

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 <h1 style="text-align: center;">2024</h1> This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
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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 (Filers checking this box must provide participating employer information in accordance with the form instructions.)

a single-employer plan a DFE (specify) C

B This return/report is: the first return/report the final return/report

an amended return/report a short plan year return/report (less than 12 months)

C If the plan is a collectively-bargained plan, check here.

D Check box if filing under: Form 5558 automatic extension the DFVC program

special extension (enter description)

E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here.

Part II	Basic Plan Information—enter all requested information
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1a Name of plan <u>AMERICAN CENTURY RETIREMENT DATE HYBRID 2035 TRUST</u>	1b Three-digit plan number (PN) ▶ <u>083</u> 1c Effective date of plan
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>BENEFIT TRUST COMPANY</u> <u>5901 COLLEGE BLVD</u> <u>SUITE 100</u> <u>OVERLAND PARK, KS 66211</u>	2b Employer Identification Number (EIN) <u>83-6699605</u> 2c Plan Sponsor's telephone number <u>913-318-0380</u> 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.

SIGN HERE			
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE	<u>Filed with authorized/valid electronic signature.</u>	<u>07/07/2025</u>	<u>PATRICIA MUTISO</u>
	Signature of DFE	Date	Enter name of individual signing as DFE

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 913-319-0380
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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
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5 Total number of participants at the beginning of the plan year	5	
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6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d).	
a(1) Total number of active participants at the beginning of the plan year	6a(1)
a(2) Total number of active participants at the end of the plan year	6a(2)
b Retired or separated participants receiving benefits.....	6b
c Other retired or separated participants entitled to future benefits	6c
d Subtotal. Add lines 6a(2) , 6b , and 6c	6d
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	6e
f Total. Add lines 6d and 6e	6f
g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	6g(1)
g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	6g(2)
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6h

7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7
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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 2035 TRUST</u>	B Three-digit plan number (PN) ▶	<u>083</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: <u>RUSSELL LARGE CAP GROWTH INDX NL SF</u>		
b Name of sponsor of entity listed in (a): <u>STATE STREET GLOBAL ADVISORS TRUST COMPANY</u>		
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>22412707</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>RUSSELL LARGE CAP INDEX NL SF CL A</u>		
b Name of sponsor of entity listed in (a): <u>STATE STREET GLOBAL ADVISORS TRUST COMPANY</u>		
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>35147906</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>RUSSELL LARGE CAP VALUE INDEX NL SF</u>		
b Name of sponsor of entity listed in (a): <u>STATE STREET GLOBAL ADVISORS TRUST COMPANY</u>		
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>30118564</u>
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

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	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	ADAMS-MARQUETTE VETERINARY SERVICE 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	ADAMS-MARQUETTE VETERINARY SERVICE	c EIN-PN 39-1398614-001
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 FINANCIAL GROUP	c EIN-PN 25-1307896-001
a	Plan name	ALLIS MANUFACTURING CORP 401K PLAN	
b	Name of plan sponsor	ALLIS MANUFACTURING CORP	c EIN-PN 39-1879194-001
a	Plan name	ALLISON PARK CONTRACTORS, INC. PROFIT SHARING PLAN	
b	Name of plan sponsor	ALLISON PARK CONTRACTORS, INC.	c EIN-PN 25-1430600-001
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	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	AMERICAN STARLINGER-SAHM, INC. 401(K) PLAN	
b	Name of plan sponsor	AMERICAN STARLINGER-SAHM, INC.	c EIN-PN 30-0126360-001
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

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	ANIMAL HOSPITAL OF EAST COBB 401(K) PLAN	
b	Name of plan sponsor	ANIMAL HOSPITAL OF EAST COBB	c EIN-PN 58-2096664-001
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
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	B&D NUTRITIONAL INGREDIENTS 401(K) PLAN	
b	Name of plan sponsor	B&D NUTRITIONAL INGREDIENTS	c EIN-PN 33-0557155-001
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

