

<p>Form 5500</p> <p>Department of the Treasury Internal Revenue Service</p> <hr/> <p>Department of Labor Employee Benefits Security Administration</p> <hr/> <p>Pension Benefit Guaranty Corporation</p>	<p>Annual Return/Report of Employee Benefit Plan</p> <p>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).</p> <p>▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	<p>OMB Nos. 1210-0110 1210-0089</p> <hr/> <p style="font-size: 24pt; font-weight: bold;">2024</p> <hr/> <p>This Form is Open to Public Inspection</p>
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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 10/03/2024

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

<p>1a Name of plan <u>FLEXPATH INDEX MODERATE 2025 FUND</u></p>	<p>1b Three-digit plan number (PN) ▶ <u>214</u></p>
<p>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>GREAT GRAY TRUST COMPANY, LLC</u></p> <p><u>6725 VIA AUSTI PARKWAY, SUITE 260</u> <u>LAS VEGAS, NV 89119</u></p>	<p>1c Effective date of plan</p> <hr/> <p>2b Employer Identification Number (EIN) <u>47-2285799</u></p> <p>2c Plan Sponsor's telephone number <u>866-427-6885</u></p> <p>2d Business code (see instructions)</p>

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	<u>Filed with authorized/valid electronic signature.</u>	<u>08/15/2025</u>	<u>MATT FALCIANI</u>
	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> 6a(1) 6a(2) 6b 6c 6d 0 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 <u>0</u> (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 10/03/2024

A Name of plan <u>FLEXPATH INDEX MODERATE 2025 FUND</u>	B Three-digit plan number (PN)	<u>▶</u> <u>214</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>GREAT GRAY TRUST COMPANY, LLC</u>	D Employer Identification Number (EIN) <u>47-2285799</u>	

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
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a Name of MTIA, CCT, PSA, or 103-12 IE:	<u>LIFEPATH INDEX 2025 FUND F</u>	
b Name of sponsor of entity listed in (a):	<u>BLACKROCK INSTITUTIONAL TRUST COMPANY, N.A.</u>	
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)
<u>20-5114920-001</u>	<u>C</u>	<u>0</u>
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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d Entity code

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c EIN-PN

d Entity code

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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

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

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

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d Entity code

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

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

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

c EIN-PN

d Entity code

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

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 1ST CHOICE ROOFING COMPANY 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor 1ST CHOICE ROOFING COMPANY	c EIN-PN 11-3793690-001
a	Plan name 401(K) PLAN FOR SALARIED AND CLERICAL EMPLOYEES OF WATTEREDGE, LLC	
b	Name of plan sponsor WATTEREDGE, LLC	c EIN-PN 35-2446090-001
a	Plan name A-1 ADVANTAGE ASPHALT, INC. 401(K) PLAN	
b	Name of plan sponsor A-1 ADVANTAGE ASPHALT, INC.	c EIN-PN 68-0465620-002
a	Plan name ACBM LLC 401(K) PLAN	
b	Name of plan sponsor ACBM LLC	c EIN-PN 83-1560826-001
a	Plan name ACCESS & INTEGRATED PRACTICE HOLDINGS 401(K) PLAN	
b	Name of plan sponsor ACCESS & INTEGRATED PRACTICE HOLDINGS LLC	c EIN-PN 45-4105320-001
a	Plan name ACTION TRUCK CENTER INC 401K RETIREMENT PLAN	
b	Name of plan sponsor ACTION TRUCK CENTER INC	c EIN-PN 63-0706409-001
a	Plan name ACTIVE MOTIF 401(K) PLAN	
b	Name of plan sponsor ACTIVE MOTIF, INC.	c EIN-PN 33-0858864-001
a	Plan name ACVB 401(K) RETIREMENT PLAN	
b	Name of plan sponsor ATLANTA CONVENTION AND VISITORS BUREAU, INC.	c EIN-PN 58-0145680-001
a	Plan name ADAM FULTON DDS 401(K) PLAN	
b	Name of plan sponsor ADAM FULTON DDS, LLC	c EIN-PN 45-3853425-001
a	Plan name ADAMS BEVERAGES, INC. 401(K) PLAN	
b	Name of plan sponsor ADAMS BEVERAGES, INC.	c EIN-PN 63-0733351-001
a	Plan name ADARE PHARMACEUTICALS, INC. 401(K) PLAN	
b	Name of plan sponsor ADARE PHARMACEUTICALS, INC.	c EIN-PN 31-0988732-003
a	Plan name ADSTRA, INC.EMPLOYEE SAVINGS PLAN	
b	Name of plan sponsor ADSTRA, INC	c EIN-PN 22-2223741-003

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	ADVANCED PAIN CARE, 401(K) & PROFIT SHARING PLAN	
b	Name of plan sponsor	ADVANCED PAIN CARE, PA	c EIN-PN 33-1043094-001
a	Plan name	AERO-ONE AVIATION, LLC 401(K) PLAN	
b	Name of plan sponsor	AERO-ONE AVIATION, LLC	c EIN-PN 27-1813885-001
a	Plan name	AIA TECHNOLOGIES, LLC 401(K) PLAN	
b	Name of plan sponsor	AIA TECHNOLOGIES, LLC	c EIN-PN 47-3632915-001
a	Plan name	AKRON BAR ASSOCIATION 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	AKRON BAR ASSOCIATION	c EIN-PN 34-1683645-001
a	Plan name	AKRS EQUIPMENT SOLUTIONS INC. 401K PLAN	
b	Name of plan sponsor	AKRS EQUIPMENT SOLUTIONS INC.	c EIN-PN 27-0619457-001
a	Plan name	ALBRECHT FOODS INC 401(K) PLAN	
b	Name of plan sponsor	ALBRECHT FOODS INC	c EIN-PN 39-1551206-001
a	Plan name	ALLIANCE SOLUTIONS GROUP LLC 401(K) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor	ALLIANCE SOLUTIONS GROUP LLC	c EIN-PN 20-2735436-003
a	Plan name	ALLIED MINERAL PRODUCTS EMPLOYEE STOCK OWNERSHIP PLAN	
b	Name of plan sponsor	ALLIED MINERAL PRODUCTS, INC.	c EIN-PN 31-0643264-001
a	Plan name	ALLIED MINERAL PRODUCTS EMPLOYEE STOCK OWNERSHIP PLAN	
b	Name of plan sponsor	ALLIED MINERAL PRODUCTS HOLDING INC	c EIN-PN 84-3394646-001
a	Plan name	ALTSOURCE 401(K) PLAN	
b	Name of plan sponsor	ALTSOURCE, INC.	c EIN-PN 20-2230526-001
a	Plan name	AMARILLO HEART GROUP 401(K) AND PROFIT SHARING PLAN	
b	Name of plan sponsor	AMARILLO HEART GROUP, L.L.P.	c EIN-PN 20-1137329-001
a	Plan name	AMERICAN CONSOLIDATED INDUSTRIES, INC. RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	AMERICAN CONSOLIDATED INDUSTRIES, INC.	c EIN-PN 34-1600691-001

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	AMIVERO 401(K) PLAN	
b	Name of plan sponsor	AMIVERO, LLC	c EIN-PN 83-1678875-001
a	Plan name	AML RIGHTSOURCE, LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	AML RIGHTSOURCE, LLC	c EIN-PN 20-1996855-001
a	Plan name	AMOBEE INC. 401(K) PLAN	
b	Name of plan sponsor	AMOBEE INC.	c EIN-PN 20-2801822-002
a	Plan name	AMS GROUP 401(K) PLAN	
b	Name of plan sponsor	AMS GROUP INC	c EIN-PN 45-2981735-001
a	Plan name	ANCORA - ME	
b	Name of plan sponsor	ANCORA HOLDINGS GROUP, LLC	c EIN-PN 87-2417854-001
a	Plan name	ANDERSON & HOWARD ELECTRIC, INC. 401(K) PLAN	
b	Name of plan sponsor	ANDERSON & HOWARD ELECTRIC, INC.	c EIN-PN 95-2497870-002
a	Plan name	ANESTHESIA SERVICES OF BIRMINGHAM, P.C. RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	ANESTHESIA SERVICES OF BIRMINGHAM, P.C.	c EIN-PN 63-0588726-001
a	Plan name	ANNASHAE CORPORATION 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor	ANNASHAE CORPORATION	c EIN-PN 34-1330981-001
a	Plan name	ANSEN CORPORATION 401(K) PLAN	
b	Name of plan sponsor	INNOVATIVE ELECTRONICS CORPORATION	c EIN-PN 26-1076626-001
a	Plan name	APEL BUSINESS SOLUTIONS INC. 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor	APEL BUSINESS SOLUTIONS INC.	c EIN-PN 81-4612974-002
a	Plan name	APPALACHIAN MOUNTAIN ADVOCATES, INC.. 401(K) PLAN	
b	Name of plan sponsor	APPALACHIAN MOUNTAIN ADVOCATES, INC.	c EIN-PN 55-0781483-001
a	Plan name	ARAGRA 401(K) PLAN	
b	Name of plan sponsor	ARAGRA TECHNOLOGIES CORPORATION	c EIN-PN 46-2793780-001

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 ARCHITECTURAL FLOORS 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor ARCHITECTURAL FLOORS	c EIN-PN 75-2680510-001
a	Plan name ARCTURUS HEALTHCARE PLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor ARCTURUS HEALTHCARE PLC	c EIN-PN 46-2854201-003
a	Plan name ARMELLINI EXPRESS LINES, INC. AND SUBSIDIARIES PROFIT SHARING PLAN	
b	Name of plan sponsor ARMELLINI EXPRESS LINES, INC.	c EIN-PN 23-1615254-001
a	Plan name ARRINGTON ENGINEERING & LAND SURVEYING, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor ARRINGTON ENGINEERING & LAND SURVEYING, INC.	c EIN-PN 63-0936210-001
a	Plan name ASPEN INSURANCE U.S. SERVICES INC. 401(K) PLAN	
b	Name of plan sponsor ASPEN INSURANCE U.S. SERVICES INC.	c EIN-PN 32-0085193-001
a	Plan name ASSOCIATION OF FUNDRAISING PRO 401(K) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor ASSOCIATION OF FUNDRAISING PRO	c EIN-PN 13-2590764-002
a	Plan name ASSURANCEAMERICA CORPORATION 401(K) RETIREMENT PLAN	
b	Name of plan sponsor ASSURANCEAMERICA CORPORATION	c EIN-PN 87-0281240-001
a	Plan name ATGI 401(K) PLAN	
b	Name of plan sponsor ADVANCED TECHNOLOGIES GROUP, INC.	c EIN-PN 65-0618851-002
a	Plan name ATLAS TECHNICAL CONSULTANTS 401(K) PLAN	
b	Name of plan sponsor ATLAS TECHNICAL CONSULTANTS, LLC	c EIN-PN 82-2810953-001
a	Plan name AUTO BUYLINE SYSTEMS, INC. PROFIT SHARING PLAN	
b	Name of plan sponsor AUTO BUYLINE SYSTEMS, INC.	c EIN-PN 33-0992568-002
a	Plan name AUTOMATED CONTROL SYSTEMS, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor AUTOMATED CONTROL SYSTEMS, INC.	c EIN-PN 63-1007038-002
a	Plan name AUTOMEPP OPEN MULTIPLE EMPLOYER 401(K) PLAN	
b	Name of plan sponsor AMI BENEFIT PLAN ADMINISTRATORS, IN	c EIN-PN 34-1781113-002

