

Form 5500

Annual Return/Report of Employee Benefit Plan

OMB Nos. 1210-0110 1210-0089

2024

This Form is Open to Public Inspection

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

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

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

Part I Annual Report Identification Information

For calendar plan year 2024 or fiscal plan year beginning 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: FIAM GROUP TRUST FOR EMPLOYEE BENEFIT PLANS CORE PLUS COMMINGLED POOL
1b Three-digit plan number (PN): 052
1c Effective date of plan
2a Plan sponsor's name (employer, if for a single-employer plan): FIDELITY INSTITUTIONAL ASSET MANAGEMENT TRUST COMPANY
2b Employer Identification Number (EIN): 20-4659714
2c Plan Sponsor's telephone number: 800-343-8736
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.

Form 5500 (2024) v. 240311

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

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:

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

9a Plan funding arrangement (check all that apply) (1) <input type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) <input type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor
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10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

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

11a If the plan provides welfare benefits, was the plan subject to the Form M-1 filing requirements during the plan year? (See instructions and 29 CFR 2520.101-2.) Yes No

If "Yes" is checked, complete lines 11b and 11c.

11b Is the plan currently in compliance with the Form M-1 filing requirements? (See instructions and 29 CFR 2520.101-2.) Yes No

11c Enter the Receipt Confirmation Code for the 2024 Form M-1 annual report. If the plan was not required to file the 2024 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

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

A Name of plan <u>FIAM GROUP TRUST FOR EMPLOYEE BENEFIT PLANS CORE PLUS COMMINGLED POOL</u>	B Three-digit plan number (PN) ▶	<u>052</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>FIDELITY INSTITUTIONAL ASSET MANAGEMENT TRUST COMPANY</u>	D Employer Identification Number (EIN) <u>20-4659714</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: <u>FIAM BROAD MARKET DURATION POOL</u>		
b Name of sponsor of entity listed in (a): <u>FIDELITY INSTITUTIONAL ASSET MANAGEMENT TRUST COMPANY</u>		
c EIN-PN <u>20-4659714-012</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>3894401155</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>FIAM EMERGING MARKETS DEBT COMMINGL</u>		
b Name of sponsor of entity listed in (a): <u>FIDELITY INSTITUTIONAL ASSET MANAGEMENT TRUST COMPANY</u>		
c EIN-PN <u>20-4659714-022</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>140366699</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>FIAM FLOATING RATE HIGH INCOME COMM</u>		
b Name of sponsor of entity listed in (a): <u>FIDELITY INSTITUTIONAL ASSET MANAGEMENT TRUST COMPANY</u>		
c EIN-PN <u>20-4659714-058</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>291676077</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>FIAM GLOBAL CREDIT EX-U.S. HEDGED C</u>		
b Name of sponsor of entity listed in (a): <u>FIDELITY INSTITUTIONAL ASSET MANAGEMENT TRUST COMPANY</u>		
c EIN-PN <u>20-4659714-062</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>124611460</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>FIAM HIGH YIELD BOND COMMINGLED POO</u>		
b Name of sponsor of entity listed in (a): <u>FIDELITY INSTITUTIONAL ASSET MANAGEMENT TRUST COMPANY</u>		
c EIN-PN <u>20-4659714-013</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>370231039</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>FIDELITY REAL ESTATE HIGH INCOME FU</u>		
b Name of sponsor of entity listed in (a): <u>FIDELITY MANAGEMENT & RESEARCH COMPANY LLC</u>		
c EIN-PN <u>04-3250065-000</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>106151271</u>
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):

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d Entity code

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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:

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)	
<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	401(K) PLAN FOR BARGAINING UNIT EMPLOYEES OF GAUTIER STEEL LTD.	
b	Name of plan sponsor	THE RESERVE GROUP	c EIN-PN 34-1875097-002
a	Plan name	401(K) PLAN FOR CERTAIN RESERVE GROUP EMPLOYEES	
b	Name of plan sponsor	THE RESERVE GROUP	c EIN-PN 34-1806678-001
a	Plan name	401(K) SAVINGS AND INVESTMENT PLAN	
b	Name of plan sponsor	MERCK KGAA DARMSTADT, GERMANY	c EIN-PN 04-2170233-001
a	Plan name	ACADIANA BOTTLING CO., INC.	
b	Name of plan sponsor	PEPSI-COLA BOTTLERS STANDING-IN-THE-FUTURE 401(K) MULTIPLE EMPLOYER PL	c EIN-PN 72-0473216-001
a	Plan name	ADVANCED RADIOLOGY SERVICES, P.C. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	ADVANCED RADIOLOGY SERVICES, P.C.	c EIN-PN 38-3380785-001
a	Plan name	AGGRESSIVE TOOLING, INC. EMPLOYEE 401(K) PLAN	
b	Name of plan sponsor	AGGRESSIVE TOOLING, INC.	c EIN-PN 38-2876127-001
a	Plan name	AIMSURPLUS RETIREMENT PLAN	
b	Name of plan sponsor	AIM SURPLUS, LLC	c EIN-PN 82-2442061-001
a	Plan name	AIRSHARE 401(K) PLAN	
b	Name of plan sponsor	EXECUTIVE FLIGHT SERVICES, LLC	c EIN-PN 45-0486386-001
a	Plan name	ALLIANCE FOODS, INC. PROFIT SHARING PLAN	
b	Name of plan sponsor	ALLIANCE FOODS, INC.	c EIN-PN 38-0692130-002
a	Plan name	ALLTECH BEVERAGE DIVISION, LLC 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	ALLTECH BEVERAGE DIVISION, LLC	c EIN-PN 27-3279222-001
a	Plan name	ALS EDUCATION, LLC 401(K) SAVINGS PLAN	
b	Name of plan sponsor	ALS EDUCATION, LLC	c EIN-PN 84-3952335-001
a	Plan name	AMCA INTERNATIONAL, INC. 401(K) PLAN	
b	Name of plan sponsor	AIR MOVEMENT AND CONTROL ASSOCIATION INTERNATIONAL, INC.	c EIN-PN 38-0864400-002

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	AMCOR 401K PLAN
b	Name of plan sponsor	AMCOR US BENEFITS COMMITTEE
c	EIN-PN	43-0178130-001
a	Plan name	AMCOR 401K PLAN FOR BARGAINING UNIT EMP
b	Name of plan sponsor	AMCOR US BENEFITS COMMITTEE
c	EIN-PN	98-0080783-004
a	Plan name	AMCOR AMERICAN CANYON LLC 401K RET PLN
b	Name of plan sponsor	AMCOR US BENEFITS COMMITTEE
c	EIN-PN	84-3959068-002
a	Plan name	AMCOR DEFINED CONTRIBUTION PENSION PLAN
b	Name of plan sponsor	AMCOR US BENEFITS COMMITTEE
c	EIN-PN	43-0178130-008
a	Plan name	AMCOR RIGID PACKAGING SAV & INV PLAN
b	Name of plan sponsor	AMCOR US BENEFITS COMMITTEE
c	EIN-PN	36-4126680-001
a	Plan name	AMCOR SPECIALTY CARTONS AMERICAS 401K
b	Name of plan sponsor	AMCOR US BENEFITS COMMITTEE
c	EIN-PN	98-0080783-004
a	Plan name	AMERICAN EXPRESS RETIREMENT SAVINGS PLAN
b	Name of plan sponsor	AMERICAN EXPRESS COMPANY
c	EIN-PN	13-4922250-002
a	Plan name	AMG INDUSTRIES, LLC 401(K) RETIREMENT PLAN
b	Name of plan sponsor	THE RESERVE GROUP
c	EIN-PN	47-4578433-004
a	Plan name	AMG INDUSTRIES, LLC HOURLY 401(K) PLAN
b	Name of plan sponsor	THE RESERVE GROUP
c	EIN-PN	47-4578433-005
a	Plan name	ANESTHESIA ASSOCIATES OF ANN ARBOR, PLLC PROFIT SHARING PLAN AND TRUST
b	Name of plan sponsor	ANESTHESIA ASSOCIATES OF ANN ARBOR, PLLC
c	EIN-PN	38-1879370-005
a	Plan name	APG-REWARDS 401(K) PLAN
b	Name of plan sponsor	ADAMS PUBLISHING GROUP, LLC
c	EIN-PN	46-4951341-001
a	Plan name	APPLIED ENGINEERING SOLUTIONS, INC. 401(K) PLAN
b	Name of plan sponsor	APPLIED ENGINEERING SOLUTIONS, INC.
c	EIN-PN	57-1069096-001

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	APPLIED MATERIALS, INC. EMPLOYEE SAVINGS & RETIREMENT PLAN	
b	Name of plan sponsor	APPLIED MATERIALS, INC.	c EIN-PN 94-1655526-333
a	Plan name	ARBITRATION FORUMS, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	ARBITRATION FORUMS, INC.	c EIN-PN 13-3095444-001
a	Plan name	ARCHROCK 401(K) PLAN	
b	Name of plan sponsor	ARCHROCK SERVICES, L.P.	c EIN-PN 47-3682215-001
a	Plan name	ARENTFOX SCHIFF 401(K) PLAN	
b	Name of plan sponsor	ARENTFOX SCHIFF LLP	c EIN-PN 53-0214923-001
a	Plan name	ARENTFOX SCHIFF PROFIT SHARING PLAN	
b	Name of plan sponsor	ARENTFOX SCHIFF LLP	c EIN-PN 53-0214923-009
a	Plan name	ART DISPLAY COMPANY EMPLOYEE RETIREMENT PLAN	
b	Name of plan sponsor	ART DISPLAY COMPANY, INC.	c EIN-PN 53-0246756-001
a	Plan name	ASE 401(K) PLAN	
b	Name of plan sponsor	NATIONAL INSTITUTE FOR AUTOMOTIVE SERVICE EXCELLENCE	c EIN-PN 52-0954597-002
a	Plan name	ASE DEFINED CONTRIBUTION RETIREMENT PLAN	
b	Name of plan sponsor	NATIONAL INSTITUTE FOR AUTOMOTIVE SERVICE EXCELLENCE	c EIN-PN 52-0954597-051
a	Plan name	ASENDIA USA 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	ASENDIA USA, INC.	c EIN-PN 23-3060988-001
a	Plan name	ASR CORPORATION INTERNATIONAL EMPLOYEES' SAVINGS PLAN	
b	Name of plan sponsor	ADMINISTRATION SYSTEMS RESEARCH CORPORATION INTERNATIONAL	c EIN-PN 38-2651185-001
a	Plan name	ASSUREDPARTNERS 401(K) PLAN	
b	Name of plan sponsor	ASSUREDPARTNERS, INC.	c EIN-PN 27-5176829-001
a	Plan name	ASURION, LLC 401(K) PLAN	
b	Name of plan sponsor	ASURION	c EIN-PN 94-3197174-001

