

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: COHEN & STEERS COLLECTIVE INVESTMENT TRUST
1b Three-digit plan number (PN): 064
1c Effective date of plan
2a Plan sponsor's name (employer, if for a single-employer plan): SEI TRUST COMPANY
2b Employer Identification Number (EIN): 46-3411346
2c Plan Sponsor's telephone number: 610-676-2369
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

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

**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:

<b>9a</b> 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	<b>9b</b> 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)

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

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**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.

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**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 \_\_\_\_\_

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

<b>A</b> Name of plan <u>COHEN &amp; STEERS COLLECTIVE INVESTMENT TRUST</u>	<b>B</b> Three-digit plan number (PN) ▶	<u>064</u>
<b>C</b> Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>SEI TRUST COMPANY</u>	<b>D</b> Employer Identification Number (EIN) <u>46-3411346</u>	

<b>Part I</b>	<b>Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)</b> (Complete as many entries as needed to report all interests in DFEs)
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<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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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.)		
<b>a</b>	Plan name 10X HVAC OF CA LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor 10X HVAC OF CA LLC	<b>c</b> EIN-PN 88-2568460-001
<b>a</b>	Plan name 4C HOLDING, LLC PROFIT SHARING AND 401(K) PLAN	
<b>b</b>	Name of plan sponsor 4C HOLDING, LLC	<b>c</b> EIN-PN 46-1129845-001
<b>a</b>	Plan name A.Y. MCDONALD INDUSTRIES, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor A.Y. MCDONALD INDUSTRIES, INC.	<b>c</b> EIN-PN 42-0404280-005
<b>a</b>	Plan name ABCOM, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor ABCOM, LLC	<b>c</b> EIN-PN 20-8151352-001
<b>a</b>	Plan name ABSOLUTE RESOLUTIONS CORPORATION 401(K) PROFIT SHARING PLAN AND TRUST	
<b>b</b>	Name of plan sponsor ABSOLUTE RESOLUTIONS CORPORATION	<b>c</b> EIN-PN 47-0877657-001
<b>a</b>	Plan name ACCORDION PARTNERS 401(K) PLAN	
<b>b</b>	Name of plan sponsor ACCORDION PARTNERS, LLC	<b>c</b> EIN-PN 26-4029427-001
<b>a</b>	Plan name ACLHIC 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor ASSOCIATION OF CALIFORNIA LIFE AND HEALTH INSURANCE COMPANIES	<b>c</b> EIN-PN 94-6122439-001
<b>a</b>	Plan name ADARE PHARMACEUTICALS, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor ADARE PHARMACEUTICALS, INC.	<b>c</b> EIN-PN 31-0988732-003
<b>a</b>	Plan name ADD EQUIPMENT, INC. PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor ADD EQUIPMENT, INC.	<b>c</b> EIN-PN 54-2012562-001
<b>a</b>	Plan name ADVANCED ENVIRONMENTAL MONITORING 401(K) PLAN	
<b>b</b>	Name of plan sponsor AEM COMMERCIAL, INC.	<b>c</b> EIN-PN 87-3869330-001
<b>a</b>	Plan name ADVOCARE INTERNATIONAL, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor ADVOCARE INTERNATIONAL, LLC	<b>c</b> EIN-PN 75-2466221-001
<b>a</b>	Plan name AEYON 401(K) PLAN	
<b>b</b>	Name of plan sponsor AEYON LLC	<b>c</b> EIN-PN 45-2088060-001

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	AGENTSUNC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	AGENTSUNC, INC.	<b>c</b> EIN-PN 84-4905267-001
<b>a</b>	Plan name	AG-SEEDS 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	AG-SEEDS UNLIMITED	<b>c</b> EIN-PN 68-0152087-002
<b>a</b>	Plan name	ALASKA AIRLINES, INC., PILOTS INVESTMENT AND SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	ALASKA AIRLINES, INC.	<b>c</b> EIN-PN 92-0009235-011
<b>a</b>	Plan name	ALIGN PRECISION 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ALIGN PRECISION CORPORATION	<b>c</b> EIN-PN 83-4029310-001
<b>a</b>	Plan name	ALLEN AND WEBB PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	ALLEN AND WEBB INDUSTRIAL SUPPLY CO	<b>c</b> EIN-PN 57-0113860-001
<b>a</b>	Plan name	ALLIANCE MANUFACTURING 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ALLIANCE MANUFACTURING, INC.	<b>c</b> EIN-PN 39-1791438-001
<b>a</b>	Plan name	ALLIED OMS 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ALLIED OMS, LLC	<b>c</b> EIN-PN 83-3175824-001
<b>a</b>	Plan name	ALMA STRATEGIES, LLC 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	ALMA STRATEGIES, LLC	<b>c</b> EIN-PN 27-1043732-001
<b>a</b>	Plan name	ALTOS FEDERAL GROUP, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	ALTOS FEDERAL GROUP, INC.	<b>c</b> EIN-PN 52-2013624-002
<b>a</b>	Plan name	AM1 PORTFOLIO DIVERSIFIERS	
<b>b</b>	Name of plan sponsor	ALTA TRUST COMPANY	<b>c</b> EIN-PN 99-0817374-001
<b>a</b>	Plan name	AMALGAMATED TRANSIT UNION LOCAL 1596 PENSION PLAN	
<b>b</b>	Name of plan sponsor	CENTRAL FLORIDA TRANSPORTATION AUTHORITY (LYNX)	<b>c</b> EIN-PN 90-0013493-001
<b>a</b>	Plan name	AMCON, CEMSTONE AND TCC EMPLOYEE SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	CEMSTONE PRODUCTS COMPANY	<b>c</b> EIN-PN 41-0182850-001

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	AMERICAN ASSOCIATION OF BLOOD BANKS DEFINED CONTRIBUTION PLAN	
<b>b</b>	Name of plan sponsor	AMERICAN ASSOCIATION OF BLOOD BANKS	<b>c</b> EIN-PN 36-2384118-001
<b>a</b>	Plan name	AMERICAN EQUIPMENT HR, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	AMERICAN EQUIPMENT HR, LLC	<b>c</b> EIN-PN 88-3927589-001
<b>a</b>	Plan name	AMERICAN INDUSTRIAL TRANSPORT, INC. SAVINGS & INVESTMENT PLAN	
<b>b</b>	Name of plan sponsor	AMERICAN INDUSTRIAL TRANSPORT, INC.	<b>c</b> EIN-PN 85-0855127-002
<b>a</b>	Plan name	AMERICAN LEBANESE SYRIAN ASSOCIATED CHARITIES, INC. EMPLOYEES RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	AMERICAN LEBANESE SYRIAN ASSOCIATED CHARITIES, INC.	<b>c</b> EIN-PN 35-1044585-001
<b>a</b>	Plan name	AMERICAN MEDICAL RESPONSE HAWAII MONEY PURCHASE PENSION PLAN	
<b>b</b>	Name of plan sponsor	AMR HOLDCO, INC.	<b>c</b> EIN-PN 20-2076468-017
<b>a</b>	Plan name	AMERICAN NATIONAL BANK & TRUST EMPLOYEE STOCK OWNERSHIP PLAN	
<b>b</b>	Name of plan sponsor	AMERICAN NATIONAL BANK & TRUST	<b>c</b> EIN-PN 75-1511306-001
<b>a</b>	Plan name	AMERICAN TOMBOW, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	AMERICAN TOMBOW, INC.	<b>c</b> EIN-PN 95-3858127-001
<b>a</b>	Plan name	APEEL SCIENCES 401(K) PLAN	
<b>b</b>	Name of plan sponsor	APEEL TECHNOLOGY, INC.	<b>c</b> EIN-PN 45-5551038-001
<b>a</b>	Plan name	APPLIANCE PRODUCTS COMPANY PROFIT SHARING & 401(K) SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	APPLIANCE PRODUCTS CO.	<b>c</b> EIN-PN 39-0134155-001
<b>a</b>	Plan name	ARCH CAPITAL GROUP (U.S.) INC. EMPLOYEE RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	ARCH CAPITAL GROUP (U.S.) INC.	<b>c</b> EIN-PN 06-1424716-001
<b>a</b>	Plan name	ARCHDIOCESAN PRIESTS RETIREMENT FUND	
<b>b</b>	Name of plan sponsor	ROMAN CATHOLIC ARCHDIOCESE OF SANTA FE	<b>c</b> EIN-PN 85-6009986-001
<b>a</b>	Plan name	ARCHDIOCESE OF NEW YORK MASTER TRUST	
<b>b</b>	Name of plan sponsor	ARCHDIOCESE OF NEW YORK OR ITS AFFILIATES	<b>c</b> EIN-PN 26-4243330-999

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	ARES MANAGEMENT RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	ARES MANAGEMENT LLC	<b>c</b> EIN-PN 01-0605583-001
<b>a</b>	Plan name	ARITZIA 401(K) PLAN	
<b>b</b>	Name of plan sponsor	UNITED STATES OF ARITZIA, INC. DBA ARITZIA	<b>c</b> EIN-PN 98-0539959-001
<b>a</b>	Plan name	ARIZONA COLLEGE 401(K) PLAN	
<b>b</b>	Name of plan sponsor	EDUVISION, INC. DBA ARIZONA COLLEGE	<b>c</b> EIN-PN 43-1537880-001
<b>a</b>	Plan name	ASHEVILLE CHRISTIAN ACADEMY 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ASHEVILLE CHRISTIAN ACADEMY	<b>c</b> EIN-PN 56-0889168-001
<b>a</b>	Plan name	ASSOCIATED PENSION CONSULTANTS 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	ASSOCIATED PENSION CONSULTANTS	<b>c</b> EIN-PN 94-2456320-004
<b>a</b>	Plan name	ASTRIX TECHNOLOGY, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ASTRIX TECHNOLOGY, LLC	<b>c</b> EIN-PN 22-3390159-001
<b>a</b>	Plan name	ATI RESTORATION, LLC 401(K) SAVINGS AND RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	ATI RESTORATION, LLC	<b>c</b> EIN-PN 33-0352215-001
<b>a</b>	Plan name	ATLANTA FLOORING DESIGN CENTERS, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ATLANTA FLOORING DESIGN CENTERS, INC.	<b>c</b> EIN-PN 58-1621134-001
<b>a</b>	Plan name	ATLAS DESIGN SERVICES 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ATLAS DESIGN SERVICES	<b>c</b> EIN-PN 85-2346964-001
<b>a</b>	Plan name	ATLAS HEALTHCARE PARTNERS 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ATLAS HEALTHCARE PARTNERS, LLC	<b>c</b> EIN-PN 82-3431080-001
<b>a</b>	Plan name	ATOS 401(K) SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	ATOS IT SOLUTIONS AND SERVICES, INC.	<b>c</b> EIN-PN 13-3715291-001
<b>a</b>	Plan name	ATTIVO PARTNERS LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ATTIVO PARTNERS LLC	<b>c</b> EIN-PN 82-3392263-002

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.)	
<b>a</b>	Plan name AUGUSTA LUNG ASSOCIATES EMPLOYEES SAVINGS TRUST	
<b>b</b>	Name of plan sponsor AUGUSTA LUNG ASSOCIATES	<b>c</b> EIN-PN 20-2749055-001
<b>a</b>	Plan name AUL FBO GRA COHEN & STEERS U.S. REALTY FUND CLASS CT	
<b>b</b>	Name of plan sponsor AMERICAN UNITED LIFE INSURANCE COMPANY	<b>c</b> EIN-PN 35-0145825-999
<b>a</b>	Plan name AUL FBO GRA COHEN AND STEERS CL A	
<b>b</b>	Name of plan sponsor AMERICAN UNITED LIFE INSURANCE COMPANY	<b>c</b> EIN-PN 35-0145825-999
<b>a</b>	Plan name AURINIA PHARMA U.S., INC. 401(K)	
<b>b</b>	Name of plan sponsor AURINIA PHARMA U.S., INC.	<b>c</b> EIN-PN 46-4129078-001
<b>a</b>	Plan name AUTHENTIC BRANDS, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor AUTHENTIC BRANDS, LLC	<b>c</b> EIN-PN 83-1499112-001
<b>a</b>	Plan name AVALONBAY COMMUNITIES, INC. ASSOCIATES SAVINGS PLAN	
<b>b</b>	Name of plan sponsor AVALONBAY COMMUNITIES, INC.	<b>c</b> EIN-PN 77-0404318-001
<b>a</b>	Plan name AVID HEALTH AT HOME 401(K) PLAN	
<b>b</b>	Name of plan sponsor AVID HEALTH AT HOME, LLC	<b>c</b> EIN-PN 92-2133067-001
<b>a</b>	Plan name B & H PATTERN, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor B & H PATTERN	<b>c</b> EIN-PN 39-1164241-001
<b>a</b>	Plan name BACKOFFICE ASSOCIATES, LLC DBA SYNITI PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor BACKOFFICE ASSOCIATES, LLC DBA SYNITI	<b>c</b> EIN-PN 26-1544182-001
<b>a</b>	Plan name BAGATELOS GLASS SYSTEMS, INC. 401(K) PSP AND TRUST	
<b>b</b>	Name of plan sponsor BAGATELOS GLASS SYSTEMS, INC.	<b>c</b> EIN-PN 68-0429003-001
<b>a</b>	Plan name BAGELS FOREVER 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor BAGELS FOREVER, INC.	<b>c</b> EIN-PN 39-1179281-001
<b>a</b>	Plan name BAIN & COMPANY, INC. 401(K) SAVINGS PLAN	
<b>b</b>	Name of plan sponsor BAIN & COMPANY, INC.	<b>c</b> EIN-PN 04-2878322-005

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	BAL HARBOUR VILLAGE GENERAL EMPLOYEES' PENSION PLAN	
<b>b</b>	Name of plan sponsor	BAL HARBOUR VILLAGE	<b>c</b> EIN-PN 65-0768151-999
<b>a</b>	Plan name	BALD HEAD ISLAND CLUB 401(K) PROFIT SHARING PLAN TRUST	
<b>b</b>	Name of plan sponsor	BALD HEAD ISLAND CLUB, INC.	<b>c</b> EIN-PN 56-1579664-001
<b>a</b>	Plan name	BALL HORTICULTURAL COMPANY PROFIT SHARING RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	BALL HORTICULTURAL COMPANY	<b>c</b> EIN-PN 36-4031900-001
<b>a</b>	Plan name	BANC3 ENGINEERING INC. 401(K) PROFIT SHARING PLAN & TRUST	
<b>b</b>	Name of plan sponsor	BANC3 ENGINEERING INC.	<b>c</b> EIN-PN 81-4174250-001
<b>a</b>	Plan name	BANK FIVE NINE 401(K) PLAN	
<b>b</b>	Name of plan sponsor	BANK FIVE NINE	<b>c</b> EIN-PN 39-0148000-002
<b>a</b>	Plan name	BANK OF CHARLES TOWN 401(K) RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	BANK OF CHARLES TOWN	<b>c</b> EIN-PN 55-0118850-002
<b>a</b>	Plan name	BANK OF THE SIERRA SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	BANK OF THE SIERRA	<b>c</b> EIN-PN 94-2431437-001
<b>a</b>	Plan name	BANKFINANCIAL AND SUBSIDIARIES ASSCOC. INVESTMENT PLAN	
<b>b</b>	Name of plan sponsor	BANK FINANCIAL	<b>c</b> EIN-PN 36-1570375-003
<b>a</b>	Plan name	BANKFIRST FINANCIAL SERVICES 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	BANKFIRST FINANCIAL SERVICES	<b>c</b> EIN-PN 64-0202970-003
<b>a</b>	Plan name	BANKPROV 401(K) PLAN	
<b>b</b>	Name of plan sponsor	BANKPROV	<b>c</b> EIN-PN 04-3497377-002
<b>a</b>	Plan name	BARNETT INTERESTS EMPLOYEES 401(K) PLAN	
<b>b</b>	Name of plan sponsor	BARNETT INTERESTS, INC.	<b>c</b> EIN-PN 76-0204414-001
<b>a</b>	Plan name	BARTLETT COCKE GENERAL CONTRACTORS 401(K) PLAN	
<b>b</b>	Name of plan sponsor	BARTLETT COCKE, LP	<b>c</b> EIN-PN 74-1654769-002

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.)	
<b>a</b>	Plan name BASIN ELECTRIC POWER COOPERATIVE 401K PLAN	
<b>b</b>	Name of plan sponsor BASIN ELECTRIC POWER COOPERATIVE	<b>c</b> EIN-PN 45-0277395-401
<b>a</b>	Plan name BASIN ELECTRIC POWER COOPERATIVE ND/SD UNION 401K PLAN	
<b>b</b>	Name of plan sponsor BASIN ELECTRIC POWER COOPERATIVE	<b>c</b> EIN-PN 45-0277395-403
<b>a</b>	Plan name BATESCAREY LLP PROFIT SHARING PLAN AND TRUST WITH CASH OR DEFERRED 401(K) FEATURES	
<b>b</b>	Name of plan sponsor BATESCAREY LLP	<b>c</b> EIN-PN 36-4321906-001
<b>a</b>	Plan name BAUER INDUSTRIES 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor BAUER INDUSTRIES	<b>c</b> EIN-PN 94-3033144-001
<b>a</b>	Plan name BCCK HOLDING 401K PLAN	
<b>b</b>	Name of plan sponsor BCCK HOLDING COMPANY	<b>c</b> EIN-PN 75-2883042-001
<b>a</b>	Plan name BCI 401(K) PLAN	
<b>b</b>	Name of plan sponsor BANCO DE CREDITO INVERSIONES, MIAMI BRANCH	<b>c</b> EIN-PN 52-2166160-001
<b>a</b>	Plan name BEAUTY BY IMAGINATION 401(K) PLAN	
<b>b</b>	Name of plan sponsor J & D BRUSH ASSOCIATES, LLC	<b>c</b> EIN-PN 82-0640629-001
<b>a</b>	Plan name BELL, DAVIS & PITT, P.A. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor BELL, DAVIS & PITT, P.A.	<b>c</b> EIN-PN 56-1305704-003
<b>a</b>	Plan name BENCHMARK BANK EMPLOYEES 401K PLAN AND TRUST	
<b>b</b>	Name of plan sponsor BENCHMARK BANK	<b>c</b> EIN-PN 75-1163748-001
<b>a</b>	Plan name BENEFITS FOCUSED POOLED EMPLOYER PLAN	
<b>b</b>	Name of plan sponsor ALERUS FINANCIAL, N.A.	<b>c</b> EIN-PN 45-0140105-004
<b>a</b>	Plan name BENNETT THRASHER, LLP 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor BENNETT THRASHER, LLP	<b>c</b> EIN-PN 58-1673613-001
<b>a</b>	Plan name BERRY PETROLEUM COMPANY, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor BERRY PETROLEUM COMPANY, LLC	<b>c</b> EIN-PN 77-0079387-003

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.)		
<b>a</b>	Plan name <b>BETTCHER INDUSTRIES, INC. 401(K) RETIREMENT SAVINGS PLAN</b>	
<b>b</b>	Name of plan sponsor <b>BETTCHER INDUSTRIES, INC</b>	<b>c</b> EIN-PN <b>34-1575191-002</b>
<b>a</b>	Plan name <b>BFKN ASSOCIATE 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>BARACK FERRAZZANO KIRSCHBAUM &amp; NAGELBERG LLP</b>	<b>c</b> EIN-PN <b>36-3330098-007</b>
<b>a</b>	Plan name <b>BFKN PERSONAL RETIREMENT PLAN A</b>	
<b>b</b>	Name of plan sponsor <b>BARACK FERRAZZANO KIRSCHBAUM &amp; NAGELBERG LLP</b>	<b>c</b> EIN-PN <b>36-3330098-001</b>
<b>a</b>	Plan name <b>BFKN PERSONAL RETIREMENT PLAN B</b>	
<b>b</b>	Name of plan sponsor <b>BARACK FERRAZZANO KIRSCHBAUM &amp; NAGELBERG LLP</b>	<b>c</b> EIN-PN <b>36-3330098-008</b>
<b>a</b>	Plan name <b>BIOCARE MEDICAL 401(K) PLAN AND TRUST</b>	
<b>b</b>	Name of plan sponsor <b>BIOCARE MEDICAL, LLC</b>	<b>c</b> EIN-PN <b>94-3275870-001</b>
<b>a</b>	Plan name <b>BIOPLATE INC. 401(K) PROFIT SHARING PLAN AND TRUST</b>	
<b>b</b>	Name of plan sponsor <b>BIOPLATE INC.</b>	<b>c</b> EIN-PN <b>51-0353553-003</b>
<b>a</b>	Plan name <b>BJC 401K PLAN</b>	
<b>b</b>	Name of plan sponsor <b>BJC HEALTH SYSTEM</b>	<b>c</b> EIN-PN <b>43-1617558-003</b>
<b>a</b>	Plan name <b>BLOOMREACH, INC 401(K) PLAN AND TRUST</b>	
<b>b</b>	Name of plan sponsor <b>BLOOMREACH INC.</b>	<b>c</b> EIN-PN <b>26-4237993-001</b>
<b>a</b>	Plan name <b>BLUE BIRD, INC. CAPITAL ACCUMULATION PLAN</b>	
<b>b</b>	Name of plan sponsor <b>BLUE BIRD, INC.</b>	<b>c</b> EIN-PN <b>91-0363620-001</b>
<b>a</b>	Plan name <b>BLUE CROSS AND BLUE SHIELD OF NORTH CAROLINA 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>BLUE CROSS AND BLUE SHIELD OF NORTH CAROLINA</b>	<b>c</b> EIN-PN <b>56-0894904-003</b>
<b>a</b>	Plan name <b>BLUUM 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>BLUUM USA, INC.</b>	<b>c</b> EIN-PN <b>86-0716114-001</b>
<b>a</b>	Plan name <b>BODY SHOP SUPPLY COMPANY 401(K) PROFIT SHARING PLAN</b>	
<b>b</b>	Name of plan sponsor <b>BODY SHOP SUPPLY COMPANY</b>	<b>c</b> EIN-PN <b>39-1101615-001</b>

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.)		
<b>a</b>	Plan name <a href="#">BONFIRE VENTURES MANAGEMENT, INC. RETIREMENT PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">BONFIRE VENTURES MANAGEMENT, INC.</a>	<b>c</b> EIN-PN <a href="#">85-4371767-001</a>
<b>a</b>	Plan name <a href="#">BOSE EMPLOYEES' RETIREMENT SAVINGS 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">BOSE CORPORATION</a>	<b>c</b> EIN-PN <a href="#">04-2655386-002</a>
<b>a</b>	Plan name <a href="#">BOSTON PIZZA RESTUARANTS, LP 401(K) SAVING PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">BOSTON PIZZA RESTUARANTS, L.P.</a>	<b>c</b> EIN-PN <a href="#">75-2968915-001</a>
<b>a</b>	Plan name <a href="#">BOUCHIER-PRITCHETT FAMILY MEDICINE, PC 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">BOUCHIER-PRITCHETT FAMILY MEDICINE, PC</a>	<b>c</b> EIN-PN <a href="#">82-1570110-001</a>
<b>a</b>	Plan name <a href="#">BOUTIN JONES, INC 401K PSP</a>	
<b>b</b>	Name of plan sponsor <a href="#">BOUTIN JONES, INC.</a>	<b>c</b> EIN-PN <a href="#">68-0363234-001</a>
<b>a</b>	Plan name <a href="#">BRECKENRIDGE PHARMACEUTICAL, INC. 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">BRECKENRIDGE PHARMACEUTICAL, INC.</a>	<b>c</b> EIN-PN <a href="#">65-0352825-001</a>
<b>a</b>	Plan name <a href="#">BRFHH RETIREMENT PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">BRF HOSPITAL HOLDINGS, LLC DBA OCHSNER LSU HOSPITALS</a>	<b>c</b> EIN-PN <a href="#">46-3179229-003</a>
<b>a</b>	Plan name <a href="#">BRIGGS FREEMAN 401(K) PLAN.</a>	
<b>b</b>	Name of plan sponsor <a href="#">BRIGGS FREEMAN REAL ESTATE BROKERAGE, INC.</a>	<b>c</b> EIN-PN <a href="#">75-1676005-001</a>
<b>a</b>	Plan name <a href="#">BROOKS PROFIT SHARING AND 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">BROOKS, INC.</a>	<b>c</b> EIN-PN <a href="#">39-0797227-001</a>
<b>a</b>	Plan name <a href="#">BROTHERS CORPORATE 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">FORTNEY HOSPITALITY GROUP, INC.</a>	<b>c</b> EIN-PN <a href="#">27-4374813-001</a>
<b>a</b>	Plan name <a href="#">BROWN, WINICK, GRAVES, GROSS AND BASKERVILLE, P.L.C. 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">BROWN WINICK LAW FIRM</a>	<b>c</b> EIN-PN <a href="#">42-0704554-002</a>
<b>a</b>	Plan name <a href="#">BRYAN HEALTH RETIREMENT SAVINGS PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">BRYAN HEALTH</a>	<b>c</b> EIN-PN <a href="#">36-3414823-002</a>

