

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 01/01/2024 and ending 12/31/2024

- 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: AMERICAN CENTURY RETIREMENT DATE HYBRID 2030 TRUST
1b Three-digit plan number (PN): 082
1c Effective date of plan
2a Plan sponsor's name (employer, if for a single-employer plan): BENEFIT TRUST COMPANY
2b Employer Identification Number (EIN): 83-6699605
2c Plan Sponsor's telephone number: 913-318-0380
2d Business code (see instructions)

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

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

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

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

3a Plan administrator's name and address <input type="checkbox"/> Same as Plan Sponsor BENEFIT TRUST COMPANY 5901 COLLEGE BLVD SUITE 100 OVERLAND PARK, KS 66211	3b Administrator's EIN 48-1971558 3c Administrator's telephone number 913-318-0380																				
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN 4d PN																				
5 Total number of participants at the beginning of the plan year	5																				
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits..... c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	<table border="1" style="width:100%; border-collapse: collapse;"> <tr><td style="width:100px;">6a(1)</td><td></td></tr> <tr><td>6a(2)</td><td></td></tr> <tr><td>6b</td><td></td></tr> <tr><td>6c</td><td></td></tr> <tr><td>6d</td><td></td></tr> <tr><td>6e</td><td></td></tr> <tr><td>6f</td><td></td></tr> <tr><td>6g(1)</td><td></td></tr> <tr><td>6g(2)</td><td></td></tr> <tr><td>6h</td><td></td></tr> </table>	6a(1)		6a(2)		6b		6c		6d		6e		6f		6g(1)		6g(2)		6h	
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6a(2)																					
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6h																					
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7																				

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

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

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

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

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

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

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

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

Receipt Confirmation Code _____

SCHEDULE D (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small>	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

A Name of plan <u>AMERICAN CENTURY RETIREMENT DATE HYBRID 2030 TRUST</u>	B Three-digit plan number (PN) ▶	<u>082</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>BENEFIT TRUST COMPANY</u>	D Employer Identification Number (EIN) <u>83-6699605</u>	

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
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a Name of MTIA, CCT, PSA, or 103-12 IE: RUSSELL LARGE CAP GROWTH INDX NL SF

b Name of sponsor of entity listed in (a): STATE STREET GLOBAL ADVISORS TRUST COMPANY

c EIN-PN <u>90-0337987-227</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>19972235</u>
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a Name of MTIA, CCT, PSA, or 103-12 IE: RUSSELL LARGE CAP INDEX NL SF CL A

b Name of sponsor of entity listed in (a): STATE STREET GLOBAL ADVISORS TRUST COMPANY

c EIN-PN <u>90-0337987-224</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>31304655</u>
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a Name of MTIA, CCT, PSA, or 103-12 IE: RUSSELL LARGE CAP VALUE INDEX NL SF

b Name of sponsor of entity listed in (a): STATE STREET GLOBAL ADVISORS TRUST COMPANY

c EIN-PN <u>90-0337987-225</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>26976521</u>
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a Name of MTIA, CCT, PSA, or 103-12 IE:

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

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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a Name of MTIA, CCT, PSA, or 103-12 IE:

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

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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a Name of MTIA, CCT, PSA, or 103-12 IE:

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

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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a Name of MTIA, CCT, PSA, or 103-12 IE:

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

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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a Name of MTIA, CCT, PSA, or 103-12 IE:

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

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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a Name of MTIA, CCT, PSA, or 103-12 IE:

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

c EIN-PN

d Entity code

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

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
a Plan name	21C MUSEUM HOTELS, LLC 401(K) PLAN	
b Name of plan sponsor	21C MUSEUM HOTELS, LLC	c EIN-PN 85-3213245-003
a Plan name	3 RIVERS WET WEATHER INC 401(K) PROFIT SHARING PLAN AND TRUST	
b Name of plan sponsor	3 RIVERS WET WEATHER INC	c EIN-PN 25-1833280-001
a Plan name	321BLINK 401(K) PLAN	
b Name of plan sponsor	321BLINK LLC	c EIN-PN 27-4724238-001
a Plan name	401(K) PLAN AND EMPLOYEES TRUST OF ONCOLOGY HEMATOLOGY WEST, P. C.	
b Name of plan sponsor	ONCOLOGY HEMATOLOGY WEST, P.C.	c EIN-PN 47-0754790-001
a Plan name	A.D. STOWE, INC.	
b Name of plan sponsor	A.D. STOWE, INC.	c EIN-PN 54-0951262-001
a Plan name	ABM HOLDINGS, CO. 401(K) PROFIT SHARING PLAN	
b Name of plan sponsor	ABM HOLDINGS, CO.	c EIN-PN 46-1425602-001
a Plan name	ACM HUMAN RESOURCES, LLC	
b Name of plan sponsor	ACM HUMAN RESOURCES, LLC	c EIN-PN 47-4134320-501
a Plan name	ACR SYSTEMS SAVINGS AND RETIREMENT PLAN	
b Name of plan sponsor	ACR SYSTEMS	c EIN-PN 66-0506810-001
a Plan name	AFFINITY 401(K) PLAN	
b Name of plan sponsor	PROJECT AFFINITY, INC.	c EIN-PN 47-2315002-001
a Plan name	AGRARIA LLC WELFARE BENEFIT PLAN	
b Name of plan sponsor	AGRARIA LLC	c EIN-PN 04-3694116-501
a Plan name	AJA VIDEO SYSTEMS, INC. 401(K) PLAN	
b Name of plan sponsor	AJA VIDEO SYSTEMS, INC.	c EIN-PN 68-0366440-001
a Plan name	AJVAZI AND RAMIZA, INC. 401(K) PROFIT SHARING PLAN	
b Name of plan sponsor	AJVAZI AND RAMIZA, INC.	c EIN-PN 20-0554205-001

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	ALACRITY SOLUTIONS GROUP, LLC 401(K) PLAN	
b	Name of plan sponsor	ALACRITY SOLUTIONS GROUP, LLC	c EIN-PN 36-3306934-001
a	Plan name	ALLEGHENY FINANCIAL GROUP, LTD. 401(K) PLAN	
b	Name of plan sponsor	ALLEGHENY FINACIAL GROUP	c EIN-PN 25-1307896-001
a	Plan name	ALPHA STAFFING 401(K) PLAN	
b	Name of plan sponsor	CAREERSTAFF UNLIMITED, LLC	c EIN-PN 76-0440764-001
a	Plan name	ALPINE MEDICAL GROUP, LLC 401(K) PLAN	
b	Name of plan sponsor	ALPINE MEDICAL GROUP, LLC	c EIN-PN 84-1401924-001
a	Plan name	ALTERNATIVE CONTINUUM OF CARE 401K PLAN	
b	Name of plan sponsor	OAK PARK NURSING AND REHAB CENTER, LLC	c EIN-PN 20-5281787-001
a	Plan name	AMBASSADOR, LLC 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor	AMBASSADOR, LLC	c EIN-PN 47-5088479-001
a	Plan name	AMBROSE SALES RETIREMENT PLAN	
b	Name of plan sponsor	AMBROSE SALES, INC.	c EIN-PN 48-1085288-001
a	Plan name	AMERICAN PRINTING COMPANY INC. PROFIT SHARING AND EMPLOYEE SAVINGS PLAN	
b	Name of plan sponsor	AMERICAN PRINTING COMPANY INC.	c EIN-PN 39-0971105-001
a	Plan name	AMERIT CONSULTING 401(K) PLAN	
b	Name of plan sponsor	AMERIT CONSULTING, INC.	c EIN-PN 02-0631746-002
a	Plan name	ANDREAS FURNITURE COMPANY, INC. 401(K) PLAN	
b	Name of plan sponsor	ANDREAS FURNITURE COMPANY, INC.	c EIN-PN 34-0795782-001
a	Plan name	APPLE GROWTH PARTNERS 401(K) PLAN	
b	Name of plan sponsor	APPLE GROWTH PARTNERS, INC.	c EIN-PN 34-1082617-002
a	Plan name	APTUM 401(K) SAVINGS PLAN	
b	Name of plan sponsor	APTUM 401(K) SAVINGS PLAN	c EIN-PN 86-1070209-001

Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)		
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)		
a Plan name	ARBOR BANK 401(K) PLAN	
b Name of plan sponsor	ARBOR BANK	c EIN-PN 93-0717509-001
a Plan name	ARCILLA 401(K) PLAN	
b Name of plan sponsor	ARCILLA MINING AND LAND COMPANY, LLC	c EIN-PN 58-2658077-001
a Plan name	ARCO RETIREMENT PLAN	
b Name of plan sponsor	ARCO	c EIN-PN 66-0566554-001
a Plan name	ARLO G. LOTT TRUCKING, INC. 401(K) PLAN	
b Name of plan sponsor	ARLO G. LOTT TRUCKING, INC.	c EIN-PN 82-0410586-002
a Plan name	ASCEND CLINICAL, LLC 401(K) RETIREMENT PLAN	
b Name of plan sponsor	ASCEND CLINICAL, LLC	c EIN-PN 94-3357013-001
a Plan name	AUBURN FOUNDRY, INC. 401(K) PLAN	
b Name of plan sponsor	AUBURN FOUNDRY, INC.	c EIN-PN 16-0916055-003
a Plan name	BACARELLA TRANSPORTATION SERVICES, 401(K) PROFIT SHARING PLAN & TRUST	
b Name of plan sponsor	BACARELLA TRANSPORTATION SERVICES, INC.	c EIN-PN 06-1048835-001
a Plan name	BACARELLA TRUCKING 401(K) PROFIT SHARING PLAN & TRUST	
b Name of plan sponsor	BACARELLA TRUCKING SERVICES, INC.	c EIN-PN 20-3214776-001
a Plan name	BAMF, INC. 401(K) PROFIT SHARING PLAN & TRUST	
b Name of plan sponsor	BAMF INC.	c EIN-PN 45-4734358-001
a Plan name	BARSHOP JEWISH COMMUNITY CENTER 401(K) PLAN	
b Name of plan sponsor	BARSHOP JEWISH COMMUNITY CENTER OF SAN ANTONIO	c EIN-PN 74-1152783-001
a Plan name	BAYSIDE INTERIORS, INC. 401(K) PROFIT SHARING PLAN	
b Name of plan sponsor	BAYSIDE INTERIORS, INC.	c EIN-PN 94-2931095-001
a Plan name	BEACON HOME CARE GROUP INC	
b Name of plan sponsor	BEACON HOME CARE GROUP INC	c EIN-PN 59-3478749-001

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)		
a	Plan name BEAU TOWNSEND FORD, INC. 401(K) PLAN	
b	Name of plan sponsor BEAU TOWNSEND FORD, INC.	c EIN-PN 31-0876107-001
a	Plan name BELLA VISTA FARMING CO., LLC 401(K) PLAN	
b	Name of plan sponsor BELLA VISTA FARMING CO., LLC	c EIN-PN 94-2292593-002
a	Plan name BENTEX GROUP, INC.	
b	Name of plan sponsor BENTEX GROUP, INC.	c EIN-PN 85-3213245-003
a	Plan name BEST-ONE TIRE & SERVICE 401(K) MEP - SOUTHERN INDIANA TIRE	
b	Name of plan sponsor SOUTHERN INDIANA TIRE, INC.	c EIN-PN 35-1183669-002
a	Plan name BLACK NIGHT SECURITY HEALTH AND WELFARE	
b	Name of plan sponsor BLACK KNIGHT SECURITY, INC.	c EIN-PN 27-3094583-501
a	Plan name BLACKFIN BUILDING AND DEVELOPMENT 401(K) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor BLACKFIN BUILDING AND DEVELOPMENT, INC.	c EIN-PN 27-2538010-001
a	Plan name BLACKSTONE TECHNOLOGY GROUP 401(K) PLAN	
b	Name of plan sponsor BLACKSTONE TECHNOLOGY GROUP	c EIN-PN 94-3355428-001
a	Plan name BLOOM MANUFACTURING LLC 401(K) RETIREMENT PLAN	
b	Name of plan sponsor BLOOM MANUFACTURING LLC	c EIN-PN 85-1379799-001
a	Plan name BLOSSOM MEDICAL AND KAHLO SCIENCES 401(K) PLAN	
b	Name of plan sponsor BLOSSOM MEDICAL, LLC AND KAHLO SCIENCES, LLC	c EIN-PN 47-1315693-001
a	Plan name BLUE APPLE DENTAL GROUP 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor BLUE APPLE DENTAL GROUP	c EIN-PN 47-4183145-001
a	Plan name BLUE HORIZON ENERGY LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor BLUE HORIZON ENERGY LLC	c EIN-PN 46-5239067-001
a	Plan name BLUECAT NETWORKS (USA), INC. 401(K) PLAN	
b	Name of plan sponsor BLUE CAT NETWORKS (USA)	c EIN-PN 98-0484057-001

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
<small>(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)</small>			
a	Plan name	BNK CONSTRUCTION, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	BNK CONSTRUCTION, INC.	c EIN-PN 93-1179120-001
a	Plan name	BOISE CO-OP 401(K) PLAN	
b	Name of plan sponsor	BOISE CONSUMER COOPERATIVE, INC	c EIN-PN 82-0327910-001
a	Plan name	BOUNDLESS NETWORK, INC. 401(K) PLAN	
b	Name of plan sponsor	BOUNDLESS NETWORK, INC.	c EIN-PN 20-0240417-001
a	Plan name	BREADWORKS, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	BREADWORKS, INC.	c EIN-PN 25-1877450-001
a	Plan name	BRIGHTON FORD 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	BRIGHTON FORD, INC	c EIN-PN 38-2271999-001
a	Plan name	BROADDUS & ASSOCIATES, INC. 401(K) PLAN	
b	Name of plan sponsor	BROADDUS & ASSOCIATES, INC.	c EIN-PN 74-2985884-001
a	Plan name	BRONCO WINE COMPANY 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	BRONCO WINE COMPANY	c EIN-PN 77-0342472-001
a	Plan name	BROWARD PARTNERSHIP FOR THE HOMELESS, INC. 403 (B) PLAN	
b	Name of plan sponsor	BROWARD PARTNERSHIP FOR THE HOMELESS, INC.	c EIN-PN 65-0777033-001
a	Plan name	BULLISH 401(K)	
b	Name of plan sponsor	BULLISH US LLC	c EIN-PN 87-0816490-001
a	Plan name	BURBIDGE CONCRETE PUMPING LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	BURBIDGE CONCRETE PUMPING	c EIN-PN 20-4816392-001
a	Plan name	BWS LEASING, INC. EMPLOYEE 401(K) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor	BWS LEASING, INC.	c EIN-PN 47-0712678-001
a	Plan name	BZI LLC PROFIT SHARING PLAN	
b	Name of plan sponsor	BUILDING ZONE INDUSTRIES LLC	c EIN-PN 81-3252915-001

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	CA HOLDINGS, LLC 401(K) PLAN	
b	Name of plan sponsor	CA HOLDINGS, LLC	c EIN-PN 58-2540189-001
a	Plan name	CALIFORNIA ASSOCIATION OF WINEGRAPE GROWERS MEP	
b	Name of plan sponsor	CALIFORNIA ASSOCIATION OF WINEGRAPE GROWERS	c EIN-PN 94-2292593-002
a	Plan name	CAPITOL CREDIT UNION 401(K) PLAN AND TRUST	
b	Name of plan sponsor	CAPITOL CREDIT UNION	c EIN-PN 74-6054885-002
a	Plan name	CAWG RETIREMENT PLAN AND TRUST - MOHR-FRY RANCHES 401(K)	
b	Name of plan sponsor	MOHR-FRY RANCHES	c EIN-PN 94-2623365-001
a	Plan name	CENTRAL FARM AND GARDEN 401(K) PLAN	
b	Name of plan sponsor	CENTRAL FARM & GARDEN	c EIN-PN 34-0945300-001
a	Plan name	CHILDREN'S CANCER ASSOCIATION RETIREMENT PLAN	
b	Name of plan sponsor	CHILDRENS CANCER ASSOCIATION	c EIN-PN 93-1181662-001
a	Plan name	CITY OF ALLEGAN 457 PLAN	
b	Name of plan sponsor	CITY OF ALLEGAN	c EIN-PN 38-6004518-001
a	Plan name	CLANTON ENGINEERING, INC. DBA CLANTON & ASSOCIATES, INC. 401(K) PLAN	
b	Name of plan sponsor	CLANTON ENGINEERING, INC. DBA CLANTON & ASSOCIATES, INC.	c EIN-PN 84-0844175-001
a	Plan name	CLIMATE ENGINEERING COMPANIES 401(K) PLAN	
b	Name of plan sponsor	CLIMATE ENGINEERING COMPANIES	c EIN-PN 06-1169064-001
a	Plan name	CLIMATEWORKS FOUNDATION RETIREMENT TRUST	
b	Name of plan sponsor	CLIMATEWORKS FOUNDATION	c EIN-PN 26-2603250-001
a	Plan name	COASTAL VINEYARD CARE ASSOCIATES	
b	Name of plan sponsor	COASTAL VINEYARD CARE ASSOCIATES	c EIN-PN 94-2292593-002
a	Plan name	COLLIGERE FARM MANAGEMENT	
b	Name of plan sponsor	COLLIGERE FARM MANAGEMENT	c EIN-PN 94-2292593-002

