

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 <h2 style="text-align: center;">2024</h2> This Form is Open to Public Inspection
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Part I Annual Report Identification Information
 For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

A This return/report is for: a multiemployer plan a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)

a single-employer plan a DFE (specify) C

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

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

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

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

special extension (enter description)

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

Part II Basic Plan Information—enter all requested information

1a Name of plan <u>AMERICAN CENTURY RETIREMENT DATE TRUST</u>	1b Three-digit plan number (PN) ▶ <u>001</u>
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>GLOBAL TRUST COMPANY</u> <u>12 GILL STREET, SUITE 2600</u> <u>WOBURN, MA 01801</u>	1c Effective date of plan <u>01/10/2014</u> 2b Employer Identification Number (EIN) <u>30-6406015</u> 2c Plan Sponsor's telephone number <u>781-970-5021</u> 2d Business code (see instructions) <u>523900</u>

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

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

SIGN HERE		Date	
	Signature of plan administrator		Enter name of individual signing as plan administrator
SIGN HERE		Date	
	Signature of employer/plan sponsor		Enter name of individual signing as employer or plan sponsor
SIGN HERE	Filed with authorized/valid electronic signature.	06/20/2025	TIM SMITH
	Signature of DFE	Date	Enter name of individual signing as DFE

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

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

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

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

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

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

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

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

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

Receipt Confirmation Code _____

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

A Name of plan <u>AMERICAN CENTURY RETIREMENT DATE TRUST</u>	B Three-digit plan number (PN)	<u>001</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>GLOBAL TRUST COMPANY</u>	D Employer Identification Number (EIN) <u>30-6406015</u>	

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

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d Entity code

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

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	1904 LABS INC. 401(K) PLAN	
b	Name of plan sponsor	1904 LABS INC	c EIN-PN 81-1441482-001
a	Plan name	3 DIMENSIONAL SERVICES GROUP 401K PLAN & TRUST	
b	Name of plan sponsor	3 DIMENSIONAL SERVICES	c EIN-PN 38-3044929-001
a	Plan name	401(K) PLAN FOR EMPLOYEES OF TRANS-MATRIC MFG. CO. INC.	
b	Name of plan sponsor	TRANS-MATRIC MFG. CO. INC.	c EIN-PN 38-1870157-001
a	Plan name	AADVANTAGE INC. 401(K) PLAN	
b	Name of plan sponsor	AADVANTAGE INC.	c EIN-PN 25-1642318-004
a	Plan name	ADVANCED PEDIATRICS, P.C. 401(K) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor	ADVANCED PEDIATRICS, P.C.	c EIN-PN 20-4449180-001
a	Plan name	AIRO MECHANICAL LLC 401(K) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor	AIRO MECHANICAL LLC	c EIN-PN 27-0316838-001
a	Plan name	ALEX ROOFING COMPANY INC 401(K) PLAN	
b	Name of plan sponsor	ALEX ROOFING COMPANY, INC	c EIN-PN 25-1358277-001
a	Plan name	ALIGN CAPITAL PARTNERS, LP 401K PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor	ALIGN CAPITAL PARTNERS, LP	c EIN-PN 81-2072802-001
a	Plan name	AMERICAN CENTURY RETIREMENT PLAN	
b	Name of plan sponsor	AMERICAN CENTURY SERVICES, LLC	c EIN-PN 43-6074919-001
a	Plan name	AMERICAN HIGHER EDUCATION DEVELOPMENT CORPORATION	
b	Name of plan sponsor	AMERICAN HIGHER EDIUCAION DEVELOPMENT CORPORATION	c EIN-PN 13-4011982-001
a	Plan name	AMERICAN SPECIALTY HEALTH INCORPORATED 401(K) SAVINGS PLAN	
b	Name of plan sponsor	AMERICAN SPECIALTY HEATLH INCORPORATED	c EIN-PN 33-0883241-001
a	Plan name	AMHERST BOARDING KENNELL LLC 401(K) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor	AMHERST BOARDING KENNELL LLC	c EIN-PN 16-1602888-001

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	AMTEX SUPPLY HOLDINGS, INC. RETIREMENT PLAN AND TRUST	
b	Name of plan sponsor	AMTEX SUPPLY HOLDINGS, INC.	c EIN-PN 82-3729171-001
a	Plan name	ANESTHEISA PRACTICE CONSULTANTS, P.C. SAVINGS AND RETIREMENT PLAN	
b	Name of plan sponsor	ANESTHESIA PRACTICE CONSULTANTS, P.C.	c EIN-PN 27-5332559-001
a	Plan name	APS MEDICAL BILLING SAVINGS PLAN	
b	Name of plan sponsor	HOSPITAL SERVICE ASSOCIATES, INC.	c EIN-PN 34-0968235-001
a	Plan name	AR TRUCKING, INC. 401(K) PLAN	
b	Name of plan sponsor	AR TRUCKING, INC.	c EIN-PN 20-2432928-001
a	Plan name	ASSESSMENT EVALUATION, INC. PROFIT SHARING PLAN	
b	Name of plan sponsor	ASSESSMENT EVALUATION, INC. ROBERT GLOWACKI AGENCY	c EIN-PN 25-1432033-001
a	Plan name	ASTRONAUTICS & KEARFOTT DEFERRED SAVINGS AND PROFIT SHARING PLAN	
b	Name of plan sponsor	ASTRONAUTICS CORPORATION OF AMERICA	c EIN-PN 39-0963505-002
a	Plan name	ATLANTA WOMENS HEALTH GROUP P.C. 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	ATLANTA WOMENS HEALTH GROUP. P.C.	c EIN-PN 58-2422542-001
a	Plan name	AUTOMATIC DATA PROCESSING, INC. RETIREMENT AND SAVINGS	
b	Name of plan sponsor	AUTOMATIC DATA PROCESSING, INC.	c EIN-PN 22-1467904-002
a	Plan name	AUTOMATION DEVICES, INC. 401(K) SAVINGS PLAN	
b	Name of plan sponsor	AUTOMATION DEVICES, INC.	c EIN-PN 25-1040483-003
a	Plan name	AVI SYSTEMS, INC. EMPLOYEE STOCK OWNERSHIP PLAN	
b	Name of plan sponsor	AVI SYSTEMS, INC.	c EIN-PN 45-0321251-002
a	Plan name	AXIS SPECIALTY U.S. SERVICES, INC. 401(K) PLAN	
b	Name of plan sponsor	AXIS SPECIALTY U.S. SERVICES, INC.	c EIN-PN 41-2030082-001
a	Plan name	BARBER + HOFFMAN, INC 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	BARBER + HOFFMAN, INC	c EIN-PN 34-1045790-001

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
a	Plan name BARROW AGEE LABORATORIES RETIREMENT 401(K) PLAN	
b	Name of plan sponsor BARROW AGEE LABORATORIES, LLC	c EIN-PN 20-8124792-001
a	Plan name BATH & EDMONDS, P.A. 401(K) PLAN	
b	Name of plan sponsor BATH & EDMONDS, P.A.	c EIN-PN 48-1192474-001
a	Plan name BENCHMARK SENIOR LIVING 401(K) PLAN	
b	Name of plan sponsor BENCHMARK SENIOR LIVING LLC	c EIN-PN 04-3385173-001
a	Plan name BENEVIS 401(K) RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor NEW BENEVIS, INC.	c EIN-PN 20-1670242-001
a	Plan name BIG WEST OIL COMPANY CONTRACTED EMPLOYEES 401(K) PLAN	
b	Name of plan sponsor BIG WEST OIL, LLC	c EIN-PN 87-0616982-005
a	Plan name BIG WEST OIL COMPANY UNION 401(K) PLAN	
b	Name of plan sponsor FIDELITY OMNIBUS	c EIN-PN 87-0616982-006
a	Plan name BIG Y FOODS, INC 401(K) RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor BIG Y FOODS, INC.	c EIN-PN 04-2052307-001
a	Plan name BILLION MOTORS, INC. SALARY DEFERRAL 401K PLAN	
b	Name of plan sponsor BILLION MOTORS, INC.	c EIN-PN 46-0307139-001
a	Plan name BIOMED VALLEY DISCOVERIES, INC. 401(K) SAVINGS PLAN	
b	Name of plan sponsor BIOMED VALLEY DISCOVERIES, INC.	c EIN-PN 06-1646533-001
a	Plan name BOSSELMAN EMPLOYEE RETIREMENT PLAN	
b	Name of plan sponsor BOSSELMAN ADMINISTRATIVE SERVICES, INC.	c EIN-PN 27-1843513-001
a	Plan name BOWLES RICE 401K PROFIT SHARING PLAN	
b	Name of plan sponsor BOWLES RICE LLP	c EIN-PN 55-0394186-002
a	Plan name BOYD GAMING CORPORATION 401(K) PLAN AND TRUST	
b	Name of plan sponsor BOYD GAMING CORPORATION	c EIN-PN 88-0242733-001