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	AVAILITY, L.L.C. 401(K) RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	AVAILITY, L.L.C.	c EIN-PN 59-3715944-001
a	Plan name	AVERTEST 401(K) PLAN	
b	Name of plan sponsor	AVERTEST, LLC	c EIN-PN 27-3929226-001
a	Plan name	AXXELLA STAFFING 401(K) PLAN	
b	Name of plan sponsor	AXXELLA STAFFING	c EIN-PN 83-4341802-001
a	Plan name	B & V MECHANICAL, INC. 401(K) AND PROFIT SHARING PLAN	
b	Name of plan sponsor	B & V MECHANICAL, INC.	c EIN-PN 38-2562518-001
a	Plan name	BAILEY SPINE & WELLNESS, LLC 401(K) PLAN	
b	Name of plan sponsor	BAILEY SPINE & WELLNESS, LLC	c EIN-PN 81-4720314-001
a	Plan name	BARRINGTON CHEMICAL CORPORATION 401K PROFIT SHARING PLAN	
b	Name of plan sponsor	BARRINGTON CHEMICAL CORPORATION	c EIN-PN 13-3607795-001
a	Plan name	BERNSTEIN MANAGEMENT CORPORATION EMPLOYEE 401(K) PLAN	
b	Name of plan sponsor	BERNSTEIN MANAGEMENT CORPORATION	c EIN-PN 52-1851812-001
a	Plan name	BEYONDTRUST CORPORATION 401K PLAN	
b	Name of plan sponsor	BEYONDTRUST CORPORATION	c EIN-PN 20-4000074-001
a	Plan name	BIBLIOTHECA, LLC 401(K) PLAN	
b	Name of plan sponsor	BIBLIOTHECA, LLC	c EIN-PN 38-3837521-001
a	Plan name	BINGHAM COMPANIES PROFIT SHARING AND 401(K) PLAN	
b	Name of plan sponsor	BINGHAM EQUIPMENT COMPANY	c EIN-PN 86-0139051-001
a	Plan name	BIRMINGHAM HEART CLINIC, P. C. PROFIT SHARING PLAN	
b	Name of plan sponsor	BIRMINGHAM HEART CLINIC, PC	c EIN-PN 63-1119002-001
a	Plan name	BLUE HORIZONS POOLED EMPLOYER PLAN	
b	Name of plan sponsor	TRGF, INC.	c EIN-PN 82-3095168-001

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 BLUE STAR GAS ASSOCIATES 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor GARBerville GAS CORPORATION	c EIN-PN 94-1113690-001
a	Plan name BODNAR AND WYATT 401(K) PLAN	
b	Name of plan sponsor BODNAR AND WYATT, PLLC	c EIN-PN 20-8050966-020
a	Plan name BONDY'S AUTOMOTIVE 401(K) RETIREMENT PLAN	
b	Name of plan sponsor BONDYS FORD, INC.	c EIN-PN 63-0587124-001
a	Plan name BONE & JOINT SPECIALISTS OF WINCHESTER, P.C. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor BONE & JOINT SPECIALISTS OF WINCHESTER, P.C.	c EIN-PN 20-2316909-001
a	Plan name BOOTS RETAIL USA, INC. 401(K) PLAN	
b	Name of plan sponsor BOOTS RETAIL USA, INC.	c EIN-PN 02-0613669-002
a	Plan name BOYS & GIRLS CLUBS OF GREATER WASHINGTON PENSION	
b	Name of plan sponsor BOYS & GIRLS CLUBS OF GREATER WASHINGTON	c EIN-PN 53-0236759-001
a	Plan name BRAY & REED LTD 401(K)	
b	Name of plan sponsor BRAY & REED LTD	c EIN-PN 27-4419297-002
a	Plan name BRECKENRIDGE PHARMACEUTICAL INC 401(K) PLAN	
b	Name of plan sponsor BRECKENRIDGE PHARMACEUTICAL, INC.	c EIN-PN 65-0352825-001
a	Plan name BRENNAN BB RANCH, LLC RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor BRENNAN BB RANCH, LLC	c EIN-PN 26-0404886-001
a	Plan name BRETT C. SKARR, D.D.S., S.C. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor BRETT C. SKARR, D.D.S., S.C.	c EIN-PN 39-1752493-001
a	Plan name BRIGHT SMILE DENTAL 401(K) PLAN	
b	Name of plan sponsor BRIGHT SMILE DENTAL, P.C.	c EIN-PN 83-0369354-001
a	Plan name BRUNING STATE BANK 401(K) RETIREMENT PLAN	
b	Name of plan sponsor BRUNING STATE BANK	c EIN-PN 47-0114250-002

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	BT U.S. RETIREMENT SAVINGS PLAN 401(K)	
b	Name of plan sponsor	BT AMERICAS HOLDINGS, INC.	c EIN-PN 20-2458368-002
a	Plan name	BUCKLEY, THEROUX, KLINE & COOLEY, LLC 401(K) PLAN	
b	Name of plan sponsor	BUCKLEY, THEROUX, KLINE & COOLEY, LLC	c EIN-PN 22-3594244-001
a	Plan name	BUTLER BALANCING COMPANY, INC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	BUTLER BALANCING COMPANY, INC.	c EIN-PN 23-2657938-001
a	Plan name	C4 WELDING, INC. 401(K) PLAN & TRUST	
b	Name of plan sponsor	C4 WELDING, INC.	c EIN-PN 46-2006270-001
a	Plan name	C.J. DANNEMILLER CO., INC. PROFIT SHARING PLAN	
b	Name of plan sponsor	C. J. DANNEMILLER CO., INC	c EIN-PN 34-1026251-001
a	Plan name	CALEDONIA IMPLEMENT COMPANY, INC. SAFE HARBOR 401(K) PLAN	
b	Name of plan sponsor	CALEDONIA IMPLEMENT COMPANY, INC.	c EIN-PN 41-0630941-001
a	Plan name	CALIBER NEWREZ FAMILY OF COMPANIES 401(K) PLAN	
b	Name of plan sponsor	CALIBER HOME LOANS, INC.	c EIN-PN 13-6131491-001
a	Plan name	CALMHR 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	CALMHR	c EIN-PN 85-0520895-001
a	Plan name	CARPETLAND U.S.A. OF DAVENPORT, INC. 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor	CARPETLAND U.S.A. OF DAVENPORT, INC.	c EIN-PN 42-0982720-001
a	Plan name	CARRIX, INC. RETIREMENT PLAN	
b	Name of plan sponsor	CARRIX, INC.	c EIN-PN 91-1653735-002
a	Plan name	CARRUBBA INCORPORATED DEFINED CONTRIBUTION PLAN	
b	Name of plan sponsor	CARRUBBA INCORPORATED	c EIN-PN 06-1021215-001
a	Plan name	CASH PROCESSING SOLUTIONS 401(K)	
b	Name of plan sponsor	CASH PROCESSING SOLUTIONS	c EIN-PN 11-2003579-001

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
<small>(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)</small>			
a	Plan name	CATANESE CLASSIC SEAFOODS, INC., 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	CATANESE CLASSIC SEAFOODS, INC.	c EIN-PN 20-0970134-001
a	Plan name	CENTRIC HEALTH 401(K) PLAN	
b	Name of plan sponsor	CENTRIC HEALTH	c EIN-PN 95-3511288-002
a	Plan name	CFP 401(K) PLAN	
b	Name of plan sponsor	COOKE FAMILY PROVISIONS, INC	c EIN-PN 84-3865313-001
a	Plan name	CGRS, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	CGRS, INC.	c EIN-PN 84-1061813-001
a	Plan name	CHARTER BANK 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	CHARTER BANK	c EIN-PN 42-1470586-001
a	Plan name	CHERRY BEKAERT, LLP 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	CHERRY BEKAERT, LLP	c EIN-PN 56-0574444-002
a	Plan name	CHERRY CREEK INSURANCE AGENCY, INC. 401(K) PLAN	
b	Name of plan sponsor	CHERRY CREEK INSURANCE AGENCY, INC. DBA CCIG	c EIN-PN 84-1040215-001
a	Plan name	CHIBUIKE ENYEREIBE ANUCHA MD PC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	CHIBUIKE ENYEREIBE ANUCHA MD PC	c EIN-PN 47-5084830-001
a	Plan name	CHICAGO FLUID SYSTEM TECH 401(K) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor	CHICAGO FLUID SYSTEM TECH	c EIN-PN 36-4393921-001
a	Plan name	CHILD & FAMILY SUPPORT SERVICE 401(K) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor	CHILD & FAMILY SUPPORT SERVICE	c EIN-PN 81-0572473-001
a	Plan name	CHIMERA INVESTORS LLC 401(K) PLAN	
b	Name of plan sponsor	CHIMERA INVESTORS LLC	c EIN-PN 45-5617158-001
a	Plan name	CIRCON ENVIRONMENTAL 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	INTERGULF CORPORATION	c EIN-PN 76-0275809-001

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	CITY OF HURST	
b	Name of plan sponsor	CITY OF HURST	c EIN-PN 75-6004020-001
a	Plan name	CLIMATE HEATING AND COOLING, INC. 401(K) PLAN	
b	Name of plan sponsor	CLIMATE HEATING AND COOLING, INC.	c EIN-PN 04-3547451-001
a	Plan name	CLOUD 9 MANAGEMENT SERVICES LL 401(K) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor	CLOUD 9 MANAGEMENT SERVICES LL	c EIN-PN 46-4283990-001
a	Plan name	CMA CGM (AMERICA) LLC 401(K) PLAN	
b	Name of plan sponsor	CMA CGM (AMERICA) LLC	c EIN-PN 22-3522528-001
a	Plan name	CMA OF NORTHERN VA 401(K) PLAN	
b	Name of plan sponsor	CHILDRENS MEDICAL ASSOCIATION OF NORTHERN VA, P.C.	c EIN-PN 54-1460167-002
a	Plan name	CMF OPERATING COMPANY LLC 401K PLAN	
b	Name of plan sponsor	CMF OPERATING COMPANY LLC	c EIN-PN 27-0753380-001
a	Plan name	COMBINED PROPERTIES, INCORPORATED 401(K) PLAN	
b	Name of plan sponsor	COMBINED PROPERTIES, INCORPORATED	c EIN-PN 52-1372133-001
a	Plan name	COM-CORP. INDUSTRIES, INC. EMPLOYEES SAVINGS PLAN AND TRUST	
b	Name of plan sponsor	COM-CORP. INDUSTRIES, INC.	c EIN-PN 31-1314332-001
a	Plan name	COMMUNITY POINT BANK 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	COMMUNITY POINT BANK	c EIN-PN 44-0207350-001
a	Plan name	COMPREHENSIVE ENGINEERING 401(K) RETIREMENT SAVINGS PLAN & TRUST	
b	Name of plan sponsor	COMPREHENSIVE ENGINEERING PC	c EIN-PN 38-3110758-001
a	Plan name	CONNECTICUT HEATING & COOLING CONTRACTORS ASSOCIATION RETIREMENT PLAN	
b	Name of plan sponsor	CONNECTICUT HEATING & COOLING CONTRACTORS ASSOCIATION, INC.	c EIN-PN 23-7323973-001
a	Plan name	CONSOLIDATED ENGINEERING LABORATORIES UNION 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	CONSOLIDATED ENGINEERING LABORATORIES	c EIN-PN 94-2988193-002

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	CONSTRUCTION RESOURCES, LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	CONSTRUCTION RESOURCES, LLC	c EIN-PN 06-1174353-001
a	Plan name	CONTINENTAL EXCHANGE SOLUTIONS, INC. 401(K) PLAN	
b	Name of plan sponsor	CONTINENTAL EXCHANGE SOLUTIONS, INC.	c EIN-PN 22-2829900-001
a	Plan name	CONTROL TECHNOLOGY CORPORATION 401(K) PLAN	
b	Name of plan sponsor	CONTROL TECHNOLOGY CORPORATION	c EIN-PN 04-2572318-001
a	Plan name	CORELL CONTRACTOR, INC. 401(K) PLAN	
b	Name of plan sponsor	CORELL CONTRACTOR, INC.	c EIN-PN 42-1294898-001
a	Plan name	CORNICK, GARBER & SANDLER, LLP 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	CORNICK, GARBER & SANDLER, LLP	c EIN-PN 13-2620561-001
a	Plan name	COSETTE PHARMACEUTICALS, INC. 401(K) PLAN	
b	Name of plan sponsor	COSETTE PHARMACEUTICALS, INC.	c EIN-PN 83-2305806-001
a	Plan name	COVENANT CARE 401(K) PLAN	
b	Name of plan sponsor	COVENANT CARE CALIFORNIA, LLC	c EIN-PN 33-0631540-001
a	Plan name	CPG BEYOND, INC. 401(K) PLAN	
b	Name of plan sponsor	CPG BEYOND, INC.	c EIN-PN 90-0855545-001
a	Plan name	CRESCENT CAPITAL GROUP LP 401(K) PLAN	
b	Name of plan sponsor	CRESCENT CAPITAL GROUP LP	c EIN-PN 27-2698206-001
a	Plan name	CSW, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	CSW, INC.	c EIN-PN 04-2226585-002
a	Plan name	CUMBERLAND FINANCIAL GROUP, INC 401K PLAN	
b	Name of plan sponsor	CUMBERLAND FINANCIAL GROUP, INC	c EIN-PN 58-2087124-001
a	Plan name	CUNINGHAM GROUP ARCHITECTURE, INC. RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	CUNINGHAM GROUP ARCHITECTURE, INC.	c EIN-PN 41-1456525-001