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	BRYANT MILLER OLIVE 401K PLAN	
<b>b</b>	Name of plan sponsor	BRYANT MILLER OLIVE P.A.	<b>c</b> EIN-PN 59-1315801-003
<b>a</b>	Plan name	BUCHANAN INGERSOLL & ROONEY PC RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	BUCHANAN INGERSOLL & ROONEY PC	<b>c</b> EIN-PN 25-1381032-003
<b>a</b>	Plan name	BUCKINGHAM PROPERTY MANAGEMENT 401(K) PSP	
<b>b</b>	Name of plan sponsor	BUCKINGHAM PROPERTY MANAGEMENT	<b>c</b> EIN-PN 94-2828492-001
<b>a</b>	Plan name	BUILT TECHNOLOGIES 401(K) PLAN	
<b>b</b>	Name of plan sponsor	BUILT TECHNOLOGIES	<b>c</b> EIN-PN 46-5659224-001
<b>a</b>	Plan name	BURKE COSTANZA & CARBERRY LLP EMPLOYEE 401(K) SAVINGS AND PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	BURKE COSTANZA & CARBERRY LLP	<b>c</b> EIN-PN 35-1002632-001
<b>a</b>	Plan name	BURNSTEIN VON SEELEN PRECISION CASTINGS CORPORATION 401(K) PLAN	
<b>b</b>	Name of plan sponsor	BURNSTEIN VON SEELEN PRECISION CASTINGS CORPORATION	<b>c</b> EIN-PN 57-0806978-003
<b>a</b>	Plan name	BUTTE COUNTY RICE GROWERS ASSOCIATION 401(K) PSP	
<b>b</b>	Name of plan sponsor	BUTTE COUNTY RICE GROWERS ASSOCIATION	<b>c</b> EIN-PN 94-1017420-003
<b>a</b>	Plan name	CABARRUS ROWAN COMMUNITY HEALTH CENTERS 401(K) PLAN	
<b>b</b>	Name of plan sponsor	CABARRUS ROWAN COMMUNITY HEALTH CENTERS	<b>c</b> EIN-PN 61-1459826-001
<b>a</b>	Plan name	CALIBER HOME LOANS, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	CALIBER HOME LOANS, INC.	<b>c</b> EIN-PN 13-6131491-001
<b>a</b>	Plan name	CALIFORNIA DISTRICT ATTORNEYS 401(K) PROFIT SHARING PLAN AND TRUST	
<b>b</b>	Name of plan sponsor	CALIFORNIA DISTRICT ATTORNEYS	<b>c</b> EIN-PN 94-2293805-001
<b>a</b>	Plan name	CAMPBELL KNUTSON PROFESSIONAL ASSOCIATION SALARY REDUCTION PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	CAMPBELL KNUTSON PROFESSIONAL ASSOCIATION	<b>c</b> EIN-PN 41-1562130-001
<b>a</b>	Plan name	CAPELLE BROS. & DIEDRICH INC. PROFIT SHARING RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	CAPELLE BROS. & DIEDRICH INC.	<b>c</b> EIN-PN 39-0810301-001

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
<small>(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)</small>			
<b>a</b>	Plan name	CAPITAL PROGRAM MANAGEMENT, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	CAPITAL PROGRAM MANAGEMENT, INC.	<b>c</b> EIN-PN 36-4447158-001
<b>a</b>	Plan name	CAPITOL CONCIERGE 401K PLAN	
<b>b</b>	Name of plan sponsor	CAPITOL CONCIERGE	<b>c</b> EIN-PN 52-1677387-001
<b>a</b>	Plan name	CAREPATHRX 401(K) PLAN	
<b>b</b>	Name of plan sponsor	CAREPATHRX MIDCO INC.	<b>c</b> EIN-PN 84-3548586-001
<b>a</b>	Plan name	CARLE HEALTH CENTRAL ILLINOIS PENSION PLAN	
<b>b</b>	Name of plan sponsor	THE CARLE FOUNDATION	<b>c</b> EIN-PN 37-0673465-006
<b>a</b>	Plan name	CAROLINA APOTHECARY, INC. EMPLOYEES PROFIT SHARING PLAN AND TRUST	
<b>b</b>	Name of plan sponsor	CAROLINA APOTHECARY, INC.	<b>c</b> EIN-PN 56-1306590-001
<b>a</b>	Plan name	CAROLINA ARTHRITIS CENTER, P.A. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	CAROLINA ARTHRITIS CENTER, P.A.	<b>c</b> EIN-PN 56-2257862-001
<b>a</b>	Plan name	CAROLINA ENT/SAC, P.A. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	CAROLINA ENT/SAC, P.A.	<b>c</b> EIN-PN 56-2152702-002
<b>a</b>	Plan name	CAROLINA EYE RETIREMENT SAVINGS PLAN & MONEY PURCHASE PLAN	
<b>b</b>	Name of plan sponsor	CAROLINA EYE ASSOCIATES, P.A.	<b>c</b> EIN-PN 56-1183309-001
<b>a</b>	Plan name	CAROLINA SERVICES OF FAYETTEVILLE, INC. EMPLOYEE SAVINGS AND PSP	
<b>b</b>	Name of plan sponsor	CAROLINA SERVICES OF FAYETTEVILLE, INC.	<b>c</b> EIN-PN 56-0890421-001
<b>a</b>	Plan name	CART.COM RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	CART.COM, INC.	<b>c</b> EIN-PN 85-2582907-001
<b>a</b>	Plan name	CARTESIAN 401(K)/PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	CARTESIAN, INC.	<b>c</b> EIN-PN 48-1129619-001
<b>a</b>	Plan name	CARY HEALTHCARE ASSOCIATES, P.A. 401K PLAN	
<b>b</b>	Name of plan sponsor	CARY HEALTHCARE ASSOCIATES, PA	<b>c</b> EIN-PN 56-2229949-001

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.)	
<b>a</b>	Plan name CDH PARTNERS, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor CDH PARTNERS, INC.	<b>c</b> EIN-PN 58-2025595-001
<b>a</b>	Plan name CEDAR VALLEY SERVICES, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor CEDAR VALLEY SERVICES, INC.	<b>c</b> EIN-PN 41-0870082-001
<b>a</b>	Plan name CEMSTONE AFFILIATES EMPLOYEE SAVINGS PLAN	
<b>b</b>	Name of plan sponsor CEMSTONE PRODUCTS COMPANY	<b>c</b> EIN-PN 41-0182850-003
<b>a</b>	Plan name CENTRAL BANCSHARES, INC. EMPLOYEE STOCK OWNERSHIP AND 401(K) PLAN	
<b>b</b>	Name of plan sponsor CENTRAL BANCSHARES, INC.	<b>c</b> EIN-PN 74-2194215-003
<b>a</b>	Plan name CENTREX UNDERWRITERS, INC. PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor CENTREX UNDERWRITERS, INC.	<b>c</b> EIN-PN 62-1270315-001
<b>a</b>	Plan name CENVEO 401(K) SAVINGS AND RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor CENVEO CORPORATION	<b>c</b> EIN-PN 84-1250534-001
<b>a</b>	Plan name CERTCO, INC. NON-UNION SAVINGS PLAN	
<b>b</b>	Name of plan sponsor CERTCO, INC.	<b>c</b> EIN-PN 39-0203490-002
<b>a</b>	Plan name CERTCO, INC. UNION SAVINGS PLAN	
<b>b</b>	Name of plan sponsor CERTCO, INC.	<b>c</b> EIN-PN 39-0203490-003
<b>a</b>	Plan name CHEF WORKS 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor CHEF WORKS, INC.	<b>c</b> EIN-PN 04-3242029-001
<b>a</b>	Plan name CHILDREN'S CARE PEDIATRICS, PC 401(K) PROFIT SHARING PLAN AND TRUST	
<b>b</b>	Name of plan sponsor CHILDREN'S CARE PEDIATRICS, PC	<b>c</b> EIN-PN 58-2530951-001
<b>a</b>	Plan name CHOICE POOLED EMPLOYER PLAN III	
<b>b</b>	Name of plan sponsor TRANSMERICA FIDUCIARY SERVICES	<b>c</b> EIN-PN 42-1484983-333
<b>a</b>	Plan name CHURCHILL DOWNS INCORPORATED 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor CHURCHILL DOWNS INCORPORATED	<b>c</b> EIN-PN 61-0156015-003

<b>Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>		
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)		
<b>a</b> Plan name	CHURNZERO 401(K) PLAN	
<b>b</b> Name of plan sponsor	CHURNZERO, INC.	<b>c</b> EIN-PN 47-4149122-001
<b>a</b> Plan name	CIMPERMAN SALES, INC. 401K PLAN	
<b>b</b> Name of plan sponsor	CIMPERMAN SALES, INC.	<b>c</b> EIN-PN 03-0376519-001
<b>a</b> Plan name	CIRCLE I EMPLOYEE BENEFIT PLAN	
<b>b</b> Name of plan sponsor	WESTERN BANK	<b>c</b> EIN-PN 74-0962510-002
<b>a</b> Plan name	CITADEL RETIREMENT PLAN	
<b>b</b> Name of plan sponsor	CITADEL FEDERAL CREDIT UNION	<b>c</b> EIN-PN 23-1357102-001
<b>a</b> Plan name	CITIZENS NATIONAL BANK OF TEXAS EMPLOYEE SAVINGS PLAN 818631 (WAXAHACHIE)	
<b>b</b> Name of plan sponsor	CITIZENS NATIONAL BANK OF TEXAS	<b>c</b> EIN-PN 75-0187771-003
<b>a</b> Plan name	CITY ELECTRIC SUPPLY CO INC EMPLOYEE SAVING PLAN	
<b>b</b> Name of plan sponsor	CITY ELECTRIC SUPPLY CO	<b>c</b> EIN-PN 59-2279498-001
<b>a</b> Plan name	CITY ELECTRIC SUPPLY PR RETIREMENT PLAN	
<b>b</b> Name of plan sponsor	CITY ELECTRIC SUPPLY COMPANY	<b>c</b> EIN-PN 59-2279498-002
<b>a</b> Plan name	CITY NATIONAL BANK RETIREMENT SAVINGS PLAN	
<b>b</b> Name of plan sponsor	CITY NATIONAL BANK OF FLORIDA	<b>c</b> EIN-PN 59-1297458-005
<b>a</b> Plan name	CITY OF AURORA ELECTED OFFICIALS' AND EXECUTIVE PERSONNEL DEFINED BENEFIT PLAN	
<b>b</b> Name of plan sponsor	CITY OF AURORA	<b>c</b> EIN-PN 84-6000564-005
<b>a</b> Plan name	CITY OF AURORA GENERAL EMPLOYEES' RETIREMENT PLAN	
<b>b</b> Name of plan sponsor	BOARD OF TRUSTEES OF THE CITY OF AURORA GENERAL EMPLOYEES' RETIREMENT	<b>c</b> EIN-PN 84-6000564-001
<b>a</b> Plan name	CITY OF AVENTURA POLICE OFFICERS RETIREMENT PLAN	
<b>b</b> Name of plan sponsor	CITY OF AVENTURA	<b>c</b> EIN-PN 65-0662615-001
<b>a</b> Plan name	CITY OF BOCA RATON GENERAL EMPLOYEES' PENSION FUND	
<b>b</b> Name of plan sponsor	CITY OF BOCA RATON	<b>c</b> EIN-PN 59-6563901-001

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	CITY OF BRADENTON POLICE OFFICERS' RETIREMENT SYSTEM	
<b>b</b>	Name of plan sponsor	CITY OF BRADENTON	<b>c</b> EIN-PN 59-6000283-999
<b>a</b>	Plan name	CITY OF CAPE CORAL MUNICIPAL FIREFIGHTERS' RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	CITY OF CAPE CORAL	<b>c</b> EIN-PN 59-1312996-999
<b>a</b>	Plan name	CITY OF FORT MYERS POLICE OFFICERS' RETIREMENT SYSTEM	
<b>b</b>	Name of plan sponsor	CITY OF FORT MYERS	<b>c</b> EIN-PN 65-1068762-001
<b>a</b>	Plan name	CITY OF KISSIMMEE MUNICIPAL FIREFIGHTERS RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	CITY OF KISSIMMEE	<b>c</b> EIN-PN 59-6000348-999
<b>a</b>	Plan name	CITY OF LAKE MARY FIREFIGHTERS' RETIREMENT SYSTEM	
<b>b</b>	Name of plan sponsor	CITY OF LAKE MARY	<b>c</b> EIN-PN 27-3764120-999
<b>a</b>	Plan name	CITY OF LAKE MARY POLICE OFFICERS' RETIREMENT SYSTEM	
<b>b</b>	Name of plan sponsor	CITY OF LAKE MARY	<b>c</b> EIN-PN 27-3845607-999
<b>a</b>	Plan name	CITY OF LYNN HAVEN GENERAL EMPLOYEES' RETIREMENT SYSTEM	
<b>b</b>	Name of plan sponsor	CITY OF LYNN HAVEN	<b>c</b> EIN-PN 59-3107304-999
<b>a</b>	Plan name	CITY OF LYNN HAVEN POLICE RETIREMENT SYSTEM	
<b>b</b>	Name of plan sponsor	CITY OF LYNN HAVEN	<b>c</b> EIN-PN 59-3107309-999
<b>a</b>	Plan name	CITY OF NAPLES FIREFIGHTERS RETIREMENT SYSTEM	
<b>b</b>	Name of plan sponsor	CITY OF NAPLES	<b>c</b> EIN-PN 65-0792900-999
<b>a</b>	Plan name	CITY OF NAPLES GENERAL EMPLOYEES' RETIREMENT SYSTEM	
<b>b</b>	Name of plan sponsor	CITY OF NAPLES	<b>c</b> EIN-PN 65-0793284-999
<b>a</b>	Plan name	CITY OF NAPLES POLICE OFFICERS' RETIREMENT TRUST FUND	
<b>b</b>	Name of plan sponsor	CITY OF NAPLES	<b>c</b> EIN-PN 65-0792902-999
<b>a</b>	Plan name	CITY OF NEW BRITAIN FIRE FIGHTERS PENSION PLAN	
<b>b</b>	Name of plan sponsor	CITY OF NEW BRITAIN	<b>c</b> EIN-PN 06-6001874-001

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	CITY OF NEW BRITAIN POLICE PENSION PLAN	
<b>b</b>	Name of plan sponsor	CITY OF NEW BRITAIN	<b>c</b> EIN-PN 06-6001874-002
<b>a</b>	Plan name	CITY OF PALATKA FIREFIGHTERS' RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	CITY OF PALATKA	<b>c</b> EIN-PN 59-3680518-999
<b>a</b>	Plan name	CITY OF PALATKA GENERAL EMPLOYEES' RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	CITY OF PALATKA	<b>c</b> EIN-PN 59-2918740-999
<b>a</b>	Plan name	CITY OF PALATKA POLICE OFFICERS' RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	CITY OF PALATKA	<b>c</b> EIN-PN 59-3680517-999
<b>a</b>	Plan name	CITY OF PALM BAY POLICE AND FIREFIGHTERS RETIREMENT FUND	
<b>b</b>	Name of plan sponsor	CITY OF PALM BAY	<b>c</b> EIN-PN 59-6018984-001
<b>a</b>	Plan name	CITY OF PANAMA CITY MUNICIPAL FIREFIGHTERS' PENSION TRUST FUND	
<b>b</b>	Name of plan sponsor	CITY OF PANAMA CITY	<b>c</b> EIN-PN 59-2254925-999
<b>a</b>	Plan name	CITY OF PANAMA CITY MUNICIPAL POLICE OFFICERS' PENSION TRUST FUND	
<b>b</b>	Name of plan sponsor	CITY OF PANAMA CITY	<b>c</b> EIN-PN 04-3277435-999
<b>a</b>	Plan name	CITY OF PENSACOLA FIREFIGHTERS' RELIEF & PENSION FUND	
<b>b</b>	Name of plan sponsor	CITY OF PENSACOLA	<b>c</b> EIN-PN 59-6000406-011
<b>a</b>	Plan name	CITY OF PENSACOLA GENERAL PENSION & RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	CITY OF PENSACOLA	<b>c</b> EIN-PN 59-6000406-010
<b>a</b>	Plan name	CITY OF PLANT CITY SAFETY EMPLOYEES RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	CITY OF PLANT CITY	<b>c</b> EIN-PN 59-6000410-999
<b>a</b>	Plan name	CITY OF PLANTATION, GENERAL EMPLOYEES' RETIREMENT SYSTEM	
<b>b</b>	Name of plan sponsor	CITY OF PLANTATION GENERAL EMPLOYEES RETIREMENT SYSTEM	<b>c</b> EIN-PN 59-6017775-999
<b>a</b>	Plan name	CITY OF PLANTATION, VOLUNTEER FIREFIGHTERS' RETIREMENT SYSTEM	
<b>b</b>	Name of plan sponsor	CITY OF PLANTATION	<b>c</b> EIN-PN 59-2632049-999

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	CITY OF POMPANO BEACH POLICE AND FIREFIGHTERS' RETIREMENT SYSTEM	
<b>b</b>	Name of plan sponsor	CITY OF POMPANO BEACH	<b>c</b> EIN-PN 59-6499222-001
<b>a</b>	Plan name	CITY OF SARASOTA FIREFIGHTERS PENSION FUND	
<b>b</b>	Name of plan sponsor	CITY OF SARASOTA	<b>c</b> EIN-PN 59-6477150-002
<b>a</b>	Plan name	CITY OF TAMARAC GENERAL EMPLOYEES PENSION TRUST FUND	
<b>b</b>	Name of plan sponsor	CITY OF TAMARAC	<b>c</b> EIN-PN 59-1039552-001
<b>a</b>	Plan name	CITY OF WINTER PARK FIREFIGHTERS' PENSION PLAN	
<b>b</b>	Name of plan sponsor	CITY OF WINTER PARK	<b>c</b> EIN-PN 59-6813303-999
<b>a</b>	Plan name	CITY OF WINTER PARK POLICE OFFICERS' PENSION PLAN	
<b>b</b>	Name of plan sponsor	CITY OF WINTER PARK	<b>c</b> EIN-PN 72-2864009-999
<b>a</b>	Plan name	CITYBLOCK 401(K) PLAN	
<b>b</b>	Name of plan sponsor	CITYBLOCK HEALTH, INC.	<b>c</b> EIN-PN 82-2839581-001
<b>a</b>	Plan name	CLARK PACIFIC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	CLARK PACIFIC	<b>c</b> EIN-PN 68-0262848-001
<b>a</b>	Plan name	CLARK PACIFIC UNION 401(K) PLAN	
<b>b</b>	Name of plan sponsor	CLARK PACIFIC	<b>c</b> EIN-PN 68-0262848-003
<b>a</b>	Plan name	CLEARLINK 401(K) PLAN	
<b>b</b>	Name of plan sponsor	CLEARLINK TECHNOLOGIES, LLC	<b>c</b> EIN-PN 13-4278523-002
<b>a</b>	Plan name	CLEARONE ADVANTAGE, LLC	
<b>b</b>	Name of plan sponsor	CLEARONE ADVANTAGE, LLC	<b>c</b> EIN-PN 26-3315163-001
<b>a</b>	Plan name	CLEARWATER SOLUTIONS, LLC 401(K) PROFIT SHARING PLAN & TRUST	
<b>b</b>	Name of plan sponsor	CLEARWATER SOLUTIONS, LLC	<b>c</b> EIN-PN 20-8152510-001
<b>a</b>	Plan name	CLINICAL ASSOCIATES OF THE FINGER LAKES 401(K) PLAN	
<b>b</b>	Name of plan sponsor	THERAPEUTIC MANAGEMENT SERVICES, INC.	<b>c</b> EIN-PN 46-5705688-001

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	CLOSED LOOP MARKETING, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	CLOSED LOOP MARKETING, INC.	<b>c</b> EIN-PN 76-0776288-001
<b>a</b>	Plan name	CLX ENGINEERING 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	CLX ENGINEERING	<b>c</b> EIN-PN 80-0374444-001
<b>a</b>	Plan name	CME ASSOCIATES 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	CONSULTING & MUNICIPAL ENGINEERS, LLP	<b>c</b> EIN-PN 22-3484435-002
<b>a</b>	Plan name	CMF OPERATING COMPANY LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	CMF OPERATING COMPANY LLC	<b>c</b> EIN-PN 27-0753380-001
<b>a</b>	Plan name	COCOA BEACH GENERAL EMPLOYEES' RETIREMENT SYSTEM	
<b>b</b>	Name of plan sponsor	CITY OF COCOA BEACH, FLORIDA	<b>c</b> EIN-PN 59-1921114-999
<b>a</b>	Plan name	COCOA POLICE OFFICERS' RETIREMENT SYSTEM	
<b>b</b>	Name of plan sponsor	CITY OF COCOA	<b>c</b> EIN-PN 59-6000292-999
<b>a</b>	Plan name	COHEN & STEERS CAPITAL MANAGEMENT, INC. 401(K) EMPLOYEE SAVINGS & PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	COHEN & STEERS CAPITAL MANAGEMENT, INC.	<b>c</b> EIN-PN 13-3353336-001
<b>a</b>	Plan name	COLONY TIRE CORPORATION 401(K) PLAN	
<b>b</b>	Name of plan sponsor	COLONY TIRE CORPORATION	<b>c</b> EIN-PN 56-2167232-002
<b>a</b>	Plan name	COLT RETIREMENT DEFINED BENEFIT PLAN	
<b>b</b>	Name of plan sponsor	COLT'S MANUFACTURING COMPANY LLC	<b>c</b> EIN-PN 42-1589139-002
<b>a</b>	Plan name	COMMANDER NAVY INSTALLATIONS COMMAND RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	COMMANDER NAVY INSTALLATIONS COMMAND	<b>c</b> EIN-PN 52-0813349-001
<b>a</b>	Plan name	COMMERCE STREET HOLDINGS 401K PLAN & TRUST	
<b>b</b>	Name of plan sponsor	COMMERCE STREET HOLDINGS, LLC	<b>c</b> EIN-PN 20-5718731-001
<b>a</b>	Plan name	COMMUNITY.COM 401(K) PLAN	
<b>b</b>	Name of plan sponsor	COMMUNITY.COM	<b>c</b> EIN-PN 47-1210451-001