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
a	Plan name BRADFORD CLUB 401K PLAN	
b	Name of plan sponsor BRADFORD CLUB INC	c EIN-PN 25-0368490-002
a	Plan name BROADWAY BANCSHARES, INC. PROFIT SHARING 401K PLAN	
b	Name of plan sponsor BROADWAY BANCSHARES, INC.	c EIN-PN 74-2209407-001
a	Plan name BROOKFIELD 401(K) SAVINGS PLAN	
b	Name of plan sponsor BROOKFIELD ASSET MANAGEMENT	c EIN-PN 20-4473811-002
a	Plan name BROOKWOOD FINANCIAL PARTNERS, LLC 401(K) PLAN	
b	Name of plan sponsor BROOKWOOD FINANCIAL PARTNERS, LLC	c EIN-PN 04-3190521-001
a	Plan name BROWN BEAR CAR WASH 401(K) PLAN	
b	Name of plan sponsor CAR WASH ENTERPRISES INC	c EIN-PN 91-0666066-003
a	Plan name BUILDWISE	
b	Name of plan sponsor PLAN PROFESSIONALS LLC	c EIN-PN 85-3213245-333
a	Plan name BURCHAM HILLS RETIREMENT CENTER II WELFARE BENEFIT PLAN	
b	Name of plan sponsor BURCHAM HILLS RETIREMENT CENTER II	c EIN-PN 38-2834545-501
a	Plan name BUSINESS INTERIORS NORTHWEST, INC. PROFIT SHARING & SAVINGS PLAN	
b	Name of plan sponsor BUSINESS INTERIORS NORTHWEST INC.	c EIN-PN 91-1184721-001
a	Plan name BW GAS & CONVENIENCE HOLDINGS, LLC 401(K) PLAN	
b	Name of plan sponsor BW GAS & CONVENIENCE HOLDINGS, LLC	c EIN-PN 47-4202707-001
a	Plan name CABLE ASSOCIATES, INC. 401K PLAN	
b	Name of plan sponsor CABLE ASSOCIATES, INC.	c EIN-PN 54-1245758-001
a	Plan name CAES 401(K) PLAN	
b	Name of plan sponsor CAES SYSTEMS LLC	c EIN-PN 88-2464197-001
a	Plan name CANCER CARE GROUP, P.C. PROFIT SHARING & 401(K) PLAN	
b	Name of plan sponsor CANCER CARE GROUP, P.C.	c EIN-PN 35-2091937-002

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
a	Plan name CAPITAL ONE FINANCIAL CORPORATION ASSOCIATE SAVINGS PLAN	
b	Name of plan sponsor CAPITAL ONE FINANCIAL CORPORATION	c EIN-PN 54-1719854-002
a	Plan name CAPITAL POWER OPERATIONS USA INC. 401K PLAN	
b	Name of plan sponsor CAPITAL POWER OPERATIONS USA INC.	c EIN-PN 20-5585112-001
a	Plan name CAPITOL FEDERAL FINANCIAL, INC. PARTNERS IN THRIFT 401K PLAN	
b	Name of plan sponsor CAPITOL FEDERAL FINANCIAL, INC.	c EIN-PN 27-2631712-002
a	Plan name CAREY PROFIT SHARING AND 401(K) PLAN	
b	Name of plan sponsor CAREY ASSET MANAGEMENT CORP	c EIN-PN 13-4121956-002
a	Plan name CASH-WA DIST. COMPANY 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor CASH-WA DISTRIBUTING CO. OF KEARNEY	c EIN-PN 47-0499172-002
a	Plan name CCC GROUP, INC. 401(K) RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor CCC GROUP, INC.	c EIN-PN 74-2391991-001
a	Plan name CHCB, INC. RETIREMENT TRUST	
b	Name of plan sponsor COMMUNITY HEALTH CENTER OF BUFFALO, INC.	c EIN-PN 16-1566929-001
a	Plan name CITY PASS, INC. 401(K) PLAN	
b	Name of plan sponsor CITY PASS, INC	c EIN-PN 84-1390751-001
a	Plan name CLAAS EMPLOYEES' SAVINGS PLAN	
b	Name of plan sponsor CLAAS OF AMERICA INC.	c EIN-PN 38-2287245-001
a	Plan name CME ASSOCIATES 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor CONSULTING & MUNICIPAL ENGINEERS, LLP	c EIN-PN 22-3484435-002
a	Plan name COBHAM UNITED STATES 401(K) PLAN	
b	Name of plan sponsor COBHAM MANAGEMENT SERVICES INC.	c EIN-PN 20-8844348-001
a	Plan name COGNIZANT TECHNOLOGY SOLUTIONS 401(K) SAVINGS PLAN	
b	Name of plan sponsor COGNIZANT TECHNOLOGY SOLUTIONS U.S.	c EIN-PN 13-3728359-001

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
a	Plan name COLUMBUS RADIOLOGY PHYSICIANS, LLC 401(K) PLAN	
b	Name of plan sponsor COLUMBUS RADIOLOGY PHYSICIANS, LLC	c EIN-PN 82-3095346-001
a	Plan name COMMUNITY HOUSING NETWORK, INC. RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor COMMUNITY HOUSING NETWORK, INC.	c EIN-PN 38-3372734-001
a	Plan name CONSOLIDATED CONCRETE CO. EMPLOYEE SAVINGS TRUST	
b	Name of plan sponsor CONSOLIDATED CONCRETE CO	c EIN-PN 47-0494387-001
a	Plan name COOPERATIVE DEVELOPMENT FOUNDATION RETIREMENT PLAN	
b	Name of plan sponsor COOPERATIVE DEVELOPMENT FOUNDATION	c EIN-PN 23-4044533-002
a	Plan name CORE PSYCHIATRIC & PSYCHOLOGICAL SERVICES 401(K) PLAN	
b	Name of plan sponsor BROOKVILLE BEHAVIORAL HEALTH, INC.	c EIN-PN 33-1094195-001
a	Plan name CORPORATE WINGS 401(K) PLAN	
b	Name of plan sponsor CORPORATE WINGS LLC	c EIN-PN 35-2125240-001
a	Plan name CREATION TECHNOLOGIES 401K PLAN	
b	Name of plan sponsor CREATION TECHNOLOGIES WISCONSIN, INC.	c EIN-PN 39-1601356-001
a	Plan name DAIICHI JITSUGYO (AMERICA) INC. 401K PLAN	
b	Name of plan sponsor DAIICHI JITSUGYO (AMERICA), INC.	c EIN-PN 13-2705494-001
a	Plan name D'ADDARIO & COMPANY, INC. 401(K) PLAN	
b	Name of plan sponsor D'ADDARIO & COMPANY, INC.	c EIN-PN 11-2288999-003
a	Plan name DASH MARKETS 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor DASH MARKETS INC.	c EIN-PN 16-0928497-001
a	Plan name DELACO - KASLE LLC SAVINGS PLAN	
b	Name of plan sponsor DELACO-KASLE LLC.	c EIN-PN 20-1588056-006
a	Plan name DELACO LAPEER 401K PLAN	
b	Name of plan sponsor DELACO STEEL CORPORATION	c EIN-PN 38-2194701-333

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	DELL INC. 401(K) PLAN TRUST	
b	Name of plan sponsor	DELL INC.	c EIN-PN 74-2487834-001
a	Plan name	DENNIS FILGES COMPANY, INC. 401(K) PLAN	
b	Name of plan sponsor	DENNIS FILGES COMPANY, INC.	c EIN-PN 25-1398779-001
a	Plan name	DERMATOLOGY INSTITUTE AND LASER CENTER, LLC 401(K) PLAN	
b	Name of plan sponsor	DERMATOLOGY INSTITUTE AND LASER CENTER, LLC	c EIN-PN 46-0896069-001
a	Plan name	DIGI-KEY CORPORATION 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	DIGI-KEY CORPORATION	c EIN-PN 41-1234968-001
a	Plan name	DISCOUNT TIRE / AMERICAS TIRE RETIREMENT PLAN	
b	Name of plan sponsor	THE REINALT-THOMAS CORPORATION	c EIN-PN 38-1889682-001
a	Plan name	DUCKHORN WINE COMPANY 401(K) PLAN	
b	Name of plan sponsor	DUCKHORN WINE COMPANY	c EIN-PN 94-2345103-001
a	Plan name	DUNN 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	J.E. DUNN CONSTRUCTION COMPANY	c EIN-PN 44-0229405-001
a	Plan name	DURAN TRANSFER, INC. RETIREMENT PLAN	
b	Name of plan sponsor	DURAN TRANSFER, INC.	c EIN-PN 25-1751455-001
a	Plan name	EDPA USA, INC. RETIREMENT PLAN AND TRUST	
b	Name of plan sponsor	EDPA USA, INC.	c EIN-PN 13-3238674-001
a	Plan name	EDWARD ROSE BUILDING ENTERPRISE 401(K) PLAN	
b	Name of plan sponsor	PERSONNEL MANAGEMENT, INC.	c EIN-PN 38-1469205-001
a	Plan name	ELANCO 401(K) PLAN	
b	Name of plan sponsor	ELANCO US, INC	c EIN-PN 56-2002553-001
a	Plan name	ELIOR INC, 401(K) PLAN	
b	Name of plan sponsor	ELIOR, INC.	c EIN-PN 26-2223480-001

