

Form 5500

Department of the Treasury  
Internal Revenue Service

Department of Labor  
Employee Benefits Security  
Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

▶ Complete all entries in accordance with the instructions to the Form 5500.

OMB Nos. 1210-0110  
1210-0089

2024

This Form is Open to Public Inspection

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 [X] a DFE (specify) C
B This return/report is: [ ] the first return/report [ ] the final return/report [ ] an amended return/report [ ] a short plan year return/report (less than 12 months)
C If the plan is a collectively-bargained plan, check here. [ ]
D Check box if filing under: [ ] Form 5558 [ ] automatic extension [ ] the DFVC program [ ] special extension (enter description)
E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. [ ]

Part II Basic Plan Information—enter all requested information

1a Name of plan: BLACKROCK LIFEPATH INDEX 2050 FUND
1b Three-digit plan number (PN): 149
1c Effective date of plan
2a Plan sponsor's name (employer, if for a single-employer plan): GREAT GRAY TRUST COMPANY, LLC
2b Employer Identification Number (EIN): 26-3763061
2c Plan Sponsor's telephone number: 866-427-6885
2d Business code (see instructions)

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

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

Table with 4 columns: SIGN HERE, Signature of plan administrator, Date, Enter name of individual signing as plan administrator. Includes entries for employer/plan sponsor and DFE.

For Paperwork Reduction Act Notice, see the Instructions for Form 5500.

<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
--	--

**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)
---	--

---

**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 \_\_\_\_\_

---

<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>	OMB No. 1210-0110  <hr/> <b>2024</b>  <b>This Form is Open to Public Inspection.</b>
---	--	--

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 2050 FUND</u>	<b>B</b> Three-digit plan number (PN)	<u>149</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>26-3763061</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)
---------------	--

<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:	<u>LIFEPATH INDEX 2050 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>26-0896020-001</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>559190238</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)
<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):

<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):

<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):

<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):

<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):

<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):

<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):

<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):

<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):

<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):

<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)
-----------------	----------------------	---

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 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	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>a</b>	Plan name	AUCTIC, LLC	
<b>b</b>	Name of plan sponsor	JOE PETSICK	<b>c</b> EIN-PN 85-2473535-012
<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	AZAMA AND WONG DENTAL CORP. PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	AZAMA AND WONG DENTAL CORP.	<b>c</b> EIN-PN 94-3235768-002

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.)	
<b>a</b>	Plan name <b>BAHR VERMEER &amp; HAECKER ARCHITECTS, LTD. 401(K) PROFIT SHARING PLAN</b>	
<b>b</b>	Name of plan sponsor <b>BAHR VERMEER &amp; HAECKER ARCHITECTS, LTD.</b>	<b>c</b> EIN-PN <b>47-0558032-001</b>
<b>a</b>	Plan name <b>BASIS GLOBAL TECHNOLOGIES, INC. 401(K) SAVINGS PLAN</b>	
<b>b</b>	Name of plan sponsor <b>BASIS GLOBAL TECHNOLOGIES, INC.</b>	<b>c</b> EIN-PN <b>36-4476242-001</b>
<b>a</b>	Plan name <b>BATES, CARTER &amp; CO., LLP 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>BATES, CARTER &amp; CO., LLP</b>	<b>c</b> EIN-PN <b>20-8004844-001</b>
<b>a</b>	Plan name <b>BATTLE MOTORS</b>	
<b>b</b>	Name of plan sponsor <b>BATTLE MOTORS</b>	<b>c</b> EIN-PN <b>86-1232286-001</b>
<b>a</b>	Plan name <b>BBD OPCO LLC 401(K) PROFIT SHARING PLAN</b>	
<b>b</b>	Name of plan sponsor <b>BBD OPCO LLC</b>	<b>c</b> EIN-PN <b>81-1094306-002</b>
<b>a</b>	Plan name <b>BELLEVUE ANIMAL HOSPITAL 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>BELLEVUE ANIMAL HOSPITAL, P.C.</b>	<b>c</b> EIN-PN <b>20-0133920-001</b>
<b>a</b>	Plan name <b>BIOMEDICAL RESEARCH ALLIANCE OF NEW YORK</b>	
<b>b</b>	Name of plan sponsor <b>BIOMEDICAL RESEARCH ALLIANCE OF NEW YORK</b>	<b>c</b> EIN-PN <b>13-3999590-002</b>
<b>a</b>	Plan name <b>BONE AND JOINT SURGERY CENTER OF NOVI 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>PROVIDENCE VENTURES LLC</b>	<b>c</b> EIN-PN <b>16-1704029-002</b>
<b>a</b>	Plan name <b>BROADMOOR MANAGEMENT COMPANY 401(K) PROFIT SHARING PLAN</b>	
<b>b</b>	Name of plan sponsor <b>BROADMOOR MANAGEMENT COMPANY</b>	<b>c</b> EIN-PN <b>47-0635721-001</b>
<b>a</b>	Plan name <b>CAPE COD EXPRESS 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>CAPE COD EXPRESS, LLC</b>	<b>c</b> EIN-PN <b>04-2263917-001</b>
<b>a</b>	Plan name <b>CAPITAL CITY BANK GROUP, INC. 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>CAPITAL CITY BANK GROUP, INC.</b>	<b>c</b> EIN-PN <b>59-2273542-003</b>
<b>a</b>	Plan name <b>CCI SYSTEMS, INC. 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>CCI SYSTEMS, INC.</b>	<b>c</b> EIN-PN <b>38-2356585-003</b>