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.)	
<b>a</b>	Plan name COMPLEAT REHAB SERVICES 401(K) PLAN	
<b>b</b>	Name of plan sponsor KARE PARTNERS BILLING & OPERATIONS, INC	<b>c</b> EIN-PN 56-1677267-001
<b>a</b>	Plan name CONETRIX, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor CONETRIX, LLC	<b>c</b> EIN-PN 75-1552950-001
<b>a</b>	Plan name CONRAD INDUSTRIES, INC. RETIREMENT SAVINGS PLAN & TRUST	
<b>b</b>	Name of plan sponsor CONRAD INDUSTRIES, INC DBA A-B EMBLEM	<b>c</b> EIN-PN 56-0790612-001
<b>a</b>	Plan name CONVERGENZ 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor CONVERGENZ, LLC	<b>c</b> EIN-PN 52-2254225-001
<b>a</b>	Plan name COPYPRO, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor COPYPRO, INC.	<b>c</b> EIN-PN 56-1169492-001
<b>a</b>	Plan name CORNERSTONE HOME LENDING 401(K) PLAN	
<b>b</b>	Name of plan sponsor CORNERSTONE CAPITAL BANK, SSB	<b>c</b> EIN-PN 76-0236067-001
<b>a</b>	Plan name CORONA CLIPPER 401(K) PLAN	
<b>b</b>	Name of plan sponsor CORONA CLIPPER, INC.	<b>c</b> EIN-PN 95-4777903-001
<b>a</b>	Plan name CORUM REAL ESTATE GROUP, INC. CUSTOM 401(K) PLAN AND TRUST	
<b>b</b>	Name of plan sponsor CORUM REAL ESTATE GROUP, INC.	<b>c</b> EIN-PN 84-1039183-001
<b>a</b>	Plan name COTA STREET MANAGED BLEND ACCUMULATION FUND	
<b>b</b>	Name of plan sponsor WILMINGTON TRUST, N.A.	<b>c</b> EIN-PN 38-4116856-524
<b>a</b>	Plan name COTA STREET MANAGED BLEND DECUMULATION FUND	
<b>b</b>	Name of plan sponsor WILMINGTON TRUST, N.A.	<b>c</b> EIN-PN 38-4116859-527
<b>a</b>	Plan name COTA STREET MANAGED EQUITY ACCUMULATION FUND	
<b>b</b>	Name of plan sponsor WILMINGTON TRUST, N.A.	<b>c</b> EIN-PN 38-4116855-523
<b>a</b>	Plan name COTA STREET MANAGED EQUITY DECUMULATION FUND	
<b>b</b>	Name of plan sponsor WILMINGTON TRUST, N.A.	<b>c</b> EIN-PN 38-4116858-526

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.)	
<b>a</b>	Plan name COTA STREET MANAGED FIXED INCOME ACCUMULATION FUND	
<b>b</b>	Name of plan sponsor WILMINGTON TRUST, N.A.	<b>c</b> EIN-PN 38-4116857-525
<b>a</b>	Plan name COTA STREET MANAGED FIXED INCOME DECUMULATION FUND	
<b>b</b>	Name of plan sponsor WILMINGTON TRUST, N.A.	<b>c</b> EIN-PN 38-4116860-528
<b>a</b>	Plan name CPG BEYOND, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor CPG BEYOND, INC.	<b>c</b> EIN-PN 90-0855545-001
<b>a</b>	Plan name CRAWFORD TRACEY CORPORATION PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor CRAWFORD TRACEY CORPORATION	<b>c</b> EIN-PN 59-1972454-001
<b>a</b>	Plan name CREATIVE TESTING SOLUTIONS 401(K) RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor CREATIVE TESTING SOLUTIONS	<b>c</b> EIN-PN 27-1120123-001
<b>a</b>	Plan name CRETELLIGENT, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor CRETELLIGENT, INC.	<b>c</b> EIN-PN 46-4884191-001
<b>a</b>	Plan name CSAFE GLOBAL 401(K) PLAN	
<b>b</b>	Name of plan sponsor DOUBLEDAY ACQUISITIONS, LLC DBA CSAFE GLOBAL	<b>c</b> EIN-PN 52-2442441-002
<b>a</b>	Plan name DAISY BRAND RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor DAISY BRAND, LLC	<b>c</b> EIN-PN 80-0595003-001
<b>a</b>	Plan name DAKOTA GASIFICATION COMPANY 401(K) PLAN	
<b>b</b>	Name of plan sponsor DAKOTA GASIFICATION COMPANY	<b>c</b> EIN-PN 45-0409140-402
<b>a</b>	Plan name DANDY 401(K) PLAN	
<b>b</b>	Name of plan sponsor ZIMA INTERNATIONAL, INC.	<b>c</b> EIN-PN 81-3828017-001
<b>a</b>	Plan name DATA SHOP, INC. 401(K) SAFE HARBOR PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor DATA SHOP, INC.	<b>c</b> EIN-PN 39-1391976-001
<b>a</b>	Plan name DATA SOLUTIONS & TECHNOLOGY INCORPORATED (DST) 401(K) PLAN	
<b>b</b>	Name of plan sponsor DATA SOLUTIONS & TECHNOLOGY INCORPORATED	<b>c</b> EIN-PN 52-1887478-001

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
<small>(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)</small>			
<b>a</b>	Plan name	DATA SYSTEMS, INC. PROFIT SHARING PLAN AND TRUST	
<b>b</b>	Name of plan sponsor	DATA SYSTEMS, INC.	<b>c</b> EIN-PN 47-0465884-001
<b>a</b>	Plan name	DATAMARK INCORPORATED 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	DATAMARK INCORPORATED	<b>c</b> EIN-PN 74-2559595-001
<b>a</b>	Plan name	DAVIS POLK PARTNER DEFINED BENEFIT PENSION PLAN	
<b>b</b>	Name of plan sponsor	DAVIS POLK & WARDWELL LLP	<b>c</b> EIN-PN 13-5023295-005
<b>a</b>	Plan name	DB US HOLDING CORPORATION PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	DB US HOLDING CORPORATION	<b>c</b> EIN-PN 13-1947012-001
<b>a</b>	Plan name	DCI FAMILY OF COMPANIES 401(K) PLAN	
<b>b</b>	Name of plan sponsor	DCI GROUP AZ, LLC	<b>c</b> EIN-PN 26-3684630-001
<b>a</b>	Plan name	DEACONESS HEALTH SYSTEM, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	DEACONESS HEALTH SYSTEM, INC.	<b>c</b> EIN-PN 35-1532889-010
<b>a</b>	Plan name	DEACONESS HEALTH SYSTEM, INC. RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	DEACONESS HEALTH SYSTEM, INC.	<b>c</b> EIN-PN 35-1532889-333
<b>a</b>	Plan name	DEACONESS REGIONAL HEALTHCARE SERVICES ILLINOIS, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	DEACONESS REGIONAL HEALTHCARE SERVICES ILLINOIS	<b>c</b> EIN-PN 81-0693478-001
<b>a</b>	Plan name	DEERFIELD BEACH MUNICIPAL FIREFIGHTERS' PENSION TRUST FUND	
<b>b</b>	Name of plan sponsor	BOARD OF TRUSTEES FOR THE DEERFIELD BEACH MUNICIPAL FIREFIGHTERS' PENS	<b>c</b> EIN-PN 59-6513115-010
<b>a</b>	Plan name	DEL-AIR HEATING, AIR CONDITIONING & REFRIGERATION, INC. PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	DEL-AIR HEATING, AIR CONDITIONING & REFRIGERATION, INC.	<b>c</b> EIN-PN 59-2280231-001
<b>a</b>	Plan name	DELAND MUNICIPAL POLICE OFFICERS' RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	CITY OF DELAND	<b>c</b> EIN-PN 59-6000307-001
<b>a</b>	Plan name	DELFINO MADDEN O'MALLEY COYLE KOEWLER LLP 401(K) PSP	
<b>b</b>	Name of plan sponsor	DELFINO MADDEN O'MALLEY COYLE KOEWLER LLP	<b>c</b> EIN-PN 46-5273973-001

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	DELICATO VINEYARDS EMPLOYEE RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	DELICATO VINEYARDS	<b>c</b> EIN-PN 94-2212174-001
<b>a</b>	Plan name	DENMISS LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	DENMISS LLC	<b>c</b> EIN-PN 64-0515350-001
<b>a</b>	Plan name	DENTIVE, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	DENTIVE, LLC	<b>c</b> EIN-PN 83-2574715-001
<b>a</b>	Plan name	DESERVE, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	DESERVE, INC.	<b>c</b> EIN-PN 45-4455352-001
<b>a</b>	Plan name	DEVINE, MILLIMET & BRANCH 401(K) PLAN	
<b>b</b>	Name of plan sponsor	DEVINE, MILLIMET & BRANCH	<b>c</b> EIN-PN 02-0336151-005
<b>a</b>	Plan name	DEWITT TOOL CO., INC. PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	DEWITT TOOL CO, INC	<b>c</b> EIN-PN 59-2010879-002
<b>a</b>	Plan name	DIAGNOSTIC PATHOLOGY MEDICAL GROUP, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	DIAGNOSTIC PATHOLOGY MEDICAL GROUP, INC.	<b>c</b> EIN-PN 94-2227764-002
<b>a</b>	Plan name	DIRECT DISTRIBUTORS, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	DIRECT DISTRIBUTORS, INC.	<b>c</b> EIN-PN 56-0985207-001
<b>a</b>	Plan name	DIRECT SERVICES INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	DIRECT SERVICES INC.	<b>c</b> EIN-PN 54-1017844-001
<b>a</b>	Plan name	DIVERSE BUSINESS SYSTEMS INC 401K SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	DIVERSE BUSINESS SYSTEMS INC.	<b>c</b> EIN-PN 65-1188980-001
<b>a</b>	Plan name	DON MILLER 401(K) PLAN	
<b>b</b>	Name of plan sponsor	DON MILLER	<b>c</b> EIN-PN 39-1279288-001
<b>a</b>	Plan name	DOWNEY BRAND LLP EMPLOYEE RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	DOWNEY BRAND LLP	<b>c</b> EIN-PN 94-0438033-001

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.)	
<b>a</b>	Plan name <a href="#">DRS. SUSAN AND BEN THOMPSON 401(K) PROFIT SHARING PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">DRS. SUSAN AND BEN THOMPSON</a>	<b>c</b> EIN-PN <a href="#">20-3872850-001</a>
<b>a</b>	Plan name <a href="#">DVL GROUP 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">DVL GROUP, INC.</a>	<b>c</b> EIN-PN <a href="#">23-2333687-001</a>
<b>a</b>	Plan name <a href="#">EAST TENNESSEE TECHNOLOGY PARK PENSION PLAN FOR GRANDFATHERED EMLPOYEES</a>	
<b>b</b>	Name of plan sponsor <a href="#">URS CH2M OAK RIDGE LLC</a>	<b>c</b> EIN-PN <a href="#">45-2178216-335</a>
<b>a</b>	Plan name <a href="#">EDWARD FERRELL &amp; LEWIS MITTMAN 401K PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">DFP, INC. DBA EDWARD FERRELL &amp; LEWIS MITTMAN</a>	<b>c</b> EIN-PN <a href="#">56-1533604-001</a>
<b>a</b>	Plan name <a href="#">EKTELLO 401(K) PROFIT SHARING PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">EKTELLO LLC</a>	<b>c</b> EIN-PN <a href="#">45-1813052-001</a>
<b>a</b>	Plan name <a href="#">ELDORADO RESORTS, INC. 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">CAESARS ENTERTAINMENT INC.</a>	<b>c</b> EIN-PN <a href="#">46-3657681-002</a>
<b>a</b>	Plan name <a href="#">ELECTRICAL CONTRACTORS ASSOC &amp; LOCAL UNION NO. 134 IBEW JOINT PENSION TRUST OF CHICAGO</a>	
<b>b</b>	Name of plan sponsor <a href="#">BOARD OF TRUSTEES OF THE ECA &amp; LOCAL 134 IBEW</a>	<b>c</b> EIN-PN <a href="#">51-6030753-002</a>
<b>a</b>	Plan name <a href="#">ELEVATOR CONSTRUCTORS ANNUITY AND 401(K) RETIREMENT PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">THE BOARD OF TRUSTEES OF THE ELEVATOR CONSTRUCTORS ANNUITY AND 401K RE</a>	<b>c</b> EIN-PN <a href="#">52-2125995-001</a>
<b>a</b>	Plan name <a href="#">EMERGENCY SERVICE ASSOCIATES, P.A. 401(K) PROFIT SHARING PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">EMERGENCY SERVICE ASSOCIATES, P.A.</a>	<b>c</b> EIN-PN <a href="#">52-0936535-001</a>
<b>a</b>	Plan name <a href="#">EMERUS RETIREMENT SAVINGS PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">EMERUS HOLDINGS, INC.</a>	<b>c</b> EIN-PN <a href="#">27-4317672-001</a>
<b>a</b>	Plan name <a href="#">EMPIRE EQUIPMENT COMPANY, LLC 401K PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">EMPIRE EQUIPMENT COMPANY, LLC</a>	<b>c</b> EIN-PN <a href="#">81-0867472-001</a>
<b>a</b>	Plan name <a href="#">EMPLOYEE BENEFITS LAW GROUP PC PROFIT SHARING PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">EMPLOYEE BENEFITS LAW GROUP PC</a>	<b>c</b> EIN-PN <a href="#">68-0195995-001</a>

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	EMPLOYEES' RETIREMENT PLAN OF THE NATIONAL EDUCATION ASSOCIATION	
<b>b</b>	Name of plan sponsor	NATIONAL EDUCATION ASSOCIATION	<b>c</b> EIN-PN 53-0115260-333
<b>a</b>	Plan name	EMS INDUSTRIAL, INC. SAVINGS PLAN & TRUST	
<b>b</b>	Name of plan sponsor	EMS INDUSTRIAL	<b>c</b> EIN-PN 39-1019735-001
<b>a</b>	Plan name	ENDEAVOR HEALTH 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ENDEAVOR HEALTH	<b>c</b> EIN-PN 36-3513954-001
<b>a</b>	Plan name	ENGINEERING ECONOMICS INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ENGINEERING ECONOMICS INC.	<b>c</b> EIN-PN 84-0942005-001
<b>a</b>	Plan name	ENGINEERING PLANNING AND MANAGEMENT, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ENGINEERING PLANNING AND MANAGEMENT, INC.	<b>c</b> EIN-PN 04-2715320-001
<b>a</b>	Plan name	ENPHASE ENERGY, INC. 401K PLAN	
<b>b</b>	Name of plan sponsor	ENPHASE ENERGY, INC.	<b>c</b> EIN-PN 20-4645388-001
<b>a</b>	Plan name	ENSYSTEX, INC. 401K PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	ENSYSTEX, INC.	<b>c</b> EIN-PN 56-1893824-001
<b>a</b>	Plan name	ENVIVA INC. 401K PLAN	
<b>b</b>	Name of plan sponsor	ENVIVA INC	<b>c</b> EIN-PN 90-1030857-001
<b>a</b>	Plan name	EPIC STAFFING GROUP, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	EPIC STAFFING GROUP, INC.	<b>c</b> EIN-PN 88-2936939-001
<b>a</b>	Plan name	EPIC SYSTEMS CORPORATION 401(K) PLAN	
<b>b</b>	Name of plan sponsor	EPIC SYSTEMS CORPORATION	<b>c</b> EIN-PN 39-1319950-001
<b>a</b>	Plan name	EQUINIX, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	EQUINIX	<b>c</b> EIN-PN 77-0487526-001
<b>a</b>	Plan name	ERESEARCH TECHNOLOGY 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ERESEARCH TECHNOLOGY, INC.	<b>c</b> EIN-PN 22-3264604-001

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	ERGOTECH CONTROLS, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ERGOTECH CONTROLS, INC. DBA INDUSTRIAL NETWORKING SOLUTIONS	<b>c</b> EIN-PN 75-2778067-002
<b>a</b>	Plan name	ERHARD & JENNINGS, A PROFESSIONAL CORPORATION, 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ERHARD & JENNINGS, A PROFESSIONAL CORPORATION	<b>c</b> EIN-PN 75-1463062-001
<b>a</b>	Plan name	ERIE PARKING AUTHORITY RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	ERIE PARKING AUTHORITY	<b>c</b> EIN-PN 25-1119809-002
<b>a</b>	Plan name	ESA MANAGEMENT, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ESA MANAGEMENT, LLC	<b>c</b> EIN-PN 90-1015925-001
<b>a</b>	Plan name	EVANS CONSULTING 401(K) PLAN	
<b>b</b>	Name of plan sponsor	EVANS CONSULTING	<b>c</b> EIN-PN 54-1698056-001
<b>a</b>	Plan name	EVANSVILLE VETERINARY SERVICE SAFE HARBOR 401(K)/PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	EVANSVILLE VETERINARY SERVICE	<b>c</b> EIN-PN 39-1187925-001
<b>a</b>	Plan name	EVIDEN 401(K) SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	EVIDEN	<b>c</b> EIN-PN 88-4399707-001
<b>a</b>	Plan name	EWC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	EWC CORPORATE, LLC	<b>c</b> EIN-PN 82-4449129-001
<b>a</b>	Plan name	EXCEL SPORTS MANAGEMENT 401(K) PLAN	
<b>b</b>	Name of plan sponsor	EXCEL SPORTS MANAGEMENT, LLC	<b>c</b> EIN-PN 45-2780471-001
<b>a</b>	Plan name	EYEPOINT PHARMACEUTICALS US INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	EYEPOINT PHARMACEUTICALS US, INC	<b>c</b> EIN-PN 06-1357485-001
<b>a</b>	Plan name	EZ(K) FLEX POOLED EMPLOYER PLAN	
<b>b</b>	Name of plan sponsor	PLAN PROFESSIONALS, LLC	<b>c</b> EIN-PN 85-3213245-333
<b>a</b>	Plan name	EZ(K) PLUS PEP	
<b>b</b>	Name of plan sponsor	PLAN PROFESSIONALS, LLC	<b>c</b> EIN-PN 20-1816581-334

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	F5 NETWORKS, INC. 401(K) PROFIT SHARING PLAN AND TRUST	
<b>b</b>	Name of plan sponsor	F5 NETWORKS, INC.	<b>c</b> EIN-PN 91-1714307-001
<b>a</b>	Plan name	FABICK 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	FABICK CAT	<b>c</b> EIN-PN 43-0263380-002
<b>a</b>	Plan name	FABRICATION ASSOCIATES, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	FABRICATION ASSOCIATES, INC.	<b>c</b> EIN-PN 56-1974155-001
<b>a</b>	Plan name	FAYETTEVILLE CHILDREN'S CLINIC PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	FAYETTEVILLE CHILDREN'S CLINIC, PA	<b>c</b> EIN-PN 56-1004016-003
<b>a</b>	Plan name	FBC MORTGAGE LLC 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	FBC MORTGAGE LLC	<b>c</b> EIN-PN 20-3702275-001
<b>a</b>	Plan name	FEDERATED WIRELESS, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	FEDERATED WIRELESS, INC.	<b>c</b> EIN-PN 45-5077072-001
<b>a</b>	Plan name	FERRAN 401(K) PLAN	
<b>b</b>	Name of plan sponsor	FERRAN SERVICES & CONTRACTING, INC.	<b>c</b> EIN-PN 59-3617819-002
<b>a</b>	Plan name	FIDUCIARY INVESTMENT TRUST AGGRESSIVE PORTFOLIO	
<b>b</b>	Name of plan sponsor	COMERICA BANK & TRUST NA	<b>c</b> EIN-PN 47-6646422-001
<b>a</b>	Plan name	FIDUCIARY INVESTMENT TRUST BALANCED PORTFOLIO	
<b>b</b>	Name of plan sponsor	COMERICA BANK & TRUST NA	<b>c</b> EIN-PN 47-6652256-001
<b>a</b>	Plan name	FIDUCIARY INVESTMENT TRUST GROWTH PORTFOLIO	
<b>b</b>	Name of plan sponsor	COMERICA BANK & TRUST NA	<b>c</b> EIN-PN 47-6649174-001
<b>a</b>	Plan name	FIDUCIARY INVESTMENT TRUST MODERATELY CONSERVATIVE PORTFOLIO	
<b>b</b>	Name of plan sponsor	COMERICA BANK & TRUST NA	<b>c</b> EIN-PN 47-6655437-001
<b>a</b>	Plan name	FIG LLC 401K PROFIT SHARING PLAN & TRUST	
<b>b</b>	Name of plan sponsor	FIG LLC	<b>c</b> EIN-PN 13-3989886-001

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	FINANCE OF AMERICA COMPANIES 401K PLAN	
<b>b</b>	Name of plan sponsor	FINANCE COMPANIES OF AMERICA	<b>c</b> EIN-PN 80-0948242-001
<b>a</b>	Plan name	FINCH, THORNTON & BAIRD, LLP 401(K) PSP	
<b>b</b>	Name of plan sponsor	FINCH, THORNTON & BAIRD, LLP	<b>c</b> EIN-PN 33-0219998-001
<b>a</b>	Plan name	FIREMON, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	FIREMON, LLC	<b>c</b> EIN-PN 20-0351769-001
<b>a</b>	Plan name	FIRST-CITIZENS BANK & TRUST COMPANY 401(K) PLAN	
<b>b</b>	Name of plan sponsor	FIRST-CITIZENS BANK & TRUST COMPANY	<b>c</b> EIN-PN 56-0223230-003
<b>a</b>	Plan name	FIRST-CITIZENS BANK & TRUST COMPANY LEGACY 401(K) PLAN	
<b>b</b>	Name of plan sponsor	FIRST-CITIZENS BANK & TRUST COMPANY	<b>c</b> EIN-PN 56-0223230-002
<b>a</b>	Plan name	FIVE BELOW 401(K) RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	FIVE BELOW, INC.	<b>c</b> EIN-PN 75-3000378-001
<b>a</b>	Plan name	FLUIDRA NORTH AMERICA RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	FLUIDRA NORTH AMERICA LLC	<b>c</b> EIN-PN 81-4198874-001
<b>a</b>	Plan name	FOLEY & LARDNER LLP CASH BALANCE PLAN	
<b>b</b>	Name of plan sponsor	FOLEY & LARDNER LLP	<b>c</b> EIN-PN 39-0473800-008
<b>a</b>	Plan name	FOLEY & LARDNER LLP DEFINED CONTRIBUTION RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	FOLEY & LARDNER LLP	<b>c</b> EIN-PN 39-0473800-007
<b>a</b>	Plan name	FOLLETT RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	FOLLETT CORPORATION	<b>c</b> EIN-PN 36-2369161-002
<b>a</b>	Plan name	FOREVERLAWN OF TEXAS 401(K) PLAN	
<b>b</b>	Name of plan sponsor	BRADSTREET CONSTRUCTION LLC DBA FOREVERLAWN TEXAS	<b>c</b> EIN-PN 88-3153332-001
<b>a</b>	Plan name	FRANK M. BOOTH, INC. PROFIT SHARING PLAN & TRUST	
<b>b</b>	Name of plan sponsor	FRANK M. BOOTH, INC.	<b>c</b> EIN-PN 94-1257060-001