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	ELLICOTT DEVELOPMENT COMPANY 401(K) PLAN	
b	Name of plan sponsor	ELLICOTT DEVELOPMENT COMPANY	c EIN-PN 16-1039947-001
a	Plan name	EMBARK BEHAVIORAL HEALTH 401(K) PLAN	
b	Name of plan sponsor	CHAGNE ACADEMY AT LAKE OF THE OZARKS, LLC	c EIN-PN 26-3297560-001
a	Plan name	EMERGENCY MEDICAL CARE, LLC PROFIT SHARING PLAN	
b	Name of plan sponsor	EMERGENCY MEDICAL CARE, LLC	c EIN-PN 48-1233293-002
a	Plan name	EMPLOYEE BENEFIT PLAN OF ETA IMPORT AND EXPORT, LTD.	
b	Name of plan sponsor	ETA IMPORT AND EXPORT, LTD.	c EIN-PN 11-2911842-001
a	Plan name	ENGINEERED PLASTICS LLC 401 (K) PLAN	
b	Name of plan sponsor	ENGINEERED PLASTICS LLC	c EIN-PN 26-1855464-001
a	Plan name	ENTRATA 401(K) PLAN	
b	Name of plan sponsor	ENTRATA, INC.	c EIN-PN 86-1072180-001
a	Plan name	ENVOIE PROJECTS, LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	LEVIEN & COMPANY, INC	c EIN-PN 13-3648115-001
a	Plan name	EPES TRANSPORT SYSTEM 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	EPES TRANSPORT SYSTEM, LLC	c EIN-PN 54-0409030-001
a	Plan name	ERIE AVIATION INC. 401(K) PLAN	
b	Name of plan sponsor	ERIE AVIATION, INC.	c EIN-PN 25-1586076-001
a	Plan name	ERIE CITY MISSION RETIREMENT PLAN	
b	Name of plan sponsor	CITY MISSION OF THE EVANGELICAL CHURCHES OF ERIE	c EIN-PN 25-0987217-001
a	Plan name	ERIE FAMILY CENTER 401(K) PLAN	
b	Name of plan sponsor	ERIE FAMILY CENTER	c EIN-PN 82-0691825-001
a	Plan name	ERIE MOLDED PLASTICS, INC. EMPLOYEE RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	ERIE MOLDED PLASTICS, INC.	c EIN-PN 25-1415638-001

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
a	Plan name EVERAXIS USA 401(K) PLAN	
b	Name of plan sponsor EVERAXIS USA, INC.	c EIN-PN 47-4584166-001
a	Plan name EVERGY, INC. 401(K) SAVINGS PLAN	
b	Name of plan sponsor EVERGY, INC.	c EIN-PN 82-2733395-006
a	Plan name EVERSTREAM SOLUTIONS, LLC 401(K) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor EVERSTREAM SOLUTIONS, LLC	c EIN-PN 36-4742361-001
a	Plan name EXCELCO/NEWBROOK 401(K) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor EXCELCO/NEWBROOK, INC.	c EIN-PN 16-0761927-001
a	Plan name FAIRBANKS SCALES INC. SAVINGS PLAN	
b	Name of plan sponsor FAIRBANKS SCALES INC.	c EIN-PN 43-1464165-001
a	Plan name FALCONER PRINTING & DESIGN, INC. PROFIT SHARING PLAN	
b	Name of plan sponsor FALCONER PRINTING & DESIGN, INC.	c EIN-PN 16-0835380-002
a	Plan name FAMILY DENTISTRY PARTNERSHIP, L.L.P. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor FAMILY DENTISTRY PARTNERSHIP, L.L.P.	c EIN-PN 25-1724160-002
a	Plan name FIRST INTERSTATE BANCSYSTEM, INC 401(K) PLAN	
b	Name of plan sponsor FIRST INTERSTATE BANCSYSTEM, INC.	c EIN-PN 81-0331430-003
a	Plan name FISHER BROTHERS EMPLOYEE SAVINGS PLAN	
b	Name of plan sponsor FISHER BROTHERS MANAGEMENT COMPANY	c EIN-PN 13-1804067-001
a	Plan name FIT SERVICES OF PENNSYLVANIA, LLC SALARY SAVINGS PLAN	
b	Name of plan sponsor FIT SERVICES OF PENNSYLVANIA, LLC	c EIN-PN 88-1643969-001
a	Plan name FJ MANAGEMENT INC. 401(K) PLAN	
b	Name of plan sponsor FJ MANAGEMENT INC.	c EIN-PN 94-1663458-005
a	Plan name FORECON, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor FORECON, INC.	c EIN-PN 16-1020366-002

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	FRIEDMAN'S HOME IMPROVEMENT 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	FRIEDMAN'S HOME IMPROVEMENT	c EIN-PN 94-1552238-004
a	Plan name	FRONTGRADE 401(K) PLAN	
b	Name of plan sponsor	FRONTGRADE TECHNOLOGIES	c EIN-PN 26-1676938-002
a	Plan name	FSCAS 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	FAMILY SERVICE AND CHILDREN'S AID SOCIETY OF VENANGO COUNTY	c EIN-PN 25-1239928-001
a	Plan name	GALLON, TAKACS & BOISSONEAULT, CO., L.P.A. PROFIT SHARING PLAN	
b	Name of plan sponsor	GALLON, TAKACS, BOISSONEAULT & SCHAFFER, CO	c EIN-PN 34-1126600-001
a	Plan name	GENERAL PARTITIONS MFG. CORP NON-BARGAINED 401 K PLAN	
b	Name of plan sponsor	GENERAL PARTITIONS MANUFACTURING CORPORATION	c EIN-PN 25-1186369-004
a	Plan name	GENERAL PARTITIONS MFG. CORP. COLLECTIVE BARGAINING 401(K) PLAN	
b	Name of plan sponsor	GENERAL PARTITIONS MFG. CORP.	c EIN-PN 25-1186369-003
a	Plan name	GERSON & GERSON INC. 401(K) PLAN	
b	Name of plan sponsor	GERSON & GERSON, INC.	c EIN-PN 13-2660777-001
a	Plan name	GID INVESTMENT ADVISERS LLC SAVINGS & RETIREMENT PLAN	
b	Name of plan sponsor	GID INVESTMENT ADVISERS LLC	c EIN-PN 80-0081966-002
a	Plan name	GILBANE 401(K) AND RETIREMENT PLAN	
b	Name of plan sponsor	GILBANE, INC.	c EIN-PN 05-0147010-001
a	Plan name	GOODIN RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	GOODIN COMPANY	c EIN-PN 41-0281472-001
a	Plan name	GRADY MEMORIAL HOSPITAL CORPORATION 401(K) PLAN	
b	Name of plan sponsor	GRADY MEMORIAL HOSPITAL CORPORATION	c EIN-PN 26-2037695-001
a	Plan name	GRANITE CITY PICKLING & WAREHOUSE, INC. 401(K) PLAN	
b	Name of plan sponsor	GRANITE CITY PICKLING & WAREHOUSE, INC	c EIN-PN 34-1410205-001

