

<p style="text-align: center;"><b>Form 5500</b></p> <p style="font-size: small;">Department of the Treasury Internal Revenue Service</p> <hr/> <p style="font-size: small;">Department of Labor Employee Benefits Security Administration</p> <hr/> <p style="font-size: x-small;">Pension Benefit Guaranty Corporation</p>	<p><b>Annual Return/Report of Employee Benefit Plan</b></p> <p style="font-size: x-small;">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 style="text-align: center;"><b>▶ Complete all entries in accordance with the instructions to the Form 5500.</b></p>	<p style="font-size: x-small;">OMB Nos. 1210-0110 1210-0089</p> <hr/> <p style="font-size: large; text-align: center;"><b>2024</b></p> <hr/> <p style="text-align: center;"><b>This Form is Open to Public Inspection</b></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 12/31/2024

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

a single-employer plan  a DFE (specify) C

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

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

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

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

special extension (enter description)

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

**Part II Basic Plan Information—enter all requested information**

<p><b>1a</b> Name of plan <u>BLACKROCK LIFEPATH INDEX 2030 FUND</u></p>	<p><b>1b</b> Three-digit plan number (PN) ▶ <u>153</u></p>
<p><b>2a</b> 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><b>1c</b> Effective date of plan</p> <hr/> <p><b>2b</b> Employer Identification Number (EIN) <u>26-3770302</u></p> <p><b>2c</b> Plan Sponsor's telephone number <u>866-427-6885</u></p> <p><b>2d</b> 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.

<b>SIGN HERE</b>		Date	
	Signature of plan administrator		Enter name of individual signing as plan administrator
<b>SIGN HERE</b>		Date	
	Signature of employer/plan sponsor		Enter name of individual signing as employer or plan sponsor
<b>SIGN HERE</b>	<u>Filed with authorized/valid electronic signature.</u>	<u>09/02/2025</u>	<u>MATT FALCIANI</u>
	Signature of DFE	Date	Enter name of individual signing as DFE

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

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

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

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

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

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

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

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

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

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

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

<b>A</b> Name of plan <u>BLACKROCK LIFEPATH INDEX 2030 FUND</u>	<b>B</b> Three-digit plan number (PN)	<u>153</u>
<b>C</b> Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>GREAT GRAY TRUST COMPANY, LLC</u>	<b>D</b> Employer Identification Number (EIN) <u>26-3770302</u>	

<b>Part I</b>	<b>Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)</b> (Complete as many entries as needed to report all interests in DFEs)
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<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>LIFEPATH INDEX 2030 FUND F</u>		
<b>b</b> Name of sponsor of entity listed in (a): <u>BLACKROCK INSTITUTIONAL TRUST COMPANY, N.A.</u>		
<b>c</b> EIN-PN <u>71-0986424-001</u>	<b>d</b> Entity code <u>C</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>549495013</u>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

**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

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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:

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**d** Entity code

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**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)

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	21ST CENTURY BANK PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	21ST CENTURY BANK	<b>c</b> EIN-PN 41-0250430-001
<b>a</b>	Plan name	4EG TEAM SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	4EG TEAM LLC	<b>c</b> EIN-PN 81-3929033-001
<b>a</b>	Plan name	A.W. FARRELL & SON, INC.	
<b>b</b>	Name of plan sponsor	A.W. FARRELL & SON INC.	<b>c</b> EIN-PN 16-0954042-001
<b>a</b>	Plan name	ABIOMED RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	ABIOMED INC	<b>c</b> EIN-PN 04-2743260-001
<b>a</b>	Plan name	ACERO 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ACERO SCHOOLS	<b>c</b> EIN-PN 36-4235934-001
<b>a</b>	Plan name	ACME FINISHING COMPANY 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ACME FINISHING COMPANY, LLC	<b>c</b> EIN-PN 47-3695493-001
<b>a</b>	Plan name	ADAPTHEALTH 401(K) PROFIT SHARING PLAN AND TRUST	
<b>b</b>	Name of plan sponsor	ADAPTHEALTH, LLC	<b>c</b> EIN-PN 45-5553972-001
<b>a</b>	Plan name	ADDUS HEALTHCARE, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ADDUS HEALTHCARE, INC.	<b>c</b> EIN-PN 42-1014070-002
<b>a</b>	Plan name	AFFIRM, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	AFFIRM, INC.	<b>c</b> EIN-PN 45-5413534-002
<b>a</b>	Plan name	AGILEX FRAGRANCE DIVISION 401(K) PLAN	
<b>b</b>	Name of plan sponsor	AROMATIC TECHNOLOGIES, D/B/A AGILEX	<b>c</b> EIN-PN 36-4289343-001
<b>a</b>	Plan name	AI TECHNOLOGIES, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	AI TECHNOLOGIES, LLC	<b>c</b> EIN-PN 20-5087486-001
<b>a</b>	Plan name	AISC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	AISC HOLDINGS, INC.	<b>c</b> EIN-PN 13-0432350-002

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	AM MANAGEMENT, INC 401 K PLAN	
<b>b</b>	Name of plan sponsor	AM MANAGEMENT INC	<b>c</b> EIN-PN 42-1368820-002
<b>a</b>	Plan name	AMERICAN FIRE SYSTEMS, INC. 401(K) SAFE HARBOR PLAN	
<b>b</b>	Name of plan sponsor	AMERICAN FIRE SYSTEMS INC	<b>c</b> EIN-PN 01-0768031-001
<b>a</b>	Plan name	AMES CONSTRUCTION, INC. RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	AMES CONSTRUCTION, INC.	<b>c</b> EIN-PN 41-0871375-010
<b>a</b>	Plan name	AMY S. LODEN DMD., PC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	AMY S. LODEN DMD., PC	<b>c</b> EIN-PN 26-1963123-001
<b>a</b>	Plan name	ANDOVER BANK EMPLOYEES STOCK PURCHASE PLAN	
<b>b</b>	Name of plan sponsor	ANDOVER BANK	<b>c</b> EIN-PN 34-1436056-002
<b>a</b>	Plan name	APOLLO TOOL INC. 401K PROFIT SHARING	
<b>b</b>	Name of plan sponsor	APOLLO TOOL INC	<b>c</b> EIN-PN 39-1282086-001
<b>a</b>	Plan name	APPLEJACK WINE & SPIRITS LLC 401(K) & PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	APPLEJACK WINE & SPIRITS LLC	<b>c</b> EIN-PN 47-1314946-001
<b>a</b>	Plan name	ARCTOS, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ARCTOS, LLC	<b>c</b> EIN-PN 47-5602018-001
<b>a</b>	Plan name	ARMSTRONG FAMILY DENTISTRY, PC 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	ARMSTRONG FAMILY DENTISTRY, PC	<b>c</b> EIN-PN 58-1475400-001
<b>a</b>	Plan name	ASCEND BUSINESS SERVICES, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ASCEND BUSINESS SERVICES, LLC	<b>c</b> EIN-PN 81-3017595-001
<b>a</b>	Plan name	ATS ELECTRIC, INC. 401K PLAN	
<b>b</b>	Name of plan sponsor	ATS ELECTRIC, INC.	<b>c</b> EIN-PN 20-3034767-002
<b>a</b>	Plan name	AUBREY SILVEY ENTERPRISES, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	AUBREY SILVEY ENTERPRISES, INC.	<b>c</b> EIN-PN 58-1098798-003

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	AUSTIN POWDER 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	AUSTIN POWDER 401(K) PROFIT SHARING PLAN	<b>c</b> EIN-PN 34-0077750-012
<b>a</b>	Plan name	BAHR VERMEER & HAECKER ARCHITECTS, LTD. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	BAHR VERMEER & HAECKER ARCHITECTS, LTD.	<b>c</b> EIN-PN 47-0558032-001
<b>a</b>	Plan name	BASIS GLOBAL TECHNOLOGIES, INC. 401(K) SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	BASIS GLOBAL TECHNOLOGIES, INC.	<b>c</b> EIN-PN 36-4476242-001
<b>a</b>	Plan name	BATTLE MOTORS	
<b>b</b>	Name of plan sponsor	BATTLE MOTORS	<b>c</b> EIN-PN 86-1232286-001
<b>a</b>	Plan name	BBD OPCO LLC 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	BBD OPCO LLC	<b>c</b> EIN-PN 81-1094306-002
<b>a</b>	Plan name	BELLEVUE ANIMAL HOSPITAL 401(K) PLAN	
<b>b</b>	Name of plan sponsor	BELLEVUE ANIMAL HOSPITAL, P.C.	<b>c</b> EIN-PN 20-0133920-001
<b>a</b>	Plan name	BI-LINK METAL SPECIALTIES RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	BI-LINK METAL SPECIALTIES	<b>c</b> EIN-PN 36-4266891-002
<b>a</b>	Plan name	BIOMEDICAL RESEARCH ALLIANCE OF NEW YORK	
<b>b</b>	Name of plan sponsor	BIOMEDICAL RESEARCH ALLIANCE OF NEW YORK	<b>c</b> EIN-PN 13-3999590-002
<b>a</b>	Plan name	BONE AND JOINT SURGERY CENTER OF NOVI 401(K) PLAN	
<b>b</b>	Name of plan sponsor	PROVIDENCE VENTURES LLC	<b>c</b> EIN-PN 16-1704029-002
<b>a</b>	Plan name	BROADMOOR MANAGEMENT COMPANY 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	BROADMOOR MANAGEMENT COMPANY	<b>c</b> EIN-PN 47-0635721-001
<b>a</b>	Plan name	BROWN BAG MARKETING, INC. 401(K) PROFIT SHARING AND TRUST	
<b>b</b>	Name of plan sponsor	BROWN BAG MARKETING, INC.	<b>c</b> EIN-PN 55-0795039-001
<b>a</b>	Plan name	CAPE COD EXPRESS 401(K) PLAN	
<b>b</b>	Name of plan sponsor	CAPE COD EXPRESS, LLC	<b>c</b> EIN-PN 04-2263917-001