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>CENTER FOR LEARNING AND AUTISM SUPPORT</b>	
<b>b</b>	Name of plan sponsor <b>CENTER FOR LEARNING AND AUTISM SUPPORT</b>	<b>c</b> EIN-PN <b>13-4236357-001</b>
<b>a</b>	Plan name <b>CENTRAL ARIZONA IRRIGATION &amp; DRAINAGE DISTRICT 401(K) PROFIT SHARING PLAN</b>	
<b>b</b>	Name of plan sponsor <b>CENTRAL ARIZONA IRRIGATION AND DRAINAGE DISTRICT</b>	<b>c</b> EIN-PN <b>86-0497999-001</b>
<b>a</b>	Plan name <b>CHOICE ONE DENTAL OF BUFORD 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>CHOICE ONE DENTAL OF BUFORD</b>	<b>c</b> EIN-PN <b>20-5817264-001</b>
<b>a</b>	Plan name <b>CINCY CLIPS, INC. 401(K) RETIREMENT SAVINGS PLAN</b>	
<b>b</b>	Name of plan sponsor <b>CINCY CLIPS, INC.</b>	<b>c</b> EIN-PN <b>30-0075215-001</b>
<b>a</b>	Plan name <b>CIRRUS DESIGN CORPORATION 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>CIRRUS DESIGN CORPORATION</b>	<b>c</b> EIN-PN <b>39-1578274-001</b>
<b>a</b>	Plan name <b>CITY OF WINTER PARK 401A MONEY PURCHASE</b>	
<b>b</b>	Name of plan sponsor <b>CITY OF WINTER PARK</b>	<b>c</b> EIN-PN <b>59-6000454-402</b>
<b>a</b>	Plan name <b>CLYDE &amp; CO US LLP 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>CLYDE &amp; CO US LLP</b>	<b>c</b> EIN-PN <b>20-5083001-001</b>
<b>a</b>	Plan name <b>COLONY BRANDS, INC. PENSION PLAN</b>	
<b>b</b>	Name of plan sponsor <b>COLONY BRANDS, INC.</b>	<b>c</b> EIN-PN <b>39-0869862-001</b>
<b>a</b>	Plan name <b>COMPLETE MUSIC, INC</b>	
<b>b</b>	Name of plan sponsor <b>BEN HUNDT</b>	<b>c</b> EIN-PN <b>47-0634803-012</b>
<b>a</b>	Plan name <b>CONSTRUCTION BENEFITS GROUP RETIREMENT PLAN</b>	
<b>b</b>	Name of plan sponsor <b>CONSTRUCTION BENEFITS GROUP</b>	<b>c</b> EIN-PN <b>81-5209597-001</b>
<b>a</b>	Plan name <b>CONSTRUCTION RESOURCES HOLDINGS</b>	
<b>b</b>	Name of plan sponsor <b>CONSTRUCTION RESOURCES HOLDINGS LLC</b>	<b>c</b> EIN-PN <b>81-0773852-001</b>
<b>a</b>	Plan name <b>CONTROLLED COMFORT 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>CONTROLLED COMFORT, LLC</b>	<b>c</b> EIN-PN <b>47-0836352-003</b>