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	CWS SAVINGS PLAN (401(K))	
b	Name of plan sponsor	CWS CAPITAL PARTNERS LLC	c EIN-PN 33-0787121-003
a	Plan name	CYNTHIA M. GREGG, MD, PLLC 401(K) PLAN	
b	Name of plan sponsor	CYNTHIA M. GREGG, MD, PLLC	c EIN-PN 56-2242384-001
a	Plan name	DAKOTA SOFTWARE CORPORATION 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	DAKOTA SOFTWARE CORPORATION	c EIN-PN 16-1444228-001
a	Plan name	DANIEL GALE 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	DANIEL GALE AGENCY, INC.	c EIN-PN 11-3024856-001
a	Plan name	DARAG US SERVICES COMPANY 41(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	DARAG US SERVICES COMPANY	c EIN-PN 47-3443751-001
a	Plan name	DECISIVEEDGE, LLC	
b	Name of plan sponsor	DECISIVEEDGE, LLC	c EIN-PN 27-3169253-001
a	Plan name	DEV TECHNOLOGY GROUP - 401(K) P/S PLAN	
b	Name of plan sponsor	DEV TECHNOLOGY GROUP, INC	c EIN-PN 52-2110007-001
a	Plan name	DIAMOND METALS DISTRIBUTION, LLC	
b	Name of plan sponsor	DIAMOND METALS DISTRIBUTION, LLC	c EIN-PN 82-3633397-001
a	Plan name	DISTRICT PHOTO, INC. 401(K) PLAN	
b	Name of plan sponsor	DISTRICT PHOTO, INC.	c EIN-PN 52-1191617-001
a	Plan name	DIVENTURES HOLDINGS LLC 401(K) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor	DIVENTURES HOLDINGS LLC	c EIN-PN 27-4512503-001
a	Plan name	DOMINIUM 401(K) RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	DOMINIUM MANAGEMENT SERVICES, LLC	c EIN-PN 26-2778954-001
a	Plan name	DWA MANAGEMENT, LLC 401(K) PLAN	
b	Name of plan sponsor	DWA MANAGEMENT, LLC	c EIN-PN 46-3627105-001

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 DYNAMIC SERVICE SOLUTIONS 401(K) PLAN	
b	Name of plan sponsor DYNAMIC SERVICE SOLUTIONS, LLC	c EIN-PN 80-0625178-001
a	Plan name E.S. WAGNER COMPANY PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor E.S. WAGNER COMPANY	c EIN-PN 34-0907180-002
a	Plan name EASTERN DIVERSIFIED SERVICES, INC. 401(K) PLAN	
b	Name of plan sponsor EASTERN DIVERSIFIED SERVICES, INC.	c EIN-PN 23-2513103-001
a	Plan name EAU CLAIRE PERIODONTICS & IMPLANT DENTISTRY 401(K) & PROFIT SHARING PLAN	
b	Name of plan sponsor EAU CLAIRE PERIODONTICS LLC	c EIN-PN 45-4036052-001
a	Plan name EDOPS 401(K) P/S PLAN	
b	Name of plan sponsor EDOPS	c EIN-PN 27-1263534-001
a	Plan name EDP PRODUCTS CO., INC. 401K PROFIT SHARING PLAN	
b	Name of plan sponsor EDP PRODUCTS CO., INC.	c EIN-PN 99-0188027-002
a	Plan name ELECTRIC MOTOR SALES & SERVICE, INC., 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor ELECTRIC MOTOR SALES & SERVICE, INC.	c EIN-PN 64-0508039-001
a	Plan name ELECTRICAL CONNECTION, INC. RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor ELECTRICAL CONNECTION INC.	c EIN-PN 20-0318636-001
a	Plan name ELIPSIS ENGINEERING & CONSULTING, LLC RETIREMENT PLAN	
b	Name of plan sponsor ELIPSIS ENGINEERING & CONSULTING, LLC	c EIN-PN 26-4284102-001
a	Plan name ELITE CASINO RESORTS 401(K) PLAN	
b	Name of plan sponsor ELITE CASINO RESORTS, LLC	c EIN-PN 47-3722526-001
a	Plan name ELKINS CHEVROLET LLC 401(K) PLAN	
b	Name of plan sponsor ELKINS CHEVROLET LLC	c EIN-PN 22-3630104-001
a	Plan name EMERGING MARKET SEPARATE ACCOUNT	
b	Name of plan sponsor EMERGING MARKET SEPARATE ACCOUNT	c EIN-PN 46-3943208-001

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	EMPOWER LIFETIME 2015 TRUST	
b	Name of plan sponsor	EMPOWER TRUST COMPANY, LLC	c EIN-PN 84-1455663-011
a	Plan name	ENCORE IMAGE GROUP, INC. 401(K) PLAN	
b	Name of plan sponsor	ENCORE IMAGE GROUP, INC.	c EIN-PN 95-3765711-001
a	Plan name	ENEVATE CORPORATION RETIREMENT PLAN	
b	Name of plan sponsor	ENEVATE CORPORATION	c EIN-PN 26-2361179-002
a	Plan name	ENNVEE TECHNOGROUP, INC. 401(K) PLAN	
b	Name of plan sponsor	ENNVEE TECHNOGROUP, INC.	c EIN-PN 30-0050677-001
a	Plan name	ENSEMBLE RETIREMENT SAVINGS PLAN 401(K)	
b	Name of plan sponsor	ENSEMBLE HEALTH PARTNERS HOLDINGS, LLC	c EIN-PN 84-2528019-021
a	Plan name	ENTERPRISE PUBLISHING 401(K) PLAN	
b	Name of plan sponsor	ENTERPRISE PUBLISHING	c EIN-PN 47-0464226-001
a	Plan name	ENVIROTECH SERVICES, INC. 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	ENVIROTECH SERVICES, INC.	c EIN-PN 84-1102950-001
a	Plan name	EPAM SYSTEMS, INC. 401(K) PLAN	
b	Name of plan sponsor	EPAM SYSTEMS, INC	c EIN-PN 22-3536104-001
a	Plan name	EPC SPACE, LLC 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	EPC SPACE, LLC	c EIN-PN 85-0539305-001
a	Plan name	EQUIVEST BENEFITS 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	EQUIVEST DEVELOPMENT, INC.	c EIN-PN 23-2277015-001
a	Plan name	ESTATE ADMINISTRATIVE SERVICES, LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	ESTATE ADMINISTRATIVE SERVICES, LLC	c EIN-PN 99-0350528-001
a	Plan name	ET COSMETICS 401(K) PLAN	
b	Name of plan sponsor	THE ELIZABETH TAYLOR COSMETICS COMPANY	c EIN-PN 13-3230369-002

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	ETAF 401(K) PLAN
b	Name of plan sponsor	THE ELIZABETH TAYLOR AIDS FOUNDATION
c	EIN-PN	95-4349614-001
a	Plan name	ETG TRADING INC 401(K) PROFIT SHARING PLAN & TRUST
b	Name of plan sponsor	ETG TRADING INC
c	EIN-PN	85-3748164-001
a	Plan name	EVOLUCION INNOVATIONS, INC. RETIREMENT TRUST
b	Name of plan sponsor	EVOLUCION INNOVATIONS, INC.
c	EIN-PN	56-2529165-001
a	Plan name	EXCEL SALON PRODUCTS, INC. 401(K) PROFIT SHARING PLAN AND TRUST
b	Name of plan sponsor	EXCEL SALON PRODUCTS, INC.
c	EIN-PN	38-2043740-002
a	Plan name	FAIRWAY PAINTING & SANDBLASTING 401(K) P/S PLAN
b	Name of plan sponsor	FAIRWAY PAINTING & SANDBLASTING, INC.
c	EIN-PN	39-1812378-001
a	Plan name	FARMERS BANK OF GREEN CITY 401K PLAN
b	Name of plan sponsor	FARMERS BANK OF GREEN CITY
c	EIN-PN	44-0502072-001
a	Plan name	FARWELL PROJECT ADVISORS, LLC 401(K) P/S PLAN
b	Name of plan sponsor	FARWELL PROJECT ADVISORS, LLC
c	EIN-PN	46-2604294-001
a	Plan name	FARWEST INSULATION CONTRACTING EMPLOYEES' PROFIT SHARING PLAN
b	Name of plan sponsor	FARWEST INSULATION CONTRACTING
c	EIN-PN	20-0393110-001
a	Plan name	FCER 401(K) PLAN
b	Name of plan sponsor	FCER MANAGEMENT, LLC DBA ADEPTUS HEALTH
c	EIN-PN	11-3798239-001
a	Plan name	FEDERATED WIRELESS, INC. 401(K) PLAN
b	Name of plan sponsor	FEDERATED WIRELESS, INC.
c	EIN-PN	45-5077072-001
a	Plan name	FELLING TRAILERS, INC. 401(K) PLAN
b	Name of plan sponsor	FELLING TRAILERS, INC.
c	EIN-PN	41-1329390-001
a	Plan name	FINTRUST 401(K) POOLED EMPLOYER PLAN
b	Name of plan sponsor	EWPORT GROUP, INC.
c	EIN-PN	27-2037969-020

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	FINWISE BANK 401(K) PLAN	
b	Name of plan sponsor	FINWISE BANK	c EIN-PN 87-0632133-001
a	Plan name	FLEETWOOD - FIBRE PACKAGING & GRAPHICS, INC. RETIREMENT SAVINGS AND PROFIT	
b	Name of plan sponsor	FLEETWOOD-FIBRE PACKAGING & GRAPHICS, INC.	c EIN-PN 95-2233174-002
a	Plan name	FLEXPATH SERVICES RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	FLEXPATH SERVICES INC	c EIN-PN 92-3133157-001
a	Plan name	FOOD FOR THOUGHT 401K RETIREMENT PLAN	
b	Name of plan sponsor	FOOD FOR THOUGHT, INC.	c EIN-PN 34-1711156-001
a	Plan name	FORE AERO HOLDINGS SAFE HARBOR 401(K) PLAN	
b	Name of plan sponsor	FORE AERO HOLDINGS, LLC	c EIN-PN 81-5122671-001
a	Plan name	FOREM FACILITY MANAGEMENT 401K PLAN	
b	Name of plan sponsor	AMERICOLD LOGISTICS, LLC	c EIN-PN 22-3631006-001
a	Plan name	FORT MYER CONSTRUCTION COMPANY 401(K) PLAN	
b	Name of plan sponsor	FORT MYER CONSTRUCTION CORPORATION	c EIN-PN 54-0956585-002
a	Plan name	FRANK LIQUOR COMPANY, INC. 401(K) PLAN	
b	Name of plan sponsor	FRANK LIQUOR COMPANY, INC.	c EIN-PN 39-0961308-001
a	Plan name	FRANK N. MAGID ASSOCIATES, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	FRANK N. MAGID ASSOCIATES, INC	c EIN-PN 42-0894975-001
a	Plan name	FRANSEN DECORATING, INC. PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor	FRANSEN DECORATING, INC.	c EIN-PN 41-1657723-001
a	Plan name	FRED T. NEELY & COMPANY, PLLC 401(K) SALARY SAVINGS PLAN	
b	Name of plan sponsor	FRED T. NEELY & COMPANY, PLLC	c EIN-PN 45-3122402-001
a	Plan name	FROST, INC. 401(K) PROFIT SHARING RETIREMENT PLAN	
b	Name of plan sponsor	FROST, INC.	c EIN-PN 38-1619542-003