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
a	Plan name GRANITE RETIREMENT SERVICES SOLO 401(K) PLAN	
b	Name of plan sponsor 401(K) FREEDOM, INC.	c EIN-PN 45-4454161-002
a	Plan name GREAT LAKES METAL FINISHING, INC. RETIREMENT PLAN	
b	Name of plan sponsor GREAT LAKES METAL FINISHING, INC.	c EIN-PN 25-1737073-001
a	Plan name GROUP MEDICAL SERVICES CORPORATION 401(K) PLAN	
b	Name of plan sponsor GROUP MEDICAL SERVICES CORPORATION	c EIN-PN 23-2806359-001
a	Plan name GSE SYSTEMS 401(K) PLAN	
b	Name of plan sponsor GSE SYSTEMS, INC.	c EIN-PN 52-1868008-001
a	Plan name GYL FINANCIAL SYNERGIES, LLC 401K PLAN	
b	Name of plan sponsor GYL FINANCIAL SYNERGIES, LLC	c EIN-PN 81-3263476-001
a	Plan name HAGAN BUSINESS MACHINES OF MEADVILLE, INC. RETIREMENT PLAN	
b	Name of plan sponsor HAGAN BUSINESS MACHINES OF MEADVILLE, INC.	c EIN-PN 25-1754301-001
a	Plan name HAGAN BUSINESS MACHINES, INC. EMPLOYEES' 401(K) PLAN	
b	Name of plan sponsor HAGAN BUSINESS MACHINES, INC.	c EIN-PN 25-1185071-001
a	Plan name HARDINGPOORMAN INC. 401(K) PLAN	
b	Name of plan sponsor HARDING POORMAN INC	c EIN-PN 35-1792066-001
a	Plan name HARRIS FARMS SAVINGS AND INVESTMENT PLAN	
b	Name of plan sponsor HARRIS FARMS, INC.	c EIN-PN 94-1272509-001
a	Plan name HITACHI SOLUTIONS AMERICA, LTD. 401(K) PLAN	
b	Name of plan sponsor HITACHI SOLUTIONS AMERICA, LTD.	c EIN-PN 94-3127998-001
a	Plan name HN PRECISION 401(K) RETIREMENT PLAN	
b	Name of plan sponsor PREMIER INDUSTRIAL GROUP, LLC DBA HN PRECISION	c EIN-PN 86-2707546-001
a	Plan name HNTB OWNERSHIP PLAN	
b	Name of plan sponsor HNTB HOLDINGS LTD.	c EIN-PN 56-2422024-003

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

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

a Plan name	HNTB RETIREMENT AND SAVINGS PLAN	
b Name of plan sponsor	HNTB HOLDINGS LTD.	c EIN-PN 56-2422024-002
a Plan name	HOWARD COUNTY GENERAL HOSPITAL, INC. 401(K) PLAN	
b Name of plan sponsor	HOWARD COUNTY GENERAL HOSPITAL, INC.	c EIN-PN 52-2093120-002
a Plan name	HUGHES GROUP, INC. 401(K) PLAN	
b Name of plan sponsor	HUGHES GROUP INC	c EIN-PN 27-4542578-003
a Plan name	HUGHES HUBBARD & REED ASSOCIATES' SECTION 401(K) PLAN	
b Name of plan sponsor	HUGHES HUBBARD & REED LLP	c EIN-PN 13-5605391-004
a Plan name	HUGHES HUBBARD & REED DEFINED CONTRIBUTION RETIREMENT PLAN	
b Name of plan sponsor	HUGHES HUBBARD & REED LLP	c EIN-PN 13-5605391-002
a Plan name	IBI GROUP 401(K) PLAN	
b Name of plan sponsor	IBI GROUP	c EIN-PN 95-3268721-001
a Plan name	ICCO 401(K) RETIREMENT PLAN	
b Name of plan sponsor	ICCO, LLC	c EIN-PN 26-3095354-001
a Plan name	INAP CORPORATION 401(K) SAVINGS PLAN	
b Name of plan sponsor	INTERNAP	c EIN-PN 91-2145721-001
a Plan name	ICON CLINICAL RESEARCH, LLC 401(K) PLAN	
b Name of plan sponsor	ICON CLINICAL RESEARCH, LLC	c EIN-PN 23-2689156-001
a Plan name	INDIANA SOYBEAN ALLIANCE 401(K) PLAN	
b Name of plan sponsor	INDIANA SOYBEAN ALLIANCE	c EIN-PN 35-2026389-001
a Plan name	INDUCTION TOOLING, INC. 401(K) PLAN	
b Name of plan sponsor	INDUCTION TOOLING, INC.	c EIN-PN 34-1346853-002
a Plan name	INSTALLED BUILDING PRODUCTS, LLC 401(K) SAVINGS PLAN AND TRUST	
b Name of plan sponsor	INSTALLED BUILDING LLC	c EIN-PN 31-1795875-001

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
a	Plan name INSTALLED BUILDING SOLUTIONS II, LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor INSTALLED BUILDING SOLUTIONS II, LLC.	c EIN-PN 47-2059204-001
a	Plan name INSULET CORPORATION 401K PROFIT SHARING PLAN TRUST	
b	Name of plan sponsor INSULET CORPORATION	c EIN-PN 04-3523891-001
a	Plan name INSURANCE RESOURCES INTERNATIONAL, INC. 401(K) PLAN	
b	Name of plan sponsor INSURANCE RESOURECES INTERNATIONAL, INC.	c EIN-PN 46-3509307-003
a	Plan name INTECH ACQUISITION CO., 401(K) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor INTECH ACQUISITION COMPANY, INC.	c EIN-PN 46-3441098-001
a	Plan name IUOE LOCAL 4 ANNUITY FUND	
b	Name of plan sponsor BOARD OF TRUSTEES IUOE LOCAL 4 ANNUITY FUND	c EIN-PN 04-3002474-002
a	Plan name J. CALNAN AND ASSOCIATES, INC. 401(K) PLAN	
b	Name of plan sponsor J. CALNAN AND ASSOCIATES, INC.	c EIN-PN 04-3330842-001
a	Plan name J.H. BENNETT MOVING & STORAGE, INC. 401(K) RETIREMENT PLAN	
b	Name of plan sponsor J.H. BENNETT MOVING & STORAGE	c EIN-PN 25-1371098-001
a	Plan name JACENT STRATEGIC MERCHANDISING, LLC 401(K) PLAN	
b	Name of plan sponsor JACENT STRATEGIC MERCHANDISING, LLC	c EIN-PN 32-0473691-001
a	Plan name JACKSON DIEKEN & ASSOCIATES PROFIT SHARING PLAN	
b	Name of plan sponsor JACKSON, DIEKEN & ASSOCIATES	c EIN-PN 47-1561552-001
a	Plan name JAHOS, BROEGE & SHAHEEN 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor JAHOS, BROEGE, & SHAHEEN, LLP	c EIN-PN 22-2096734-001
a	Plan name JAMESTOWN HOUSING AUTHORITY DEFINED CONTRIBUTION PENSION PLAN	
b	Name of plan sponsor JAMESTOWN HOUSING AUTHORITY	c EIN-PN 23-7269120-001
a	Plan name JELLY BELLY CANDY COMPANY 401(K) AND PROFIT SHARING PLAN	
b	Name of plan sponsor JELLY BELLY CANDY COMPANY	c EIN-PN 94-2310808-001

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)		
a	Plan name JOELE FRANK, WILKINSON BRIMMER KATCHER 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor J. FRANK ASSOCIATES, LLC	c EIN-PN 13-4072229-001
a	Plan name JOHNS HOPKINS MEDICAL ASSOCIATES 401(K) PLAN	
b	Name of plan sponsor JOHNS HOPKINS HEALTH SYSTEM CORPORATION	c EIN-PN 52-1465301-002
a	Plan name JOHNS HOPKINS MEDICAL MANAGEMENT CORPORATION 401(K) PLAN	
b	Name of plan sponsor JOHNS HOPKINS MEDICAL MANAGEMENT CORPORATION	c EIN-PN 52-1250028-001
a	Plan name KAD ASSOCIATES 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor KAD ASSOCIATES LLC	c EIN-PN 27-0404349-001
a	Plan name KANSAS CITY CHIEFS FOOTBALL CLUB, INC. 401(K) PLAN	
b	Name of plan sponsor KANSAS CITY CHIEFS FOOTBALL CLUB, INC.	c EIN-PN 44-0667918-011
a	Plan name KETTLER RETIREMENT PLAN	
b	Name of plan sponsor KETTLER, INC.	c EIN-PN 54-1620902-001
a	Plan name KLDISCOVERY ONTRACK, LLC 401(K) PLAN	
b	Name of plan sponsor KLDISCOVERY HOLDINGS INC.	c EIN-PN 81-0787151-001
a	Plan name KMC CONTROLS, INC. 401(K) PLAN AND TRUST	
b	Name of plan sponsor KREUTER MANUFACTURING COMPANY, INC.	c EIN-PN 35-1421135-001
a	Plan name KU ENDOWMENT ASSOCIATION EMPLOYEES 401K PLAN	
b	Name of plan sponsor KANSAS UNIVERSITY ENDOWMENT ASSOCIATION	c EIN-PN 48-0547734-002
a	Plan name KYLE CONTI CONSTRUCTION 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor KYLE CONTI CONSTRUCTION	c EIN-PN 22-3728794-001
a	Plan name LARSON KARLE ARCHITECTS 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor LARSON KARLE ARCHITECTS	c EIN-PN 23-3068643-001
a	Plan name LAUTH GROUP, INC. 401(K) SAVINGS PLAN	
b	Name of plan sponsor LAUTH GROUP INC.	c EIN-PN 35-1395987-002