<b>Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>		
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)		
<b>a</b> Plan name	CAPITAL CITY BANK GROUP, INC. 401(K) PLAN	
<b>b</b> Name of plan sponsor	CAPITAL CITY BANK GROUP, INC.	<b>c</b> EIN-PN 59-2273542-003
<b>a</b> Plan name	CCI SYSTEMS, INC. 401(K) PLAN	
<b>b</b> Name of plan sponsor	CCI SYSTEMS, INC.	<b>c</b> EIN-PN 38-2356585-003
<b>a</b> Plan name	CINCY CLIPS, INC. 401(K) RETIREMENT SAVINGS PLAN	
<b>b</b> Name of plan sponsor	CINCY CLIPS, INC.	<b>c</b> EIN-PN 30-0075215-001
<b>a</b> Plan name	CIRRUS DESIGN CORPORATION 401(K) PLAN	
<b>b</b> Name of plan sponsor	CIRRUS DESIGN CORPORATION	<b>c</b> EIN-PN 39-1578274-001
<b>a</b> Plan name	CITY OF WINTER PARK 401A MONEY PURCHASE	
<b>b</b> Name of plan sponsor	CITY OF WINTER PARK	<b>c</b> EIN-PN 59-6000454-402
<b>a</b> Plan name	CLEVEREX SYSTEMS, INC. 401K PLAN	
<b>b</b> Name of plan sponsor	CLEVEREX SYSTEMS, INC.	<b>c</b> EIN-PN 52-2020313-001
<b>a</b> Plan name	CLYDE & CO US LLP 401(K) PLAN	
<b>b</b> Name of plan sponsor	CLYDE & CO US LLP	<b>c</b> EIN-PN 20-5083001-001
<b>a</b> Plan name	COLONY BRANDS, INC. PENSION PLAN	
<b>b</b> Name of plan sponsor	COLONY BRANDS, INC.	<b>c</b> EIN-PN 39-0869862-001
<b>a</b> Plan name	COMMERCIAL CONCRETE CONSTRUCTORS, INC. 401(K) PLAN	
<b>b</b> Name of plan sponsor	COMMERCIAL CONCRETE CONSTRUCTORS, INC.	<b>c</b> EIN-PN 20-2340062-003
<b>a</b> Plan name	COMPLETE MUSIC, INC	
<b>b</b> Name of plan sponsor	BEN HUNDT	<b>c</b> EIN-PN 47-0634803-012
<b>a</b> Plan name	CONSTRUCTION BENEFITS GROUP RETIREMENT PLAN	
<b>b</b> Name of plan sponsor	CONSTRUCTION BENEFITS GROUP	<b>c</b> EIN-PN 81-5209597-001
<b>a</b> Plan name	CONSTRUCTION RESOURCES HOLDINGS	
<b>b</b> Name of plan sponsor	CONSTRUCTION RESOURCES HOLDINGS LLC	<b>c</b> EIN-PN 81-0773852-001

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	COPPER ELECTRIC, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	COPPER ELECTRIC, INC	<b>c</b> EIN-PN 58-1789406-001
<b>a</b>	Plan name	CRARY, HUFF, RINGGENBERG, HARTNETT & STORM PC 401K PLAN	
<b>b</b>	Name of plan sponsor	CRARY HUFF RINGGENBERG HARTNETT & STORM PC	<b>c</b> EIN-PN 42-0998242-001
<b>a</b>	Plan name	GRESA LLC 401K PLAN	
<b>b</b>	Name of plan sponsor	GRESA, LLC	<b>c</b> EIN-PN 81-4198347-001
<b>a</b>	Plan name	CUNINGHAM GROUP ARCHITECTURE, INC. RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	CUNINGHAM GROUP ARCHITECTURE, INC.	<b>c</b> EIN-PN 41-1456525-001
<b>a</b>	Plan name	DBA CRDN OF CENTRAL AND WESTERN IOWA	
<b>b</b>	Name of plan sponsor	TERESE JUNG	<b>c</b> EIN-PN 26-1301401-012
<b>a</b>	Plan name	DCC/KCC 401K PLAN	
<b>b</b>	Name of plan sponsor	DIALYSIS CARE CENTER MANAGEMENT LLC	<b>c</b> EIN-PN 82-2837479-001
<b>a</b>	Plan name	DELEK US 401(K) PLAN	
<b>b</b>	Name of plan sponsor	DELEK US HOLDINGS, INC.	<b>c</b> EIN-PN 52-2319066-001
<b>a</b>	Plan name	DENTISTS FOR CHILDREN LLC 401K PLAN	
<b>b</b>	Name of plan sponsor	DENTISTS FOR CHILDREN LLC	<b>c</b> EIN-PN 41-2090219-001
<b>a</b>	Plan name	DR MICHELLE G CHANG DMD PLLC 401(K) PROFIT SHARING PLAN & TRUST	
<b>b</b>	Name of plan sponsor	DR MICHELLE G CHANG DMD PLLC	<b>c</b> EIN-PN 86-3222119-001
<b>a</b>	Plan name	DR. ROBERT A. VAUGHT LLC EMPLOYEES'	
<b>b</b>	Name of plan sponsor	DR ROBERT A VAUGHT LLC	<b>c</b> EIN-PN 27-4083444-001
<b>a</b>	Plan name	DRETLOH AIRCRAFT SUPPLY, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	DRETLOH AIRCRAFT SUPPLY, INC.	<b>c</b> EIN-PN 95-2943856-003
<b>a</b>	Plan name	DRFIRST.COM, INC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	DRFIRST.COM, INC.	<b>c</b> EIN-PN 52-2212902-001

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
<b>a</b>	Plan name <b>DSI HOLDINGS CORPORATION 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>DSI HOLDINGS CORPORATION DBA SER</b>	<b>c</b> EIN-PN <b>36-3711293-001</b>
<b>a</b>	Plan name <b>EAST BANK CLUB RETIREMENT AND SAVINGS PLAN</b>	
<b>b</b>	Name of plan sponsor <b>EAST BANK CLUB VENTURE</b>	<b>c</b> EIN-PN <b>36-3049268-001</b>
<b>a</b>	Plan name <b>EASTERN SHORE ENT &amp; ALLERGY ASSOCIATES, P.A. 401(K) RETIREMENT PLAN</b>	
<b>b</b>	Name of plan sponsor <b>EASTERN SHORE ENT &amp; ALLERGY ASSOCIATES, P.A.</b>	<b>c</b> EIN-PN <b>52-0970316-002</b>
<b>a</b>	Plan name <b>ELEVATION LABS 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>NCL ACQUISITION CORPORATION DBA ELEVATION LABS</b>	<b>c</b> EIN-PN <b>46-4952901-001</b>
<b>a</b>	Plan name <b>ELLIE MENTAL HEALTH</b>	
<b>b</b>	Name of plan sponsor <b>FOOTHILLS HEALTH, LLC</b>	<b>c</b> EIN-PN <b>88-3611908-001</b>
<b>a</b>	Plan name <b>ELLIOTT/DRINKWARD CONSTRUCTION, INC. 401(K) PROFIT SHARING PLAN</b>	
<b>b</b>	Name of plan sponsor <b>ELLIOTT/DRINKWARD CONSTRUCTION, INC.</b>	<b>c</b> EIN-PN <b>33-0375898-001</b>
<b>a</b>	Plan name <b>EMPIRE FENCING &amp; NETTING 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>MJWK ENTERPRISES INC.</b>	<b>c</b> EIN-PN <b>26-4804369-001</b>
<b>a</b>	Plan name <b>EPLAN SERVICES GROUP TRUST</b>	
<b>b</b>	Name of plan sponsor <b>EPLAN SERVICES GROUP TRUST</b>	<b>c</b> EIN-PN <b>77-6214267-001</b>
<b>a</b>	Plan name <b>EQ UNITED 401(K) RETIREMENT SAVINGS PLAN</b>	
<b>b</b>	Name of plan sponsor <b>DAYS LLC DBA EQ UNITED</b>	<b>c</b> EIN-PN <b>35-1062560-002</b>
<b>a</b>	Plan name <b>EQUIPSOLUTIONS, LLC 401(K) PROFIT SHARING PLAN</b>	
<b>b</b>	Name of plan sponsor <b>EQUIPSOLUTIONS, LLC</b>	<b>c</b> EIN-PN <b>20-3668362-001</b>
<b>a</b>	Plan name <b>FAINSBERT MASE BROWN &amp; SUSSMAN 401(K) PROFIT SHARING PLAN AND TRUST</b>	
<b>b</b>	Name of plan sponsor <b>FAINSBERT MASE BROWN &amp; SUSSMAN, LLP</b>	<b>c</b> EIN-PN <b>95-4558863-001</b>
<b>a</b>	Plan name <b>FBC MORTGAGE LLC 401(K) PROFIT SHARING PLAN</b>	
<b>b</b>	Name of plan sponsor <b>FBC MORTGAGE LLC</b>	<b>c</b> EIN-PN <b>20-3702275-001</b>