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.)	
<b>a</b>	Plan name <b>FREEDOM CONSULTING GROUP LLC 401(K) PROFIT SHARING PLAN</b>	
<b>b</b>	Name of plan sponsor <b>FREEDOM CONSULTING GROUP, LLC</b>	<b>c</b> EIN-PN <b>20-1679732-001</b>
<b>a</b>	Plan name <b>FRERES LUMBER CO., INC. SAVINGS &amp; PROFIT SHARING PLAN</b>	
<b>b</b>	Name of plan sponsor <b>FRERES LUMBER CO., INC.</b>	<b>c</b> EIN-PN <b>93-0357299-001</b>
<b>a</b>	Plan name <b>FT. PIERCE POLICE OFFICERS' RETIREMENT TRUST FUND</b>	
<b>b</b>	Name of plan sponsor <b>CITY OF FORT PIERCE</b>	<b>c</b> EIN-PN <b>85-8012621-002</b>
<b>a</b>	Plan name <b>GAFCON, INC. 401(K) PROFIT SHARING PLAN</b>	
<b>b</b>	Name of plan sponsor <b>GAFCON, INC.</b>	<b>c</b> EIN-PN <b>33-0261441-001</b>
<b>a</b>	Plan name <b>GARNER INTERNAL MEDICINE 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>GARNER INTERNAL MEDICINE</b>	<b>c</b> EIN-PN <b>56-2153802-001</b>
<b>a</b>	Plan name <b>GCR INC. 401K PLAN</b>	
<b>b</b>	Name of plan sponsor <b>GOVERNMENT CONTRACTING RESOURCES, INC.</b>	<b>c</b> EIN-PN <b>54-1590229-001</b>
<b>a</b>	Plan name <b>GCR UNION 401K PLAN</b>	
<b>b</b>	Name of plan sponsor <b>GOVERNMENT CONTRACTING RESOURCES, INC.</b>	<b>c</b> EIN-PN <b>54-1590229-002</b>
<b>a</b>	Plan name <b>GE ENERGY PENSION MASTER TRUST</b>	
<b>b</b>	Name of plan sponsor <b>ROPCOR, INC.</b>	<b>c</b> EIN-PN <b>88-2692809-999</b>
<b>a</b>	Plan name <b>GEM SOFTWARE 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>GEM SOFTWARE, INC.</b>	<b>c</b> EIN-PN <b>82-1703540-001</b>
<b>a</b>	Plan name <b>GEORGIA FIREFIGHTERS' PENSION FUND</b>	
<b>b</b>	Name of plan sponsor <b>GEORGIA FIREFIGHTERS' PENSION FUND, BOARD OF TRUSTEES</b>	<b>c</b> EIN-PN <b>58-6005261-999</b>
<b>a</b>	Plan name <b>GEORGIA NEPHROLOGY, LLC 401K PROFIT SHARING PLAN</b>	
<b>b</b>	Name of plan sponsor <b>GEORGIA NEPHROLOGY, LLC</b>	<b>c</b> EIN-PN <b>58-2146852-001</b>
<b>a</b>	Plan name <b>GERMANIA COMPANIES EMPLOYEES PROFIT SHARING AND SAVINGS PLAN</b>	
<b>b</b>	Name of plan sponsor <b>GERMANIA FARM MUTUAL INSURANCE ASSOCIATION</b>	<b>c</b> EIN-PN <b>74-0643240-003</b>

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.)	
<b>a</b>	Plan name <a href="#">GLACIER BANCORP, INC. PROFIT SHARING AND 401 (K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">GLACIER BANCORP, INC.</a>	<b>c</b> EIN-PN <a href="#">81-0519541-002</a>
<b>a</b>	Plan name <a href="#">GLOBAL ADMINISTRATIVE SOLUTIONS 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">GLOBAL ADMINISTRATIVE SOLUTIONS, INC.</a>	<b>c</b> EIN-PN <a href="#">58-1953215-001</a>
<b>a</b>	Plan name <a href="#">GLOBAL MEDICAL RESPONSE, INC. 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">GLOBAL MEDICAL RESPONSE, INC.</a>	<b>c</b> EIN-PN <a href="#">20-1305023-001</a>
<b>a</b>	Plan name <a href="#">GLOBUS MEDICAL INC. 401K PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">GLOBUS MEDICAL INC.</a>	<b>c</b> EIN-PN <a href="#">04-3744954-001</a>
<b>a</b>	Plan name <a href="#">GOLDBELT 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">GOLDBELT, INC.</a>	<b>c</b> EIN-PN <a href="#">92-0045465-004</a>
<b>a</b>	Plan name <a href="#">GOLDEN KEY GROUP 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">GOLDEN KEY GROUP, INC.</a>	<b>c</b> EIN-PN <a href="#">36-4497472-001</a>
<b>a</b>	Plan name <a href="#">GOLUB CAPITAL LLC 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">GOLUB CAPITAL LLC</a>	<b>c</b> EIN-PN <a href="#">20-5683269-001</a>
<b>a</b>	Plan name <a href="#">GOOSSEN &amp; SCHULTZ PROFIT SHARING &amp; 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">GOOSSEN &amp; SCHULTZ</a>	<b>c</b> EIN-PN <a href="#">45-4119992-001</a>
<b>a</b>	Plan name <a href="#">GORMAN 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">GORMAN &amp; COMPANY, LLC</a>	<b>c</b> EIN-PN <a href="#">82-3739186-001</a>
<b>a</b>	Plan name <a href="#">GP FH LLC 401(K) RETIREMENT PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">GP FH LLC</a>	<b>c</b> EIN-PN <a href="#">99-1693257-001</a>
<b>a</b>	Plan name <a href="#">GP3 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">GP3 PARTNERS, LLC</a>	<b>c</b> EIN-PN <a href="#">84-4083248-001</a>
<b>a</b>	Plan name <a href="#">GQG PARTNERS LLC RETIREMENT PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">GQG PARTNERS LLC</a>	<b>c</b> EIN-PN <a href="#">81-2109181-001</a>

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.)	
<b>a</b>	Plan name GRAY TELEVISION, INC. CAPITAL ACCUMULATION PLAN	
<b>b</b>	Name of plan sponsor GRAY TELEVISION, INC.	<b>c</b> EIN-PN 58-0285030-003
<b>a</b>	Plan name GRCC RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor GOOSMANN ROSE COLVARD & CRAMER, P.A.	<b>c</b> EIN-PN 56-1922501-001
<b>a</b>	Plan name GREATER NAPLES FIRE RESCUE DISTRICT FIREFIGHTERS' PENSION PLAN	
<b>b</b>	Name of plan sponsor GREATER NAPLES FIRE RESCUE DISTRICT	<b>c</b> EIN-PN 65-0780672-999
<b>a</b>	Plan name GREATER SOUTHWEST BANCSHARES, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor GREATER SOUTHWEST BANCSHARES, INC.	<b>c</b> EIN-PN 75-2160388-001
<b>a</b>	Plan name GREAT-WEST TRUST COMPANY COLLECTIVE INVESTMENT TRUST FOR EMPLOYEE BENEFIT P	
<b>b</b>	Name of plan sponsor ORCHARD TRUST COMPANY LLC	<b>c</b> EIN-PN 84-1455663-999
<b>a</b>	Plan name GREENBERRY INDUSTRIAL LLC PROFIT SHARING 401(K) PLAN	
<b>b</b>	Name of plan sponsor GREENBERRY INDUSTRIAL LLC	<b>c</b> EIN-PN 20-8940196-001
<b>a</b>	Plan name GROCERY OUTLET INC. RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor GROCERY OUTLET INC.	<b>c</b> EIN-PN 94-1513561-001
<b>a</b>	Plan name GUARDIAN ALARM COMPANY 401(K) PROFIT SHARING PLAN & TRUST	
<b>b</b>	Name of plan sponsor GA BUSINESS PURCHASER, LLC DBA GUARDIAN ALARM	<b>c</b> EIN-PN 81-4849018-001
<b>a</b>	Plan name GUARDIAN FLEET SERVICES 401(K) PLAN (002)	
<b>b</b>	Name of plan sponsor GUARDIAN FLEET SERVICES	<b>c</b> EIN-PN 82-1297296-002
<b>a</b>	Plan name HAAS AUTOMATION, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor HAAS AUTOMATION, INC.	<b>c</b> EIN-PN 95-3883244-001
<b>a</b>	Plan name HAEMONETICS CORPORATION SAVINGS PLUS PLAN	
<b>b</b>	Name of plan sponsor HAEMONETICS CORPORATION	<b>c</b> EIN-PN 04-2882273-002
<b>a</b>	Plan name HAI HOSPITALITY GROUP, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor HAI HOSPITALITY GROUP, LLC	<b>c</b> EIN-PN 85-3250442-001

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.)		
<b>a</b>	Plan name HALIFAX LINEN SERVICE, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor HALIFAX LINEN SERVICE, INC.	<b>c</b> EIN-PN 56-1068119-001
<b>a</b>	Plan name HANCOCK WHITNEY CORPORATION PENSION PLAN	
<b>b</b>	Name of plan sponsor HANCOCK WHITNEY CORPORATION	<b>c</b> EIN-PN 64-0693170-004
<b>a</b>	Plan name HARVEST MANAGEMENT, LLC (EMPLOYEES' 401(K) PROFIT SHARING PLAN)	
<b>b</b>	Name of plan sponsor HARVEST MANAGEMENT, LLC	<b>c</b> EIN-PN 86-0996954-001
<b>a</b>	Plan name HAVEN BEHAVIORAL HEALTHCARE INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor HAVEN BEHAVIORAL HEALTH	<b>c</b> EIN-PN 20-4543642-001
<b>a</b>	Plan name HDNET, LLC 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor HDNET, LLC	<b>c</b> EIN-PN 75-2928263-001
<b>a</b>	Plan name HENDERSON OIL COMPANY, INC. 401K PLAN	
<b>b</b>	Name of plan sponsor HENDERSON OIL COMPANY, INC.	<b>c</b> EIN-PN 56-0986390-001
<b>a</b>	Plan name HENDERSONVILLE PEDIATRICS, PA 401(K) PLAN	
<b>b</b>	Name of plan sponsor HENDERSONVILLE PEDIATRICS, PA	<b>c</b> EIN-PN 56-1024215-001
<b>a</b>	Plan name HENNESSEY IMPLEMENT, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor HENNESSEY IMPLEMENT	<b>c</b> EIN-PN 39-0957364-001
<b>a</b>	Plan name HENRITZE DENTAL GROUP 401(K) PLAN	
<b>b</b>	Name of plan sponsor ANDREWS HENRITZE DDS PPLC	<b>c</b> EIN-PN 83-0617708-001
<b>a</b>	Plan name HESS ORTHOPAEDIC CENTER & SPORTS MEDICINE, PLC 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor HESS ORTHOPAEDIC CENTER & SPORTS MEDICINE, PLC	<b>c</b> EIN-PN 54-1791113-001
<b>a</b>	Plan name HIGIER ALLEN & LAUTIN, P.C. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor HIGIER ALLEN & LAUTIN, P.C.	<b>c</b> EIN-PN 20-8991739-002
<b>a</b>	Plan name HIREEZ 401(K) PLAN	
<b>b</b>	Name of plan sponsor HIRETEAMMATE, INC.	<b>c</b> EIN-PN 47-3428078-002

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	HIREVUE RETIREMENT TRUST	
<b>b</b>	Name of plan sponsor	HIREVUE, INC.	<b>c</b> EIN-PN 20-2438190-001
<b>a</b>	Plan name	HOK GROUP, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	HOK GROUP, INC.	<b>c</b> EIN-PN 43-1205826-001
<b>a</b>	Plan name	HONIGMAN LLP INCOME DEFERRAL AND PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	HONIGMAN LLP	<b>c</b> EIN-PN 38-1407377-003
<b>a</b>	Plan name	HOUGHTON MIFFLIN RETIREMENT PLAN TRUST	
<b>b</b>	Name of plan sponsor	HOUGHTON MIFFLIN HARCOURT PUBLISHING COMPANY	<b>c</b> EIN-PN 04-1456030-001
<b>a</b>	Plan name	HRP CONSTRUCTION, INC. RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	HRP CONSTRUCTION, INC.	<b>c</b> EIN-PN 35-1489621-002
<b>a</b>	Plan name	HUB INTERNATIONAL LIMITED 401(K) SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	HUB INTERNATIONAL LIMITED	<b>c</b> EIN-PN 75-3243028-001
<b>a</b>	Plan name	HUBBARD PIPE AND SUPPLY, INC. EMPLOYEES' 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	HUBBARD PIPE AND SUPPLY, INC.	<b>c</b> EIN-PN 56-1005861-001
<b>a</b>	Plan name	HUCKABEE & ASSOCIATES, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	HUCKABEE & ASSOCIATES, INC.	<b>c</b> EIN-PN 75-2406640-001
<b>a</b>	Plan name	HUDSON, POTTS & BERNSTEIN EMPLOYEES' PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	HUDSON, POTTS & BERNSTEIN LLP	<b>c</b> EIN-PN 72-6070024-001
<b>a</b>	Plan name	HUFF ORTHOPAEDICS & SPORTS MEDICINE, PA 401(K) PLAN	
<b>b</b>	Name of plan sponsor	HUFF ORTHOPAEDICS & SPORTS MEDICINE, PA	<b>c</b> EIN-PN 56-2089886-002
<b>a</b>	Plan name	HUNT ELECTRIC CORPORATION AND ECSI 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	HUNT ELECTRIC CORPORATION	<b>c</b> EIN-PN 41-0888550-001
<b>a</b>	Plan name	HUNZINGER CONSTRUCTION COMPANY SAVINGS & PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	HUNZINGER CONSTRUCTION CO.	<b>c</b> EIN-PN 39-0363420-001

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
<small>(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)</small>			
<b>a</b>	Plan name	HYDROACOUSTICS INC. EMPLOYEES RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	HYDROACOUSTICS INC.	<b>c</b> EIN-PN 16-0991572-001
<b>a</b>	Plan name	HYLAND SOFTWARE 401(K) PLAN	
<b>b</b>	Name of plan sponsor	HYLAND SOFTWARE INC.	<b>c</b> EIN-PN 34-1699247-001
<b>a</b>	Plan name	I. B. OF T. UNION LOCAL NO. 710 PENSION FUND	
<b>b</b>	Name of plan sponsor	TRUSTEES OF I. B. OF T. UNION LOCAL NO. 710 PENSION FUND	<b>c</b> EIN-PN 36-2377656-001
<b>a</b>	Plan name	IBA USA 401(K) PLAN	
<b>b</b>	Name of plan sponsor	IBA USA, INC.	<b>c</b> EIN-PN 90-1072480-001
<b>a</b>	Plan name	IBFC EMPLOYEE SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	INDEPENDENT BANKERS FINANCIAL CORPORATION	<b>c</b> EIN-PN 75-1892487-001
<b>a</b>	Plan name	ICMA RETIREMENT CORPORATION RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	ICMA RETIREMENT CORPORATION	<b>c</b> EIN-PN 23-7268394-001
<b>a</b>	Plan name	IEH AUTO PARTS LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	IEH AUTO PARTS LLC	<b>c</b> EIN-PN 47-3322066-002
<b>a</b>	Plan name	IGLOO PRODUCTS CORP. EMPLOYEES' 401(K) PLAN	
<b>b</b>	Name of plan sponsor	IGLOO PRODUCTS CORP.	<b>c</b> EIN-PN 36-3474772-305
<b>a</b>	Plan name	IMAGINE ENTERTAINMENT 401(K) PLAN	
<b>b</b>	Name of plan sponsor	IMAGINE ENTERTAINMENT, LLC	<b>c</b> EIN-PN 95-4394439-001
<b>a</b>	Plan name	INCEPTION ONLINE MARKETING 401(K) PLAN	
<b>b</b>	Name of plan sponsor	INCEPTION ONLINE MARKETING, INC	<b>c</b> EIN-PN 37-1758453-001
<b>a</b>	Plan name	INCOURAGE COMMUNITY FOUNDATION, INC. 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	INCOURAGE COMMUNITY FOUNDATION	<b>c</b> EIN-PN 39-1772651-001
<b>a</b>	Plan name	INDIANOLA FOODS PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	INDIANOLA FOODS	<b>c</b> EIN-PN 64-0617228-001

<b>Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>		
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)		
<b>a</b>	Plan name	INDIGO IT 401(K) PLAN
<b>b</b>	Name of plan sponsor	INDIGO IT, LLC
<b>c</b>	EIN-PN	54-2042767-001
<b>a</b>	Plan name	INFRAREDX INC., 401K PROFIT SHARING PLAN
<b>b</b>	Name of plan sponsor	INFRAREDX, INC.
<b>c</b>	EIN-PN	04-3502540-001
<b>a</b>	Plan name	INNOVATIVE HANDLING SOLUTIONS 401(K) PLAN
<b>b</b>	Name of plan sponsor	INNOVATIVE HANDLING SOLUTIONS
<b>c</b>	EIN-PN	82-5060925-001
<b>a</b>	Plan name	INOTIV, INC. RETIREMENT PLAN
<b>b</b>	Name of plan sponsor	INOTIV, INC.
<b>c</b>	EIN-PN	35-1345024-001
<b>a</b>	Plan name	INOVA FAIRFAX CRNA 401(K) PLAN
<b>b</b>	Name of plan sponsor	ANETHESIA CONSULTING & MANAGEMENT, LP
<b>c</b>	EIN-PN	01-0826101-010
<b>a</b>	Plan name	INOVALON, INC. 401(K) RETIREMENT PLAN
<b>b</b>	Name of plan sponsor	INOVALON, INC.
<b>c</b>	EIN-PN	71-1017974-001
<b>a</b>	Plan name	INSPIRE BRANDS, INC. 401(K) RETIREMENT PLAN
<b>b</b>	Name of plan sponsor	INSPIRE BRANDS, INC.
<b>c</b>	EIN-PN	82-3952653-005
<b>a</b>	Plan name	INTEGRATED MEDICAL SERVICES, INC. 401(K) PROFIT SHARING PLAN
<b>b</b>	Name of plan sponsor	INTEGRATED MEDICAL SERVICES, INC.
<b>c</b>	EIN-PN	86-0783428-001
<b>a</b>	Plan name	INTEGRICHAIN, INC 401K PLAN
<b>b</b>	Name of plan sponsor	INTEGRICHAIN, INC
<b>c</b>	EIN-PN	54-2187446-001
<b>a</b>	Plan name	INTELLIGENT WAVES, LLC 401(K) PLAN
<b>b</b>	Name of plan sponsor	INTELLIGENT WAVES, LLC
<b>c</b>	EIN-PN	20-5613444-002
<b>a</b>	Plan name	INTERMOUNTAIN HEALTHCARE SAVINGS PLUS 401(K) PLAN
<b>b</b>	Name of plan sponsor	INTERMOUNTAIN HEALTH CARE INC.
<b>c</b>	EIN-PN	87-0269232-002
<b>a</b>	Plan name	INTERNATIONAL ASSOCIATION OF HEAT AND FROST INSULATORS AND ALLIED WORKERS LOCAL NO. 1 PENSION PLAN
<b>b</b>	Name of plan sponsor	INTERNATIONAL ASSOCIATION OF HEAT AND FROST INSULATROS AND ALLIED WORK
<b>c</b>	EIN-PN	43-6027860-001

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.)	
<b>a</b>	Plan name INTERNATIONAL BROTHERHOOD OF ELECTRICAL WORKERS LOCAL UNIONS SAVINGS & SECURITY PLAN	
<b>b</b>	Name of plan sponsor BOARD OF DIRECTORS OF THE IBEW LOCALS' SAVING & RETIREMENT GROUP TRUST	<b>c</b> EIN-PN 27-1722149-023
<b>a</b>	Plan name INTRACOASTAL INTERNAL MEDICINE 401K PLAN	
<b>b</b>	Name of plan sponsor INTRACOASTAL INTERNAL MEDICINE	<b>c</b> EIN-PN 20-4186654-001
<b>a</b>	Plan name INW MANUFACTURING 401(K) PLAN	
<b>b</b>	Name of plan sponsor UNITED LABORATORIES MANUFACTURIN	<b>c</b> EIN-PN 46-4276675-001
<b>a</b>	Plan name IRON WORKERS LOCAL 597 PENSION FUND	
<b>b</b>	Name of plan sponsor BOARD OF TRUSTEES OF THE IRON WORKERS LOCAL 597 PENSION FUND	<b>c</b> EIN-PN 59-6195918-001
<b>a</b>	Plan name IT COALITION 401(K) PLAN - U.S. EMPLOYEES	
<b>b</b>	Name of plan sponsor INFORMATION TECHNOLOGY COALITION, INC.	<b>c</b> EIN-PN 20-5581516-003
<b>a</b>	Plan name IVY HILL RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor IVY HILL ASSET MANAGEMENT L.P.	<b>c</b> EIN-PN 26-1468377-001
<b>a</b>	Plan name IZUMI INTERNATIONAL, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor IZUMI INTERNATIONAL, INC.	<b>c</b> EIN-PN 57-0657375-001
<b>a</b>	Plan name J&D 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor JONES & DEMILLE ENGINEERING INC.	<b>c</b> EIN-PN 87-0377962-001
<b>a</b>	Plan name J.W. SPEAKER CORPORATION 401(K) PLAN	
<b>b</b>	Name of plan sponsor J.W. SPEAKER CORPORATION	<b>c</b> EIN-PN 39-0626040-001
<b>a</b>	Plan name JACKSON PROPERTIES, INC. PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor JACKSON PROPERTIES, INC.	<b>c</b> EIN-PN 94-2258751-004
<b>a</b>	Plan name JD SERVICE NOW, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor JD SERVICE NOW, INC.	<b>c</b> EIN-PN 68-0612385-001
<b>a</b>	Plan name JEDWARDS INTERNATIONAL 401K PLAN	
<b>b</b>	Name of plan sponsor JEDWARDS INTERNATIONAL INC	<b>c</b> EIN-PN 04-3259135-001

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.)		
<b>a</b>	Plan name JEFFERSON VETERINARY CLINIC, S.C. PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor JEFFERSON VETERINARY CLINIC	<b>c</b> EIN-PN 39-1441396-001
<b>a</b>	Plan name JERNIGAN OIL COMPANY, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor JERNIGAN OIL COMPANY, INC.	<b>c</b> EIN-PN 56-0795696-001
<b>a</b>	Plan name JEWISH COMMUNITY ALLIANCE, INC. RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor JEWISH COMMUNITY ALLIANCE, INC.	<b>c</b> EIN-PN 59-2620208-001
<b>a</b>	Plan name JOHNSON CURRAN OPTOMETRY CENTERS, PC 401(K) PLAN	
<b>b</b>	Name of plan sponsor JOHNSON CURRAN OPTOMETRY CENTERS, PC	<b>c</b> EIN-PN 47-1396663-001
<b>a</b>	Plan name JONES SIMKINS LLC 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor JONES SIMKINS LLC	<b>c</b> EIN-PN 46-1592906-002
<b>a</b>	Plan name JOPLIN HENDRICKS 401(K) PLAN	
<b>b</b>	Name of plan sponsor JOPLIN HENDRICKS, PLLC	<b>c</b> EIN-PN 81-4580566-001
<b>a</b>	Plan name JORNS & ASSOCIATES LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor JORNS & ASSOCIATES LLC	<b>c</b> EIN-PN 87-1515525-001
<b>a</b>	Plan name K&L GATES 401(K) PROGRAM MASTER TRUST	
<b>b</b>	Name of plan sponsor K&L GATES LLP	<b>c</b> EIN-PN 25-0921018-100
<b>a</b>	Plan name K2 SPORTS 401(K) PLAN	
<b>b</b>	Name of plan sponsor K2 SPORTS LLC	<b>c</b> EIN-PN 35-1175329-001
<b>a</b>	Plan name KAHN VENTURES, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor KAHN VENTURES, INC	<b>c</b> EIN-PN 58-1360668-002
<b>a</b>	Plan name KCI HOLDING USA, INC. 401K PLAN	
<b>b</b>	Name of plan sponsor KCI HOLDING USA, INC.	<b>c</b> EIN-PN 76-0432472-001
<b>a</b>	Plan name KENVUE RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor KENVUE INC.	<b>c</b> EIN-PN 88-1032011-002

