



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

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

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

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

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

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

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

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

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

Receipt Confirmation Code \_\_\_\_\_

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<b>SCHEDULE D</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>	<b>DFE/Participating Plan Information</b>  This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).  <b>▶ File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2024</b>  <b>This Form is Open to Public Inspection.</b>
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For calendar plan year 2024 or fiscal plan year beginning <b>10/01/2023</b> and ending <b>09/30/2024</b>	
<b>A</b> Name of plan <b>COMERICA SHORT-TERM FUND</b>	<b>B</b> Three-digit plan number (PN) <b>▶</b> <b>001</b>
<b>C</b> Plan or DFE sponsor's name as shown on line 2a of Form 5500 <b>COMERICA BANK &amp; TRUST, NATIONAL ASSOCIATION</b>	<b>D</b> Employer Identification Number (EIN) <b>47-7305132</b>

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

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Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
<b>a</b>	Plan name OREGON SHEET CASH PUSD	
<b>b</b>	Name of plan sponsor OREGON SHEET METAL WORKERS RETIR	<b>c</b> EIN-PN 93-6018501-001
<b>a</b>	Plan name OREGON SHEET CASH/MO VAL COMMING	
<b>b</b>	Name of plan sponsor OREGON SHEET METAL WORKERS RETIR	<b>c</b> EIN-PN 93-6018501-001
<b>a</b>	Plan name OREGON SHEET DAILY VALUED - MF P	
<b>b</b>	Name of plan sponsor OREGON SHEET METAL WORKERS RETIR	<b>c</b> EIN-PN 93-6018501-001
<b>a</b>	Plan name OREGON SHEET MO VALUED COMM ASSE	
<b>b</b>	Name of plan sponsor OREGON SHEET METAL WORKERS RETIR	<b>c</b> EIN-PN 93-6018501-001
<b>a</b>	Plan name OREGON SHEET QUARTERLY VAL PARTN	
<b>b</b>	Name of plan sponsor OREGON SHEET METAL WORKERS RETIR	<b>c</b> EIN-PN 93-6018501-001
<b>a</b>	Plan name P & P LOCAL 333 PEN FUND CASH &	
<b>b</b>	Name of plan sponsor P & P LOCAL 333 PENSION FUND	<b>c</b> EIN-PN 38-3545518-001
<b>a</b>	Plan name PAINTERS LCL 1052 WAM PUSD	
<b>b</b>	Name of plan sponsor PAINTERS LOCAL 1052 PENSION	<b>c</b> EIN-PN 38-6082383-001
<b>a</b>	Plan name PARKER HEALTH GROUP INC PEN - CA	
<b>b</b>	Name of plan sponsor FRANCIS E PARKER MEMORIAL HOME	<b>c</b> EIN-PN 22-1589209-003
<b>a</b>	Plan name PARKER HLT-CSH PUSD	
<b>b</b>	Name of plan sponsor FRANCIS E PARKER MEMORIAL HOME	<b>c</b> EIN-PN 22-1589209-003
<b>a</b>	Plan name PIPEFITTERS636PEN BERNZOTT PUSD	
<b>b</b>	Name of plan sponsor PLAN SPONOR - PIPEFITTERS LOCAL	<b>c</b> EIN-PN 38-3009873-001
<b>a</b>	Plan name PIPEFITTERS636PEN CASH PUSD	
<b>b</b>	Name of plan sponsor PLAN SPONOR - PIPEFITTERS LOCAL	<b>c</b> EIN-PN 38-3009873-001
<b>a</b>	Plan name PIPEFITTERS636PEN HOTCHKIS PUSD	
<b>b</b>	Name of plan sponsor PLAN SPONOR - PIPEFITTERS LOCAL	<b>c</b> EIN-PN 38-3009873-001

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	PIPEFITTERS636PEN MUTUAL FD PUSD	
<b>b</b>	Name of plan sponsor	PLAN SPONOR - PIPEFITTERS LOCAL	<b>c</b> EIN-PN 38-3009873-001
<b>a</b>	Plan name	PLUMB HEAT WHOLESALERS RET INC P	
<b>b</b>	Name of plan sponsor	PLUMB HEAT WHLSLRS RET LCL 597	<b>c</b> EIN-PN 36-6511016-001
<b>a</b>	Plan name	PLUMBERS & PIPEFITTERS 396 - WAM	
<b>b</b>	Name of plan sponsor	PLUMBERS & PIPEFITTERS LCL 396	<b>c</b> EIN-PN 34-6727007-001
<b>a</b>	Plan name	PLUMBERS & PIPEFITTERS LCL 189 P	
<b>b</b>	Name of plan sponsor	PLUMBERS & PIPEFITTERS UNION	<b>c</b> EIN-PN 31-6083746-001
<b>a</b>	Plan name	PLUMBERS & PIPEFITTERS LCL 189 R	
<b>b</b>	Name of plan sponsor	PLUMBERS & PIPEFITTERS UNION	<b>c</b> EIN-PN 31-1213922-003
<b>a</b>	Plan name	PLUMBERS & STEAMFITTERS LCL 131	
<b>b</b>	Name of plan sponsor	PLUMBERS & STEAMFITTERS LOCAL	<b>c</b> EIN-PN 51-6029575-001
<b>a</b>	Plan name	PLUMBERS LOCAL NO. 98 PEN PUSD	
<b>b</b>	Name of plan sponsor	PLAN SPONSOR - PLUMBERS LOCAL 98	<b>c</b> EIN-PN 38-3031916-001
<b>a</b>	Plan name	POLO VENTURES, INC. PENSION PLAN	
<b>b</b>	Name of plan sponsor	POLO VENTURES, INC.	<b>c</b> EIN-PN 20-4178088-001
<b>a</b>	Plan name	RETIREMENT PL OF SPACE SYS/LORAL	
<b>b</b>	Name of plan sponsor	SPACE SYSTEMS/LORAL	<b>c</b> EIN-PN 23-1602217-001
<b>a</b>	Plan name	RETIREMENT PLAN FOR SALARIED TRO	
<b>b</b>	Name of plan sponsor	CHIQUITA BRANDS LLC	<b>c</b> EIN-PN 31-1192704-002
<b>a</b>	Plan name	RI SMW 17 ANN - CASH PUSD	
<b>b</b>	Name of plan sponsor	RI SMW LCL 17 ANN	<b>c</b> EIN-PN 05-0398597-001
<b>a</b>	Plan name	RIVER ROAD SMALL-MID CAP VALUE I	
<b>b</b>	Name of plan sponsor	COMERICA BANK & TRUST NA	<b>c</b> EIN-PN 86-6579733-001

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	A DUDA & SONS CASH ACCOUNT PUSD	
<b>b</b>	Name of plan sponsor	A. DUDA & SONS INC.	<b>c</b> EIN-PN 59-0700499-001
<b>a</b>	Plan name	AETNA IND - METAL ASSEMBLIES DIV	
<b>b</b>	Name of plan sponsor	AETNA INDUSTRIES, INC.	<b>c</b> EIN-PN 38-2007550-002
<b>a</b>	Plan name	AETNA IND - PJ COMPANIES DIV PUS	
<b>b</b>	Name of plan sponsor	AETNA INDUSTRIES, INC.	<b>c</b> EIN-PN 38-2007550-002
<b>a</b>	Plan name	AETNA RETIREMENT INCOME PLAN PUS	
<b>b</b>	Name of plan sponsor	AETNA INDUSTRIES, INC.	<b>c</b> EIN-PN 38-2007550-002
<b>a</b>	Plan name	AIRCOND DEFINED CONTRIBUTION PUS	
<b>b</b>	Name of plan sponsor	AIRCOND & REFRIG IND DEF CONT	<b>c</b> EIN-PN 93-1008658-001
<b>a</b>	Plan name	AMERICAN FEDERATION CASH PUSD	
<b>b</b>	Name of plan sponsor	AMERICAN FED OF GOVT EMPL PEN PL	<b>c</b> EIN-PN 53-0025740-001
<b>a</b>	Plan name	AMERICAN FEDERATION CHARTWELL PU	
<b>b</b>	Name of plan sponsor	AMERICAN FED OF GOVT EMPL PEN PL	<b>c</b> EIN-PN 53-0025740-001
<b>a</b>	Plan name	AMERICAN FEDERATION MARSHFIELD P	
<b>b</b>	Name of plan sponsor	AMERICAN FED OF GOVT EMPL PEN PL	<b>c</b> EIN-PN 53-0025740-001
<b>a</b>	Plan name	AMERICAN FEDERATION SEGALL PUSD	
<b>b</b>	Name of plan sponsor	AMERICAN FED OF GOVT EMPL PEN PL	<b>c</b> EIN-PN 53-0025740-001
<b>a</b>	Plan name	AMERICAN FEDERATION WCM INVESTME	
<b>b</b>	Name of plan sponsor	AMERICAN FED OF GOVT EMPL PEN PL	<b>c</b> EIN-PN 53-0025740-001
<b>a</b>	Plan name	AMES RUBBER RET PLAN PUSD	
<b>b</b>	Name of plan sponsor	AMES RUBBER CORPOTAION RET PLN	<b>c</b> EIN-PN 22-1466804-001
<b>a</b>	Plan name	APOLLO METALS - SALARIED PUSD	
<b>b</b>	Name of plan sponsor	APOLLO METALS, LTD	<b>c</b> EIN-PN 23-2792170-005

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
<b>a</b>	Plan name APOLLO METALS HOURLY PUSD	
<b>b</b>	Name of plan sponsor APOLLO METALS, LTD.	<b>c</b> EIN-PN 23-2792170-003
<b>a</b>	Plan name ARTHRITIS FOUNDATION SOUTHERN CA	
<b>b</b>	Name of plan sponsor ARTHRITIS FOUNDATION OF SOUTHERN	<b>c</b> EIN-PN 95-1885447-001
<b>a</b>	Plan name ARVINMERITOR RET NORTHERN TR SML	
<b>b</b>	Name of plan sponsor MERITOR, INC.	<b>c</b> EIN-PN 38-3354643-336
<b>a</b>	Plan name ARVINMERITOR RET PLAN-INTERAMERI	
<b>b</b>	Name of plan sponsor MERITOR, INC.	<b>c</b> EIN-PN 38-3354643-336
<b>a</b>	Plan name ARVINMERITOR RET PLAN-KESTREL PU	
<b>b</b>	Name of plan sponsor MERITOR, INC.	<b>c</b> EIN-PN 38-3354643-336
<b>a</b>	Plan name ARVINMERITOR RET PLAN-LINE ITEM	
<b>b</b>	Name of plan sponsor MERITOR, INC.	<b>c</b> EIN-PN 38-3354643-336
<b>a</b>	Plan name ARVINMERITOR RET PLAN-MUTUAL FUN	
<b>b</b>	Name of plan sponsor MERITOR, INC.	<b>c</b> EIN-PN 38-3354643-336
<b>a</b>	Plan name ARVINMERITOR RET PLAN-NISA PUSD	
<b>b</b>	Name of plan sponsor MERITOR, INC.	<b>c</b> EIN-PN 38-3354643-336
<b>a</b>	Plan name ARVINMERITOR RET PLAN-NISA SWAP	
<b>b</b>	Name of plan sponsor MERITOR, INC.	<b>c</b> EIN-PN 38-3354643-336
<b>a</b>	Plan name ARVINMERITOR RET PLAN-REAMS PUSD	
<b>b</b>	Name of plan sponsor MERITOR, INC.	<b>c</b> EIN-PN 38-3354643-336
<b>a</b>	Plan name ARVINMERITOR RETIREMENT PLAN PUS	
<b>b</b>	Name of plan sponsor MERITOR, INC.	<b>c</b> EIN-PN 38-3354643-336
<b>a</b>	Plan name ATALANTA SOSNOFF STRATEGIC BAL F	
<b>b</b>	Name of plan sponsor COMERICA BANK & TRUST NA	<b>c</b> EIN-PN 82-6421043-001

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
<b>a</b>	Plan name ATLANTA LIFE RETIREMENT CASH ACC	
<b>b</b>	Name of plan sponsor ATLANTA LIFE INSURANCE COMPANY	<b>c</b> EIN-PN 58-0146380-003
<b>a</b>	Plan name ATTORNEY GRIEVANCE CASH PUSD	
<b>b</b>	Name of plan sponsor ATTORNEY GRIEVANCE COMMISION MD	<b>c</b> EIN-PN 52-1015129-001
<b>a</b>	Plan name AXLETECH INTERNATIONAL, LLC PUSD	
<b>b</b>	Name of plan sponsor MERITOR, INC	<b>c</b> EIN-PN 73-1641341-336
<b>a</b>	Plan name AZ AUTO CORP ROSEVILLE DIV PEN P	
<b>b</b>	Name of plan sponsor AETNA INDUSTRIES, INC.	<b>c</b> EIN-PN 38-2007550-002
<b>a</b>	Plan name AZ AUTOMOTIVE CORPORATION PEN PL	
<b>b</b>	Name of plan sponsor AETNA INDUSTRIES INC.	<b>c</b> EIN-PN 46-0471323-002
<b>a</b>	Plan name BBDO DETROIT - MUTUAL FUND PUSD	
<b>b</b>	Name of plan sponsor ROSS ROY COMMUNICATIONS, INC.	<b>c</b> EIN-PN 38-2964249-001
<b>a</b>	Plan name BBDO DETROIT - PRINCIPAL PUSD	
<b>b</b>	Name of plan sponsor ROSS ROY COMMUNICATIONS, INC.	<b>c</b> EIN-PN 38-2964249-001
<b>a</b>	Plan name BBDO DETROIT-DISBURSEMENT PUSD	
<b>b</b>	Name of plan sponsor ROSS ROY COMMUNICATIONS, INC.	<b>c</b> EIN-PN 38-2964249-001
<b>a</b>	Plan name BECHTEL PLANT MACHINERY, INC. PE	
<b>b</b>	Name of plan sponsor BECHTEL NR PROGRAM PENSION MAST	<b>c</b> EIN-PN 27-6139293-001
<b>a</b>	Plan name BEHR AMERICA CASH BALANCE PL PUS	
<b>b</b>	Name of plan sponsor BEHR AMERICA	<b>c</b> EIN-PN 22-1859284-003
<b>a</b>	Plan name BEHR AMERICA WTW GT REAL ASSET F	
<b>b</b>	Name of plan sponsor MAHLE BEHR USA INC	<b>c</b> EIN-PN 27-2279355-006
<b>a</b>	Plan name BEHR DAYTON CASH BALANCE PLAN PU	
<b>b</b>	Name of plan sponsor BEHR DAYTON THERMAL PRODUCTS LLC	<b>c</b> EIN-PN 02-0574546-004

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
<b>a</b> Plan name	BEHR DAYTON THERMAL IUE PUSD	
<b>b</b> Name of plan sponsor	BEHR DAYTON THERMAL PRODUCTS LLC	<b>c</b> EIN-PN 02-0574546-004
<b>a</b> Plan name	BEHR INVESTMENT ACCOUNT PUSD	
<b>b</b> Name of plan sponsor	MAHLE BEHR USA INC	<b>c</b> EIN-PN 27-2279355-006
<b>a</b> Plan name	BOND INDEX FUND PUSD	
<b>b</b> Name of plan sponsor	COMERICA BOND INDEX FUND	<b>c</b> EIN-PN 38-6555716-001
<b>a</b> Plan name	BRICK 1 NY PEN & ANNUITY PUSD	
<b>b</b> Name of plan sponsor	BRICKLAYERS LOCAL #1 NY PEN/ANN	<b>c</b> EIN-PN 51-6135291-001
<b>a</b> Plan name	BRICKIPF WCP PUSD	
<b>b</b> Name of plan sponsor	BRICKLAYERS INTL PENSION FUND	<b>c</b> EIN-PN 52-6127745-001
<b>a</b> Plan name	BRICKLAYERS IPF - ANGELO GORDON	
<b>b</b> Name of plan sponsor	BRICKLAYERS INTL PENSION FUND	<b>c</b> EIN-PN 52-6127745-001
<b>a</b> Plan name	BRICKLAYERS IPF - BLACKSTONE PUS	
<b>b</b> Name of plan sponsor	BRICKLAYERS INTL PENSION FUND	<b>c</b> EIN-PN 52-6127745-001
<b>a</b> Plan name	BRICKLAYERS IPF - CASH ACCT PUSD	
<b>b</b> Name of plan sponsor	BRICKLAYERS INTL PENSION FUND	<b>c</b> EIN-PN 52-6127745-001
<b>a</b> Plan name	BRICKLAYERS IPF - GROSVENOR ALTS	
<b>b</b> Name of plan sponsor	BRICKLAYERS INTL PENSION FUND	<b>c</b> EIN-PN 52-6127745-001
<b>a</b> Plan name	BRICKLAYERS IPF - GROSVENOR PUSD	
<b>b</b> Name of plan sponsor	BRICKLAYERS INTL PENSION FUND	<b>c</b> EIN-PN 52-6127745-001
<b>a</b> Plan name	BRICKLAYERS IPF - HAMILTON LANE	
<b>b</b> Name of plan sponsor	BRICKLAYERS INTL PENSION FUND	<b>c</b> EIN-PN 52-6127745-001
<b>a</b> Plan name	BRICKLAYERS IPF - INTERCONTINENT	
<b>b</b> Name of plan sponsor	BRICKLAYERS INTL PENSION FUND	<b>c</b> EIN-PN 52-6127745-001