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	FULLER SUPPLY COMPANY, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	FULLER SUPPLY COMPANY, INC.	c EIN-PN 63-0480127-001
a	Plan name	G&W LABORATORIES INC. RETIREMENT PLAN	
b	Name of plan sponsor	G & W LABORATORIES, INC.	c EIN-PN 22-1530141-001
a	Plan name	GADDY ENGINEERING COMPANY 401(K) PLAN	
b	Name of plan sponsor	GADDY ENGINEERING COMPANY	c EIN-PN 55-0517770-001
a	Plan name	GB CAPITAL HOLDINGS LLC	
b	Name of plan sponsor	GB CAPITAL HOLDINGS	c EIN-PN 20-5549396-002
a	Plan name	GEOFORCE, INC. 401(K) PLAN	
b	Name of plan sponsor	GEOFORCE, INC.	c EIN-PN 20-8211736-001
a	Plan name	GEORGE MOVING & STORAGE, INC. RETIREMENT PLAN	
b	Name of plan sponsor	GEORGE MOVING & STORAGE, INC.	c EIN-PN 25-1399605-001
a	Plan name	GK BRANDS 401(K) PLAN	
b	Name of plan sponsor	GK BRANDS	c EIN-PN 84-3506218-001
a	Plan name	GLENN MACHINE WORKS, INC. 401(K) PLAN	
b	Name of plan sponsor	GLENN MACHINE WORKS, INC.	c EIN-PN 64-0470007-001
a	Plan name	GLICK JCC 401(K) PLAN	
b	Name of plan sponsor	JEWISH COMMUNITY CENTER ASSOCIATION OF INDIANAPOLIS, INC.	c EIN-PN 23-7099138-001
a	Plan name	GOLDEN ALUMINUM, INC. 401(K) SAVINGS PLAN	
b	Name of plan sponsor	GOLDEN ALUMINUM, INC.	c EIN-PN 76-0589072-001
a	Plan name	GOLDEN RETIREMENT PLAN	
b	Name of plan sponsor	TRG FIDUCIARY SERVICES, LLC	c EIN-PN 82-3095168-010
a	Plan name	GOOSEFOOT ACRES INC 401K	
b	Name of plan sponsor	GOOSEFOOT ACRES INC.	c EIN-PN 34-1606045-001

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	GPD GROUP 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	GLAUS, PYLE, SCHOMER, BURNS & DEHAVEN, INC.	c EIN-PN 34-1134715-003
a	Plan name	GRADIENT GROUP 401(K) PLAN	
b	Name of plan sponsor	GRADIENT GROUP LLC	c EIN-PN 46-2464693-001
a	Plan name	GRAY REED & MCGRAW LLP PROFIT SHARING PLAN	
b	Name of plan sponsor	GRAY REED & MCGRAW LLP	c EIN-PN 81-4045088-001
a	Plan name	GREAT LAKES AQUARIUM 401(K) PLAN	
b	Name of plan sponsor	GREAT LAKES AQUARIUM	c EIN-PN 41-1659809-001
a	Plan name	GREATER DAYTON SURGERY CENTER 401(K) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor	GREATER DAYTON SURGERY CENTER	c EIN-PN 20-2913367-001
a	Plan name	GREEN VALLEY DAIRY 401(K) PLAN	
b	Name of plan sponsor	GREEN VALLEY DAIRY, LLC	c EIN-PN 39-1970472-001
a	Plan name	GREENLAND HOMES 401(K) PLAN	
b	Name of plan sponsor	GREENLAND HOMES 401(K) PLAN	c EIN-PN 26-4465049-001
a	Plan name	GRIFFIN DURHAM TANNER & CLARKSON LLC 401(K) PLAN	
b	Name of plan sponsor	GRIFFIN DURHAM TANNER & CLARKSON LLC	c EIN-PN 86-1503433-001
a	Plan name	GRITTER-FRANCONA 401(K) PLAN	
b	Name of plan sponsor	GRITTER-FRANCONA, INC.	c EIN-PN 46-1814879-001
a	Plan name	GROUP O 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	GROUP O, INC.	c EIN-PN 36-3823680-001
a	Plan name	GULF WINDS CREDIT UNION DEFINED BENEFIT PLAN AND TRUST	
b	Name of plan sponsor	GULF WINDS CREDIT UNION	c EIN-PN 59-6143861-001
a	Plan name	H & H SALES, INC. 401(K) PLAN	
b	Name of plan sponsor	H & H SALES, INC.	c EIN-PN 42-1309803-001

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 HANSEN THORP PELLINEN OLSON, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor HANSEN THORP PELLINEN OLSON, INC.	c EIN-PN 41-1387509-001
a	Plan name HASTINGS WATER WORKS, INC. 401K RETIREMENT PLAN	
b	Name of plan sponsor HASTINGS WATER WORKS, INC.	c EIN-PN 34-1712822-001
a	Plan name HAYDEN OUTDOORS 401(K) PLAN	
b	Name of plan sponsor HAYDEN OUTDOORS, L.L.C. DBA HAYDEN OUTDOORS REAL ESTATE	c EIN-PN 20-4662390-001
a	Plan name HEALTHPEAK PROPERTIES, INC. 401(K) RETIREMENT PLAN	
b	Name of plan sponsor HEALTHPEAK PROPERTIES, INC.	c EIN-PN 33-0091377-001
a	Plan name HEALTHSMART MANAGEMENT SERVICES ORGANIZATIONS, INC. 401(K) PLAN	
b	Name of plan sponsor HEALTHSMART MANAGEMENT SERVICES ORGANIZATIONS INC	c EIN-PN 93-1209030-001
a	Plan name HEARTLAND SECURITY INSURANCE GROUP 401(K) PLAN AND TRUST	
b	Name of plan sponsor HEARTLAND SECURITY INSURANCE GROUP, INC.	c EIN-PN 75-2960792-002
a	Plan name HELDT LUMBER CO., INC. PROFIT SHARING PLAN	
b	Name of plan sponsor HELDT LUMBER CO., INC.	c EIN-PN 86-0148002-001
a	Plan name HENDEL PRODUCTS GROUP 401(K) PLAN	
b	Name of plan sponsor HENDEL PRODUCTS GROUP	c EIN-PN 11-3125928-001
a	Plan name HENRY SUMMER & CO. INC. RETIREMENT TRUST	
b	Name of plan sponsor HENRY SUMMER & CO. INC.	c EIN-PN 57-0895521-001
a	Plan name HERDT CONSULTING, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor HERDT CONSULTING, INC.	c EIN-PN 04-3694474-001
a	Plan name HERITAGE ENGINEERING, LLC 401(K) PLAN	
b	Name of plan sponsor HERITAGE ENGINEERING, LLC	c EIN-PN 33-1165890-001
a	Plan name HF GROUP LLC 401(K) PLAN	
b	Name of plan sponsor HF GROUP LLC	c EIN-PN 20-4101469-001

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 HIGH PLAINS ORTHODONTICS 401(K) PLAN	
b	Name of plan sponsor HIGH PLAINS ORTHODONTICS	c EIN-PN 20-3946283-001
a	Plan name HOMESTEADERS LIFE CO. 401(K) RETIREMENT PLAN	
b	Name of plan sponsor HOMESTEADERS LIFE CO.	c EIN-PN 42-0316600-002
a	Plan name HOOSIER HEARTLAND STATE BANCORP EMPLOYEE STOCK OWNERSHIP AND SAVINGS PLAN	
b	Name of plan sponsor HOOSIER HEARTLAND STATE BANCORP	c EIN-PN 26-3820781-002
a	Plan name HORROCKS ENGINEERS 401(K) PLAN	
b	Name of plan sponsor HORROCKS ENGINEERS, INC.	c EIN-PN 87-0296502-001
a	Plan name HOWARD & O'BRIEN 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor HOWARD & OBRIEN ASSOCIATES, INC.	c EIN-PN 36-4565478-002
a	Plan name HOWARD-STICKEL PROFIT SHARING AND 401(K) PLAN	
b	Name of plan sponsor BRANDI HOWARD-STICKEL & ASSOCIATES DDS, LLC	c EIN-PN 47-1167390-001
a	Plan name HPC SPECIALTY PHARMACY 401(K) PLAN	
b	Name of plan sponsor HPC LLC	c EIN-PN 74-3073521-001
a	Plan name HPC, LLC 401(K) RETIREMENT PLAN	
b	Name of plan sponsor HPC, LLC	c EIN-PN 42-1449124-001
a	Plan name HP-UOV 401K RETIREMENT PLAN	
b	Name of plan sponsor THE HEALTH PLAN OF WEST VIRGINIA, INC.	c EIN-PN 55-0585592-002
a	Plan name HUMANE SOCIETY OF GREATER DAYT 401(K) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor HUMANE SOCIETY OF GREATER DAYT	c EIN-PN 31-0537073-001
a	Plan name HUTCHINSON CLINIC, P.A. EMPLOYEES' 401K PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor HUTCHINSON CLINIC, P.A.	c EIN-PN 48-0734011-002
a	Plan name I.D. ASSOCIATES, INC. 401(K) PLAN	
b	Name of plan sponsor I.D. ASSOCIATES, INC.	c EIN-PN 63-1227182-001

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	IBA USA 401K PLAN	
b	Name of plan sponsor	IBA USA, INC.	c EIN-PN 51-0390290-001
a	Plan name	IC&MS, LLC 401K PLAN	
b	Name of plan sponsor	IC&MS, LLC	c EIN-PN 46-2597599-001
a	Plan name	IFP ADVISORS, LLC FINANCIAL INDEPENDENCE PLATFORM	
b	Name of plan sponsor	IFP ADVISORS, LLC	c EIN-PN 59-3331424-001
a	Plan name	ILS INTERNATIONAL LAUNCH SERVI 401(K) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor	ILS INTERNATIONAL LAUNCH SERVI	c EIN-PN 77-0346405-001
a	Plan name	IMCORP 401(K) PLAN	
b	Name of plan sponsor	IMCORP	c EIN-PN 06-1432101-001
a	Plan name	IMPROVE HEALTH 401(K) PLAN	
b	Name of plan sponsor	MICHIGAN PEER REVIEW ORGANIZATION	c EIN-PN 38-2536610-001
a	Plan name	IN MOTION DESIGN INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	IN MOTION DESIGN INC.	c EIN-PN 83-0468639-001
a	Plan name	INFOLOB SOLUTIONS, INC 401K	
b	Name of plan sponsor	INFOLOB SOLUTIONS, INC	c EIN-PN 26-4550756-001
a	Plan name	INJECTECH, LLC 401(K) PLAN	
b	Name of plan sponsor	INJECTECH, LLC	c EIN-PN 84-1520989-002
a	Plan name	INNOPLEX, LLC 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor	INNOPLEX, LLC	c EIN-PN 27-5033368-001
a	Plan name	INSTITUTE FOR IN VITRO SCIENCES 401K PS PLAN	
b	Name of plan sponsor	INSTITUTE FOR IN VITRO SCIENCES INC	c EIN-PN 52-2029668-001
a	Plan name	INTEGRATED FINANCIAL SETTLEMENTS, INC. 401(K) PLAN	
b	Name of plan sponsor	INTEGRATED FINANCIAL SETTLEMENTS, INC.	c EIN-PN 20-4029426-001

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 INTELLISENSE SYSTEMS, INC. 401(K) PLAN	
b	Name of plan sponsor INTELLISENSE SYSTEMS, INC.	c EIN-PN 82-3054429-001
a	Plan name INTERSTATE ROOFING AND WATERPROOFING, INC. 401(K) SALARY REDUCTION PLAN	
b	Name of plan sponsor INTERSTATE ROOFING AND WATERPROOFING, INC.	c EIN-PN 39-1138482-002
a	Plan name IPC 401(K) PLAN	
b	Name of plan sponsor IPC SYSTEMS, INC.	c EIN-PN 30-0383566-001
a	Plan name J & S MASONRY 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor J & S MASONRY	c EIN-PN 82-0403473-001
a	Plan name JAMES M GRIMES MD ORTHOPAEDICS LLC 401K PLAN	
b	Name of plan sponsor JAMES M GRIMES MD ORTHOPAEDICS, LLC	c EIN-PN 87-3305150-001
a	Plan name J-BERD MECHANICAL CONTRACTORS, INC. 401(K) PLAN	
b	Name of plan sponsor J-BERD MECHANICAL CONTRACTORS, INC.	c EIN-PN 41-1716695-001
a	Plan name JELSEMA CONCRETE CONSTRUCTION, INC. 401(K) RETIREMENT PLAN	
b	Name of plan sponsor JELSEMA CONCRETE CONSTRUCTION, INC.	c EIN-PN 38-2259328-001
a	Plan name JESSE N. VEIL, D.D.S., P.A. 401(K) PLAN	
b	Name of plan sponsor JESSE N. VEIL, D.D.S., M.S., P.A. DBA VEIL & WILD ORTHODONTICS	c EIN-PN 41-1951549-001
a	Plan name JET LINX AVIATION, LLC 401(K) PLAN	
b	Name of plan sponsor JET LINX AVIATION, LLC	c EIN-PN 26-3984455-001
a	Plan name JIRAWAN SRIVIVATANAKUL DDS INC 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor JIRAWAN SRIVIVATANAKUL D.D.S., INC.	c EIN-PN 51-0619497-001
a	Plan name JOHNSTON R. V. CENTER 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor JOHNSTON SALES, LLC	c EIN-PN 46-4462442-002
a	Plan name JONESVILLE PAPER TUBE CORPORATION 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor JONESVILLE PAPER TUBE CORPORATION	c EIN-PN 38-1493573-001