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
a	Plan name COLORADO PAIN CARE, LLC 401(K) PLAN	
b	Name of plan sponsor COLORADO PAIN CARE, LLC	c EIN-PN 46-3126009-001
a	Plan name COMBINED EXPRESS, INC. 401(K) PLAN	
b	Name of plan sponsor COMBINED EXPRESS, INC.	c EIN-PN 22-2603057-002
a	Plan name COMMERCIAL RISK SOLUTIONS, INC. 401(K) PLAN	
b	Name of plan sponsor COMMERCIAL RISK SOLUTIONS, INC.	c EIN-PN 84-1219553-001
a	Plan name COMMODITY BLENDERS, LLC RETIREMENT PLAN	
b	Name of plan sponsor COMMODITY BLENDERS, LLC	c EIN-PN 26-1599192-001
a	Plan name COMMUNITY CARE OF NORTH CAROLINA, INC. 401(K) PLAN	
b	Name of plan sponsor COMMUNITY CARE OF NORTH CAROLINA, INC.	c EIN-PN 46-3355510-001
a	Plan name COMPLETE FEED SERVICE, LLC 401(K) PLAN	
b	Name of plan sponsor COMPLETE FEED SERVICE, LLC	c EIN-PN 30-0029452-001
a	Plan name CONCEPT PLUS, LLC 401(K) PLAN	
b	Name of plan sponsor CONCEPT PLUS, LLC	c EIN-PN 26-3246931-001
a	Plan name CONCEPT PLUS, LLC 401(K) PLAN	
b	Name of plan sponsor CONFECTIONS OPERATIONS LLC	c EIN-PN 26-3246931-001
a	Plan name CORNERSTONE SOLUTIONS GROUP 401(K) RETIREMENT PLAN	
b	Name of plan sponsor CORNERSTONE SOLUTIONS GROUP, INC	c EIN-PN 43-1554545-001
a	Plan name CORRHEALTH LLC 401(K) PLAN	
b	Name of plan sponsor CORRHEALTH LLC	c EIN-PN 82-1288341-001
a	Plan name COUNTRY CLUB BANK 401(K) RETIREMENT PLAN	
b	Name of plan sponsor COUNTRY CLUB BANK	c EIN-PN 44-0574255-001
a	Plan name CRP ARCHITECTS PC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor CRP ARCHITECTS, P.C.	c EIN-PN 84-0863178-001

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	CTOS, LLC 401(K) PLAN	
b	Name of plan sponsor	CTOS, LLC	c EIN-PN 81-1853358-001
a	Plan name	CUTEK, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	CUTEK, INC.	c EIN-PN 20-2732426-001
a	Plan name	DALY SERVICE CENTER INC. 401(K) PLAN	
b	Name of plan sponsor	DALY SERVICE CENTER INC.	c EIN-PN 04-2703088-001
a	Plan name	DEE'S INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	DEE'S INC.	c EIN-PN 87-0221456-001
a	Plan name	DENVER SYRUP & BAR SUPPLY INC. 401(K) PLAN	
b	Name of plan sponsor	DENVER SYRUP & BAR SUPPLY, INC.	c EIN-PN 84-1035854-001
a	Plan name	DERMATOLOGY SPECIALISTS, P.A. RETIREMENT PLAN	
b	Name of plan sponsor	DERMATOLOGY SPECIALISTS, P.A.	c EIN-PN 41-1266423-001
a	Plan name	DIAGNOSTIC RADIOLOGY ASSOCIATES OF FLINT, P.C. PROFIT SHARING 401K PLAN	
b	Name of plan sponsor	DIAGNOSTIC RADIOLOGY ASSOCIATES OF FLINT, P.C.	c EIN-PN 38-2492131-003
a	Plan name	DIAMOND TOOL & DIE INC. 401(K) PLAN	
b	Name of plan sponsor	DIAMOND TOOL & DIE INC.	c EIN-PN 94-2176577-001
a	Plan name	DIE-MATIC CORPORATION 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	DIE-MATIC CORPORATION	c EIN-PN 34-0825221-002
a	Plan name	DINWIDDIE-HINES CONSTRUCTION, INC. 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	DINWIDDIE-HINES CONSTRUCTION, INC.	c EIN-PN 68-0348759-001
a	Plan name	DIRT WORKS INC 401(K) PLAN	
b	Name of plan sponsor	DIRT WORX, INC.	c EIN-PN 20-1409819-001
a	Plan name	DREYFOUS & ASSOCIATES RETIREMENT PLAN	
b	Name of plan sponsor	DREYFOUS & ASSOCIATES	c EIN-PN 66-0503349-001

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)		
a	Plan name EAST BAY TIRE CO. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor EAST BAY TIRE CO.	c EIN-PN 94-2656190-001
a	Plan name ELECTROMATIC EQUIPMENT CO. INC. 401(K) PLAN	
b	Name of plan sponsor ELECTROMATIC EQUIPMENT CO. INC.	c EIN-PN 11-2403021-003
a	Plan name EXCEL MANUFACTURING, INC. 401(K) PLAN	
b	Name of plan sponsor EXCEL MANUFACTURING, INC.	c EIN-PN 35-1970439-001
a	Plan name FARM CITY ELEVATOR COMPANIES 401K PROFIT SHARING PLAN	
b	Name of plan sponsor FARM CITY ELEVATOR, INC.	c EIN-PN 39-1052519-001
a	Plan name FELSON COMPANIES, INC. RETIREMENT PLAN	
b	Name of plan sponsor FELSON COMPANIES, INC.	c EIN-PN 94-3215290-001
a	Plan name FORT WAYNE DERMATOLOGY CONSULTANTS, INC. PROFIT SHARING 401(K) PLAN	
b	Name of plan sponsor FORT WAYNE DERMATOLOGY CONSULTANTS, INC.	c EIN-PN 30-0149833-004
a	Plan name FRENCHMAN'S RESERVE COUNTRY CLUB 401(K) PLAN	
b	Name of plan sponsor FRENCHMANS RESERVE COUNTRY CLUB, INC.	c EIN-PN 56-2290261-001
a	Plan name FRIEDMAN, DAZZIO & ZULANAS , PC PROFIT SHARING 401(K)	
b	Name of plan sponsor FRIEDMAN, DAZZIO & ZULANAS , PC	c EIN-PN 63-1207595-001
a	Plan name FUZEHUB INC 401(K) PLAN	
b	Name of plan sponsor FUZEHUB	c EIN-PN 46-3122950-001
a	Plan name G&D MECHANICAL, INC. RETIREMENT PLAN	
b	Name of plan sponsor G&D MECHANICAL, INC.	c EIN-PN 20-3101528-001
a	Plan name G.G.V. MANAGEMENT, L.L.C. 401(K) SAVINGS PLAN	
b	Name of plan sponsor G.G.V. MANAGEMENT, L.L.C.	c EIN-PN 94-3369771-001
a	Plan name GAZALL, LEWIS & ASSOCIATES ARCHITECTS, INC. PROFIT SHARING PLAN	
b	Name of plan sponsor GAZALL, LEWIS & ASSOCIATES ARCHITECTS, INC.	c EIN-PN 38-1868120-001

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	GENESYS HURLEY CANCER INSTITUTE 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	GENESYS HURLEY CANCER INSTITUTE	c EIN-PN 38-3545312-001
a	Plan name	GP GOLF 401(K) PLAN	
b	Name of plan sponsor	GP GOLF	c EIN-PN 82-3129189-001
a	Plan name	GPM HOME OFFICE EMPLOYEES' RETIREMENT PLAN	
b	Name of plan sponsor	GOVERNMENT PERSONNEL MUTUAL LIFE INSURANCE COMPANY	c EIN-PN 74-0651020-001
a	Plan name	GRACE VISION RETIREMENT PLAN	
b	Name of plan sponsor	GRACE VISION INC.	c EIN-PN 46-3340575-001
a	Plan name	GROSSMAN CHEVROLET 401(K) PLAN	
b	Name of plan sponsor	GROSSMAN CHEVROLET NISSAN GEO, INC.	c EIN-PN 06-1322644-002
a	Plan name	H.B. BOYS 401(K)	
b	Name of plan sponsor	H.B. BOYS L.C.	c EIN-PN 87-0536706-001
a	Plan name	H.I.S. INTERNATIONAL GROUP LLC 401(K) PLAN	
b	Name of plan sponsor	H.I.S. INTERNATIONAL GROUP LLC	c EIN-PN 85-3213245-301
a	Plan name	HALL IMPORTS LLC 401(K) PLAN	
b	Name of plan sponsor	HALL IMPORTS LLC	c EIN-PN 39-1569828-001
a	Plan name	HART & OLSON DENTISTRY 401(K) PLAN	
b	Name of plan sponsor	HART & OLSON DENTISTRY, SC	c EIN-PN 20-5898371-001
a	Plan name	HELION ENERGY RETIREMENT TRUST	
b	Name of plan sponsor	HELION ENERGY	c EIN-PN 46-3247574-001
a	Plan name	HERCULES MACHINERY CORPORATION, LLC 401K RETIREMENT PLAN	
b	Name of plan sponsor	HERCULES MACHINERY CORPORATION, LLC	c EIN-PN 35-1095415-002
a	Plan name	HHS OF LOUISVILLE, LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	HHS OF LOUISVILLE, LLC	c EIN-PN 35-2150919-001