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	BRICKLAYERS IPF - LSV GLOBAL PUS	
<b>b</b>	Name of plan sponsor	BRICKLAYERS INTL PENSION FUND	<b>c</b> EIN-PN 52-6127745-001
<b>a</b>	Plan name	BRICKLAYERS IPF - MONTHLY PUSD	
<b>b</b>	Name of plan sponsor	BRICKLAYERS INTL PENSION FUND	<b>c</b> EIN-PN 52-6127745-001
<b>a</b>	Plan name	BRICKLAYERS IPF - PRIVATE EQ & D	
<b>b</b>	Name of plan sponsor	BRICKLAYERS INTL PENSION FUND	<b>c</b> EIN-PN 52-6127745-001
<b>a</b>	Plan name	BRICKLAYERS IPF - REAL ESTATE PU	
<b>b</b>	Name of plan sponsor	BRICKLAYERS INTL PENSION FUND	<b>c</b> EIN-PN 52-6127745-001
<b>a</b>	Plan name	BRICKLAYERS IPF ALTERNATIVES PUS	
<b>b</b>	Name of plan sponsor	BRICKLAYERS INTL PENSION FUND	<b>c</b> EIN-PN 52-6127745-001
<b>a</b>	Plan name	BRICKLAYERS LCL 6 PEN - TT500 PU	
<b>b</b>	Name of plan sponsor	BRICKLAYERS LOCAL 6 OF INDIANA	<b>c</b> EIN-PN 51-6113680-001
<b>a</b>	Plan name	BRICKLAYERS LOCAL 13 NEVADA PUSD	
<b>b</b>	Name of plan sponsor	BRICKLAYERS LOCAL 13 NEVADA	<b>c</b> EIN-PN 39-1186267-001
<b>a</b>	Plan name	BRICKLAYERS LOCAL 5 NEW JERSEY P	
<b>b</b>	Name of plan sponsor	BRICKLAYERS LOCAL 5 NEW JERSEY	<b>c</b> EIN-PN 80-0083075-001
<b>a</b>	Plan name	BRICKLAYERS LOEPF - CASH ACCT PU	
<b>b</b>	Name of plan sponsor	BRICKLAYERS MASTER TRUST	<b>c</b> EIN-PN 20-3024643-001
<b>a</b>	Plan name	BRICKLAYERS MASTER - ALT GT PUSD	
<b>b</b>	Name of plan sponsor	BRICKLAYERS MASTER TRUST	<b>c</b> EIN-PN 20-3024643-001
<b>a</b>	Plan name	BRICKLAYERS MASTER - ANGELO GORD	
<b>b</b>	Name of plan sponsor	BRICKLAYERS MASTER TRUST	<b>c</b> EIN-PN 20-3024643-001
<b>a</b>	Plan name	BRICKLAYERS MASTER - BLACKSTONE	
<b>b</b>	Name of plan sponsor	BRICKLAYERS MASTER TRUST	<b>c</b> EIN-PN 20-3024643-001

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	BRICKLAYERS MASTER - CASH PUSD	
<b>b</b>	Name of plan sponsor	BRICKLAYERS MASTER TRUST	<b>c</b> EIN-PN 20-3024643-001
<b>a</b>	Plan name	BRICKLAYERS MASTER - GROSVENOR P	
<b>b</b>	Name of plan sponsor	BRICKLAYERS MASTER TRUST	<b>c</b> EIN-PN 20-3024643-001
<b>a</b>	Plan name	BRICKLAYERS MASTER - MCG AND MES	
<b>b</b>	Name of plan sponsor	BRICKLAYERS MASTER TRUST	<b>c</b> EIN-PN 20-3024643-001
<b>a</b>	Plan name	BRICKLAYERS MASTER - MONTHLY PUS	
<b>b</b>	Name of plan sponsor	BRICKLAYERS MASTER TRUST	<b>c</b> EIN-PN 20-3024643-001
<b>a</b>	Plan name	BRICKLAYERS MASTER - PRIVATE DEB	
<b>b</b>	Name of plan sponsor	BRICKLAYERS MASTER TRUST	<b>c</b> EIN-PN 20-3024643-001
<b>a</b>	Plan name	BRICKLAYERS MASTER-HAMILTON LANE	
<b>b</b>	Name of plan sponsor	BRICKLAYERS MASTER TRUST	<b>c</b> EIN-PN 20-3024643-001
<b>a</b>	Plan name	BRICKLAYERS PENSION - METRO PUSD	
<b>b</b>	Name of plan sponsor	BRICKLAYERS PEN METRO DETROIT	<b>c</b> EIN-PN 51-6030972-001
<b>a</b>	Plan name	BRICKLAYERS RSP - ALTERNATIVES P	
<b>b</b>	Name of plan sponsor	BRICKLAYERS RSP	<b>c</b> EIN-PN 52-6127746-003
<b>a</b>	Plan name	BRICKLAYERS RSP - MONTHLY LI PUS	
<b>b</b>	Name of plan sponsor	BRICKLAYERS RSP	<b>c</b> EIN-PN 52-6127746-003
<b>a</b>	Plan name	BRICKLAYERS RSP CASH PUSD	
<b>b</b>	Name of plan sponsor	BRICKLAYERS RSP	<b>c</b> EIN-PN 52-6127746-003
<b>a</b>	Plan name	BRICKLAYERS SEPF - CASH ACCT PUS	
<b>b</b>	Name of plan sponsor	BRICKLAYERS MASTER TRUST	<b>c</b> EIN-PN 20-3024643-001
<b>a</b>	Plan name	BUILDING LAB LCL 310 PENSION WAM	
<b>b</b>	Name of plan sponsor	BUILDING LABORERS LOCAL 310	<b>c</b> EIN-PN 34-6573987-001

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	CALPINE CONTAINERS RET-FERGUSON	
<b>b</b>	Name of plan sponsor	CALPINE CONTAINERS INC	<b>c</b> EIN-PN 94-6066543-001
<b>a</b>	Plan name	CAREFUSION CORP ACQUIRED PENSION	
<b>b</b>	Name of plan sponsor	CAREFUSION CORPORATION	<b>c</b> EIN-PN 26-4123274-063
<b>a</b>	Plan name	CARP ILL PENS FD - ARIEL INVESTM	
<b>b</b>	Name of plan sponsor	BRD TRUSTEES CARPENTERS OF IL	<b>c</b> EIN-PN 36-6147396-001
<b>a</b>	Plan name	CARP ILL PENS FD - CASH ACCOUNT	
<b>b</b>	Name of plan sponsor	BRD TRUSTEES CARPENTERS OF IL	<b>c</b> EIN-PN 36-6147396-001
<b>a</b>	Plan name	CARP ILL PENS FD - CLIFTON GROUP	
<b>b</b>	Name of plan sponsor	BRD TRUSTEES CARPENTERS OF IL	<b>c</b> EIN-PN 36-6147396-001
<b>a</b>	Plan name	CARP ILL PENS FD - LINE ITEMS PU	
<b>b</b>	Name of plan sponsor	BRD TRUSTEES CARPENTERS OF IL	<b>c</b> EIN-PN 36-6147396-001
<b>a</b>	Plan name	CARP ILL PENS FD - PIMCO PUSD	
<b>b</b>	Name of plan sponsor	BRD TRUSTEES CARPENTERS OF IL	<b>c</b> EIN-PN 36-6147396-001
<b>a</b>	Plan name	CARP ILL PENS FD - REAMS MGT PUS	
<b>b</b>	Name of plan sponsor	BRD TRUSTEES CARPENTERS OF IL	<b>c</b> EIN-PN 36-6147396-001
<b>a</b>	Plan name	CARPENTERS PENS DET - CASH PUSD	
<b>b</b>	Name of plan sponsor	CARPENTERS PENS FD DET VICINITY	<b>c</b> EIN-PN 38-6242188-001
<b>a</b>	Plan name	CARPENTERS PENS DET - LOOMIS PUS	
<b>b</b>	Name of plan sponsor	CARPENTERS PENS FD DET VICINITY	<b>c</b> EIN-PN 38-6242188-001
<b>a</b>	Plan name	CARPENTERS PENS DET - MUTUAL FUN	
<b>b</b>	Name of plan sponsor	CARPENTERS PENS FD DET VICINITY	<b>c</b> EIN-PN 38-6242188-001
<b>a</b>	Plan name	CARPENTERS PENS DET - REINHART P	
<b>b</b>	Name of plan sponsor	CARPENTERS PENS FD DET VICINITY	<b>c</b> EIN-PN 38-6242188-001

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
<b>a</b> Plan name	CARPENTERS PENS DET -AA CAPITAL	
<b>b</b> Name of plan sponsor	CARPENTERS PENS FD DET VICINITY	<b>c</b> EIN-PN 38-6242188-001
<b>a</b> Plan name	CARPENTERS PENS DET-BOYD PUSD	
<b>b</b> Name of plan sponsor	CARPENTERS PENS FD DET VICINITY	<b>c</b> EIN-PN 38-6242188-001
<b>a</b> Plan name	CARPENTERS PENS DET-LAZARD PUSD	
<b>b</b> Name of plan sponsor	CARPENTERS PENS FD DET VICINITY	<b>c</b> EIN-PN 38-6242188-001
<b>a</b> Plan name	CARPENTERS PENS DET-LSV PUSD	
<b>b</b> Name of plan sponsor	CARPENTERS PENS FD DET VICINITY	<b>c</b> EIN-PN 38-6242188-001
<b>a</b> Plan name	CARPENTERS PENS DET-OTHER INVEST	
<b>b</b> Name of plan sponsor	CARPENTERS PENS FD DET VICINITY	<b>c</b> EIN-PN 38-6242188-001
<b>a</b> Plan name	CARPENTERS PENS DET-WESTEND PUSD	
<b>b</b> Name of plan sponsor	CARPENTERS PENS FD DET VICINITY	<b>c</b> EIN-PN 38-6242188-001
<b>a</b> Plan name	CEMENT MASONS PENSION - CONGRESS	
<b>b</b> Name of plan sponsor	CEMENT MASONS PENSION FUND	<b>c</b> EIN-PN 38-6242187-001
<b>a</b> Plan name	CEMENT MASONS PENSION - NUVEEN P	
<b>b</b> Name of plan sponsor	CEMENT MASONS PENSION FUND	<b>c</b> EIN-PN 38-6242187-001
<b>a</b> Plan name	CEMENT MASONS PENSION - RENAISSA	
<b>b</b> Name of plan sponsor	CEMENT MASONS PENSION FUND	<b>c</b> EIN-PN 38-6242187-001
<b>a</b> Plan name	CEMENT MASONS PENSION - RESERVE	
<b>b</b> Name of plan sponsor	CEMENT MASONS PENSION FUND	<b>c</b> EIN-PN 38-6242187-001
<b>a</b> Plan name	CENTRAL IOWA CARP PEN - BOSTON P	
<b>b</b> Name of plan sponsor	CENTRAL IOWA CARPENTERS	<b>c</b> EIN-PN 36-6066902-002
<b>a</b> Plan name	CENTRAL IOWA CARP PEN - CASH PUS	
<b>b</b> Name of plan sponsor	CENTRAL IOWA CARPENTERS	<b>c</b> EIN-PN 36-6066902-002

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	CENTRAL IOWA CARP PEN - POOLED P	
<b>b</b>	Name of plan sponsor	CENTRAL IOWA CARPENTERS	<b>c</b> EIN-PN 36-6066902-002
<b>a</b>	Plan name	CENTRAL IOWA CARP PEN - S&P 500	
<b>b</b>	Name of plan sponsor	CENTRAL IOWA CARPENTERS	<b>c</b> EIN-PN 36-6066902-002
<b>a</b>	Plan name	CERADYNE BORON SALARIED PENSION	
<b>b</b>	Name of plan sponsor	CERADYNE BORON	<b>c</b> EIN-PN 20-4605976-001
<b>a</b>	Plan name	CHARTWELL MID CAP VALUE CIT PUSD	
<b>b</b>	Name of plan sponsor	COMERICA BANK & TRUST NA	<b>c</b> EIN-PN 85-6334110-001
<b>a</b>	Plan name	CHARTWELL SDHY CIT PUSD	
<b>b</b>	Name of plan sponsor	COMERICA BANK & TRUST NA	<b>c</b> EIN-PN 85-6285527-001
<b>a</b>	Plan name	CHIC IB OF T PENS - CASH ACCT PU	
<b>b</b>	Name of plan sponsor	BRD TRUSTEES CHI AREA IBOFT PEN	<b>c</b> EIN-PN 36-2407063-001
<b>a</b>	Plan name	CHIC IB OF T PENS - LINE ITEMS P	
<b>b</b>	Name of plan sponsor	BRD TRUSTEES CHI AREA IBOFT PEN	<b>c</b> EIN-PN 36-2407063-001
<b>a</b>	Plan name	CHIC IB OF T PENS - NAT INV SVC	
<b>b</b>	Name of plan sponsor	BRD TRUSTEES CHI AREA IBOFT PEN	<b>c</b> EIN-PN 36-2407063-001
<b>a</b>	Plan name	CHIC IB OF T S & R - LINE ITEMS	
<b>b</b>	Name of plan sponsor	BRD OF TRUSTEES CHIC IB OF T S&R	<b>c</b> EIN-PN 36-3296789-002
<b>a</b>	Plan name	CHICAGO SUNDAY EVE CLUB PUSD	
<b>b</b>	Name of plan sponsor	UNITED WAY OF METROPOLITAN CHI	<b>c</b> EIN-PN 36-2171685-001
<b>a</b>	Plan name	CHRIST CHURCH G P LAY RET PLAN P	
<b>b</b>	Name of plan sponsor	CHRIST CHURCH GROSSE PTE LAY EMP	<b>c</b> EIN-PN 38-6275933-001
<b>a</b>	Plan name	CITY OF INKSTER, P & F ANCORA PU	
<b>b</b>	Name of plan sponsor	CITY OF INKSTER POLICE & FIREMEN	<b>c</b> EIN-PN 38-6007226-001

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	CITY OF INKSTER, P & F CASH/ETF'	
<b>b</b>	Name of plan sponsor	CITY OF INKSTER POLICE & FIREMEN	<b>c</b> EIN-PN 38-6007226-001
<b>a</b>	Plan name	CITY OF INKSTER, P & F MCMILLIAN	
<b>b</b>	Name of plan sponsor	CITY OF INKSTER POLICE & FIREMEN	<b>c</b> EIN-PN 38-6007226-001
<b>a</b>	Plan name	CMA ALL CAP COMPOSITE EQ INDEX F	
<b>b</b>	Name of plan sponsor	COMERICA BANK & TRUST NA	<b>c</b> EIN-PN 30-0216651-001
<b>a</b>	Plan name	CMA RET BLK TRAN PUSD	
<b>b</b>	Name of plan sponsor	COMERICA BANK	<b>c</b> EIN-PN 38-1998421-001
<b>a</b>	Plan name	CMA RET FOREIGN EQ PUSD	
<b>b</b>	Name of plan sponsor	COMERICA BANK	<b>c</b> EIN-PN 38-1998421-001
<b>a</b>	Plan name	CMA RET LGIMA PUSD	
<b>b</b>	Name of plan sponsor	COMERICA BANK	<b>c</b> EIN-PN 38-1998421-001
<b>a</b>	Plan name	CMA RET LGIMA TC PUSD	
<b>b</b>	Name of plan sponsor	COMERICA BANK	<b>c</b> EIN-PN 38-1998421-001
<b>a</b>	Plan name	CMA RET RUSSELL 3000 PUSD	
<b>b</b>	Name of plan sponsor	COMERICA BANK	<b>c</b> EIN-PN 38-1998421-001
<b>a</b>	Plan name	CMA RET WELLINGTON FIXED INCOME	
<b>b</b>	Name of plan sponsor	COMERICA BANK	<b>c</b> EIN-PN 38-1998421-001
<b>a</b>	Plan name	CMA US TIP NOTES-INTERMEDIATE IN	
<b>b</b>	Name of plan sponsor	CMA US TIP NOTES-INTERM INDEX FD	<b>c</b> EIN-PN 83-6457566-001
<b>a</b>	Plan name	COCHRAN KROLL & ASSOC PUSD	
<b>b</b>	Name of plan sponsor	COCHRAN, FOLEY & ASSOCIATES PC	<b>c</b> EIN-PN 38-2876347-001
<b>a</b>	Plan name	COMERICA LG CAP EQ INDEX FUND PU	
<b>b</b>	Name of plan sponsor	COMERICA LARGE CAP EQUITY	<b>c</b> EIN-PN 38-6555647-001