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 ATTLEBORO CONTRIBUTORY RETIREMENT SYSTEM	
b	Name of plan sponsor CITY OF ATTLEBORO RETIREMENT BOARD	c EIN-PN 04-6197392-001
a	Plan name AUTISM SOCIETY OF NORTH CAROLINA 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor AUTISM SOCIETY OF NORTH CAROLINA	c EIN-PN 23-7087887-001
a	Plan name AVNET 401(K) PLAN	
b	Name of plan sponsor AVNET, INC.	c EIN-PN 11-1890605-001
a	Plan name AVON PERSONAL SAVINGS ACCOUNT PLAN	
b	Name of plan sponsor AVON PRODUCTS, INC.	c EIN-PN 13-0544597-001
a	Plan name AWSS 401(K) RETIREMENT PLAN	
b	Name of plan sponsor AG WORLD GROUP, INC.	c EIN-PN 55-0810696-001
a	Plan name AXALTA COATING SYSTEMS LLC RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor AXALTA COATING SYSTEMS LLC	c EIN-PN 61-1682102-001
a	Plan name AXIOS INCORPORATED MULTIPLE EMPLOYER RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor AXIOS INCORPORATED	c EIN-PN 38-3043089-001
a	Plan name BAKER VEHICLE SYSTEMS, INC. PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor BAKER VEHICLE SYSTEMS, INC.	c EIN-PN 34-0690924-001
a	Plan name BALLARD SPAHR LLP 401(K) PLAN FOR ASSOCIATES	
b	Name of plan sponsor BALLARD SPAHR LLC	c EIN-PN 23-0382195-004
a	Plan name BALLARD SPAHR LLP 401(K) PLAN FOR PARTNERS & EMPLOYEES	
b	Name of plan sponsor BALLARD SPAHR LLP	c EIN-PN 23-0382195-002
a	Plan name BALLY RIBBON MILLS PROFIT SHARING 401(K) PLAN	
b	Name of plan sponsor BALLY RIBBON MILLS	c EIN-PN 23-0382360-002
a	Plan name BAPTIST HEALTH DEACONESS LLC	
b	Name of plan sponsor BAPTIST HEALTH DEACONESS LLC	c EIN-PN 61-0444707-001

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	BAPTIST HEALTHCARE 401(K) PLAN	
b	Name of plan sponsor	BAPTIST HEALTHCARE SYSTEM, INC.	c EIN-PN 61-0444707-002
a	Plan name	BARON & BUDD, P.C. 401(K) RETIREMENT AND PROFIT SHARING PLAN	
b	Name of plan sponsor	BARON & BUDD, P.C.	c EIN-PN 75-1573501-002
a	Plan name	BATON ROUGE - GENERAL	
b	Name of plan sponsor	CITY OF BATON ROUGE - PARISH OF EAST BATON ROUGE EMPLOYEES' RETIREMENT	c EIN-PN 72-6050501-001
a	Plan name	BBC DISTRIBUTION CORP. 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	BBC DISTRIBUTION CORPORATION	c EIN-PN 35-2131007-001
a	Plan name	BEASLEY MEZZANINE HOLDINGS, LLC 401(K) PLAN	
b	Name of plan sponsor	BEASLEY MEZZANINE HOLDINGS, LLC	c EIN-PN 59-3614163-001
a	Plan name	BENEFITSPLUS 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	DENTSU INTERNATIONAL AMERICAS, LLC	c EIN-PN 13-3906970-001
a	Plan name	BENJAMIN OBDYKE, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	BENJAMIN OBDYKE INCORPORATED	c EIN-PN 23-0926670-001
a	Plan name	BERBERIAN ENTERPRISES, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	BERBERIAN ENTERPRISES, INC. D/B/A JONS MARKETPLACE	c EIN-PN 95-3298872-001
a	Plan name	BERICAP SC, LLC 401(K) PLAN	
b	Name of plan sponsor	BERICAP SC, LLC	c EIN-PN 35-2309666-001
a	Plan name	BEST COMMERCIAL MANAGEMENT, INC. 401K/PSP	
b	Name of plan sponsor	BEST COMMERCIAL MANAGEMENT, INC.	c EIN-PN 45-1828408-001
a	Plan name	BLUE DIAMOND GROWERS RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	BLUE DIAMOND GROWERS, A CALIFORNIA CORPORATION	c EIN-PN 94-0355780-001
a	Plan name	BOJANGLES' RESTAURANTS, INC. 401(K) PLAN	
b	Name of plan sponsor	BOJANGLES RESTAURANTS, INC.	c EIN-PN 95-4283932-001

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	BOSTON SCIENTIFIC CORPORATION 401(K) RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	BOSTON SCIENTIFIC CORPORATION	c EIN-PN 04-2695240-001
a	Plan name	BOSTON SCIENTIFIC CORPORATION 401(K) RETIREMENT SAVINGS PLAN FOR PUERTO RICO AFFILIATES	
b	Name of plan sponsor	GUIDANT PUERTO RICO, B. V., C/O BOSTON SCIENTIFIC CORPORATION	c EIN-PN 66-0568625-001
a	Plan name	BOWMAN 401(K) PLAN	
b	Name of plan sponsor	JOHN BOWMAN CHEVROLET, INC.	c EIN-PN 38-2554837-002
a	Plan name	BRIDGE STRUCTURAL ORNAMENTAL & REINFORCING IRONWORKERS LOCAL 207 PENSION FUND	
b	Name of plan sponsor	BRIDGE STRUCT ORN & REIN IRONWORKERS LOC 207 PNSN FUND	c EIN-PN 34-6720162-001
a	Plan name	BRIDGEVIEW EYE PARTNERS RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	BRIDGEVIEW EYE PARTNERS	c EIN-PN 35-1845786-001
a	Plan name	BROADWAY SACRAMENTO 401(K) EMPLOYEE BENEFIT PLAN	
b	Name of plan sponsor	BROADWAY SACRAMENTO	c EIN-PN 95-1744392-002
a	Plan name	BRUNO AND RIDGWAY RESEARCH ASSOCIATES, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	BRUNO AND RIDGWAY RESEARCH ASSOCIATES, INC.	c EIN-PN 22-1909464-001
a	Plan name	BS&A SOFTWARE 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	BS&A SOFTWARE	c EIN-PN 38-3024767-001
a	Plan name	BUCKLE 401(K) PLAN	
b	Name of plan sponsor	THE BUCKLE, INC.	c EIN-PN 47-0366193-001
a	Plan name	C.F. MARTIN & CO. INC. 401(K) PLAN	
b	Name of plan sponsor	C.F. MARTIN & CO., INC.	c EIN-PN 24-0654010-001
a	Plan name	C.F. MARTIN & CO., INC. 401(K) FOR HOURLY EMPLOYEES	
b	Name of plan sponsor	C.F. MARTIN & CO., INC.	c EIN-PN 24-0654010-003
a	Plan name	CALIBER HOLDINGS CORPORATION RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	CALIBER COLLISION	c EIN-PN 82-2856885-001

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	CALYX 401(K) PLAN	
b	Name of plan sponsor	CALYX	c EIN-PN 04-3517642-001
a	Plan name	CAMBRIA HOLDINGS 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	CAMBRIA COMPANY LLC	c EIN-PN 41-1933872-002
a	Plan name	CAMP FAMILY VENTURES 401K PLAN	
b	Name of plan sponsor	KERN MACHINERY, INC.	c EIN-PN 26-0497941-001
a	Plan name	CAPE CORAL MUNICIPAL GENERAL EMPLOYEES' PENSION PLAN	
b	Name of plan sponsor	CITY OF CAPE CORAL MUNICIPAL GENERAL EMPLOYEES PENSION PLAN	c EIN-PN 59-1312996-001
a	Plan name	CAPFINANCIAL GROUP, INC. 401(K) PLAN	
b	Name of plan sponsor	CAPFINANCIAL	c EIN-PN 47-4009638-001
a	Plan name	CAPGEMINI SAFE HARBOR 401(K) PLAN	
b	Name of plan sponsor	CAPGEMINI AMERICA, INC	c EIN-PN 22-2575929-005
a	Plan name	CAPITAL ASSOCIATES 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	CAPITAL ASSOCIATES	c EIN-PN 46-1381585-001
a	Plan name	CARDINAL HEALTH 401(K) SAVINGS PLAN	
b	Name of plan sponsor	CARDINAL HEALTH, INC	c EIN-PN 31-0958666-055
a	Plan name	CARDINAL HEALTH PR 401(K) SAVINGS PLAN	
b	Name of plan sponsor	CARDINAL HEALTH, INC.	c EIN-PN 31-0958666-062
a	Plan name	CAROLINA CANNERS, INC. AND SUBSIDIARIES EMPLOYEES INVESTMENT AND PROFIT SHARING PLAN	
b	Name of plan sponsor	PEPSI-COLA BOTTLERS STANDING-IN-THE-FUTURE 401(K) MULTIPLE EMPLOYER PL	c EIN-PN 57-0509114-001
a	Plan name	CARRIER & GABLE INC. 401(K) PLAN	
b	Name of plan sponsor	CARRIER & GABLE, INC.	c EIN-PN 38-1225678-002
a	Plan name	CARRINGTON 401(K) PLAN	
b	Name of plan sponsor	CARRINGTON HOLDING COMPANY, LLC	c EIN-PN 75-2703422-002

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 CASSEM, TIERNEY, ADAMS, GOTCH & DOUGLAS PROFIT SHARING PLAN	
b	Name of plan sponsor CASSEM, TIERNEY, ADAMS, GOTCH & DOUGLAS	c EIN-PN 47-0419903-001
a	Plan name CATE SCHOOL CORPORATION PROFIT SHARING PLAN	
b	Name of plan sponsor CATE SCHOOL	c EIN-PN 95-1644630-001
a	Plan name CATHOLIC HEALTH INITIATIVES 401(K) RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor COMMONSPIRIT HEALTH	c EIN-PN 47-0617373-002
a	Plan name CELANESE AMERICAS RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor CELANESE AMERICAS LLC	c EIN-PN 22-1862783-001
a	Plan name CHAD E. JOHNSON, D.D.S., P.C. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor CHAD E JOHNSON DDS PC	c EIN-PN 20-0685607-001
a	Plan name CHARLOTTE PAINT CO., LLC 401(K) PLAN	
b	Name of plan sponsor CHARLOTTE PAINT CO., LLC	c EIN-PN 56-1183848-001
a	Plan name CHERRY CENTRAL COOPERATIVE, INC. EMPLOYEES' PROFIT SHARING AND INVESTMENT PLAN	
b	Name of plan sponsor CHERRY CENTRAL COOPERATIVE, INC.	c EIN-PN 38-2010272-001
a	Plan name CHRISTIAN REFORMED CHURCH RETIREMENT PLAN FOR U.S. MINISTERS	
b	Name of plan sponsor CHRISTIAN REFORMED CHURCH IN NORTH AMERICA	c EIN-PN 38-2473927-003
a	Plan name CHROME DEPOSIT CORPORATION 401(K) PLAN	
b	Name of plan sponsor CHROME DEPOSIT CORPORATION	c EIN-PN 35-1526495-001
a	Plan name CITY OF OCALA	
b	Name of plan sponsor CITY OF OCALA GENERAL EMPLOYEES RETIREMENT SYSTEM	c EIN-PN 59-6000392-001
a	Plan name CLARIANT RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor CLARIANT CORPORATION	c EIN-PN 56-1356629-001
a	Plan name CLEARCHOICE DENTAL IMPLANT CENTERS 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor TEAM TAG SERVICES, LLC	c EIN-PN 20-3648245-001

