELECTRICAL CONTRACTORS	c EIN-PN 56-1373085-001
a	Plan name	BOB BARKER COMPANY INC 401K PLAN	
b	Name of plan sponsor	BOB BARKER COMPANY INC	c EIN-PN 56-1558062-001
a	Plan name	SONNY OLIVER REALTY RETIREMENT PLAN	
b	Name of plan sponsor	OLIVER OIL COMPANY, SONY OLIVER REA	c EIN-PN 56-1876300-001
a	Plan name	LIBURDI DIMETRICS CORPORATION 401K PLAN	
b	Name of plan sponsor	LIBURDI DIMETRICS CORPORATION	c EIN-PN 56-2056699-001
a	Plan name	BANK OF OAK RIDGE 401K PLAN	
b	Name of plan sponsor	BANK OF OAK RIDGE	c EIN-PN 56-2149229-001
a	Plan name	TASI HOLDINGS 401K PLAN	
b	Name of plan sponsor	TASI HOLDINGS INC	c EIN-PN 56-2394552-001
a	Plan name	NEAL ENTERPRISES 401K PLAN AND TRUST	
b	Name of plan sponsor	NEAL ENTERPRISES LLC	c EIN-PN 57-0736611-001
a	Plan name	ASSET ENTERPRISES INC 401K PLAN PROFIT SHARING PLAN	
b	Name of plan sponsor	ASSET ENTERPRISES INC	c EIN-PN 57-1103029-001
a	Plan name	UNIVERSITY FURNISHINGS LP 401(K) PLAN	
b	Name of plan sponsor	UNIVERSITY FURNISHINGS LP	c EIN-PN 57-1236519-001
a	Plan name	THE ARC OF SOUTHWEST GEORGIA 401K PROFIT SHARING PLAN	
b	Name of plan sponsor	THE ARC OF SOUTHWEST GEORGIA	c EIN-PN 58-1234047-001
a	Plan name	GRACE MANAGEMENT GROUP LLC 401 PLAN	
b	Name of plan sponsor	GRACE MANAGEMENT GROUP LLC	c EIN-PN 58-2448324-001
a	Plan name	SOUTH TAMPA AFTER HOURS CLINIC	
b	Name of plan sponsor	SOUTH TAMPA AFTER HOURS CLINIC	c EIN-PN 59-1295027-001

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	PENNINGTON PA PROFIT SHARING PLAN	
b	Name of plan sponsor	PENNINGTON PA	c EIN-PN 59-3184236-001
a	Plan name	CHILDRENFIRST 401K PLAN	
b	Name of plan sponsor	CHILDRENFIRST HOME HEALTH CARE	c EIN-PN 59-3208763-001
a	Plan name	SOUTHEASTERN ARCHAEOLOGICAL RESEARCH 401(K) PLAN	
b	Name of plan sponsor	SOUTHEASTERN ARCHAEOLOGICAL RESEARC	c EIN-PN 59-3215370-001
a	Plan name	NDC CONSTRUCTION COMANY 401K PLAN	
b	Name of plan sponsor	NDC CONSTRUCTION COMPANY	c EIN-PN 59-3423927-001
a	Plan name	T.F.R., INC., 401(K) PLAN	
b	Name of plan sponsor	T.F.R., INC. - S. CORP	c EIN-PN 59-3438475-003
a	Plan name	FALCON'S TREEHOUSE LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	FALCON'S TREEHOUSE LLC	c EIN-PN 59-3621802-001
a	Plan name	MATTHEW ROBERTS, INC.401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	MATTHEW ROBERTS INC	c EIN-PN 59-3653413-001
a	Plan name	FARMERS MUTUAL INSURANCE COMPANY 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	FARMERS MUTUAL INSURANCE COMPANY	c EIN-PN 61-0413172-001
a	Plan name	INTERLOCK INDUSTRIES, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	INTERLOCK INDUSTRIES	c EIN-PN 61-1024973-001
a	Plan name	SACRED HEART SCHOOLS INC 401K PLAN	
b	Name of plan sponsor	SACRED HEART SCHOOLS INC	c EIN-PN 61-1181710-003
a	Plan name	JSW ENTERPRISES LLC 401(K) PLAN	
b	Name of plan sponsor	JSW ENTERPRISES LLC	c EIN-PN 61-1673746-001
a	Plan name	ACCU-CRETE INC 401K PLAN	
b	Name of plan sponsor	ACCU-CRETE INC	c EIN-PN 62-1166041-001