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 BAKERSFIELD CITY EMPLOYEES FEDERAL CREDIT UNION 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor BAKERSFIELD CITY EMPLOYEES FEDERAL CREDIT UNION	c EIN-PN 95-1680700-002
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 BBTC RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor BRISTOL BAY TELEPHONE COOPERATIVE	c EIN-PN 92-0047849-001
a	Plan name BEACON HOME CARE GROUP INC	
b	Name of plan sponsor BEACON HOME CARE GROUP INC	c EIN-PN 59-3478749-001
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 BECKER TRUCKING HOLDINGS LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor BECKER FARMS HOLDING CO. LTD	c EIN-PN 31-0876107-001
a	Plan name BECKLEY VISION CENTER, PLLC 401(K) PLAN	
b	Name of plan sponsor BECKLEY VISION CENTER, PLLC	c EIN-PN 55-0778483-001
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

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 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
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 BOJRAB, KAUFMAN & COMPANY	
b	Name of plan sponsor BOJRAB, KAUFMAN & COMPANY	c EIN-PN 59-3708427-013
a	Plan name BOUNDLESS NETWORK, INC. 401(K) PLAN	
b	Name of plan sponsor BOUNDLESS NETWORK, INC.	c EIN-PN 20-0240417-001

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	BREADWORKS, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	BREADWORKS, INC.	c EIN-PN 25-1877450-001
a	Plan name	BRIEM AND LOMBARD ENGINEERING, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	BRIEM AND LOMBARD ENGINEERING, INC.	c EIN-PN 84-3771111-001
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	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
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

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	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	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
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	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

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 CONCEPT PLUS, LLC 401(K) PLAN	
b	Name of plan sponsor CONCEPT PLUS, LLC	c EIN-PN 26-3246931-001
a	Plan name CORE SHARED SERVICES, LLC 401(K) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor CORE SHARED SERVICES, LLC	c EIN-PN 62-1650333-001
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 CPT, INC. RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor CPT, INC.	c EIN-PN 39-1598749-001
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
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 D & F LIQUIDATORS, INC. EMPLOYEES 401(K) PLAN	
b	Name of plan sponsor D & F LIQUIDATORS, INC.	c EIN-PN 94-1724360-001
a	Plan name DAVID A. BAILEY ENTERPRISES, LTD 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor DAVID A. BAILEY ENTERPRISES, LTD	c EIN-PN 38-3559594-002
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

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 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 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 DREAMMAKER BATH AND KITCHEN 401(K) PLAN	
b	Name of plan sponsor BLACK SWAN PROPERTIES, LLC DBA DREAMMAKER BATH AND KITCHEN OF ANN ARBO	c EIN-PN 04-3769654-001
a	Plan name DREYFOUS & ASSOCIATES RETIREMENT PLAN	
b	Name of plan sponsor DREYFOUS & ASSOCIATES	c EIN-PN 66-0503349-001
a	Plan name EAGLE CONTRACTING, INC.	
b	Name of plan sponsor EAGLE CONTRACTING, INC.	c EIN-PN 59-3708427-013
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 ECIJA - SBGB, LLC RETIREMENT & SAVINGS PLAN	
b	Name of plan sponsor ECIJA -SBGB, LLC	c EIN-PN 66-0884771-001
a	Plan name EJ SIGN COMPANY DBA AMERICAN LIFT AND SIGN	
b	Name of plan sponsor EJ SIGN COMPANY DBA AMERICAN LIFT AND SIGN	c EIN-PN 88-2372847-001