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 CLIFF WEIL, INC. PROFIT SHARING SAVINGS PLAN	
b	Name of plan sponsor CLIFF WEIL, INC.	c EIN-PN 54-0428620-001
a	Plan name CML MICROCIRCUITS (USA) INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor CML MICROCIRCUITS (USA), INC.	c EIN-PN 56-1608637-001
a	Plan name COACTION SPECIALTY INSURANCE 401(K) PLAN	
b	Name of plan sponsor COACTION SPECIALTY MANAGEMENT COMPANY	c EIN-PN 13-2511244-004
a	Plan name COGENTRIX RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor COGENTRIX ENERGY POWER MANAGEMENT, LLC	c EIN-PN 46-0647218-001
a	Plan name COLLINS EINHORN FARRELL PC 401(K) PLAN	
b	Name of plan sponsor COLLINS EINHORN FARRELL PC	c EIN-PN 38-2040178-002
a	Plan name COOPER MACHINERY SERVICES, LLC 401(K) PLAN	
b	Name of plan sponsor COOPER MACHINERY SERVICES, LLC	c EIN-PN 46-5397496-001
a	Plan name CRITEO CORPORATION 401(K) RETIREMENT PLAN	
b	Name of plan sponsor CRITEO CORPORATION, INC.	c EIN-PN 27-0460745-001
a	Plan name CURTIS, MALLET-PREVOST, COLT & MOSLE 401(K) PLAN FOR ASSOCIATES, STAFF AND PARTNERS	
b	Name of plan sponsor CURTIS MALLET-PREVOST COLT & MOSLE LLP	c EIN-PN 13-5018900-003
a	Plan name CUSTOM APPAREL 401(K) PLAN	
b	Name of plan sponsor CUSTOM APPAREL, ETC. LLC	c EIN-PN 84-2608367-001
a	Plan name CYCLERION THERAPEUTICS, INC. 401(K) SAVINGS PLAN	
b	Name of plan sponsor CYCLERION THERAPEUTICS, INC.	c EIN-PN 83-1895370-001
a	Plan name DAMUTH SERVICES, INC. PROFIT SHARING 401(K) PLAN	
b	Name of plan sponsor DAMUTH SERVICES, INC.	c EIN-PN 54-0856220-002
a	Plan name DANBOISE AND THE LEARNING TREE CENTERS EMPLOYEES' 401(K) RETIREMENT PLAN	
b	Name of plan sponsor A.J. DANBOISE SON, INC.	c EIN-PN 38-1908358-003

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	DANSKO HOLDINGS, INC. RETIREMENT PLAN	
b	Name of plan sponsor	DANSKO HOLDINGS	c EIN-PN 23-2623428-001
a	Plan name	DAWDA MANN PLC 401(K) PLAN	
b	Name of plan sponsor	DAWDA, MANN, MULCAHY & SADLER, PLC	c EIN-PN 38-3235321-001
a	Plan name	DAXKO, LLC 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	DAXKO, LLC	c EIN-PN 63-1262193-001
a	Plan name	DEBORAH HEART AND LUNG CENTER 401(K) PLAN	
b	Name of plan sponsor	DEBORAH HEART AND LUNG CENTER	c EIN-PN 23-1550955-002
a	Plan name	DECISIONLINK CORPORATION 401K PLAN	
b	Name of plan sponsor	DECISIONLINK CORPORATION	c EIN-PN 30-0568149-001
a	Plan name	DELL INC. 401(K) PLAN	
b	Name of plan sponsor	DELL INC.	c EIN-PN 74-2487834-001
a	Plan name	DENTONS US LLP PROFIT SHARING PLAN	
b	Name of plan sponsor	DENTONS US LLP	c EIN-PN 36-1796730-001
a	Plan name	DETROIT 90/90 RETIREMENT PLAN	
b	Name of plan sponsor	DETROIT 90/90	c EIN-PN 45-4722161-001
a	Plan name	DHI HOLDINGS, INC. 401(K) RETIREMENT AND SAVINGS PLAN	
b	Name of plan sponsor	SCHNEIDER NATIONAL, INC.	c EIN-PN 20-0572514-002
a	Plan name	DIAMATRIX, INC. RETIREMENT AND PROFIT SHARING PLAN	
b	Name of plan sponsor	DIAMATRIX, INC.	c EIN-PN 04-3473997-014
a	Plan name	DIGNITY HEALTH 401(K) PLAN	
b	Name of plan sponsor	DIGNITY HEALTH	c EIN-PN 94-1196203-020
a	Plan name	DIGNITY HEALTH MEDICAL FOUNDATION PARTICIPATING PHYSICIANS RETIREMENT PLAN	
b	Name of plan sponsor	DIGNITY HEALTH	c EIN-PN 94-1196203-014

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	DIGNITY HEALTH SAVINGS PLAN	
b	Name of plan sponsor	DIGNITY HEALTH	c EIN-PN 94-1196203-003
a	Plan name	DIGNITY HEALTH SEIU RETIREE HEALTH 403(B) PLAN	
b	Name of plan sponsor	DIGNITY HEALTH	c EIN-PN 94-1196203-001
a	Plan name	DIGNITY HEALTH SUPPLEMENTAL RETIREMENT PLAN 401(A)	
b	Name of plan sponsor	DIGNITY HEALTH	c EIN-PN 94-1196203-002
a	Plan name	DIVERSIFIED HOLDINGS GROUP EMPLOYEE SAVINGS PLAN	
b	Name of plan sponsor	MYR GROUP, INC.	c EIN-PN 36-3158643-003
a	Plan name	DIX 1898, INC. 401(K) PLAN	
b	Name of plan sponsor	DIX 1898, INC.	c EIN-PN 34-0628530-002
a	Plan name	DOLLAR GENERAL CORP 401(K) SAVINGS AND RETIREMENT PLAN	
b	Name of plan sponsor	DOLLAR GENERAL CORPORATION	c EIN-PN 61-0502302-002
a	Plan name	DOMINION TERMINAL ASSOCIATES DEFERRED COMP & SAVINGS PLAN	
b	Name of plan sponsor	DOMINION TERMINAL ASSOCIATES, LLP	c EIN-PN 54-1212570-001
a	Plan name	DSV 401(K) PLAN	
b	Name of plan sponsor	DSV AIR & SEA INC.	c EIN-PN 22-2301684-002
a	Plan name	DUPLIN WINE CELLARS, INC 401(K) PLAN	
b	Name of plan sponsor	DUPLIN WINE CELLARS, INCORPORATED	c EIN-PN 56-1119842-001
a	Plan name	DXC TECHNOLOGY MATCHED ASSET PLAN	
b	Name of plan sponsor	DXC TECHNOLOGY	c EIN-PN 61-1800317-001
a	Plan name	DYNA-EMPIRE, INC. TAX DEFERRED SAVINGS PLAN	
b	Name of plan sponsor	DYNA-EMPIRE INC.	c EIN-PN 11-1770989-001
a	Plan name	DYNEX 401(K) PLAN	
b	Name of plan sponsor	DYNEX TECHNOLOGIES	c EIN-PN 20-1729978-001

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 E&J GALLO WINERY RETIREMENT PLAN	
b	Name of plan sponsor E&J GALLO WINERY	c EIN-PN 94-1009696-011
a	Plan name E&J GALLO WINERY UNION RETIREMENT PLAN	
b	Name of plan sponsor E&J GALLO WINERY	c EIN-PN 94-1009696-015
a	Plan name EAGLE MATERIALS, INC. RETIREMENT PLAN	
b	Name of plan sponsor EAGLE MATERIALS, INC.	c EIN-PN 75-2520779-001
a	Plan name EAST END WELDING, L.L.C. 401(K) PLAN	
b	Name of plan sponsor THE RESERVE GROUP	c EIN-PN 34-1009696-001
a	Plan name EAST PENN MANUFACTURING CO. 401(K) SAVINGS PLAN	
b	Name of plan sponsor EAST PENN MANUFACTURING CO.	c EIN-PN 23-1315454-001
a	Plan name EASTERN EXTERIOR WALL SYSTEMS, INC. 401(K) PLAN	
b	Name of plan sponsor EASTERN EXTERIOR WALL SYSTEMS, INC.	c EIN-PN 23-2399334-001
a	Plan name EL PASO ELECTRIC COMPANY SAVINGS PLAN	
b	Name of plan sponsor EL PASO ELECTRIC COMPANY	c EIN-PN 74-0607870-003
a	Plan name EMMI ROTH USA, INC. 401(K) PLAN	
b	Name of plan sponsor EMMI ROTH USA, INC.	c EIN-PN 39-1666423-001
a	Plan name ENERGY REPS, INC. RETIREMENT PLAN	
b	Name of plan sponsor ENERGY REPS, INC	c EIN-PN 46-4188492-001
a	Plan name ENT CREDIT UNION 401(K) RETIREMENT PLAN	
b	Name of plan sponsor ENT CREDIT UNION	c EIN-PN 84-0470451-001
a	Plan name ENTEGRIS, INC. 401(K) RETIREMENT SAVINGS PLAN (CAPTRUST)	
b	Name of plan sponsor ENTEGRIS, INC.	c EIN-PN 41-1941551-001
a	Plan name EPL, INC. CAPITAL ACCUMULATION PLAN	
b	Name of plan sponsor VISIFI	c EIN-PN 63-0997390-001

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 ERESEARCH TECHNOLOGY 401(K) PLAN	
b	Name of plan sponsor ERESEARCH TECHNOLOGY INC., A CLARIO COMPANY	c EIN-PN 22-3264604-001
a	Plan name EVIDENT SCIENTIFIC 401(K) PLAN (CAPTRUST)	
b	Name of plan sponsor OLYMPUS SCIENTIFIC SOLUTIONS AMERICAS CORP.	c EIN-PN 56-2538906-001
a	Plan name FASTENAL COMPANY & SUBSIDIARIES 401(K) AND EMPLOYEE STOCK OWNERSHIP PLAN	
b	Name of plan sponsor FASTENAL COMPANY	c EIN-PN 41-0948415-001
a	Plan name FEDERATED RURAL ELECTRIC MANAGEMENT CORPORATION 401(K) PLAN AND TRUST	
b	Name of plan sponsor FEDERATED RURAL ELECTRIC MANAGEMENT CORPORATION	c EIN-PN 48-1025255-002
a	Plan name FIRSTKEY HOMES 401(K) PLAN	
b	Name of plan sponsor FIRSTKEY HOMES	c EIN-PN 06-1176648-001
a	Plan name FORGED PRODUCTS, INC. SAVINGS & INVESTMENT PLAN	
b	Name of plan sponsor THE RESERVE GROUP	c EIN-PN 76-0088720-001
a	Plan name FRAMATOME 401(K) RETIREMENT PLAN	
b	Name of plan sponsor FRAMATOME INC.	c EIN-PN 54-1536465-001
a	Plan name FRIEDMAN MANAGEMENT COMPANY 401(K) PLAN	
b	Name of plan sponsor FRIEDMAN MANAGEMENT COMPANY	c EIN-PN 38-2961880-001
a	Plan name G&D INTEGRATED RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor G&D INTEGRATED HOLDINGS, LLC	c EIN-PN 26-3935895-001
a	Plan name G+D 401(K) PLAN	
b	Name of plan sponsor GIESECKE+DEVRIENT EPAYMENTS AMERICA, INC.	c EIN-PN 54-1565508-001
a	Plan name G3 ENTERPRISES, INC. RETIREMENT PLAN	
b	Name of plan sponsor E&J GALLO WINERY RETIREMENT COMMITTEE	c EIN-PN 73-1649476-001
a	Plan name GALLO PENSION PLAN FOR NON-UNION EMPLOYEES	
b	Name of plan sponsor E & J GALLO WINERY	c EIN-PN 94-1409660-001