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
<b>a</b>	Plan name COMERICA MEDIUM CAP INDEX FUND P	
<b>b</b>	Name of plan sponsor COMERICA MEDIUM CAP INDEX FUND	<b>c</b> EIN-PN 38-6589863-001
<b>a</b>	Plan name COMERICA RET JENNISON-FIXED INCO	
<b>b</b>	Name of plan sponsor COMERICA BANK	<b>c</b> EIN-PN 38-1998421-001
<b>a</b>	Plan name COMERICA RET NISA FIXED INCOME P	
<b>b</b>	Name of plan sponsor COMERICA BANK	<b>c</b> EIN-PN 38-1998421-001
<b>a</b>	Plan name COMERICA SMALL CAP INDEX FUND PU	
<b>b</b>	Name of plan sponsor COMERICA SMALL CAP INDEX FUND	<b>c</b> EIN-PN 38-3192888-001
<b>a</b>	Plan name COMERICA US GOV'T LONG BOND FUND	
<b>b</b>	Name of plan sponsor COMERICA US GOV'T LONG BOND FUND	<b>c</b> EIN-PN 83-6452577-001
<b>a</b>	Plan name COMERICA, INC. RET PL - CONTROL	
<b>b</b>	Name of plan sponsor COMERICA BANK	<b>c</b> EIN-PN 38-1998421-001
<b>a</b>	Plan name COMMERCIAL STEEL TREATING UAW #2	
<b>b</b>	Name of plan sponsor COMMERCIAL STEEL TREAT UAW RET	<b>c</b> EIN-PN 38-0437420-003
<b>a</b>	Plan name COMMUNICATION WKRS 1109 PEN CASH	
<b>b</b>	Name of plan sponsor COMM WORKERS LOCAL 1109 PEN FD	<b>c</b> EIN-PN 22-6298155-001
<b>a</b>	Plan name COMMUNICATION WKRS 1109 PEN DAIL	
<b>b</b>	Name of plan sponsor COMM WORKERS LOCAL 1109 PEN FD	<b>c</b> EIN-PN 22-6298155-001
<b>a</b>	Plan name COMMUNICATION WKRS 1109 PEN QTRL	
<b>b</b>	Name of plan sponsor COMM WORKERS LOCAL 1109 PEN FD	<b>c</b> EIN-PN 22-6298155-001
<b>a</b>	Plan name CONESTOGA SM CAP GROWTH COLL FD	
<b>b</b>	Name of plan sponsor COMERICA BANK & TRUST NA	<b>c</b> EIN-PN 82-6178890-001
<b>a</b>	Plan name CONESTOGA SMID CAP GROWTH CIF PU	
<b>b</b>	Name of plan sponsor COMERICA BANK & TRUST NA	<b>c</b> EIN-PN 83-6448706-001

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
<b>a</b>	Plan name CONN EDUC ASSN PEN CASH PUSD	
<b>b</b>	Name of plan sponsor CONNECTICUT EDUCATION ASSOC	<b>c</b> EIN-PN 06-0666277-001
<b>a</b>	Plan name CONNECTICUT HEALTH - CASH PUSD	
<b>b</b>	Name of plan sponsor CONN HEALTH CARE ASSOC PEN FUND	<b>c</b> EIN-PN 06-1313462-001
<b>a</b>	Plan name CONNECTICUT HEALTH - DAILY PUSD	
<b>b</b>	Name of plan sponsor CONN HEALTH CARE ASSOC PEN FUND	<b>c</b> EIN-PN 06-1313462-001
<b>a</b>	Plan name CONNECTICUT HEALTH - MONTHLY PUS	
<b>b</b>	Name of plan sponsor CONN HEALTH CARE ASSOC PEN FUND	<b>c</b> EIN-PN 06-1313462-001
<b>a</b>	Plan name CONNECTICUT HEALTH - QUARTERLY P	
<b>b</b>	Name of plan sponsor CONN HEALTH CARE ASSOC PEN FUND	<b>c</b> EIN-PN 06-1313462-001
<b>a</b>	Plan name CRC - EMPLOYEES PENSION PLAN PUS	
<b>b</b>	Name of plan sponsor CITIZENS RESEARCH COUNCIL OF MI	<b>c</b> EIN-PN 38-1539991-001
<b>a</b>	Plan name DESERT STATES UFCW PUSD	
<b>b</b>	Name of plan sponsor DESERT STATES UFCW	<b>c</b> EIN-PN 84-6277982-001
<b>a</b>	Plan name DESTINATION FD 2025 *CLOSED* PUS	
<b>b</b>	Name of plan sponsor CMA DESTINATION 2025 FD	<b>c</b> EIN-PN 37-1486619-001
<b>a</b>	Plan name DESTINATION FD 2045 *CLOSED* PUS	
<b>b</b>	Name of plan sponsor CMA DESTINATION 2045 FD	<b>c</b> EIN-PN 37-1486621-001
<b>a</b>	Plan name DESTXL CASH ACCT PUSD	
<b>b</b>	Name of plan sponsor DESTINATION XL GROUP, INC	<b>c</b> EIN-PN 04-2623104-002
<b>a</b>	Plan name DIA FOUNDERS - ERT FUNDS PUSD	
<b>b</b>	Name of plan sponsor FOUNDERS SOCIETY DET INST OFART	<b>c</b> EIN-PN 38-6044114-001
<b>a</b>	Plan name DRZ VALUE EQUITY PUSD	
<b>b</b>	Name of plan sponsor COMERICA BANK & TRUST NA	<b>c</b> EIN-PN 45-6755963-001

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
<b>a</b>	Plan name <a href="#">DUPAGE CNTY CEMENT MASONS PEN -</a>	
<b>b</b>	Name of plan sponsor <a href="#">DUPAGE COUNTY CEMENT MASONS PENS</a>	<b>c</b> EIN-PN <a href="#">36-6136496-001</a>
<b>a</b>	Plan name <a href="#">FELRA UFCW PUSD</a>	
<b>b</b>	Name of plan sponsor <a href="#">FELRA UFCW</a>	<b>c</b> EIN-PN <a href="#">52-6128473-001</a>
<b>a</b>	Plan name <a href="#">FFA FBO BASIL DB RBC 3 PUSD</a>	
<b>b</b>	Name of plan sponsor <a href="#">PLAN SPONSOR FFA INC FBO BASIL P</a>	<b>c</b> EIN-PN <a href="#">52-1495514-001</a>
<b>a</b>	Plan name <a href="#">FIDUCIARY INVESTMENT TR AGGRESSI</a>	
<b>b</b>	Name of plan sponsor <a href="#">COMERICA BANK &amp; TRUST NA</a>	<b>c</b> EIN-PN <a href="#">47-6646422-001</a>
<b>a</b>	Plan name <a href="#">FIDUCIARY INVESTMENT TR BALANCED</a>	
<b>b</b>	Name of plan sponsor <a href="#">COMERICA BANK &amp; TRUST NA</a>	<b>c</b> EIN-PN <a href="#">47-6652256-001</a>
<b>a</b>	Plan name <a href="#">FIDUCIARY INVESTMENT TR CONSERVA</a>	
<b>b</b>	Name of plan sponsor <a href="#">COMERICA BANK &amp; TRUST NA</a>	<b>c</b> EIN-PN <a href="#">47-6658632-001</a>
<b>a</b>	Plan name <a href="#">FIDUCIARY INVESTMENT TR GROWTH P</a>	
<b>b</b>	Name of plan sponsor <a href="#">COMERICA BANK &amp; TRUST NA</a>	<b>c</b> EIN-PN <a href="#">47-6649174-001</a>
<b>a</b>	Plan name <a href="#">FIDUCIARY INVESTMENT TR MOD CONS</a>	
<b>b</b>	Name of plan sponsor <a href="#">COMERICA BANK &amp; TRUST NA</a>	<b>c</b> EIN-PN <a href="#">47-6655437-001</a>
<b>a</b>	Plan name <a href="#">FIT CORE SERIES BOND PUSD</a>	
<b>b</b>	Name of plan sponsor <a href="#">COMERICA BANK AND TRUST NA</a>	<b>c</b> EIN-PN <a href="#">82-6760208-001</a>
<b>a</b>	Plan name <a href="#">FIT CORE SERIES INT'L EQUITY PU</a>	
<b>b</b>	Name of plan sponsor <a href="#">COMERICA BANK AND TRUST NA</a>	<b>c</b> EIN-PN <a href="#">82-6757275-001</a>
<b>a</b>	Plan name <a href="#">FIT CORE SERIES LARGE CAP PUSD</a>	
<b>b</b>	Name of plan sponsor <a href="#">COMERICA BANK &amp; TRUST NA</a>	<b>c</b> EIN-PN <a href="#">82-6749519-001</a>
<b>a</b>	Plan name <a href="#">FIT CORE SERIES MID CAP PUSD</a>	
<b>b</b>	Name of plan sponsor <a href="#">COMERICA BANK &amp; TRUST NA</a>	<b>c</b> EIN-PN <a href="#">82-6750538-001</a>

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	FIT CORE SERIES OPP GLOBAL YIEL	
<b>b</b>	Name of plan sponsor	COMERICA BANK AND TRUST NA	<b>c</b> EIN-PN 82-6763925-001
<b>a</b>	Plan name	FIT CORE SERIES SMALL CAP PUSD	
<b>b</b>	Name of plan sponsor	COMERICA BANK & TRUST NA	<b>c</b> EIN-PN 82-6753772-001
<b>a</b>	Plan name	FLINT PLUMBING LCL 370-PEN CASH	
<b>b</b>	Name of plan sponsor	FLINT PLUMBERS & PIPEFIT LOC 370	<b>c</b> EIN-PN 38-6254230-001
<b>a</b>	Plan name	FLUOR CORP MASTER RETIREMENT TRU	
<b>b</b>	Name of plan sponsor	FLUOR CORP MASTER RET TR (DC)	<b>c</b> EIN-PN 33-0414495-001
<b>a</b>	Plan name	FOREIGN EQUITY FUND PUSD	
<b>b</b>	Name of plan sponsor	COMERICA FOREIGN EQUITY FUND	<b>c</b> EIN-PN 38-6589861-001
<b>a</b>	Plan name	FRANCISCAN FRIARS PENS TR-CASH P	
<b>b</b>	Name of plan sponsor	FRANCISCAN FRIARS	<b>c</b> EIN-PN 23-6278932-001
<b>a</b>	Plan name	FRANCISCAN FRIARS PENS TR-DELAWA	
<b>b</b>	Name of plan sponsor	FRANCISCAN FRIARS	<b>c</b> EIN-PN 23-6278932-001
<b>a</b>	Plan name	FRANCISCAN FRIARS PENS TR-MADISO	
<b>b</b>	Name of plan sponsor	FRANCISCAN FRIARS	<b>c</b> EIN-PN 23-6278932-001
<b>a</b>	Plan name	FRANKFORT CASH BENEFIT ACCOUNT P	
<b>b</b>	Name of plan sponsor	CITY OF FRANKFORT	<b>c</b> EIN-PN 35-6001033-001
<b>a</b>	Plan name	FULLERTHALER BEHAVIORAL SMALL CA	
<b>b</b>	Name of plan sponsor	COMERICA BANK & TRUST NA	<b>c</b> EIN-PN 81-6912326-001
<b>a</b>	Plan name	GENESIS ALKALI PN PUSD	
<b>b</b>	Name of plan sponsor	GENESIS ALKALI LLC UNION RET TRU	<b>c</b> EIN-PN 47-2173866-003
<b>a</b>	Plan name	GSA-ILA PENSION BOSTON PUSD	
<b>b</b>	Name of plan sponsor	GEORGIA STEVEDORE ASSOC-ILA PEN	<b>c</b> EIN-PN 58-6106340-001

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
<b>a</b>	Plan name GSA-ILA PENSION CASH PUSD	
<b>b</b>	Name of plan sponsor GEORGIA STEVEDORE ASSOC-ILA PEN	<b>c</b> EIN-PN 58-6106340-001
<b>a</b>	Plan name GSA-ILA PENSION DAILY PUSD	
<b>b</b>	Name of plan sponsor GEORGIA STEVEDORE ASSOC-ILA PEN	<b>c</b> EIN-PN 58-6106340-001
<b>a</b>	Plan name GSA-ILA PENSION MELLON PUSD	
<b>b</b>	Name of plan sponsor GEORGIA STEVEDORE ASSOC-ILA PEN	<b>c</b> EIN-PN 58-6106340-001
<b>a</b>	Plan name GSA-ILA PENSION MONTH PUSD	
<b>b</b>	Name of plan sponsor GEORGIA STEVEDORE ASSOC-ILA PEN	<b>c</b> EIN-PN 58-6106340-001
<b>a</b>	Plan name GSA-ILA PENSION PIEDMONT PUSD	
<b>b</b>	Name of plan sponsor GEORGIA STEVEDORE ASSOC-ILA PEN	<b>c</b> EIN-PN 58-6106340-001
<b>a</b>	Plan name GSA-ILA PENSION QUART PUSD	
<b>b</b>	Name of plan sponsor GEORGIA STEVEDORE ASSOC-ILA PEN	<b>c</b> EIN-PN 58-6106340-001
<b>a</b>	Plan name GULF CROWN SEAFOOD CO P/S-CASH P	
<b>b</b>	Name of plan sponsor GULF CROWN SEAFOOD INC.	<b>c</b> EIN-PN 58-1789208-001
<b>a</b>	Plan name HAWORTH MASTER PENSION TR-DIRECT	
<b>b</b>	Name of plan sponsor HAWORTH INTERNATIONAL, LTD.	<b>c</b> EIN-PN 38-2101981-001
<b>a</b>	Plan name HAWORTH MASTER PENSION TRUST-SAL	
<b>b</b>	Name of plan sponsor HAWORTH INTERNATIONAL, LTD.	<b>c</b> EIN-PN 38-2101981-001
<b>a</b>	Plan name HCC EMPLOYEE PENSION PA PUSD	
<b>b</b>	Name of plan sponsor PEN FD FOR HHC - PA AND VICINITY	<b>c</b> EIN-PN 23-2627428-001
<b>a</b>	Plan name HEAT & FROST INSUL 25 DB - MUTUA	
<b>b</b>	Name of plan sponsor HEAT & FROST LCL 25 PENSION	<b>c</b> EIN-PN 38-6060516-001
<b>a</b>	Plan name HEAT & FROST INSUL 25 DC - MUTUA	
<b>b</b>	Name of plan sponsor HEAT & FROST LCL 25 DEF CONT	<b>c</b> EIN-PN 38-2679760-001

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	HEAT & FROST INSUL 25 SUPP PEN (	
<b>b</b>	Name of plan sponsor	HEAT & FROST LCL 25 PENSION	<b>c</b> EIN-PN 38-6060516-001
<b>a</b>	Plan name	I.U.O.E. LOCAL 57 ANNUITY CASH P	
<b>b</b>	Name of plan sponsor	I.U.O.E. LOCAL 57 ANNUITY	<b>c</b> EIN-PN 05-0446832-001
<b>a</b>	Plan name	I.U.O.E. LOCAL 57 ANNUITY LINE P	
<b>b</b>	Name of plan sponsor	I.U.O.E. LOCAL 57 ANNUITY	<b>c</b> EIN-PN 05-0446832-001
<b>a</b>	Plan name	I.U.O.E. LOCAL 57 PEN - CASH PUS	
<b>b</b>	Name of plan sponsor	I.U.O.E. LOCAL 57 PENSION	<b>c</b> EIN-PN 05-0298773-001
<b>a</b>	Plan name	I.U.O.E. LOCAL 57 PEN - MNTH PUS	
<b>b</b>	Name of plan sponsor	I.U.O.E. LOCAL 57 PENSION	<b>c</b> EIN-PN 05-0298773-001
<b>a</b>	Plan name	I.U.O.E. LOCAL 57 PEN - QTRL PUS	
<b>b</b>	Name of plan sponsor	I.U.O.E. LOCAL 57 PENSION	<b>c</b> EIN-PN 05-0298773-001
<b>a</b>	Plan name	I.U.O.E. LOCAL 57 PEN-DAILY PUSD	
<b>b</b>	Name of plan sponsor	I.U.O.E. LOCAL 57 PENSION	<b>c</b> EIN-PN 05-0298773-001
<b>a</b>	Plan name	IATSE - COMMINGLED PUSD	
<b>b</b>	Name of plan sponsor	PENSION FUND OF LOCAL NO 1 IATSE	<b>c</b> EIN-PN 13-6414973-001
<b>a</b>	Plan name	IATSE - DUCENTA SQUARED ASSET MG	
<b>b</b>	Name of plan sponsor	PENSION FUND OF LOCAL NO 1 IATSE	<b>c</b> EIN-PN 13-6414973-001
<b>a</b>	Plan name	IATSE - INTECH JANUS PUSD	
<b>b</b>	Name of plan sponsor	PENSION FUND OF LOCAL NO 1 IATSE	<b>c</b> EIN-PN 13-6414973-001
<b>a</b>	Plan name	IATSE - LOOMIS SAYLES PUSD	
<b>b</b>	Name of plan sponsor	PENSION FUND OF LOCAL NO 1 IATSE	<b>c</b> EIN-PN 13-6414973-001
<b>a</b>	Plan name	IBEW LCL 58 S&C PENS - LINE ITEM	
<b>b</b>	Name of plan sponsor	IBEW LOC #58 S & C PENSION FUND	<b>c</b> EIN-PN 38-6233909-001