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	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	ENNISMORE INTERNATIONAL USA, INC.	
b	Name of plan sponsor	ENNISMORE INTERNATIONAL USA, INC.	c EIN-PN 85-3213245-003
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	EXCEL PATTERN AND TOOL 401(K) PLAN	
b	Name of plan sponsor	EXCEL PATTERN AND TOOL	c EIN-PN 84-3949983-001
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	FIBREDUST LLC 401(K) PLAN	
b	Name of plan sponsor	FIBREDUST LLC	c EIN-PN 06-1632893-001
a	Plan name	FORT NASSAU GRAPHICS 401(K) PLAN	
b	Name of plan sponsor	PUBLISHERS, INC. T/A FORT NASSAU GRAPHICS	c EIN-PN 21-0695484-001
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	FRAMERICA CORPORATION 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	FRAMERICA CORPORATION	c EIN-PN 11-2835418-001
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	FRENCHMANS RESERVE MASTER PROPERTY OWNERS ASSOCIATION, INC. 401(K) PLAN	
b	Name of plan sponsor	FRENCHMANS RESERVE MASTER PROPERTY OWNERS ASSOCIATION, INC.	c EIN-PN 02-0589883-001

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	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	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	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	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	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

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	HHS OF LOUISVILLE, LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	HHS OF LOUISVILLE, LLC	c EIN-PN 35-2150919-001
a	Plan name	HIBSER YAMAUCHI ARCHITECTS, INC. 401(K) PLAN	
b	Name of plan sponsor	HIBSER YAMAUCHI ARCHITECTS, INC.	c EIN-PN 94-3170987-001
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

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	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
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	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	JOSEPH A. MIKA, DDS 401(K) SAVINGS PLAN	
b	Name of plan sponsor	JOSEPH A. MIKA, DDS	c EIN-PN 34-1745993-001
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	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)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
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	LEGAL INTERNET SOLUTIONS INC. 401(K) PLAN	
b	Name of plan sponsor	LEGAL INTERNET SOLUTIONS INCORPORATED	c EIN-PN 23-3010627-001
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	MADRAG 10 SPOT VANILLA SKY 401(K) PLAN	
b	Name of plan sponsor	MADRAG 10 SPOT VANILLA SKY	c EIN-PN 85-3213245-301
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

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	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	MAST HEATING RETIREMENT PLAN	
b	Name of plan sponsor	MAST HEATING & COMMERCIAL REFRIGERATION, INC.	c EIN-PN 38-2263878-001
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	MEATS BY LINZ, INC. 401(K) PENSION PLAN	
b	Name of plan sponsor	MEATS BY LINZ, INC.	c EIN-PN 36-2813489-001
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

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 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
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 MW ELECTRIC 401(K) PLAN	
b	Name of plan sponsor MW ELECTRIC, LLC	c EIN-PN 83-1367536-001

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 NABCO ENTRANCES, INC. 401(K) PLAN	
b	Name of plan sponsor NABCO ENTRANCES, INC.	c EIN-PN 39-1128124-001
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 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 NWAP II, INC. 401(K) PLAN	
b	Name of plan sponsor NWAP II, INC.	c EIN-PN 56-2392643-001
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 ORIGIN STUDIOS 401(K) PLAN	
b	Name of plan sponsor ORIGIN STUDIOS	c EIN-PN 87-0667660-001
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

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 OSNET WIRELESS 1081.01(D) RETIREMENT PLAN	
b	Name of plan sponsor OSNET WIRELESS LLC	c EIN-PN 66-6015141-001
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
a	Plan name PACIFIC WEST ASSOCIATION OF REALTORS 401(K) SAVINGS PLAN	
b	Name of plan sponsor PACIFIC WEST ASSOCIATION OF REALTORS	c EIN-PN 33-0729887-001
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 PEGASUS GLOBAL HOLDINGS, INC. 401(K) PLAN	
b	Name of plan sponsor PEGASUS GLOBAL HOLDINGS, INC.	c EIN-PN 30-0070644-001
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 KARRIKINS GROUP LLC	
b	Name of plan sponsor KARRIKINS GROUP 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

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	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
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	POWER PARTS INTERNATIONAL INC 401(K) PLAN	
b	Name of plan sponsor	POWER PARTS INTERNATIONAL INC	c EIN-PN 39-1612713-001
a	Plan name	PPIC 401K SAFE HARBOR PLAN	
b	Name of plan sponsor	PATRIOT POWER INVESTMENT CORPORATION	c EIN-PN 27-1061316-002