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	JOSHUA M. FREEMAN FOUNDATION 401(K) PLAN	
b	Name of plan sponsor	JOSHUA M. FREEMAN FOUNDATION	c EIN-PN 20-8592383-001
a	Plan name	KA PO'E HANA LLC 401(K) PLAN	
b	Name of plan sponsor	KA POE HANA LLC	c EIN-PN 31-1674666-001
a	Plan name	KAISER ASSOCIATES, INC. 401(K) SAVINGS PLAN	
b	Name of plan sponsor	KAISER ASSOCIATES, INC.	c EIN-PN 22-2428419-001
a	Plan name	KALEO, INC. 401(K) PLAN	
b	Name of plan sponsor	KALEO, INC.	c EIN-PN 26-4174212-001
a	Plan name	KBA, INC. 401(K) AND PROFIT SHARING PLAN	
b	Name of plan sponsor	KBA, INC.	c EIN-PN 91-1581416-001
a	Plan name	KIERNAN TREBACH PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor	KIERNAN TREBACH LLP	c EIN-PN 52-2328075-001
a	Plan name	KING CONSTRUCTION 401(K) PLAN	
b	Name of plan sponsor	KING CONSTRUCTION LLC	c EIN-PN 33-1056040-001
a	Plan name	KIRKWOOD DENTAL ASSOCIATES, PA. PROFIT SHARING PLAN	
b	Name of plan sponsor	KIRWOOD DENTAL ASSOCIATES, P.A.	c EIN-PN 51-0214005-003
a	Plan name	KISCO SENIOR LIVING, LLC EMPLOYEE SAVINGS AND PROFIT SHARING PLAN	
b	Name of plan sponsor	KISCO SENIOR LIVING, LLC	c EIN-PN 13-3924314-001
a	Plan name	KJK ORTHODONTICS, P.C. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	KJK ORTHODONTICS, P.C.	c EIN-PN 23-3015769-001
a	Plan name	KK EMPLOYEES PROFIT SHARING 401(K) PLAN	
b	Name of plan sponsor	KKHC, INC.	c EIN-PN 20-5236515-001
a	Plan name	KLAROS ADVISORS 401(K) PLAN	
b	Name of plan sponsor	KLAROS ADVISORS, LLC	c EIN-PN 84-2428473-001

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
<small>(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)</small>			
a	Plan name	KNIGHTED VENTURES, LLC 401(K) RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	KNIGHTED VENTURES, LLC	c EIN-PN 45-4477245-001
a	Plan name	KOLTER HOSPITALITY 401(K) PLAN	
b	Name of plan sponsor	OLIVE AVENUE STAFFING, LLC	c EIN-PN 47-5614074-001
a	Plan name	KOZLOVICH ENT., INC 401(K) PLAN	
b	Name of plan sponsor	KOZLOVICH ENTERPRISES, INC	c EIN-PN 34-1670589-001
a	Plan name	KRAZE TRUCKING LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	KRAZE TRUCKING LLC	c EIN-PN 39-1845705-001
a	Plan name	KRB MACHINERY COMPANY RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	KRB MACHINERY COMPANY	c EIN-PN 23-2397053-001
a	Plan name	KREISCHER MILLER CAPITAL ACCUMULATION PLAN	
b	Name of plan sponsor	KREISCHER MILLER	c EIN-PN 23-1980475-001
a	Plan name	KSL ASSOCIATE GROUP 401(K) PLAN	
b	Name of plan sponsor	KSL ASSOCIATE GROUP, INC.	c EIN-PN 33-0894084-001
a	Plan name	LA MAESTRA FAMILY CLINIC, INC. 401(K) PLAN	
b	Name of plan sponsor	LA MAESTRA FAMILY CLINIC, INC.	c EIN-PN 33-0473171-001
a	Plan name	LADENBURG GROUP TRUST	
b	Name of plan sponsor	ALTA TRUST COMPANY	c EIN-PN 83-3375082-001
a	Plan name	LAKELAND INDUSTRIES, INC. 401(K) PLAN	
b	Name of plan sponsor	LAKELAND INDUSTRIES, INC.	c EIN-PN 13-3115216-001
a	Plan name	LANGE TRENCHING, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	LANGE TRENCHING, INC.	c EIN-PN 41-1324905-001
a	Plan name	LARSON CONSTRUCTION COMPANY, INC. 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	LARSON CONSTRUCTION	c EIN-PN 42-1022004-001

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	LASERSHIP 401(K) PLAN	
b	Name of plan sponsor	LASERSHIP, INC.	c EIN-PN 54-2015092-001
a	Plan name	LATITUDE 36 FOODS LLC 401(K) PLAN	
b	Name of plan sponsor	LATITUDE 36 FOODS LLC	c EIN-PN 35-2594469-001
a	Plan name	LAW OFFICES OF DAVID P. SHELDON, PLLC 401(K)	
b	Name of plan sponsor	LAW OFFICES OF DAVID P. SHELDON, PLLC	c EIN-PN 52-2338813-001
a	Plan name	LAWRY'S RESTAURANT, INC. PROFIT SHARING AND 401(K) PLAN	
b	Name of plan sponsor	LAWRYS RESTAURANT, INC.	c EIN-PN 95-0925915-001
a	Plan name	LAZY DOG 401(K) PLAN	
b	Name of plan sponsor	LAZY DOG RESTAURANTS, LLC	c EIN-PN 46-1351268-001
a	Plan name	LEACHMAN LUMBER COMPANY PROFIT SHARING PLAN	
b	Name of plan sponsor	LEACHMAN LUMBER COMPANY	c EIN-PN 42-1080107-001
a	Plan name	LEADING PLAN SOLUTIONS POOLED EMPLOYER PLAN #1	
b	Name of plan sponsor	LEADING PLAN SOLUTIONS, INC.	c EIN-PN 86-2271858-001
a	Plan name	LEASE MANAGEMENT, INC 401(K) PLAN	
b	Name of plan sponsor	LEASE MANAGEMENT, INC.	c EIN-PN 38-1613283-001
a	Plan name	LEMIEUX AND ASSOCIATES 401(K) PLAN	
b	Name of plan sponsor	LEMIEUX & ASSOCIATES, LLC	c EIN-PN 41-2150398-001
a	Plan name	LEN BUSCH ROSES 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	DISTINCTIVE FLORAL CO. DBA LEN BUSCH ROSES	c EIN-PN 41-1927692-001
a	Plan name	LEWIS BROTHERS LUMBER CO., INC., 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	LEWIS BROTHERS LUMBER CO., INC.	c EIN-PN 26-3989832-001
a	Plan name	LEWIS-WATKINS-FARMER AGENCY, INC. 401(K) PLAN	
b	Name of plan sponsor	LEWIS-WATKINS-FARMER AGENCY, INC.	c EIN-PN 74-2320159-001

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 LIBRARY ASSOCIATES, LLC 401(K) PLAN	
b	Name of plan sponsor LIBRARY ASSOCIATES LLC	c EIN-PN 81-0799369-001
a	Plan name LICARI, LARSEN & CO. LTD 401(K)	
b	Name of plan sponsor LICARI, LARSEN & CO. LTD.	c EIN-PN 41-1806729-002
a	Plan name LIFE DENTAL SPECIALTIES 401(K) PLAN	
b	Name of plan sponsor ANTHONY T. QUINTA D.M.D., LLC	c EIN-PN 81-1208006-002
a	Plan name LIGHTHOUSE CENTRAL FLORIDA, INC. RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor LIGHTHOUSE CENTRAL FLORIDA, INC.	c EIN-PN 59-2418228-001
a	Plan name LIQUIDITY SERVICES, INC. 401K PROFIT SHARING PLAN	
b	Name of plan sponsor LIQUIDITY SERVICES, INC.	c EIN-PN 52-2209244-001
a	Plan name LIVE OAK-GOTTESMAN, LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor LIVE OAK-GOTTESMAN, LLC	c EIN-PN 71-1024810-001
a	Plan name LK METROLOGY, INC. 401(K) PLAN	
b	Name of plan sponsor LK METROLOGY, INC.	c EIN-PN 82-4364373-001
a	Plan name LOGIC PD, INC. DBA BEACON EMBEDDEDWORKS 401(K) PLAN	
b	Name of plan sponsor LOGIC PD, INC. DBA BEACON EMBEDDEDWORKS	c EIN-PN 41-1424025-002
a	Plan name LOGICMARK 401(K) PLAN	
b	Name of plan sponsor LOGICMARK, INC.	c EIN-PN 46-0678374-001
a	Plan name LORI L. REITMAN, MD, LLC 401(K) PS	
b	Name of plan sponsor LORI L. REITMAN, MD, LLC	c EIN-PN 47-2145816-001
a	Plan name LOS ANGELES POLICE FEDERAL CREDIT UNION EMPLOYEE RETIREMENT PLAN	
b	Name of plan sponsor LOS ANGELES POLICE FEDERAL CREDIT UNION	c EIN-PN 95-1683316-002
a	Plan name LUNDQUIST PLUMBING INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor LUNDQUIST PLUMBING INC.	c EIN-PN 39-1716618-001

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	LYNCH HOLIDAY MARINE CO., INC. 401(K) PLAN	
b	Name of plan sponsor	LYNCH HOLIDAY MARINE CO., INC.	c EIN-PN 33-1092487-001
a	Plan name	M.J. BAXTER RETIREMENT PLAN	
b	Name of plan sponsor	BAXTER BLASTING COMPANY, DBA MJ BAXTER DRILLING COMPANY	c EIN-PN 95-2941223-001
a	Plan name	MACRO SOLUTIONS 401(K) PLAN	
b	Name of plan sponsor	MSOL, INC. DBA MACRO SOLUTIONS, INC.	c EIN-PN 36-4480652-001
a	Plan name	MAERGO 401(K) PLAN	
b	Name of plan sponsor	PARCELCAST LLC	c EIN-PN 81-4689100-001
a	Plan name	MALLARD CREEK POLYMERS, LLC EES SAVINGS PLAN	
b	Name of plan sponsor	MALLARD CREEK POLYMERS, LLC	c EIN-PN 76-0455769-001
a	Plan name	MATTRESS FIRM, INC. 401(K) PLAN	
b	Name of plan sponsor	MATTRESS FIRM, INC.	c EIN-PN 76-0596008-001
a	Plan name	MAXLINEAR, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	MAXLINEAR, INC.	c EIN-PN 14-1896129-001
a	Plan name	MCCORD DEVELOPMENT, INC. 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	MCCORD DEVELOPMENT, INC.	c EIN-PN 74-1941987-001
a	Plan name	MCCOY GROUP, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	MCCOY GROUP, INC.	c EIN-PN 39-1428371-001
a	Plan name	MCGEE COMPANY 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	MCGEE COMPANY	c EIN-PN 84-0457707-001
a	Plan name	MCGOWAN & COMPANY, INC. EMPLOYEES' 401(K) PLAN	
b	Name of plan sponsor	MCGOWAN & COMPANY, INC.	c EIN-PN 34-0841381-001
a	Plan name	MCI, INC. 401(K) PLAN	
b	Name of plan sponsor	MCI, INC.	c EIN-PN 41-1277029-001

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	MCPC HOLDINGS, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	MCPC HOLDINGS, INC.	c EIN-PN 32-0012228-001
a	Plan name	MECHANICAL INSULATION CONTRACTORS, INC. 401(K) SAVINGS PLAN	
b	Name of plan sponsor	MECHANICAL INSULATION CONTRACTORS, INC.	c EIN-PN 75-2924139-001
a	Plan name	MEDABLE 401(K) PLAN	
b	Name of plan sponsor	MEDABLE, INC.	c EIN-PN 46-0870262-001
a	Plan name	MEDIA ONE LLC 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor	MEDIA ONE LLC	c EIN-PN 80-0267045-001
a	Plan name	MEDICAL RESOURCE GROUP 401(K) PLAN	
b	Name of plan sponsor	MEDICAL RESOURCE GROUP	c EIN-PN 34-1874916-001
a	Plan name	METAL CRAFT MACHINE & ENGINEERING, INC.	
b	Name of plan sponsor	METAL CRAFT MACHINE & ENGINEERING, INC.	c EIN-PN 41-1457386-001
a	Plan name	MFS SUPPLY, LLC 401(K) PLAN	
b	Name of plan sponsor	MFS SUPPLY, LLC	c EIN-PN 20-4935387-001
a	Plan name	MICROSTRATEGY 401(K) SAVINGS PLAN	
b	Name of plan sponsor	MICROSTRATEGY	c EIN-PN 51-0323571-001
a	Plan name	MIDDLEBURG 401(K) PLAN	
b	Name of plan sponsor	MIDDLEBURG MANAGEMENT, LLC	c EIN-PN 46-0927391-001
a	Plan name	MIDWEST CONTRACT OPERATIONS, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	MIDWEST CONTRACT OPERATIONS, INC.	c EIN-PN 39-1601232-001
a	Plan name	MILWAUKEE TEACHERS' EDUCATION ASSOCIATION 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	MILWAUKEE TEACHERS EDUCATION ASSOCIATION	c EIN-PN 39-0478280-002
a	Plan name	MINNESOTA TRUCK HEADQUARTERS 401(K) PLAN	
b	Name of plan sponsor	ST. CLOUD AUTO SALES.COM LLC	c EIN-PN 26-3548274-001