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
<small>(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)</small>			
<b>a</b>	Plan name	FFW CORPORATION 401K RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	FFW CORPORATION	<b>c</b> EIN-PN 35-1875502-002
<b>a</b>	Plan name	FLORIDA PREPARATORY ACADEMY EMPLOYEE SAVINGS & RETIREMENT PL	
<b>b</b>	Name of plan sponsor	FLORIDA PREPARATORY ACADEMY - ME	<b>c</b> EIN-PN 59-1825723-001
<b>a</b>	Plan name	FNDN FOR THE ACCRED OF CELLULAR THERAPY	
<b>b</b>	Name of plan sponsor	LINDA MILLER	<b>c</b> EIN-PN 84-1363353-012
<b>a</b>	Plan name	FTG 401K	
<b>b</b>	Name of plan sponsor	FLEX TECHNOLOGY GROUP	<b>c</b> EIN-PN 20-3268390-001
<b>a</b>	Plan name	FUTREND TECHNOLOGY INC. 401(K) PROFIT SHARING PLAN AND TRUST	
<b>b</b>	Name of plan sponsor	FUTREND TECHNOLOGY INC	<b>c</b> EIN-PN 54-2022388-001
<b>a</b>	Plan name	GALERIE MANAGEMENT, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	GALERIE LIVING, LLC	<b>c</b> EIN-PN 47-2328474-001
<b>a</b>	Plan name	GERFLOR USA INC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	GERFLOR USA INC	<b>c</b> EIN-PN 36-3313608-001
<b>a</b>	Plan name	GLOBE STORAGE & MOVING COMPANY, INC. PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	GLOBE STORAGE & MOVING COMPANY	<b>c</b> EIN-PN 13-3249475-002
<b>a</b>	Plan name	GOLD CROSS SERVICES, INC. 401(K) RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	GOLD CROSS SERVICES INC.	<b>c</b> EIN-PN 87-0277106-001
<b>a</b>	Plan name	GORDON ELECTRIC, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	GORDON ELECTRIC, INC.	<b>c</b> EIN-PN 27-4667515-001
<b>a</b>	Plan name	GRAND ISLAND DERMATOLOGY, PC 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	GRAND ISLAND DERMATOLOGY, PC	<b>c</b> EIN-PN 81-0606852-001
<b>a</b>	Plan name	GRAND RAPIDS CONTROLS CO. LLC EMPLOYEE 401(K) PLAN	
<b>b</b>	Name of plan sponsor	GRAND RAPIDS CONTROLS CO LLC	<b>c</b> EIN-PN 20-0951372-001

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	GRANDVIEW DENTAL, PC 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	GRANDVIEW DENTAL, PC	<b>c</b> EIN-PN 03-0395064-002
<b>a</b>	Plan name	GREEN COVER SEED, LLC RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	GREEN COVER SEED, LLC	<b>c</b> EIN-PN 46-1701244-001
<b>a</b>	Plan name	HACKMAN CAPITAL PARTNERS 401(K) PLAN	
<b>b</b>	Name of plan sponsor	HACKMAN CAPITAL PARTNERS, LLC	<b>c</b> EIN-PN 95-4665268-002
<b>a</b>	Plan name	HARVEST BIBLE CHAPEL 403(B)(9) PLAN	
<b>b</b>	Name of plan sponsor	HARVEST BIBLE CHAPEL DO NOT USE	<b>c</b> EIN-PN 36-3590027-002
<b>a</b>	Plan name	HATHAWAY CONSTRUCTION SERVICES, INC.	
<b>b</b>	Name of plan sponsor	HATHAWAY CONSTRUCTION SERVICES, INC.	<b>c</b> EIN-PN 27-0590233-001
<b>a</b>	Plan name	HAUPTMAN, O'BRIEN, WOLF & LATHROP, P.C. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	HAUPTMAN, OBRIEN, WOLF & LATHROP, P.C.	<b>c</b> EIN-PN 47-0624363-001
<b>a</b>	Plan name	HAWKINS FAMILY DENTAL 401(K) PROFIT SHARING PLAN AND TRUST	
<b>b</b>	Name of plan sponsor	HAWKINS FAMILY DENTAL LLC	<b>c</b> EIN-PN 26-2823076-001
<b>a</b>	Plan name	HEALTH CARE INFORMATION SYSTEMS, INC. EMPLOYEES' 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	HEALTH CARE INFORMATION SYSTEMS, INC.	<b>c</b> EIN-PN 47-0652440-002
<b>a</b>	Plan name	HOME CHEF 401(K) PLAN	
<b>b</b>	Name of plan sponsor	RELISH LABS LLC DBA HOME CHEF	<b>c</b> EIN-PN 46-3043362-001
<b>a</b>	Plan name	HOUSTON DENTAL PROFESSIONALS P.C. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	HOUSTON DENTAL PROFESSIONALS, PC	<b>c</b> EIN-PN 58-1485277-003
<b>a</b>	Plan name	HUCK BOUMA PC 401(K) PLAN AND TRUST	
<b>b</b>	Name of plan sponsor	HUCK BOUMA P.C.	<b>c</b> EIN-PN 36-3409697-001
<b>a</b>	Plan name	HURON CONSULTING GROUP RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	HURON CONSULTING GROUP INC.	<b>c</b> EIN-PN 01-0666114-001

<b>Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>		
<small>(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)</small>		
<b>a</b>	Plan name	INDUSTRIAL ELECTRONIC ENGINEERS 401(K) PLAN
<b>b</b>	Name of plan sponsor	INDUSTRIAL ELECTRONIC ENGINEERS, INC.
<b>c</b>	EIN-PN	95-1996496-001
<b>a</b>	Plan name	INNOVATIVE EMPLOYEE SOLUTIONS, INC. 401(K) PLAN
<b>b</b>	Name of plan sponsor	INNOVATIVE EMPLOYEE SOLUTIONS, INC.
<b>c</b>	EIN-PN	84-0841199-001
<b>a</b>	Plan name	INNOVATIVE HEALTH, LLC 401K
<b>b</b>	Name of plan sponsor	INNOVATIVE HEALTH, LLC
<b>c</b>	EIN-PN	47-2158920-001
<b>a</b>	Plan name	INNOVEERING, LLC INCENTIVE SAVINGS PLAN
<b>b</b>	Name of plan sponsor	INNOVEERING, LLC
<b>c</b>	EIN-PN	45-5028385-001
<b>a</b>	Plan name	INVESTCLOUD, INC 401(K) PLAN
<b>b</b>	Name of plan sponsor	INVESTCLOUD, INC.
<b>c</b>	EIN-PN	32-0412640-001
<b>a</b>	Plan name	IVAN CARLSON & ASSOCIATES 401(K) SALARY REDUCTION PLAN & TRUST
<b>b</b>	Name of plan sponsor	IVAN CARLSON & ASSOCIATES, INC.
<b>c</b>	EIN-PN	36-2807739-001
<b>a</b>	Plan name	J.J. NICHTING 401(K) PLAN
<b>b</b>	Name of plan sponsor	J.J. NICHTING COMPANY, INC.
<b>c</b>	EIN-PN	42-0869043-002
<b>a</b>	Plan name	JMAR, INC. PROFIT SHARING PLAN
<b>b</b>	Name of plan sponsor	JMAR, INC.
<b>c</b>	EIN-PN	47-4438355-001
<b>a</b>	Plan name	KADER PROPERTIES LLC 401K
<b>b</b>	Name of plan sponsor	KADER PROPERTIES LLC
<b>c</b>	EIN-PN	84-2578866-001
<b>a</b>	Plan name	KARWAY INC 401(K) PROFIT SHARING PLAN & TRUST
<b>b</b>	Name of plan sponsor	KARWAY INC
<b>c</b>	EIN-PN	86-0501775-001
<b>a</b>	Plan name	LABORIE MEDICAL TECHNOLOGIES CORPORATION 401(K) PLAN
<b>b</b>	Name of plan sponsor	LABORIE MEDICAL TECHNOLOGIES CORPORATION
<b>c</b>	EIN-PN	13-3198206-001
<b>a</b>	Plan name	LANDIS & LANDIS CONSTRUCTION RETIREMENT PLAN
<b>b</b>	Name of plan sponsor	LANDIS & LANDIS CONSTRUCTION, LLC.
<b>c</b>	EIN-PN	52-2337537-001