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	LIGHTHOUSE ACADEMIES, INC MULTIPLE-EMPLOYER 401(K) PLAN	
b	Name of plan sponsor	LIGHTHOUSE ACADEMIES, INC.	c EIN-PN 20-0332375-001
a	Plan name	LINDAL NORTH AMERICA, INC 401K PLAN	
b	Name of plan sponsor	LINDAL NORTH AMERICA, INC	c EIN-PN 20-5937310-001
a	Plan name	LITTLE DIVERSIFIED ARCHITECTURAL CONSULTING INC, PS&RSP	
b	Name of plan sponsor	LITTLE DIVERSIFIED ARCHITECTURAL CONSULTING INC	c EIN-PN 56-0884622-002
a	Plan name	LOCKTON, INC. 401(K) PLAN	
b	Name of plan sponsor	LOCKTON, INC.	c EIN-PN 90-0007886-002
a	Plan name	LW HOSPITALITY ADVISORS LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	LW HOSPITALITY ADVISORS LLC	c EIN-PN 27-4542578-001
a	Plan name	MACCALL MANAGEMENT, LLC 401(K) RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	MACCALL MANAGEMENT, LLC	c EIN-PN 87-0527225-001
a	Plan name	MAINLINE INFORMATION SYSTEMS 401(K) PLAN	
b	Name of plan sponsor	MAINLINE INFORMATION SYSTEMS	c EIN-PN 59-2960721-001
a	Plan name	MAVERON LLC 401 K PROFIT SHARING PLAN TRUST	
b	Name of plan sponsor	MAVERON LLC	c EIN-PN 91-1871497-001
a	Plan name	MCCARTY PRINTING CORP. SAVINGS AND RETIREMENT PLAN	
b	Name of plan sponsor	MCCARTY PRINTING CORPORATION	c EIN-PN 25-1013193-002
a	Plan name	MCCONNELL & ASSOCIATES, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	MCCONNELL & ASSOCIATES, INC.	c EIN-PN 43-1139077-001
a	Plan name	MCINNES ROLLED RINGS 401(K) PLAN	
b	Name of plan sponsor	MCINNES ROLLED RINGS	c EIN-PN 57-1146781-004
a	Plan name	METRON AVIATION, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	METRON AVIATION, INC	c EIN-PN 31-1775336-001

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)		
a	Plan name MERCER RANCHES, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor MERCER RANCHES, INC.	c EIN-PN 91-0689171-001
a	Plan name METCO INDUSTRIES, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor METCO INDUSTRIES, INC.	c EIN-PN 25-1413811-001
a	Plan name METRO GROUP, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor METRO GROUP INC	c EIN-PN 87-0325227-001
a	Plan name MIDWEST ANESTHESIA ASSOCIATES, PA 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor MIDWEST ANESTHESIA ASSOCIATES, P.A.	c EIN-PN 48-0765484-001
a	Plan name MINARD RUN OIL CO. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor MINARD RUN OIL COMPANY	c EIN-PN 25-0668750-001
a	Plan name MINNESOTA LIFE INSURANCE COMPANY	
b	Name of plan sponsor MINNESOTA LIFE INSURANCE COMPANY	c EIN-PN 41-0417830-001
a	Plan name MISSION HOPSICE & HOME CARE INC.	
b	Name of plan sponsor MISSION HOSPICE & HOME CARE INC.	c EIN-PN 94-2567162-001
a	Plan name MORTGAGE NOW 401(K) PLAN	
b	Name of plan sponsor MORTGAGE NOW, INC.	c EIN-PN 31-1546027-001
a	Plan name MW STUDIOS, INC. PROFIT SHARING 401(K) PLAN	
b	Name of plan sponsor MW STUDIOS, INC.	c EIN-PN 13-3975337-001
a	Plan name NATIONAL COOPERATIVE BUSINESS ASSOCIATION CASH OR DEFERRED PROFIT SHAR	
b	Name of plan sponsor THE COOPERATIVE LEAGUE OF THE U.S.A.	c EIN-PN 36-2007481-002
a	Plan name NEUROSCIENCE GROUP OF NORTHEAST WISCONSIN, S.C. PROFIT SHARING PLAN AN	
b	Name of plan sponsor NEUROSCIENCE GROUP OF NORTHEAST WISCONSIN, S.C.	c EIN-PN 39-1731465-002
a	Plan name NEWTYPE, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor NEWTYPE, INC.	c EIN-PN 22-1816529-002

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
<small>(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)</small>			
a	Plan name	NEXEO SOLUTIONS PLASTICS EMPLOYEE SAVINGS PLAN	
b	Name of plan sponsor	NEXEO SOLUTIONS PLASTICS LLC	c EIN-PN 32-0581570-001
a	Plan name	NNPP CONTRACTOR DB MASTER TRUST	
b	Name of plan sponsor	FLOUR MARINE PROPULSION, LLC	c EIN-PN 32-6525146-001
a	Plan name	NORTH PACIFIC SEAFOODS, INC 401(K) SAVINGS PLAN	
b	Name of plan sponsor	NORTH PACIFIC SEAFOODS, INC.	c EIN-PN 20-2319027-002
a	Plan name	NORTHERN CONSTRUCTION SERVICE, LLC 401(K) PLAN AND TRUST	
b	Name of plan sponsor	NORTHERN CONSTRUCTION SERVICE, LLC	c EIN-PN 04-3298009-002
a	Plan name	NORTHERN PENNSYLVANIA REGIONAL COLLEGE	
b	Name of plan sponsor	NORTHERN PENNSYLVANIA REGIONAL COLLEGE	c EIN-PN 47-3530185-001
a	Plan name	NORTHWEST INDIANA LIGHTHOUSE CHARTER SCHOOL 401K PLAN	
b	Name of plan sponsor	NORTHWEST INDIANA LIGHTHOUSE CHARTER SCHOOL	c EIN-PN 45-5198386-001
a	Plan name	O.C. TANNER RETIREMENT & SAVINGS PLAN	
b	Name of plan sponsor	O.C. TANNER COMPANY	c EIN-PN 87-0182665-001
a	Plan name	OAK LANE DENTAL, LLC 401(K) PLAN	
b	Name of plan sponsor	OAK LANE DENTAL, LLC	c EIN-PN 82-4422077-001
a	Plan name	OLATHE FORD 401(K) PLAN	
b	Name of plan sponsor	OLATHE FORD SALES, INC.	c EIN-PN 48-0720233-001
a	Plan name	ONEONCOLOGY, LLC ONERWARDS RETIREMENT PLAN	
b	Name of plan sponsor	ONEONCOLOGY, LLC	c EIN-PN 82-3416811-001
a	Plan name	OPERATIONS PATHWAY SYSTEMS, L.P. RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	OPERATIONS PATHWAY SYSTEMS L.P. RETIREMENT SAVINGS PLAN	c EIN-PN 75-2850532-001
a	Plan name	ORAL SURGERY OF ERIE, PC PROFIT SHARING PLAN	
b	Name of plan sponsor	ORAL SURGERY OF ERIE, PC	c EIN-PN 25-1203434-001

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	ORAL SURGERY SERVICES, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	ORAL SURGERY SERVICES, INC.401(K)	c EIN-PN 05-0351818-001
a	Plan name	OSISOFT, LLC SECTION 401(K) PLAN	
b	Name of plan sponsor	OSISOFT, LLC	c EIN-PN 94-2690532-001
a	Plan name	OUNALASHKA CORPORATION 401K PROFIT SHARING PLAN	
b	Name of plan sponsor	OUNALASHKA CORP	c EIN-PN 92-0045264-001
a	Plan name	OUR OWN CANDLE COMPANY, INC 401 (K) PLAN	
b	Name of plan sponsor	OUR OWN CANDLE COMPANY, INC	c EIN-PN 38-3673572-001
a	Plan name	OVATION ORTHODONTICS, D.D.S., P.A. PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor	OVATION ORTHODONTICS, D.D.S., P.A.	c EIN-PN 41-1382173-001
a	Plan name	OVERHEAD DOOR COMPANY OF PROVIDENCE, INC. 401(K) PLAN	
b	Name of plan sponsor	OVERHEAD DOOR COMPANY OF PROVIDENCE	c EIN-PN 05-0352194-001
a	Plan name	PALANTIR TECHNOLOGIES 401(K) PLAN	
b	Name of plan sponsor	PALANTIR TECHNOLOGIES INC.	c EIN-PN 68-0551851-001
a	Plan name	PANDI CAPITAL, LLC 401(K) PLAN	
b	Name of plan sponsor	PANDI CAPITAL, LLC	c EIN-PN 27-1779970-001
a	Plan name	PARIS INTERNATIONAL PARTNERS, LLC PROFIT SHARING AND 401(K) PLAN	
b	Name of plan sponsor	PARIS INTERNATIONAL PARTNERS, LLC	c EIN-PN 46-1580494-003
a	Plan name	PARK 100 FOODS 401 (K) SAVINGS PLAN	
b	Name of plan sponsor	PARK 100 FOODS, INC.	c EIN-PN 35-1358668-001
a	Plan name	PARNELL CORPORATE SERVICES US, INC. 401(K) PLAN	
b	Name of plan sponsor	PARNELL CORPORATE SERVICES US, INC.	c EIN-PN 45-3751637-001
a	Plan name	PATHLINK, LLC 401(K) PLAN	
b	Name of plan sponsor	PATHLINK, LLC	c EIN-PN 26-0681535-001