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	IBEW LCL 58 S&C PENS - MUTAL FUN	
<b>b</b>	Name of plan sponsor	IBEW LOC #58 S & C PENSION FUND	<b>c</b> EIN-PN 38-6233909-001
<b>a</b>	Plan name	IBEW LOCAL 9 - CASH ACCOUNT PUSD	
<b>b</b>	Name of plan sponsor	IBEW LOCAL 9	<b>c</b> EIN-PN 51-6077720-001
<b>a</b>	Plan name	IBEW LOCAL 9 - MUTUAL FUNDS PUSD	
<b>b</b>	Name of plan sponsor	IBEW LOCAL 9	<b>c</b> EIN-PN 51-6077720-001
<b>a</b>	Plan name	IBEW LOCAL 9 PENSION - GW&K PUSD	
<b>b</b>	Name of plan sponsor	IBEW LOCAL 9	<b>c</b> EIN-PN 51-6077720-001
<b>a</b>	Plan name	IBEW LOCAL 96 PEN - SMITH GRAHAM	
<b>b</b>	Name of plan sponsor	IBEW LOCAL 96 PENSION	<b>c</b> EIN-PN 04-6295080-001
<b>a</b>	Plan name	IBEW LOCAL 96 PEN-MUTUAL FUND AC	
<b>b</b>	Name of plan sponsor	IBEW LOCAL 96 PENSION	<b>c</b> EIN-PN 04-6295080-001
<b>a</b>	Plan name	IBEW573 PENSION - CASH ACCOUNT P	
<b>b</b>	Name of plan sponsor	IBEW LOCAL 573 PENSION PLAN	<b>c</b> EIN-PN 34-6570323-001
<b>a</b>	Plan name	IBEW573 PENSION - QUARTERLY VALU	
<b>b</b>	Name of plan sponsor	IBEW LOCAL 573 PENSION PLAN	<b>c</b> EIN-PN 34-6570323-001
<b>a</b>	Plan name	IBEW573 PROFIT SHARING-CASH ACCO	
<b>b</b>	Name of plan sponsor	IBEW LCL 573 PROFIT SHARING PLAN	<b>c</b> EIN-PN 34-1667617-002
<b>a</b>	Plan name	IN SHERIFF ISA CASH PUSD	
<b>b</b>	Name of plan sponsor	INDIANA SHERIFFS ASSOC	<b>c</b> EIN-PN 35-1320956-001
<b>a</b>	Plan name	INDIANA CARP PEN FD - CASH PUSD	
<b>b</b>	Name of plan sponsor	INDIANA ST COUNCIL OF CARPENTERS	<b>c</b> EIN-PN 35-6060378-001
<b>a</b>	Plan name	INDIANA CARP PEN FD - MONTHLY VA	
<b>b</b>	Name of plan sponsor	INDIANA ST COUNCIL OF CARPENTERS	<b>c</b> EIN-PN 35-6060378-001

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	INDIANA CARP PEN FD - QUARTERLY	
<b>b</b>	Name of plan sponsor	INDIANA ST COUNCIL OF CARPENTERS	<b>c</b> EIN-PN 35-6060378-001
<b>a</b>	Plan name	INDIANA CARP PEN FD-SAGE PUSD	
<b>b</b>	Name of plan sponsor	INDIANA ST COUNCIL OF CARPENTERS	<b>c</b> EIN-PN 35-6060378-001
<b>a</b>	Plan name	INTERCH PSP CORE PUSD	
<b>b</b>	Name of plan sponsor	INTERCHEM CORPORATION	<b>c</b> EIN-PN 22-2351224-002
<b>a</b>	Plan name	INTERCHEM PSP CASH PUSD	
<b>b</b>	Name of plan sponsor	INTERCHEM CORPORATION	<b>c</b> EIN-PN 22-2351224-002
<b>a</b>	Plan name	INTERCHEM STIFEL NICOLAUS-ETF PU	
<b>b</b>	Name of plan sponsor	INTERCHEM CORPORATION	<b>c</b> EIN-PN 22-2351224-002
<b>a</b>	Plan name	IRON WRK M.A. PEN - CASH PUSD	
<b>b</b>	Name of plan sponsor	IRON WORKERS MID AMERICA PENSION	<b>c</b> EIN-PN 36-6488227-001
<b>a</b>	Plan name	IRON WRK M.A. PEN - LINE ITEM PU	
<b>b</b>	Name of plan sponsor	IRON WORKERS MID AMERICA PENSION	<b>c</b> EIN-PN 36-6488227-001
<b>a</b>	Plan name	IRON WRK M.A. PEN MUTUAL FUNDS P	
<b>b</b>	Name of plan sponsor	IRON WORKERS MID AMERICA PENSION	<b>c</b> EIN-PN 36-6488227-001
<b>a</b>	Plan name	IRONWORKERS LCL 340 - BOYD INT P	
<b>b</b>	Name of plan sponsor	IRONWORKERS LCL 340 RET INC PLAN	<b>c</b> EIN-PN 38-6233975-001
<b>a</b>	Plan name	IRONWORKERS LCL 340 - CASH ACCT	
<b>b</b>	Name of plan sponsor	IRONWORKERS LCL 340 RET INC PLAN	<b>c</b> EIN-PN 38-6233975-001
<b>a</b>	Plan name	IRONWORKERS LCL 340 401(H) - BOY	
<b>b</b>	Name of plan sponsor	IRONWORKERS LCL 340 RET INC PLAN	<b>c</b> EIN-PN 38-6233975-001
<b>a</b>	Plan name	IRONWORKERS LCL 340 MUTUAL FUND	
<b>b</b>	Name of plan sponsor	IRONWORKERS LCL 340 RET INC PLAN	<b>c</b> EIN-PN 38-6233975-001

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	IRONWORKERS LCL 340 RET-401H VAN	
<b>b</b>	Name of plan sponsor	IRONWORKERS LCL 340 RET INC PLAN	<b>c</b> EIN-PN 38-6233975-001
<b>a</b>	Plan name	IRONWORKERS LOCAL NO 498 PENSION	
<b>b</b>	Name of plan sponsor	IRONWORKERS LOCAL NO 498 PENSION	<b>c</b> EIN-PN 36-3119818-001
<b>a</b>	Plan name	IUOE LOCAL 30 PENSION FUND PUSD	
<b>b</b>	Name of plan sponsor	IUOE LOCAL 30 PENSION FUND	<b>c</b> EIN-PN 51-6045848-001
<b>a</b>	Plan name	IUOE LOCAL 825 PEN PUSD	
<b>b</b>	Name of plan sponsor	IUOE LOCAL 825	<b>c</b> EIN-PN 22-6033380-001
<b>a</b>	Plan name	KENNEDY SMALL CAP *CLOSED* PUSD	
<b>b</b>	Name of plan sponsor	COMERICA BANK & TRUST NA	<b>c</b> EIN-PN 46-6385942-001
<b>a</b>	Plan name	KERN COUNTY ELECTRICAL PENSION C	
<b>b</b>	Name of plan sponsor	KERN COUNTY ELEC WORKERS PENSION	<b>c</b> EIN-PN 95-6123049-001
<b>a</b>	Plan name	KERN COUNTY ELECTRICAL PENSION Q	
<b>b</b>	Name of plan sponsor	KERN COUNTY ELEC WORKERS PENSION	<b>c</b> EIN-PN 95-6123049-001
<b>a</b>	Plan name	KINDER MORGAN RETIREMENT PLAN TR	
<b>b</b>	Name of plan sponsor	KINDER MORGAN RETIREMENT PLAN TR	<b>c</b> EIN-PN 80-0682103-006
<b>a</b>	Plan name	LABORERS STAFF PEN FD PUSD	
<b>b</b>	Name of plan sponsor	LABORERS STAFF PEN FD	<b>c</b> EIN-PN 36-6550487-001
<b>a</b>	Plan name	LAKE PAINTING ESOP PUSD	
<b>b</b>	Name of plan sponsor	LAKE PAINTING INC	<b>c</b> EIN-PN 38-2284718-001
<b>a</b>	Plan name	LARGE CAP GROWTH INDEX FUND PUSD	
<b>b</b>	Name of plan sponsor	COMERICA LARGE CAP GR INDEX FUND	<b>c</b> EIN-PN 38-3192893-001
<b>a</b>	Plan name	LARGE CAP VALUE INDEX FUND PUSD	
<b>b</b>	Name of plan sponsor	COMERICA LARGE CAP VALUE IDX FD	<b>c</b> EIN-PN 38-3192894-001

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
<b>a</b> Plan name	LASKO PRODUCTS, INC PUSD	
<b>b</b> Name of plan sponsor	LASKO PRODUCTS INC	<b>c</b> EIN-PN 23-1285318-003
<b>a</b> Plan name	LOCAL 1102 AMAL CS MCKEE - SHORT	
<b>b</b> Name of plan sponsor	RWDSU 1102 PN TR RT AM H&B	<b>c</b> EIN-PN 11-6189397-001
<b>a</b> Plan name	LOCAL 1102 AMAL PEN - HUDSON PU	
<b>b</b> Name of plan sponsor	RWDSU 1102 PN TR RT AM H&B	<b>c</b> EIN-PN 11-6189397-001
<b>a</b> Plan name	LOCAL 1102 AMAL PEN - CS MCKEE P	
<b>b</b> Name of plan sponsor	RWDSU 1102 PN TR RT AM H&B	<b>c</b> EIN-PN 11-6189397-001
<b>a</b> Plan name	LOCAL 1102 AMAL PEN - VANGUARD P	
<b>b</b> Name of plan sponsor	RWDSU 1102 PN TR RT AM H&B	<b>c</b> EIN-PN 11-6189397-001
<b>a</b> Plan name	LOCAL 1102 RETIRE - HUDSON PUSD	
<b>b</b> Name of plan sponsor	RWDSU 1102 PN TR RT AM H&B	<b>c</b> EIN-PN 13-1847329-001
<b>a</b> Plan name	LOCAL 338 RET - LISANTI CAPITAL	
<b>b</b> Name of plan sponsor	RWDSU LOCAL 338 RETIREMENT	<b>c</b> EIN-PN 13-6533678-001
<b>a</b> Plan name	LOCAL 338 RET - WCM INVESTMENT P	
<b>b</b> Name of plan sponsor	RWDSU LOCAL 338 RETIREMENT	<b>c</b> EIN-PN 13-6533678-001
<b>a</b> Plan name	LOCAL 338 RETIREMENT-EATON VANCE	
<b>b</b> Name of plan sponsor	RWDSU LOCAL 338 RETIREMENT	<b>c</b> EIN-PN 13-6533678-001
<b>a</b> Plan name	LOCAL 338 RETIREMENT-HIGHLAND PU	
<b>b</b> Name of plan sponsor	RWDSU LOCAL 338 RETIREMENT	<b>c</b> EIN-PN 13-6533678-001
<b>a</b> Plan name	LOCAL 338 RETIREMENT-WCM PUSD	
<b>b</b> Name of plan sponsor	RWDSU LOCAL 338 RETIREMENT	<b>c</b> EIN-PN 13-6533678-001
<b>a</b> Plan name	LOCAL 338 RETIREMENT-WRIGHT PUSD	
<b>b</b> Name of plan sponsor	RWDSU LOCAL 338 RETIREMENT	<b>c</b> EIN-PN 13-6533678-001

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)		
<b>a</b>	Plan name LOCAL 68 ENGINEERS UN ANN GR LAK	
<b>b</b>	Name of plan sponsor LOCAL 68 ENGINEERS ANNUITY FUND	<b>c</b> EIN-PN 22-6289939-001
<b>a</b>	Plan name LOCAL 68 ENGINEERS UN PEN-GR LAK	
<b>b</b>	Name of plan sponsor LOCAL 68 ENGINEERS PENSION PLAN	<b>c</b> EIN-PN 51-0176618-001
<b>a</b>	Plan name LOCAL 68 ENGINEERS UNION ANN-CAS	
<b>b</b>	Name of plan sponsor LOCAL 68 ENGINEERS ANNUITY FUND	<b>c</b> EIN-PN 22-6289939-001
<b>a</b>	Plan name LOCAL 68 ENGINEERS UNION ANN-LIN	
<b>b</b>	Name of plan sponsor LOCAL 68 ENGINEERS ANNUITY FUND	<b>c</b> EIN-PN 22-6289939-001
<b>a</b>	Plan name LOCAL 68 ENGINEERS UNION ANN-WED	
<b>b</b>	Name of plan sponsor LOCAL 68 ENGINEERS ANNUITY FUND	<b>c</b> EIN-PN 22-6289939-001
<b>a</b>	Plan name LOCAL 68 ENGINEERS UNION PEN-CAS	
<b>b</b>	Name of plan sponsor LOCAL 68 ENGINEERS PENSION PLAN	<b>c</b> EIN-PN 51-0176618-001
<b>a</b>	Plan name LOCAL 68 ENGINEERS UNION PEN-GMS	
<b>b</b>	Name of plan sponsor LOCAL 68 ENGINEERS PENSION PLAN	<b>c</b> EIN-PN 51-0176618-001
<b>a</b>	Plan name LOCAL 68 ENGINEERS UNION PEN-LIN	
<b>b</b>	Name of plan sponsor LOCAL 68 ENGINEERS PENSION PLAN	<b>c</b> EIN-PN 51-0176618-001
<b>a</b>	Plan name LOCAL 68 ENGINEERS UNION PEN-WED	
<b>b</b>	Name of plan sponsor LOCAL 68 ENGINEERS PENSION PLAN	<b>c</b> EIN-PN 51-0176618-001
<b>a</b>	Plan name LOCAL 863 GUAR CASH DISBURSEMENT	
<b>b</b>	Name of plan sponsor LOCAL UNION 863 IBT GUARANTEE FD	<b>c</b> EIN-PN 22-3465078-001
<b>a</b>	Plan name LOCAL 863 RSP RETIREE PAYMENT PU	
<b>b</b>	Name of plan sponsor IBT LOCAL UNION 863 RET SAV PLAN	<b>c</b> EIN-PN 20-8919589-001
<b>a</b>	Plan name MAHLE CALDWELL HRLY PENSION PUSD	
<b>b</b>	Name of plan sponsor MAHLE BEHR	<b>c</b> EIN-PN 58-2431334-001

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	MAHLE CHURUBUSCO HRLY PENSION PU	
<b>b</b>	Name of plan sponsor	MAHLE BEHR	<b>c</b> EIN-PN 58-2431334-001
<b>a</b>	Plan name	MAHLE GRATICULE PUSD	
<b>b</b>	Name of plan sponsor	MAHLE BEHR	<b>c</b> EIN-PN 58-2431334-001
<b>a</b>	Plan name	MAHLE HEDGE FUND PUSD	
<b>b</b>	Name of plan sponsor	MAHLE BEHR	<b>c</b> EIN-PN 58-2431334-001
<b>a</b>	Plan name	MAHLE IND CRABEL GEMINI PUSD	
<b>b</b>	Name of plan sponsor	MAHLE BEHR	<b>c</b> EIN-PN 58-2431334-001
<b>a</b>	Plan name	MAHLE IND SECURIS INV PARTNERS P	
<b>b</b>	Name of plan sponsor	MAHLE BEHR	<b>c</b> EIN-PN 58-2431334-001
<b>a</b>	Plan name	MAHLE IND WELLINGTON GLOBAL RETU	
<b>b</b>	Name of plan sponsor	MAHLE BEHR	<b>c</b> EIN-PN 58-2431334-001
<b>a</b>	Plan name	MAHLE MANCHESTER HRLY PENSION PU	
<b>b</b>	Name of plan sponsor	MAHLE BEHR	<b>c</b> EIN-PN 58-2431334-001
<b>a</b>	Plan name	MAHLE MUSKEGON HRLY PENSION PUSD	
<b>b</b>	Name of plan sponsor	MAHLE BEHR	<b>c</b> EIN-PN 58-2431334-001
<b>a</b>	Plan name	MAHLE RETIREMENT-CASH PUSD	
<b>b</b>	Name of plan sponsor	MAHLE BEHR	<b>c</b> EIN-PN 58-2431334-001
<b>a</b>	Plan name	MAHLE SSGA INT US GOV BOND PUSD	
<b>b</b>	Name of plan sponsor	MAHLE BEHR	<b>c</b> EIN-PN 58-2431334-001
<b>a</b>	Plan name	MAHLE WTW GT DIV EQUITY PUSD	
<b>b</b>	Name of plan sponsor	MAHLE BEHR	<b>c</b> EIN-PN 58-2431334-001
<b>a</b>	Plan name	MAHLE WTW GT REAL ASSETS PUSD	
<b>b</b>	Name of plan sponsor	MAHLE BEHR	<b>c</b> EIN-PN 58-2431334-001