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 KASAI NORTH AMERICA INC 401(K) PLAN	
b	Name of plan sponsor KASAI NORTH AMERICA INC	c EIN-PN 62-1292160-001
a	Plan name DISTRIBUTING SERVICES 401K PLAN	
b	Name of plan sponsor PALADIN CAPITAL	c EIN-PN 62-1377407-001
a	Plan name MATTHEWS BROTHERS DREDGING INC 401(K) PLAN	
b	Name of plan sponsor MATTHEWS BROTHERS DREDGING INC	c EIN-PN 64-0905775-001
a	Plan name PHYSICIANS' PRIMARY CARE OF SOUTHWEST FLORIDA, P.L. 401(K) PROFIT SHAR	
b	Name of plan sponsor PHYSICIANS' PRIMARY CARE OF SOUTHWE	c EIN-PN 65-0603006-001
a	Plan name PUERTO RICO WIRE PRODUCTS INC 1165E PLAN	
b	Name of plan sponsor PUERTO RICO WIRE PRODUCTS INC	c EIN-PN 66-0213750-001
a	Plan name CMG FINANCIAL SERVICES 401K PLAN	
b	Name of plan sponsor CMG MORTGAGE INC	c EIN-PN 68-0309242-001
a	Plan name TRUFOOD MFG 401K PLAN	
b	Name of plan sponsor TRUFOOD MFG	c EIN-PN 68-0503912-001
a	Plan name SWJ TECHNOLOGY LLC 401(K) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor SWJ TECHNOLOGY LLC	c EIN-PN 68-0677995-001
a	Plan name FIRST ARKANSAS INSURANCE GROUP, LLC 401(K) PLAN	
b	Name of plan sponsor FIRST ARKANSAS INSURANCE	c EIN-PN 71-0477481-001
a	Plan name MPM INCORPORATED	
b	Name of plan sponsor MPM INCORPORATED	c EIN-PN 72-1018654-001
a	Plan name NEIGHBORLY 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor DWYER FRANCHISING LLC	c EIN-PN 73-0941783-001
a	Plan name RAVLICH ENTERPRISES 401K PROFIT SHARING PLAN TRUST	
b	Name of plan sponsor RAVLICH ENTERPRISES	c EIN-PN 73-1674852-001