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 GARDNER MARSH GAS EQUIPMENT COMPANY, INC. PROFIT SHARING PLAN	
b	Name of plan sponsor GARDNER MARSH GAS EQUIPMENT COMPANY, INC.	c EIN-PN 56-0746277-001
a	Plan name GAUTIER STEEL LTD 401(K) PLAN FOR SALARIED EMPLOYEES	
b	Name of plan sponsor THE RESERVE GROUP	c EIN-PN 82-2428423-003
a	Plan name GENERAL ATLANTIC SERVICE COMPANY, L.P. PROFIT SHARING PLAN	
b	Name of plan sponsor GENERAL ATLANTIC SERVICE COMPANY, L.P.	c EIN-PN 13-3491941-001
a	Plan name GENERAL EXTRUSIONS, INC. 401(K) PLAN	
b	Name of plan sponsor GENERAL EXTRUSIONS, INC.	c EIN-PN 34-0706173-005
a	Plan name GIVAUDAN'S 401(K) RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor GIVAUDAN FRAGRANCES CORPORATION	c EIN-PN 31-1707845-003
a	Plan name GLACIER BANCORP INC. PROFIT SHARING AND 401(K) PLAN	
b	Name of plan sponsor GLACIER BANCORP, INC.	c EIN-PN 81-0519541-001
a	Plan name GLEANER LIFE INSURANCE SOCIETY 401(K) PLAN	
b	Name of plan sponsor GLEANER LIFE INSURANCE SOCIETY	c EIN-PN 38-0580730-002
a	Plan name GLOBUS MEDICAL, INC. 401(K) PLAN	
b	Name of plan sponsor GLOBUS MEDICAL, INC.	c EIN-PN 04-3744954-001
a	Plan name GOJO RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor GOJO INDUSTRIES INC.	c EIN-PN 34-0659953-002
a	Plan name GOLDEN STATE DRILLING, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor GOLDEN STATE DRILLING, INC.	c EIN-PN 95-3152814-001
a	Plan name GOLUB CAPITAL LLC 401(K) PLAN	
b	Name of plan sponsor GOLUB CAPITAL LLC	c EIN-PN 20-5683269-001
a	Plan name GRACE HEALTH 401(K) PLAN	
b	Name of plan sponsor GRACE HEALTH, INC.	c EIN-PN 38-2679075-002

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	GRANGES AMERICAS INC. SAVINGS PLAN	
b	Name of plan sponsor	GRANGES AMERICAS INC	c EIN-PN 37-1830395-003
a	Plan name	GREAT LAKES CASTINGS LLC RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	THE RESERVE GROUP	c EIN-PN 30-0784324-001
a	Plan name	GREAT LAKES ENGINEERING PROFIT SHARING	
b	Name of plan sponsor	GREAT LAKES ENGINEERING GROUP, LLC	c EIN-PN 38-3526743-001
a	Plan name	GREAT LAKES TOWER & ANTENNA 401(K) PLAN AND TRUST	
b	Name of plan sponsor	GREAT LAKES TOWER & ANTENNA CO.	c EIN-PN 38-2776792-001
a	Plan name	GREAT RIVER ENERGY 401(K) SAVINGS PLAN	
b	Name of plan sponsor	GREAT RIVER ENERGY	c EIN-PN 41-1924988-002
a	Plan name	GREEN & GREEN AMENDED AND RESTATED SAFE HARBOR RETIREMENT	
b	Name of plan sponsor	GREEN & GREEN LAWYERS, INC.	c EIN-PN 31-1467935-001
a	Plan name	GREENBERG TRAURIG, 401K PLAN	
b	Name of plan sponsor	GREENBERG TRAURIG	c EIN-PN 59-1270754-004
a	Plan name	GREENE GROUP, INC. 401(K) SAVINGS PLAN	
b	Name of plan sponsor	GREENE GROUP, INC.	c EIN-PN 63-0803591-001
a	Plan name	GREENE, TWEED & CO., INC. SAVINGS & INVESTMENT PLAN	
b	Name of plan sponsor	GT SERVICES LLC	c EIN-PN 46-4212973-003
a	Plan name	GREENE, TWEED & CO., INC. UNION EMPLOYEES 401(K) PLAN	
b	Name of plan sponsor	GT SERVICES LLC	c EIN-PN 46-4212973-004
a	Plan name	GT SERVICES LLC SAVINGS AND INVESTMENT PLAN	
b	Name of plan sponsor	GT SERVICES LLC	c EIN-PN 46-4085232-002
a	Plan name	GUNSTER 401(K) PLAN FOR ASSOCIATE ATTORNEYS	
b	Name of plan sponsor	GUNSTER YOAKLEY & STEWART PA	c EIN-PN 59-1450702-005

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 GUNSTER RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor GUNSTER YOAKLEY & STEWART PA	c EIN-PN 59-1450702-006
a	Plan name HAMLIN CATTLE COMPANY LLC 401(K) PLAN	
b	Name of plan sponsor THE RESERVE GROUP	c EIN-PN 82-4415297-001
a	Plan name HARBOR FREIGHT TOOLS RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor HFT HOLDINGS, INC.	c EIN-PN 27-2501498-002
a	Plan name HARNESS, DICKEY & PIERCE 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor HARNESS, DICKEY & PIERCE, P.L.C.	c EIN-PN 38-1429059-001
a	Plan name HARRIS BEACH 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor HARRIS BEACH PLLC	c EIN-PN 84-1623836-003
a	Plan name HILLCREST CONVALESCENT CENTER 401(K) RETIREMENT PLAN	
b	Name of plan sponsor HILLCREST CONVALESCENT CENTER	c EIN-PN 56-0569851-001
a	Plan name HMA GROUP HOLDINGS, LLC 401(K) PLAN	
b	Name of plan sponsor HMA GROUP HOLDINGS, LLC	c EIN-PN 42-0985055-001
a	Plan name HOLCIM (US) INC. RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor HOLCIM PARTICIPATIONS (US) INC.	c EIN-PN 54-1527022-302
a	Plan name HOLCIM (US) INC. UNION 401(K) PLAN	
b	Name of plan sponsor HOLCIM PARTICIPATIONS (US) INC	c EIN-PN 54-1527022-020
a	Plan name HOLLAND HOSPITAL 401(K) SAVINGS PLAN	
b	Name of plan sponsor HOLLAND HOSPITAL	c EIN-PN 38-2800065-002
a	Plan name HOLTHOUSE CARLIN & VAN TRIGT LLP 401(K) PLAN & TRUST	
b	Name of plan sponsor HOLTHOUSE CARLIN & VAN TRIGT LLP	c EIN-PN 95-4345526-001
a	Plan name HOLTHOUSE CARLIN & VAN TRIGT LLP 401(K) PLAN AND TRUST II	
b	Name of plan sponsor HOLTHOUSE CARLIN & VAN TRIGT LLP	c EIN-PN 95-4345526-003

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
a	Plan name HOMETRUST BANK KSOP PLAN	
b	Name of plan sponsor HOMETRUST BANK	c EIN-PN 56-0181785-002
a	Plan name HP HOOD LLC RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor HP HOOD LLC	c EIN-PN 04-1450950-002
a	Plan name HURON VALLEY RADIOLOGY, P.C. EMPLOYEES' RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor HURON VALLEY RADIOLOGY, P.C.	c EIN-PN 38-1693395-001
a	Plan name HYDRAULICS INTERNATIONAL, INC.	
b	Name of plan sponsor HYDRAULICS INTERNATIONAL, INC.	c EIN-PN 95-2985753-001
a	Plan name I.B.E.W LOCAL UNION NO. 479 PENSION PLAN	
b	Name of plan sponsor BOARD OF TRUSTEES, I.B.E.W LOCAL UNION NO. 479 PENSION PLAN	c EIN-PN 74-6183767-001
a	Plan name IEEE, INC. SAVINGS AND INVESTMENT PLAN	
b	Name of plan sponsor THE INSTITUTE OF ELECTRICAL AND ELECTRONICS ENGINEERS, INCORPORATED	c EIN-PN 13-1656633-003
a	Plan name INDYNE, INC. 401(K) PLAN	
b	Name of plan sponsor INDYNE, INC.	c EIN-PN 52-1395799-001
a	Plan name INFINEON TECHNOLOGIES SAVINGS PLAN (CAPTRUST)	
b	Name of plan sponsor INFINEON TECHNOLOGIES AMERICAS CORP.	c EIN-PN 95-1528961-002
a	Plan name INFOCISION MANAGEMENT INC. 401(K) PLAN	
b	Name of plan sponsor INFOCISION MANAGEMENT CORP	c EIN-PN 34-1367630-001
a	Plan name INOVA HEALTH SYSTEM RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor INOVA HEALTH SYSTEM FOUNDATION	c EIN-PN 54-1071867-002
a	Plan name INTEGER 401(K) PLAN	
b	Name of plan sponsor INTEGER HOLDINGS CORPORATION	c EIN-PN 16-1531026-001
a	Plan name INTEGRATED BIOMETRICS 401(K) SAVINGS AND INVESTMENT PLAN	
b	Name of plan sponsor THE RESERVE GROUP	c EIN-PN 26-3005650-001