<b>Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>		
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)		
<b>a</b> Plan name	MANATT PHELPS CB PLAN PUSD	
<b>b</b> Name of plan sponsor	MANATT, PHELPS & PHILLIPS LLP	<b>c</b> EIN-PN 95-2375841-003
<b>a</b> Plan name	MARC GROUP PENSION-CASH PUSD	
<b>b</b> Name of plan sponsor	M/A/R/C, INC.	<b>c</b> EIN-PN 75-1781525-002
<b>a</b> Plan name	MARC GROUP PENSION-INVESTMENT PU	
<b>b</b> Name of plan sponsor	M/A/R/C, INC.	<b>c</b> EIN-PN 75-1781525-002
<b>a</b> Plan name	MASSEY ENERGY CO PENSION-CASH PU	
<b>b</b> Name of plan sponsor	APPALACHIA HOLDING COMPANY	<b>c</b> EIN-PN 54-0295165-001
<b>a</b> Plan name	MATRIX METALS DB PLAN - VICTORY	
<b>b</b> Name of plan sponsor	MATRIX METALS LLC	<b>c</b> EIN-PN 42-1518416-002
<b>a</b> Plan name	MEEP - CASH ACCOUNT PUSD	
<b>b</b> Name of plan sponsor	MICH ELECTRICAL EMPLOYEES PENS	<b>c</b> EIN-PN 38-6233977-001
<b>a</b> Plan name	MERITOR RET PLAN - SPIDERROCK PU	
<b>b</b> Name of plan sponsor	MERITOR, INC.	<b>c</b> EIN-PN 38-3354643-336
<b>a</b> Plan name	MERITOR RET PLAN- ALPHAENG PUSD	
<b>b</b> Name of plan sponsor	MERITOR, INC.	<b>c</b> EIN-PN 38-3354643-336
<b>a</b> Plan name	MERITOR RET PLAN- P/E GLOBAL PUS	
<b>b</b> Name of plan sponsor	MERITOR, INC.	<b>c</b> EIN-PN 38-3354643-336
<b>a</b> Plan name	MERITOR, INC. RET PLAN-NISA COLL	
<b>b</b> Name of plan sponsor	MERITOR, INC.	<b>c</b> EIN-PN 38-3354643-336
<b>a</b> Plan name	MET-PRO CASH ACCT PUSD	
<b>b</b> Name of plan sponsor	MET-PRO CORPORATION	<b>c</b> EIN-PN 23-1683282-001
<b>a</b> Plan name	MI CARP PEN FD - CLARKSTON PUSD	
<b>b</b> Name of plan sponsor	MI CARPENTERS PENSION FUND	<b>c</b> EIN-PN 38-6233978-001

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	MI CARP PEN FD - REINHART PUSD	
<b>b</b>	Name of plan sponsor	MI CARPENTERS PENSION FUND	<b>c</b> EIN-PN 38-6233978-001
<b>a</b>	Plan name	MI CARP PEN FD - RESERVE A/C PUS	
<b>b</b>	Name of plan sponsor	MI CARPENTERS PENSION FUND	<b>c</b> EIN-PN 38-6233978-001
<b>a</b>	Plan name	MI CARP PEN FD - STATE STREET PU	
<b>b</b>	Name of plan sponsor	MI CARPENTERS PENSION FUND	<b>c</b> EIN-PN 38-6233978-001
<b>a</b>	Plan name	MI LABORERS PEN FD - BAIRD PUSD	
<b>b</b>	Name of plan sponsor	ST OF MI LABORERS DIST COUN PEN	<b>c</b> EIN-PN 38-6233976-001
<b>a</b>	Plan name	MI LABORERS PEN FD - CASH LI PUS	
<b>b</b>	Name of plan sponsor	ST OF MI LABORERS DIST COUN PEN	<b>c</b> EIN-PN 38-6233976-001
<b>a</b>	Plan name	MI LABORERS PEN FD - COPELAND PU	
<b>b</b>	Name of plan sponsor	ST OF MI LABORERS DIST COUN PEN	<b>c</b> EIN-PN 38-6233976-001
<b>a</b>	Plan name	MI LABORERS PEN FD - DF DENT PUS	
<b>b</b>	Name of plan sponsor	ST OF MI LABORERS DIST COUN PEN	<b>c</b> EIN-PN 38-6233976-001
<b>a</b>	Plan name	MI LABORERS PEN FD - EAGLE CAPIT	
<b>b</b>	Name of plan sponsor	ST OF MI LABORERS DIST COUN PEN	<b>c</b> EIN-PN 38-6233976-001
<b>a</b>	Plan name	MI LABORERS PEN FD - LAZARD PUSD	
<b>b</b>	Name of plan sponsor	ST OF MI LABORERS DIST COUN PEN	<b>c</b> EIN-PN 38-6233976-001
<b>a</b>	Plan name	MI LABORERS PEN FD - LOOMIS PUSD	
<b>b</b>	Name of plan sponsor	ST OF MI LABORERS DIST COUN PEN	<b>c</b> EIN-PN 38-6233976-001
<b>a</b>	Plan name	MI LABORERS PEN FD - SEGALL PUSD	
<b>b</b>	Name of plan sponsor	ST OF MI LABORERS DIST COUN PEN	<b>c</b> EIN-PN 38-6233976-001
<b>a</b>	Plan name	MI LABORERS PEN FD - SIERRA PUSD	
<b>b</b>	Name of plan sponsor	ST OF MI LABORERS DIST COUN PEN	<b>c</b> EIN-PN 38-6233976-001

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	MI LABORERS PEN FD - SIGMA PUSD	
<b>b</b>	Name of plan sponsor	ST OF MI LABORERS DIST COUN PEN	<b>c</b> EIN-PN 38-6233976-001
<b>a</b>	Plan name	MI LABORERS PEN FD - WRIGHT PUSD	
<b>b</b>	Name of plan sponsor	ST OF MI LABORERS DIST COUN PEN	<b>c</b> EIN-PN 38-6233976-001
<b>a</b>	Plan name	MI LABORERS PEN SYSTEMATIC MIDCA	
<b>b</b>	Name of plan sponsor	ST OF MI LABORERS DIST COUN PEN	<b>c</b> EIN-PN 38-6233976-001
<b>a</b>	Plan name	MIDDLETOWN TWP-PENSION CASH PUSD	
<b>b</b>	Name of plan sponsor	MIDDLETOWN TOWNSHIP	<b>c</b> EIN-PN 23-6000425-001
<b>a</b>	Plan name	MIDDLETOWN TWP-PENSION TOCQUE PU	
<b>b</b>	Name of plan sponsor	MIDDLETOWN TOWNSHIP	<b>c</b> EIN-PN 23-6000425-001
<b>a</b>	Plan name	MIDDLETOWN TWP-RET CASH PUSD	
<b>b</b>	Name of plan sponsor	MIDDLETOWN TOWNSHIP	<b>c</b> EIN-PN 23-6000425-001
<b>a</b>	Plan name	MIDDLETOWN TWP-RET TOCQUE PUSD	
<b>b</b>	Name of plan sponsor	MIDDLETOWN TOWNSHIP	<b>c</b> EIN-PN 23-6000425-001
<b>a</b>	Plan name	MIDMICH ALPENA EMP PEN PUSD	
<b>b</b>	Name of plan sponsor	MIDMICHIGAN MEDICAL CTR-MIDLAND	<b>c</b> EIN-PN 38-2459948-004
<b>a</b>	Plan name	MIDMICH M/C-EMP PEN PUSD	
<b>b</b>	Name of plan sponsor	MIDMICHIGAN MEDICAL CTR-MIDLAND	<b>c</b> EIN-PN 38-2459948-001
<b>a</b>	Plan name	MOTION PICTURE OPER - CASH PUSD	
<b>b</b>	Name of plan sponsor	DET MOTION PICTURE OPERATORS RIF	<b>c</b> EIN-PN 38-6044819-001
<b>a</b>	Plan name	MOTION PICTURE OPER - MERRILL LY	
<b>b</b>	Name of plan sponsor	DET MOTION PICTURE OPERATORS RIF	<b>c</b> EIN-PN 38-6044819-001
<b>a</b>	Plan name	MOTOR CITY PEN -EXCHANGE TRD MUT	
<b>b</b>	Name of plan sponsor	INTL ASSOC OF MACHINISTS MTRCTY	<b>c</b> EIN-PN 38-6237143-001

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	MOTOR CITY PEN FD - (OA) PUSD	
<b>b</b>	Name of plan sponsor	INTL ASSOC OF MACHINISTS MTRCTY	<b>c</b> EIN-PN 38-6237143-001
<b>a</b>	Plan name	MOTOR CITY PEN FD - COMERICA PUS	
<b>b</b>	Name of plan sponsor	INTL ASSOC OF MACHINISTS MTRCTY	<b>c</b> EIN-PN 38-6237143-001
<b>a</b>	Plan name	MOTOR CITY PEN FD - EAGLE PUSD	
<b>b</b>	Name of plan sponsor	INTL ASSOC OF MACHINISTS MTRCTY	<b>c</b> EIN-PN 38-6237143-001
<b>a</b>	Plan name	MOTOR CITY PEN FD - J P MORGAN P	
<b>b</b>	Name of plan sponsor	INTL ASSOC OF MACHINISTS MTRCTY	<b>c</b> EIN-PN 38-6237143-001
<b>a</b>	Plan name	MOUNT ELLIOTT CEM. RET. PLAN EQU	
<b>b</b>	Name of plan sponsor	MOUNT ELLIOTT CEMETERY ASSOC.	<b>c</b> EIN-PN 38-0856070-001
<b>a</b>	Plan name	MOUNT ELLIOTT CEM. RET. PLAN FIX	
<b>b</b>	Name of plan sponsor	MOUNT ELLIOTT CEMETERY ASSOC.	<b>c</b> EIN-PN 38-0856070-001
<b>a</b>	Plan name	MTSI -COMERICA ASSET MNGMT PRI U	
<b>b</b>	Name of plan sponsor	MICROWAVE TRANSMISSION SYSTEMS,	<b>c</b> EIN-PN 75-2602228-001
<b>a</b>	Plan name	N CAL ELEC WK PEN - CASH PUSD	
<b>b</b>	Name of plan sponsor	N CALIFORNIA ELECTRIACL WKRS PEN	<b>c</b> EIN-PN 94-6062674-001
<b>a</b>	Plan name	N CAL ELEC WK PEN - DODGE & COX	
<b>b</b>	Name of plan sponsor	N CALIFORNIA ELECTRIACL WKRS PEN	<b>c</b> EIN-PN 94-6062674-001
<b>a</b>	Plan name	N CAL ELEC WK PEN - DODGE FIXED	
<b>b</b>	Name of plan sponsor	N CALIFORNIA ELECTRIACL WKRS PEN	<b>c</b> EIN-PN 94-6062674-001
<b>a</b>	Plan name	N CAL ELEC WK PEN - IFM LINE ITE	
<b>b</b>	Name of plan sponsor	N CALIFORNIA ELECTRIACL WKRS PEN	<b>c</b> EIN-PN 94-6062674-001
<b>a</b>	Plan name	N CAL ELEC WK PEN - INDURE PUSD	
<b>b</b>	Name of plan sponsor	N CALIFORNIA ELECTRIACL WKRS PEN	<b>c</b> EIN-PN 94-6062674-001

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	N CAL ELEC WK PEN - JM CB LI PUSD	
<b>b</b>	Name of plan sponsor	N CALIFORNIA ELECTRIACL WKRS PEN	<b>c</b> EIN-PN 94-6062674-001
<b>a</b>	Plan name	N CAL ELEC WK PEN-FIDELITY BLUE	
<b>b</b>	Name of plan sponsor	N CALIFORNIA ELECTRIACL WKRS PEN	<b>c</b> EIN-PN 94-6062674-001
<b>a</b>	Plan name	NAS METAL TRADES PEN - CASH PUSD	
<b>b</b>	Name of plan sponsor	NATL AUTOMATIC SPRINKLER METAL	<b>c</b> EIN-PN 52-6133856-001
<b>a</b>	Plan name	NAS METAL TRADES PEN - ENTRUST P	
<b>b</b>	Name of plan sponsor	NATL AUTOMATIC SPRINKLER METAL	<b>c</b> EIN-PN 52-6133856-001
<b>a</b>	Plan name	NAS METAL TRADES PEN - INTECH PU	
<b>b</b>	Name of plan sponsor	NATL AUTOMATIC SPRINKLER METAL	<b>c</b> EIN-PN 52-6133856-001
<b>a</b>	Plan name	NAS METAL TRADES PEN - JPM PUSD	
<b>b</b>	Name of plan sponsor	NATL AUTOMATIC SPRINKLER METAL	<b>c</b> EIN-PN 52-6133856-001
<b>a</b>	Plan name	NAS METAL TRADES PEN - MUT FDS P	
<b>b</b>	Name of plan sponsor	NATL AUTOMATIC SPRINKLER METAL	<b>c</b> EIN-PN 52-6133856-001
<b>a</b>	Plan name	NASI PENSION - CASH PUSD	
<b>b</b>	Name of plan sponsor	NATL AUTOMATIC SPRINKLER IND	<b>c</b> EIN-PN 36-6508041-001
<b>a</b>	Plan name	NASI PENSION - LINE ITEMS PUSD	
<b>b</b>	Name of plan sponsor	NATL AUTOMATIC SPRINKLER IND	<b>c</b> EIN-PN 36-6508041-001
<b>a</b>	Plan name	NASI STAFF PEN JPM PUSD	
<b>b</b>	Name of plan sponsor	NATL AUTOMATIC SPRINKLER IND	<b>c</b> EIN-PN 36-6508041-001
<b>a</b>	Plan name	NASI STAFF PEN OTHER PUSD	
<b>b</b>	Name of plan sponsor	NATL AUTOMATIC SPRINKLER IND	<b>c</b> EIN-PN 36-6508041-001
<b>a</b>	Plan name	NECA-IBEW PENSION TRUST FUND PUS	
<b>b</b>	Name of plan sponsor	NECA-IBEW PENSION TRUST FUND	<b>c</b> EIN-PN 51-6029903-001

**Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)**

(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

<b>a</b> Plan name	NEWCOR, INC. RETIREMENT PUSD	
<b>b</b> Name of plan sponsor	NEWCOR, INC.	<b>c</b> EIN-PN 38-0865770-001
<b>a</b> Plan name	NVRPA - CASH INV PUSD	
<b>b</b> Name of plan sponsor	NORTHERN VIRGINIA REGIONAL PARK	<b>c</b> EIN-PN 54-1373999-001
<b>a</b> Plan name	NVRPA - CASH PUSD	
<b>b</b> Name of plan sponsor	NORTHERN VIRGINIA REGIONAL PARK	<b>c</b> EIN-PN 54-1373999-001
<b>a</b> Plan name	NVRPA - LINE ITEM ACCOUNT PUSD	
<b>b</b> Name of plan sponsor	NORTHERN VIRGINIA REGIONAL PARK	<b>c</b> EIN-PN 54-1373999-001
<b>a</b> Plan name	NYU LANGONE HOSPITAL PUSD	
<b>b</b> Name of plan sponsor	WINTHROP UNIVERSITY HOSPITAL	<b>c</b> EIN-PN 13-3971298-001
<b>a</b> Plan name	NYU LANGONE-NYU SCHOOL OF MED PU	
<b>b</b> Name of plan sponsor	NYU LUTHERAN DEF BEN RET PLAN	<b>c</b> EIN-PN 13-3971298-001
<b>a</b> Plan name	NYU LUTHERAN DBRP PUSD	
<b>b</b> Name of plan sponsor	NYU LUTHERAN DEF BEN RET PLAN	<b>c</b> EIN-PN 13-3971298-001
<b>a</b> Plan name	OH CARP BMO PUSD	
<b>b</b> Name of plan sponsor	OHIO CARPENTERS PENSION	<b>c</b> EIN-PN 34-6574360-001
<b>a</b> Plan name	OH CARP CASH PUSD	
<b>b</b> Name of plan sponsor	OHIO CARPENTERS PENSION	<b>c</b> EIN-PN 34-6574360-001
<b>a</b> Plan name	OH CARP LI IO PUSD	
<b>b</b> Name of plan sponsor	OHIO CARPENTERS PENSION	<b>c</b> EIN-PN 34-6574360-001
<b>a</b> Plan name	OH CARP LI PM PUSD	
<b>b</b> Name of plan sponsor	OHIO CARPENTERS PENSION	<b>c</b> EIN-PN 34-6574360-001
<b>a</b> Plan name	OH CARP LOOMIS PUSD	
<b>b</b> Name of plan sponsor	OHIO CARPENTERS PENSION	<b>c</b> EIN-PN 34-6574360-001