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	LANIER DENTAL PARTNERS 401K PLAN	
<b>b</b>	Name of plan sponsor	LANIER DENTAL PARTNERS	<b>c</b> EIN-PN 46-5699841-001
<b>a</b>	Plan name	LAYMAN ELECTRIC, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	LAYMAN ELECTRIC, INC.	<b>c</b> EIN-PN 77-0050614-001
<b>a</b>	Plan name	LEAD BUILDERS, INC. RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	LEAD BUILDERS, INC.	<b>c</b> EIN-PN 65-1206055-003
<b>a</b>	Plan name	LEVEL 10, LLC 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	LEVEL 10, LLC	<b>c</b> EIN-PN 30-0002269-001
<b>a</b>	Plan name	LHC GROUP 401(K) PLAN	
<b>b</b>	Name of plan sponsor	LHC GROUP, INC	<b>c</b> EIN-PN 71-0918189-001
<b>a</b>	Plan name	LIFE UNLIMITED, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	LIFE UNLIMITED, INC.	<b>c</b> EIN-PN 43-1237483-001
<b>a</b>	Plan name	LUTZ & COMPANY, P.C. 401K PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	LUTZ & COMPANY, P.C.	<b>c</b> EIN-PN 47-0625816-001
<b>a</b>	Plan name	LUTZ FINANCIAL POOLED EMPLOYER PLAN	
<b>b</b>	Name of plan sponsor	NEWPORT GROUP, INC.	<b>c</b> EIN-PN 27-2037969-012
<b>a</b>	Plan name	LYCOS, INC. RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	LYCOS, INC.	<b>c</b> EIN-PN 20-8418840-001
<b>a</b>	Plan name	MARATHON INDUSTRIES, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	MARATHON INDUSTRIES, INC.	<b>c</b> EIN-PN 95-4442255-001
<b>a</b>	Plan name	MARCUS INVESTMENTS, LLC 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	MARCUS INVESTMENTS, LLC	<b>c</b> EIN-PN 20-4632365-001
<b>a</b>	Plan name	MARIAN HIGH SCHOOL 401(K) PLAN	
<b>b</b>	Name of plan sponsor	MARIAN HIGH SCHOOL	<b>c</b> EIN-PN 47-0526910-002

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	MARIN COUNTY TRANSIT DISTRICT 457 GOVERNMENTAL	
<b>b</b>	Name of plan sponsor	MARIN COUNTY TRANSIT DISTRICT 457	<b>c</b> EIN-PN 38-3835348-001
<b>a</b>	Plan name	MARIN COUNTY TRANSIT DISTRICT GOVERNMENTAL 401(A) PLAN	
<b>b</b>	Name of plan sponsor	MARIN COUNTY TRANSIT DISTRICT 401A	<b>c</b> EIN-PN 38-3835348-002
<b>a</b>	Plan name	MARK W. JUSTICE, DMD, PC 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	MARK W. JUSTICE, DMD, PC	<b>c</b> EIN-PN 58-1937922-001
<b>a</b>	Plan name	MARSH CREEK CONCRETE, INC.	
<b>b</b>	Name of plan sponsor	JOHN TIMMONS	<b>c</b> EIN-PN 87-0703865-012
<b>a</b>	Plan name	MARY JO HANIGAN MD PC 401(K) PS PLAN	
<b>b</b>	Name of plan sponsor	MARY JO HANIGAN, M.D., P.C.	<b>c</b> EIN-PN 27-0726579-001
<b>a</b>	Plan name	MASELLA FAMILY DENTAL 401(K) PLAN	
<b>b</b>	Name of plan sponsor	MASELLA FAMILY DENTAL, PC	<b>c</b> EIN-PN 27-3325344-001
<b>a</b>	Plan name	MCKINNIS, INC RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	MCKINNIS, INC	<b>c</b> EIN-PN 47-0752353-001
<b>a</b>	Plan name	MEC, INC. RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	MEC, INC. DBA MIDWEST ENVIRONMENTAL, INC.	<b>c</b> EIN-PN 34-1404108-002
<b>a</b>	Plan name	MEDICAL CARE SOLUTIONS EMPLOYEES' 401(K) PROFIT SHARING PLAN AND TRUST	
<b>b</b>	Name of plan sponsor	HEALTH CARE ASSOCIATED EMERGENCY PHYSICIANS, L.L.C.	<b>c</b> EIN-PN 20-1652231-001
<b>a</b>	Plan name	MED-LAB SUPPLY CO., INC. RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	MED-LAB SUPPLY CO., INC.	<b>c</b> EIN-PN 59-1022024-001
<b>a</b>	Plan name	MEI 401(K) / PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	MCLAUGHLIN ERECTORS, INC	<b>c</b> EIN-PN 76-0171358-001
<b>a</b>	Plan name	METL-FAB, INC. RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	METL-FAB, INC	<b>c</b> EIN-PN 56-2510934-001

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	METRO RECYCLING RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	METRO RECYCLING, INC.	<b>c</b> EIN-PN 35-2047195-001
<b>a</b>	Plan name	METRO STORAGE LLC 401K PLAN	
<b>b</b>	Name of plan sponsor	METRO STORAGE LLC	<b>c</b> EIN-PN 36-4370276-001
<b>a</b>	Plan name	MEYERS-CARLISLE-LEAPLEY CONSTRUCTION CO., INC., 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	MEYERS-CARLISLE-LEAPLEY CONSTRUCTION CO., INC.	<b>c</b> EIN-PN 47-0804913-001
<b>a</b>	Plan name	MICHAEL J. HOOVER, DDS, P. C. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	MICHAEL J. HOOVER, DDS, PC	<b>c</b> EIN-PN 27-4642263-001
<b>a</b>	Plan name	MICHAEL L. LEINGANG, III, D.D.S., P.C. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	MICHAEL LEINGANG, III, D.D.S., P.C	<b>c</b> EIN-PN 81-0651705-001
<b>a</b>	Plan name	MIDLAND SCIENTIFIC, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	MIDLAND SCIENTIFIC, INC.	<b>c</b> EIN-PN 47-0564686-001
<b>a</b>	Plan name	MIRACORP 401(K) PLAN	
<b>b</b>	Name of plan sponsor	MIRACORP INC.	<b>c</b> EIN-PN 54-1944750-001
<b>a</b>	Plan name	MUELLER, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	MUELLER, INC.	<b>c</b> EIN-PN 75-1964049-001
<b>a</b>	Plan name	MUTARE, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	MUTARE, INC.	<b>c</b> EIN-PN 36-3092124-001
<b>a</b>	Plan name	MX CONSTRUCTION, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	MX CONSTRUCTION, INC.	<b>c</b> EIN-PN 47-2900554-001
<b>a</b>	Plan name	MYPATH TO RETIRE 401K PEP	
<b>b</b>	Name of plan sponsor	THE FINWAY GROUP	<b>c</b> EIN-PN 42-1468222-015
<b>a</b>	Plan name	NEBRASKA IOWA INDUSTRIAL FASTENERS CORP 401(K) PLAN	
<b>b</b>	Name of plan sponsor	NEBRASKA IOWA INDUSTRIAL FASTENERS CORP	<b>c</b> EIN-PN 47-0658718-001