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	PREMIER HEATING & AIR 401(K) PLAN	
b	Name of plan sponsor	PREMIER HEATING & AIR	c EIN-PN 20-0139132-001
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	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	PUTMAN PROPERTIES, INC. 401(K) PLAN	
b	Name of plan sponsor	PUTMAN PROPERTIES, INC.	c EIN-PN 34-1620758-002
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
a	Plan name	RAMLOW/STEIN, INC. 401(K) SAVINGS & PROFIT SHARING PLAN	
b	Name of plan sponsor	RAMLOW/STEIN, INC.	c EIN-PN 39-1533614-001
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	RED X 401(K) PLAN	
b	Name of plan sponsor	RIVERSIDE RED X	c EIN-PN 43-1466278-001
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

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	ROCHESTER COLON & RECTAL PC PROFIT SHARING PLAN	
b	Name of plan sponsor	ROCHESTER COLON & RECTAL PC	c EIN-PN 38-2903233-001
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	RRS/AMJ 401K PLAN	
b	Name of plan sponsor	RISK RETENTION SERVICES, INC.	c EIN-PN 36-3627032-001
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
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

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	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	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
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	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	SSS/SME/AMI 401(K) SAVINGS PLAN	
b	Name of plan sponsor	ABLE MAINTENANCE, INC.	c EIN-PN 94-2252027-001

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	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	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	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	TERMINAL-ANDRAE 401(K) PLAN	
b	Name of plan sponsor	T-A ACQUISTION COMPANY LLC DBA TERMINAL-ANDRAE	c EIN-PN 85-4187924-001

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 BREWER COMPANY EMPLOYEES RETIREMENT PLAN	
b	Name of plan sponsor	THE BREWER COMPANY	c EIN-PN 31-0224000-002
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
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 HODGES PARTNERSHIP, INC. 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor	THE HODGES PARTNERSHIP, INC.	c EIN-PN 27-0021148-001
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

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 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
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 VEDCO, INC.	c EIN-PN 27-4131769-001
a	Plan name V.A. RODDEN 401(K) RETIREMENT SAVINGS	
b	Name of plan sponsor V.A. RODDEN, INC	c EIN-PN 94-1161500-001
a	Plan name VANDALIA REHAB LLC 401(K) PLAN	
b	Name of plan sponsor VANDALIA REHAB LLC	c EIN-PN 88-1291851-001

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	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 ELECTRICAL 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
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	WALLACE BROTHERS 401(K) PLAN	
b	Name of plan sponsor	WALLACE BROTHERS DISPOSAL, INC.	c EIN-PN 20-1786869-001
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	WICHERT INSURANCE SERVICES, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	WICHERT INSURANCE SERVICES, INC.	c EIN-PN 34-1081978-001

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	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	WINSIDE USA, INC. DBA THE DONUM ESTATE 401(K) PLAN	
b	Name of plan sponsor	WINSIDE USA, INC. DBA THE DONUM ESTATE	c EIN-PN 45-2781256-001
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
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	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

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	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
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	SHERWOOD AUTISM CENTER 401(K) PLAN	
b Name of plan sponsor	SHERWOOD AUTISM CENTER	c EIN-PN 23-7413671-001

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	<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 2035 TRUST	B Three-digit plan number (PN) ▶ 083
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
Assets			
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	1723400	384818
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)	65549592	87679177
(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)	163171651	212301829
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	19388871	26602497
(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	249833514	326968321
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h		
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j	1790205	449268
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	1790205	449268
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	248043309	326519053

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)	407674	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		407674
(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)	9563911	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		9563911
(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)		15774074
(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)		1326686
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		27072345

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)	484355	
(6) Bank or trust company trustee/custodial fees	2i(6)	126486	
(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)		613346
j Total expenses. Add all expense amounts in column (b) and enter total	2j		613346

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		26458999
l Transfers of assets:			
(1) To this plan	2l(1)		130739098
(2) From this plan	2l(2)		78722353

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 _____.