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 IRON WORKERS DISTRICT COUNCIL OF SOUTHERN OHIO & VICINITY PENSION TRUST	
b	Name of plan sponsor BOARD OF TRUSTEES IRON WORKERS DISTRICT COUNCIL OF SOUTHERN OHIO AND V	c EIN-PN 31-6038516-001
a	Plan name IRONWOOD PHARMACEUTICALS, INC. 401(K) PLAN	
b	Name of plan sponsor IRONWOOD PHARMACEUTICALS, INC.	c EIN-PN 04-3404176-001
a	Plan name IRONWORKERS LOCAL 549-550 PENSION PLAN	
b	Name of plan sponsor IRONWORKERS LOCAL 549-550 PENSION PLAN	c EIN-PN 55-6027928-001
a	Plan name ISO NEW ENGLAND INC. SUPPLEMENTAL RETIREMENT AND SAVINGS PLAN	
b	Name of plan sponsor ISO NEW ENGLAND	c EIN-PN 04-3372500-001
a	Plan name IXL LEARNING, INC 401K PROFIT SHARING PLAN	
b	Name of plan sponsor IXL LEARNING, INC	c EIN-PN 94-3321802-001
a	Plan name JAZZ PHARMACEUTICALS	
b	Name of plan sponsor JAZZ PHARMACEUTICALS	c EIN-PN 05-0563787-001
a	Plan name JOHN E. GREEN COMPANY 401(K) PLAN	
b	Name of plan sponsor JOHN E. GREEN COMPANY	c EIN-PN 38-0607500-002
a	Plan name JOHN H. CARTER CO., INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor JOHN H. CARTER INC.	c EIN-PN 72-0494338-002
a	Plan name JOHNSON & WALES UNIVERSITY 401(K) RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor JOHNSON & WALES UNIVERSITY	c EIN-PN 05-0306206-002
a	Plan name KEENELAND ASSOCIATION, INC. 401(K) PLAN	
b	Name of plan sponsor KEENELAND ASSOCIATION, INC.	c EIN-PN 61-0597425-001
a	Plan name KEMMERER OPERATIONS 401(K) PLAN	
b	Name of plan sponsor KEMMERER OPERATIONS, LLC	c EIN-PN 83-4720470-001
a	Plan name KERR, RUSSELL AND WEBER, PLC RETIREMENT PLAN	
b	Name of plan sponsor KERR, RUSSELL AND WEBER, PLC	c EIN-PN 38-1348691-001

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 KILPATRICK TOWNSEND & STOCKTON LLP RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor KILPATRICK TOWNSEND & STOCKTON LLP INVESTMENT COMMITTEE	c EIN-PN 58-0511774-003
a	Plan name KILPATRICK TOWNSEND & STOCKTON LLP RETIREMENT SAVINGS PLAN - PLAN 2	
b	Name of plan sponsor KILPATRICK TOWNSEND & STOCKTON LLP INVESTMENT COMMITTEE	c EIN-PN 58-0511774-009
a	Plan name L. F. JENNINGS, INC. PROFIT SHARING PLAN	
b	Name of plan sponsor L. F. JENNINGS, INC.	c EIN-PN 54-0545845-001
a	Plan name LAW OFFICES OF WILLIAM KIANG RETIREMENT PLAN	
b	Name of plan sponsor LAW OFFICES OF WILLIAM KIANG	c EIN-PN 47-5068332-001
a	Plan name LEADER DISTRIBUTION SYSTEMS, INC.	
b	Name of plan sponsor PEPSI-COLA BOTTLERS STANDING-IN-THE-FUTURE 401(K) MULTIPLE EMPLOYER EM	c EIN-PN 03-0360175-001
a	Plan name LEARN ON DEMAND SYSTEMS 401(K) PLAN	
b	Name of plan sponsor HANDS ON LEARNING SOLUTIONS LLC DBA SKILLABLE	c EIN-PN 47-1847469-001
a	Plan name LEICA CAMERA INC. 401(K) SAVINGS PLAN	
b	Name of plan sponsor LEICA CAMERA INC.	c EIN-PN 22-3049921-001
a	Plan name LEO PHARMA INC. 401(K) PLAN	
b	Name of plan sponsor LEO PHARMA INC.	c EIN-PN 80-0485929-001
a	Plan name LIBERTY DIVERSIFIED INTERNATIONAL, INC. RETIREMENT PLAN	
b	Name of plan sponsor LIBERTY DIVERSIFIED INTERNATIONAL, INC	c EIN-PN 41-0989362-001
a	Plan name LIBERTY HEALTHCARE SERVICES RETIREMENT PLAN	
b	Name of plan sponsor LIBERTY HEALTHCARE MANAGEMENT, INC.	c EIN-PN 56-2116528-001
a	Plan name LINDAMOOD-BELL LEARNING PROCESSES 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor LINDAMOOD-BELL LEARNING PROCESSES	c EIN-PN 77-0140920-001
a	Plan name LINK SNACKS, INC. SAVINGS AND RETIREMENT PLAN	
b	Name of plan sponsor LINK SNACKS, INC.	c EIN-PN 31-1222037-001

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	LOMBARDO 401(K) PLAN	
b	Name of plan sponsor	LOMBARDO HOMES OF MICHIGAN LLC	c EIN-PN 84-3717877-001
a	Plan name	LOUISIANA CLERKS' OF COURT RETIREMENT AND RELIEF FUND	
b	Name of plan sponsor	LOUISIANA CLERKS OF COURT RETIREMENT AND RELIEF FUND	c EIN-PN 72-6014354-001
a	Plan name	LPR CONSTRUCTION COMPANY PROFIT SHARING PLAN WITH 401(K) ARRANGEMENT	
b	Name of plan sponsor	Longbow Industries	c EIN-PN 84-0792665-001
a	Plan name	MACH RESOURCES, LLC 401(K) PLAN	
b	Name of plan sponsor	MACH RESOURCES	c EIN-PN 81-4809861-001
a	Plan name	MAP COMMUNICATIONS HOLDINGS, INC. 401(K) EMPLOYEES' STOCK OWNERSHIP PLAN	
b	Name of plan sponsor	MAP COMMUNICATIONS HOLDINGS, INC.	c EIN-PN 71-0918983-002
a	Plan name	MARBORG INDUSTRIES 401(K) PLAN	
b	Name of plan sponsor	MARBORG INDUSTRIES	c EIN-PN 95-2884838-001
a	Plan name	MARCON ENTERPRISES, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	MARCON ENTERPRISES, INC.	c EIN-PN 23-2194209-003
a	Plan name	MARSHALL MUSIC COMPANY EMPLOYEE 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	MARSHALL MUSIC COMPANY	c EIN-PN 38-1819605-002
a	Plan name	MARSHFIELD CLINIC MASTER TRUST	
b	Name of plan sponsor	MARSHFIELD CLINIC	c EIN-PN 39-0452970-003
a	Plan name	MASCO CORPORATION 401K PLAN	
b	Name of plan sponsor	MASCO CORPORATION	c EIN-PN 38-1794485-033
a	Plan name	MAYNE PHARMA INC. 401(K) PLAN	
b	Name of plan sponsor	MAYNE PHARMA INC.	c EIN-PN 56-1870457-001
a	Plan name	MCFARLAND EMPLOYEES CAPITAL ACCUMULATION PLAN	
b	Name of plan sponsor	MCFARLAND & COMPANY, INC.	c EIN-PN 56-1250364-001

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	MCGRATH RENTCORP EMPLOYEE STOCK OWNERSHIP AND 401 (K) PLAN	
b	Name of plan sponsor	MCGRATH RENTCORP	c EIN-PN 94-2579843-001
a	Plan name	MCKIM & CREED, P.A. 401(K) PLAN	
b	Name of plan sponsor	MCKIM & CREED, INC.	c EIN-PN 56-2136769-001
a	Plan name	MERIDIAN LABORATORY CORPORATION 401(K) PLAN	
b	Name of plan sponsor	MERIDIAN LABORATORY CORPORATION	c EIN-PN 95-4896039-001
a	Plan name	MGA ENTERTAINMENT, INC EMPLOYEE SAVINGS PLAN	
b	Name of plan sponsor	MGA ENTERTAINMENT, INC.	c EIN-PN 95-3726898-001
a	Plan name	MICHAEL & SUSAN DELL FOUNDATION 401(K) PLAN	
b	Name of plan sponsor	MICHAEL & SUSAN DELL FOUNDATION	c EIN-PN 36-4336415-001
a	Plan name	MICHIGAN ORAL & MAXILLOFACIAL SURGEONS, P.C. EMPLOYEE PROFIT SHARING PLAN	
b	Name of plan sponsor	MICHIGAN ORAL & MAXILLOFACIAL SURGEONS, P.C.	c EIN-PN 38-2319561-003
a	Plan name	MILL STEEL COMPANY 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	THE MILL STEEL CO.	c EIN-PN 38-1676218-001
a	Plan name	MISTRAS GROUP, INC. SALARY SAVINGS PLAN	
b	Name of plan sponsor	MISTRAS GROUP, INC.	c EIN-PN 22-3341267-001
a	Plan name	MOMENTIVE PERFORMANCE MATERIALS SAVINGS PLAN	
b	Name of plan sponsor	MOMENTIVE PERFORMANCE MATERIALS, INC.	c EIN-PN 20-5748297-002
a	Plan name	MOMENTUM TELECOM, INC. 401(K) PLAN	
b	Name of plan sponsor	MOMENTUM TELECOM, INC.	c EIN-PN 63-1248402-001
a	Plan name	MONROE ENERGY RETIREMENT PLAN	
b	Name of plan sponsor	MONROE ENERGY, LLC	c EIN-PN 45-5201144-001
a	Plan name	MONTGOMERY TRANSPORT, LLC 401(K) PLAN	
b	Name of plan sponsor	MONTGOMERY TRANSPORT, LLC	c EIN-PN 45-1743971-001

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	MORAN SAN JUAN RETIREMENT PLAN	
b	Name of plan sponsor	MORAN TOWING CORPORATION	c EIN-PN 31-1514758-004
a	Plan name	MORAN TOWING CORPORATION 401(K) PLAN	
b	Name of plan sponsor	MORAN TOWING CORPORATION	c EIN-PN 13-5256830-001
a	Plan name	MULLEN & HENZELL LLP PROFIT SHARING 401(K) PLAN	
b	Name of plan sponsor	MULLEN & HENZELL L.L.P.	c EIN-PN 95-1755542-001
a	Plan name	MUSC HEALTH PARTNERS 401(K) PLAN	
b	Name of plan sponsor	UNIVERSITY MEDICAL ASSOCIATES OF THE MEDICAL UNIVERSITY OF SOUTH CAROL	c EIN-PN 57-1088062-001
a	Plan name	NATIONAL ASSOCIATION OF BROADCASTERS 401(K) THRIFT & SAVINGS PLAN	
b	Name of plan sponsor	NATIONAL ASSOCIATION OF BROADCASTERS	c EIN-PN 53-0114600-002
a	Plan name	NEPC, LLC 401K PLAN	
b	Name of plan sponsor	NEPC, LLC	c EIN-PN 20-6770656-001
a	Plan name	NEW PEOPLES BANK, INC. 401(K) PLAN	
b	Name of plan sponsor	NEW PEOPLES BANK	c EIN-PN 54-1880861-001
a	Plan name	NEWELL BRANDS EMPLOYEE SAVINGS PLAN	
b	Name of plan sponsor	NEWELL BRANDS INC.	c EIN-PN 36-1953130-012
a	Plan name	NIELSENIQ 401(K) SAVINGS PLAN	
b	Name of plan sponsor	NIELSEN CONSUMER, INC.	c EIN-PN 84-5108832-001
a	Plan name	NOBLE SERVICES COMPANY LLC 401(K) AND PROFIT SHARING PLAN	
b	Name of plan sponsor	NOBLE SERVICES COMPANY LLC	c EIN-PN 85-3318770-001
a	Plan name	NON-CONTRIBUTORY RETIREMENT PROGRAM FOR CERTAIN EMPLOYEES OF HAWAII MEDICAL SERVICE ASSOCIATION	
b	Name of plan sponsor	HAWAII MEDICAL SERVICE ASSOCIATION	c EIN-PN 99-0040115-001
a	Plan name	NORTH HAWAII COMMUNITY HOSPITAL, INC. 401(K) PLAN	
b	Name of plan sponsor	THE QUEENS HEALTH SYSTEMS	c EIN-PN 99-0260423-001