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	OH CARP SAGE PUSD	
<b>b</b>	Name of plan sponsor	OHIO CARPENTERS PENSION	<b>c</b> EIN-PN 34-6574360-001
<b>a</b>	Plan name	OH CARP TCW PUSD	
<b>b</b>	Name of plan sponsor	OHIO CARPENTERS PENSION	<b>c</b> EIN-PN 34-6574360-001
<b>a</b>	Plan name	OH CARPENTERS SAGE ST PUSD	
<b>b</b>	Name of plan sponsor	OHIO CARPENTERS PENSION	<b>c</b> EIN-PN 34-6574360-001
<b>a</b>	Plan name	OMAHA CONSTRUCTION IND PEN - CAS	
<b>b</b>	Name of plan sponsor	OMAHA CONSTRUCTION IND PEN FUND	<b>c</b> EIN-PN 47-0499230-001
<b>a</b>	Plan name	OMAHA CONSTRUCTION IND PEN - DAI	
<b>b</b>	Name of plan sponsor	OMAHA CONSTRUCTION IND PEN FUND	<b>c</b> EIN-PN 47-0499230-001
<b>a</b>	Plan name	OMAHA CONSTRUCTION IND PEN - QRT	
<b>b</b>	Name of plan sponsor	OMAHA CONSTRUCTION IND PEN FUND	<b>c</b> EIN-PN 47-0499230-001
<b>a</b>	Plan name	OPERATING ENG CONST INDUSTRY PUS	
<b>b</b>	Name of plan sponsor	OPERATING ENG CONST INDUSTRY	<b>c</b> EIN-PN 25-6135579-001
<b>a</b>	Plan name	OPERATION ABLE PUSD	
<b>b</b>	Name of plan sponsor	OPERATION ABLE	<b>c</b> EIN-PN 38-2861705-001
<b>a</b>	Plan name	OPERATIVE P&CM ANNUITY FD PUSD	
<b>b</b>	Name of plan sponsor	OPERATIVE PLASTERS&CEMENT MASONS	<b>c</b> EIN-PN 34-1736454-001
<b>a</b>	Plan name	OREGON SHEET - WEDGE CAPITAL PUS	
<b>b</b>	Name of plan sponsor	OREGON SHEET METAL WORKERS RETIR	<b>c</b> EIN-PN 93-6018501-001
<b>a</b>	Plan name	RWDSU LOCAL 338 ANNUITY - WRIGHT	
<b>b</b>	Name of plan sponsor	LOCAL 338 ANNUITY FUND	<b>c</b> EIN-PN 27-1596066-001
<b>a</b>	Plan name	SAGINAW PRODUCTS PENSION PUSD	
<b>b</b>	Name of plan sponsor	SAGINAW PRODUCTS CORPORATION	<b>c</b> EIN-PN 38-0996020-001

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	SDA EMERGING MARKETS EQUITY INDE	
<b>b</b>	Name of plan sponsor	SDA EMERGING MKTS EQUITY INDEX	<b>c</b> EIN-PN 47-6560409-001
<b>a</b>	Plan name	SDA US EQUITY MARKET FUND PUSD	
<b>b</b>	Name of plan sponsor	SDA US EQUITY MARKET FUND	<b>c</b> EIN-PN 83-6446194-001
<b>a</b>	Plan name	SEAFARERS PENSION - AFL CIO EQ I	
<b>b</b>	Name of plan sponsor	SEAFARERS PENSION PLAN	<b>c</b> EIN-PN 13-6100329-001
<b>a</b>	Plan name	SEAFARERS PENSION - INTECH PUSD	
<b>b</b>	Name of plan sponsor	SEAFARERS PENSION PLAN	<b>c</b> EIN-PN 13-6100329-001
<b>a</b>	Plan name	SEIZERT LG CAP VALUE CIT PUSD	
<b>b</b>	Name of plan sponsor	COMERICA BANK & TRUST NA	<b>c</b> EIN-PN 47-7154760-001
<b>a</b>	Plan name	SELF REGIONAL HEALTHCARE CONESTO	
<b>b</b>	Name of plan sponsor	SELF REGIONAL HEALTHCARE	<b>c</b> EIN-PN 57-0331865-507
<b>a</b>	Plan name	SF CULINARY PENSION - MFCF PUSD	
<b>b</b>	Name of plan sponsor	SAN FRANCISCO CULINARY	<b>c</b> EIN-PN 94-6118925-001
<b>a</b>	Plan name	SHEET METAL 265 PEN - ARIEL PUSD	
<b>b</b>	Name of plan sponsor	SHEET METAL WKRS LOCAL 265 PEN	<b>c</b> EIN-PN 36-6168611-001
<b>a</b>	Plan name	SHEET METAL 265 PEN - CASH PUSD	
<b>b</b>	Name of plan sponsor	SHEET METAL WKRS LOCAL 265 PEN	<b>c</b> EIN-PN 36-6168611-001
<b>a</b>	Plan name	SHEET METAL 265 PEN - COLL TR LI	
<b>b</b>	Name of plan sponsor	SHEET METAL WKRS LOCAL 265 PEN	<b>c</b> EIN-PN 36-6168611-001
<b>a</b>	Plan name	SHEET METAL 265 PEN - FOUNDRY PU	
<b>b</b>	Name of plan sponsor	SHEET METAL WKRS LOCAL 265 PEN	<b>c</b> EIN-PN 36-6168611-001
<b>a</b>	Plan name	SHEET METAL 265 PEN - GCM INVEST	
<b>b</b>	Name of plan sponsor	SHEET METAL WKRS LOCAL 265 PEN	<b>c</b> EIN-PN 36-6168611-001

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
<small>(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)</small>			
<b>a</b>	Plan name	SHEET METAL 265 PEN - L & G 500	
<b>b</b>	Name of plan sponsor	SHEET METAL WKRS LOCAL 265 PEN	<b>c</b> EIN-PN 36-6168611-001
<b>a</b>	Plan name	SHEET METAL 265 PEN - MONDRIAN P	
<b>b</b>	Name of plan sponsor	SHEET METAL WKRS LOCAL 265 PEN	<b>c</b> EIN-PN 36-6168611-001
<b>a</b>	Plan name	SHEET METAL 265 PEN - NIS PUSD	
<b>b</b>	Name of plan sponsor	SHEET METAL WKRS LOCAL 265 PEN	<b>c</b> EIN-PN 36-6168611-001
<b>a</b>	Plan name	SHEET METAL 265 PEN - PRIV ADVIS	
<b>b</b>	Name of plan sponsor	SHEET METAL WKRS LOCAL 265 PEN	<b>c</b> EIN-PN 36-6168611-001
<b>a</b>	Plan name	SHEET METAL 265 PEN - REAL ES LI	
<b>b</b>	Name of plan sponsor	SHEET METAL WKRS LOCAL 265 PEN	<b>c</b> EIN-PN 36-6168611-001
<b>a</b>	Plan name	SHEET METAL 265 PEN - SAGE PUSD	
<b>b</b>	Name of plan sponsor	SHEET METAL WKRS LOCAL 265 PEN	<b>c</b> EIN-PN 36-6168611-001
<b>a</b>	Plan name	SHEET METAL 265 PEN - SAGE TOT R	
<b>b</b>	Name of plan sponsor	SHEET METAL WKRS LOCAL 265 PEN	<b>c</b> EIN-PN 36-6168611-001
<b>a</b>	Plan name	SHEET METAL 265 PEN - SIERRA/PIO	
<b>b</b>	Name of plan sponsor	SHEET METAL WKRS LOCAL 265 PEN	<b>c</b> EIN-PN 36-6168611-001
<b>a</b>	Plan name	SHEET METAL 265 PEN - VAN MID CA	
<b>b</b>	Name of plan sponsor	SHEET METAL WKRS LOCAL 265 PEN	<b>c</b> EIN-PN 36-6168611-001
<b>a</b>	Plan name	SHEET METAL 265 PEN - VANG R1000	
<b>b</b>	Name of plan sponsor	SHEET METAL WKRS LOCAL 265 PEN	<b>c</b> EIN-PN 36-6168611-001
<b>a</b>	Plan name	SHEET METAL 265 PEN - VANGUARD R	
<b>b</b>	Name of plan sponsor	SHEET METAL WKRS LOCAL 265 PEN	<b>c</b> EIN-PN 36-6168611-001
<b>a</b>	Plan name	SHEET METAL 265 PEN- CHARTWELL P	
<b>b</b>	Name of plan sponsor	SHEET METAL WKRS LOCAL 265 PEN	<b>c</b> EIN-PN 36-6168611-001

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	SHEET METAL 265 PEN-BOSTON PARTN	
<b>b</b>	Name of plan sponsor	SHEET METAL WKRS LOCAL 265 PEN	<b>c</b> EIN-PN 36-6168611-001
<b>a</b>	Plan name	SHEET METAL 265 PEN-FIERA PUSD	
<b>b</b>	Name of plan sponsor	SHEET METAL WKRS LOCAL 265 PEN	<b>c</b> EIN-PN 36-6168611-001
<b>a</b>	Plan name	SHEET METAL PEN N CA - CHARTWELL	
<b>b</b>	Name of plan sponsor	SHEET METAL WORKER PEN PLAN N CA	<b>c</b> EIN-PN 51-6115939-001
<b>a</b>	Plan name	SHEET METAL PEN N CA AM FDS EURO	
<b>b</b>	Name of plan sponsor	SHEET METAL WORKER PEN PLAN N CA	<b>c</b> EIN-PN 51-6115939-001
<b>a</b>	Plan name	SHEET METAL PEN N CA CASH ACCOUN	
<b>b</b>	Name of plan sponsor	SHEET METAL WORKER PEN PLAN N CA	<b>c</b> EIN-PN 51-6115939-001
<b>a</b>	Plan name	SHEET METAL PEN N CA SAGE ADVISO	
<b>b</b>	Name of plan sponsor	SHEET METAL WORKER PEN PLAN N CA	<b>c</b> EIN-PN 51-6115939-001
<b>a</b>	Plan name	SHEET METAL PEN N CA SAGE INTERM	
<b>b</b>	Name of plan sponsor	SHEET METAL WORKER PEN PLAN N CA	<b>c</b> EIN-PN 51-6115939-001
<b>a</b>	Plan name	SHEET METAL PEN N CA SMART LEGAL	
<b>b</b>	Name of plan sponsor	SHEET METAL WORKER PEN PLAN N CA	<b>c</b> EIN-PN 51-6115939-001
<b>a</b>	Plan name	SHEET METAL S CAL FORTRESS PUSD	
<b>b</b>	Name of plan sponsor	SHEET METAL S CAL AZ NV PENSION	<b>c</b> EIN-PN 95-6052257-001
<b>a</b>	Plan name	SHEET METAL S CAL GARCIA HAMILTO	
<b>b</b>	Name of plan sponsor	SHEET METAL S CAL AZ NV PENSION	<b>c</b> EIN-PN 95-6052257-001
<b>a</b>	Plan name	SHEET METAL S CAL PEN - AMER REA	
<b>b</b>	Name of plan sponsor	SHEET METAL S CAL AZ NV PENSION	<b>c</b> EIN-PN 95-6052257-001
<b>a</b>	Plan name	SHEET METAL S CAL PEN - CASH PUS	
<b>b</b>	Name of plan sponsor	SHEET METAL S CAL AZ NV PENSION	<b>c</b> EIN-PN 95-6052257-001

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	SHEET METAL S CAL PEN - GROSVENO	
<b>b</b>	Name of plan sponsor	SHEET METAL S CAL AZ NV PENSION	<b>c</b> EIN-PN 95-6052257-001
<b>a</b>	Plan name	SHEET METAL S CAL PEN - MCMRGN-M	
<b>b</b>	Name of plan sponsor	SHEET METAL S CAL AZ NV PENSION	<b>c</b> EIN-PN 95-6052257-001
<b>a</b>	Plan name	SHEET METAL S CAL PEN - MS EMERG	
<b>b</b>	Name of plan sponsor	SHEET METAL S CAL AZ NV PENSION	<b>c</b> EIN-PN 95-6052257-001
<b>a</b>	Plan name	SHEET METAL S CAL PEN - REAL EST	
<b>b</b>	Name of plan sponsor	SHEET METAL S CAL AZ NV PENSION	<b>c</b> EIN-PN 95-6052257-001
<b>a</b>	Plan name	SHEET METAL S CAL PEN - WASH CAP	
<b>b</b>	Name of plan sponsor	SHEET METAL S CAL AZ NV PENSION	<b>c</b> EIN-PN 95-6052257-001
<b>a</b>	Plan name	SHEET METAL S CAL PEN VIC SCF PU	
<b>b</b>	Name of plan sponsor	SHEET METAL S CAL AZ NV PENSION	<b>c</b> EIN-PN 95-6052257-001
<b>a</b>	Plan name	SHEET METAL S CAL PEN-PRIVATE AD	
<b>b</b>	Name of plan sponsor	SHEET METAL S CAL AZ NV PENSION	<b>c</b> EIN-PN 95-6052257-001
<b>a</b>	Plan name	SHEET S CAL PEN L 400 PUSD	
<b>b</b>	Name of plan sponsor	SHEET METAL S CAL AZ NV PENSION	<b>c</b> EIN-PN 95-6052257-001
<b>a</b>	Plan name	SHEET S CAL PEN L 600 PUSD	
<b>b</b>	Name of plan sponsor	SHEET METAL S CAL AZ NV PENSION	<b>c</b> EIN-PN 95-6052257-001
<b>a</b>	Plan name	SHEET S CL PEN L 500 PUSD	
<b>b</b>	Name of plan sponsor	SHEET METAL S CAL AZ NV PENSION	<b>c</b> EIN-PN 95-6052257-001
<b>a</b>	Plan name	SHREVEPORT ELECTRICAL IND PF PLA	
<b>b</b>	Name of plan sponsor	SHREVEPORT ELECTRICAL INDUSTRY P	<b>c</b> EIN-PN 72-1114759-001
<b>a</b>	Plan name	SIS PENSION - CONTRIB / DISTRIB	
<b>b</b>	Name of plan sponsor	NATL AUTOMATIC SPRINKLERS IND	<b>c</b> EIN-PN 14-1595069-001

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	SLEEPY HOLLOW COUNTRY CLUB PEN P	
<b>b</b>	Name of plan sponsor	SLEEPY HOLLOW COUNTRY CLUB	<b>c</b> EIN-PN 13-1731915-001
<b>a</b>	Plan name	SMW LOCAL UNION 17 SUPP CASH PUS	
<b>b</b>	Name of plan sponsor	SHEET METAL WORKERS LOCAL UNION	<b>c</b> EIN-PN 20-0845880-001
<b>a</b>	Plan name	SMW LOCAL UNION 17 SUPP MTHLY PU	
<b>b</b>	Name of plan sponsor	SHEET METAL WORKERS LOCAL UNION	<b>c</b> EIN-PN 20-0845880-001
<b>a</b>	Plan name	SMW LOCAL UNION 17 SUPP QUARTERL	
<b>b</b>	Name of plan sponsor	SHEET METAL WORKERS LOCAL UNION	<b>c</b> EIN-PN 20-0845880-001
<b>a</b>	Plan name	ST. JOSEPH'S CASH ACCOUNT PUSD	
<b>b</b>	Name of plan sponsor	ST JOSEPHS HEALTHCARE SYSTEM	<b>c</b> EIN-PN 22-1487602-016
<b>a</b>	Plan name	STOREWORKERS RET PLAN - CS MCKEE	
<b>b</b>	Name of plan sponsor	RWDSU 1102 PN TR RT AM H&B	<b>c</b> EIN-PN 13-6415958-001
<b>a</b>	Plan name	STURGIS HOSPITAL CASH ACCOUNT PU	
<b>b</b>	Name of plan sponsor	STURGIS HOSPITAL, INC.	<b>c</b> EIN-PN 35-2362438-001
<b>a</b>	Plan name	SUMMIT CREEK SMALL CAP GROWTH FD	
<b>b</b>	Name of plan sponsor	COMERICA BANK & TRUST NA	<b>c</b> EIN-PN 81-6974631-001
<b>a</b>	Plan name	SWEETENER CASH PUSD	
<b>b</b>	Name of plan sponsor	SWEETENER PRODUCTS COMPANY	<b>c</b> EIN-PN 95-1921113-001
<b>a</b>	Plan name	TEAM 727 PEN - BOSTON PARTNERS P	
<b>b</b>	Name of plan sponsor	LOCAL UNION NO 727 IBT PENSION	<b>c</b> EIN-PN 36-6102397-001
<b>a</b>	Plan name	TEAM 727 PEN - ENTRUST PUSD	
<b>b</b>	Name of plan sponsor	LOCAL UNION NO 727 IBT PENSION	<b>c</b> EIN-PN 36-6102397-001
<b>a</b>	Plan name	TEAM 727 PEN - MF PUSD	
<b>b</b>	Name of plan sponsor	LOCAL UNION NO 727 IBT PENSION	<b>c</b> EIN-PN 36-6102397-001