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 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 CRESA LLC 401K PLAN	
<b>b</b>	Name of plan sponsor CRESA, 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 DIAMOND GROUND PRODUCTS INC 401(K) PROFIT SHARING PLAN & TRUST	
<b>b</b>	Name of plan sponsor DIAMOND GROUND PRODUCTS INC	<b>c</b> EIN-PN 95-4539684-002
<b>a</b>	Plan name DOUGLAS C. KALLIS, DMD, PC 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor DOUGLAS C. KALLIS, DMD, PC	<b>c</b> EIN-PN 58-2425195-001
<b>a</b>	Plan name DOWNEY DRILLING, INC. RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor DOWNEY DRILLING, INC.	<b>c</b> EIN-PN 20-2843282-001
<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>	
(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	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	FULGHUM INDUSTRIES, INC. 401(K) SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	FULGHUM INDUSTRIES, INC.	<b>c</b> EIN-PN 58-0684167-001
<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	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	GREGORIO, CHAFIN, JOHNSON, POOLSON & TABOR, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	GREGORIO, CHAFIN, JOHNSON, POOLSON & TABOR, L.L.C.	<b>c</b> EIN-PN 46-4834128-001
<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	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

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 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 INTEGRATED BEHAVIORAL HEALTH SERVICES, LLC	
<b>b</b>	Name of plan sponsor NICK FLEWELLING	<b>c</b> EIN-PN 81-5307885-012
<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 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 JAMES A. NESPER RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor DR. JAMES NESPER	<b>c</b> EIN-PN 25-1521784-001
<b>a</b>	Plan name JTM/CHEMMASTERS 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor JTM PRODUCTS INC	<b>c</b> EIN-PN 34-1686149-001
<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 KEA CONSTRUCTORS, LLC	
<b>b</b>	Name of plan sponsor JESSICA CHICOINE	<b>c</b> EIN-PN 46-1606344-012

<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	L2SC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	L2SC, LLC	<b>c</b> EIN-PN 87-3445911-001
<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>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	LAUREL AG AND WATER 401(K) PLAN	
<b>b</b>	Name of plan sponsor	AC IRRIGATION, LLC (DBA LAUREL AG & WATER)	<b>c</b> EIN-PN 82-4475572-001
<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	LINHART CONSTRUCTION, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	LINHART CONSTRUCTION, INC.	<b>c</b> EIN-PN 47-0725120-001
<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>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	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>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	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	MATHESON TRUCKING, INC. 401(K) PLAN	
<b>b</b> Name of plan sponsor	MATHESON TRUCKING, INC.	<b>c</b> EIN-PN 94-1578272-002
<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 ENVIORNMENTAL, INC.	<b>c</b> EIN-PN 34-1404108-002

<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	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>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	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>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	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
<b>a</b>	Plan name	NEUROSCIENCE SPECIALISTS, P.C. 401(K) PROFIT SHARING PLAN
<b>b</b>	Name of plan sponsor	NEUROSCIENCE SPECIALISTS, P.C.
<b>c</b>	EIN-PN	73-1517778-001
<b>a</b>	Plan name	NEW IMAGE COSMETIC AND FAMILY DENTISTRY 401(K) PLAN
<b>b</b>	Name of plan sponsor	NEW IMAGE COSMETIC AND FAMILY DENTISTRY
<b>c</b>	EIN-PN	73-1654609-001
<b>a</b>	Plan name	NORTHERN CONTOURS, INC. 401(K) PLAN
<b>b</b>	Name of plan sponsor	NORTHERN CONTOURS, INC.
<b>c</b>	EIN-PN	41-1735466-001
<b>a</b>	Plan name	NORTHERN PLAINS RAILROAD, INC. 401(K) PROFIT SHARING PLAN
<b>b</b>	Name of plan sponsor	NORTHERN PLAINS RAILROAD, INC.
<b>c</b>	EIN-PN	45-0445434-001
<b>a</b>	Plan name	NOVA-TECH, INC.
<b>b</b>	Name of plan sponsor	ANDREA GLAUSE
<b>c</b>	EIN-PN	47-0712323-012
<b>a</b>	Plan name	NOVEN PHARMACEUTICALS, INC. 401(K) PLAN
<b>b</b>	Name of plan sponsor	NOVEN PHARMACEUTICALS, INC.
<b>c</b>	EIN-PN	59-2767632-001
<b>a</b>	Plan name	NPARALLEL EMPLOYEE RETIREMENT PLAN
<b>b</b>	Name of plan sponsor	NPARALLEL, LLC
<b>c</b>	EIN-PN	41-2079480-001
<b>a</b>	Plan name	NT CONCEPTS 401(K) PLAN
<b>b</b>	Name of plan sponsor	NEXT TIER CONCEPTS, INC.
<b>c</b>	EIN-PN	54-1909584-001
<b>a</b>	Plan name	NVS VET PARTNERS, LLC, 401(K) PLAN
<b>b</b>	Name of plan sponsor	NVS VET PARTNERS, LLC
<b>c</b>	EIN-PN	85-4262160-012
<b>a</b>	Plan name	OLAMETER CORPORATION 401(K) PLAN
<b>b</b>	Name of plan sponsor	OLAMETER CORPORATION
<b>c</b>	EIN-PN	38-2611717-001