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	ROTHER DEVELOPMENT INC 401K PLAN	
b Name of plan sponsor	ROTHER DEVELOPMENT INC	c EIN-PN 74-1606784-001
a Plan name	BARTLETT COCKE LP 401K SAVINGS PLAN	
b Name of plan sponsor	BARTLETT COCKE, LP	c EIN-PN 74-1654769-002
a Plan name	ACCESS SCIENCES CORPORATION 401(K) PLAN	
b Name of plan sponsor	ACCESS SCIENCES CORPORATION	c EIN-PN 74-2429280-001
a Plan name	JOSEPH C. DE GRAFFENRIED, JR., D.D.S. 401K RETIREMENT PLAN	
b Name of plan sponsor	JOSEPH C DE GRAFFENRIED JR DDS	c EIN-PN 74-2558586-001
a Plan name	CATRAC 401K PLAN	
b Name of plan sponsor	CAPITAL AREA TRAUMA REGIONAL ADVISO	c EIN-PN 74-2747806-001
a Plan name	LUDLUM MEASUREMENTS INC 401K PLAN	
b Name of plan sponsor	LUDLUM MEASUREMENTS INC	c EIN-PN 75-1085764-001
a Plan name	MMM INC 401K PLAN	
b Name of plan sponsor	MMM PLUMBING HEATING & AC INC	c EIN-PN 75-1941004-001
a Plan name	QUALITY SELECT 401K PLAN	
b Name of plan sponsor	QUALITY SELECT	c EIN-PN 75-2199109-001
a Plan name	ABC DFW 401(K) PLAN	
b Name of plan sponsor	ABC PEST CONTROL OF DALLAS INC	c EIN-PN 75-2287992-001
a Plan name	CAPITAL SENIOR LIVING 401(K) PLAN	
b Name of plan sponsor	CAPITAL SENIOR LIVING	c EIN-PN 75-2678809-001
a Plan name	HANSFORD COUNTY FEEDERS, LP/PREFERRED BEEF GROUP 401K PLAN	
b Name of plan sponsor	HANSFORD COUNTY FEEDERS, LP	c EIN-PN 75-2737133-001
a Plan name	CERTIFIED FUNDING LP 401(K) PLAN	
b Name of plan sponsor	CERTIFIED FUNDING LP	c EIN-PN 75-2930700-001

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
<small>(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)</small>			
a	Plan name	SPECIALIZED MANUFACTURING 401 K PROFIT SHARING PLAN	
b	Name of plan sponsor	SPECIALIZED MANUFACTURING INC	c EIN-PN 75-3016678-001
a	Plan name	WAYNE ENTERPRISES INC 401(K) RET SAVINGS PLAN	
b	Name of plan sponsor	WAYNE ENTERPRISES INC	c EIN-PN 76-0000815-001
a	Plan name	ALLPOINTS SERVICES CORP 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	ALLPOINTS SERVICES CORP	c EIN-PN 76-0552988-001
a	Plan name	GREAT WEST LLC 401K PLAN	
b	Name of plan sponsor	GREAT WEST INC LLC	c EIN-PN 80-0195982-001
a	Plan name	INNOVATIVE BUSINESS SOLUTIONS 401K	
b	Name of plan sponsor	INNOVATIVE BUSINESS SOLUTIONS	c EIN-PN 80-0230016-001
a	Plan name	STOLLE MACHINERY COMPANY LLC 401K RETIREMENT PLAN	
b	Name of plan sponsor	STOLLE MACHINERY COMPANY LLC	c EIN-PN 80-0294712-001
a	Plan name	STOLLE MACHINERY COMPANY UNION EMPLOYEE 401K PROFIT SHARING PLAN	
b	Name of plan sponsor	STOLLE MACHINERY CO LLC	c EIN-PN 80-0294712-002
a	Plan name	VERANTIS CORPORATION	
b	Name of plan sponsor	VERANTIS CORPORATION	c EIN-PN 80-0444706-001
a	Plan name	1ST LIBERTY FEDERAL CRDIT UNION DEF	
b	Name of plan sponsor	1ST LIBERTY FEDERAL CRDIT UNION	c EIN-PN 81-0257684-001
a	Plan name	MARQUEE EVENT GROUP INC 401(K) PLAN	
b	Name of plan sponsor	MARQUEE EVENT GROUP INC	c EIN-PN 81-1350224-001
a	Plan name	CORE INDUSTRIAL GROUP LLC 401 K PLAN	
b	Name of plan sponsor	CORE INDUSTRIAL GROUP LLC	c EIN-PN 81-1442228-001
a	Plan name	ELEVATED HEALTH & DRIVEN CARE 401(K) PLAN	
b	Name of plan sponsor	ELEVATED HEALTH INC	c EIN-PN 81-1554266-001