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
<b>a</b>	Plan name <b>NEUROSCIENCE SPECIALISTS, P.C. 401(K) PROFIT SHARING PLAN</b>	
<b>b</b>	Name of plan sponsor <b>NEUROSCIENCE SPECIALISTS, P.C.</b>	<b>c</b> EIN-PN <b>73-1517778-001</b>
<b>a</b>	Plan name <b>NEW IMAGE COSMETIC AND FAMILY DENTISTRY 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>NEW IMAGE COSMETIC AND FAMILY DENTISTRY</b>	<b>c</b> EIN-PN <b>73-1654609-001</b>
<b>a</b>	Plan name <b>NORTHERN CONTOURS, INC. 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>NORTHERN CONTOURS, INC.</b>	<b>c</b> EIN-PN <b>41-1735466-001</b>
<b>a</b>	Plan name <b>NORTHERN PLAINS RAILROAD, INC. 401(K) PROFIT SHARING PLAN</b>	
<b>b</b>	Name of plan sponsor <b>NORTHERN PLAINS RAILROAD, INC.</b>	<b>c</b> EIN-PN <b>45-0445434-001</b>
<b>a</b>	Plan name <b>NORTHLAKE DENTAL PARTNERS 401(K) PROFIT SHARING PLAN</b>	
<b>b</b>	Name of plan sponsor <b>NORTHLAKE DENTAL PARTNERS</b>	<b>c</b> EIN-PN <b>71-0883771-001</b>
<b>a</b>	Plan name <b>NOVA-TECH, INC.</b>	
<b>b</b>	Name of plan sponsor <b>ANDREA GLAUSE</b>	<b>c</b> EIN-PN <b>47-0712323-012</b>
<b>a</b>	Plan name <b>NOVEN PHARMACEUTICALS, INC. 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>NOVEN PHARMACEUTICALS, INC.</b>	<b>c</b> EIN-PN <b>59-2767632-001</b>
<b>a</b>	Plan name <b>NPARALLEL EMPLOYEE RETIREMENT PLAN</b>	
<b>b</b>	Name of plan sponsor <b>NPARALLEL, LLC</b>	<b>c</b> EIN-PN <b>41-2079480-001</b>
<b>a</b>	Plan name <b>NT CONCEPTS 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>NEXT TIER CONCEPTS, INC.</b>	<b>c</b> EIN-PN <b>54-1909584-001</b>
<b>a</b>	Plan name <b>NVS VET PARTNERS, LLC, 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>NVS VET PARTNERS, LLC</b>	<b>c</b> EIN-PN <b>85-4262160-012</b>
<b>a</b>	Plan name <b>OLAMETER CORPORATION 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>OLAMETER CORPORATION</b>	<b>c</b> EIN-PN <b>38-2611717-001</b>
<b>a</b>	Plan name <b>ONEAMERICA SEPARATE ACCOUNT</b>	
<b>b</b>	Name of plan sponsor <b>AMERICAN UNITED LIFE INSURANCE COMPANY</b>	<b>c</b> EIN-PN <b>35-0145825-100</b>

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	ONEGOAL RETIREMENT TRUST	
<b>b</b>	Name of plan sponsor	ONEGOAL	<b>c</b> EIN-PN 56-2369898-001
<b>a</b>	Plan name	OPTIM ORTHOPEDICS, LLC 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	OPTIM ORTHOPEDICS, LLC	<b>c</b> EIN-PN 47-2413464-001
<b>a</b>	Plan name	OPTINOSE 401(K) PLAN	
<b>b</b>	Name of plan sponsor	OPTINOSE US, INC.	<b>c</b> EIN-PN 27-2905255-001
<b>a</b>	Plan name	ORDIZ-MELBY ARCHITECTS, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	ORDIZ-MELBY ARCHITECTS, INC.	<b>c</b> EIN-PN 83-3962337-001
<b>a</b>	Plan name	ORTHOMIDWEST 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	ORTHOMIDWEST, PLLC	<b>c</b> EIN-PN 36-2691111-002
<b>a</b>	Plan name	PACIFIC AG RENTALS, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	PACIFIC AG RENTALS, LLC	<b>c</b> EIN-PN 77-0559618-001
<b>a</b>	Plan name	PALLETON 401(K) PLAN	
<b>b</b>	Name of plan sponsor	PALLETON, INC.	<b>c</b> EIN-PN 47-0637429-001
<b>a</b>	Plan name	PATENTED RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	PATENTED ACQUISITION CORP	<b>c</b> EIN-PN 20-4558719-001
<b>a</b>	Plan name	PELLA PRODUCTS OF OMAHA AND LINCOLN RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	WDD, INC.	<b>c</b> EIN-PN 91-1770606-001
<b>a</b>	Plan name	PHD, INC. NON-UNION 401(K) PLAN	
<b>b</b>	Name of plan sponsor	PHD, INC.	<b>c</b> EIN-PN 35-1000183-001
<b>a</b>	Plan name	POR LA MAR NURSERY 401(K) EMPLOYEES SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	W.J. GRIFFIN, INC. DBA POR LA MAR NURSERY	<b>c</b> EIN-PN 95-2261285-001
<b>a</b>	Plan name	POWELL DENTISTRY GROUP, LLC 401(K) PROFIT SHARING PLAN & TRUST	
<b>b</b>	Name of plan sponsor	POWELL DENTISTRY GROUP, LLC	<b>c</b> EIN-PN 58-2600367-001

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	PREMISE ONE LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	PREMISE ONE LLC	<b>c</b> EIN-PN 46-1547806-001
<b>a</b>	Plan name	PROFESSIONAL AMBULANCE 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	PROFESSIONAL AMBULANCE & OXYGEN SERVICE, INC.	<b>c</b> EIN-PN 04-2482001-001
<b>a</b>	Plan name	PROVENCE REAL ESTATE, LLC 401(K)	
<b>b</b>	Name of plan sponsor	PROVENCE REAL ESTATE, LLC	<b>c</b> EIN-PN 27-0593631-001
<b>a</b>	Plan name	PRUITTHEALTH INC. EMPLOYEES 401K	
<b>b</b>	Name of plan sponsor	PRUITTHEALTH INC	<b>c</b> EIN-PN 58-1295697-003
<b>a</b>	Plan name	PSI 401(K) PLAN	
<b>b</b>	Name of plan sponsor	POWER SOLUTIONS INTERNATIONAL, INC.	<b>c</b> EIN-PN 33-0963637-002
<b>a</b>	Plan name	PWD-SEATTLE, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	PWD-SEATTLE, LLC	<b>c</b> EIN-PN 27-2945234-001
<b>a</b>	Plan name	RAINES FELDMAN LITTRELL LLP 401K	
<b>b</b>	Name of plan sponsor	RAINES FELDMAN LITTRELL LLP	<b>c</b> EIN-PN 20-4515337-001
<b>a</b>	Plan name	RAPID RESPONSE MONITORING SERVICES, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	RAPID RESPONSE MONITORING SERVICES, INC.	<b>c</b> EIN-PN 16-1432416-001
<b>a</b>	Plan name	REAL RADIOLOGY 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	REAL RADIOLOGY, LLC	<b>c</b> EIN-PN 45-5174185-001
<b>a</b>	Plan name	REMARKABLE CAREGIVERS LLC WELFARE BENEFITS PLAN	
<b>b</b>	Name of plan sponsor	REMARKABLE CAREGIVERS LLC	<b>c</b> EIN-PN 92-0661794-502
<b>a</b>	Plan name	REMINGTON COLLEGE 401(K) PLAN AND TRUST	
<b>b</b>	Name of plan sponsor	REMINGTON COLLEGE	<b>c</b> EIN-PN 27-3339369-001
<b>a</b>	Plan name	RETIREMENT PATH POOLED EMPLOYER PLAN	
<b>b</b>	Name of plan sponsor	PLAN PROFESSIONALS, LLC	<b>c</b> EIN-PN 85-3213245-304

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)		
<b>a</b>	Plan name ROCHESTER ARMORED CAR CO., INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor ROCHESTER ARMORED CAR CO., INC.	<b>c</b> EIN-PN 47-0447153-001
<b>a</b>	Plan name S. MICHAEL LODEN, DMD, PC 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor S. MICHAEL LODEN, DMD, PC	<b>c</b> EIN-PN 20-8167979-001
<b>a</b>	Plan name SAEXPLORATION 401(K) PLAN	
<b>b</b>	Name of plan sponsor SAEXPLORATION INC.	<b>c</b> EIN-PN 45-2959022-001
<b>a</b>	Plan name SALLUS RETIREMENT SELECT POOLED	
<b>b</b>	Name of plan sponsor SALLUS RETIREMENT LLC	<b>c</b> EIN-PN 85-0609152-001
<b>a</b>	Plan name SAVANNAH PERIO & IMPLANTS P.C. 401K	
<b>b</b>	Name of plan sponsor SAVANNAH PERIO IMPLANTS PC	<b>c</b> EIN-PN 46-2988855-001
<b>a</b>	Plan name SEASONS HOSPICE, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor SEASONS HEALTHCARE MANAGEMENT, INC.	<b>c</b> EIN-PN 20-0414191-001
<b>a</b>	Plan name SEKO WORLDWIDE EMPLOYEES' 401(K) RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor SEKO WORLDWIDE, LLC	<b>c</b> EIN-PN 20-0422695-001
<b>a</b>	Plan name SERVING OLDER ADULTS 401(K) PLAN	
<b>b</b>	Name of plan sponsor SERVING OLDER ADULTS OF SOUTHEAST WISCONSIN, INC.	<b>c</b> EIN-PN 83-0637217-001
<b>a</b>	Plan name SESSLER, INC. 401(K) RETIREMENT SAVINGS PLAN AND TRUST	
<b>b</b>	Name of plan sponsor SESSLER, INC.	<b>c</b> EIN-PN 91-0840123-001
<b>a</b>	Plan name SILVEREDGE GOVERNMENT SOLUTIONS 401(K) PLAN	
<b>b</b>	Name of plan sponsor VAREN TECHNOLOGIES, INC.	<b>c</b> EIN-PN 20-2866339-001
<b>a</b>	Plan name SISTERS OF THE ORDER OF SAINT BENEDICT 401(K) PLAN	
<b>b</b>	Name of plan sponsor SISTERS OF THE ORDER OF SAINT BENEDICT, INC.	<b>c</b> EIN-PN 41-0695523-002
<b>a</b>	Plan name SKYWORD, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor SKYWORD, INC.	<b>c</b> EIN-PN 20-1689728-001