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
a	Plan name PATHWAYS 401(K) PLAN	
b	Name of plan sponsor PATHWAYS HEALTH & COMMUNITY SUPP	c EIN-PN 47-2525144-001
a	Plan name PENN ELKO, INC. 401(K) SAVINGS PLAN	
b	Name of plan sponsor PENN ELKO, INC.	c EIN-PN 25-1031459-001
a	Plan name PENNSYLVANIA GENERAL ENERGY COMPANY, L.L.C. RETIREMENT PLAN	
b	Name of plan sponsor PENNSYLVANIA GENERAL ENERGY COMPANY, L.L.C.	c EIN-PN 43-2002031-001
a	Plan name PERSEUS HOUSE INC RETIREMENT PLAN	
b	Name of plan sponsor PERSEUS HOUSE, INC.	c EIN-PN 23-7123683-001
a	Plan name PETERSON MOTOR COMPANY 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor PETERSON MOTOR COMPANY	c EIN-PN 82-0237924-001
a	Plan name PHAROS ACADEMY CHARTER SCHOOL 401(K) PLAN	
b	Name of plan sponsor LIGHTHOUSE ACADEMIES, INC.	c EIN-PN 20-0332375-001
a	Plan name PHYSICIANS' PRACTICE ENHANCEMENT, LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor PHYSICIANS' PRACTICE ENHANCEMENT, INC.	c EIN-PN 22-3773688-001
a	Plan name POLSINELLI PROFIT SHARING PLAN	
b	Name of plan sponsor POLSINELLI PC	c EIN-PN 43-1064260-001
a	Plan name POMEROY TECHNOLOGIES LLC RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor POMEROY TECHNOLOGIES LLC	c EIN-PN 85-0862996-004
a	Plan name PORTER CONSULTING ENGINEERS, P.C. RETIREMENT PLAN	
b	Name of plan sponsor PORTER CONSULTING ENGINEERS, P.C.	c EIN-PN 25-1860199-001
a	Plan name POWERS AND SONS, LLC 401(K) PLAN	
b	Name of plan sponsor POWERS AND SONS, LLC	c EIN-PN 33-1009205-001
a	Plan name PREMIER 401(K) POOLED EMPLOYER PLAN	
b	Name of plan sponsor NPPG PLAN PROFESSIONALS	c EIN-PN 85-3213245-311

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
a	Plan name PREMIER PRECISION MACHINING 401(K) PLAN	
b	Name of plan sponsor PREMIER PRECISION MACHINING LLC	c EIN-PN 82-2520591-001
a	Plan name PRESTIGE MANAGEMENT EMPLOYEE PLAN	
b	Name of plan sponsor NORTHPOINT SENIOR SERVICES	c EIN-PN 22-3858078-001
a	Plan name PRIDE MARK HOMES, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor PRIDE MARK HOMES, INC.	c EIN-PN 16-1156287-003
a	Plan name PRO PROCESS, LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor PRO PROCESS, LLC	c EIN-PN 46-0502001-001
a	Plan name QUALICAPS 401(K) PLAN	
b	Name of plan sponsor QUALICAPS, INC.	c EIN-PN 35-1875434-001
a	Plan name R.F.I. 401K PLAN	
b	Name of plan sponsor RYAN FIREPROTECTION INC.	c EIN-PN 35-1788848-001
a	Plan name RAY SHOWMAN JR. EXCAVATING 401(K) RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor RAY SHOWMAN, JR. EXCAVATING, INC.	c EIN-PN 25-1803781-001
a	Plan name RAYTRANS MANAGEMENT LLC 401K PROFIT SHARING PLAN TRUST	
b	Name of plan sponsor RAYTRANS MANAGEMENT LLC	c EIN-PN 37-1555793-001
a	Plan name RED CHAMBER GROUP OF COMPANIES 401(K) PLAN	
b	Name of plan sponsor RED CHAMBER GROUP OF COMPANIES	c EIN-PN 95-3544617-001
a	Plan name REI SYSTEMS, INC. 401(K) PLAN	
b	Name of plan sponsor REI SYSTEMS, INC	c EIN-PN 54-1650603-001
a	Plan name REID 401(K) PROFIT SHARING & RETIREMENT PLAN	
b	Name of plan sponsor REID PETROLEUM CORPORATION	c EIN-PN 16-0840494-002
a	Plan name RESILIENCE MANAGEMENT, INC 401K PLAN	
b	Name of plan sponsor RESILIENCE MANAGEMENT LLC	c EIN-PN 34-1961750-001

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	RETIREMENT PLAN FOR EMPLOYEES OF HOWARDCENTER	
b	Name of plan sponsor	HOWARD CENTER	c EIN-PN 03-0179433-002
a	Plan name	RETIREMENT PLAN FOR EMPLOYEES OF ALL CHILDRENS HEALTH SYSTEM, INC.	
b	Name of plan sponsor	ALL CHILDRENS HEALTH SYSTEM, INC.	c EIN-PN 59-2481740-005
a	Plan name	R-MED, INC. 401(K) PLAN	
b	Name of plan sponsor	R-MED, INC.	c EIN-PN 34-1690343-001
a	Plan name	RODMAN FORD SALES, INC. 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor	RODMAN FORD SALES INC	c EIN-PN 04-2270956-002
a	Plan name	ROWMARK, LLC RETIREMENT PLAN	
b	Name of plan sponsor	ROWMARK, LLC	c EIN-PN 20-5966443-001
a	Plan name	RXSTRATEGIES, INC. 401(K) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor	RXSTRATEGIES, INC.	c EIN-PN 65-1141407-001
a	Plan name	SAGE 401(K) PLAN	
b	Name of plan sponsor	SAGE THERAPEUTICS, INC	c EIN-PN 27-4486580-001
a	Plan name	SCHOONMAKER, GEORGE, BLOMBERG, BRYNICZKA & WELSH, P.C. 401(K) RETIREME	
b	Name of plan sponsor	SCHOONMAKER, GEORGE, BLOMBERG, BRYNICZKA & WELSH, P.C.	c EIN-PN 06-1444746-001
a	Plan name	SCOPELY INC. 401(K) PLAN	
b	Name of plan sponsor	SCOPELY INC.	c EIN-PN 27-5425295-001
a	Plan name	SCOTT ENTERPRISES 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	SCOTTS DEVELOPMENT COMPANY	c EIN-PN 25-1206716-001
a	Plan name	SECOND HARVEST FOOD BANK OF NORTHWEST PENNSYLVANIA 401(K) PROFIT SHARI	
b	Name of plan sponsor	SECOND HARVEST FOOD BANK OF NORTHWEST PENNSYLVANIA	c EIN-PN 25-1405798-001
a	Plan name	SHAFER LAW FIRM 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	SHAFER LAW FIRM, P.C.	c EIN-PN 81-0854280-002