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
<small>(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)</small>			
a	Plan name	MISSOURI COUNCIL OF SCHOOL ADMINISTRATORS 401(K) PLAN	
b	Name of plan sponsor	MISSOURI COUNCIL OF SCHOOL ADMINISTRATORS	c EIN-PN 43-1486037-002
a	Plan name	MOHAWK GLOBAL LOGISTICS 401(K) PLAN	
b	Name of plan sponsor	MOHAWK GLOBAL LOGISTICS	c EIN-PN 16-1444116-001
a	Plan name	MONTANTE COMPANIES 401(K) PLAN	
b	Name of plan sponsor	MONTANTE COMPANIES LLC	c EIN-PN 82-3445159-001
a	Plan name	MONTEBELLO BRANDS, INC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	MONTEBELLO BRANDS, INC.	c EIN-PN 52-0990671-001
a	Plan name	MONUMENT REALTY 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	MONUMENT REALTY LLC	c EIN-PN 52-2123640-001
a	Plan name	MOTOR CITY WASH WORKS, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	MOTOR CITY WASH WORKS, INC.	c EIN-PN 74-3103694-001
a	Plan name	MUNDET INC. 401(K) PLAN	
b	Name of plan sponsor	MUNDET INC.	c EIN-PN 54-1397696-009
a	Plan name	MUNSCH HARDT KOPF & HARR, P.C. PROFIT SHARING PLAN	
b	Name of plan sponsor	MUNSCH HARDT KOPF & HARR, P.C.	c EIN-PN 75-2096964-001
a	Plan name	NANOTRONICS IMAGING, INC. 401(K) PLAN	
b	Name of plan sponsor	ANOTRONICS IMAGING, INC.	c EIN-PN 80-0966847-001
a	Plan name	NATIONAL CONSUMER COOPERATIVE BANK RETIREMENT AND 401(K) PLAN	
b	Name of plan sponsor	ATIONAL CONSUMER COOPERATIVE BANK	c EIN-PN 52-1157795-001
a	Plan name	NATIONAL FRATERNAL ORDER OF POLICE 401(K) PLAN	
b	Name of plan sponsor	ATIONAL FRATERNAL ORDER OF POLICE	c EIN-PN 23-1283161-001
a	Plan name	NBS GOVERNMENT FINANCE GROUP 401(K) PLAN	
b	Name of plan sponsor	BS GOVERNMENT FINANCE GROUP	c EIN-PN 33-0712512-001

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	NESTINGWITHGRACE, LLC 401(K) PLAN	
b	Name of plan sponsor	ESTINGWITHGRACE, LLC	c EIN-PN 84-4460562-001
a	Plan name	NEW MEXICO ORTHOPAEDIC ASSOCIATES, P.C. DEFINED BENEFIT PLAN	
b	Name of plan sponsor	EW MEXICO ORTHOPAEDIC ASSOCIATES, P.C.	c EIN-PN 85-0291612-001
a	Plan name	NEXCERIS LLC 401(K) PLAN	
b	Name of plan sponsor	EXCERIS LLC	c EIN-PN 31-1441978-001
a	Plan name	NIKON METROLOGY, INC. SAVINGS AND INVESTMENT PLAN	
b	Name of plan sponsor	IKON METROLOGY, INC.	c EIN-PN 38-3436164-001
a	Plan name	NJI MEDIA 401(K)	
b	Name of plan sponsor	JI MEDIA, LLC	c EIN-PN 27-1521289-001
a	Plan name	NOR-CAL MOVING SERVICES 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	OR-CAL MOVING SERVICES	c EIN-PN 94-2845322-001
a	Plan name	NORTHERN MICHIGAN 401(K) PLAN	
b	Name of plan sponsor	ORTHERN MICHIGAN REHABILITATION SERVICES, INC.	c EIN-PN 38-2736802-001
a	Plan name	NORTHGATE TECHNOLOGIES, INC. & MONAGHAN MEDICAL CORP. EMPLOYEE'S RETIREMENT & SAVINGS PLAN	
b	Name of plan sponsor	MONAGHAN MEDICAL CORP.	c EIN-PN 14-1552699-001
a	Plan name	NPI TECHNOLOGIES, INC. 401(K) PLAN	
b	Name of plan sponsor	PI TECHNOLOGIES, INC.	c EIN-PN 20-3198761-001
a	Plan name	OHIGRO INC 401(K) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor	OHIGRO INC	c EIN-PN 31-0718350-002
a	Plan name	OKANOGAN BEHAVIORAL HEALTHCARE RETIREMENT INVESTMENT PLAN	
b	Name of plan sponsor	OKANOGAN BEHAVIORAL HEALTHCARE	c EIN-PN 41-2040765-001
a	Plan name	OMEGA TREATING CHEMICALS, INC. 401(K) THRIFT PLAN	
b	Name of plan sponsor	OMEGA TREATING CHEMICALS, INC.	c EIN-PN 75-1511678-001

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 ORANGE LINE OIL INC 401(K) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor ORANGE LINE OIL INC	c EIN-PN 95-3465159-001
a	Plan name P3 HEALTHCARE MANAGEMENT LLC 401(K) PLAN	
b	Name of plan sponsor P3 HEALTHCARE MANAGEMENT LLC	c EIN-PN 86-3810105-001
a	Plan name P. J. FITZPATRICK, INC. 401(K) RETIREMENT PLAN	
b	Name of plan sponsor P. J. FITZPATRICK, INC.	c EIN-PN 51-0261419-001
a	Plan name PALLADIUM GROUP GLOBAL 401(K) PLAN	
b	Name of plan sponsor PALLADIUM GROUP GLOBAL LLC	c EIN-PN 27-1357362-001
a	Plan name PAPER SYSTEMS, INC. 401(K) PLAN	
b	Name of plan sponsor PAPER SYSTEMS, INC.	c EIN-PN 42-1293180-001
a	Plan name PARK ENERGY SERVICES, LLC 401(K) PLAN	
b	Name of plan sponsor PARK ENERGY SERVICES, LLC	c EIN-PN 46-4526296-333
a	Plan name PARS NEUROSURGICAL ASSOCIATES, INC. 401(K) PLAN	
b	Name of plan sponsor PARS NEUROSURGICAL ASSOCIATES, INC.	c EIN-PN 20-0408843-001
a	Plan name PEACE RIVER CITRUS PRODUCTS, INC. 401(K) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor PEACE RIVER CITRUS PRODUCTS, INC.	c EIN-PN 65-0262599-001
a	Plan name PEDIATRIC & ADOLESCENT MEDICINE 401(K) PLAN AND TRUST	
b	Name of plan sponsor P&A MEDICINE, P.C.	c EIN-PN 04-3402361-001
a	Plan name PEDIATRIC SPECIALISTS OF VIRGINIA 401(K) PLAN	
b	Name of plan sponsor PEDIATRIC SPECIALISTS OF VIRGINIA, LLC	c EIN-PN 46-1851763-001
a	Plan name PELLA WINDOWS & DOORS MOUNTAIN WEST 401(K) RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor FREEBIRD DESERT MOUNTAIN COMPANY LLC	c EIN-PN 46-4337981-001
a	Plan name PEMBER COMPANIES, INC. RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor PEMBER COMPANIES, INC.	c EIN-PN 39-1216720-001

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	PENNS WOODS BANCORP, INC. 401(K) PLAN	
b	Name of plan sponsor	PENNS WOODS BANCORP, INC.	c EIN-PN 23-2226454-001
a	Plan name	PENTAGON FEDERAL CREDIT UNION THRIFT SAVINGS PLAN	
b	Name of plan sponsor	PENTAGON FEDERAL CREDIT UNION	c EIN-PN 53-0197038-002
a	Plan name	PEOPLES BANK OF WYACONDA 401K PROFIT SHARING PLAN	
b	Name of plan sponsor	PEOPLES BANK OF WYACONDA	c EIN-PN 43-0453410-002
a	Plan name	PETERSON GENETICS, INC. PROFIT SHARING PLAN	
b	Name of plan sponsor	PETERSON GENETICS, INC.	c EIN-PN 42-1066918-001
a	Plan name	PINECREST SCHOOL 401K PLAN	
b	Name of plan sponsor	PINECREST SCHOOL, INC.	c EIN-PN 54-1055578-001
a	Plan name	PIP 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	PROTECTIVE INDUSTRIAL PRODUCTS, INC.	c EIN-PN 14-1659264-001
a	Plan name	PLASTOCON, INC. 401(K) RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	PLASTOCON, INC.	c EIN-PN 39-1348025-002
a	Plan name	PME, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	PRECISION MANUFACTURING & ENGINEERING, INC.	c EIN-PN 23-2228711-001
a	Plan name	PMHG 401(K) PLAN	
b	Name of plan sponsor	PM HOSPITALITY STRATEGIES, INC.	c EIN-PN 54-1811207-001
a	Plan name	PORTER-SPEARS & BUNDY INSURANCE AGENCY, INC., 401(K) PLAN	
b	Name of plan sponsor	PORTER-SPEARS & BUNDY INSURANCE AGENCY, INC.	c EIN-PN 48-0941736-001
a	Plan name	PORTFOLIO MEDIA, INC. 401(K) P/S PLAN	
b	Name of plan sponsor	PORTFOLIO MEDIA, INC.	c EIN-PN 84-1660943-001
a	Plan name	POTOMAC FAMILY DINING GROUP 401(K) PLAN	
b	Name of plan sponsor	POTOMAC FAMILY DINING GROUP OPERATING COMPANY LLC	c EIN-PN 27-3546071-001

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 PREMIER LENDING ALLIANCE LLC 401(K) RETIREMENT PLAN	
b	Name of plan sponsor PREMIER LENDING ALLIANCE LLC	c EIN-PN 26-4261029-002
a	Plan name PROCOMM TELECOMMUNICATIONS, INC. 401(K) SALARY REDUCTION PLAN	
b	Name of plan sponsor PROCOMM TELECOMMUNICATIONS, INC.	c EIN-PN 58-1927156-001
a	Plan name PROFUND ADVISORS LLC	
b	Name of plan sponsor PROFUND ADVISORS LLC	c EIN-PN 52-2035194-001
a	Plan name PROSPERITY BANCSHARES, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor PROSPERITY BANCSHARES, INC.	c EIN-PN 74-2331986-001
a	Plan name PRUITT COMMUNICATIONS, INC. EMPLOYEES SAVINGS TRUST	
b	Name of plan sponsor PRUITT COMMUNICATIONS, INC.	c EIN-PN 63-1204773-001
a	Plan name PTC THERAPEUTICS INC. 401(K) RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor PTC THERAPEUTICS, INC.	c EIN-PN 04-3416587-002
a	Plan name R. A. GRAHAM CO., INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor R. A. GRAHAM CO., INC.	c EIN-PN 04-2666615-001
a	Plan name RADIANT CREDIT UNION 401(K) RETIREMENT PLAN	
b	Name of plan sponsor RADIANT CREDIT UNION	c EIN-PN 59-0808589-002
a	Plan name RADIOLOGY ASSOCIATES OF ALBUQUERQUE , P.A. 401(K) RETIREMENT PLAN	
b	Name of plan sponsor RADIOLOGY ASSOCIATES OF ALBUQUERQUE , P.A.	c EIN-PN 85-0214117-005
a	Plan name RAM COMPANIES 401(K) SAVINGS PLAN	
b	Name of plan sponsor RAM REALTY SERVICES LLC	c EIN-PN 46-1498966-001
a	Plan name RANDALLS FARM 401(K) RETIREMENT PLAN	
b	Name of plan sponsor RANDALLS FARM, INC.	c EIN-PN 04-2563075-001
a	Plan name REBOOT.IO, INC. CASH BALANCE PLAN	
b	Name of plan sponsor REBOOT.IO, INC.	c EIN-PN 47-1251453-001