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
<b>a</b>	Plan name TEAMS 727 PEN - CASH ACCOUNT PUS	
<b>b</b>	Name of plan sponsor LOCAL UNION NO 727 IBT PENSION	<b>c</b> EIN-PN 36-6102397-001
<b>a</b>	Plan name TEAMS 727 PEN - COMERICA (INDX)	
<b>b</b>	Name of plan sponsor LOCAL UNION NO 727 IBT PENSION	<b>c</b> EIN-PN 36-6102397-001
<b>a</b>	Plan name TEAMS 727 PEN - NAT INV SVC-F PU	
<b>b</b>	Name of plan sponsor LOCAL UNION NO 727 IBT PENSION	<b>c</b> EIN-PN 36-6102397-001
<b>a</b>	Plan name TEAMSTERS LOCAL 639 PUSD	
<b>b</b>	Name of plan sponsor TEAMSTERS LOCAL 639	<b>c</b> EIN-PN 53-0237142-001
<b>a</b>	Plan name THOMAS STEEL STRIP CORP-SALARIED	
<b>b</b>	Name of plan sponsor THOMAS STEEL STRIP CORP. RETIREM	<b>c</b> EIN-PN 13-2799255-002
<b>a</b>	Plan name THOMAS STEEL STRIP-HOURLY EMPLOY	
<b>b</b>	Name of plan sponsor THOMAS STEEL STRIP CORP. PENSION	<b>c</b> EIN-PN 13-2799255-001
<b>a</b>	Plan name TILE INDUSTRY RET SVG FD - TT500	
<b>b</b>	Name of plan sponsor TILE INDUSTRY RETIRE TR FD SVGS	<b>c</b> EIN-PN 95-6118656-001
<b>a</b>	Plan name TROWEL TRADES LG CAP EQ INDEX FU	
<b>b</b>	Name of plan sponsor TROWEL TRADES LARGE CAP EQUITY	<b>c</b> EIN-PN 38-3558170-001
<b>a</b>	Plan name UA LOCAL 190 ET AL - LINE ITEMS	
<b>b</b>	Name of plan sponsor PLUMBERS & PIPEFITTERS 190 PEN	<b>c</b> EIN-PN 38-6065579-001
<b>a</b>	Plan name UA LOCAL 190 ET AL - SEIZERT PUS	
<b>b</b>	Name of plan sponsor PLUMBERS & PIPEFITTERS 190 PEN	<b>c</b> EIN-PN 38-6065579-001
<b>a</b>	Plan name UA LOCAL 190 ET AL - VICTORY PUS	
<b>b</b>	Name of plan sponsor PLUMBERS & PIPEFITTERS 190 PEN	<b>c</b> EIN-PN 38-6065579-001
<b>a</b>	Plan name UFCW INTL PENSION - ABBOTT LI PU	
<b>b</b>	Name of plan sponsor UFCW INTL UNION PENSION	<b>c</b> EIN-PN 81-2741678-002

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	UFCW INTL PENSION - AFL CIO LI P	
<b>b</b>	Name of plan sponsor	UFCW INTL UNION PENSION	<b>c</b> EIN-PN 81-2741678-002
<b>a</b>	Plan name	UFCW INTL PENSION - AQR PUSD	
<b>b</b>	Name of plan sponsor	UFCW INTL UNION PENSION	<b>c</b> EIN-PN 81-2741678-002
<b>a</b>	Plan name	UFCW INTL PENSION - BELL AUST LI	
<b>b</b>	Name of plan sponsor	UFCW INTL UNION PENSION	<b>c</b> EIN-PN 81-2741678-002
<b>a</b>	Plan name	UFCW INTL PENSION - BELL GLOBAL	
<b>b</b>	Name of plan sponsor	UFCW INTL UNION PENSION	<b>c</b> EIN-PN 81-2741678-002
<b>a</b>	Plan name	UFCW INTL PENSION - BFT CLEARING	
<b>b</b>	Name of plan sponsor	UFCW INTL UNION PENSION	<b>c</b> EIN-PN 81-2741678-002
<b>a</b>	Plan name	UFCW INTL PENSION - BLACKROCK PU	
<b>b</b>	Name of plan sponsor	UFCW INTL UNION PENSION	<b>c</b> EIN-PN 81-2741678-002
<b>a</b>	Plan name	UFCW INTL PENSION - BOSTON TRUST	
<b>b</b>	Name of plan sponsor	UFCW INTL UNION PENSION	<b>c</b> EIN-PN 81-2741678-002
<b>a</b>	Plan name	UFCW INTL PENSION - BRIDGE ALPHA	
<b>b</b>	Name of plan sponsor	UFCW INTL UNION PENSION	<b>c</b> EIN-PN 81-2741678-002
<b>a</b>	Plan name	UFCW INTL PENSION - BRIDGEWATER	
<b>b</b>	Name of plan sponsor	UFCW INTL UNION PENSION	<b>c</b> EIN-PN 81-2741678-002
<b>a</b>	Plan name	UFCW INTL PENSION - CASH ACCOUNT	
<b>b</b>	Name of plan sponsor	UFCW INTL UNION PENSION	<b>c</b> EIN-PN 81-2741678-002
<b>a</b>	Plan name	UFCW INTL PENSION - CONTRACTS PU	
<b>b</b>	Name of plan sponsor	UFCW INTL UNION PENSION	<b>c</b> EIN-PN 81-2741678-002
<b>a</b>	Plan name	UFCW INTL PENSION - CRESCENT PUS	
<b>b</b>	Name of plan sponsor	UFCW INTL UNION PENSION	<b>c</b> EIN-PN 81-2741678-002

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	UFCW INTL PENSION - FULL TH GRTH	
<b>b</b>	Name of plan sponsor	UFCW INTL UNION PENSION	<b>c</b> EIN-PN 81-2741678-002
<b>a</b>	Plan name	UFCW INTL PENSION - HAMILTON LN	
<b>b</b>	Name of plan sponsor	UFCW INTL UNION PENSION	<b>c</b> EIN-PN 81-2741678-002
<b>a</b>	Plan name	UFCW INTL PENSION - INTECH PUSD	
<b>b</b>	Name of plan sponsor	UFCW INTL UNION PENSION	<b>c</b> EIN-PN 81-2741678-002
<b>a</b>	Plan name	UFCW INTL PENSION - JOHNSTON ASS	
<b>b</b>	Name of plan sponsor	UFCW INTL UNION PENSION	<b>c</b> EIN-PN 81-2741678-002
<b>a</b>	Plan name	UFCW INTL PENSION - LOOMIS SAYLE	
<b>b</b>	Name of plan sponsor	UFCW INTL UNION PENSION	<b>c</b> EIN-PN 81-2741678-002
<b>a</b>	Plan name	UFCW INTL PENSION - LORD ABBETT	
<b>b</b>	Name of plan sponsor	UFCW INTL UNION PENSION	<b>c</b> EIN-PN 81-2741678-002
<b>a</b>	Plan name	UFCW INTL PENSION - LSV GLOBAL P	
<b>b</b>	Name of plan sponsor	UFCW INTL UNION PENSION	<b>c</b> EIN-PN 81-2741678-002
<b>a</b>	Plan name	UFCW INTL PENSION - LSV PUSD	
<b>b</b>	Name of plan sponsor	UFCW INTL UNION PENSION	<b>c</b> EIN-PN 81-2741678-002
<b>a</b>	Plan name	UFCW INTL PENSION - MESIROW PUSD	
<b>b</b>	Name of plan sponsor	UFCW INTL UNION PENSION	<b>c</b> EIN-PN 81-2741678-002
<b>a</b>	Plan name	UFCW INTL PENSION - NIS PUSD	
<b>b</b>	Name of plan sponsor	UFCW INTL UNION PENSION	<b>c</b> EIN-PN 81-2741678-002
<b>a</b>	Plan name	UFCW INTL PENSION - NORTH HAVEN	
<b>b</b>	Name of plan sponsor	UFCW INTL UNION PENSION	<b>c</b> EIN-PN 81-2741678-002
<b>a</b>	Plan name	UFCW INTL PENSION - PIMCO PUSD	
<b>b</b>	Name of plan sponsor	UFCW INTL UNION PENSION	<b>c</b> EIN-PN 81-2741678-002

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	UFCW INTL PENSION - SMITH GRAHAM	
<b>b</b>	Name of plan sponsor	UFCW INTL UNION PENSION	<b>c</b> EIN-PN 81-2741678-002
<b>a</b>	Plan name	UFCW INTL PENSION - STATE STREET	
<b>b</b>	Name of plan sponsor	UFCW INTL UNION PENSION	<b>c</b> EIN-PN 81-2741678-002
<b>a</b>	Plan name	UFCW INTL PENSION - STERLING PUS	
<b>b</b>	Name of plan sponsor	UFCW INTL UNION PENSION	<b>c</b> EIN-PN 81-2741678-002
<b>a</b>	Plan name	UFCW INTL PENSION - YUCAIPA LI P	
<b>b</b>	Name of plan sponsor	UFCW INTL UNION PENSION	<b>c</b> EIN-PN 81-2741678-002
<b>a</b>	Plan name	UFCW INTL PENSION - YUCAIPA PUSD	
<b>b</b>	Name of plan sponsor	UFCW INTL UNION PENSION	<b>c</b> EIN-PN 81-2741678-002
<b>a</b>	Plan name	UFCW INTL PENSION ENTRUST 1979 P	
<b>b</b>	Name of plan sponsor	UFCW INTL UNION PENSION	<b>c</b> EIN-PN 81-2741678-002
<b>a</b>	Plan name	UFCW LOCAL 655 PEN-BOSTON PUSD	
<b>b</b>	Name of plan sponsor	UFCW LCL 655 PENSION	<b>c</b> EIN-PN 43-6058365-001
<b>a</b>	Plan name	UFCW LOCAL 655 PEN-CASH PUSD	
<b>b</b>	Name of plan sponsor	UFCW LCL 655 PENSION	<b>c</b> EIN-PN 43-6058365-001
<b>a</b>	Plan name	UFCW LOCAL 655 PEN-FRONTIER PUSD	
<b>b</b>	Name of plan sponsor	UFCW LCL 655 PENSION	<b>c</b> EIN-PN 43-6058365-001
<b>a</b>	Plan name	UFCW LOCAL 655 PEN-INTECH PUSD	
<b>b</b>	Name of plan sponsor	UFCW LCL 655 PENSION	<b>c</b> EIN-PN 43-6058365-001
<b>a</b>	Plan name	UFCW LOCAL 655 PEN-MONTHLY PUSD	
<b>b</b>	Name of plan sponsor	UFCW LCL 655 PENSION	<b>c</b> EIN-PN 43-6058365-001
<b>a</b>	Plan name	UFCW LOCAL 655 PEN-QUARTERLY PUS	
<b>b</b>	Name of plan sponsor	UFCW LCL 655 PENSION	<b>c</b> EIN-PN 43-6058365-001

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	UFCW LOCAL 655 PEN-SEGALL PUSD	
<b>b</b>	Name of plan sponsor	UFCW LCL 655 PENSION	<b>c</b> EIN-PN 43-6058365-001
<b>a</b>	Plan name	UFCW LOCAL 655 PEN-SMITH PUSD	
<b>b</b>	Name of plan sponsor	UFCW LCL 655 PENSION	<b>c</b> EIN-PN 43-6058365-001
<b>a</b>	Plan name	UFCW LOCAL 655 PEN-VICTORY PUSD	
<b>b</b>	Name of plan sponsor	UFCW LCL 655 PENSION	<b>c</b> EIN-PN 43-6058365-001
<b>a</b>	Plan name	UFCW PEN SALARIED STAFF - CASH P	
<b>b</b>	Name of plan sponsor	UFCW PENSION SALARIED STAFF	<b>c</b> EIN-PN 36-6508328-002
<b>a</b>	Plan name	UFCW PEN SALARIED STAFF - DAILY	
<b>b</b>	Name of plan sponsor	UFCW PENSION SALARIED STAFF	<b>c</b> EIN-PN 36-6508328-002
<b>a</b>	Plan name	UFCW PEN SALARIED STAFF - QUARTE	
<b>b</b>	Name of plan sponsor	UFCW PENSION SALARIED STAFF	<b>c</b> EIN-PN 36-6508328-002
<b>a</b>	Plan name	UFCW UN/EMP PEN - ADMIN CASH PUS	
<b>b</b>	Name of plan sponsor	UFCW UNIONS & EMP MIDWEST PEN FD	<b>c</b> EIN-PN 36-6508328-001
<b>a</b>	Plan name	UFCW UN/EMP PEN - AFL-CIO PUSD	
<b>b</b>	Name of plan sponsor	UFCW UNIONS & EMP MIDWEST PEN FD	<b>c</b> EIN-PN 36-6508328-001
<b>a</b>	Plan name	UFCW UN/EMP PEN - ASSET&BEN RESE	
<b>b</b>	Name of plan sponsor	UFCW UNIONS & EMP MIDWEST PEN FD	<b>c</b> EIN-PN 36-6508328-001
<b>a</b>	Plan name	UFCW UN/EMP PEN - BRIDGEWATER LI	
<b>b</b>	Name of plan sponsor	UFCW UNIONS & EMP MIDWEST PEN FD	<b>c</b> EIN-PN 36-6508328-001
<b>a</b>	Plan name	UFCW UN/EMP PEN - DEARBORN/BAIRD	
<b>b</b>	Name of plan sponsor	UFCW UNIONS & EMP MIDWEST PEN FD	<b>c</b> EIN-PN 36-6508328-001
<b>a</b>	Plan name	UFCW UN/EMP PEN - ENTRUST LI PUS	
<b>b</b>	Name of plan sponsor	UFCW UNIONS & EMP MIDWEST PEN FD	<b>c</b> EIN-PN 36-6508328-001

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	UFCW UN/EMP PEN - GOLDMAN SACHS	
<b>b</b>	Name of plan sponsor	UFCW UNIONS & EMP MIDWEST PEN FD	<b>c</b> EIN-PN 36-6508328-001
<b>a</b>	Plan name	UFCW UN/EMP PEN - HAMILTON LANE	
<b>b</b>	Name of plan sponsor	UFCW UNIONS & EMP MIDWEST PEN FD	<b>c</b> EIN-PN 36-6508328-001
<b>a</b>	Plan name	UFCW UN/EMP PEN - INTECH PUSD	
<b>b</b>	Name of plan sponsor	UFCW UNIONS & EMP MIDWEST PEN FD	<b>c</b> EIN-PN 36-6508328-001
<b>a</b>	Plan name	UFCW UN/EMP PEN - LSV LINE ITEM	
<b>b</b>	Name of plan sponsor	UFCW UNIONS & EMP MIDWEST PEN FD	<b>c</b> EIN-PN 36-6508328-001
<b>a</b>	Plan name	UFCW UN/EMP PEN - MESIROW LI PUS	
<b>b</b>	Name of plan sponsor	UFCW UNIONS & EMP MIDWEST PEN FD	<b>c</b> EIN-PN 36-6508328-001
<b>a</b>	Plan name	UFCW UN/EMP PEN - MESIROW PUSD	
<b>b</b>	Name of plan sponsor	UFCW UNIONS & EMP MIDWEST PEN FD	<b>c</b> EIN-PN 36-6508328-001
<b>a</b>	Plan name	UFCW UN/EMP PEN - NAT'L INV SVC	
<b>b</b>	Name of plan sponsor	UFCW UNIONS & EMP MIDWEST PEN FD	<b>c</b> EIN-PN 36-6508328-001
<b>a</b>	Plan name	UFCW UN/EMP PEN - PARAMETRIC MAR	
<b>b</b>	Name of plan sponsor	UFCW UNIONS & EMP MIDWEST PEN FD	<b>c</b> EIN-PN 36-6508328-001
<b>a</b>	Plan name	UFCW UN/EMP PEN - REAL ESTATE PU	
<b>b</b>	Name of plan sponsor	UFCW UNIONS & EMP MIDWEST PEN FD	<b>c</b> EIN-PN 36-6508328-001
<b>a</b>	Plan name	UFCW UN/EMP PEN - SFA JPMORGAN P	
<b>b</b>	Name of plan sponsor	UFCW UNIONS & EMP MIDWEST PEN FD	<b>c</b> EIN-PN 36-6508328-001
<b>a</b>	Plan name	UFCW UN/EMP PEN - SFA LOOMIS PUS	
<b>b</b>	Name of plan sponsor	UFCW UNIONS & EMP MIDWEST PEN FD	<b>c</b> EIN-PN 36-6508328-001
<b>a</b>	Plan name	UFCW UN/EMP PEN - SSGA ACWI LI P	
<b>b</b>	Name of plan sponsor	UFCW UNIONS & EMP MIDWEST PEN FD	<b>c</b> EIN-PN 36-6508328-001