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	NSF INTERNATIONAL 401(K) PLAN	
b	Name of plan sponsor	NSF INTERNATIONAL	c EIN-PN 38-1428955-004
a	Plan name	NYLEVE-SCHULTZ RETIREMENT PLAN	
b	Name of plan sponsor	NYLEVE BRIDGE CORP. & WILMER R. SCHULTZ, INC.	c EIN-PN 23-2182181-002
a	Plan name	O & A INC. AND AFFILIATES 401(K) PLAN	
b	Name of plan sponsor	LONG LEWIS FORD OF THE SHOALS, INC.	c EIN-PN 63-1171028-001
a	Plan name	OLYMPUS CORPORATION OF THE AMERICAS 401(K) SAVINGS PLAN (CAPTRUST)	
b	Name of plan sponsor	OLYMPUS CORPORATION OF THE AMERICAS	c EIN-PN 11-3046497-006
a	Plan name	ORBIX DBA PETOL GEARENCH 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	ORBIX DBA PETOL GEARENCH	c EIN-PN 74-1982251-001
a	Plan name	O'REILLY AUTOMOTIVE, INC. PROFIT SHARING AND SAVINGS PLAN	
b	Name of plan sponsor	OREILLY AUTOMOTIVE, INC.	c EIN-PN 27-4358837-002
a	Plan name	O'REILLY RANCILIO P.C. EMPLOYEES 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor	OREILLY RANCILIO P.C.	c EIN-PN 38-2567969-001
a	Plan name	ORLANS P.C. 401(K) PLAN	
b	Name of plan sponsor	ORLANS PC	c EIN-PN 38-3389922-001
a	Plan name	OUTRIGGER HOTELS HAWAII PROFIT SHARING AND RETIREMENT PLAN	
b	Name of plan sponsor	OUTRIGGER HOTELS HAWAII	c EIN-PN 99-0241640-002
a	Plan name	OWL SERVICES 401K PLAN	
b	Name of plan sponsor	OSCAR W. LARSON COMPANY	c EIN-PN 38-1607330-001
a	Plan name	P.C. RICHARD & SONS 401K SAVINGS PLAN	
b	Name of plan sponsor	P.C. RICHARD & SON LONG ISLAND CORP.	c EIN-PN 11-2128677-001
a	Plan name	PACIFICORP / IBEW LOCAL 57 RETIREMENT TRUST FUND	
b	Name of plan sponsor	BOARD OF TRUSTEES, PACIFICORP / IBEW LOCAL 57 RETIREMENT TRUST FUND	c EIN-PN 87-0640888-001

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	PAGNOTTI ENTERPRISES, INC. TAX-FAVORED SAVINGS PLAN
b	Name of plan sponsor	PAGNOTTI ENTERPRISES, INC.
c	EIN-PN	23-2716071-001
a	Plan name	PEDERNALES ELECTRIC COOPERATIVE, INC. EMPLOYEES 401(K) SAVINGS PLAN
b	Name of plan sponsor	PEDERNALES ELECTRIC COOPERATIVE, INC.
c	EIN-PN	74-0828412-002
a	Plan name	PENSION PLAN FOR HOURLY PAID EMPLOYEES OF THE GALLO GLASS COMPANY
b	Name of plan sponsor	E & J GALLO WINERY
c	EIN-PN	94-1384142-001
a	Plan name	PEPSI-COLA BOTTLING COMPANY OF BENNETTSVILLE, SC
b	Name of plan sponsor	PEPSI-COLA BOTTLERS STANDING-IN-THE-FUTURE 401(K) MULTIPLE EMPLOYER PL
c	EIN-PN	57-0425428-001
a	Plan name	PEPSI-COLA BOTTLING COMPANY OF CENTRAL VIRGINIA
b	Name of plan sponsor	PEPSI-COLA BOTTLERS STANDING-IN-THE-FUTURE 401(K) MULTIPLE EMPLOYER PL
c	EIN-PN	54-0483531-501
a	Plan name	PIPELINE INDUSTRY PENSION FUND
b	Name of plan sponsor	PIPELINE INDUSTRY PENSION FUND BOARD OF TRUSTEES
c	EIN-PN	73-6146433-001
a	Plan name	PLC'S PLUS INTERNATIONAL INC. 401(K) RETIREMENT PLAN
b	Name of plan sponsor	PLCS PLUS INTERNATIONAL INC.
c	EIN-PN	88-0394041-001
a	Plan name	POWER HOME REMODELING GROUP, LLC 401(K) SAVINGS PLAN
b	Name of plan sponsor	POWER HOME REMODELING GROUP, LLC
c	EIN-PN	23-3030708-001
a	Plan name	PRINCETON MEDICAL GROUP, P.A. EMPLOYEES' PROFIT SHARING AND SALARY REDUCTION PLAN
b	Name of plan sponsor	PRINCETON MEDICAL GROUP, P.A.
c	EIN-PN	22-2306123-003
a	Plan name	PRIVATE DIAGNOSTIC CLINIC PLLC PROFIT SHARING & 401(K) SAVINGS PLAN
b	Name of plan sponsor	PRIVATE DIAGNOSTIC CLINIC PLLC
c	EIN-PN	56-1029437-001
a	Plan name	PRO FOOD SYSTEMS, INC. 401(K) PLAN
b	Name of plan sponsor	PRO FOOD SYSTEMS, INC.
c	EIN-PN	43-1821151-002
a	Plan name	PROCESS BARRON 401(K) PLAN
b	Name of plan sponsor	PROCESSBARRON (PROCESS EQUIPMENT INC.)
c	EIN-PN	63-0799730-001

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 QHP CAPITAL, L.P. 401(K) PROFIT SHARING RETIREMENT PLAN	
b	Name of plan sponsor QHP CAPITAL, L.P.	c EIN-PN 85-3194400-001
a	Plan name QUALITY TECHNOLOGY SERVICES, LLC 401(K) PLAN	
b	Name of plan sponsor QUALITY TECHNOLOGY SERVICES, LLC	c EIN-PN 20-5840402-001
a	Plan name RDV CORPORATION 401(K) RETIREMENT PLAN	
b	Name of plan sponsor RDV CORPORATION	c EIN-PN 38-2977544-001
a	Plan name RDV STAFFING, INC. 401(K) RETIREMENT PLAN	
b	Name of plan sponsor RDV CORPORATION	c EIN-PN 38-3315590-001
a	Plan name RECKITT BENCKISER SAVINGS INVESTMENT PLAN	
b	Name of plan sponsor RECKITT BENCKISER LLC	c EIN-PN 16-1095651-006
a	Plan name RELIANCE TEST & TECHNOLOGY, LLC 401(K) PLAN	
b	Name of plan sponsor RELIANCE TEST & TECHNOLOGY, LLC	c EIN-PN 47-4732425-001
a	Plan name RETIREMENT PLAN FOR PARALEGALS AND PARTNERS OF CURTIS, MALLET-PROVOST, COLT & MOSLE LLP	
b	Name of plan sponsor CURTIS MALLET-PREVOST COLT & MOSLE LLP	c EIN-PN 13-5018900-001
a	Plan name RETIREMENT SAVINGS PLAN OF GOLDEN CORRAL CORPORATION	
b	Name of plan sponsor GOLDEN CORRAL CORPORATION	c EIN-PN 56-1005071-001
a	Plan name RL CANNING, INC. 401(K) PLAN	
b	Name of plan sponsor RL CANNING, INC.	c EIN-PN 36-4330185-001
a	Plan name ROMEO-RIM, INC. 401(K) SAVINGS & INVESTMENT PLAN	
b	Name of plan sponsor THE RESERVE GROUP	c EIN-PN 38-2438198-003
a	Plan name ROSS STRUCTURAL STEEL, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor ROSS STRUCTURAL STEEL, INC.	c EIN-PN 38-1889939-003
a	Plan name ROTHCO - DIVISION OF MORRIS ROTHENBERG & SON, INC. PROFIT SHARING PLAN	
b	Name of plan sponsor ROTHCO - DIVISION OF MORRIS ROTHENBERG & SON, INC.	c EIN-PN 11-2205667-001

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	S. ABRAHAM & SONS 401(K) RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	S. ABRAHAM & SONS, INC.	c EIN-PN 38-1743581-003
a	Plan name	SAILPOINT TECHNOLOGIES, INC. 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor	SAILPOINT TECHNOLOGIES, INC.	c EIN-PN 90-0187685-001
a	Plan name	SAMSUNG 401(K) PLAN	
b	Name of plan sponsor	SAMSUNG ELECTRONICS AMERICA, INC.	c EIN-PN 13-2951153-001
a	Plan name	SANTA BARBARA AUTO GROUP 401(K) PLAN	
b	Name of plan sponsor	SANTA BARBARA AUTO GROUP	c EIN-PN 20-0772500-001
a	Plan name	SAVE A LOT 401(K) PLAN	
b	Name of plan sponsor	MORAN FOODS LLC	c EIN-PN 43-1283296-018
a	Plan name	SAVINGS PLAN FOR HOURLY EMPLOYEES OF OCEAN SPRAY CRANBERRIES, INC.	
b	Name of plan sponsor	OCEAN SPRAY CRANBERRIES, INC.	c EIN-PN 04-1215610-007
a	Plan name	SAVINGS PLAN FOR SALARIED EMPLOYEES OF OCEAN SPRAY CRANBERRIES, INC.	
b	Name of plan sponsor	OCEAN SPRAY CRANBERRIES, INC.	c EIN-PN 04-1215610-006
a	Plan name	SBA NETWORK SERVICES, LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	SBA COMMUNICATIONS CORPORATION	c EIN-PN 65-0911445-002
a	Plan name	SEAGATE 401(K) PLAN	
b	Name of plan sponsor	SEAGATE US LLC	c EIN-PN 77-0545987-001
a	Plan name	SECOND NATURE BRANDS EMPLOYEE SAVINGS PLAN	
b	Name of plan sponsor	KNPC HOLDCO, LLC D/B/A SECOND NATURE BRANDS	c EIN-PN 38-1855210-004
a	Plan name	SHEETZ, INC. 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	SHEETZ, INC.	c EIN-PN 25-1202108-002
a	Plan name	SIA RETIREMENT PLAN	
b	Name of plan sponsor	SUBARU OF INDIANA AUTOMOTIVE, INC.	c EIN-PN 35-1709710-004