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	KENVUE SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	KENVUE INC.	<b>c</b> EIN-PN 88-1032011-001
<b>a</b>	Plan name	KEYMARK, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	KEYMARK, INC	<b>c</b> EIN-PN 57-1113419-001
<b>a</b>	Plan name	KIK CUSTOM PRODUCTS 401(K) RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	KIK INTERNATIONAL LLC	<b>c</b> EIN-PN 13-3897201-001
<b>a</b>	Plan name	KINCAID CHIROPRACTIC, S.C. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	KINCAID CHIROPRACTIC	<b>c</b> EIN-PN 39-1997790-001
<b>a</b>	Plan name	KLAROS ADVISORS 401(K) PLAN	
<b>b</b>	Name of plan sponsor	KLAROS ADVISORS LLC	<b>c</b> EIN-PN 84-2428473-001
<b>a</b>	Plan name	KLEIBER CONSTRUCTION, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	KLEIBER CONSTRUCTION, INC.	<b>c</b> EIN-PN 38-3828165-001
<b>a</b>	Plan name	KREBER GRAPHICS, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	KREBER GRAPHICS, INC.	<b>c</b> EIN-PN 31-4364062-005
<b>a</b>	Plan name	LAGORIO MANAGEMENT CO., INC. 401K PLAN	
<b>b</b>	Name of plan sponsor	LAGORIO MANAGEMENT CO., INC.	<b>c</b> EIN-PN 68-0343317-001
<b>a</b>	Plan name	LAKELAND SPORTS CENTER, INC. 401(K) RETIREMENT SAVINGS PLAN & TRUST	
<b>b</b>	Name of plan sponsor	LAKELAND SPORTS CENTER, INC.	<b>c</b> EIN-PN 39-1224289-001
<b>a</b>	Plan name	LAMAR NATIONAL BANK PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	LAMAR NATIONAL BANK	<b>c</b> EIN-PN 75-1768645-001
<b>a</b>	Plan name	LAREDO FIREFIGHTERS RETIREMENT SYSTEM	
<b>b</b>	Name of plan sponsor	BOARD OF TRUSTEES FOR THE LOREDO FIREFIGHTERS RETIREMENT SYSTEM	<b>c</b> EIN-PN 74-2914435-999
<b>a</b>	Plan name	LASERSHIP 401(K) PLAN	
<b>b</b>	Name of plan sponsor	LASERSHIP, INC.	<b>c</b> EIN-PN 54-2015092-001

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.)	
<b>a</b>	Plan name <b>LATIN AMERICAN YOUTH CENTER 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>LATIN AMERICAN YOUTH CENTER, INC.</b>	<b>c</b> EIN-PN <b>52-1023074-001</b>
<b>a</b>	Plan name <b>LAW OFFICES OF WILLIAM KIANG RETIREMENT PLAN</b>	
<b>b</b>	Name of plan sponsor <b>LAW OFFICES OF WILLIAM KIANG</b>	<b>c</b> EIN-PN <b>47-5068332-001</b>
<b>a</b>	Plan name <b>LEADER 401K PLAN</b>	
<b>b</b>	Name of plan sponsor <b>LIVANTA LLC</b>	<b>c</b> EIN-PN <b>05-0609649-001</b>
<b>a</b>	Plan name <b>LEAPLEY CONSTRUCTION 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>LEAPLEY CONSTRUCTION GROUP OF ATLANTA LLC</b>	<b>c</b> EIN-PN <b>58-2490549-001</b>
<b>a</b>	Plan name <b>LEBCO INDUSTRIES LP 401(K) PROFIT SHARING PLAN</b>	
<b>b</b>	Name of plan sponsor <b>LEBCO INDUSTRIES</b>	<b>c</b> EIN-PN <b>75-2773408-001</b>
<b>a</b>	Plan name <b>LEGALZOOM.COM, INC. 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>LEGALZOOM.COM, INC</b>	<b>c</b> EIN-PN <b>95-4752856-001</b>
<b>a</b>	Plan name <b>LIFESTORE 401(K) PROFIT SHARING PLAN</b>	
<b>b</b>	Name of plan sponsor <b>LIFESTORE FINANCIAL GROUP, INC.</b>	<b>c</b> EIN-PN <b>56-2098545-001</b>
<b>a</b>	Plan name <b>LIGHTHOUSE HR SERVICES, LLC 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>LIGHTHOUSE HR SERVICES, LLC</b>	<b>c</b> EIN-PN <b>45-5382595-001</b>
<b>a</b>	Plan name <b>LIMEHOUSE &amp; SONS, INC. 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>LIMEHOUSE &amp; SONS, INC</b>	<b>c</b> EIN-PN <b>57-0644219-001</b>
<b>a</b>	Plan name <b>LINDAMOOD-BELL LEARNING PROCESSES 401(K) PROFIT SHARING PLAN</b>	
<b>b</b>	Name of plan sponsor <b>LINDAMOOD-BELL LEARNING PROCESSES</b>	<b>c</b> EIN-PN <b>77-0140920-001</b>
<b>a</b>	Plan name <b>LIVINN 401K PLAN</b>	
<b>b</b>	Name of plan sponsor <b>LIVINN HOTELS</b>	<b>c</b> EIN-PN <b>47-0901522-001</b>
<b>a</b>	Plan name <b>LMLC OPERATIONS LLC RETIREMENT PLAN AND TRUST</b>	
<b>b</b>	Name of plan sponsor <b>LMLC OPERATIONS LLC</b>	<b>c</b> EIN-PN <b>93-3834011-001</b>

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.)	
<b>a</b>	Plan name LOCAL #241 OF THE INTERNATIONAL BROTHERHOOD OF ELECTRICAL WORKERS PENSION PLAN	
<b>b</b>	Name of plan sponsor BOARD OF TRUSTEES OF THE IBEW LOCAL 241 PENSION FUND	<b>c</b> EIN-PN 16-6118689-001
<b>a</b>	Plan name LOWERS RISK GROUP, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor LOWERS RISK GROUP, LLC	<b>c</b> EIN-PN 45-5167090-001
<b>a</b>	Plan name LUBBOCK TRUCK SALES, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor LUBBOCK TRUCK SALES INC.	<b>c</b> EIN-PN 75-2352899-001
<b>a</b>	Plan name LUCK STONE CORPORATION RETIREMENT PLAN AND TRUST	
<b>b</b>	Name of plan sponsor LUCK STONE CORPORATION	<b>c</b> EIN-PN 54-0630628-001
<b>a</b>	Plan name MACEDON CONSULTING INC. 401(K) P/S	
<b>b</b>	Name of plan sponsor MACEDON CONSULTING INC.	<b>c</b> EIN-PN 26-4820476-001
<b>a</b>	Plan name MACQUARIE HOLDINGS (USA) INC. 401(K) PLAN AND TRUST	
<b>b</b>	Name of plan sponsor MACQUARIE HOLDINGS (USA) INC.	<b>c</b> EIN-PN 13-3789912-001
<b>a</b>	Plan name MACRO SOLUTIONS 401K PLAN	
<b>b</b>	Name of plan sponsor MSOL, INC. DBA MACRO SOLUTIONS, INC.	<b>c</b> EIN-PN 36-4480652-001
<b>a</b>	Plan name MAGNOLIA PLUMBING EMPLOYEE 401(K) & PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor JOSEPH J. MAGNOLIA, INC.	<b>c</b> EIN-PN 53-0235163-003
<b>a</b>	Plan name MAPLEWOOD OF SAUK PRAIRIE 401(K) PLAN	
<b>b</b>	Name of plan sponsor NURSING HOMES, INC.	<b>c</b> EIN-PN 39-1142308-001
<b>a</b>	Plan name MARCONI 401(K) RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor MARCONI, LLC	<b>c</b> EIN-PN 81-1673657-001
<b>a</b>	Plan name MARTIN'S POINT 401(K) PLAN	
<b>b</b>	Name of plan sponsor MARTIN'S POINT HEALTH CARE, INC.	<b>c</b> EIN-PN 01-0353275-001
<b>a</b>	Plan name MASSACHUSETTS DEVELOPMENT FINANCE AGENCY 401(A) PLAN	
<b>b</b>	Name of plan sponsor MASSDEVELOPMENT FINANCE AGENCY	<b>c</b> EIN-PN 04-3431814-001

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.)		
<b>a</b>	Plan name <b>MAYER BROWN LLP USA SAVINGS PLAN</b>	
<b>b</b>	Name of plan sponsor <b>MAYER BROWN LLP</b>	<b>c</b> EIN-PN <b>36-1447220-004</b>
<b>a</b>	Plan name <b>MCBS, LLC 401(K) PROFIT SHARING PLAN</b>	
<b>b</b>	Name of plan sponsor <b>MCBS, LLC</b>	<b>c</b> EIN-PN <b>58-2636580-001</b>
<b>a</b>	Plan name <b>MCLEOD ADDICTIVE DISEASE CENTER, INC. 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>MCLEOD ADDICTIVE DISEASE CENTER, INC.</b>	<b>c</b> EIN-PN <b>56-0953783-001</b>
<b>a</b>	Plan name <b>MESSING ADAM &amp; JASMINE LLP 401(K) PROFIT SHARING PLAN</b>	
<b>b</b>	Name of plan sponsor <b>MESSING ADAM &amp; JASMINE LLP</b>	<b>c</b> EIN-PN <b>47-4020699-001</b>
<b>a</b>	Plan name <b>METALCRAFT INDUSTRIES, INC. 401K SH PLAN</b>	
<b>b</b>	Name of plan sponsor <b>METALCRAFT INDUSTRIES, INC.</b>	<b>c</b> EIN-PN <b>39-1639689-001</b>
<b>a</b>	Plan name <b>MICHAEL &amp; SUSAN DELL FOUNDATION 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>MICHAEL &amp; SUSAN DELL FOUNDATION</b>	<b>c</b> EIN-PN <b>36-4336415-001</b>
<b>a</b>	Plan name <b>MICHAEL STARS 401(K) PROFIT SHARING PLAN</b>	
<b>b</b>	Name of plan sponsor <b>MICHAEL STARS</b>	<b>c</b> EIN-PN <b>95-4073550-001</b>
<b>a</b>	Plan name <b>MIDDLEBURG 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>MIDDLEBURG MANAGEMENT, LLC</b>	<b>c</b> EIN-PN <b>46-0927391-001</b>
<b>a</b>	Plan name <b>MIKRON CORP MONROE RETIREMENT PLAN &amp; TRUST</b>	
<b>b</b>	Name of plan sponsor <b>MIKRON CORP MONROE</b>	<b>c</b> EIN-PN <b>06-0974033-001</b>
<b>a</b>	Plan name <b>MILLER GLOBAL MANAGEMENT, L.P. 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>MILLER GLOBAL MANAGEMENT, L.P.</b>	<b>c</b> EIN-PN <b>75-2743853-001</b>
<b>a</b>	Plan name <b>MIRAMAR POLICE OFFICERS RETIREMENT PLAN</b>	
<b>b</b>	Name of plan sponsor <b>CITY OF MIRAMAR POLICE</b>	<b>c</b> EIN-PN <b>59-2235717-999</b>
<b>a</b>	Plan name <b>MISS ELAINE, INC. 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>MISS ELAINE, INC.</b>	<b>c</b> EIN-PN <b>43-0511990-333</b>

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
<small>(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)</small>			
<b>a</b>	Plan name	MISTRAS GROUP, INC. SALARY SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	MISTRAS GROUP, INC.	<b>c</b> EIN-PN 22-3341267-001
<b>a</b>	Plan name	MNS ENGINEERS, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	MNS ENGINEERS, INC.	<b>c</b> EIN-PN 95-2080889-001
<b>a</b>	Plan name	MOTION AND FLOW CONTROL PRODUCTS, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	MOTION AND FLOW CONTROL PRODUCTS, INC.	<b>c</b> EIN-PN 20-5601800-001
<b>a</b>	Plan name	MOTIVA 401(K) AND SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	MOTIVA ENTERPRISES, LLC	<b>c</b> EIN-PN 81-5131428-002
<b>a</b>	Plan name	MOUNTAIN STATES PROPERTY MANAGEMENT INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	MOUNTAIN STATES PROPERTY MANAGEMENT	<b>c</b> EIN-PN 87-0334034-001
<b>a</b>	Plan name	MUJIN 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	MUJIN CORP	<b>c</b> EIN-PN 87-0928672-001
<b>a</b>	Plan name	MURDOCH, WALRATH & HOLMES, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	MURDOCH, WALRATH & HOLMES, INC.	<b>c</b> EIN-PN 94-2801236-001
<b>a</b>	Plan name	MWH CONSTRUCTORS 401(K) PLAN	
<b>b</b>	Name of plan sponsor	MWH CONSTRUCTORS, INC.	<b>c</b> EIN-PN 84-1242056-001
<b>a</b>	Plan name	NAES CORPORATION CORPORATE RETIREMENT AND 401(K) PLAN	
<b>b</b>	Name of plan sponsor	NAES CORPORATION	<b>c</b> EIN-PN 91-1111672-009
<b>a</b>	Plan name	NAES CORPORATION RETIREMENT & 401(K) PLAN	
<b>b</b>	Name of plan sponsor	NAES CORPORATION	<b>c</b> EIN-PN 91-1111672-002
<b>a</b>	Plan name	NATIONAL DATACARE CORPORATION 401(K) PROFIT SHARING PLAN AND TRUST	
<b>b</b>	Name of plan sponsor	NATIONAL DATACARE CORPORATION	<b>c</b> EIN-PN 54-1194122-002
<b>a</b>	Plan name	NATIONAL EXPERIENCED WORKFORCE SOLUTIONS INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	NATIONAL EXPERIENCED WORKFORCE SOLUTIONS, INC.	<b>c</b> EIN-PN 52-2003078-001

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.)	
<b>a</b>	Plan name NATIONAL HOCKEY LEAGUE PLAYERS U.S. 401(K) SAVINGS PLAN	
<b>b</b>	Name of plan sponsor BENEFITS COMMITTEE OF THE NATIONAL HOCKEY LEAGUE PLAYERS U.S. 401(K) S	<b>c</b> EIN-PN 02-0585221-001
<b>a</b>	Plan name NAVY EXCHANGE SERVICE COMMAND RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor NAVY EXCHANGE SERVICE COMMAND	<b>c</b> EIN-PN 11-1644854-001
<b>a</b>	Plan name NEDA 401K PLAN	
<b>b</b>	Name of plan sponsor NEW ENGLAND DEACONESS ASSOCIATION DBA DEACONESS ABUNDANT LIFE COMMUNIT	<b>c</b> EIN-PN 04-2104763-001
<b>a</b>	Plan name NETGEAR, INC. 401(K) RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor NETGEAR	<b>c</b> EIN-PN 77-0419172-001
<b>a</b>	Plan name NEW ATLANTIC 401(K) PLAN	
<b>b</b>	Name of plan sponsor NEW ATLANTIC CONTRACTING, INC.	<b>c</b> EIN-PN 04-3614121-001
<b>a</b>	Plan name NEW GEN ENGINEERING, INC. DBA MCINTOSH ENGINEERING GROUP 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor NEW GEN ENGINEERING GROUP DBA MCINTOSH ENGINEERING GROUP, INC.	<b>c</b> EIN-PN 87-4000374-001
<b>a</b>	Plan name NEW JOHNSONVILLE ELECTROLYTIC MANGANESE PLANT OF PRINCE SPECIALTY PRODUCTS, LLC	
<b>b</b>	Name of plan sponsor PRINCE SPECIALTY PRODUCTS LLC	<b>c</b> EIN-PN 52-1272156-006
<b>a</b>	Plan name NEW PLASTICS PLUS RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor NEW PLASTICS PLUS, INC.	<b>c</b> EIN-PN 26-4168072-001
<b>a</b>	Plan name NEW SEABURY RESOURCES MANAGEMENT, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor NEW SEABURY RESOURCES MANAGEMENT, INC.	<b>c</b> EIN-PN 13-4009408-001
<b>a</b>	Plan name NEWCO EMPLOYEE SAVINGS AND PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor NEWCO ENTERPRISES, INC.	<b>c</b> EIN-PN 27-1526865-001
<b>a</b>	Plan name NEWDAY USA RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor NEWDAY USA	<b>c</b> EIN-PN 22-3887207-003
<b>a</b>	Plan name NEXTDECADE 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor NEXTDECADE LNG, LLC	<b>c</b> EIN-PN 27-2942442-001

<b>Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>		
<small>(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)</small>		
<b>a</b>	Plan name	NEXTERA ENERGY, INC. EMPLOYEE RETIREMENT SAVINGS PLAN
<b>b</b>	Name of plan sponsor	NEXTERA ENERGY, INC.
<b>c</b>	EIN-PN	59-2449419-002
<b>a</b>	Plan name	NIKA TECHNOLOGIES, INC. DBA NIKA ARCHITECTS AND ENGINEERS 401(K) PROFIT SHARINGPLAN
<b>b</b>	Name of plan sponsor	NIKA TECHNOLOGIES, INC. DBA NIKA ARCHITECTS AND ENGINEERS
<b>c</b>	EIN-PN	52-2089785-001
<b>a</b>	Plan name	NOMI HEALTH 401(K) PLAN
<b>b</b>	Name of plan sponsor	NOMI HEALTH, INC.
<b>c</b>	EIN-PN	84-1905194-001
<b>a</b>	Plan name	NORTH AMERICAN HOME FURNISHINGS ASSOCIATION 401(K) PLAN
<b>b</b>	Name of plan sponsor	NORTH AMERICAN HOME FURNISHINGS ASSOCIATION
<b>c</b>	EIN-PN	95-1405453-001
<b>a</b>	Plan name	NORTH CAROLINA HOME BUILDERS ASSOC. 401K RETIREMENT PLAN
<b>b</b>	Name of plan sponsor	NORTH CAROLINA HOME BUILDERS, INC.
<b>c</b>	EIN-PN	56-0891671-001
<b>a</b>	Plan name	NORTHLANE CAPITAL PARTNERS, LLC 401(K) PLAN
<b>b</b>	Name of plan sponsor	NORTHLANE CAPITAL PARTNERS, LLC
<b>c</b>	EIN-PN	81-4337239-001
<b>a</b>	Plan name	NORTHSTAR ANESTHESIA 401(K) PLAN
<b>b</b>	Name of plan sponsor	ANESTHESIA CONSULTING & MANAGEMENT, LP
<b>c</b>	EIN-PN	01-0826101-005
<b>a</b>	Plan name	NORTHSTAR MEMORIAL GROUP, LLC 401(K) PLAN
<b>b</b>	Name of plan sponsor	NORTHSTAR MEMORIAL GROUP, LLC
<b>c</b>	EIN-PN	20-2121168-001
<b>a</b>	Plan name	NORTHWOOD CLUB 401(K) PLAN
<b>b</b>	Name of plan sponsor	NORTHWOOD CLUB, INC.
<b>c</b>	EIN-PN	75-0723170-001
<b>a</b>	Plan name	NT LOGISTICS, INC. 401(K) PLAN
<b>b</b>	Name of plan sponsor	NT LOGISTICS, INC.
<b>c</b>	EIN-PN	75-2829371-002
<b>a</b>	Plan name	OCALA POLICE OFFICERS' RETIREMENT SYSTEM
<b>b</b>	Name of plan sponsor	CITY OF OCALA
<b>c</b>	EIN-PN	59-6000392-999
<b>a</b>	Plan name	OCHSNER CLINIC FOUNDATION 401(K) PLAN
<b>b</b>	Name of plan sponsor	OCHSNER CLINIC FOUNDATION
<b>c</b>	EIN-PN	72-0502505-002

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
<small>(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)</small>			
<b>a</b>	Plan name	OCI 401(K) PLAN	
<b>b</b>	Name of plan sponsor	OCI ENTERPRISES INC.	<b>c</b> EIN-PN 52-1700720-004
<b>a</b>	Plan name	OERLIKON METCO (US) 401(K) PLAN	
<b>b</b>	Name of plan sponsor	OERLIKON METCO (US) INC.	<b>c</b> EIN-PN 38-2654206-001
<b>a</b>	Plan name	OLUWATOYIN AJAYI MEDICAL PRACTICE, PC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	OLUWATOYIN AJAYI MEDICAL PRACTICE, PC	<b>c</b> EIN-PN 83-0902280-001
<b>a</b>	Plan name	OMRON SAVINGS AND RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	OMRON MANAGEMENT CENTER OF AMERICA, INC.	<b>c</b> EIN-PN 52-1620292-002
<b>a</b>	Plan name	OPEXUS 401(K) PLAN	
<b>b</b>	Name of plan sponsor	AINS LLC DBA OPEXUS	<b>c</b> EIN-PN 52-1595814-002
<b>a</b>	Plan name	OPTEX INCORPORATED 401(K) PLAN	
<b>b</b>	Name of plan sponsor	OPTEX INCORPORATED	<b>c</b> EIN-PN 33-0865011-001
<b>a</b>	Plan name	ORCHARD TECHNOLOGIES 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ORCHARD TECHNOLOGIES, INC.	<b>c</b> EIN-PN 82-2492032-001
<b>a</b>	Plan name	ORIGIN POINT BRANDS LLC 401(K) PROFIT SHARING PLAN & TRUST	
<b>b</b>	Name of plan sponsor	ORIGIN POINT BRANDS LLC	<b>c</b> EIN-PN 52-2137731-001
<b>a</b>	Plan name	ORTHOREHAB SPECIALISTS, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	ORTHOREHAB SPECIALISTS, INC.	<b>c</b> EIN-PN 41-1918178-001
<b>a</b>	Plan name	OWENS CORNING MERGED RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	OWENS CORNING	<b>c</b> EIN-PN 43-2109021-001
<b>a</b>	Plan name	OXIDE INTERACTIVE 401(K) PLAN	
<b>b</b>	Name of plan sponsor	OXIDE INTERACTIVE, INC.	<b>c</b> EIN-PN 46-1638575-002
<b>a</b>	Plan name	P.C. RICHARD & SON 401(K) SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	P.C. RICHARD & SON LONG ISLAND CORP	<b>c</b> EIN-PN 11-2128677-001

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	PACKERLAND RENT-A-MAT, INC. PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	PACKERLAND RENT-A-MAT, INC.	<b>c</b> EIN-PN 39-1136467-001
<b>a</b>	Plan name	PAGE SOUTHERLAND PAGE 401(K) PLAN	
<b>b</b>	Name of plan sponsor	PAGE SOUTHERLAND PAGE, INC.	<b>c</b> EIN-PN 46-4258046-002
<b>a</b>	Plan name	PAK A SAK, INC. EMPLOYEES RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	PAK A SAK, INC.	<b>c</b> EIN-PN 75-1569150-001
<b>a</b>	Plan name	PALM TRAN, INC./ATU 1577 PENSION PLAN	
<b>b</b>	Name of plan sponsor	PALM TRAN, INC.	<b>c</b> EIN-PN 51-0645115-999
<b>a</b>	Plan name	PALMER BROTHERS PAINTING CONTRACTORS, INC. 401 (K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	PALMER BROTHERS PAINTING AND GENERAL CONTRACTORS, INC.	<b>c</b> EIN-PN 52-1265697-002
<b>a</b>	Plan name	PANAVISION EMPLOYEE 401(K) PLAN	
<b>b</b>	Name of plan sponsor	PANAVISION INTERNATIONAL, L.P.	<b>c</b> EIN-PN 13-3593064-001
<b>a</b>	Plan name	PARK LAWN 401(K) PLAN	
<b>b</b>	Name of plan sponsor	PARK LAWN MEMORIAL GROUP, LLC	<b>c</b> EIN-PN 38-3927690-001
<b>a</b>	Plan name	PARKER WELLBORE 401(K) RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	PARKER DRILLING COMPANY	<b>c</b> EIN-PN 73-0618660-002
<b>a</b>	Plan name	PARKLAND USA 401(K) PLAN	
<b>b</b>	Name of plan sponsor	PARKLAND (U.S.) PEOPLE CORP.	<b>c</b> EIN-PN 83-2255506-001
<b>a</b>	Plan name	PARKWAY OF WILMINGTON 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	WILMINGTON AUTO GROUP, LLC	<b>c</b> EIN-PN 56-2085550-001
<b>a</b>	Plan name	PARTNERS NATIONAL HEALTH PLANS OF NORTH CAROLINA INC TARGET BENEFIT PENSION PLAN	
<b>b</b>	Name of plan sponsor	BLUE CROSS AND BLUE SHIELD OF NORTH CAROLINA	<b>c</b> EIN-PN 56-0894904-004
<b>a</b>	Plan name	PEDRO FROMMER, MD, PA 401(K) PLAN	
<b>b</b>	Name of plan sponsor	PEDRO FROMMER, MD, PA	<b>c</b> EIN-PN 76-0261796-003