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	HILLS WIRING, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	HILLS WIRING, INC.	c EIN-PN 39-1344907-001
a	Plan name	HINT, INC. 401K PLAN	
b	Name of plan sponsor	HINT, INC.	c EIN-PN 04-3806328-001
a	Plan name	HIRO & CO INC 401(K) PLAN	
b	Name of plan sponsor	HIRO & CO INC	c EIN-PN 84-1044735-001
a	Plan name	HOLLAND ASSOCIATES, LLC 401(K) PLAN	
b	Name of plan sponsor	HOLLAND ASSOCIATES, LLC	c EIN-PN 20-8595877-001
a	Plan name	HOPEWELL FUND 401(K) PLAN	
b	Name of plan sponsor	HOPEWELL FUND	c EIN-PN 47-3681860-001
a	Plan name	HOUSE OF HARLEY DAVIDSON 401(K) PLAN	
b	Name of plan sponsor	ONE HEADLIGHT POWER SPORTS, LLC DBA HOUSE OF HARLEY DAVIDSON	c EIN-PN 47-3746638-001
a	Plan name	HPM FOUNDATION, INC. (DBA) HEALTHPROMED RETIREMENT PLAN	
b	Name of plan sponsor	HPM FOUNDATION, INC. (DBA) HEALTHPROMED	c EIN-PN 66-0437924-001
a	Plan name	HUBBARD SUPPLY CO. 401(K) PLAN	
b	Name of plan sponsor	HUBBARD SUPPLY CO.	c EIN-PN 38-2556947-001
a	Plan name	IBE ENTERPRISES, LLC 401(K) PLAN	
b	Name of plan sponsor	IBE ENTERPRISES, LLC	c EIN-PN 38-1845029-001
a	Plan name	ILLUMINATIVE, INC 401(K) PLAN	
b	Name of plan sponsor	ILLUMINATIVE, INC	c EIN-PN 92-1975377-001
a	Plan name	IMS TECHNOLOGIES, INC. EMPLOYEE SAVINGS PLAN	
b	Name of plan sponsor	IMS TECHNOLOGIES, INC.	c EIN-PN 37-1925666-001
a	Plan name	INDY TIRE CENTERS, INC. D/B/A BEST-ONE OF INDY 401(K)	
b	Name of plan sponsor	INDY TIRE CENTERS, INC. D/B/A BEST-ONE OF INDY	c EIN-PN 35-1687063-001

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	INFINITE ENERGY CONSTRUCTION 401(K) PLAN	
b	Name of plan sponsor	INFINITE ENERGY CONSTRUCTION, INC	c EIN-PN 43-1750121-001
a	Plan name	INGENICO, INC. 401(K) PLAN	
b	Name of plan sponsor	INGENICO, INC.	c EIN-PN 88-0117097-001
a	Plan name	INTERCITY RADIOLOGY PC 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	INTERCITY RADIOLOGY	c EIN-PN 81-0306157-002
a	Plan name	INTERVENN BIOSCIENCES 401(K) PLAN	
b	Name of plan sponsor	VENN BIOSCIENCES CORPORATION D/B/A INTERVENN BIOSCIENCES	c EIN-PN 82-0814673-001
a	Plan name	INVITAE 401(K) PLAN	
b	Name of plan sponsor	INVITAE	c EIN-PN 27-1701898-001
a	Plan name	J&D ENTERPRISES RETIREMENT PLAN	
b	Name of plan sponsor	J & D FERTILIZERS LTD	c EIN-PN 93-0863751-001
a	Plan name	JAC MANUFACTURING, INC. 401(K) PLAN	
b	Name of plan sponsor	JAC MANUFACTURING, INC.	c EIN-PN 39-1293124-001
a	Plan name	JAMADMIN, INC. 401(K) PLAN	
b	Name of plan sponsor	JAMADMIN, INC.	c EIN-PN 27-1656869-001
a	Plan name	JANE TECHNOLOGIES 401(K) PLAN	
b	Name of plan sponsor	JANE TECHNOLOGIES INC.	c EIN-PN 47-5287065-001
a	Plan name	JATCO INCORPORATED 401(K) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor	JATCO INCORPORATED	c EIN-PN 94-2318778-001
a	Plan name	JAZME, LLC 401(K)/PROFIT SHARING PLAN	
b	Name of plan sponsor	JAZME LLC	c EIN-PN 74-3135314-001
a	Plan name	JOHN JOSTOCK DDS 401(K) PLAN	
b	Name of plan sponsor	JOHN E. JOSTOCK, DDS, PLLC	c EIN-PN 46-4842987-001

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	JUICE PHARMA ADVERTISING, LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	JUICE PHARMA ADVERTISING, LLC	c EIN-PN 75-3085102-001
a	Plan name	KAISER PREMIER LLC	
b	Name of plan sponsor	KAISER PREMIER LLC	c EIN-PN 35-2590945-001
a	Plan name	KAUTZ VINEYARDS, INC. 401(K) PLAN	
b	Name of plan sponsor	KAUTZ VINEYARDS, INC.	c EIN-PN 94-2292593-002
a	Plan name	KINGS OIL TOOLS INC 401(K) PROFIT SHAIRNG PLAN	
b	Name of plan sponsor	KINGS OIL TOOLS INC	c EIN-PN 94-2850782-001
a	Plan name	KIRBY & KIRBY LLP 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	KIRBY & KIRBY LLP	c EIN-PN 81-2373577-001
a	Plan name	KLEINPETER FARMS DAIRY LLC 401(K) PLAN	
b	Name of plan sponsor	KLEINPETER FARMS DAIRY LLC	c EIN-PN 72-0486435-003
a	Plan name	KMA, S.C. 401K PLAN	
b	Name of plan sponsor	KMA, S.C.	c EIN-PN 45-2904270-001
a	Plan name	KORBER PHARMA SOFTWARE, INC. 401K PROFIT SHARING TRUST	
b	Name of plan sponsor	KORBER PHARMA SOFTWARE, INC.	c EIN-PN 51-0401251-001
a	Plan name	KRAYDEN, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	KRAYDEN, INC.	c EIN-PN 84-1107449-001
a	Plan name	LAHLOUH, INC. 401(K) PLAN	
b	Name of plan sponsor	LAHLOUH, INC.	c EIN-PN 94-3025562-001
a	Plan name	LANGETWINS WINE COMPANY, INC. 401(K) PLAN	
b	Name of plan sponsor	LANGETWINS WINE COMPANY, INC.	c EIN-PN 94-2292593-002
a	Plan name	LANGETWINS, INC 401 (K) PLAN	
b	Name of plan sponsor	LANGETWINS, INC	c EIN-PN 94-2292593-002

Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)		
<small>(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)</small>		
a	Plan name	LAVISH ROOTS, INC. 401(K) PLAN
b	Name of plan sponsor	LAVISH ROOTS, INC.
c	EIN-PN	47-2138032-001
a	Plan name	LECLAIR INDUSTRIES INC 401(K) PLAN
b	Name of plan sponsor	LECLAIR INDUSTRIES INC
c	EIN-PN	64-0669317-001
a	Plan name	LIBERTY INSURANCE GROUP 401(K) PROFIT SHARING PLAN
b	Name of plan sponsor	LIBERTY INSURANCE GROUP, INC. DBA TRANSITION HEALTH BENEFITS
c	EIN-PN	39-1975208-001
a	Plan name	LOANMART 401(K) PLAN
b	Name of plan sponsor	WHEELS FINANCIAL GROUP, LLC DBA LOANMART
c	EIN-PN	95-4863389-001
a	Plan name	LOCATI ARCHITECTS, PLLC 401(K) PROFIT SHARING PLAN & TRUST
b	Name of plan sponsor	LOCATI ARCHITECTS, LLC
c	EIN-PN	20-2075108-001
a	Plan name	LONE STAR COMMUNICATIONS, INC. 401(K) PLAN
b	Name of plan sponsor	LONE STAR COMMUNICATIONS, INC.
c	EIN-PN	75-2392905-001
a	Plan name	LONG MEADOW RANCH 401(K) PLAN
b	Name of plan sponsor	LMR SERVICES LLC
c	EIN-PN	36-4856570-001
a	Plan name	LONNINGSDAG LLC INTEGRATED 401(K) PSP
b	Name of plan sponsor	LONNINGSDAG LLC
c	EIN-PN	87-4070313-001
a	Plan name	LUDMAN INDUSTRIES 401(K) PLAN
b	Name of plan sponsor	LUDMAN INDUSTRIES
c	EIN-PN	80-0695276-001
a	Plan name	LUKS AND SANTANIELLO, LLC 401(K) PROFIT SHARING PLAN
b	Name of plan sponsor	LUKS AND SANTANIELLO, LLC
c	EIN-PN	26-0010386-001
a	Plan name	M&Z LLP 401(K) PLAN
b	Name of plan sponsor	M&Z LLP
c	EIN-PN	35-1445113-001
a	Plan name	MADRAG 10 SPOT VANILLA SKY 401(K) PLAN
b	Name of plan sponsor	MADRAG 10 SPOT VANILLA SKY
c	EIN-PN	85-3213245-301