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 RED VENTURES, LLC 401(K) PLAN	
b	Name of plan sponsor RED VENTURES LLC	c EIN-PN 56-2177622-001
a	Plan name REFRIGERATION SUPPLIES DISTRIBUTOR DEFINED CONTRIBUTION RETIREMENT PLAN & TRUST	
b	Name of plan sponsor RSD - TOTAL CONTROL	c EIN-PN 95-1262130-001
a	Plan name RENMATIX, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor RENMATIX, INC.	c EIN-PN 26-1641190-001
a	Plan name REPROGRAPHIC PRODUCTS GROUP, INC. 401(K) PLAN	
b	Name of plan sponsor REPROGRAPHIC PRODUCTS GROUP, INC.	c EIN-PN 52-1716844-001
a	Plan name REPUBLIC ELECTRONICS CORPORATION 401(K) PLAN	
b	Name of plan sponsor REPUBLIC ELECTRONICS CORPORATION	c EIN-PN 54-0833654-001
a	Plan name RETRONIX, INC. 401(K) PLAN	
b	Name of plan sponsor RETRONIX, INC.	c EIN-PN 71-0979065-001
a	Plan name RHD TIRE, INC. RETIREMENT PLAN	
b	Name of plan sponsor RHD TIRE, INC.	c EIN-PN 38-2067684-001
a	Plan name RICHARD P. SLAUGHTER ASSOCIATES, INC. RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor RICHARD P. SLAUGHTER ASSOCIATES, INC.	c EIN-PN 74-2589344-001
a	Plan name RIVA SOLUTIONS 401(K) PLAN	
b	Name of plan sponsor RIVA SOLUTIONS, INC.	c EIN-PN 27-1511336-001
a	Plan name RIVER VALLEY 401K PLAN	
b	Name of plan sponsor COLDWELL BANKER RIVER VALLEY, REALTORS	c EIN-PN 26-0314831-001
a	Plan name ROBERT ROHMER D.D.S., INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor ROBERT ROHMER D.D.S., INC.	c EIN-PN 81-5065105-001
a	Plan name ROHDE DALES 401(K) PLAN	
b	Name of plan sponsor ROHDE DALES LLP	c EIN-PN 39-0919057-002

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	ROSE CASUAL DINING 401(K) RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	H. T. ROSE ENTERPRISES, INC.	c EIN-PN 23-2360799-001
a	Plan name	ROTO-ROOTER 401(K) PLAN	
b	Name of plan sponsor	RYAN ROOTER, INC. DBA ROTO-ROOTER	c EIN-PN 47-3825111-001
a	Plan name	SADLER MACHINE COMPANY 401(K) PLAN	
b	Name of plan sponsor	SADLER MACHINE COMPANY, INC.	c EIN-PN 42-0791405-001
a	Plan name	SADLER POWER TRAIN, INC. RETIREMENT AND 401(K) PLAN	
b	Name of plan sponsor	SADLER POWER TRAIN, INC.	c EIN-PN 42-1034714-001
a	Plan name	SAFEGUARD CYBER 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	SAFEGUARD CYBER	c EIN-PN 20-1151357-001
a	Plan name	SALLUS RETIREMENT LLC RETIREMENT TRUST	
b	Name of plan sponsor	SALLUS RETIREMENT LLC	c EIN-PN 85-0609152-001
a	Plan name	SCHLOSSER SIGNS, INC. 401(K) PLAN	
b	Name of plan sponsor	SCHLOSSER SIGNS, INC.	c EIN-PN 84-1515917-001
a	Plan name	SCHNACKEL ENGINEERS 401(K) PLAN & TRUST	
b	Name of plan sponsor	SCHNACKEL ENGINEERS, INC.	c EIN-PN 47-0827291-003
a	Plan name	SCI TECHNOLOGIES INC 401(K) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor	SCI TECHNOLOGIES INC	c EIN-PN 46-5277782-001
a	Plan name	SCP HEALTH 401(K) PLAN	
b	Name of plan sponsor	ONEX TSG INTERMEDIATE CORP.	c EIN-PN 47-4398868-001
a	Plan name	SECTEK SAVINGS AND RETIREMENT PLAN	
b	Name of plan sponsor	SECTEK, INC.	c EIN-PN 34-1726791-002
a	Plan name	SECURE ENERGY SOLUTIONS LLC 401(K) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor	SECURE ENERGY SOLUTIONS LLC	c EIN-PN 11-3776111-001

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	SELIGMAN GROUP RETIREMENT PLAN	
b	Name of plan sponsor	PENTEGRA SERVICES, INC.	c EIN-PN 13-3745616-008
a	Plan name	SG360 SAVINGS PLAN	
b	Name of plan sponsor	SG360	c EIN-PN 36-2324752-002
a	Plan name	SHELDON MEDICAL SUPPLY 401(K) PLAN	
b	Name of plan sponsor	TDS PHARMACY, INC.	c EIN-PN 38-3056691-001
a	Plan name	SHERWOOD MECHANICAL, INC. 401(K) PLAN	
b	Name of plan sponsor	SHERWOOD MECHANICAL, INC.	c EIN-PN 68-0565225-001
a	Plan name	SHIMANO NORTH AMERICA 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	SHIMANO NORTH AMERICA HOLDING, INC.	c EIN-PN 33-0203740-002
a	Plan name	SHULMAN, ROGERS, GANDAL, PORDY & ECKER, P.A. RETIREMENT PLAN	
b	Name of plan sponsor	SHULMAN ROGERS GANDAL PORDY & ECKER P A	c EIN-PN 52-1008944-001
a	Plan name	SIMPLUS 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	SIMPLUS	c EIN-PN 47-2080218-001
a	Plan name	SKOOG & CO. 401(K) PLAN	
b	Name of plan sponsor	CENTRAV, INC.	c EIN-PN 41-1616649-001
a	Plan name	SNAP INC. 401(K) RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	SNAP INC.	c EIN-PN 45-5452795-001
a	Plan name	SORBOTHANE, INC. PROFIT SHARING 401(K) PLAN	
b	Name of plan sponsor	SORBOTHANE, INC.	c EIN-PN 34-1363941-001
a	Plan name	SOUTHEASTERN ALUMINUM PRODUCTS RETIREMENT PLAN	
b	Name of plan sponsor	SOUTHEASTERN ALUMINUM PRODUCTS, LLC	c EIN-PN 82-2346710-001
a	Plan name	SPECIALTY INSURANCE MANAGERS, INC. 401(K) PLAN & TRUST	
b	Name of plan sponsor	SPECIALTY INSURANCE MANAGERS, INC.	c EIN-PN 74-1875040-001

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 SPINUTECH 401(K) PLAN	
b	Name of plan sponsor SPINUTECH, LLC	c EIN-PN 84-1687048-001
a	Plan name SPRAY PRODUCTS CORPORATION 401K PROFIT SHARING PLAN	
b	Name of plan sponsor SPRAY PRODUCTS CORPORATION	c EIN-PN 04-3590028-002
a	Plan name SPRINGFIELD INDUSTRIAL SERVICES 401(K) RETIREMENT PLAN	
b	Name of plan sponsor THE CHAMPION COMPANY AND ADDITIONAL SUBSCRIBERS	c EIN-PN 31-1253370-001
a	Plan name SPRUCE POWER 401(K) PLAN	
b	Name of plan sponsor SPRUCE POWER	c EIN-PN 36-4878506-002
a	Plan name SSCP MANAGEMENT GROUP 401(K) PLAN	
b	Name of plan sponsor SSCP MANAGEMENT, INC.	c EIN-PN 27-4937438-001
a	Plan name ST. CLOUD FOOT AND ANKLE CENTER 401K PROFIT SHARING PLAN	
b	Name of plan sponsor ST. CLOUD FOOT AND ANKLE CENTER, P.A.	c EIN-PN 41-1767264-001
a	Plan name STAMATS COMMUNICATIONS, INC. 401(K) PLAN	
b	Name of plan sponsor STAMATS COMMUNICATIONS, INC.	c EIN-PN 42-0641030-002
a	Plan name STATE BANK & TRUST 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor STATE BANK & TRUST	c EIN-PN 63-0229440-001
a	Plan name STATE CENTRAL BANK 401(K) PLAN	
b	Name of plan sponsor STATE CENTRAL BANK	c EIN-PN 20-1941344-002
a	Plan name STILLWATER MINING COMPANY 401K PLAN	
b	Name of plan sponsor STILLWATER MINING COMPANY	c EIN-PN 81-0480654-001
a	Plan name STILLWATER MINING COMPANY BARGAINING UNIT 401K PLAN	
b	Name of plan sponsor STILLWATER MINING COMPANY	c EIN-PN 81-0480654-002
a	Plan name STRUCTURA, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor STRUCTURA, INC.	c EIN-PN 20-8066330-001

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 STRYKER & ASSOCIATES, INC. 401(K) RETIREMENT PLAN	
b	Name of plan sponsor STRYKER & ASSOCIATES, INC.	c EIN-PN 27-0079271-001
a	Plan name SULLIVAN MOVING & STORAGE, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor SULLIVAN MOVING & STORAGE, INC.	c EIN-PN 27-5140787-001
a	Plan name SULLY TRANSPORT, INC. 401(K) PLAN	
b	Name of plan sponsor SULLY TRANSPORT, INC.	c EIN-PN 42-0836723-001
a	Plan name SUMMERWINDS 401(K) PLAN	
b	Name of plan sponsor SUMMERWINDS GARDEN CENTERS, INC.	c EIN-PN 82-0500954-001
a	Plan name SUPERIOR AMERICAN CRANE 401(K) PLAN	
b	Name of plan sponsor TC/AMERICAN CRANE COMPANY	c EIN-PN 81-3315284-001
a	Plan name SUPERIOR CONSTRUCTION CO., INC. EMPLOYEES' 401(K) SAVINGS PLAN	
b	Name of plan sponsor SUPERIOR CONSTRUCTION COMPANY	c EIN-PN 35-1035114-001
a	Plan name SUPERIOR GROUNDCOVER, INC. 401K SALARY REDUCTION PLAN & TRUST	
b	Name of plan sponsor SUPERIOR GROUNDCOVER, INC.	c EIN-PN 38-3520984-001
a	Plan name SUSTAINABLE FORESTRY INITIATIVE, INC. 401(K) PLAN	
b	Name of plan sponsor SUSTAINABLE FORESTRY INITIATIVE, INC.	c EIN-PN 80-0030060-001
a	Plan name SYUFY ENTERPRISES RETIREMENT PLAN	
b	Name of plan sponsor SYUFY ENTERPRISES, L.P.	c EIN-PN 94-2167713-001
a	Plan name TATE ENGINEERING SYSTEMS, INC. RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor TATE ENGINEERING SYSTEMS, INC.	c EIN-PN 52-1642992-002
a	Plan name TECHNICOTE, INC. EMPLOYEE RETIREMENT PLAN	
b	Name of plan sponsor TECHNICOTE, INC.	c EIN-PN 34-1313085-001
a	Plan name TESSEC LLC 401(K) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor TESSEC LLC	c EIN-PN 26-1354843-001