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	AZRIA HEALTH 401(K) PLAN	
b	Name of plan sponsor	AZRIA HEALTH MANAGEMENT LLC	c EIN-PN 81-3162505-001
a	Plan name	CALVIN BROYLES JEWELERS LLC 401K PS	
b	Name of plan sponsor	CALVIN BROYLES JEWELERS LLC	c EIN-PN 81-3270149-001
a	Plan name	MOMENTUM RECOVERY 401K PLAN	
b	Name of plan sponsor	MOMENTUM RECOVERY LLC	c EIN-PN 81-3344261-001
a	Plan name	LOOK LEFT MARKETING, LLC	
b	Name of plan sponsor	LOOK LEFT MARKETING, LLC	c EIN-PN 81-3413124-001
a	Plan name	SGH REDGLAZE HOLDINGS INC MULTIPLE EMPLOYER PLAN	
b	Name of plan sponsor	SGH REDGLAZE HOLDINGS INC	c EIN-PN 81-4256977-001
a	Plan name	FRUITION 401K PROFIT SHARING PLAN	
b	Name of plan sponsor	FRUITION GROWTH LLC	c EIN-PN 81-5154033-001
a	Plan name	BOISE STEEL ERECTORS INC 401K PLAN	
b	Name of plan sponsor	BOISE STEEL ERECTORS INC	c EIN-PN 82-0482226-001
a	Plan name	EVANS FEARS & SCHUTTERT LLP 401(K) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor	EVANS FEARS & SCHUTTERT LLP	c EIN-PN 82-0831408-001
a	Plan name	GERMIN8 VENTURES, LLC 401K PLAN	
b	Name of plan sponsor	GERMIN 8 VENTURES, LLC	c EIN-PN 82-1347164-002
a	Plan name	MOBILITY CONSULTING GROUP, LLC 401(K) PLAN	
b	Name of plan sponsor	MOBILITY CONSULTING GROUP LLC	c EIN-PN 82-1402692-001
a	Plan name	MITCHELL SALES AGENCY INC 401(K) & PROFIT SHARING PLAN	
b	Name of plan sponsor	MITCHELL SALES AGENCY INC	c EIN-PN 82-1500725-001
a	Plan name	FRESHLY PICKED LLC 401K PLAN	
b	Name of plan sponsor	FREHSLY PICKED LLC	c EIN-PN 82-1704271-001

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	FORWARD SOLUTIONS 401(K) PLAN	
b Name of plan sponsor	I&I SALES GROUP LLC DBA FORWARD SOL	c EIN-PN 82-1854323-002
a Plan name	GEOPOINTE 401 K PLAN	
b Name of plan sponsor	GEOPOINTE LLC	c EIN-PN 82-3015447-001
a Plan name	ATLAS HEALTHCARE PARTNERS 401K PLAN	
b Name of plan sponsor	ATLAS HEALTHCARE PARTNERS INC	c EIN-PN 82-3431080-001
a Plan name	ADVANTAGE ARCHIVES 401K PLAN	
b Name of plan sponsor	ADVANTAGE ARCHIVES	c EIN-PN 82-4512292-001
a Plan name	FAVIA PRIMARY CARE, SC 401(K) PLAN	
b Name of plan sponsor	FAVIA PRIMARY CARE, SC	c EIN-PN 82-5074133-001
a Plan name	POINT BROADBAND 401K PLAN	
b Name of plan sponsor	POINT BROADBAND FIBER HOLDING LLC	c EIN-PN 82-5331550-001
a Plan name	MAC BROWN EXCAVATING INC 401K PLAN	
b Name of plan sponsor	MAC BROWN EXCAVATING INC	c EIN-PN 83-0786420-001
a Plan name	LEVRON ENGINEERING SERVICES LLC 401K PLAN	
b Name of plan sponsor	LEVRON ENGINEERING SERVICES LLC	c EIN-PN 83-2188778-001
a Plan name	DEERFIELD PATISSERIE LLC 401K PLAN	
b Name of plan sponsor	DEERFIELD PATISSERIE LLC	c EIN-PN 83-2321851-001
a Plan name	US ELECTRIC AND COMMUNICATIONS LLC 401(K) PLAN	
b Name of plan sponsor	US ELECTRIC AND COMMUNICATION LLC 4	c EIN-PN 83-4187268-001
a Plan name	REBELLION DEFENSE INC 401K PLAN	
b Name of plan sponsor	REBELLION DEFENSE INC	c EIN-PN 83-4579472-001
a Plan name	COLORADO BLUE SKY ENTERPRISES INC	
b Name of plan sponsor	COLORADO BLUE SKY ENTERPRISES INC	c EIN-PN 84-0561888-001