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	MAIELLO, BRUNGO & MAIELLO EMPLOYEES PROFIT SHARING PLAN	
b	Name of plan sponsor	MAIELLO, BRUNGO & MAIELLO LLP	c EIN-PN 25-1343847-001
a	Plan name	MAINLINE PRINTING, INC. 401(K) RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	MAINLINE PRINTING, INC.	c EIN-PN 48-1028409-001
a	Plan name	MARINES' MEMORIAL 401(K) PLAN	
b	Name of plan sponsor	MARINES' MEMORIAL ASSOCIATION	c EIN-PN 94-1055967-001
a	Plan name	MARQUISE COMMERCIAL PLUMBING, INC. 401(K) PLAN	
b	Name of plan sponsor	MARQUISE COMMERCIAL PLUMBING, INC.	c EIN-PN 85-1169164-001
a	Plan name	MAX MACHINERY, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	MAX MACHINERY, INC.	c EIN-PN 94-2474161-001
a	Plan name	MAX RIEKE & BROTHERS, INC. EMPLOYEES 401(K) PLAN	
b	Name of plan sponsor	MAX RIEKE & BROTHERS, INC.	c EIN-PN 48-0783919-067
a	Plan name	MAXI-AIDS, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	MAXI-AIDS, INC.	c EIN-PN 11-2812429-001
a	Plan name	MAYFRAN INTERNATIONAL, INC. RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	MAYFRAN INTERNATIONAL, INC.	c EIN-PN 48-0959871-001
a	Plan name	MCP WESTCOAST INVESTMENT FUND 401(K) PLAN	
b	Name of plan sponsor	MCP WESTCOAST INVESTMENT FUND, LP	c EIN-PN 85-1169164-001
a	Plan name	MEDIA STRATEGIES, INC. PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor	MEDIA STRATEGIES, INC.	c EIN-PN 38-2484680-001
a	Plan name	MHG HOLDCO LLC 401(K) PLAN	
b	Name of plan sponsor	MHG HOLDCO LLC	c EIN-PN 85-3213245-003
a	Plan name	MID-AMERICA ORTHOPEDICS, L.L.C 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	MID-AMERICA ORTHOPEDICS, L.L.C	c EIN-PN 26-2436650-001

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
<small>(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)</small>			
a	Plan name	MIDWEST SECURITY PRODUCTS, INCORPORATED 401(K) PLAN	
b	Name of plan sponsor	MIDWEST SECURITY PRODUCTS, INCORPORATED	c EIN-PN 34-1497163-001
a	Plan name	MID-WEST SPRING & STAMPING 401(K) PLAN	
b	Name of plan sponsor	MID-WEST SPRING & STAMPING	c EIN-PN 93-1012656-002
a	Plan name	MIKE BARNEY NISSAN 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	MIKE BARNEY NISSAN	c EIN-PN 16-1128183-001
a	Plan name	MILLENNIUM REINFORCING 401(K) PLAN	
b	Name of plan sponsor	MILLENNIUM REINFORCING, INC.	c EIN-PN 26-4085786-001
a	Plan name	MILLER STARR REGALIA RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	MILLER STARR REGALIA, A PROFESSIONAL LAW CORPORATION	c EIN-PN 94-3149244-020
a	Plan name	MOBILE MEDICAL RESPONSE, INCORPORATED 401(K) PLAN	
b	Name of plan sponsor	MOBILE MEDICAL RESPONSE, INCORPORATED	c EIN-PN 38-3198397-001
a	Plan name	MONTEITHS BEST-ONE TIRE AND AUTO CARE 401(K) PLAN	
b	Name of plan sponsor	MONTEITHS BEST-ONE TIRE AND AUTO CARE	c EIN-PN 35-1573454-002
a	Plan name	MORRIS HEIGHTS HEALTH CENTER, INC. RETIREMENT PLAN	
b	Name of plan sponsor	MORRIS HEIGHTS HEALTH CENTER, INC.	c EIN-PN 06-1081232-505
a	Plan name	MORSKI BRANDS, INC. 401(K) PLAN	
b	Name of plan sponsor	MORSKI BRANDS, INC.	c EIN-PN 47-3766153-001
a	Plan name	MUNICIPIO DE VEGA BAJA HEAR START/EARLY PROGRAM RET PLAN	
b	Name of plan sponsor	MUNICIPIO DE VEGA BAJA HEAR START/EARLY PROGRAM	c EIN-PN 66-0433537-001
a	Plan name	MURR SILER & ACCOMAZZO, P.C. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	MURR SILER & ACCOMAZZO, P.C.	c EIN-PN 84-1203371-002
a	Plan name	NABCO ENTRANCES, INC. 401(K) PLAN	
b	Name of plan sponsor	NABCO ENTRANCES, INC.	c EIN-PN 39-1128124-001

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	NATIONAL AND GREAT LAKES COMPOSITES 401K PLAN	
b	Name of plan sponsor	NATIONAL COMPOSITES	c EIN-PN 81-2515384-001
a	Plan name	NEW VENTURE FUND 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	NEW VENTURE FUND	c EIN-PN 20-5806345-001
a	Plan name	NEXGEN 401(K) PLAN	
b	Name of plan sponsor	NEXGEN	c EIN-PN 27-3073403-001
a	Plan name	NICKEL FAMILY RETIREMENT PLAN	
b	Name of plan sponsor	NICKEL FAMILY LLC	c EIN-PN 77-0423833-001
a	Plan name	NOONAN LANCE BOYER & BANACH 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	NOONAN LANCE BOYER & BANACH, LLP	c EIN-PN 81-0812398-001
a	Plan name	NORTH DAKOTA FARMERS UNION EMPLOYEE SALARY SAVINGS PLAN	
b	Name of plan sponsor	AGRARIA INSURANCE COMPANY	c EIN-PN 45-0214096-003
a	Plan name	NUESYNERGY, INC. 401(K) PLAN	
b	Name of plan sponsor	NUESYNERGY, INC.	c EIN-PN 46-0553674-001
a	Plan name	OPERATION BREAKTHROUGH 401(K) SAVINGS PLAN	
b	Name of plan sponsor	OPERATION BREAKTHROUGH, INC.	c EIN-PN 43-0971560-001
a	Plan name	ORTEC INTERNATIONAL USA, INC. 401(K) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor	ORTEC INTERNATIONAL USA, INC.	c EIN-PN 58-2599164-001
a	Plan name	ORTON MOTORS INC. PROFIT SHARING PLAN	
b	Name of plan sponsor	ORTON MOTOR INC.	c EIN-PN 41-0901914-001
a	Plan name	PACIFIC HOTEL MANAGEMENT, LLC 401(K) PLAN	
b	Name of plan sponsor	PACIFIC HOTEL MANAGEMENT, LLC	c EIN-PN 94-2749016-501
a	Plan name	PACIFIC NORTHERN ENVIRONMENTAL CORP 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	PACIFIC NORTHERN ENVIRONMENTAL, LLC	c EIN-PN 91-1458581-001

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	PAIS FIDUCIARY INC. 401(K) PLAN	
b	Name of plan sponsor	PAIS FIDUCIARY INC.	c EIN-PN 83-2738895-001
a	Plan name	PCCC 401(K) PLAN	
b	Name of plan sponsor	PETERSON CARTRIDGE CO	c EIN-PN 46-4818030-001
a	Plan name	PELLA PRODUCTS, INC. RETIREMENT PLAN	
b	Name of plan sponsor	PELLA PRODUCTS, INC.	c EIN-PN 04-2303271-002
a	Plan name	PENSION TRANSFER TRUST PLAN	
b	Name of plan sponsor	PENSION TRANSFER ADVISORS, LLC	c EIN-PN 45-3113208-001
a	Plan name	PEP SMART NATIONAL POOLED EMPLOYER PLAN BY FBO MIAMI OPERATIONS LLC	
b	Name of plan sponsor	FH MIAMI OPERATIONS, LLC	c EIN-PN 85-3213245-003
a	Plan name	PEP SMART NATIONAL POOLED EMPLOYER PLAN FBO ORSID REALTY CORP	
b	Name of plan sponsor	ORSID REALTY CORP	c EIN-PN 85-3213245-003
a	Plan name	PEP SMART NATIONAL POOLED EMPLOYER PLAN, ADOPTED BY LAKEHOUSE HEALTHCARE & REHABILITATION CENTER	
b	Name of plan sponsor	WALKER METHODIST	c EIN-PN 85-3213245-003
a	Plan name	PEPPERMILL CASINOS, INC. RETIREMENT PLAN	
b	Name of plan sponsor	PEPPERMILL CASINOS, INC.	c EIN-PN 88-0302737-001
a	Plan name	PERFECT DAY FOODS, INC. 401(K)	
b	Name of plan sponsor	PERFECT DAY FOODS, INC.	c EIN-PN 46-5528887-001
a	Plan name	PETERSON BROTHERS RETIREMENT PLAN	
b	Name of plan sponsor	VERT MARKETS, INC.	c EIN-PN 82-0548255-001
a	Plan name	PHILO, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	PHILO, INC.	c EIN-PN 27-3472079-001
a	Plan name	PIC BUSINESS SYSTEMS INC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	PIC BUSINESS SYSTEMS INC	c EIN-PN 74-2490209-001