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 SIGMUND COHN CORPORATION SAVINGS AND RETIREMENT PLAN	
b	Name of plan sponsor SIGMUND COHN CORPORATION	c EIN-PN 13-1702045-001
a	Plan name SIGMUND COHN CORPORATION UNION EMPLOYEES' SAVINGS AND RETIREMENT PLAN	
b	Name of plan sponsor SIGMUND COHN CORPORATION	c EIN-PN 13-1702045-004
a	Plan name SLAVIK ENTERPRISES 401(K) PLAN	
b	Name of plan sponsor SLAVIK ENTERPRISES	c EIN-PN 38-3310381-001
a	Plan name SLEEP NUMBER PROFIT SHARING AND 401(K) PLAN	
b	Name of plan sponsor SLEEP NUMBER CORPORATION	c EIN-PN 41-1597886-001
a	Plan name SMITHFIELD FOODS, INC. BARGAINING 401(K) PLAN	
b	Name of plan sponsor SMITHFIELD FOODS INC	c EIN-PN 52-0845861-004
a	Plan name SMITHFIELD FOODS, INC. HOURLY 401(K) SAVINGS PLAN	
b	Name of plan sponsor SMITHFIELD FOODS, INC.	c EIN-PN 58-0845861-009
a	Plan name SMITHFIELD FOODS, INC. SALARIED 401(K) PLAN	
b	Name of plan sponsor SMITHFIELD FOODS, INC.	c EIN-PN 52-0845861-002
a	Plan name SOLID GEAR, INC. 401(K) PLAN	
b	Name of plan sponsor SOLID GEAR, INC.	c EIN-PN 46-3831864-001
a	Plan name SPARTANBURG STEEL PRODUCTS, INC. SAVINGS & INVESTMENT PLAN	
b	Name of plan sponsor THE RESERVE GROUP	c EIN-PN 31-1039895-003
a	Plan name SPARTANBURG STEEL PRODUCTS, INC. SAVINGS & INVESTMENT PLAN FOR BARGAINED FOR EMPLOYEES	
b	Name of plan sponsor THE RESERVE GROUP	c EIN-PN 31-1039895-004
a	Plan name SPARTANNASH COMPANY SAVINGS PLUS PLAN (CAPTRUST)	
b	Name of plan sponsor SPARTANNASH COMPANY	c EIN-PN 38-0593940-002
a	Plan name SPARTANNASH COMPANY SAVINGS PLUS PLAN FOR UNION ASSOCIATES (CAPTRUST)	
b	Name of plan sponsor SPARTANNASH COMPANY	c EIN-PN 38-0593940-003

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	SPECIAL TREE, LTD. EMPLOYEES' SALARY SAVINGS & RETIREMENT PLAN	
b	Name of plan sponsor	SPECIAL TREE, LTD.	c EIN-PN 38-2702063-001
a	Plan name	SPERLING & SLATER SAVINGS PLAN	
b	Name of plan sponsor	SPERLING & SLATER, LLC	c EIN-PN 36-3041933-004
a	Plan name	SPIRAX SARCO, INC. 401(K) PLAN	
b	Name of plan sponsor	SPIRAX SARCO, INC.	c EIN-PN 23-2239452-001
a	Plan name	SPRINGS OF ACHIEVEMENT PARTNERSHIP PLAN (SOAPP)	
b	Name of plan sponsor	SPRINGS GLOBAL US, INC.	c EIN-PN 20-3707005-006
a	Plan name	SSM HEALTH 401K PLAN	
b	Name of plan sponsor	SSM HEALTH CARE CORPORATION	c EIN-PN 46-6029223-005
a	Plan name	SSM HEALTH DEFINED CONTRIBUTION PLAN	
b	Name of plan sponsor	SSM HEALTH CARE CORPORATION	c EIN-PN 46-6029223-001
a	Plan name	SSM HEALTH TAX-DEFERRED ANNUITY PLAN	
b	Name of plan sponsor	SSM HEALTH CARE CORPORATION	c EIN-PN 46-6029223-002
a	Plan name	STARDOCK SYSTEMS, INC. 401(K) PLAN	
b	Name of plan sponsor	STARDOCK SYSTEMS, INC.	c EIN-PN 38-3137099-002
a	Plan name	STATLAB 401(K) PLAN	
b	Name of plan sponsor	STATLAB	c EIN-PN 27-0779549-001
a	Plan name	STENGER & STENGER, P.C. 401(K) PLAN	
b	Name of plan sponsor	STENGER & STENGER, P.C.	c EIN-PN 38-3209735-001
a	Plan name	STITES & HARBISON, PLLC RESTATED SECURITY PLAN I	
b	Name of plan sponsor	STITES & HARBISON, PLLC	c EIN-PN 61-0680249-001
a	Plan name	STONE PIGMAN WALTHER WITTMANN LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	STONE PIGMAN WALTHER WITTMANN, LLC	c EIN-PN 72-0354510-003

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
a	Plan name STONY BROOK UNIVERSITY PHYSICIANS 401(A) PLAN	
b	Name of plan sponsor STONY BROOK MEDICINE UNIVERSITY PHYSICIANS	c EIN-PN 26-0688126-001
a	Plan name SUN WORLD INTERNATIONAL, LLC 401(K) RETIREMENT PLAN	
b	Name of plan sponsor SUN WORLD INTERNATIONAL, LLC	c EIN-PN 20-2259614-002
a	Plan name SUPERIOR FABRICATION COMPANY LLC 401(K) SAVINGS & INVESTMENT PLAN	
b	Name of plan sponsor THE RESERVE GROUP	c EIN-PN 20-0627546-001
a	Plan name SUTTER NORTH MEDICAL GROUP, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor SUTTER NORTH MEDICAL GROUP	c EIN-PN 68-0288405-001
a	Plan name SWAGELOK RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor SWAGELOK COMPANY	c EIN-PN 34-0688825-002
a	Plan name SWIFT, CURRIE, MCGHEE & HIERS 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor SWIFT, CURRIE, MCGHEE & HIERS, LLP	c EIN-PN 58-0955936-001
a	Plan name SYNCHRONOSS TECHNOLOGIES, INC. 401(K) PLAN	
b	Name of plan sponsor SYNCHRONOSS TECHNOLOGIES, INC.	c EIN-PN 06-1594540-001
a	Plan name TABULA RASA HEALTHCARE GROUP 401(K) RETIREMENT PLAN	
b	Name of plan sponsor TABULA RASA HEALTHCARE GROUP	c EIN-PN 26-4642609-001
a	Plan name TAG THE ASPEN GROUP 401(K) PLAN	
b	Name of plan sponsor TEAM TAG SERVICES, LLC	c EIN-PN 22-3635491-003
a	Plan name TALON RETIREMENT PLAN	
b	Name of plan sponsor TALON GROUP, LLC	c EIN-PN 31-1025223-001
a	Plan name TANNER ADVANTAGE 401(K) PLAN	
b	Name of plan sponsor TANNER MEDICAL CENTER INC.	c EIN-PN 58-1790149-003
a	Plan name TARO PHARMACEUTICALS USA INC 401(K) PLAN	
b	Name of plan sponsor TARO PHARMACEUTICALS USA INC	c EIN-PN 11-2072868-001

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 TAYLOR CORPORATION 401(K) PLAN	
b	Name of plan sponsor TAYLOR CORPORATION	c EIN-PN 41-0852411-002
a	Plan name TBM CONSULTING GROUP, INC. 401(K) PLAN	
b	Name of plan sponsor TBM CONSULTING GROUP, INC.	c EIN-PN 06-1313147-001
a	Plan name TELEDATA CONTRACTORS ASSOCIATION 401(K) PLAN	
b	Name of plan sponsor HENKELS & MCCOY, INC.	c EIN-PN 81-0888039-005
a	Plan name TEXAS-LEHIGH CEMENT COMPANY 401(K) PLAN	
b	Name of plan sponsor TEXAS LEHIGH CEMENT COMPANY LP	c EIN-PN 75-2109658-004
a	Plan name THE BEAUTY HEALTH 401(K) PLAN	
b	Name of plan sponsor THE BEAUTY HEALTH COMPANY	c EIN-PN 33-0774920-001
a	Plan name THE BRIGANTINE 401K PLAN	
b	Name of plan sponsor THE BRIGANTINE INC.	c EIN-PN 94-2212278-001
a	Plan name THE BROUSE MCDOWELL RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor BROUSE MCDOWELL, A LEGAL PROFESSIONAL ASSOCIATION	c EIN-PN 34-1108723-002
a	Plan name THE BUZZ OATES GROUP OF COMPANIES 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor BUZZ OATES COMMERCIAL REAL ESTATE SERVICES, INC.	c EIN-PN 46-1333423-001
a	Plan name THE CENTER FOR SIGHT EMPLOYEE PROFIT SHARING PLAN	
b	Name of plan sponsor THE CENTER FOR SIGHT, P.C.	c EIN-PN 38-2043586-002
a	Plan name THE DEACON 401(K) PSP	
b	Name of plan sponsor DEACON HOLDINGS, INC.	c EIN-PN 94-3321764-001
a	Plan name THE IRON MOUNTAIN COMPANIES 401(K) PLAN	
b	Name of plan sponsor IRON MOUNTAIN INCORPORATED	c EIN-PN 23-2588479-001
a	Plan name THE IRON MOUNTAIN COMPANIES PUERTO RICO 401(K) PLAN	
b	Name of plan sponsor IRON MOUNTAIN INCORPORATED	c EIN-PN 23-2588479-005

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 JIM HENSON COMPANY, INC RETIREMENT SAVINGS 401(K) PLAN	
b	Name of plan sponsor THE JIM HENSON COMPANY	c EIN-PN 13-2571101-001
a	Plan name THE LINCOLN PROPERTY COMPANY 401(K) RETIREMENT AND SAVINGS PLAN	
b	Name of plan sponsor LINCOLN PROPERTY COMPANY	c EIN-PN 75-2356213-001
a	Plan name THE LMH 401(K) RETIREMENT AND SAVINGS PLAN	
b	Name of plan sponsor LMH SERVICE, INC.	c EIN-PN 38-4087114-001
a	Plan name THE M. K. MORSE COMPANY RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor THE M. K. MORSE COMPANY	c EIN-PN 34-1575148-001
a	Plan name THE MOTZ CORPORATION PROFIT SHARING PLAN	
b	Name of plan sponsor THE MOTZ CORPORATION	c EIN-PN 31-1025223-001
a	Plan name THE MYR GROUP HOURLY 401(K) PLAN	
b	Name of plan sponsor MYR GROUP, INC.	c EIN-PN 36-3158643-001
a	Plan name THE NIELSEN COMPANY 401K SAVINGS PLAN	
b	Name of plan sponsor TNC (US) HOLDINGS, INC.	c EIN-PN 22-2145575-002
a	Plan name THE NIELSEN COMPANY SAVINGS PLAN	
b	Name of plan sponsor TNC (US) HOLDINGS, INC.	c EIN-PN 22-2145575-003
a	Plan name THE ORVIS COMPANY 401(K) PLAN	
b	Name of plan sponsor ORVIS	c EIN-PN 03-0215459-002
a	Plan name THE QUEEN'S HEALTH SYSTEMS RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor THE QUEENS HEALTH SYSTEMS	c EIN-PN 99-0238120-003
a	Plan name THE SHARP EMPLOYEES SAVINGS AND INVESTMENT PLAN	
b	Name of plan sponsor SHARP ELECTRONICS CORPORATION	c EIN-PN 13-1968872-003
a	Plan name THE SHARPSVILLE CONTAINER CORP. 401(K) PLAN	
b	Name of plan sponsor THE RESERVE GROUP	c EIN-PN 31-1542185-001