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	HELLERSTEIN & BRENNER VISION CENTER PC PROFIT SHARING PLAN	
b	Name of plan sponsor	HELLERSTEIN & BRENNER VISION CENTER	c EIN-PN 84-1185693-001
a	Plan name	KEN'S REPRODUCTIONS	
b	Name of plan sponsor	KEN'S REPRODUCTIONS	c EIN-PN 84-1187282-001
a	Plan name	FBC EMPLOYEE RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	FINISHED BASEMENT COMPANY	c EIN-PN 84-1437511-003
a	Plan name	LIFELOOP 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	IT'S NEVER 2 LATE DBA LIFELOOP	c EIN-PN 84-1507580-001
a	Plan name	ZMAGS CORPORATION 401(K) PLAN	
b	Name of plan sponsor	ZMAGS CORPORATION	c EIN-PN 84-3612749-001
a	Plan name	BEAVER RUN RENTAL HOLDINGS LLC 401(K) PLAN	
b	Name of plan sponsor	BEAVER RUN RENTAL HOLDINGS LLC	c EIN-PN 84-4051245-001
a	Plan name	B & D INDUSTRIES INC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	B&D INDUSTRIES INC	c EIN-PN 85-0196391-002
a	Plan name	LUMIN8 TRANSPORTATION TECHNOLOGIES, LLC 401(K) PLAN	
b	Name of plan sponsor	LUMIN8 TRANSPORTATION TECHNOLOGIES	c EIN-PN 85-1665502-001
a	Plan name	NEURAVENTION, INC 401K PLAN	
b	Name of plan sponsor	NEURAVENTION, INC	c EIN-PN 85-2166547-001
a	Plan name	STATLAB DIAGNOSTICS, LLC 401(K) PLAN	
b	Name of plan sponsor	STATLAB DIAGNOSTICS, LLC	c EIN-PN 85-3732667-001
a	Plan name	TRIAD PARTNERS LLC 401(K) PLAN	
b	Name of plan sponsor	TRIAD PARTNERS LLC	c EIN-PN 85-3776823-001
a	Plan name	THE RIVER PLAN	
b	Name of plan sponsor	SG & W CORPORATION	c EIN-PN 86-0545268-001