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	PLASTIKON INDUSTRIES, INC. 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	PLASTIKON INDUSTRIES, INC.	c EIN-PN 94-2582387-001
a	Plan name	PLUMBERS & PIPEFITTERS U.A. LOCAL 85 RETIREMENT AND 401(K) FUND	
b	Name of plan sponsor	BOARD OF TRUSTEES OF THE UNITED ASSOC. OF JOURNEYMEN AND APPRENTICES	c EIN-PN 32-0478132-005
a	Plan name	PODIUM CORPORATION INC. 401K PLAN	
b	Name of plan sponsor	PODIUM CORPORATION INC.	c EIN-PN 47-1369982-001
a	Plan name	POKY FEEDERS, INC. EMPLOYEE SAVINGS PLAN	
b	Name of plan sponsor	POKY FEEDERS, INC.	c EIN-PN 36-3052749-001
a	Plan name	POMEROY LIVING MANAGEMENT LLC PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor	POMEROY LIVING MANAGEMENT LLC	c EIN-PN 81-0767408-001
a	Plan name	PPIC 401K SAFE HARBOR PLAN	
b	Name of plan sponsor	PATRIOT POWER INVESTMENT CORPORATION	c EIN-PN 27-1061316-002
a	Plan name	PROCTORU 401(K) PLAN	
b	Name of plan sponsor	ONE DIGITAL	c EIN-PN 27-1893486-001
a	Plan name	PRODUCT SERVICE & MANUFACTURING CORP 401(K) PLAN	
b	Name of plan sponsor	PRODUCT SERVICE & MANUFACTURING CORP	c EIN-PN 39-1246077-001
a	Plan name	PROFESSIONAL ANESTHESIA PROVIDERS P.S.C. RETIREMENT PLAN	
b	Name of plan sponsor	PROFESSIONAL ANESTHESIA PROVIDERS P.S.C.	c EIN-PN 66-0648750-001
a	Plan name	PUBLIC LIBRARY OF SCIENCE 401(K) PROFIT SHARING & TRUST	
b	Name of plan sponsor	PUBLIC LIBRARY OF SCIENCE	c EIN-PN 68-0492065-001
a	Plan name	QBOX POOLED EMPLOYER PLAN FBO PREFERRED, INC.	
b	Name of plan sponsor	PLAN COMPLIANCE SERVICES INC	c EIN-PN 59-3708427-013
a	Plan name	R.M. ROACH & SONS, INC 401(K) PLAN	
b	Name of plan sponsor	R.M. ROACH & SONS, INC	c EIN-PN 55-0438198-001

Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)		
<small>(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)</small>		
a	Plan name	RASSAT OUTDOOR GROUP 401(K) PLAN
b	Name of plan sponsor	RASSAT OUTDOOR GROUP
c	EIN-PN	26-4490592-001
a	Plan name	RED LEDGES LAND DEVELOPMENT, INC. 401K PLAN
b	Name of plan sponsor	RED LEDGES LAND DEVELOPMENT, INC.
c	EIN-PN	20-8808493-001
a	Plan name	RENFROW BROTHERS INC. 401-K PLAN
b	Name of plan sponsor	RENFROW BROTHERS INC
c	EIN-PN	57-0970448-001
a	Plan name	RESTORE ONE, INC. 401(K) PLAN
b	Name of plan sponsor	RESTORE ONE, INC.
c	EIN-PN	20-8295069-001
a	Plan name	RFK HOLDINGS, LLC 401(K) PLAN
b	Name of plan sponsor	RFK HOLDINGS, LLC
c	EIN-PN	47-1587123-001
a	Plan name	RJR 401K
b	Name of plan sponsor	RJR ENVIRONMENTAL PROFESSIONAL SERVICES, INC.
c	EIN-PN	77-0501224-001
a	Plan name	ROCKY MOUNTAIN COIN, INC. 401(K) PLAN
b	Name of plan sponsor	ROCKY MOUNTAIN COIN, INC.
c	EIN-PN	84-1073028-001
a	Plan name	SAFETY VISION LLC 401(K) PLAN
b	Name of plan sponsor	SAFETY VISION LLC
c	EIN-PN	76-0390640-001
a	Plan name	SCHLEICH ENTERPRISES, INC. 401(K) PROFIT SHARING PLAN
b	Name of plan sponsor	SCHLEICH ENTERPRISES, INC.
c	EIN-PN	47-0648893-002
a	Plan name	SCREAMING EAGLE DELIVERY RETIREMENT PLAN
b	Name of plan sponsor	SCREAMING EAGLE DELIVERY, INC.
c	EIN-PN	85-1400991-001
a	Plan name	SEILER LLP 401(K) PLAN
b	Name of plan sponsor	SEILER LLP
c	EIN-PN	94-1624276-002
a	Plan name	SEKISUI AMERICA CORPORATION RETIREMENT SAVINGS PLAN
b	Name of plan sponsor	SEKISUI AMERICA CORPORATION
c	EIN-PN	27-0087605-001

Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)		
<small>(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)</small>		
a	Plan name	SEKISUI DIAGNOSTICS LLC 401(K) PLAN
b	Name of plan sponsor	SEKISUI AMERICA CORPORATION
c	EIN-PN	27-4058664-001
a	Plan name	SEKISUI SPECIALTY CHEMICALS 401(K) PLAN
b	Name of plan sponsor	SEKISUI AMERICA CORPORATION
c	EIN-PN	80-0404851-001
a	Plan name	SEKISUI SPR AMERICAS LLC SAVINGS PLAN
b	Name of plan sponsor	SEKISUI AMERICA CORPORATION
c	EIN-PN	20-3258757-001
a	Plan name	SHELBY CRUSHED STONE, INC. 401(K) PROFIT SHARING PLAN
b	Name of plan sponsor	SHELBY CRUSHED STONE, INC.
c	EIN-PN	20-2421945-001
a	Plan name	SHELLEY ELECTRIC, INC. PROFIT SHARING PLAN
b	Name of plan sponsor	SHELLEY ELECTRIC, INC.
c	EIN-PN	48-0541716-001
a	Plan name	SHINE BROS. CORP. PROFIT SHARING 401(K) PLAN
b	Name of plan sponsor	SHINE BROS. CORP.
c	EIN-PN	42-1155461-002
a	Plan name	SIDHU PEDIATRICS, LLC. PROFIT SHARING PLAN
b	Name of plan sponsor	SIDHU PEDIATRICS, LLC.
c	EIN-PN	64-0888518-001
a	Plan name	SILVAN GROUP LLC 401(K) PLAN
b	Name of plan sponsor	SIDNEY REHAB LLC
c	EIN-PN	86-3396302-001
a	Plan name	SILVAN GROUP LLC 401(K) PLAN
b	Name of plan sponsor	SILVAN GROUP LLC
c	EIN-PN	86-3396302-001
a	Plan name	SITE WORKS TEXAS 401(K) PLAN
b	Name of plan sponsor	SITE WORKS TEXAS
c	EIN-PN	82-3006920-001
a	Plan name	SKYLIFT INC. 401(K) PLAN
b	Name of plan sponsor	SKYLIFT INC.
c	EIN-PN	34-1934934-001
a	Plan name	SMARTPHONE METER READING 401(K) SAVINGS PLAN
b	Name of plan sponsor	SMARTPHONE METER READING, LLC
c	EIN-PN	75-2632832-003

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
a	Plan name SOLACE HEALTHCARE, INC. 401(K) PLAN	
b	Name of plan sponsor SOLACE HEALTHCARE, INC.	c EIN-PN 20-3023796-002
a	Plan name SONIC MANUFACTURING 401(K) PLAN	
b	Name of plan sponsor SONIC MANUFACTURING TECHNOLOGIES	c EIN-PN 77-0432998-001
a	Plan name SPACE ENTERTAINMENT CENTER LLC 401(K) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor SPACE ENTERTAINMENT CENTER LLC	c EIN-PN 04-3725657-001
a	Plan name SPANISH FORK CITY	
b	Name of plan sponsor SPANISH FORK CITY	c EIN-PN 87-0648919-001
a	Plan name SPI GLOBAL US INC 401(K) PLAN	
b	Name of plan sponsor SPI GLOBAL US INC	c EIN-PN 38-4055846-001
a	Plan name STATE UTILITIES, INC 401K PROFIT SHARING PLAN	
b	Name of plan sponsor STATE UTILITIES, INC	c EIN-PN 11-1856168-002
a	Plan name STEIN ERIKSEN LODGE 401K PLAN	
b	Name of plan sponsor STEIN ERIKSEN LODGE	c EIN-PN 87-0404661-001
a	Plan name STEVEN P. ELLINWOOD, D.D.S., P.C. 401K PLAN	
b	Name of plan sponsor STEVEN P. ELLINWOOD, D.D.S., P.C.	c EIN-PN 59-3708427-013
a	Plan name STRATEGY ENGINEERING & CONSULTING LLC 401(K) PLAN	
b	Name of plan sponsor STRATEGY ENGINEERING & CONSULTING LLC	c EIN-PN 27-0598695-001
a	Plan name STUDIO T-SQ., INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor STUDIO T-SQ., INC.	c EIN-PN 27-2168061-001
a	Plan name SUBURBAN SPORTS SERVICES, LLC EMPLOYEE PROFIT SHARING PLAN 401(K)	
b	Name of plan sponsor SUBURBAN SPORTS SERVICES, LLC	c EIN-PN 30-0218548-001
a	Plan name SUHNER MANUFACTURING, INC. SALARY DEFERRAL PLAN	
b	Name of plan sponsor SUHNER MANUFACTURING, INC.	c EIN-PN 58-1274165-002