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	PELLERIN MILNOR CORPORATION AND AFFILIATED EMPLOYEES 401(K) RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	PELLERIN MILNOR CORP.	<b>c</b> EIN-PN 72-1103525-003
<b>a</b>	Plan name	PENFOLD & LONG, P.C. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	PENFOLD & LONG, P.C.	<b>c</b> EIN-PN 75-2523207-001
<b>a</b>	Plan name	PENN-DAVIS COATINGS, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	PENN-DAVIS COATINGS, INC.	<b>c</b> EIN-PN 56-1351470-001
<b>a</b>	Plan name	PENSION PLAN OF GENERAL ATOMICS	
<b>b</b>	Name of plan sponsor	GENERAL ATOMICS	<b>c</b> EIN-PN 95-3735102-001
<b>a</b>	Plan name	PENSIONMARK FINANCIAL GROUP 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	PENSIONMARK FINANCIAL GROUP	<b>c</b> EIN-PN 61-1758632-001
<b>a</b>	Plan name	PENTAGON FEDERAL CREDIT UNION THRIFT/SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	PENTAGON FEDERAL CREDIT UNION	<b>c</b> EIN-PN 53-0197038-002
<b>a</b>	Plan name	PENTAGON FEDERAL CREDIT UNION/FORT BUCHANAN 1165(E) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	PENTAGON FEDERAL CREDIT UNION	<b>c</b> EIN-PN 66-0206119-001
<b>a</b>	Plan name	PERMANENTE DENTAL ASSOCIATES 401K RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	PERMANENTE DENTAL ASSOCIATES, PC	<b>c</b> EIN-PN 93-1078042-001
<b>a</b>	Plan name	PESTCO 401(K) PLAN	
<b>b</b>	Name of plan sponsor	PESTCO, LLC	<b>c</b> EIN-PN 87-2587226-002
<b>a</b>	Plan name	PETERS, REVNEW, KAPPENMAN & ANDERSON, P.A. RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	PETERS, REVNEW, KAPPENMAN & ANDERSON, P.A.	<b>c</b> EIN-PN 41-1860416-001
<b>a</b>	Plan name	PHONE2ACTION, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	PHONE2ACTION, INC.	<b>c</b> EIN-PN 46-1004639-001
<b>a</b>	Plan name	PILOT POINT BANCORP, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	PILOT POINT BANCORP, INC.	<b>c</b> EIN-PN 75-2041458-002

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	PINE NEEDLES COUNTRY CLUB, INC. PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	PINE NEEDLES COUNTRY CLUB, INC.	<b>c</b> EIN-PN 56-0585178-001
<b>a</b>	Plan name	PIP 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	PROTECTIVE INDUSTRIAL PRODUCTS, INC.	<b>c</b> EIN-PN 14-1659264-001
<b>a</b>	Plan name	PIPE ARC SOLUTIONS, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	PIPE ARC SOLUTIONS, LLC	<b>c</b> EIN-PN 83-4362289-001
<b>a</b>	Plan name	PLANAR SYSTEMS, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	PLANAR SYSTEMS, INC.	<b>c</b> EIN-PN 93-0835396-001
<b>a</b>	Plan name	PLASTIC SURGERY CENTER OF STOCKTON 401(K) PSP	
<b>b</b>	Name of plan sponsor	PLASTIC SURGERY CENTER OF STOCKTON	<b>c</b> EIN-PN 81-2893513-001
<b>a</b>	Plan name	PORTER SCOTT, APC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	PORTER SCOTT, A PROFESSIONAL CORPORATION	<b>c</b> EIN-PN 94-2515991-003
<b>a</b>	Plan name	PORVEN, LTD. 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	PORVEN, LTD	<b>c</b> EIN-PN 11-3118317-004
<b>a</b>	Plan name	PRECISION HOSE INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	PRECISION HOSE INC.	<b>c</b> EIN-PN 58-1992237-001
<b>a</b>	Plan name	PRIME HEALTHCARE SERVICES, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	PRIME HEALTHCARE SERVICES, INC.	<b>c</b> EIN-PN 33-0943449-001
<b>a</b>	Plan name	PRINCE SPECIALTY PRODUCTS LLC BALTIMORE PLANT BARGAINING UNIT EMPLOYEES PENSION PLAN	
<b>b</b>	Name of plan sponsor	PRINCE SPECIALTY PRODUCTS LLC	<b>c</b> EIN-PN 52-1272156-003
<b>a</b>	Plan name	PRODUCERS DAIRY FOODS, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	PRODUCERS DAIRY FOODS, INC.	<b>c</b> EIN-PN 94-0783760-002
<b>a</b>	Plan name	PROFUND ADVISORS LLC PLAN	
<b>b</b>	Name of plan sponsor	PROFUND ADVISORS LLC	<b>c</b> EIN-PN 52-2035194-001

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.)	
<b>a</b>	Plan name <b>PROGRESS LIGHTING 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>PROGRESS LIGHTING, LLC</b>	<b>c</b> EIN-PN <b>51-0305291-001</b>
<b>a</b>	Plan name <b>PROGRESSIVE HOME CARE 401(K) SAVINGS PLAN</b>	
<b>b</b>	Name of plan sponsor <b>GRANITE POINT PARTNERS LLC DBA PROGRESSIVE HOME CARE-AUBURN</b>	<b>c</b> EIN-PN <b>51-0526782-001</b>
<b>a</b>	Plan name <b>PROPETRO SERVICES, INC. 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>PROPETRO SERVICES, INC.</b>	<b>c</b> EIN-PN <b>20-2476353-001</b>
<b>a</b>	Plan name <b>PROXIMA 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>PROXIMA, INC.</b>	<b>c</b> EIN-PN <b>45-2785636-001</b>
<b>a</b>	Plan name <b>PSG CUSTOM FABRICATION, LLC 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>PSG CUSTOM FABRICATION, LLC</b>	<b>c</b> EIN-PN <b>26-3803182-001</b>
<b>a</b>	Plan name <b>PTAM RETIREMENT PLAN</b>	
<b>b</b>	Name of plan sponsor <b>PT ASSET MANAGEMENT, LLC</b>	<b>c</b> EIN-PN <b>20-8098335-001</b>
<b>a</b>	Plan name <b>PUBLIC SCHOOL EMPLOYEES OF WASHINGTON SAVINGS AND RETIREMENT PLAN</b>	
<b>b</b>	Name of plan sponsor <b>PUBLIC SCHOOL EMPLOYEES OF WASHINGTON</b>	<b>c</b> EIN-PN <b>91-6049921-001</b>
<b>a</b>	Plan name <b>QUANTCAST CORPORATION 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>QUANTCAST CORPORATION</b>	<b>c</b> EIN-PN <b>20-2436141-001</b>
<b>a</b>	Plan name <b>QUINN CONSULTING SERVICES, INC. 401(K) PROFIT SHARING PLAN AND TRUST</b>	
<b>b</b>	Name of plan sponsor <b>QUINN CONSULTING SERVICES, INC.</b>	<b>c</b> EIN-PN <b>54-1871087-001</b>
<b>a</b>	Plan name <b>R &amp; H SERVICES, INC. PROFIT SHARING &amp; 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>R &amp; H SERVICES, INC.</b>	<b>c</b> EIN-PN <b>39-1450276-001</b>
<b>a</b>	Plan name <b>R. MUELLER SERVICE &amp; EQUIPMENT CO., INC. RETIREMENT SAVINGS PLAN</b>	
<b>b</b>	Name of plan sponsor <b>R. MUELLER SERVICE &amp; EQUIPMENT CO.</b>	<b>c</b> EIN-PN <b>39-1579172-001</b>
<b>a</b>	Plan name <b>R.J. O'BRIEN &amp; ASSOCIATES, LLC PROFIT SHARING AND SAVINGS PLAN</b>	
<b>b</b>	Name of plan sponsor <b>R.J. O'BRIEN &amp; ASSOCIATES, LLC</b>	<b>c</b> EIN-PN <b>56-2667517-004</b>

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.)	
<b>a</b>	Plan name R.S.M. ELECTRON POWER, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor RSM ELECTRON POWER, INC.	<b>c</b> EIN-PN 11-2219032-001
<b>a</b>	Plan name R.T. FOX CONTRACTORS, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor R.T. FOX CONTRACTORS, INC.	<b>c</b> EIN-PN 39-1161433-001
<b>a</b>	Plan name RADIANT CREDIT UNION 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor RADIANT CREDIT UNION	<b>c</b> EIN-PN 59-0808589-002
<b>a</b>	Plan name RADIATION ONCOLOGY ASSOCIATES, LLP 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor RADIATION ONCOLOGY ASSOCIATES, LLP	<b>c</b> EIN-PN 58-1849795-001
<b>a</b>	Plan name RAFT 401(K) PLAN	
<b>b</b>	Name of plan sponsor RAFT, LLC	<b>c</b> EIN-PN 46-2689810-001
<b>a</b>	Plan name RAGLAND STROTHER & LAFITTE 401(K) PLAN & TRUST	
<b>b</b>	Name of plan sponsor RAGLAND STROTHER & LAFITTE	<b>c</b> EIN-PN 75-2569543-001
<b>a</b>	Plan name RAHR CORPORATION PLAN EMPLOYEES' RETIREMENT AND 401-K SAVINGS PLAN	
<b>b</b>	Name of plan sponsor RAHR CORPORATION	<b>c</b> EIN-PN 39-0556630-002
<b>a</b>	Plan name RAHR CORPORATION SALARIED EMPLOYEES' RETIREMENT AND FLEXIBLE SAVINGS PLAN	
<b>b</b>	Name of plan sponsor RAHR CORPORATION	<b>c</b> EIN-PN 39-0556630-001
<b>a</b>	Plan name RAIN CII CARBON LLC HOURLY EMPLOYEES 401(K) PLAN	
<b>b</b>	Name of plan sponsor RAIN CII CARBON LLC	<b>c</b> EIN-PN 72-1130004-003
<b>a</b>	Plan name RAIN CII CARBON LLC SALARIED EMPLOYEES 401(K) PLAN	
<b>b</b>	Name of plan sponsor RAIN CII CARBON LLC	<b>c</b> EIN-PN 72-1130004-002
<b>a</b>	Plan name RALEY'S GROUP PENSION PLAN	
<b>b</b>	Name of plan sponsor RALEY'S	<b>c</b> EIN-PN 94-1316611-011
<b>a</b>	Plan name RALEY'S PENSION PLAN	
<b>b</b>	Name of plan sponsor RALEY'S	<b>c</b> EIN-PN 94-1316611-010

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	RAMOS OIL COMPANY, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	RAMOS OIL COMPANY, INC.	<b>c</b> EIN-PN 94-2248416-001
<b>a</b>	Plan name	RCG RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	RESPIRATORY CONSULTANTS OF GEORGIA, LLC	<b>c</b> EIN-PN 20-3693780-001
<b>a</b>	Plan name	REALPAGE INC. 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	REALPAGE INC.	<b>c</b> EIN-PN 75-2788861-001
<b>a</b>	Plan name	RECOLOGY 401(K) PLAN	
<b>b</b>	Name of plan sponsor	RECOLOGY INC.	<b>c</b> EIN-PN 94-2922974-004
<b>a</b>	Plan name	RECOLOGY DEFINED BENEFIT PENSION PLAN	
<b>b</b>	Name of plan sponsor	RECOLOGY INC.	<b>c</b> EIN-PN 94-2922974-003
<b>a</b>	Plan name	RED FLINT GROUP, LLC 401(K) SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	RED FLINT GROUP, LLC	<b>c</b> EIN-PN 39-1930736-001
<b>a</b>	Plan name	REEDSBURG AREA MEDICAL CENTER, INC. RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	REEDSBURG AREA MEDICAL CENTER	<b>c</b> EIN-PN 39-1091432-001
<b>a</b>	Plan name	REEL POWER INTERNATIONAL 401(K) PLAN	
<b>b</b>	Name of plan sponsor	REEL POWER INTERNATIONAL	<b>c</b> EIN-PN 26-2732533-001
<b>a</b>	Plan name	REGIONAL ANESTHESIA SERVICES, P.A. EMPLOYEES' MONEY PURCHASE PENSION PLAN	
<b>b</b>	Name of plan sponsor	REGIONAL ANESTHESIA SERVICES, P.A.	<b>c</b> EIN-PN 41-1409704-002
<b>a</b>	Plan name	REGIONAL ANESTHESIA SERVICES, P.A. EMPLOYEES' PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	REGIONAL ANESTHESIA SERVICES, P.A.	<b>c</b> EIN-PN 41-4109704-001
<b>a</b>	Plan name	REMED18 HOLDINGS CORP. RETIREMENT	
<b>b</b>	Name of plan sponsor	REMED18 HOLDINGS CORP.	<b>c</b> EIN-PN 86-2813779-001
<b>a</b>	Plan name	REMINGTON COLLEGE 401K PLAN AND TRUST	
<b>b</b>	Name of plan sponsor	REMINGTON COLLEGE	<b>c</b> EIN-PN 27-3339369-001

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
<small>(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)</small>			
<b>a</b>	Plan name	RENDIA, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	RENDIA, INC.	<b>c</b> EIN-PN 52-2266290-001
<b>a</b>	Plan name	RENEWABLE ENERGY SYSTEMS AMERICAS INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	RENEWABLE ENERGY SYSTEMS AMERICAS INC.	<b>c</b> EIN-PN 95-4683730-001
<b>a</b>	Plan name	RESOLVIT RESOURCES, LLC 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	RESOLVIT RESOURCES, LLC	<b>c</b> EIN-PN 02-0538092-001
<b>a</b>	Plan name	RETAIL BUSINESS SERVICES AND AFFILIATES DEFINED CONTRIBUTION PLANS MASTER TRUST	
<b>b</b>	Name of plan sponsor	RETAIL BUSINESS SERVICES LLC	<b>c</b> EIN-PN 27-3756754-002
<b>a</b>	Plan name	RETIREMENT ANNUITY PLAN FOR EES OF SMECO, INC.	
<b>b</b>	Name of plan sponsor	SOUTHERN MARYLAND ELECTRIC COOPERATIVE, INC.	<b>c</b> EIN-PN 52-0492367-001
<b>a</b>	Plan name	RETIREMENT PLAN FOR EMPLOYEES OF SOUTHERN STATES	
<b>b</b>	Name of plan sponsor	SOUTHERN STATES COOPERATIVE, INC.	<b>c</b> EIN-PN 54-0387200-333
<b>a</b>	Plan name	RETIREMENT PLAN FOR THE EMPLOYEES OF THE TOWN OF SURFSIDE	
<b>b</b>	Name of plan sponsor	TOWN OF SURFSIDE	<b>c</b> EIN-PN 59-6000434-999
<b>a</b>	Plan name	RETIREMENT SAVINGS PLAN FOR EMPLOYEES OF WESTPOINT HOME LLC	
<b>b</b>	Name of plan sponsor	WESTPOINT HOME LLC	<b>c</b> EIN-PN 11-3752285-001
<b>a</b>	Plan name	RETIREMENT SYSTEM FOR GENERAL EMPLOYEES OF THE ST. LUCIE COUNTY FIRE DISTRICT	
<b>b</b>	Name of plan sponsor	ST. LUCIE COUNTY FIRE DISTRICT	<b>c</b> EIN-PN 20-8814737-001
<b>a</b>	Plan name	REX HOSPITAL, INC. PENSION PLAN	
<b>b</b>	Name of plan sponsor	REX HOSPITAL, INC.	<b>c</b> EIN-PN 56-1509260-001
<b>a</b>	Plan name	RIDDLE & WILLIAMS P.C. CASH BALANCE PLAN	
<b>b</b>	Name of plan sponsor	RIDDLE & WILLIAMS P.C.	<b>c</b> EIN-PN 75-2775844-002
<b>a</b>	Plan name	RIDDLE & WILLIAMS, P.C. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	RIDDLE & WILLIAMS, P.C.	<b>c</b> EIN-PN 75-2775844-001

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	RIGHTDIRECTION 401(K)	
<b>b</b>	Name of plan sponsor	RIGHTDIRECTION TECHNOLOGY SOLUTIONS, LLC	<b>c</b> EIN-PN 26-1153735-001
<b>a</b>	Plan name	RITHM CAPITAL FAMILY OF COMPANIES 401(K) PLAN	
<b>b</b>	Name of plan sponsor	RITHM CAPITAL LLC	<b>c</b> EIN-PN 13-6131491-001
<b>a</b>	Plan name	RITTER SPENCER 401(K) PLAN	
<b>b</b>	Name of plan sponsor	RITTER SPENCER, PLLC	<b>c</b> EIN-PN 82-1924588-001
<b>a</b>	Plan name	RIVA SOLUTIONS 401(K) PLAN	
<b>b</b>	Name of plan sponsor	RIVA SOLUTIONS, INC	<b>c</b> EIN-PN 27-1511336-001
<b>a</b>	Plan name	RIVER BEND HOSE SPECIALTY SALARY SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	RIVER BEND HOSE SPECIALTY, INC.	<b>c</b> EIN-PN 35-1505150-001
<b>a</b>	Plan name	RIVER FALLS STATE BANK PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	RIVER FALLS STATE BANK	<b>c</b> EIN-PN 39-0792568-001
<b>a</b>	Plan name	RIVER VALLEY VETERINARY CLINIC, S.C. SAFE HARBOR 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	RIVER VALLEY VETERINARY CLINIC	<b>c</b> EIN-PN 39-1186380-002
<b>a</b>	Plan name	RIVERSIDE HEALTH SYSTEM RETIREMENT INCOME PLAN	
<b>b</b>	Name of plan sponsor	RIVERSIDE MANAGEMENT SERVICES, INC	<b>c</b> EIN-PN 52-1241840-001
<b>a</b>	Plan name	ROBINHOOD 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ROBINHOOD MARKETS, INC.	<b>c</b> EIN-PN 46-4364776-001
<b>a</b>	Plan name	ROCKY DURON & ASSOCIATES INC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ROCKY DURON & ASSOCIATES, INC.	<b>c</b> EIN-PN 75-2254406-001
<b>a</b>	Plan name	ROHRER CORPORATION AMENDED & RESTATED PROFIT SHARING PLAN AND TRUST	
<b>b</b>	Name of plan sponsor	ROHRER CORPORATION	<b>c</b> EIN-PN 34-1134300-001
<b>a</b>	Plan name	RUBICON LLC SAVINGS PLAN FOR SALARIED EMPLOYEES	
<b>b</b>	Name of plan sponsor	RUBICON LLC	<b>c</b> EIN-PN 72-0927730-002

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	RUEHLEN SUPPLY COMPANY, INC. 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	HUBBARD PIPE & SUPPLY, INC.	<b>c</b> EIN-PN 56-1005861-002
<b>a</b>	Plan name	S.T. WOOTEN CORPORATION 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	S.T. WOOTEN CORPORATION	<b>c</b> EIN-PN 56-0669182-001
<b>a</b>	Plan name	SAAMA TECHNOLOGIES, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	SAAMA TECHNOLOGIES, INC.	<b>c</b> EIN-PN 77-0456182-001
<b>a</b>	Plan name	SACRAMENTO ENT MEDICAL GROUP, INC. 401(K) PROFIT	
<b>b</b>	Name of plan sponsor	SACRAMENTO ENT MEDICAL GROUP, INC.	<b>c</b> EIN-PN 94-1693523-004
<b>a</b>	Plan name	SACRAMENTO EYE CONSULTANTS 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	GRUTZMACHER & LEWIS, A MEDICAL CORPORATION	<b>c</b> EIN-PN 68-0401727-001
<b>a</b>	Plan name	SAFEGUARD CYBER 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	SOCIAL SAFEGUARD, INC.	<b>c</b> EIN-PN 20-1151357-001
<b>a</b>	Plan name	SAMPSON-BLADEN OIL COMPANY, INC. PROFIT SHARING PLAN AND TRUST	
<b>b</b>	Name of plan sponsor	SAMPSON-BLADEN OIL COMPANY, INC.	<b>c</b> EIN-PN 56-0388031-001
<b>a</b>	Plan name	SANTA BARBARA COUNTY EMPLOYEES RETIREMENT SYSTEM	
<b>b</b>	Name of plan sponsor	COUNTY OF SANTA BARBARA	<b>c</b> EIN-PN 95-6190387-001
<b>a</b>	Plan name	SARASOTA POLICE OFFICERS' PENSION FUND	
<b>b</b>	Name of plan sponsor	CITY OF SARASOTA	<b>c</b> EIN-PN 59-6477151-999
<b>a</b>	Plan name	SARNOVA HC, LLC PROFIT SHARING PLAN AND TRUST	
<b>b</b>	Name of plan sponsor	SARNOVA HC, LLC	<b>c</b> EIN-PN 26-2549813-001
<b>a</b>	Plan name	SAVEWISE POOLED EMPLOYER PLAN	
<b>b</b>	Name of plan sponsor	NEWPORT GROUP, INC.	<b>c</b> EIN-PN 27-4411131-016
<b>a</b>	Plan name	SAVINGS PLAN FOR EMPLOYEES OF NTCA AND ITS MEMBERS	
<b>b</b>	Name of plan sponsor	NATIONAL TELECOMMUNICATIONS COOPERATIVE ASSOCIATION	<b>c</b> EIN-PN 52-0741336-334

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.)	
<b>a</b>	Plan name SBA NETWORK SERVICES, LLC 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor SBA COMMUNICATIONS CORPORATION	<b>c</b> EIN-PN 65-0911445-002
<b>a</b>	Plan name SCHNEIDER NATIONAL, INC. 401(K) SAVINGS AND RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor SCHNEIDER NATIONAL, INC.	<b>c</b> EIN-PN 39-1258315-002
<b>a</b>	Plan name SCHOOL FACILITY CONSULTANTS, INC. 401(K) PSP	
<b>b</b>	Name of plan sponsor SCHOOL FACILITY CONSULTANTS, INC.	<b>c</b> EIN-PN 68-0100909-001
<b>a</b>	Plan name SCREENBEAM INC. 401(K) SAVINGS PLAN	
<b>b</b>	Name of plan sponsor SCREENBEAM INC.	<b>c</b> EIN-PN 84-2325892-001
<b>a</b>	Plan name SDG MGMT COMPANY, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor SDG MGMT COMPANY, LLC	<b>c</b> EIN-PN 46-2157154-001
<b>a</b>	Plan name SEIU PENSION PLANS MASTER TRUST	
<b>b</b>	Name of plan sponsor BOARD OF TRUSTEES OF THE SEIU PENSION PLAN	<b>c</b> EIN-PN 56-6680924-001
<b>a</b>	Plan name SEMPRA ENERGY PENSION MASTER TRUST	
<b>b</b>	Name of plan sponsor SEMPRA ENERGY	<b>c</b> EIN-PN 33-0732627-005
<b>a</b>	Plan name SENTINELONE, INC 401(K) PROFIT SHARING PLAN AND TRUST	
<b>b</b>	Name of plan sponsor SENTINELONE, INC	<b>c</b> EIN-PN 99-0385461-001
<b>a</b>	Plan name SERA PROGNOSTICS, INC. 401K PLAN	
<b>b</b>	Name of plan sponsor SERA PROGNOSTICS, INC.	<b>c</b> EIN-PN 26-1911522-001
<b>a</b>	Plan name SERVICE ELECTRIC OF REEDSBURG II, INC. PROFIT SHARING PLAN & TRUST	
<b>b</b>	Name of plan sponsor SERVICE ELECTRIC OF REEDSBURG II, INC.	<b>c</b> EIN-PN 20-8055243-003
<b>a</b>	Plan name SERVICE TITAN 401(K) PLAN	
<b>b</b>	Name of plan sponsor SERVICE TITAN, INC.	<b>c</b> EIN-PN 26-0331862-001
<b>a</b>	Plan name SETHNESS PRODUCTS COMPANY MONEY PURCHASE PENSION PLAN	
<b>b</b>	Name of plan sponsor SETHNESS PRODUCTS COMPANY	<b>c</b> EIN-PN 36-1757540-002