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
<small>(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)</small>			
<b>a</b>	Plan name	SMITH, BERTOCCHI, ARBAUGH & HALL, P.C. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	SMITH, BERTOCCHI, ARBAUGH & HALL, P.C.	<b>c</b> EIN-PN 25-1288335-002
<b>a</b>	Plan name	SN CONTRACTING LLC	
<b>b</b>	Name of plan sponsor	JAKE SCHNEIDER	<b>c</b> EIN-PN 81-2739870-012
<b>a</b>	Plan name	SOUTHERN NEW ENGLAND HEALTH CARE FOR WOMEN, LLC 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	SOUTHERN NEW ENGLAND HEALTH CARE FOR WOMEN, LLC	<b>c</b> EIN-PN 45-2603721-001
<b>a</b>	Plan name	SPECIALIZED ENGINEERING SOLUTIONS, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	SPECIALIZED ENGINEERING SOLUTIONS, INC.	<b>c</b> EIN-PN 20-2584876-001
<b>a</b>	Plan name	SPENCE MANAGEMENT GROUP 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	SPENCE MANAGEMENT GROUP, LLC	<b>c</b> EIN-PN 47-5430213-001
<b>a</b>	Plan name	SPOTLIGHT LLC 401(K) PROFIT SHARING PLAN AND TRUST	
<b>b</b>	Name of plan sponsor	SPOTLIGHT LLC	<b>c</b> EIN-PN 45-3060308-001
<b>a</b>	Plan name	SPRAGUE RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	SPRAGUE PEST SOLUTIONS	<b>c</b> EIN-PN 91-0420340-003
<b>a</b>	Plan name	SS DESIGNS 401(K) PLAN	
<b>b</b>	Name of plan sponsor	SS DESIGNS	<b>c</b> EIN-PN 59-1843046-001
<b>a</b>	Plan name	STARFISH HOLDINGS 401K RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	STARFISH HOLDINGS, INC.	<b>c</b> EIN-PN 47-1834100-001
<b>a</b>	Plan name	STOUT KAISER LLC 401(K) P/S PLAN	
<b>b</b>	Name of plan sponsor	STOUT KAISER LLC	<b>c</b> EIN-PN 20-8723858-001
<b>a</b>	Plan name	SUBURBAN DRYWALL INC 401K & PROFIT	
<b>b</b>	Name of plan sponsor	SUBURBAN DRYWALL INC	<b>c</b> EIN-PN 39-1467548-001
<b>a</b>	Plan name	SULLIVAN SUPPLY, INC. 401(K) PLAN & TRUST	
<b>b</b>	Name of plan sponsor	SULLIVAN SUPPLY, INC.	<b>c</b> EIN-PN 42-1383939-001

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
<b>a</b>	Plan name <a href="#">SUN WORLD INTERNATIONAL, LLC 401K RETIREMENT PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">SUN WORLD INTERNATIONAL, LLC.</a>	<b>c</b> EIN-PN <a href="#">20-2259614-002</a>
<b>a</b>	Plan name <a href="#">SURGERY PARTNERS 401K PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">SP MANAGEMENT SERVICES</a>	<b>c</b> EIN-PN <a href="#">62-1736048-001</a>
<b>a</b>	Plan name <a href="#">SWANSTROM TOOLS USA SAVINGS AND RETIREMENT PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">SWANSTROM TOOLS USA, INC.</a>	<b>c</b> EIN-PN <a href="#">39-1777772-001</a>
<b>a</b>	Plan name <a href="#">SYNBIOTIC HEALTH 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">SYNBIOTIC HEALTH</a>	<b>c</b> EIN-PN <a href="#">84-4119468-012</a>
<b>a</b>	Plan name <a href="#">TEALL CAPITAL PARTNERS LLC 401(K) PROFIT SHARING PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">TEALL CAPITAL PARTNERS LLC</a>	<b>c</b> EIN-PN <a href="#">83-0591973-001</a>
<b>a</b>	Plan name <a href="#">TELECON DESIGN (USA) INC. 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">TELECON DESIGN (USA) INC.</a>	<b>c</b> EIN-PN <a href="#">37-1794849-001</a>
<b>a</b>	Plan name <a href="#">TENABLE INC. 401(K) PLAN AND TRUST</a>	
<b>b</b>	Name of plan sponsor <a href="#">TENABLE INC.</a>	<b>c</b> EIN-PN <a href="#">03-0486428-001</a>
<b>a</b>	Plan name <a href="#">TEVRA BRANDS, LLC</a>	
<b>b</b>	Name of plan sponsor <a href="#">JOE CONNEALY</a>	<b>c</b> EIN-PN <a href="#">47-3521321-012</a>
<b>a</b>	Plan name <a href="#">THE PILCHER HAMILTON CORPORATION RETIREMENT PLAN &amp; TRUST</a>	
<b>b</b>	Name of plan sponsor <a href="#">THE PILCHER HAMILTON CORPORATION</a>	<b>c</b> EIN-PN <a href="#">36-1628160-001</a>
<b>a</b>	Plan name <a href="#">TMI GROUP, INC. 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">TMI GROUP, INC.</a>	<b>c</b> EIN-PN <a href="#">20-2884820-001</a>
<b>a</b>	Plan name <a href="#">TRENDSETTER ENGINEERING, INC. 401(K) PROFIT SHARING PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">TRENDSETTER ENGINEERING, INC.</a>	<b>c</b> EIN-PN <a href="#">76-0513436-002</a>
<b>a</b>	Plan name <a href="#">TRI-COUNTY PRODUCE CO., LTD 401(K) PROFIT SHARING PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">TRI-COUNTY PRODUCE CO., LTD</a>	<b>c</b> EIN-PN <a href="#">95-3867301-002</a>

<b>Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>		
<small>(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)</small>		
<b>a</b>	Plan name	TRUSTONE FINANCIAL CREDIT UNION 401(K) PLAN
<b>b</b>	Name of plan sponsor	TRUSTONE FINANCIAL
<b>c</b>	EIN-PN	41-0749255-003
<b>a</b>	Plan name	TSMC NORTH AMERICA 401(K) PLAN
<b>b</b>	Name of plan sponsor	TSMC NORTH AMERICA INC
<b>c</b>	EIN-PN	77-0172737-001
<b>a</b>	Plan name	TURBOPOWER, LLC 401 (K) PLAN
<b>b</b>	Name of plan sponsor	TURBOPOWER, LLC
<b>c</b>	EIN-PN	35-2435112-001
<b>a</b>	Plan name	UBG 401(K) - AG PARTNERS
<b>b</b>	Name of plan sponsor	AG PARTNERS COOPERATIVE INC
<b>c</b>	EIN-PN	48-0612412-002
<b>a</b>	Plan name	UBG 401(K) - AG PLUS COOPERATIVE
<b>b</b>	Name of plan sponsor	AG PLUS COOPERATIVE
<b>c</b>	EIN-PN	41-0251170-002
<b>a</b>	Plan name	UBG 401(K) - AG VALLEY COOP
<b>b</b>	Name of plan sponsor	AG VALLEY COOPERATIVE NON STOCK
<b>c</b>	EIN-PN	47-0404632-030
<b>a</b>	Plan name	UBG 401(K) - AGLAND
<b>b</b>	Name of plan sponsor	AGLAND CO-OP
<b>c</b>	EIN-PN	46-0175335-002
<b>a</b>	Plan name	UBG 401(K) - AGSTATE
<b>b</b>	Name of plan sponsor	AGSTATE
<b>c</b>	EIN-PN	42-0243900-030
<b>a</b>	Plan name	UBG 401(K) - AGSTATE SH MATCH
<b>b</b>	Name of plan sponsor	AGSTATE
<b>c</b>	EIN-PN	42-0243900-040
<b>a</b>	Plan name	UBG 401(K) - AGTEGRA
<b>b</b>	Name of plan sponsor	AGTEGRA COOPERATIVE
<b>c</b>	EIN-PN	46-0191930-002
<b>a</b>	Plan name	UBG 401(K) - ALLIANCE AG & GRAIN
<b>b</b>	Name of plan sponsor	ALLIANCE AG & GRAIN LLC
<b>c</b>	EIN-PN	47-5469106-002
<b>a</b>	Plan name	UBG 401(K) - AMERICAN PLAINS COOP
<b>b</b>	Name of plan sponsor	THE GREAT BEND COOPERATIVE ASSOCIATION DBA AMERICAN PLAINS CO-OP
<b>c</b>	EIN-PN	48-0646838-002