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
<small>(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)</small>			
a	Plan name	SUMMERHAYS DEVELOPMENT, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	SUMMERHAYS DEVELOPMENT, INC. DBA SUMMERHAYS MUSIC CENTER	c EIN-PN 87-6121486-001
a	Plan name	SUMMIT CONSULTING, LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	SUMMIT CONSULTING, LLC	c EIN-PN 95-4816438-001
a	Plan name	SUNA SOLUTIONS, INC. 401(K) PLAN	
b	Name of plan sponsor	SUNA SOLUTIONS, INC.	c EIN-PN 80-0481197-001
a	Plan name	SURFACEQUEST, INC. 401(K) PLAN	
b	Name of plan sponsor	SURFACEQUEST, INC.	c EIN-PN 41-1877190-001
a	Plan name	SWIMMING POOL SERVICES, INC. RETIREMENT PLAN	
b	Name of plan sponsor	SWIMMING POOL SERVICES, INC.	c EIN-PN 39-1215134-001
a	Plan name	SYSTEC LIMITED OF WISCONSIN INC. 401(K) PLAN	
b	Name of plan sponsor	SYSTEC LIMITED OF WISCONSIN INC.	c EIN-PN 39-1408613-001
a	Plan name	TASKIDS 401(K) PLAN	
b	Name of plan sponsor	TASKIDS	c EIN-PN 45-2897914-001
a	Plan name	TERMINAL-ANDRAE 401(K) PLAN	
b	Name of plan sponsor	T-A ACQUISTION COMPANY LLC DBA TERMINAL-ANDRAE	c EIN-PN 85-4187924-001
a	Plan name	THE BRIAR TEAM, LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	THE BRIAR TEAM, LLC	c EIN-PN 26-3985471-001
a	Plan name	THE CISCO COMPANIES 401(K) PLAN	
b	Name of plan sponsor	THE CISCO COMPANIES	c EIN-PN 35-1459145-001
a	Plan name	THE CLUB AT ADMIRALS COVE, INC. 401(K) PLAN	
b	Name of plan sponsor	THE CLUB AT ADMIRALS COVE, INC.	c EIN-PN 65-0102679-001
a	Plan name	THE COLUMBUS ARCHITECTURAL STUDIO, LLC 401K PROFIT SHARING PLAN	
b	Name of plan sponsor	THE COLUMBUS ARCHITECTURAL STUDIO, LLC	c EIN-PN 81-3148108-001

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)		
a	Plan name THE DOBRUSIN LAW FIRM, P.C. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor THE DOBRUSIN LAW FIRM, P.C.	c EIN-PN 38-3570622-001
a	Plan name THE OAKSTAR BANK 401(K) PLAN	
b	Name of plan sponsor OAKSTAR BANK	c EIN-PN 20-3405719-001
a	Plan name THE PEPLINSKI GROUP INC PROFIT SHARING 401(K) PLAN	
b	Name of plan sponsor THE PEPLINSKI GROUP	c EIN-PN 38-3561614-003
a	Plan name THE PEPLINSKI GROUP INC PROFIT SHARING 401(K) PLAN	
b	Name of plan sponsor THE PURPLE GUYS, LLC	c EIN-PN 38-3561614-003
a	Plan name THE STRATFORD FIRE AND POLICE RETIREMENT ANNUITY PLAN	
b	Name of plan sponsor THE TOWN OF STRATFORD	c EIN-PN 06-6002103-001
a	Plan name THOMAS ENGINEERING GROUP LLC 401(K) PLAN	
b	Name of plan sponsor THOMAS ENGINEERING GROUP LLC	c EIN-PN 20-8879951-001
a	Plan name TIMBER CREEK RESOURCE, LLC 401(K) SAVINGS PLAN	
b	Name of plan sponsor TIMBER CREEK RESOURCE, LLC	c EIN-PN 34-1992434-001
a	Plan name TJN PROFIT SHARING 401(K) PLAN	
b	Name of plan sponsor TJN ENTERPRISES, INC.	c EIN-PN 42-1325452-001
a	Plan name TORGESON ELECTRIC CO., INC. SALARY SAVINGS PLAN	
b	Name of plan sponsor TORGESON ELECTRIC CO., INC.	c EIN-PN 48-0891707-001
a	Plan name TORRINGTON SUPPLY COMPANY, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor TORRINGTON SUPPLY COMPANY, INC.	c EIN-PN 06-0564910-002
a	Plan name TOTAL HIGHSPEED INTERNET SERVICE 401(K) PLAN	
b	Name of plan sponsor TOTAL HIGHSPEED LLC	c EIN-PN 20-2178258-001
a	Plan name TRENEGY 401K	
b	Name of plan sponsor TRENEGY INCORPORATED	c EIN-PN 27-3083464-001

Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)		
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)		
a	Plan name	TRIPLE S PROFIT SHARING 401(K) PLAN
b	Name of plan sponsor	STATE STEEL SUPPLY CO.
c	EIN-PN	42-0872471-001
a	Plan name	TROPICAL SMOOTHIE CAFE 401(K) PLAN
b	Name of plan sponsor	TROPICAL SMOOTHIE CAFE, LLC
c	EIN-PN	37-1096565-001
a	Plan name	UNIFORM INDUSTRIAL CORP 401(K) PLAN
b	Name of plan sponsor	UNIFORM INDUSTRIAL CORP
c	EIN-PN	33-0439884-001
a	Plan name	UNIVERSITY OF MINNESOTA FOUNDATION DINNAKEN HOUSING LLC 401(K) PLAN
b	Name of plan sponsor	UNIVERSITY OF MINNESOTA FOUNDATION DINNAKEN HOUSING LLC
c	EIN-PN	27-4131769-001
a	Plan name	UNIVERSITY OF MINNESOTA FOUNDATION DINNAKEN HOUSING LLC 401(K) PLAN
b	Name of plan sponsor	VEDCO, INC.
c	EIN-PN	27-4131769-001
a	Plan name	VANDALIA REHAB LLC 401(K) PLAN
b	Name of plan sponsor	VANDALIA REHAB LLC
c	EIN-PN	88-1291851-001
a	Plan name	VIRTUS 401(K) PROFIT SHARING PLAN
b	Name of plan sponsor	VIRTUS 401(K) PROFIT SHARING PLAN
c	EIN-PN	46-3745376-001
a	Plan name	VISTA PEP BY SABAK, WILSON AND LINGO
b	Name of plan sponsor	SABAK, WILSON & LINGO, INC.
c	EIN-PN	20-1409613-018
a	Plan name	VISTA PLAN PEP BY BRAY ELECTRIC SERVICE, INC.
b	Name of plan sponsor	BRAY ELECTRICAL SERVICE, INC.
c	EIN-PN	20-1409613-018
a	Plan name	VISTA PLAN PEP BY METROPOLITAN VETERINARY SPECIALISTS, PSC
b	Name of plan sponsor	METROPOLITAN VETERINARY SPECIALISTS, PSC
c	EIN-PN	20-1409613-001
a	Plan name	VISTA PLAN PEP BY NEW HOPE SERVICES INC.
b	Name of plan sponsor	NEW HOPE SERVICES, INC.
c	EIN-PN	20-1409613-018
a	Plan name	VIWINTech WINDOW & DOOR, INC. 401(K) RETIREMENT SAVINGS PLAN
b	Name of plan sponsor	VIWIN TECH WINDOW & DOOR, INC.
c	EIN-PN	27-4726665-002

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	VSE 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	VSE, LLC	c EIN-PN 94-2508138-001
a	Plan name	WALPOLE, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	WALPOLE, INC.	c EIN-PN 59-1305687-003
a	Plan name	WALSH VINEYARDS MANAGEMENT, INC. 401(K) PLAN	
b	Name of plan sponsor	WALSH VINEYARDS MANAGEMENT, INC.	c EIN-PN 94-2292593-002
a	Plan name	WESTBORN MARKET EMPLOYEES PROFIT SHARING PLAN	
b	Name of plan sponsor	WESTBORN, INC.	c EIN-PN 38-3010212-001
a	Plan name	WESTSIDE FORESTRY SERVICE, INC. RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	WESTSIDE FORESTRY SERVICE, INC.	c EIN-PN 38-1848446-001
a	Plan name	WICHERT INSURANCE SERVICES, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	WICHERT INSURANCE SERVICES, INC.	c EIN-PN 34-1081978-001
a	Plan name	WILSON OIL, INC. 401(K) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor	WILSON OIL, INC. DBA WILCOX & FLEGEL OIL COMPANY	c EIN-PN 91-0873302-002
a	Plan name	WINDWARD FUND 401(K) PLAN	
b	Name of plan sponsor	WINDWARD FUND	c EIN-PN 47-3681860-001
a	Plan name	WIRETECH INC 401(K) PLAN	
b	Name of plan sponsor	WIRETECH	c EIN-PN 01-0570363-001
a	Plan name	WOLFE ELECTRIC COMPANY 401(K) PLAN	
b	Name of plan sponsor	WOLFE ELECTRIC COMPANY	c EIN-PN 74-2925512-003
a	Plan name	WOOSTER MOTOR WAYS, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	WOOSTER MOTOR WAYS, INC.	c EIN-PN 34-0909350-001
a	Plan name	WORKFORCE SOLUTIONS, LLC 401K PLAN	
b	Name of plan sponsor	WORKFORCE SOLUTIONS, LLC	c EIN-PN 81-0823242-001