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
<small>(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)</small>			
a	Plan name	PLASTIC DESIGN CORPORATION, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	PLASTIC DESIGN CORPORATION, INC.	c EIN-PN 86-0673146-001
a	Plan name	NEXONE INC 401K PLAN	
b	Name of plan sponsor	NEXONE INC	c EIN-PN 87-0661191-001
a	Plan name	HUDSON IMAGING PARTNERS 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	HUDSON IMAGING PARTNERS	c EIN-PN 87-3211647-001
a	Plan name	ALCANZA CLINICAL RESEARCH 401K PLAN	
b	Name of plan sponsor	ALCANZA CLINICAL RESEARCH, LLC	c EIN-PN 87-3867885-003
a	Plan name	FEA CONSULTING ENGINEERS 401K PLAN	
b	Name of plan sponsor	FENNEGAN ERICKSON ASSOCIATED DBA FE	c EIN-PN 88-0461711-001
a	Plan name	MAVEN380 LLC DBA 380 COMPANIES RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	MAVEN380 LLC DBA 380 COMPANIES	c EIN-PN 88-1578135-001
a	Plan name	QPC LASERS INC 401K PLAN	
b	Name of plan sponsor	QPC LASERS INC	c EIN-PN 90-1021831-001
a	Plan name	WELLINKS 401K PLAN	
b	Name of plan sponsor	WELLINKS	c EIN-PN 90-1254182-001
a	Plan name	PUYALLUP DERMATOLOGY CLINIC P S 401K PLAN	
b	Name of plan sponsor	PUYALLUP DERMATOLOGY CLINIC	c EIN-PN 91-1149545-001
a	Plan name	WALKERS RENTON SUBARU MAZDA 401K PL	
b	Name of plan sponsor	WALKERS RENTON SUBARU MAZDA	c EIN-PN 91-1387558-001
a	Plan name	BRYANT CHRISTIE INC 401K PLAN	
b	Name of plan sponsor	BRYANT CHRISTIE INC	c EIN-PN 91-1602977-001
a	Plan name	VISTA VETERINARY HOSPITAL, INC PC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	VISTA VETERINARY HOSPITAL, INC PC	c EIN-PN 91-2089735-001

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	OCEAN PEACE INC. 401(K) SAVINGS PLAN	
b	Name of plan sponsor	OCEAN PEACE INC.	c EIN-PN 92-0135526-001
a	Plan name	IFABM 401(K) PLAN	
b	Name of plan sponsor	INTEGRITY BUYER, LLC DBA INTEGRITY	c EIN-PN 92-0290893-001
a	Plan name	ENVISIONIT MEDIA 401K PLAN	
b	Name of plan sponsor	ENVISIONIT MEDIA	c EIN-PN 92-0418151-001
a	Plan name	REITER LAW FIRM 401(K) PLAN	
b	Name of plan sponsor	REITER LAW FIRM, PROF. LLC	c EIN-PN 92-1098215-001
a	Plan name	SBI SERVICES, INC 401K PLAN	
b	Name of plan sponsor	SBI SERVICES, INC	c EIN-PN 92-1295871-001
a	Plan name	NE 11 HOLDINGS LLC 401(K) PLAN	
b	Name of plan sponsor	NE 11 HOLDINGS LLC	c EIN-PN 92-3758901-001
a	Plan name	SELCO, INC. 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	SELCO, INC.	c EIN-PN 93-0163693-001
a	Plan name	JOHN HYLAND CONST INC PENSION PLAN	
b	Name of plan sponsor	JOHN HYLAND CONST INC	c EIN-PN 93-0713989-001
a	Plan name	ADVANTAGE SERVICES GROUP, LLC 401(K) PLAN	
b	Name of plan sponsor	ADVANTAGE SERVICES GROUP, LLC	c EIN-PN 93-1121153-001
a	Plan name	GUIDEHEALTH 401(K) SAVINGS PLAN	
b	Name of plan sponsor	GUIDEHEALTH LLC	c EIN-PN 93-2670141-001
a	Plan name	MOSTBE COMPANY SALARY DEFERRAL PLAN	
b	Name of plan sponsor	MOSTBE COMPANY	c EIN-PN 94-3060499-001
a	Plan name	RONAN ENGINEERING COMPANY	
b	Name of plan sponsor	RONAN ENGINEERING COMPANY	c EIN-PN 95-2313212-001