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	TEXAS IRON & METAL 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	TEXAS IRON & METAL COMPANY	c EIN-PN 76-0299268-001
a	Plan name	TGR GEOTECHNICAL 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	TGR GEOTECHNICAL, INC.	c EIN-PN 33-0992320-001
a	Plan name	THE BIG SMILE, P.C. EMPLOYEES PROFIT SHARING PLAN	
b	Name of plan sponsor	THE BIG SMILE, PC	c EIN-PN 38-1873790-001
a	Plan name	THE BUILDERS EXCHANGE OF CENTRAL OHIO RETIREMENT PLAN	
b	Name of plan sponsor	THE BUILDERS EXCHANGE OF CENTRAL OHIO	c EIN-PN 31-4137970-001
a	Plan name	THE COMMIT PARTNERSHIP 401(K) PLAN	
b	Name of plan sponsor	COMMIT!2DALLAS	c EIN-PN 80-0790222-001
a	Plan name	THE CYPRESS 401(K) RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	THE CYPRESS CLUB, INC.	c EIN-PN 57-0951170-001
a	Plan name	THE HASKELL COMPANY TAX DEFERRED SAVINGS PLAN (401(K))	
b	Name of plan sponsor	THE HASKELL COMPANY	c EIN-PN 59-2387450-001
a	Plan name	THE HUMANE SOCIETY OF THE UNITED STATES 401(K) SAVINGS PLAN	
b	Name of plan sponsor	THE HUMANE SOCIETY OF THE UNITED STATES	c EIN-PN 53-0225390-002
a	Plan name	THE KINTOCK ENTITIES 401(K) PLAN	
b	Name of plan sponsor	THE KINTOCK GROUP INC.	c EIN-PN 23-2454826-001
a	Plan name	THE LOS ANGELES COUNTRY CLUB 401(K) PLAN	
b	Name of plan sponsor	LOS ANGELES COUNTRY CLUB	c EIN-PN 95-0948160-002
a	Plan name	THE MERCANTILE BANK OF LOUISIANA, MO 401K PLAN	
b	Name of plan sponsor	THE MERCANTILE BANK	c EIN-PN 43-0405500-002
a	Plan name	THE ROGER WENTWORTH GROUP 401(K) PLAN	
b	Name of plan sponsor	THE ROGER WENTWORTH GROUP INC.	c EIN-PN 30-0526108-001

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 SCHUMACHER GROUP EMPLOYEES 401K PLAN	
b	Name of plan sponsor THE SCHUMACHER GROUP OF DELEWARE	c EIN-PN 72-1337737-001
a	Plan name THE VIRGINIA TIRE & AUTO 401(K) PLAN	
b	Name of plan sponsor VTA, LLC	c EIN-PN 54-1082209-002
a	Plan name THE WOMBLE COMPANY 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor THE WOMBLE COMPANY	c EIN-PN 73-0955282-001
a	Plan name THIRTY-ONE GIFTS LLC 401(K) PLAN	
b	Name of plan sponsor THIRTY-ONE GIFTS LLC	c EIN-PN 94-1347393-001
a	Plan name TILT HOLDINGS INC. 401(K) PLAN	
b	Name of plan sponsor TILT HOLDINGS INC.	c EIN-PN 83-2097293-001
a	Plan name TIPPERARY SALES, INC. PROFIT SHARING PLAN	
b	Name of plan sponsor TIPPERARY SALES, INC.	c EIN-PN 58-1933151-001
a	Plan name TOLUNA USA, INC. 401K PLAN	
b	Name of plan sponsor TOLUNA USA, INC	c EIN-PN 20-5461944-001
a	Plan name TOOLE DESIGN GROUP 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor TOOLE DESIGN GROUP LLC	c EIN-PN 05-0545429-001
a	Plan name TORQ CORPORATION, 401(K) RETIREMENT PLAN	
b	Name of plan sponsor TORQ CORPORATION	c EIN-PN 34-1538157-001
a	Plan name TORY BURCH, LLC 401(K) PLAN	
b	Name of plan sponsor TORY BURCH, LLC	c EIN-PN 56-2384277-001
a	Plan name TPNB BANK 401K PROFIT SHARING PLAN	
b	Name of plan sponsor TPNB BANK	c EIN-PN 43-0448770-002
a	Plan name TREASURE ISLAND MARINA 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor TREASURE ISLAND MARINA	c EIN-PN 59-1668022-001

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 TREND HR RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor THR OUTSOURCING, LLC	c EIN-PN 81-3185457-001
a	Plan name TRIPLE CROWN CONSULTING, LLC 401(K) PLAN	
b	Name of plan sponsor TRIPLE CROWN CONSULTING, LLC	c EIN-PN 20-1368158-001
a	Plan name TRL SYSTEMS, INC. 401(K) PLAN	
b	Name of plan sponsor TRL SYSTEMS, INC.	c EIN-PN 95-3609841-001
a	Plan name TV ONE BROADCAST SALES CORPORATION 401K PLAN	
b	Name of plan sponsor TV ONE BROADCAST SALES CORPORATION	c EIN-PN 61-1203776-001
a	Plan name TWO RIVERS ENTERPRISES, INC. 401(K) PLAN	
b	Name of plan sponsor TWO RIVERS ENTERPRISES, INC.	c EIN-PN 41-1994904-001
a	Plan name U.S. ZINC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor U.S. ZINC CORPORATION	c EIN-PN 76-0264925-001
a	Plan name UBC 401(K) PLAN	
b	Name of plan sponsor UNIVERSAL BUILDING CONTROLS, INC.	c EIN-PN 03-0509738-001
a	Plan name ULLIMAN SCHUTTE CONSTRUCTION, LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor ULLIMAN SCHUTTE CONSTRUCTION, LLC	c EIN-PN 31-1582279-001
a	Plan name UNIFIED CONTRACTING, INC. 401(K) PLAN	
b	Name of plan sponsor UNIFIED CONTRACTING, INC.	c EIN-PN 42-1519673-001
a	Plan name UNION HOME MORTGAGE CORPORATION 401(K) PLAN	
b	Name of plan sponsor UNION HOME MORTGAGE CORPORATION	c EIN-PN 34-1084436-001
a	Plan name UNITED ENTERTAINMENT CORP. 401(K) PLAN	
b	Name of plan sponsor UNITED ENTERTAINMENT CORP.	c EIN-PN 41-1748163-002
a	Plan name UNIVERSAL MENTAL HEALTH SERVICES, INC. 401(K) PLAN	
b	Name of plan sponsor UNIVERSAL MENTAL HEALTH SERVICES, INC.	c EIN-PN 14-1877453-001

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 VALUES UNITED SECTION 401(K) AND PROFIT SHARING PLAN	
b	Name of plan sponsor VALUES UNITED	c EIN-PN 26-4716045-001
a	Plan name VANGUARD RESEARCH, INC. 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor VANGUARD RESEARCH, INC.	c EIN-PN 54-1270920-001
a	Plan name VAULT COMMUNICATIONS, INC. 401(K)PROFIT SHARING PLAN	
b	Name of plan sponsor VAULT COMMUNICATIONS, INC.	c EIN-PN 23-2571161-001
a	Plan name VIDEON CENTRAL INC 401K AND PS	
b	Name of plan sponsor ZACHARY BOYD	c EIN-PN 23-2936071-002
a	Plan name VINE CONNECTIONS, LLC 401(K) PLAN	
b	Name of plan sponsor VINE CONNECTIONS, LLC	c EIN-PN 91-2014756-001
a	Plan name VISIONARY HOLDING COMPANY, INC. 401(K) RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor VISIONARY HOLDING COMPANY, INC.	c EIN-PN 26-1854466-001
a	Plan name VISIT LOUDOUN 401(K) PLAN	
b	Name of plan sponsor LOUDOUN CONVENTION & VISITORS ASSOCIATION, INC.	c EIN-PN 54-1593470-002
a	Plan name WALL STREET MARKETS, LLC 401(K) PLAN	
b	Name of plan sponsor WALL STREET MARKETS, LLC	c EIN-PN 22-3906892-001
a	Plan name WALLICK & VOLK, INC. 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor WALLICK & VOLK, INC.	c EIN-PN 83-0171636-001
a	Plan name WARE GROUP, LLC 401(K) PLAN	
b	Name of plan sponsor THE WARE GROUP LLC	c EIN-PN 26-3509000-001
a	Plan name WAYNE PERRY, INC. AND FUELING & SERVICE TECHNOLOGIES, INC. 401(K) PLAN	
b	Name of plan sponsor WAYNE PERRY, INC.	c EIN-PN 95-2880827-002
a	Plan name WAYNE'S FOODS PLUS 401(K) PLAN	
b	Name of plan sponsor R&J GROCERY ENTERPRISES, LLC DBA WAYNES FOODS PLUS	c EIN-PN 83-2438117-001

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 <u>WCM INDUSTRIES, INC. EMPLOYEE SAVINGS AND INVESTMENT PLAN</u>	
b	Name of plan sponsor <u>WCM INDUSTRIES, INC.</u>	c EIN-PN <u>84-1008970-001</u>
a	Plan name <u>WEIDMULLER, INC. EMPLOYEE SAVINGS PLAN</u>	
b	Name of plan sponsor <u>WEIDMULLER, INC.</u>	c EIN-PN <u>74-3082931-002</u>
a	Plan name <u>WELLTHBUILDER POOLED EMPLOYER PLAN</u>	
b	Name of plan sponsor <u>STANDARD RETIREMENT SERVICES, INC.</u>	c EIN-PN <u>25-1838406-101</u>
a	Plan name <u>WESTERN COMPOSITES LLC 401(K) SAVINGS PLAN</u>	
b	Name of plan sponsor <u>WESTERN COMPOSITES LLC</u>	c EIN-PN <u>87-1613689-001</u>
a	Plan name <u>WHEELS UP PARTNERS LLC RETIREMENT SAVINGS PLAN</u>	
b	Name of plan sponsor <u>WHEELS UP PARTNERS LLC</u>	c EIN-PN <u>45-4068474-001</u>
a	Plan name <u>WILLIAM D. HILLEN, A CORPORATION PROFIT SHARING PLAN</u>	
b	Name of plan sponsor <u>WILLIAM D. HILLEN, A CORPORATION</u>	c EIN-PN <u>84-0585620-001</u>
a	Plan name <u>WIREGRASS ORTHODONTIC SPECIALISTS, LLC RETIREMENT PLAN</u>	
b	Name of plan sponsor <u>WIREGRASS ORTHODONTIC SPECIALISTS,</u>	c EIN-PN <u>68-0592895-001</u>
a	Plan name <u>WOMENCARE, INC. 401(K) PLAN</u>	
b	Name of plan sponsor <u>WOMENCARE, INC.</u>	c EIN-PN <u>55-0691297-001</u>
a	Plan name <u>WTS PARADIGM DEFERRED SAVINGS PLAN</u>	
b	Name of plan sponsor <u>WTS PARADIGM, LLC</u>	c EIN-PN <u>20-1623787-001</u>
a	Plan name <u>WV EYE CONSULTANTS, LLC 401(K) PROFIT SHARING PLAN</u>	
b	Name of plan sponsor <u>WV EYE CONSULTANTS, LLC</u>	c EIN-PN <u>27-3671993-001</u>
a	Plan name <u>YSK CORPORATION RETIREMENT AND SAVINGS PLAN</u>	
b	Name of plan sponsor <u>YSK CORPORATION</u>	c EIN-PN <u>31-1249386-001</u>
a	Plan name <u>ZARLEY LAW FIRM, PLC 401(K) RETIREMENT PLAN</u>	
b	Name of plan sponsor <u>TIMOTHY ZARLEY, PLC</u>	c EIN-PN <u>46-2474983-001</u>

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	ZULLINGER-DAVIS-TRINH EMPLOYEE RETIREMENT PLAN	
b Name of plan sponsor	ZULLINGER-DAVIS-TRINH, P.C.	c EIN-PN 25-1530888-001

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

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

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

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

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

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 10/03/2024	
A Name of plan FLEXPATH INDEX MODERATE 2025 FUND	B Three-digit plan number (PN) ▶ 214
C Plan sponsor's name as shown on line 2a of Form 5500 GREAT GRAY TRUST COMPANY, LLC	D Employer Identification Number (EIN) 47-2285799

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

	(a) Beginning of Year	(b) End of Year
Assets		
a Total noninterest-bearing cash	1a	
b Receivables (less allowance for doubtful accounts):		
(1) Employer contributions	1b(1)	
(2) Participant contributions	1b(2)	
(3) Other	1b(3)	1304489744
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)	0
(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)	

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	1406875199	1304489744
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h	0	439764
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j	38877673	1304049980
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	38877673	1304489744
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	1367997526	0

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)		0
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)		0
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)		
(B) Common stock.....	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)		
(D) Total dividends. Add lines 2b(2)(A), (B), and (C).....	2b(2)(D)		0
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)		
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B).....	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		125113609
(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		
d Total income. Add all income amounts in column (b) and enter total	2d		125113609

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)		0
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)	51396	
(5) Investment advisory and investment management fees	2i(5)	879803	
(6) Bank or trust company trustee/custodial fees	2i(6)	209779	
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)		
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		1140978
j Total expenses. Add all expense amounts in column (b) and enter total	2j		1140978

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		123972631
l Transfers of assets:			
(1) To this plan	2l(1)		220392815
(2) From this plan	2l(2)		1712362972

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 _____.