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	WORKLIFE PARTNERSHIP 401(K) PLAN	
b	Name of plan sponsor	WORKLIFE PARTNERSHIP	c EIN-PN 47-1331690-001
a	Plan name	WORLDLINE US 401(K) PLAN	
b	Name of plan sponsor	WORLDLINE SMB US INC.	c EIN-PN 85-4181556-001
a	Plan name	WYLAND & TADROS LLP 401(K) PLAN	
b	Name of plan sponsor	WYLAND & TADROS LLP	c EIN-PN 27-3778378-001
a	Plan name	XENOTECH LLC 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor	SEKISUI AMERICA CORPORATION	c EIN-PN 48-1157989-001
a	Plan name	YORK MAHONING MECHANICAL CONTRACTORS, INC. PROFIT SHARING PLAN	
b	Name of plan sponsor	YORK MAHONING MECHANICAL CONTRACTORS, INC.	c EIN-PN 34-1630346-001
a	Plan name	ZARCA INTERACTIVE INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	ZARCA INTERACTIVE INC.	c EIN-PN 48-1270227-001
a	Plan name	ZAZZLE INC. 401(K) PLAN	
b	Name of plan sponsor	ZAZZLE HOLDING INC	c EIN-PN 77-0519796-001
a	Plan name	ZEMPLEO, INC. 401(K) PLAN	
b	Name of plan sponsor	ZEMPLEO, INC.	c EIN-PN 76-0810897-001
a	Plan name	ZURCHER TIRE, INC.	
b	Name of plan sponsor	ZURCHER TIRE, INC.	c EIN-PN 35-1106685-002
a	Plan name	CLEVELAND UNIVERSITY - KANSAS CITY EMPLOYEES RETIREMENT PLAN	
b	Name of plan sponsor	CLEVELAND UNIVERSITY - KANSAS CITY	c EIN-PN 44-6000294-001
a	Plan name	EMPLOYEE 401(K) THRIFT PLAN OF PCL CONSTRUCTION ENTERPRISES, INC.	
b	Name of plan sponsor	PCL CONSTRUCTION ENTERPRISES, INC.	c EIN-PN 27-4004301-001
a	Plan name	HEARTLAND MIDWEST 401(K) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor	HEARTLAND MIDWEST	c EIN-PN 43-1931193-001

Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)		
<small>(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)</small>		
a	Plan name	MIDWEST ANESTHESIA ASSOCIATES, P.A. 401(K) PROFIT SHARING PLAN
b	Name of plan sponsor	MIDWEST ANESTHESIA ASSOCIATES
c	EIN-PN	48-0765484-001
a	Plan name	NUEHEALTH 401(K) PLAN
b	Name of plan sponsor	NUEHEALTH EQUITY CO., LLC
c	EIN-PN	87-0548370-001
a	Plan name	PEPPER 401(K) PLAN
b	Name of plan sponsor	SMARTHOME VENTURES LLC D/B/A PEPPER
c	EIN-PN	46-3027570-001
a	Plan name	REGIONAL EMERGENCY MEDICAL SERVICES AUTHORITY 401(K) PLAN
b	Name of plan sponsor	REGIONAL EMERGENCY MEDICAL SERVICES AUTHORITY
c	EIN-PN	27-3923442-001
a	Plan name	SEARLES VALLEY MINERALS INC. 401(K) PLAN
b	Name of plan sponsor	SEARLES VALLEY MINERALS INC.
c	EIN-PN	13-3579263-001
a	Plan name	SHAWNEE HEATING AND COOLING 401(K) PLAN
b	Name of plan sponsor	SHAWNEE HEATING AND COOLING
c	EIN-PN	48-0951352-001
a	Plan name	SHERWOOD AUTISM CENTER 401(K) PLAN
b	Name of plan sponsor	SHERWOOD AUTISM CENTER
c	EIN-PN	23-7413671-001
a	Plan name	SURGERY CENTER OF LANCASTER, LP. 401(K) PLAN
b	Name of plan sponsor	SURGERY CENTER OF LANCASTER, LP.
c	EIN-PN	20-1824455-001
a	Plan name	TRANSVERSE EMPLOYEE 401K PLAN
b	Name of plan sponsor	TRANSVERSE INSURANCE SERVICES LLC
c	EIN-PN	83-1056522-001
a	Plan name	DISCOUNT TIRE/AMERICA'S TIRE RETIREMENT PLAN
b	Name of plan sponsor	REINALT-THOMAS CORPORATION
c	EIN-PN	38-1889682-001
a	Plan name	MOSAIC HEALTH SYSTEM 401(K) RETIREMENT PLAN
b	Name of plan sponsor	MOSAIC HEALTH SYSTEM
c	EIN-PN	43-1283316-002
a	Plan name	
b	Name of plan sponsor	
c	EIN-PN	

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
A Name of plan AMERICAN CENTURY RETIREMENT DATE HYBRID 2030 TRUST	B Three-digit plan number (PN) ▶ 082
C Plan sponsor's name as shown on line 2a of Form 5500 BENEFIT TRUST COMPANY	D Employer Identification Number (EIN) 83-6699605

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

		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	2876982	375123
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)	61492355	78253411
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	159832761	193973544
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	20333645	25495665
(15) Other.....	1c(15)		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)		
(2) Employer real property.....	1d(2)		
e Buildings and other property used in plan operation.....	1e		
f Total assets (add all amounts in lines 1a through 1e).....	1f	244535743	298097743
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h		
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j	2943326	434517
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	2943326	434517
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	241592417	297663226

Part II Income and Expense Statement

2 Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers.....	2a(1)(A)		
(B) Participants.....	2a(1)(B)		
(C) Others (including rollovers).....	2a(1)(C)		
(2) Noncash contributions.....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)		
(B) U.S. Government securities.....	2b(1)(B)		
(C) Corporate debt instruments.....	2b(1)(C)		
(D) Loans (other than to participants).....	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)		
(F) Other.....	2b(1)(F)	411347	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		411347
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)		
(B) Common stock.....	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)	8406923	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		8406923
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)		
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		14756407
(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)		863056
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		24437733

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)		
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)	2505	
(5) Investment advisory and investment management fees	2i(5)	459764	
(6) Bank or trust company trustee/custodial fees	2i(6)	119762	
(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)		582031
j Total expenses. Add all expense amounts in column (b) and enter total	2j		582031

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		23855702
l Transfers of assets:			
(1) To this plan	2l(1)		115918833
(2) From this plan	2l(2)		83703726

Part III Accountant's Opinion

3 Complete lines 3a through 3c if the opinion of an independent qualified public accountant is attached to this Form 5500. Complete line 3d if an opinion is not attached.

a The attached opinion of an independent qualified public accountant for this plan is (see instructions):

(1) Unmodified (2) Qualified (3) Disclaimer (4) Adverse

b Check the appropriate box(es) to indicate whether the IQPA performed an ERISA section 103(a)(3)(C) audit. Check both boxes (1) and (2) if the audit was performed pursuant to both 29 CFR 2520.103-8 and 29 CFR 2520.103-12(d). Check box (3) if pursuant to neither.

(1) DOL Regulation 2520.103-8 (2) DOL Regulation 2520.103-12(d) (3) neither DOL Regulation 2520.103-8 nor DOL Regulation 2520.103-12(d).

c Enter the name and EIN of the accountant (or accounting firm) below:

(1) Name:

(2) EIN:

d The opinion of an independent qualified public accountant is **not attached** as part of Schedule H because:

(1) This form is filed for a CCT, PSA, DCG or MTIA. (2) It will be attached to the next Form 5500 pursuant to 29 CFR 2520.104-50.

Part IV Compliance Questions

4 CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete lines 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete lines 4j and 4l. MTIAs also do not complete line 4l. DCGs do not complete lines 4e, 4f, 4k, 4l, and 5, and DCGs generally complete the rest of Part IV collectively for all plans in the DCG, except as otherwise provided (see instructions).

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)			
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)			
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)			
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)			
e Was this plan covered by a fidelity bond?			
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?			
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?			
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?			
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)			
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)			
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?			
l Has the plan failed to provide any benefit when due under the plan?			
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? Yes No
If "Yes," enter the amount of any plan assets that reverted to the employer this year _____.

5b If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)

5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)

5c Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) Yes No Not determined

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year _____.