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	THE SMITHERS GROUP 401(K) RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	THE SMITHERS GROUP	c EIN-PN 03-0390026-005
a	Plan name	THE UNITED STATES TROTTING ASSOCIATION SAVINGS INCENTIVE PLAN	
b	Name of plan sponsor	THE UNITED STATES TROTTING ASSOCIATION	c EIN-PN 31-4370196-003
a	Plan name	THE WONDERFUL COMPANY LLC 401(K) PLAN	
b	Name of plan sponsor	THE WONDERFUL COMPANY LLC	c EIN-PN 27-3429394-001
a	Plan name	THERMO FISHER 40L(K) RETIREMENT PLAN FOR EMPLOYEES OF PUERTO RICO	
b	Name of plan sponsor	THERMO FISHER SCIENTIFIC	c EIN-PN 04-2209186-001
a	Plan name	THERMO FISHER SCIENTIFIC INC. 401K RETIREMENT PLAN	
b	Name of plan sponsor	THERMO FISHER SCIENTIFIC	c EIN-PN 04-2209186-001
a	Plan name	THK RHYTHM AUTOMOTIVE MICHIGAN CORPORATION 401(K) PLAN	
b	Name of plan sponsor	THK RHYTHM AUTOMOTIVE MICHIGAN CORPORATION	c EIN-PN 47-4271788-001
a	Plan name	THOMAS, JUDY AND TUCKER 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	THOMAS, JUDY AND TUCKER P.A.	c EIN-PN 56-1965804-001
a	Plan name	TMC HEALTHCARE 401(K) PLAN	
b	Name of plan sponsor	TMC HEALTHCARE	c EIN-PN 20-2218975-003
a	Plan name	TOKAI CARBON GE LLC RETIREMENT AND SAVINGS PLAN	
b	Name of plan sponsor	TOKAI CARBON GE LLC	c EIN-PN 81-0785534-001
a	Plan name	TOWN & COUNTRY DISTRIBUTORS, INC. PROFIT SHARING AND SAVINGS PLAN AND TRUST	
b	Name of plan sponsor	TOWN & COUNTRY DISTRIBUTORS, INC.	c EIN-PN 36-2676874-001
a	Plan name	TOYODA GOSEI 401(K) PLAN	
b	Name of plan sponsor	TOYODA GOSEI NORTH AMERICA CORPORATION	c EIN-PN 38-3467216-001
a	Plan name	TRANS/AIR MANUFACTURING CORPORATION 401(K) & PROFIT SHARING PLAN	
b	Name of plan sponsor	TRANS/AIR MANUFACTURING CORP.	c EIN-PN 23-2201348-001

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	TRAPAC 401(K) AND RETIREMENT PLAN	
b	Name of plan sponsor	TRAPAC, LLC	c EIN-PN 33-0119198-001
a	Plan name	TRUE NORTH CONSULTANTS INC. 401(K) PROFIT SHARING PLAN TRUST	
b	Name of plan sponsor	TRUE NORTH CONSULTANTS INC.	c EIN-PN 26-1702603-001
a	Plan name	TWIN LIQUORS 401(K) RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	TWIN LIQUORS, LP	c EIN-PN 74-2212335-001
a	Plan name	UAW RETIREE MEDICAL BENEFITS TRUST SAVINGS PLAN	
b	Name of plan sponsor	UAW RETIREE MEDICAL BENEFITS TRUST	c EIN-PN 90-0424876-001
a	Plan name	UBER TECHNOLOGIES, INC. 401K PLAN	
b	Name of plan sponsor	UBER TECHNOLOGIES, INC.	c EIN-PN 45-2647441-001
a	Plan name	UMA RETIREMENT PLAN	
b	Name of plan sponsor	UNIVERSITY MEDICAL ASSOCIATES OF THE MEDICAL UNIVERSITY OF SOUTH CAROL	c EIN-PN 57-0935917-001
a	Plan name	UNIFIRST RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	UNIFIRST CORPORATION	c EIN-PN 04-2103460-001
a	Plan name	UNION AMCOR INVESTMENTS PSP	
b	Name of plan sponsor	AMCOR US BENEFITS COMMITTEE	c EIN-PN 43-0178130-009
a	Plan name	UNIVERSAL WEATHER AND AVIATION, INC. 401(K) PLAN	
b	Name of plan sponsor	UNIVERSAL WEATHER AND AVIATION, INC.	c EIN-PN 75-1039736-001
a	Plan name	US LBM HOLDINGS, LLC 401(K) PLAN	
b	Name of plan sponsor	US LBM HOLDINGS	c EIN-PN 27-0923448-001
a	Plan name	UVA COMMUNITY HEALTH RETIREMENT 401(A) PLAN	
b	Name of plan sponsor	UVA COMMUNITY HEALTH	c EIN-PN 81-0868533-001
a	Plan name	VALLEN DISTRIBUTION, INC. 401(K) PLAN	
b	Name of plan sponsor	VALLEN DISTRIBUTION, INC.	c EIN-PN 56-2281578-001

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	VALUE DRUG COMPANY 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	VALUE DRUG COMPANY	c EIN-PN 23-1179140-001
a	Plan name	VANASSE HANGEN BRUSTLIN, INC. RETIREMENT PLAN	
b	Name of plan sponsor	VANASSE HANGEN BRUSTLIN, INC.	c EIN-PN 04-2931679-001
a	Plan name	VAR INCORPORATED EMPLOYEES' 401K PLAN	
b	Name of plan sponsor	RITZMAN PHARMACIES, INC.	c EIN-PN 34-1487701-002
a	Plan name	VARSITY BEVERAGE TRUST	
b	Name of plan sponsor	VARSITY BEVERAGE TRUST	c EIN-PN 04-2383469-001
a	Plan name	VARSITY FORD 401K PLAN	
b	Name of plan sponsor	STANFORD BROTHERS, INC. DBA VARSITY FORD	c EIN-PN 38-2541590-001
a	Plan name	VARSITY LINCOLN 401(K) PLAN	
b	Name of plan sponsor	VARSITY LINCOLN, INC.	c EIN-PN 38-3173118-001
a	Plan name	VCNA 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	VCNA PRAIRIE LLC	c EIN-PN 23-1320351-001
a	Plan name	VCNA PRAIRIE, INC. SAVINGS PLAN FOR UNION EMPLOYEES	
b	Name of plan sponsor	VCNA PRAIRIE LLC	c EIN-PN 26-1320351-001
a	Plan name	VESTAL MANUFACTURING ENTERPRISES, INC. 401(K) PLAN	
b	Name of plan sponsor	VESTAL MANUFACTURING ENTERPRISES, INC	c EIN-PN 32-0114166-001
a	Plan name	VIBRA HEALTHCARE RETIREMENT PLAN	
b	Name of plan sponsor	VIBRA HEALTHCARE, LLC	c EIN-PN 05-0602943-001
a	Plan name	VIRBAC CORPORATION RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	VIRBAC CORPORATION	c EIN-PN 43-1648680-001
a	Plan name	VIRGINIA MASON MEDICAL CENTER RETIREMENT PLAN	
b	Name of plan sponsor	VIRGINIA MASON MEDICAL CENTER	c EIN-PN 91-0565539-003

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	VIRGINIA TILE COMPANY 401(K) PLAN	
b	Name of plan sponsor	VIRGINIA TILE COMPANY, LLC	c EIN-PN 38-1784315-002
a	Plan name	VPD MANAGEMENT, INC. 401(K) PLAN	
b	Name of plan sponsor	VPD MANAGEMENT, INC.	c EIN-PN 45-2267082-003
a	Plan name	W. SOULE & CO. 401(K) PLAN	
b	Name of plan sponsor	W. SOULE & CO.	c EIN-PN 38-1811731-001
a	Plan name	WAKE ORTHODONTICS & PEDIATRIC DENTISTRY 401(K) PLAN	
b	Name of plan sponsor	WAKE ORTHODONTICS AND PEDIATRIC DENTISTRY	c EIN-PN 56-1488278-002
a	Plan name	WALLSIDE, INC. 401(K) AND DISCRETIONARY CONTRIBUTION PLAN	
b	Name of plan sponsor	WALLSIDE, INC.	c EIN-PN 38-1547434-004
a	Plan name	WALTON BEVERAGE CO., INC.	
b	Name of plan sponsor	PEPSI-COLA BOTTLERS STANDING-IN-THE-FUTURE 401(K) MULTIPLE EMPLOYER PL	c EIN-PN 91-0691235-001
a	Plan name	WARWICK INVESTMENT GROUP 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor	WARWICK INVESTMENT GROUP, LLC	c EIN-PN 47-2380411-001
a	Plan name	WAWA, INC. 401(K) PLAN (CAPTRUST)	
b	Name of plan sponsor	WAWA, INC.	c EIN-PN 21-0515330-003
a	Plan name	WEBSTER FIVE CENTS SAVINGS BANK 401(K) PLAN	
b	Name of plan sponsor	WEBSTER FIVE CENTS SAVINGS BANK	c EIN-PN 04-1953630-002
a	Plan name	WEINSTEIN BEVERAGE COMPANY	
b	Name of plan sponsor	PEPSI-COLA BOTTLERS STANDING-IN-THE-FUTURE 401(K) MULTIPLE EMPLOYER PL	c EIN-PN 91-0712045-001
a	Plan name	WEIS MARKETS, INC.	
b	Name of plan sponsor	WEIS MARKETS, INC.	c EIN-PN 24-0755415-004
a	Plan name	WEST YOST & ASSOCIATES PROFIT SHARING 401(K) PLAN	
b	Name of plan sponsor	WEST YOST & ASSOCIATES, INC.	c EIN-PN 68-0370826-001

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 10/01/2023 and ending 09/30/2024	
A Name of plan FIAM GROUP TRUST FOR EMPLOYEE BENEFIT PLANS CORE PLUS COMMINGLED POOL	B Three-digit plan number (PN) ▶ 052
C Plan sponsor's name as shown on line 2a of Form 5500 FIDELITY INSTITUTIONAL ASSET MANAGEMENT TRUST COMPANY	D Employer Identification Number (EIN) 20-4659714

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)	3450209 6397958
c General investments:		
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	37778819 50747147
(2) U.S. Government securities	1c(2)	88093640 0
(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)	1999262421 4821286430
(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)	0 140371077

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	2128585089	5018802612
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h	269459	594912
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j	2321159	8696609
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	2590618	9291521
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	2125994471	5009511091

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)	2206837	
(B) U.S. Government securities.....	2b(1)(B)	2489503	
(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)	101820	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		4798160
(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)		0
(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)		424756417
(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		429554577

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)	235209	
(4) IQPA audit fees	2i(4)	15464	
(5) Investment advisory and investment management fees	2i(5)	4120438	
(6) Bank or trust company trustee/custodial fees	2i(6)	10904	
(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)	1753	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		4383768
j Total expenses. Add all expense amounts in column (b) and enter total	2j		4383768

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		425170809
l Transfers of assets:			
(1) To this plan	2l(1)		3135128343
(2) From this plan	2l(2)		676782532

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 _____.