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	SHEET METAL WORKERS' LOCAL 33 PROFIT SHAREING ANNUITY PLAN	
b	Name of plan sponsor	SHEET METAL WORKERS LOCAL 33	c EIN-PN 31-1524549-001
a	Plan name	SHINE BROS. CORP. PROFIT SHARING 401(K) PLAN	
b	Name of plan sponsor	SHINE BROS. CORP	c EIN-PN 42-1155461-002
a	Plan name	SIG SAUER, INC. 401(K) PLAN	
b	Name of plan sponsor	SIG SAUER, INC.	c EIN-PN 02-0528156-001
a	Plan name	SOFTWARE SPECIALISTS, INC. 401(K) PLAN	
b	Name of plan sponsor	SOFTWARE SPECIALISTS, INC.	c EIN-PN 25-1643937-001
a	Plan name	SOLERO TECHNOLOGIES, LLC 401(K) PLAN	
b	Name of plan sponsor	SOLERO TECHNOLOGIES, LLC	c EIN-PN 31-1232406-001
a	Plan name	SOUTHERN TIER BUILDING TRADES LABORERS PROFIT SHARING PLAN	
b	Name of plan sponsor	THE BUILDERS EXCHANGE OF THE SOUTHERN TIER, INC.	c EIN-PN 16-0810649-002
a	Plan name	STAMPIN UP 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	STAMPIN UP INC.	c EIN-PN 88-0263215-001
a	Plan name	STANDARD DRYWALL, INC. 401(K) PLAN	
b	Name of plan sponsor	STANDARD DRYWALL, INC.	c EIN-PN 33-0000199-001
a	Plan name	STARTEK 401(K) PLAN	
b	Name of plan sponsor	STARTEK USA, INC.	c EIN-PN 84-1063922-001
a	Plan name	STATION CASINO LLC & AFFILIATES 401K RETIREMENT PLAN	
b	Name of plan sponsor	STATION CASINO LLC	c EIN-PN 27-3312261-001
a	Plan name	STEINBERGER CONSTRUCTION, INC. RETIREMENT READINESS 401(K) PLAN	
b	Name of plan sponsor	STEINBERGER CONSTRUCTION, INC.	c EIN-PN 35-1638770-001
a	Plan name	STOWERS GROUP RETIREMENT PLAN	
b	Name of plan sponsor	STOWERS RESOURCE MANAGEMENT INC.	c EIN-PN 41-2186719-002

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)		
a	Plan name SULLIVAN SUPPLY COMPANY 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor SULLIVAN SUPPLY COMPANY	c EIN-PN 25-1207129-001
a	Plan name SUMMIT ORTHOPEDICS, LTD. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor SUMMIT ORTHOPEDICS, LTD.	c EIN-PN 41-1762331-002
a	Plan name SWANTON WELDING AND MACHINING CO., INC. PROFIT SHARING PLAN	
b	Name of plan sponsor SWANTON WELDING AND MACHINING CO., INC.	c EIN-PN 34-1374577-001
a	Plan name SYMPHONY MULTIPLE EMPLOYER PLAN	
b	Name of plan sponsor MAESTRO CONSULT SERV LLC	c EIN-PN 47-5109722-002
a	Plan name SYSTEM ASSOCIATES, INC. 401(K) RETIREMENT PLAN	
b	Name of plan sponsor SYSTEMS ASSOCIATES, INC.	c EIN-PN 34-1547357-001
a	Plan name TAF 401(K) PLAN	
b	Name of plan sponsor TOPURA AMERICA FASTENER, INC.	c EIN-PN 20-5812104-001
a	Plan name TEIJIN AUTOMOTIVE TECHNOLOGIES 401(K) PLAN	
b	Name of plan sponsor TEIJIN AUTOMOTIVE TECHNOLOGIES	c EIN-PN 52-2108862-001
a	Plan name TENASKA RETIREMENT PLAN	
b	Name of plan sponsor TENASKA, INC	c EIN-PN 47-0701708-001
a	Plan name THE 401K PLAN	
b	Name of plan sponsor ALL AMERICAN ASPHALT	c EIN-PN 95-2595043-001
a	Plan name THE DANBERRY COMPANY 401K PLAN	
b	Name of plan sponsor DANBERRY COMPANY	c EIN-PN 34-0900242-002
a	Plan name THE DELVENTHAL COMPANY 401(K) PLAN	
b	Name of plan sponsor THE DELVENTHAL COMPANY	c EIN-PN 35-2161595-002
a	Plan name THE EMMES COMPANY, LLC RETIREMENT PLAN	
b	Name of plan sponsor THE EMMES COMPANY, LLC	c EIN-PN 54-1058268-001

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	THE GEL GROUP, INC. 401(K) PLAN	
b	Name of plan sponsor	THE GEL GROUP, INC.	c EIN-PN 57-0713831-001
a	Plan name	THE GINGER PEOPLE 401(K) PSP	
b	Name of plan sponsor	FOOD MARKET MANAGEMENT, INC. DBA ROYAL PACIFIC FOODS, INC.	c EIN-PN 68-0226621-001
a	Plan name	THE HONEST COMPANY INC. 401K PROFIT SHARING PLAN	
b	Name of plan sponsor	THE HONEST COMPANY, INC.	c EIN-PN 90-0750205-001
a	Plan name	THE LAIBE ELECTRIC COMPANY PROFIT SHARING & 401(K) PLAN	
b	Name of plan sponsor	LAIBE ELECTRIC COMPANY	c EIN-PN 34-0894882-002
a	Plan name	THE MARVIN COMPANIES PROFIT SHARING AND 401(K) PLAN	
b	Name of plan sponsor	MARVIN LUMBER & CEDAR CO.	c EIN-PN 41-0396845-333
a	Plan name	THE MYERS-BRIGGS COMPANY 401(K) RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	THE MYERS-BRIGGS COMPANY	c EIN-PN 94-1337736-002
a	Plan name	THE RETIREMENT PLAN FOR EMPLOYEES OF FLORIDA CARDIOLOGY, P.A.	
b	Name of plan sponsor	FLORIDA CARDIOLOGY, P.A.	c EIN-PN 59-2262342-003
a	Plan name	THE SARAH A. REED RETIREMENT CENTER 401(K) SAVINGS PLAN	
b	Name of plan sponsor	SARAH A REED RETIREMENT CENTER	c EIN-PN 25-1215527-006
a	Plan name	THE SERVICE COLLABORATIVE OF WNY, INC. 401(K) PLAN	
b	Name of plan sponsor	THE SERVICE COLLABORATIVE OF WNY, INC.	c EIN-PN 16-1596462-002
a	Plan name	THE WILL-BURT COMPANY PROFIT SHARING & 401(K) PLAN	
b	Name of plan sponsor	THE WILL-BURT COMPANY	c EIN-PN 34-0620280-004
a	Plan name	THE UNIVERSITY OF PHOENIX, INC. SAVINGS AND INVESTMENT PLAN	
b	Name of plan sponsor	THE UNIVERSITY OF PHOENIX, INC.	c EIN-PN 94-2473210-001
a	Plan name	THOMPSON THRIFT RETIREMENT PLAN	
b	Name of plan sponsor	THOMPSON THRIFT CONSTRUCTION, INC.	c EIN-PN 35-1941978-001

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
a	Plan name TIPPETT STUDIO 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor TIPPETT STUDIO, INC.	c EIN-PN 94-3154061-001
a	Plan name TJN ENTERPRISES PROFIT SHARING 401K PLAN	
b	Name of plan sponsor TJN ENTERPRISES, INC.	c EIN-PN 42-1325452-001
a	Plan name TOOL-ALL, INC RETIREMENT PLAN	
b	Name of plan sponsor TOOL-ALL, INC.	c EIN-PN 25-1119918-002
a	Plan name TPC GROUP RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor TPC GROUP LLC	c EIN-PN 74-1778313-001
a	Plan name TPC MECHANICAL CONTRACTORS RETIREMENT READINESS PLAN	
b	Name of plan sponsor TPC MECHANICAL CONTRACTORS, LLC	c EIN-PN 81-3595646-001
a	Plan name TRADE WELL PALLET, INC.	
b	Name of plan sponsor TRADE WELL PALLET, INC.	c EIN-PN 36-2946541-001
a	Plan name TRAILBLAZER STUDIOS 401(K) PLAN	
b	Name of plan sponsor TRAILBLAZER STUDIOS NC, INC.	c EIN-PN 56-0954644-001
a	Plan name TRIPLE S PROFIT SHARING 401(K) PLAN	
b	Name of plan sponsor STATE STEEL SUPPLY CO.	c EIN-PN 42-0872471-001
a	Plan name TURF MANAGEMENT SERVICES, LLC 401(K) PLAN	
b	Name of plan sponsor TURF MANAGEMENT SERVICES, LLC	c EIN-PN 47-2874330-001
a	Plan name UNDERWOOD COMPANIES PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor UNDERWOOD COMPANIES	c EIN-PN 27-4649604-001
a	Plan name UNITED FIBERGLASS OF AMERICA, INC 401(K) PLAN	
b	Name of plan sponsor UNITED FIBERGLASS OF AMERICA, INC.	c EIN-PN 34-1402318-001
a	Plan name US MAGNESIUM LLC HOURLY 401K PLAN	
b	Name of plan sponsor US MAGNESIUM LLC	c EIN-PN 01-0705446-004