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	MESA INDUSTRIES INC 401K PLAN AND PSP & TRUST	
b Name of plan sponsor	MESA INDUSTRIES INC	c EIN-PN 95-2563245-002
a Plan name	NATIONAL TECHNICAL SYSTEMS, INC. 401(K) PROFIT SHARING PLAN	
b Name of plan sponsor	NATIONAL TECHNICAL SYSTEMS, INC.	c EIN-PN 95-2780647-003
a Plan name	CONDOMINIUM MANAGEMENT SERVICES, INC. 401(K) PLAN	
b Name of plan sponsor	CONDOMINIUM MANAGEMENT SERVICES	c EIN-PN 95-3683403-001
a Plan name	CARDIOVASCULAR CONSULTANTS 401(K) PLAN AND TRUST	
b Name of plan sponsor	CARDIOVASCULAR CONSULTANTS MEDICAL	c EIN-PN 95-3763324-003
a Plan name	AFFORDABLE WATER HEATERS & PLUMBING, INC. 401(K) PROFIT SHARING PLAN	
b Name of plan sponsor	AFFORDABLE WATER HEATERS & PLUMBING	c EIN-PN 95-4660066-001
a Plan name	CONESYS 401K PLAN	
b Name of plan sponsor	CONESYS INC	c EIN-PN 95-4724210-001
a Plan name	TRIVINITY 401(K) PROFIT SHARING PLAN AND TRUST	
b Name of plan sponsor	TRIVINITY INC	c EIN-PN 95-4876363-001
a Plan name	SEASONS RETIREMENT GROUP MD PROPERTY SERVICES INC 401K PLAN	
b Name of plan sponsor	MD PROPERTY SERVICES INC	c EIN-PN 97-0686024-001
a Plan name	HAWKTREE RETIREMENT PLAN	
b Name of plan sponsor	HAWKTREE INTERNATIONAL INC.	c EIN-PN 99-0090520-001
a Plan name	BLOOMERANG, LLC 401(K) PLAN	
b Name of plan sponsor	BLOOMERANG, LLC	c EIN-PN 46-0707085-001
a Plan name	FM3 401(K) RETIREMENT SAVINGS PLAN	
b Name of plan sponsor	FM3	c EIN-PN 47-2848044-001
a Plan name	GARDEN OF THE GODS COLLECTION 401(K) PLAN	
b Name of plan sponsor	BCWJ813, LLC DBA GARDEN OF THE GODS RESORT AND CLUB	c EIN-PN 46-3419408-001

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	NATIONAL FUNERAL DIRECTORS 401(K) SAV PLAN	
b Name of plan sponsor	NATIONAL FUNERAL DIRECTORS	c EIN-PN 39-0978598-003

a Plan name	PROFESSIONAL RODEO COWBOY ASSOC INC. 401(K) PLAN	
b Name of plan sponsor	PROFESSIONAL RODEO COWBOY ASSOC INC.	c EIN-PN 84-0414922-001

a Plan name	ACOUSTECH SUPPLY INC	
b Name of plan sponsor	ACCOUSTECH SUPPLY INC	c EIN-PN 39-1029653-001

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

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b Name of plan sponsor		c EIN-PN

a Plan name		
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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) <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> 2023 This Form is Open to Public Inspection
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For calendar plan year 2023 or fiscal plan year beginning 10/01/2023 and ending 09/30/2024	
A Name of plan PUTNAM RETIREMENT ADVANTAGE 2065 TRUST	B Three-digit plan number (PN) 277
C Plan sponsor's name as shown on line 2a of Form 5500 PUTNAM FIDUCIARY TRUST COMPANY LLC	D Employer Identification Number (EIN) 85-3582370

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

		(a) Beginning of Year	(b) End of Year
Assets			
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)	57102	105877
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)	15853831	37491625
(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)		

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	15910933	37597502
Liabilities			
g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j	61189	115274
k Total liabilities (add all amounts in lines 1g through 1j)	1k	61189	115274
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	15849744	37482228

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)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		0
(2) Dividends:			
(A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)	4657	
(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)		4657
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds	2b(4)(A)	8748489	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	6495407	
(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)	5478284	
(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)		
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		7736023

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)		
(5) Investment advisory and investment management fees	2i(5)	82331	
(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)		82331
j Total expenses. Add all expense amounts in column (b) and enter total	2j		82331

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		7653692
l Transfers of assets:			
(1) To this plan	2l(1)		22429186
(2) From this plan	2l(2)		8450394

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 _____.