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	UBG 401(K) - ANTHONY CO-OP	
<b>b</b>	Name of plan sponsor	ANTHONY FARMERS COOPERATIVE ELEVATOR COMPANY	<b>c</b> EIN-PN 48-0122780-002
<b>a</b>	Plan name	UBG 401(K) - ATC	
<b>b</b>	Name of plan sponsor	AGRI TRAILS COOP, INC.	<b>c</b> EIN-PN 47-5603846-005
<b>a</b>	Plan name	UBG 401(K) - CENTRAL PLAINS MILLING	
<b>b</b>	Name of plan sponsor	CENTRAL PLAINS MILLING LLC	<b>c</b> EIN-PN 20-8870374-030
<b>a</b>	Plan name	UBG 401(K) - COOPERATIVE GRAIN & SUPPLY	
<b>b</b>	Name of plan sponsor	COOPERATIVE GRAIN & SUPPLY	<b>c</b> EIN-PN 48-0723746-002
<b>a</b>	Plan name	UBG 401(K) - COUNTRYSIDE FEED	
<b>b</b>	Name of plan sponsor	COUNTRYSIDE FEED LLC	<b>c</b> EIN-PN 74-2855854-001
<b>a</b>	Plan name	UBG 401(K) - CPC STERLING	
<b>b</b>	Name of plan sponsor	CENTRAL PRAIRIE COOP	<b>c</b> EIN-PN 48-0214460-002
<b>a</b>	Plan name	UBG 401(K) - CPI	
<b>b</b>	Name of plan sponsor	COOPERATIVE PRODUCERS, INC	<b>c</b> EIN-PN 47-0206858-002
<b>a</b>	Plan name	UBG 401(K) - EQUITY EXCHANGE	
<b>b</b>	Name of plan sponsor	PERRYTON EQUITY EXCHANGE	<b>c</b> EIN-PN 75-0491660-002
<b>a</b>	Plan name	UBG 401(K) - FARMERS COOPERATIVE	
<b>b</b>	Name of plan sponsor	FARMERS COOPERATIVE	<b>c</b> EIN-PN 47-0155629-002
<b>a</b>	Plan name	UBG 401(K) - FCA/VISION AG	
<b>b</b>	Name of plan sponsor	FARMERS COOP ASSN AND VISION AG, LLC	<b>c</b> EIN-PN 42-0248005-002
<b>a</b>	Plan name	UBG 401(K) - FLAGLER	
<b>b</b>	Name of plan sponsor	FLAGLER COOPERATIVE ASSOCIATION	<b>c</b> EIN-PN 84-0203780-002
<b>a</b>	Plan name	UBG 401(K) - FRONTIER AG	
<b>b</b>	Name of plan sponsor	FRONTIER AG, INC.	<b>c</b> EIN-PN 20-8325734-002

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	UBG 401(K) - FRONTIER COOPERATIVE	
<b>b</b>	Name of plan sponsor	FRONTIER COOPERATIVE COMPANY	<b>c</b> EIN-PN 47-0156130-030
<b>a</b>	Plan name	UBG 401(K) - GARDEN CITY	
<b>b</b>	Name of plan sponsor	GARDEN CITY CO-OP INC	<b>c</b> EIN-PN 48-0231740-002
<b>a</b>	Plan name	UBG 401(K) - HI PLAINS CO-OP	
<b>b</b>	Name of plan sponsor	HI-PLAINS COOPERATIVE ASSOCIATION	<b>c</b> EIN-PN 48-0536234-002
<b>a</b>	Plan name	UBG 401(K) - HUMPHREYS COOP	
<b>b</b>	Name of plan sponsor	FARMERS UNION COOPERATIVE GIN	<b>c</b> EIN-PN 73-0620822-002
<b>a</b>	Plan name	UBG 401(K) - IMPERIAL	
<b>b</b>	Name of plan sponsor	FRENCHMAN VALLEY FARMERS COOPERATIVE	<b>c</b> EIN-PN 47-0522190-002
<b>a</b>	Plan name	UBG 401(K) - KEY COOP	
<b>b</b>	Name of plan sponsor	KEY COOPERATIVE	<b>c</b> EIN-PN 42-0242395-030
<b>a</b>	Plan name	UBG 401(K) - MIDLAND MARKETING	
<b>b</b>	Name of plan sponsor	MIDLAND MARKETING COOP INC	<b>c</b> EIN-PN 48-0214170-002
<b>a</b>	Plan name	UBG 401(K) - MIDWAY CO-OP	
<b>b</b>	Name of plan sponsor	MIDWAY CO-OP ASSOCIATION INC.	<b>c</b> EIN-PN 48-0359855-001
<b>a</b>	Plan name	UBG 401(K) - MKC	
<b>b</b>	Name of plan sponsor	MID-KANSAS COOPERATIVE ASSOCIATION	<b>c</b> EIN-PN 48-0695087-003
<b>a</b>	Plan name	UBG 401(K) - NRRA	
<b>b</b>	Name of plan sponsor	NEBRASKA RURAL RADIO ASSOCIATION	<b>c</b> EIN-PN 47-0364672-002
<b>a</b>	Plan name	UBG 401(K) - PLANTERS COOP	
<b>b</b>	Name of plan sponsor	PLANTERS COOPERATIVE ASSOCIATION	<b>c</b> EIN-PN 73-0404390-030
<b>a</b>	Plan name	UBG 401(K) - PRAIRIE CENTRAL	
<b>b</b>	Name of plan sponsor	PRAIRIE CENTRAL COOPERATIVE, INC.	<b>c</b> EIN-PN 37-0582170-002

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	UBG 401(K) - SERVICE & SUPPLY CO-OP	
<b>b</b>	Name of plan sponsor	SERVICE & SUPPLY CO-OP	<b>c</b> EIN-PN 43-0832916-002
<b>a</b>	Plan name	UBG 401(K) - STRATTON	
<b>b</b>	Name of plan sponsor	STRATTON EQUITY COOPERATIVE COMPANY	<b>c</b> EIN-PN 84-0330380-002
<b>a</b>	Plan name	UBG 401(K) - SUBLETTE COOPERATIVE	
<b>b</b>	Name of plan sponsor	SUBLETTE COOPERATIVE INC	<b>c</b> EIN-PN 48-0181420-001
<b>a</b>	Plan name	UBG 401(K) - UBG	
<b>b</b>	Name of plan sponsor	UNITED BENEFITS GROUP	<b>c</b> EIN-PN 01-0689331-030
<b>a</b>	Plan name	UBG 401(K) - WESTERN COOPERATIVE	
<b>b</b>	Name of plan sponsor	WESTERN COOPERATIVE CO	<b>c</b> EIN-PN 47-0344432-002
<b>a</b>	Plan name	UBG 401(K)- COUNTRY PARTNERS COOP	
<b>b</b>	Name of plan sponsor	COUNTRY PARTNERS COOPERATIVE	<b>c</b> EIN-PN 47-0303317-002
<b>a</b>	Plan name	UBG 401(K) -TOP AG COOPERATIVE	
<b>b</b>	Name of plan sponsor	TOP AG COOPERATIVE INC	<b>c</b> EIN-PN 13-4290420-002
<b>a</b>	Plan name	UNITED VENDING 401(K) UNION PLAN	
<b>b</b>	Name of plan sponsor	HEROES, INC.	<b>c</b> EIN-PN 47-0839491-001
<b>a</b>	Plan name	UPTIVE 401(K) PLAN	
<b>b</b>	Name of plan sponsor	GOPROTO LLC	<b>c</b> EIN-PN 81-3504268-001
<b>a</b>	Plan name	VAA, LLC PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	VAA, LLC	<b>c</b> EIN-PN 20-5980566-001
<b>a</b>	Plan name	VAN KIRK BROTHERS CONTRACTING 401(K) PLAN	
<b>b</b>	Name of plan sponsor	VAN KIRK SAND & GRAVEL, INC.	<b>c</b> EIN-PN 47-0605602-001
<b>a</b>	Plan name	VENTYX BIOSCIENCES, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	VENTYX BIOSCIENCES, INC.	<b>c</b> EIN-PN 83-2996852-001