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.)	
<b>a</b>	Plan name <b>SETHNESS PRODUCTS COMPANY PROFIT SHARING AND 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>SETHNESS PRODUCTS COMPANY</b>	<b>c</b> EIN-PN <b>36-1757540-001</b>
<b>a</b>	Plan name <b>SHARED STAFFING SERVICES, LLC 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>SHARED STAFFING SERVICES, LLC</b>	<b>c</b> EIN-PN <b>26-2070192-001</b>
<b>a</b>	Plan name <b>SHAUB-ELLISON COMPANY 401(K) PROFIT SHARING PLAN AND TRUST</b>	
<b>b</b>	Name of plan sponsor <b>SHAUB-ELLISON COMPANY</b>	<b>c</b> EIN-PN <b>91-0722550-002</b>
<b>a</b>	Plan name <b>SHEPPARD, MULLIN, RICHTER &amp; HAMPTON LLP RETIREMENT AND SAVINGS PLAN</b>	
<b>b</b>	Name of plan sponsor <b>SHEPPARD, MULLIN, RICHTER &amp; HAMPTON LLP</b>	<b>c</b> EIN-PN <b>95-1463164-002</b>
<b>a</b>	Plan name <b>SHUBIN + DONALDSON ARCHITECTS, INC. 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>SHUBIN + DONALDSON ARCHITECTS, INC.</b>	<b>c</b> EIN-PN <b>77-0392582-002</b>
<b>a</b>	Plan name <b>SHULMAN, ROGERS, GANDAL, PORDY &amp; ECKER, P.A. RETIREMENT PLAN</b>	
<b>b</b>	Name of plan sponsor <b>SHULMAN, ROGER, GANDAL, PORDY &amp; ECKER, P.A.</b>	<b>c</b> EIN-PN <b>52-1008944-001</b>
<b>a</b>	Plan name <b>SIEGFRIED USA, LLC PROFIT SHARING/401(K) SAVINGS PLAN</b>	
<b>b</b>	Name of plan sponsor <b>SIEGFRIED USA, LLC</b>	<b>c</b> EIN-PN <b>13-1639745-001</b>
<b>a</b>	Plan name <b>SIEGFRIED USA, LLC RETIREMENT/401(K) SAVINGS PLAN - TEAMSTERS LOCAL 676</b>	
<b>b</b>	Name of plan sponsor <b>SIEGFRIED USA, LLC</b>	<b>c</b> EIN-PN <b>13-1639745-003</b>
<b>a</b>	Plan name <b>SIERRA7 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>SIERRA7, INC.</b>	<b>c</b> EIN-PN <b>27-1269572-001</b>
<b>a</b>	Plan name <b>SIGNATURE SOLUTIONS, INC. 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>SIGNATURE SOLUTIONS, INC.</b>	<b>c</b> EIN-PN <b>26-3351506-001</b>
<b>a</b>	Plan name <b>SIMPLUS 401(K) RETIREMENT PLAN</b>	
<b>b</b>	Name of plan sponsor <b>OUTBOX SYSTEMS, INC.</b>	<b>c</b> EIN-PN <b>47-2080218-001</b>
<b>a</b>	Plan name <b>SIMPSON HOUSING 401(K) RETIREMENT PLAN</b>	
<b>b</b>	Name of plan sponsor <b>SIMPSON HOUSING LLLP</b>	<b>c</b> EIN-PN <b>26-0136283-001</b>

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	SINCERI SENIOR LIVING 401(K) PLAN	
<b>b</b>	Name of plan sponsor	SH1 HOLD CO, LLC	<b>c</b> EIN-PN 93-2216253-001
<b>a</b>	Plan name	SJRTD 401(A) RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	SAN JOAQUIN REGIONAL TRANSIT DISTRICT	<b>c</b> EIN-PN 81-4607205-001
<b>a</b>	Plan name	SKIN AND AESTHETIC CENTERS 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ABACUS DERMATOLOGY MANAGEMENT	<b>c</b> EIN-PN 85-2709914-001
<b>a</b>	Plan name	SKYBEAM, LLC DBA RISE BROADBAND 401(K) PLAN	
<b>b</b>	Name of plan sponsor	SKYBEAM, LLC DBA RISE BROADBAND, A COLORADO LLC	<b>c</b> EIN-PN 27-2941416-001
<b>a</b>	Plan name	SMITH, ANDERSON, BLOUNT, DORSETT, MITCHELL, & JERNIGAN 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	SMITH, ANDERSON, BLOUNT, DORSETT, MITCHELL AND JERNIGAN, L.L.P.	<b>c</b> EIN-PN 56-0402850-002
<b>a</b>	Plan name	SMITTY DOG ENTERPRISES, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	SMITTY DOG ENTERPRISES, INC.	<b>c</b> EIN-PN 52-2142747-001
<b>a</b>	Plan name	SNELL & WILMER PROFIT SHARING AND SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	SNELL & WILMER L.L.P.	<b>c</b> EIN-PN 86-0089731-001
<b>a</b>	Plan name	SOFTDOCS SC, LLC 401K PLAN	
<b>b</b>	Name of plan sponsor	SOFTDOCS SC, LLC	<b>c</b> EIN-PN 57-1072887-001
<b>a</b>	Plan name	SOFTRAMS, LLC 401(K) P/S PLAN	
<b>b</b>	Name of plan sponsor	SOFTRAMS, LLC	<b>c</b> EIN-PN 20-8761455-001
<b>a</b>	Plan name	SOLAR ENERGY WORLD, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	SOLAR ENERGY WORLD, LLC	<b>c</b> EIN-PN 32-0284821-001
<b>a</b>	Plan name	SOMACH SIMMONS & DUNN A PROFESSIONAL CORPORATION PROFIT SHARING RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	SOMACH SIMMONS & DUNN A PROFESSIONAL CORPORATION	<b>c</b> EIN-PN 68-0261618-002
<b>a</b>	Plan name	SOUTHERN INSURANCE UNDERWRITERS, INC. 401(K) PLAN & TRUST	
<b>b</b>	Name of plan sponsor	SOUTHERN INSURANCE UNDERWRITERS, INC.	<b>c</b> EIN-PN 58-0939621-001

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.)	
<b>a</b>	Plan name SOUTHERN MARYLAND ELECTRIC COOPERATIVE, INC. BARGAINING UNIT EMPLOYEES' 401(K) PLAN	
<b>b</b>	Name of plan sponsor SOUTHERN MARYLAND ELECTRIC COOPERATIVE, INC.	<b>c</b> EIN-PN 52-0492367-003
<b>a</b>	Plan name SOUTHERN MARYLAND ELECTRIC COOPERATIVE, INC. MANAGEMENT EMPLOYEE'S 401(K) PLAN	
<b>b</b>	Name of plan sponsor SOUTHERN MARYLAND ELECTRIC COOPERATIVE, INC.	<b>c</b> EIN-PN 52-0492367-002
<b>a</b>	Plan name SPARTAN SYSTEMS 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor SPARTAN SYSTEMS, LLC	<b>c</b> EIN-PN 92-1728241-001
<b>a</b>	Plan name SPARTANNASH COMPANY SAVINGS PLUS PLAN	
<b>b</b>	Name of plan sponsor SPARTANNASH COMPANY	<b>c</b> EIN-PN 38-0593940-002
<b>a</b>	Plan name SPARTANNASH COMPANY SAVINGS PLUS PLAN FOR UNION ASSOCIATES	
<b>b</b>	Name of plan sponsor SPARTANNASH COMPANY	<b>c</b> EIN-PN 38-0593940-003
<b>a</b>	Plan name SPAULDING RIDGE 401(K) PLAN	
<b>b</b>	Name of plan sponsor SPAULDING RIDGE	<b>c</b> EIN-PN 82-3908182-001
<b>a</b>	Plan name SPECTRUM 401K PROFIT SHARING PLAN & TRUST	
<b>b</b>	Name of plan sponsor SPECTRUM FAMILY EYE CENTERS	<b>c</b> EIN-PN 56-1935396-001
<b>a</b>	Plan name SPORTSMOBILE 401(K) PLAN	
<b>b</b>	Name of plan sponsor SPORTSMOBILE TEXAS, INC.	<b>c</b> EIN-PN 74-2212872-002
<b>a</b>	Plan name SPRAYING SYSTEMS CO. EMPLOYEES' PROFIT SHARING AND 401(K) PLAN	
<b>b</b>	Name of plan sponsor SPRAYING SYSTEMS CO.	<b>c</b> EIN-PN 36-1922920-002
<b>a</b>	Plan name SPX FLOW RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor SPX FLOW, INC	<b>c</b> EIN-PN 47-3110748-001
<b>a</b>	Plan name SQUARESPACE, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor SQUARESPACE, INC.	<b>c</b> EIN-PN 20-0375811-001
<b>a</b>	Plan name SREE HOTELS, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor SREE HOTELS, LLC	<b>c</b> EIN-PN 56-2073512-001

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.)	
<b>a</b>	Plan name SRMC 457(B) PLAN	
<b>b</b>	Name of plan sponsor SOUTHERN REGIONAL MEDICAL CENTER (SRMC)	<b>c</b> EIN-PN 46-2743282-001
<b>a</b>	Plan name SSM HEALTH 401(K) PLAN	
<b>b</b>	Name of plan sponsor SSM HEALTH CARE CORPORATION	<b>c</b> EIN-PN 46-6029223-005
<b>a</b>	Plan name SSM HEALTH DEFINED CONTRIBUTION PLAN	
<b>b</b>	Name of plan sponsor SSM HEALTH CARE CORPORATION	<b>c</b> EIN-PN 46-6029223-002
<b>a</b>	Plan name SSM TAX-DEFERRED ANNUITY PLAN	
<b>b</b>	Name of plan sponsor SSM HEALTH CARE CORPORATION	<b>c</b> EIN-PN 46-6029223-999
<b>a</b>	Plan name ST. JAMES HEALTH AND WELLNESS, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor ST. JAMES HEALTH AND WELLNESS, INC.	<b>c</b> EIN-PN 57-0722653-001
<b>a</b>	Plan name ST. LUCIE COUNTY FIRE DISTRICT FIREFIGHTERS PENSION TRUST FUND	
<b>b</b>	Name of plan sponsor ST. LUCIE COUNTY FIRE DISTRICT	<b>c</b> EIN-PN 20-8759499-002
<b>a</b>	Plan name ST. LUKE'S HEALTH SYSTEM PERFORMANCE INCENTIVE AND 401(A) MATCHING PLAN	
<b>b</b>	Name of plan sponsor ST. LUKE'S HEALTH SYSTEM, LTD	<b>c</b> EIN-PN 56-2570681-004
<b>a</b>	Plan name STACEY EBY DDS, SC SAFE HARBOR 401(K) PLAN	
<b>b</b>	Name of plan sponsor STACEY EBY DDS	<b>c</b> EIN-PN 39-1192229-001
<b>a</b>	Plan name STANLEY PEARLMAN ENTERPRISES 401(K) PLAN	
<b>b</b>	Name of plan sponsor STANLEY PEARLMAN ENTERPRISES, INC.	<b>c</b> EIN-PN 52-1747521-001
<b>a</b>	Plan name STARION BANCORPORATION 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor STARION BANCORPORATION	<b>c</b> EIN-PN 45-0368824-001
<b>a</b>	Plan name STEPHEN W. BROWN AND RADIOLOGY ASSOCIATES OF AUGUSTA, LLP 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor STEPHEN W. BROWN AND RADIOLOGY ASSOCIATES OF AUGUSTA, LLP	<b>c</b> EIN-PN 58-1839412-002
<b>a</b>	Plan name STEVEN R. ADAMS, DDS, PA 401(K) PLAN	
<b>b</b>	Name of plan sponsor STEVEN R. ADAMS, DDS, PA	<b>c</b> EIN-PN 56-2245421-001

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
<small>(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)</small>			
<b>a</b>	Plan name	STEVENS CONSTRUCTION CORP. 401(K) SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	STEVENS CONSTRUCTION CORP	<b>c</b> EIN-PN 39-0926065-001
<b>a</b>	Plan name	STOCKMAN, KAST, RYAN 401(K) PLAN	
<b>b</b>	Name of plan sponsor	STOCKMAN, KAST, RYAN & COMPANY, LLP	<b>c</b> EIN-PN 84-1509584-001
<b>a</b>	Plan name	STROOCK & STROOCK & LAVAN LLP GROUP TRUST FUND	
<b>b</b>	Name of plan sponsor	STROOCK & STROOCK & LAVAN LLP	<b>c</b> EIN-PN 13-3252995-001
<b>a</b>	Plan name	SUCCESSWISE POOLED EMPLOYER PLAN	
<b>b</b>	Name of plan sponsor	PLAN PROFESSIONALS, LLC / NPPG PLAN PROFESSIONALS	<b>c</b> EIN-PN 85-3213245-314
<b>a</b>	Plan name	SUN WORLD INTERNATIONAL, LLC 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	SUN WORLD INTERNATIONAL, LLC	<b>c</b> EIN-PN 20-2259614-002
<b>a</b>	Plan name	SUNSHINE AIR CONDITIONING, INC. 401(K) & PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	SUNSHINE AIR CONDITIONING, INC.	<b>c</b> EIN-PN 59-3034482-001
<b>a</b>	Plan name	SUROVELL ISAACS & LEVY PLC 401(K) RETIREMENT PLAN AND TRUST	
<b>b</b>	Name of plan sponsor	SUROVELL ISAACS & LEVY PLC	<b>c</b> EIN-PN 03-0469030-001
<b>a</b>	Plan name	SWINGLE COLLINS & ASSOCIATES 401(K) AND PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	SWINGLE COLLINS & ASSOCIATES	<b>c</b> EIN-PN 75-1983588-001
<b>a</b>	Plan name	SWITCHFLY LLC 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	SWITCHFLY LLC	<b>c</b> EIN-PN 68-0514071-001
<b>a</b>	Plan name	TAVISTOCK 401(K) PLAN	
<b>b</b>	Name of plan sponsor	TAVISTOCK CORPORATION	<b>c</b> EIN-PN 59-2117458-002
<b>a</b>	Plan name	TAYLOR CORPORATION 401(K) PLAN	
<b>b</b>	Name of plan sponsor	TAYLOR CORPORATION	<b>c</b> EIN-PN 41-0852411-002
<b>a</b>	Plan name	TAYLOR ENTERPRISES INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	TAYLOR ENTERPRISES INC.	<b>c</b> EIN-PN 20-5203874-001

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	TEAMWORK SERVICES 401(K) & PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	TEAMWORK SERVICES INC	<b>c</b> EIN-PN 58-1863048-001
<b>a</b>	Plan name	TELLURIAN SERVICES 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	TELLURIAN SERVICES LLC	<b>c</b> EIN-PN 46-4506192-001
<b>a</b>	Plan name	TENET HEALTHCARE CORPORATION 401(K) RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	TENET HEALTHCARE CORPORATION	<b>c</b> EIN-PN 95-2557091-335
<b>a</b>	Plan name	TEOCO CORPORATION 401(K) RETIRMENT PLAN	
<b>b</b>	Name of plan sponsor	TEOCO CORPORATION	<b>c</b> EIN-PN 54-1727406-001
<b>a</b>	Plan name	TEVA PHARMACEUTICALS RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	TEVA PHARMACEUTICALS USA, INC.	<b>c</b> EIN-PN 22-1734359-004
<b>a</b>	Plan name	TEVA PHARMACEUTICALS RETIREMENT SAVINGS PLAN (PUERTO RICO)	
<b>b</b>	Name of plan sponsor	TEVA PHARMACEUTICALS	<b>c</b> EIN-PN 22-1734359-002
<b>a</b>	Plan name	THALES INCENTIVE 401(K) SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	THALES USA, INC.	<b>c</b> EIN-PN 06-0938363-003
<b>a</b>	Plan name	THE BERNSTEIN COMPANIES 401(K) SAVINGS AND PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	THE BERNSTEIN COMPANIES INC.	<b>c</b> EIN-PN 52-0785907-001
<b>a</b>	Plan name	THE BRENNAN GROUP 401(K) PLAN	
<b>b</b>	Name of plan sponsor	THE BRENNAN GROUP	<b>c</b> EIN-PN 43-1877011-001
<b>a</b>	Plan name	THE CAMPAIGN FOR COLLEGE OPPORTUNITY PROFIT SHARING 401K PLAN	
<b>b</b>	Name of plan sponsor	THE CAMPAIGN FOR COLLEGE OPPORTUNITY	<b>c</b> EIN-PN 20-2777520-001
<b>a</b>	Plan name	THE CAPITAL ACCUMULATION PLAN FOR THE EMPLOYEES OF THE FIDELITY BANK	
<b>b</b>	Name of plan sponsor	THE FIDELITY BANK	<b>c</b> EIN-PN 56-0132040-002
<b>a</b>	Plan name	THE CIRCLE K RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	THE CIRCLE K RETIREMENT PLAN	<b>c</b> EIN-PN 74-1149540-001

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.)	
<b>a</b>	Plan name THE CITY OF FROSTPROOF POLICE OFFICERS' RETIREMENT SYSTEM	
<b>b</b>	Name of plan sponsor CITY OF FROSTPROOF	<b>c</b> EIN-PN 59-6000324-999
<b>a</b>	Plan name THE COBURN COMPANY, INC. PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor THE COBURN COMPANY	<b>c</b> EIN-PN 39-1101749-001
<b>a</b>	Plan name THE DEACON 401(K) PLAN	
<b>b</b>	Name of plan sponsor DEACON HOLDINGS, INC.	<b>c</b> EIN-PN 94-3321764-001
<b>a</b>	Plan name THE DIRECT MAIL SOLUTIONS EMPLOYEES' 401(K) PLAN	
<b>b</b>	Name of plan sponsor THE MOORE COMPANIES, INC.	<b>c</b> EIN-PN 54-1870467-001
<b>a</b>	Plan name THE DUNES GOLF AND BEACH CLUB 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor THE DUNES GOLF AND BEACH CLUB	<b>c</b> EIN-PN 57-0295747-001
<b>a</b>	Plan name THE EMPLOYEES' PROFIT SHARING 401(K) PLAN	
<b>b</b>	Name of plan sponsor NUNES COMPANY, INC.	<b>c</b> EIN-PN 94-2366816-001
<b>a</b>	Plan name THE ENHANCED CAPITAL ACCUMULATION PLAN FOR THE EMPLOYEES OF THE FIDELITY BANK	
<b>b</b>	Name of plan sponsor THE FIDELITY BANK	<b>c</b> EIN-PN 56-0132040-003
<b>a</b>	Plan name THE HARFORD MUTUAL INSURANCE COMPANY RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor THE HARFORD MUTUAL INSURANCE COMPANY	<b>c</b> EIN-PN 52-0424840-002
<b>a</b>	Plan name THE HUMANE SOCIETY OF THE UNITED STATES 401(K) SAVINGS PLAN	
<b>b</b>	Name of plan sponsor THE HUMANE SOCIETY OF THE UNITED STATES	<b>c</b> EIN-PN 53-0225390-002
<b>a</b>	Plan name THE INSTITUTE OF SCRAP RECYCLING INDUSTRIES, INC. RETIREMENT SAVINGS 401K PLAN	
<b>b</b>	Name of plan sponsor THE INSTITUTE OF SCRAP RECYCLING INDUSTRIES, INC.	<b>c</b> EIN-PN 31-1205596-001
<b>a</b>	Plan name THE INTRALOT USA 401(K) PLAN	
<b>b</b>	Name of plan sponsor INTRALOT USA	<b>c</b> EIN-PN 58-2666402-001
<b>a</b>	Plan name THE KULLMAN FIRM 401(K) PROFIT SHARING PLAN & TRUST	
<b>b</b>	Name of plan sponsor THE KULLMAN FIRM	<b>c</b> EIN-PN 72-0757805-001

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.)	
<b>a</b>	Plan name THE MASSACHUSETTS DEVELOPMENT FINANCE AGENCY 457(B) DEFERRED COMPENSATION PLAN	
<b>b</b>	Name of plan sponsor MASSDEVELOPMENT FINANCE AGENCY	<b>c</b> EIN-PN 04-3431814-001
<b>a</b>	Plan name THE MAYERSON COMPANY 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor MAYERSON COMPANY	<b>c</b> EIN-PN 31-1125828-002
<b>a</b>	Plan name THE NEUROMEDICAL CENTER, INC. PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor THE NEUROMEDICAL CENTER, INC.	<b>c</b> EIN-PN 72-0827144-002
<b>a</b>	Plan name THE OPRW 401(K) PLAN	
<b>b</b>	Name of plan sponsor PROFORMANCE ASSOCIATES, INC.	<b>c</b> EIN-PN 68-0007693-003
<b>a</b>	Plan name THE OXFORD GROUP INVESTMENTS RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor THE OXFORD GROUP INVESTMENTS, LTD.	<b>c</b> EIN-PN 87-1800498-001
<b>a</b>	Plan name THE PENSION PLAN FOR INSURANCE ORGANIZATIONS	
<b>b</b>	Name of plan sponsor NAMED FIDUCIARIES OF THE PENSION PLAN FOR INSURANCE ORGANIZATIONS C/O	<b>c</b> EIN-PN 27-0131295-001
<b>a</b>	Plan name THE PEP BOYS 401(K) PLAN	
<b>b</b>	Name of plan sponsor THE PEP BOYS - MANNY, MOE & JACK LLC	<b>c</b> EIN-PN 85-4254017-003
<b>a</b>	Plan name THE PEP BOYS SAVINGS PLAN OF PUERTO RICO	
<b>b</b>	Name of plan sponsor THE PEP BOYS - MANNY, MOE & JACK OF PUERTO RICO, INC.	<b>c</b> EIN-PN 51-0363784-001
<b>a</b>	Plan name THE POPHAM LAW FIRM, P.C. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor THE POPHAM LAW FIRM, P.C.	<b>c</b> EIN-PN 43-1037059-001
<b>a</b>	Plan name THE RETIREMENT INCOME PLAN FOR THE EMPLOYEES OF UL	
<b>b</b>	Name of plan sponsor UL LLC	<b>c</b> EIN-PN 94-3282454-001
<b>a</b>	Plan name THE REYNOLDS AND REYNOLDS COMPANY 401(K) SAVINGS PLAN	
<b>b</b>	Name of plan sponsor DEALER COMPUTER SERVICES, INC.	<b>c</b> EIN-PN 38-3028101-001
<b>a</b>	Plan name THE SAVE PROGRAM FOR EMPLOYEES OF VISKASE COMPANIES, INC.	
<b>b</b>	Name of plan sponsor VISKASE COMPANIES, INC.	<b>c</b> EIN-PN 95-2677354-003