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	UNITE HERE HEALTH CASH ACCOUNT P	
<b>b</b>	Name of plan sponsor	UNITE HERE HEALTH STAFF PENSION	<b>c</b> EIN-PN 23-7385560-001
<b>a</b>	Plan name	UNITE HERE HEALTH LINE ITEM PUSD	
<b>b</b>	Name of plan sponsor	UNITE HERE HEALTH STAFF PENSION	<b>c</b> EIN-PN 23-7385560-001
<b>a</b>	Plan name	UNITE HERE HEALTH STAFF PEN PUSD	
<b>b</b>	Name of plan sponsor	UNITE HERE HEALTH STAFF PENSION	<b>c</b> EIN-PN 23-7385560-001
<b>a</b>	Plan name	UNITED SCEN LCL 829 PENS LINE PU	
<b>b</b>	Name of plan sponsor	PLAN SPONSOR- UNITED-SCEN-LCL-82	<b>c</b> EIN-PN 13-1982707-001
<b>a</b>	Plan name	UNITED SCEN LCL 829 PENS NORTHER	
<b>b</b>	Name of plan sponsor	PLAN SPONSOR- UNITED-SCEN-LCL-82	<b>c</b> EIN-PN 13-1982707-001
<b>a</b>	Plan name	UNITED SCEN LCL 829 PENS TIMES P	
<b>b</b>	Name of plan sponsor	PLAN SPONSOR- UNITED-SCEN-LCL-82	<b>c</b> EIN-PN 13-1982707-001
<b>a</b>	Plan name	UNITED SCEN LCL 829 PENS VANGUAR	
<b>b</b>	Name of plan sponsor	PLAN SPONSOR- UNITED-SCEN-LCL-82	<b>c</b> EIN-PN 13-1982707-001
<b>a</b>	Plan name	UPPW LOCAL 175 PUSD	
<b>b</b>	Name of plan sponsor	UNITED PLANT & PRODUCTIONS WKRS	<b>c</b> EIN-PN 20-3143138-050
<b>a</b>	Plan name	UWMC INVESTEMENTS PUSD	
<b>b</b>	Name of plan sponsor	UNITED WAY OF METROPOLITAN CHI	<b>c</b> EIN-PN 36-2412244-001
<b>a</b>	Plan name	UWMC-UNITED WAY OF METRO CHICAGO	
<b>b</b>	Name of plan sponsor	UNITED WAY OF METROPOLITAN CHI	<b>c</b> EIN-PN 36-2412244-001
<b>a</b>	Plan name	VOLUNTEERS OF AMERICA NHCBP PUSD	
<b>b</b>	Name of plan sponsor	THE VOLUNTEERS OF AMERICA	<b>c</b> EIN-PN 13-1692595-001
<b>a</b>	Plan name	WALBRO UAW LOCAL 9699 PUSD	
<b>b</b>	Name of plan sponsor	WALBRO ENGINE MANAGEMENT LLC	<b>c</b> EIN-PN 38-2968944-001

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	WALSH COLLEGE - PENSION PLAN PUS	
<b>b</b>	Name of plan sponsor	WALSH COLLEGE	<b>c</b> EIN-PN 38-1308480-001
<b>a</b>	Plan name	WEDGE MID CAP *CLOSED* PUSD	
<b>b</b>	Name of plan sponsor	COMERICA BANK & TRUST NA	<b>c</b> EIN-PN 46-6998515-001
<b>a</b>	Plan name	WEDGE QVM LARGE CAP VALUE CIT PU	
<b>b</b>	Name of plan sponsor	COMERICA BANK & TRUST N.A.	<b>c</b> EIN-PN 85-6492895-001
<b>a</b>	Plan name	WEDGE SMALL CAP VAL CIT PUSD	
<b>b</b>	Name of plan sponsor	COMERICA BANK & TRUST NA	<b>c</b> EIN-PN 81-6507188-001
<b>a</b>	Plan name	WEDGE SMID CAP VALUE CIT PUSD	
<b>b</b>	Name of plan sponsor	COMERICA BANK & TRUST NA	<b>c</b> EIN-PN 82-6571037-001
<b>a</b>	Plan name	WELLSTAR - CASH PUSD	
<b>b</b>	Name of plan sponsor	WELLSTAR HEALTH SYSTEM INC	<b>c</b> EIN-PN 58-1649541-001
<b>a</b>	Plan name	WELLSTAR ACTIVE B PUSD	
<b>b</b>	Name of plan sponsor	WELLSTAR HEALTH SYSTEM INC	<b>c</b> EIN-PN 58-1649541-001
<b>a</b>	Plan name	WELLSTAR HEALTH PENSION PLAN	
<b>b</b>	Name of plan sponsor	WELLSTAR HEALTH SYSTEM INC	<b>c</b> EIN-PN 58-1649541-001
<b>a</b>	Plan name	WELLSTAR INACTIVE B PUSD	
<b>b</b>	Name of plan sponsor	WELLSTAR HEALTH SYSTEM INC	<b>c</b> EIN-PN 58-1649541-001
<b>a</b>	Plan name	WEST MI PLUMBERS #174 PEN - CASH	
<b>b</b>	Name of plan sponsor	WEST MI PLUMBERS LOCAL NO. 174	<b>c</b> EIN-PN 38-1796240-001
<b>a</b>	Plan name	WEST MI PLUMBERS #174 PEN DAILY	
<b>b</b>	Name of plan sponsor	WEST MI PLUMBERS LOCAL NO. 174	<b>c</b> EIN-PN 38-1796240-001
<b>a</b>	Plan name	WEST MI PLUMBERS #174 PEN QUARTE	
<b>b</b>	Name of plan sponsor	WEST MI PLUMBERS LOCAL NO. 174	<b>c</b> EIN-PN 38-1796240-001

**Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)**  
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

<b>a</b> Plan name	WESTERN PA ELECTRICAL PENSION PU	
<b>b</b> Name of plan sponsor	W. PENNSYLVANIA ELECT EMP PEN	<b>c</b> EIN-PN 25-6032108-001

<b>a</b> Plan name	WESTFIELD MID CAP GROWTH EQUITY	
<b>b</b> Name of plan sponsor	COMERICA BANK & TRUST NA	<b>c</b> EIN-PN 82-6649344-001

<b>a</b> Plan name	WESTFIELD SMID CAP GROWTH EQ CIT	
<b>b</b> Name of plan sponsor	COMERICA BANK & TRUST NA	<b>c</b> EIN-PN 82-6648070-001

<b>a</b> Plan name	WISCONSIN MASONS' PENSION FUND P	
<b>b</b> Name of plan sponsor	WISCONSIN MASONS PENSION FUND	<b>c</b> EIN-PN 39-6185238-001

<b>a</b> Plan name		
<b>b</b> Name of plan sponsor		<b>c</b> EIN-PN

<b>a</b> Plan name		
<b>b</b> Name of plan sponsor		<b>c</b> EIN-PN

<b>a</b> Plan name		
<b>b</b> Name of plan sponsor		<b>c</b> EIN-PN

<b>a</b> Plan name		
<b>b</b> Name of plan sponsor		<b>c</b> EIN-PN

<b>a</b> Plan name		
<b>b</b> Name of plan sponsor		<b>c</b> EIN-PN

<b>a</b> Plan name		
<b>b</b> Name of plan sponsor		<b>c</b> EIN-PN

<b>a</b> Plan name		
<b>b</b> Name of plan sponsor		<b>c</b> EIN-PN

<b>a</b> Plan name		
<b>b</b> Name of plan sponsor		<b>c</b> EIN-PN

<b>SCHEDULE H</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Financial Information</b>  This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).  <b>▶ File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2024</b>  <b>This Form is Open to Public Inspection</b>
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For calendar plan year 2024 or fiscal plan year beginning <b>10/01/2023</b> and ending <b>09/30/2024</b>	
<b>A</b> Name of plan <b>COMERICA SHORT-TERM FUND</b>	<b>B</b> Three-digit plan number (PN) ▶ <b>001</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>COMERICA BANK &amp; TRUST, NATIONAL ASSOCIATION</b>	<b>D</b> Employer Identification Number (EIN) <b>47-7305132</b>

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

	(a) Beginning of Year	(b) End of Year
<b>Assets</b>		
<b>a</b> Total noninterest-bearing cash .....	<b>1a</b>	
<b>b</b> Receivables (less allowance for doubtful accounts):		
<b>(1)</b> Employer contributions .....	<b>1b(1)</b>	
<b>(2)</b> Participant contributions .....	<b>1b(2)</b>	
<b>(3)</b> Other .....	<b>1b(3)</b>	7669841
		7545924
<b>c</b> General investments:		
<b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....	<b>1c(1)</b>	56750000
<b>(2)</b> U.S. Government securities .....	<b>1c(2)</b>	
<b>(3)</b> Corporate debt instruments (other than employer securities):		
<b>(A)</b> Preferred .....	<b>1c(3)(A)</b>	
<b>(B)</b> All other .....	<b>1c(3)(B)</b>	616244412
		569922479
<b>(4)</b> Corporate stocks (other than employer securities):		
<b>(A)</b> Preferred .....	<b>1c(4)(A)</b>	
<b>(B)</b> Common .....	<b>1c(4)(B)</b>	
<b>(5)</b> Partnership/joint venture interests .....	<b>1c(5)</b>	
<b>(6)</b> Real estate (other than employer real property) .....	<b>1c(6)</b>	
<b>(7)</b> Loans (other than to participants) .....	<b>1c(7)</b>	
<b>(8)</b> Participant loans .....	<b>1c(8)</b>	
<b>(9)</b> Value of interest in common/collective trusts .....	<b>1c(9)</b>	
<b>(10)</b> Value of interest in pooled separate accounts .....	<b>1c(10)</b>	
<b>(11)</b> Value of interest in master trust investment accounts .....	<b>1c(11)</b>	
<b>(12)</b> Value of interest in 103-12 investment entities .....	<b>1c(12)</b>	
<b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds) .....	<b>1c(13)</b>	
<b>(14)</b> Value of funds held in insurance company general account (unallocated contracts).....	<b>1c(14)</b>	
<b>(15)</b> Other.....	<b>1c(15)</b>	441479726
		597299517

<b>1d</b> Employer-related investments:		<b>(a)</b> Beginning of Year	<b>(b)</b> End of Year
(1) Employer securities.....	<b>1d(1)</b>		
(2) Employer real property.....	<b>1d(2)</b>		
<b>e</b> Buildings and other property used in plan operation.....	<b>1e</b>		
<b>f</b> Total assets (add all amounts in lines 1a through 1e).....	<b>1f</b>	1281269617	1122143979
<b>Liabilities</b>			
<b>g</b> Benefit claims payable.....	<b>1g</b>		
<b>h</b> Operating payables.....	<b>1h</b>		
<b>i</b> Acquisition indebtedness.....	<b>1i</b>		
<b>j</b> Other liabilities.....	<b>1j</b>	5765702	4653583
<b>k</b> Total liabilities (add all amounts in lines 1g through 1j).....	<b>1k</b>	5765702	4653583
<b>Net Assets</b>			
<b>l</b> Net assets (subtract line 1k from line 1f).....	<b>1l</b>	1275503915	1117490396

**Part II Income and Expense Statement**

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

<b>Income</b>		<b>(a)</b> Amount	<b>(b)</b> Total
<b>a Contributions:</b>			
(1) Received or receivable in cash from: <b>(A)</b> Employers.....	<b>2a(1)(A)</b>		
<b>(B)</b> Participants.....	<b>2a(1)(B)</b>		
<b>(C)</b> Others (including rollovers).....	<b>2a(1)(C)</b>		
(2) Noncash contributions.....	<b>2a(2)</b>		
(3) Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> .....	<b>2a(3)</b>		0
<b>b Earnings on investments:</b>			
<b>(1) Interest:</b>			
<b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit).....	<b>2b(1)(A)</b>	4901888	
<b>(B)</b> U.S. Government securities.....	<b>2b(1)(B)</b>		
<b>(C)</b> Corporate debt instruments.....	<b>2b(1)(C)</b>	42816347	
<b>(D)</b> Loans (other than to participants).....	<b>2b(1)(D)</b>		
<b>(E)</b> Participant loans.....	<b>2b(1)(E)</b>		
<b>(F)</b> Other.....	<b>2b(1)(F)</b>	16479885	
<b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....	<b>2b(1)(G)</b>		64198120
<b>(2) Dividends:</b>			
<b>(A)</b> Preferred stock.....	<b>2b(2)(A)</b>		
<b>(B)</b> Common stock.....	<b>2b(2)(B)</b>		
<b>(C)</b> Registered investment company shares (e.g. mutual funds).....	<b>2b(2)(C)</b>		
<b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....	<b>2b(2)(D)</b>		0
<b>(3)</b> Rents.....	<b>2b(3)</b>		
<b>(4) Net gain (loss) on sale of assets:</b>			
<b>(A)</b> Aggregate proceeds.....	<b>2b(4)(A)</b>	74936862405	
<b>(B)</b> Aggregate carrying amount (see instructions).....	<b>2b(4)(B)</b>	74936862405	
<b>(C)</b> Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result.....	<b>2b(4)(C)</b>		0
<b>(5) Unrealized appreciation (depreciation) of assets:</b>			
<b>(A)</b> Real estate.....	<b>2b(5)(A)</b>		
<b>(B)</b> Other.....	<b>2b(5)(B)</b>		
<b>(C)</b> Total unrealized appreciation of assets. Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....	<b>2b(5)(C)</b>		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts .....	<b>2b(6)</b>		
(7) Net investment gain (loss) from pooled separate accounts .....	<b>2b(7)</b>		
(8) Net investment gain (loss) from master trust investment accounts .....	<b>2b(8)</b>		
(9) Net investment gain (loss) from 103-12 investment entities .....	<b>2b(9)</b>		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds) .....	<b>2b(10)</b>		
<b>c</b> Other income .....	<b>2c</b>		
<b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total .....	<b>2d</b>		64198120

**Expenses**

<b>e</b> Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers .....	<b>2e(1)</b>		
(2) To insurance carriers for the provision of benefits .....	<b>2e(2)</b>		
(3) Other .....	<b>2e(3)</b>		
(4) Total benefit payments. Add lines <b>2e(1)</b> through <b>(3)</b> .....	<b>2e(4)</b>		0
<b>f</b> Corrective distributions (see instructions) .....	<b>2f</b>		
<b>g</b> Certain deemed distributions of participant loans (see instructions) .....	<b>2g</b>		
<b>h</b> Interest expense .....	<b>2h</b>		
<b>i</b> Administrative expenses:			
(1) Salaries and allowances .....	<b>2i(1)</b>		
(2) Contract administrator fees .....	<b>2i(2)</b>		
(3) Recordkeeping fees .....	<b>2i(3)</b>		
(4) IQPA audit fees .....	<b>2i(4)</b>	9590	
(5) Investment advisory and investment management fees .....	<b>2i(5)</b>		
(6) Bank or trust company trustee/custodial fees .....	<b>2i(6)</b>		
(7) Actuarial fees .....	<b>2i(7)</b>		
(8) Legal fees .....	<b>2i(8)</b>		
(9) Valuation/appraisal fees .....	<b>2i(9)</b>		
(10) Other trustee fees and expenses .....	<b>2i(10)</b>		
(11) Other expenses .....	<b>2i(11)</b>	22093	
(12) Total administrative expenses. Add lines <b>2i(1)</b> through <b>(11)</b> .....	<b>2i(12)</b>		31683
<b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total .....	<b>2j</b>		31683

**Net Income and Reconciliation**

<b>k</b> Net income (loss). Subtract line <b>2j</b> from line <b>2d</b> .....	<b>2k</b>		64166437
<b>l</b> Transfers of assets:			
(1) To this plan .....	<b>2l(1)</b>		3857667327
(2) From this plan .....	<b>2l(2)</b>		4079847283

**Part III Accountant's Opinion**

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

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

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

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

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

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

(1) Name:

(2) EIN:

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

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

**Part IV Compliance Questions**

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

During the plan year:

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

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

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

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

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

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