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	VERIFORCE 401(K) PLAN	
<b>b</b>	Name of plan sponsor	VERIFORCE, LLC	<b>c</b> EIN-PN 85-0478014-002
<b>a</b>	Plan name	VIALTO PARTNERS US RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	GALAXY US OPCO INC.	<b>c</b> EIN-PN 87-3913943-002
<b>a</b>	Plan name	VTC ENGINEERING GROUP 401K PLAN	
<b>b</b>	Name of plan sponsor	VTC ENGINEERING GROUP	<b>c</b> EIN-PN 88-3484800-001
<b>a</b>	Plan name	W. W. ENROUGHTY & SON, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	W.W. ENROUGHTY & SON, INC.	<b>c</b> EIN-PN 54-1442419-001
<b>a</b>	Plan name	WALKERS, INC. 401 (K) PLAN	
<b>b</b>	Name of plan sponsor	WALKERS, INC.	<b>c</b> EIN-PN 47-0361768-001
<b>a</b>	Plan name	WB PIPELINE LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	WB PIPELINE LLC	<b>c</b> EIN-PN 82-4254812-001
<b>a</b>	Plan name	WELBE HEALTH, LLC 401(K) P/S PLAN	
<b>b</b>	Name of plan sponsor	WELBEHEALTH, LLC	<b>c</b> EIN-PN 47-4992647-001
<b>a</b>	Plan name	WELDLOGIC INC 401(K) PROFIT SHARING PLAN & TRUST	
<b>b</b>	Name of plan sponsor	WELDLOGIC INC	<b>c</b> EIN-PN 95-3496837-002
<b>a</b>	Plan name	WICK'S TRUCK TRAILERS, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	WICKS TRUCK TRAILERS, INC.	<b>c</b> EIN-PN 36-2906319-001
<b>a</b>	Plan name	WYRICK ROBBINS YATES & PONTON LLP 401K	
<b>b</b>	Name of plan sponsor	WYRICK ROBBINS YATES PONTON LLP	<b>c</b> EIN-PN 56-1400994-001
<b>a</b>	Plan name	YANT TESTING SUPPLY AND EQUIPMENT 401(K) PROFIT SHARING PLAN & TRUST	
<b>b</b>	Name of plan sponsor	YANT TESTING SUPPLY AND EQUIPMENT	<b>c</b> EIN-PN 47-0699819-001
<b>a</b>	Plan name	ZEL TECHNOLOGIES, LLC PROFIT SHARING & 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ZEL TECHNOLOGIES, LLC	<b>c</b> EIN-PN 54-1788344-001

<b>SCHEDULE H</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Financial Information</b>  This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).  <b>▶ File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2024</b>  <b>This Form is Open to Public Inspection</b>
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For calendar plan year 2024 or fiscal plan year beginning <b>01/01/2024</b> and ending <b>12/31/2024</b>	
<b>A</b> Name of plan <b>BLACKROCK LIFEPATH INDEX 2030 FUND</b>	<b>B</b> Three-digit plan number (PN) ▶ <b>153</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>GREAT GRAY TRUST COMPANY, LLC</b>	<b>D</b> Employer Identification Number (EIN) <b>26-3770302</b>

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

		(a) Beginning of Year	(b) End of Year
<b>Assets</b>			
<b>a</b> Total noninterest-bearing cash .....	<b>1a</b>	13273	0
<b>b</b> Receivables (less allowance for doubtful accounts):			
<b>(1)</b> Employer contributions .....	<b>1b(1)</b>		
<b>(2)</b> Participant contributions .....	<b>1b(2)</b>		
<b>(3)</b> Other .....	<b>1b(3)</b>	1535874	770649
<b>c</b> General investments:			
<b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....	<b>1c(1)</b>		
<b>(2)</b> U.S. Government securities .....	<b>1c(2)</b>		
<b>(3)</b> Corporate debt instruments (other than employer securities):			
<b>(A)</b> Preferred .....	<b>1c(3)(A)</b>		
<b>(B)</b> All other .....	<b>1c(3)(B)</b>		
<b>(4)</b> Corporate stocks (other than employer securities):			
<b>(A)</b> Preferred .....	<b>1c(4)(A)</b>		
<b>(B)</b> Common .....	<b>1c(4)(B)</b>		
<b>(5)</b> Partnership/joint venture interests .....	<b>1c(5)</b>		
<b>(6)</b> Real estate (other than employer real property) .....	<b>1c(6)</b>		
<b>(7)</b> Loans (other than to participants) .....	<b>1c(7)</b>		
<b>(8)</b> Participant loans .....	<b>1c(8)</b>		
<b>(9)</b> Value of interest in common/collective trusts .....	<b>1c(9)</b>	381247524	549495013
<b>(10)</b> Value of interest in pooled separate accounts .....	<b>1c(10)</b>		
<b>(11)</b> Value of interest in master trust investment accounts .....	<b>1c(11)</b>		
<b>(12)</b> Value of interest in 103-12 investment entities .....	<b>1c(12)</b>		
<b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds) .....	<b>1c(13)</b>		
<b>(14)</b> Value of funds held in insurance company general account (unallocated contracts) .....	<b>1c(14)</b>		
<b>(15)</b> Other .....	<b>1c(15)</b>		

<b>1d</b> Employer-related investments:		<b>(a)</b> Beginning of Year	<b>(b)</b> End of Year
(1) Employer securities.....	<b>1d(1)</b>		
(2) Employer real property.....	<b>1d(2)</b>		
<b>e</b> Buildings and other property used in plan operation.....	<b>1e</b>		
<b>f</b> Total assets (add all amounts in lines 1a through 1e).....	<b>1f</b>	382796671	550265662
<b>Liabilities</b>			
<b>g</b> Benefit claims payable.....	<b>1g</b>		
<b>h</b> Operating payables.....	<b>1h</b>	0	154373
<b>i</b> Acquisition indebtedness.....	<b>1i</b>		
<b>j</b> Other liabilities.....	<b>1j</b>	1634368	770595
<b>k</b> Total liabilities (add all amounts in lines 1g through 1j).....	<b>1k</b>	1634368	924968
<b>Net Assets</b>			
<b>l</b> Net assets (subtract line 1k from line 1f).....	<b>1l</b>	381162303	549340694

**Part II Income and Expense Statement**

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

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

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts .....	<b>2b(6)</b>		40079393
(7) Net investment gain (loss) from pooled separate accounts .....	<b>2b(7)</b>		
(8) Net investment gain (loss) from master trust investment accounts .....	<b>2b(8)</b>		
(9) Net investment gain (loss) from 103-12 investment entities .....	<b>2b(9)</b>		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds) .....	<b>2b(10)</b>		
<b>c</b> Other income .....	<b>2c</b>		
<b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total .....	<b>2d</b>		40079393

**Expenses**

<b>e</b> Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers .....	<b>2e(1)</b>		
(2) To insurance carriers for the provision of benefits .....	<b>2e(2)</b>		
(3) Other .....	<b>2e(3)</b>		
(4) Total benefit payments. Add lines <b>2e(1)</b> through <b>(3)</b> .....	<b>2e(4)</b>		0
<b>f</b> Corrective distributions (see instructions) .....	<b>2f</b>		
<b>g</b> Certain deemed distributions of participant loans (see instructions) .....	<b>2g</b>		
<b>h</b> Interest expense .....	<b>2h</b>		
<b>i</b> Administrative expenses:			
(1) Salaries and allowances .....	<b>2i(1)</b>		
(2) Contract administrator fees .....	<b>2i(2)</b>		
(3) Recordkeeping fees .....	<b>2i(3)</b>		
(4) IQPA audit fees .....	<b>2i(4)</b>	23233	
(5) Investment advisory and investment management fees .....	<b>2i(5)</b>	340051	
(6) Bank or trust company trustee/custodial fees .....	<b>2i(6)</b>	157513	
(7) Actuarial fees .....	<b>2i(7)</b>		
(8) Legal fees .....	<b>2i(8)</b>		
(9) Valuation/appraisal fees .....	<b>2i(9)</b>		
(10) Other trustee fees and expenses .....	<b>2i(10)</b>		
(11) Other expenses .....	<b>2i(11)</b>		
(12) Total administrative expenses. Add lines <b>2i(1)</b> through <b>(11)</b> .....	<b>2i(12)</b>		520797
<b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total .....	<b>2j</b>		520797

**Net Income and Reconciliation**

<b>k</b> Net income (loss). Subtract line <b>2j</b> from line <b>2d</b> .....	<b>2k</b>		39558596
<b>l</b> Transfers of assets:			
(1) To this plan .....	<b>2l(1)</b>		235373539
(2) From this plan .....	<b>2l(2)</b>		106753744

**Part III Accountant's Opinion**

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

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

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

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

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

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

(1) Name:

(2) EIN:

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

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

**Part IV Compliance Questions**

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

During the plan year:

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

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

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

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

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