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.)	
<b>a</b>	Plan name THE TRANSPORT EXPRESS 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor THE TRANSPORT EXPRESS LLC	<b>c</b> EIN-PN 87-2885102-001
<b>a</b>	Plan name THRIVEWISE POOLED EMPLOYER PLAN	
<b>b</b>	Name of plan sponsor PRINCIPAL LIFE INSURANCE COMPANY	<b>c</b> EIN-PN 87-4033307-333
<b>a</b>	Plan name TISHMAN SPEYER PROPERTIES, L.P. 401(K) SAVINGS PLAN	
<b>b</b>	Name of plan sponsor TISHMAN SPEYER PROPERTIES, LP	<b>c</b> EIN-PN 13-2954404-002
<b>a</b>	Plan name TONKA BAY EQUITY PARTNERS LLC 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor TONKA BAY EQUITY PARTNERS LLC	<b>c</b> EIN-PN 20-0772769-001
<b>a</b>	Plan name TOWN OF JUPITER POLICE OFFICERS' RETIREMENT FUND	
<b>b</b>	Name of plan sponsor TOWN OF JUPITER	<b>c</b> EIN-PN 59-6033967-001
<b>a</b>	Plan name TPC PACKAGING SOLUTIONS 401(K) RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor TPC PACKAGING SOLUTIONS, INC.	<b>c</b> EIN-PN 31-0731346-001
<b>a</b>	Plan name TRIAD RADIOLOGY ASSOCIATES RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor TRIAD RADIOLOGY ASSOCIATES, PLLC	<b>c</b> EIN-PN 20-5383005-001
<b>a</b>	Plan name TRIBUNE COMPANY MASTER TRUST FOR PENSION PLANS	
<b>b</b>	Name of plan sponsor TRIBUNE MEDIA COMPANY	<b>c</b> EIN-PN 36-1880355-201
<b>a</b>	Plan name TRILON GROUP RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor TRILON GROUP, LLC	<b>c</b> EIN-PN 87-3821663-004
<b>a</b>	Plan name TRINITY LOGISTICS CORPORATION 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor TRINITY LOGISTICS CORPORATION	<b>c</b> EIN-PN 27-0065359-001
<b>a</b>	Plan name TROUTMAN PEPPER DEFINED CONTRIBUTION PLAN	
<b>b</b>	Name of plan sponsor TROUTMAN PEPPER HAMILTON SANDERS LLP	<b>c</b> EIN-PN 58-0946915-001
<b>a</b>	Plan name UBEO, LLC 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor UBEO, LLC	<b>c</b> EIN-PN 81-5293028-001

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	UL FINANCIAL SECURITY PLAN	
<b>b</b>	Name of plan sponsor	UL LLC	<b>c</b> EIN-PN 94-3282454-002
<b>a</b>	Plan name	UMPQUA BANK 401(K) AND PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	COLUMBIA BANKING SYSTEMS, INC.	<b>c</b> EIN-PN 91-1422237-001
<b>a</b>	Plan name	UNDERWOOD ENGINEERS 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	UNDERWOOD ENGINEERS, INC.	<b>c</b> EIN-PN 02-0364873-003
<b>a</b>	Plan name	UNION STATE SMP 401(K) PLAN	
<b>b</b>	Name of plan sponsor	UNION STATE BANK	<b>c</b> EIN-PN 42-0573040-001
<b>a</b>	Plan name	UNITE HERE HEALTH STAFF PENSION PLAN	
<b>b</b>	Name of plan sponsor	UNITE HERE HEALTH	<b>c</b> EIN-PN 23-7385560-001
<b>a</b>	Plan name	UNITED COOPERATIVE 401(K) PLAN	
<b>b</b>	Name of plan sponsor	UNITED COOPERATIVE	<b>c</b> EIN-PN 39-0191260-002
<b>a</b>	Plan name	UNITED TOOL & MOLD 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	UNITED TOOL & MOLD, INC.	<b>c</b> EIN-PN 57-1016077-001
<b>a</b>	Plan name	UNIVERSAL DISPLAY & FIXTURES COMPANY 401(K) RETIREMENT AND PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	UNIVERSAL DISPLAY & FIXTURES COMPANY	<b>c</b> EIN-PN 75-1436764-002
<b>a</b>	Plan name	UNIVERSITY OF PHOENIX, INC. SAVINGS AND INVESTMENT PLAN	
<b>b</b>	Name of plan sponsor	UNIVERSITY OF PHOENIX, INC.	<b>c</b> EIN-PN 94-2473210-001
<b>a</b>	Plan name	US FARATHANE, LLC 401K PLAN	
<b>b</b>	Name of plan sponsor	US FARATHANE, LLC	<b>c</b> EIN-PN 46-3221181-001
<b>a</b>	Plan name	USA PROPERTIES FUND 401(K) SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	USA PROPERTIES FUND, INC.	<b>c</b> EIN-PN 95-3584895-001
<b>a</b>	Plan name	USN OPCO, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	USN OPCO, LLC	<b>c</b> EIN-PN 85-3975194-001

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.)	
<b>a</b>	Plan name V2 STRATEGIC ADVISORS LLC 401(K) PROFIT SHARING PLAN AND TRUST	
<b>b</b>	Name of plan sponsor V2 STRATEGIC ADVISORS LLC	<b>c</b> EIN-PN 20-1128661-001
<b>a</b>	Plan name VALLEJO FLOOD AND WASTEWATER DISTRICT DEFERRED COMPENSATION PLAN	
<b>b</b>	Name of plan sponsor VALLEJO FLOOD AND WASTEWATER DISTRICT	<b>c</b> EIN-PN 94-6003952-999
<b>a</b>	Plan name VALUEBANK TEXAS 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor FIRST INTERNATIONAL BANCSHARES, INC.	<b>c</b> EIN-PN 74-2793243-002
<b>a</b>	Plan name VALUED EMPLOYEE RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor LAC ACQUISITION, LLC	<b>c</b> EIN-PN 83-2007393-002
<b>a</b>	Plan name VAN VREEDE TV & APPLIANCE, INC 401(K) SVGS PL	
<b>b</b>	Name of plan sponsor VAN VREEDE TV & APPLIANCE, INC	<b>c</b> EIN-PN 39-1186226-001
<b>a</b>	Plan name VASCULAR RADIOLOGY ASSOCIATES LL 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor VASCULAR RADIOLOGY ASSOCIATES II	<b>c</b> EIN-PN 58-2008709-001
<b>a</b>	Plan name VENANPRI GROUP 401(K) PLAN	
<b>b</b>	Name of plan sponsor BELLOTA AGRISOLUTIONS AND TOOLS USA, LLC	<b>c</b> EIN-PN 75-3267235-001
<b>a</b>	Plan name VERAYCITE, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor VERAYCITE, INC.	<b>c</b> EIN-PN 20-5455398-001
<b>a</b>	Plan name VERHELST C.P.A., S.C. 401(K) SAFE HARBOR PLAN	
<b>b</b>	Name of plan sponsor VERHELST CPA, S.C.	<b>c</b> EIN-PN 46-3779293-001
<b>a</b>	Plan name VERIZON MASTER SAVINGS TRUST	
<b>b</b>	Name of plan sponsor VERIZON COMMUNICATIONS INC.	<b>c</b> EIN-PN 23-2259884-020
<b>a</b>	Plan name VERTAVA HEALTH 401(K) PLAN	
<b>b</b>	Name of plan sponsor FREEDOM HEALTHCARE OF AMERICA, DBA VERTAVA HEALTH	<b>c</b> EIN-PN 46-4250098-001
<b>a</b>	Plan name VIBRANTZ CORPORATION PENSION PLAN FOR LEGACY EMPLOYEES	
<b>b</b>	Name of plan sponsor VIBRANTZ CORPORATON	<b>c</b> EIN-PN 34-0217820-007

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	VIKING DRILL & TOOL, INC. RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	VIKING DRILL & TOOL, INC.	<b>c</b> EIN-PN 36-2702410-003
<b>a</b>	Plan name	VINCE HOLDING CORP. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	VINCE HOLDING CORP.	<b>c</b> EIN-PN 75-3264870-001
<b>a</b>	Plan name	VIRGINIA MARBLE MANUFACTURERS 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	VIRGINIA MARBLE MANUFACTURERS, INC.	<b>c</b> EIN-PN 54-0848845-001
<b>a</b>	Plan name	VITAS HEALTHCARE CORPORATION 401(K) PLAN	
<b>b</b>	Name of plan sponsor	VITAS HEALTHCARE CORPORATION	<b>c</b> EIN-PN 59-2318357-002
<b>a</b>	Plan name	VIVUS 401(K) RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	VIVUS LLC	<b>c</b> EIN-PN 94-3136179-002
<b>a</b>	Plan name	VOYA 401(K) PLAN FOR VRIAC AGENTS	
<b>b</b>	Name of plan sponsor	VOYA RETIREMENT INSURANCE AND ANNUITY COMPANY	<b>c</b> EIN-PN 71-0294708-005
<b>a</b>	Plan name	VOYA 401(K) SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	VOYA SERVICES COMPANY	<b>c</b> EIN-PN 52-1317217-002
<b>a</b>	Plan name	WALMART 401(K) PLAN	
<b>b</b>	Name of plan sponsor	WAL-MART STORES, INC.	<b>c</b> EIN-PN 71-0415188-003
<b>a</b>	Plan name	WARBY PARKER RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	WARBY PARKER INC.	<b>c</b> EIN-PN 80-0423634-001
<b>a</b>	Plan name	WARD-BRODT MUSIC COMPANY RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	WARD-BRODT MUSIC COMPANY	<b>c</b> EIN-PN 39-0687250-001
<b>a</b>	Plan name	WATERTON 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	WATERTON ASSOCIATES	<b>c</b> EIN-PN 36-4020229-001
<b>a</b>	Plan name	WAUNAKEE VETERINARY SERVICE, S.C. 401(K) SAFE HARBOR PLAN	
<b>b</b>	Name of plan sponsor	WAUNAKEE VETERINARY SERVICES	<b>c</b> EIN-PN 39-1186036-001

<b>Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>		
<small>(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)</small>		
<b>a</b>	Plan name	WAYNE-SANDERSON FARMS 401(K) RETIREMENT PLAN
<b>b</b>	Name of plan sponsor	WAYNE FARMS LLC
<b>c</b>	EIN-PN	58-2530930-001
<b>a</b>	Plan name	WELLS GLOBAL, PLLC 401(K) PLAN
<b>b</b>	Name of plan sponsor	WELLS GLOBAL, PLLC
<b>c</b>	EIN-PN	56-2233701-001
<b>a</b>	Plan name	WENDELL HOLMES RURAL FIRE DEPARTMENT, INC. 401(K) PROFIT SHARING PLAN
<b>b</b>	Name of plan sponsor	WENDELL HOLMES RURAL FIRE DEPARTMENT
<b>c</b>	EIN-PN	56-1305728-001
<b>a</b>	Plan name	WGT, LLC 401K PLAN
<b>b</b>	Name of plan sponsor	WINBRO GROUP TECHNOLOGIES, LLC
<b>c</b>	EIN-PN	27-3854048-001
<b>a</b>	Plan name	WHIDBEY GENERAL HOSPITAL EMPLOYEES DEFERRED COMPENSATION PLAN
<b>b</b>	Name of plan sponsor	WHIDBEY GENERAL HOSPITAL
<b>c</b>	EIN-PN	91-0843135-999
<b>a</b>	Plan name	WHIDBEYHEALTH EMPLOYEES' PENSION PLAN
<b>b</b>	Name of plan sponsor	WHIDBEY ISLAND PUBLIC HOSPITAL DISTRICT D/B/A WHIDBEYHEALTH
<b>c</b>	EIN-PN	91-0843135-002
<b>a</b>	Plan name	WICHELT IMPORTS RETIREMENT SAVINGS PLAN
<b>b</b>	Name of plan sponsor	WICHELT IMPORTS
<b>c</b>	EIN-PN	39-1237623-001
<b>a</b>	Plan name	WILDLANDS 401(K) RETIREMENT PLAN
<b>b</b>	Name of plan sponsor	WILDLANDS ENGINEERING, INC.
<b>c</b>	EIN-PN	56-0651376-001
<b>a</b>	Plan name	WILDWOOD FAMILY CLINIC, S.C. PROFIT SHARING PLAN
<b>b</b>	Name of plan sponsor	WICHMANN-FARGO FUNERAL HOMES
<b>c</b>	EIN-PN	39-1505264-001
<b>a</b>	Plan name	WILEY X, INC. 401(K) PLAN & TRUST
<b>b</b>	Name of plan sponsor	WILEY X, INC.
<b>c</b>	EIN-PN	77-0162376-001
<b>a</b>	Plan name	WILLCO CONSTRUCTION CO., INC. 401(K) PLAN
<b>b</b>	Name of plan sponsor	WILLCO CONSTRUCTION CO., INC.
<b>c</b>	EIN-PN	52-0963485-001
<b>a</b>	Plan name	WILTON BRANDS LLC RETIREMENT PLAN
<b>b</b>	Name of plan sponsor	WILTON BRANDS LLC
<b>c</b>	EIN-PN	20-4255723-001

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.)	
<b>a</b>	Plan name WINDERMERE INSURANCE GROUP 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor WINDERMERE INSURANCE GROUP	<b>c</b> EIN-PN 45-3387144-001
<b>a</b>	Plan name WIPRO LIMITED 401(K) PLAN	
<b>b</b>	Name of plan sponsor WIPRO LIMITED	<b>c</b> EIN-PN 98-0154401-001
<b>a</b>	Plan name WISS, JANNEY, ELSTNER ASSOCIATES, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor WISS, JANNEY, ELSTNER ASSOCIATES, INC.	<b>c</b> EIN-PN 36-2757956-002
<b>a</b>	Plan name WM SYNERGY, LLC 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor WM SYNERGY, LLC	<b>c</b> EIN-PN 33-1070746-001
<b>a</b>	Plan name WOODCREST CHRISTIAN SCHOOL SYSTEM 401(K) PS PLAN	
<b>b</b>	Name of plan sponsor WOODCREST CHRISTIAN SCHOOL SYSTEM	<b>c</b> EIN-PN 95-1756426-002
<b>a</b>	Plan name WORLDLY RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor WORLDLY HOLDING, INC.	<b>c</b> EIN-PN 83-4312755-001
<b>a</b>	Plan name WORLEY, SCHILLING, & RANDALL, INC 401(K) PLAN	
<b>b</b>	Name of plan sponsor WORLEY, SCHILLING, & RANDALL, INC	<b>c</b> EIN-PN 58-0205870-001
<b>a</b>	Plan name WOW LOGISTICS COMPANY 401(K) PLAN	
<b>b</b>	Name of plan sponsor WOW LOGISTICS	<b>c</b> EIN-PN 39-2000702-001
<b>a</b>	Plan name WRIGHT CONNATSER 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor WRIGHT CONNASTER PLLC	<b>c</b> EIN-PN 47-1947656-001
<b>a</b>	Plan name WYATT SEAL, INC. 401(K) & PSP	
<b>b</b>	Name of plan sponsor WYATT SEAL, INC.	<b>c</b> EIN-PN 57-0545295-002
<b>a</b>	Plan name WYNDEN STARK LLC 401(K) PROFIT SHARING PLAN AND TRUST (EXTERNAL)	
<b>b</b>	Name of plan sponsor WYNDEN STARK LLC	<b>c</b> EIN-PN 46-4805589-002
<b>a</b>	Plan name WYNDEN STARK LLC 401(K) PROFIT SHARING PLAN AND TRUST (INTERNAL)	
<b>b</b>	Name of plan sponsor WYNDEN STARK LLC	<b>c</b> EIN-PN 46-4805589-001

**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.)

<b>a</b> Plan name	YAPSTONE 401(K) PLAN	
<b>b</b> Name of plan sponsor	YAPSTONE HOLDINGS, INC.	<b>c</b> EIN-PN 41-1955039-001
<b>a</b> Plan name	YELP INC. 401(K) PLAN	
<b>b</b> Name of plan sponsor	YELP INC.	<b>c</b> EIN-PN 20-1854266-001
<b>a</b> Plan name	YIPIT, LLC 401(K) PLAN	
<b>b</b> Name of plan sponsor	YIPIT, LLC	<b>c</b> EIN-PN 27-1798800-001
<b>a</b> Plan name	YOKOGAWA USA, INC. WEALTH BUILDER	
<b>b</b> Name of plan sponsor	YOKOGAWA USA, INC.	<b>c</b> EIN-PN 58-1874832-001
<b>a</b> Plan name	YOUNGER PARTNERS 401(K) PLAN	
<b>b</b> Name of plan sponsor	YOUNGER PARTNERS COMMERCIAL, LLC	<b>c</b> EIN-PN 45-5279045-001
<b>a</b> Plan name	YSM DESIGN, PC 401(K) PROFIT SHARING PLAN	
<b>b</b> Name of plan sponsor	YSM DESIGN, PC	<b>c</b> EIN-PN 58-2157309-002
<b>a</b> Plan name	ZONES, INC. 401(K) PLAN	
<b>b</b> Name of plan sponsor	ZONES, INC.	<b>c</b> EIN-PN 91-1431894-001
<b>a</b> Plan name		
<b>b</b> Name of plan sponsor		<b>c</b> EIN-PN
<b>a</b> Plan name		
<b>b</b> Name of plan sponsor		<b>c</b> EIN-PN
<b>a</b> Plan name		
<b>b</b> Name of plan sponsor		<b>c</b> EIN-PN
<b>a</b> Plan name		
<b>b</b> Name of plan sponsor		<b>c</b> EIN-PN
<b>a</b> Plan name		
<b>b</b> Name of plan sponsor		<b>c</b> EIN-PN

<b>SCHEDULE H</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Financial Information</b>  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).  ▶ <b>File as an attachment to Form 5500.</b>	OMB No. 1210-0110  <b>2024</b>  <b>This Form is Open to Public Inspection</b>
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For calendar plan year 2024 or fiscal plan year beginning <b>10/01/2023</b> and ending <b>09/30/2024</b>	
<b>A</b> Name of plan <b>COHEN &amp; STEERS COLLECTIVE INVESTMENT TRUST</b>	<b>B</b> Three-digit plan number (PN) ▶ <b>064</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>SEI TRUST COMPANY</b>	<b>D</b> Employer Identification Number (EIN) <b>46-3411346</b>

<b>Part I</b>	<b>Asset and Liability Statement</b>
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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
<b>Assets</b>			
<b>a</b> Total noninterest-bearing cash .....	<b>1a</b>		
<b>b</b> Receivables (less allowance for doubtful accounts):			
<b>(1)</b> Employer contributions .....	<b>1b(1)</b>		
<b>(2)</b> Participant contributions .....	<b>1b(2)</b>		
<b>(3)</b> Other .....	<b>1b(3)</b>	45451000	20679000
<b>c</b> General investments:			
<b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....	<b>1c(1)</b>	26430000	55742000
<b>(2)</b> U.S. Government securities .....	<b>1c(2)</b>	51950000	60551000
<b>(3)</b> Corporate debt instruments (other than employer securities):			
<b>(A)</b> Preferred .....	<b>1c(3)(A)</b>		
<b>(B)</b> All other .....	<b>1c(3)(B)</b>	27560000	34708000
<b>(4)</b> Corporate stocks (other than employer securities):			
<b>(A)</b> Preferred .....	<b>1c(4)(A)</b>	0	91000
<b>(B)</b> Common .....	<b>1c(4)(B)</b>	1730025000	2790213000
<b>(5)</b> Partnership/joint venture interests .....	<b>1c(5)</b>		
<b>(6)</b> Real estate (other than employer real property) .....	<b>1c(6)</b>		
<b>(7)</b> Loans (other than to participants) .....	<b>1c(7)</b>		
<b>(8)</b> Participant loans .....	<b>1c(8)</b>		
<b>(9)</b> Value of interest in common/collective trusts .....	<b>1c(9)</b>		
<b>(10)</b> Value of interest in pooled separate accounts .....	<b>1c(10)</b>		
<b>(11)</b> Value of interest in master trust investment accounts .....	<b>1c(11)</b>		
<b>(12)</b> Value of interest in 103-12 investment entities .....	<b>1c(12)</b>		
<b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds) .....	<b>1c(13)</b>	10979000	19345000
<b>(14)</b> Value of funds held in insurance company general account (unallocated contracts).....	<b>1c(14)</b>		
<b>(15)</b> Other.....	<b>1c(15)</b>	4605000	1028000

<b>1d</b> Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	<b>1d(1)</b>		
(2) Employer real property.....	<b>1d(2)</b>		
<b>e</b> Buildings and other property used in plan operation.....	<b>1e</b>		
<b>f</b> Total assets (add all amounts in lines 1a through 1e).....	<b>1f</b>	1897000000	2982357000
<b>Liabilities</b>			
<b>g</b> Benefit claims payable.....	<b>1g</b>		
<b>h</b> Operating payables.....	<b>1h</b>		
<b>i</b> Acquisition indebtedness.....	<b>1i</b>		
<b>j</b> Other liabilities.....	<b>1j</b>	17571000	17174000
<b>k</b> Total liabilities (add all amounts in lines 1g through 1j).....	<b>1k</b>	17571000	17174000
<b>Net Assets</b>			
<b>l</b> Net assets (subtract line 1k from line 1f).....	<b>1l</b>	1879429000	2965183000

**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.

<b>Income</b>		(a) Amount	(b) Total
<b>a Contributions:</b>			
(1) Received or receivable in cash from: <b>(A)</b> Employers.....	<b>2a(1)(A)</b>		
<b>(B)</b> Participants.....	<b>2a(1)(B)</b>		
<b>(C)</b> Others (including rollovers).....	<b>2a(1)(C)</b>		
(2) Noncash contributions.....	<b>2a(2)</b>		
(3) Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> .....	<b>2a(3)</b>		
<b>b Earnings on investments:</b>			
<b>(1) Interest:</b>			
<b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit).....	<b>2b(1)(A)</b>	2085000	
<b>(B)</b> U.S. Government securities.....	<b>2b(1)(B)</b>	2264000	
<b>(C)</b> Corporate debt instruments.....	<b>2b(1)(C)</b>	1298000	
<b>(D)</b> Loans (other than to participants).....	<b>2b(1)(D)</b>		
<b>(E)</b> Participant loans.....	<b>2b(1)(E)</b>		
<b>(F)</b> Other.....	<b>2b(1)(F)</b>		
<b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....	<b>2b(1)(G)</b>		5647000
<b>(2) Dividends:</b>			
<b>(A)</b> Preferred stock.....	<b>2b(2)(A)</b>		
<b>(B)</b> Common stock.....	<b>2b(2)(B)</b>	74745000	
<b>(C)</b> Registered investment company shares (e.g. mutual funds).....	<b>2b(2)(C)</b>	474000	
<b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....	<b>2b(2)(D)</b>		75219000
<b>(3)</b> Rents.....	<b>2b(3)</b>		
<b>(4) Net gain (loss) on sale of assets:</b>			
<b>(A)</b> Aggregate proceeds.....	<b>2b(4)(A)</b>	1564890000	
<b>(B)</b> Aggregate carrying amount (see instructions).....	<b>2b(4)(B)</b>	1598015000	
<b>(C)</b> Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result.....	<b>2b(4)(C)</b>		-33125000
<b>(5) Unrealized appreciation (depreciation) of assets:</b>			
<b>(A)</b> Real estate.....	<b>2b(5)(A)</b>		
<b>(B)</b> Other.....	<b>2b(5)(B)</b>	616903000	
<b>(C)</b> Total unrealized appreciation of assets. Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....	<b>2b(5)(C)</b>		

		(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)		2659000
<b>c</b> Other income .....	2c		-3197000
<b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total .....	2d		664106000

**Expenses**

<b>e</b> 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)		
<b>f</b> Corrective distributions (see instructions) .....	2f		
<b>g</b> Certain deemed distributions of participant loans (see instructions) .....	2g		
<b>h</b> Interest expense .....	2h		
<b>i</b> 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)		
(6) Bank or trust company trustee/custodial fees .....	2i(6)	14282000	
(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)		14282000
<b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total .....	2j		14282000

**Net Income and Reconciliation**

<b>k</b> Net income (loss). Subtract line 2j from line 2d .....	2k		649824000
<b>l</b> Transfers of assets:			
(1) To this plan .....	2l(1)		999278000
(2) From this plan .....	2l(2)		563348000

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

<b>5b(1)</b> Name of plan(s)	<b>5b(2)</b> EIN(s)	<b>5b(3)</b> 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 \_\_\_\_\_.