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

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

a Plan name	US MAGNESIUM LLC SALARIED PENSION AND 401K PLAN	
b Name of plan sponsor	US MAGNESIUM LLC	c EIN-PN 01-0705446-002
a Plan name	V.M. SYSTEMS, INC. 401(K) PROFIT SHARING PLAN	
b Name of plan sponsor	V.M. SYSTEMS, INC.	c EIN-PN 34-1121537-001
a Plan name	VAN AIR, INC. 401(K) SAVINGS PLAN	
b Name of plan sponsor	VAN AIR, INC.	c EIN-PN 25-0911919-005
a Plan name	VAN AUDALL & FARRAR INC. EMPLOYEE RETIREMENT PLAN	
b Name of plan sponsor	VAN AUDALL & FARRAR, INC.	c EIN-PN 35-1067666-002
a Plan name	VICOR CORPORATION 401K PLAN	
b Name of plan sponsor	VICOR CORPORATION	c EIN-PN 04-2742817-001
a Plan name	VISIT ORLANDO 401(K) PLAN	
b Name of plan sponsor	VISIT ORLANDO	c EIN-PN 59-2395248-001
a Plan name	VITRO EMPLOYEE SAVINGS PLAN	
b Name of plan sponsor	VITRO FLAT GLASS, LLC	c EIN-PN 81-3489093-003
a Plan name	W.E. AUBUCHON CO. INC. 401(K) RETIREMENT PLAN	
b Name of plan sponsor	W.E. AUBUCHON CO, INC.	c EIN-PN 04-1050290-001
a Plan name	WABASH CASTINGS INC. 401(K) SAVINGS PLAN	
b Name of plan sponsor	WABASH CASTINGS INC.	c EIN-PN 47-5367835-001
a Plan name	WARDS LANDSCAPE SERVICE, INC. 401(K) PLAN	
b Name of plan sponsor	WARDS LANDSCAPE SERVICE, INC.	c EIN-PN 25-1414345-001
a Plan name	WASHINGTON REGIONAL 401(K) PLAN	
b Name of plan sponsor	WASHINGTON REGIONAL MEDICAL CENTER	c EIN-PN 71-0664686-001
a Plan name	WASTEQUIP, LLC. 401(K) RETIREMENT PLAN	
b Name of plan sponsor	WASTEQUIP, LLC.	c EIN-PN 34-1598206-002

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	WAVEPOINT 3PL 401(K) PLAN	
b	Name of plan sponsor	WAVEPOINT 3PL, INC.	c EIN-PN 84-4186037-001
a	Plan name	WEST VIRGINIA ORTHONEURO 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	NEUROLOGICAL ASSOC INC DBA WV ORTHONEURO	c EIN-PN 55-0574751-002
a	Plan name	WIDSETH SMITH NOLTING & ASSOCIATES EMPLOYEE PROFIT SHARING PLAN	
b	Name of plan sponsor	WIDSETH SMITH NOLTING & ASSOC.	c EIN-PN 41-1243629-001
a	Plan name	WILSON TRAILER COMPANY RETIREMENT PLAN FOR OFFICE EMPLOYEES	
b	Name of plan sponsor	WILSON TRAILER COMPANY	c EIN-PN 42-0603090-001
a	Plan name	WILSON TRAILER COMPANY RETIREMENT PLAN FOR PRODUCTION EMPLOYEES	
b	Name of plan sponsor	WILSON TRAILER COMPANY	c EIN-PN 42-0603090-002
a	Plan name	WILSON TRAILER COMPANY RETIREMENT PLAN FOR S EMPLOYEES	
b	Name of plan sponsor	WILSON TRAILER SALES, INC	c EIN-PN 43-1686902-001
a	Plan name	WINTRUSS CONTROLS GROUP, LLC RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	WINTRUSS CONTROLS GROUP, LLC	c EIN-PN 27-0900752-001
a	Plan name	WOODBURY CORPORATION 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	WOODBURY CORPORATION	c EIN-PN 87-0195170-001
a	Plan name	WORLD CLASS TECHNOLOGY 401(K) PLAN	
b	Name of plan sponsor	WORLD CLASS TECHNOLOGY CORPORATION	c EIN-PN 33-0479276-001
a	Plan name	WYNN RESORTS, LIMITED 401(K) PLAN	
b	Name of plan sponsor	WYNN RESORTS, LIMITED	c EIN-PN 46-0484987-001
a	Plan name	DOMAINE CARNEROS, LTD 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	DOMAINE CARNEROS LTD	c EIN-PN 94-3027255-001
a	Plan name	MAYALL HURLEY 401(K) PLAN	
b	Name of plan sponsor	MAYALL HURLEY, A PROFESSIONAL CORPORATION	c EIN-PN 94-2190545-002

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

a	Plan name	TRILON GROUP RETIREMENT SAVINGS PLAN	c	EIN-PN	87-3821663-004
b	Name of plan sponsor	TRILON GROUP, LLC	c	EIN-PN	87-3821663-004
a	Plan name	BEUTE & BILEY, INC. 401(K) PROFIT SHARING PLAN	c	EIN-PN	25-1227527-001
b	Name of plan sponsor	BEUTE & BILEY, INC.	c	EIN-PN	25-1227527-001
a	Plan name	NORTHWEST BANK 401(K) PLAN	c	EIN-PN	23-2790930-002
b	Name of plan sponsor	NORTHWEST BANK	c	EIN-PN	23-2790930-002
a	Plan name	CROUSE HOSPITAL 401(K) RETIREMENT PLAN	c	EIN-PN	16-0960470-002
b	Name of plan sponsor	CROUSE HOSPITAL	c	EIN-PN	16-0960470-002
a	Plan name	CROUSE HOSPITAL 401(K) RETIREMENT PLAN FOR	c	EIN-PN	16-0960470-003
b	Name of plan sponsor	CROUSE HOSPITAL	c	EIN-PN	16-0960470-003
a	Plan name	GSE CONSTRUCTION COMPANY, INC. 401(K) PLAN	c	EIN-PN	94-2667247-004
b	Name of plan sponsor	GSE CONSTRUCTION COMPANY, INC.	c	EIN-PN	94-2667247-004
a	Plan name	GSE CONSTRUCTION COMPANY, INC. PREVAILING WAGE/DAVIS BACON PLAN	c	EIN-PN	94-2667247-005
b	Name of plan sponsor	GSE CONSTRUCTION COMPANY, INC.	c	EIN-PN	94-2667247-005
a	Plan name	GSE MOUNTAIN DIVISION 401(K) PLAN	c	EIN-PN	94-2667247-006
b	Name of plan sponsor	GSE CONSTRUCTION COMPANY, INC.	c	EIN-PN	94-2667247-006
a	Plan name	GSE MOUNTAIN DIVISION PREVAILING WAGE/DAVIS BACON PLAN	c	EIN-PN	94-2667247-007
b	Name of plan sponsor	GSE CONSTRUCTION COMPANY, INC.	c	EIN-PN	94-2667247-007
a	Plan name		c	EIN-PN	
b	Name of plan sponsor		c	EIN-PN	
a	Plan name		c	EIN-PN	
b	Name of plan sponsor		c	EIN-PN	
a	Plan name		c	EIN-PN	
b	Name of plan sponsor		c	EIN-PN	

**SCHEDULE H
(Form 5500)**

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration
Pension Benefit Guaranty Corporation

Financial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2024

This Form is Open to Public Inspection

For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

A Name of plan AMERICAN CENTURY RETIREMENT DATE TRUST		B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 GLOBAL TRUST COMPANY		D Employer Identification Number (EIN) 30-6406015	

Part I Asset and Liability Statement

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.

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	564661822	31661897
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)		
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)	12505206461	11391596836

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)		
(2) Employer real property.....	1d(2)		
e Buildings and other property used in plan operation.....	1e		
f Total assets (add all amounts in lines 1a through 1e).....	1f	13069868283	11423258733
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h		
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j	568131078	34431831
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	568131078	34431831
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	12501737205	11388826902

Part II Income and Expense Statement

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

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers.....	2a(1)(A)		
(B) Participants.....	2a(1)(B)		
(C) Others (including rollovers).....	2a(1)(C)		
(2) Noncash contributions.....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)		
(B) U.S. Government securities.....	2b(1)(B)		
(C) Corporate debt instruments.....	2b(1)(C)		
(D) Loans (other than to participants).....	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)		
(F) Other.....	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)		
(B) Common stock.....	2b(2)(B)	413820875	
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)		
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)	4051487472	
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	3583743947	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)	450639459	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		15823
d Total income. Add all income amounts in column (b) and enter total	2d		1332219682

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)		
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)	210500	
(5) Investment advisory and investment management fees	2i(5)	29222692	
(6) Bank or trust company trustee/custodial fees	2i(6)	522872	
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)	4270144	
(11) Other expenses	2i(11)	2315169	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		36541377
j Total expenses. Add all expense amounts in column (b) and enter total	2j		36541377

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		1295678305
l Transfers of assets:			
(1) To this plan	2l(1)		5680898919
(2) From this plan	2l(2)		8089487527

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name:

(2) EIN:

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

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

Part IV Compliance Questions

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

During the plan year:

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

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

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

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

5c Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) Yes No Not determined
 If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year _____.