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 OMAHA PAPER COMPANY, INC. 401K PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor OMAHA PAPER COMPANY, INC.	<b>c</b> EIN-PN 47-0464944-002
<b>a</b>	Plan name ONEAMERICA SEPARATE ACCOUNT	
<b>b</b>	Name of plan sponsor AMERICAN UNITED LIFE INSURANCE COMPANY	<b>c</b> EIN-PN 35-0145825-100
<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 ONEVISION, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor ONEVISION, INC.	<b>c</b> EIN-PN 23-2938267-001
<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 PAPILLION PEDIATRIC DENTISTRY 401(K) SAVINGS PLAN	
<b>b</b>	Name of plan sponsor PAPILLION PEDIATRIC DENTISTRY P.C.	<b>c</b> EIN-PN 20-1773392-012
<b>a</b>	Plan name PARALLEL TECHNOLOGIES 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor PARALLEL TECHNOLOGIES, LLC	<b>c</b> EIN-PN 41-1452724-001

<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	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>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	PSEEK AND DMD PC 401K	
<b>b</b>	Name of plan sponsor	PSEEK AND DMD	<b>c</b> EIN-PN 81-0900309-001
<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>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	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
<b>a</b>	Plan name	REV DEVELOPMENT, LLC	
<b>b</b>	Name of plan sponsor	LINDSEY KLUG	<b>c</b> EIN-PN 81-0826407-012
<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	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>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	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	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>a</b>	Plan name	SLOWIACZEK ALBERS, PC, LLO	
<b>b</b>	Name of plan sponsor	DENNIS WHELAN/BETSY DICKEY	<b>c</b> EIN-PN 46-3900785-012
<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 DENTAL PARTNERSHIP RETIREMENT PLAN & TRUST	
<b>b</b>	Name of plan sponsor	DREW AND ARMSTRONG DENTISTRY PARTNERSHIP	<b>c</b> EIN-PN 26-0752755-001
<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	SPECIALTY CARE SERVICES, LLC 401(K) PS PL	
<b>b</b>	Name of plan sponsor	SPECIALTY CARE SERVICES, LLC	<b>c</b> EIN-PN 52-2219098-001
<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>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	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	SPREADSHIRT, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	SPREADSHIRT, INC.	<b>c</b> EIN-PN 33-1102607-001
<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	STEPHANIE FRANSOSO DMD LLC 401K	
<b>b</b>	Name of plan sponsor	STEPHANIE FRANSOSO DMD LLC	<b>c</b> EIN-PN 81-5104951-001
<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
<b>a</b>	Plan name	SUN WORLD INTERNATIONAL, LLC 401K RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	SUN WORLD INTERNATIONAL, LLC.	<b>c</b> EIN-PN 20-2259614-002
<b>a</b>	Plan name	SURGERY PARTNERS 401K PLAN	
<b>b</b>	Name of plan sponsor	SP MANAGEMENT SERVICES	<b>c</b> EIN-PN 62-1736048-001
<b>a</b>	Plan name	SWANSTROM TOOLS USA SAVINGS AND RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	SWANSTROM TOOLS USA, INC.	<b>c</b> EIN-PN 39-1777772-001
<b>a</b>	Plan name	SYNBIOTIC HEALTH 401(K) PLAN	
<b>b</b>	Name of plan sponsor	SYNBIOTIC HEALTH	<b>c</b> EIN-PN 84-4119468-012

<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	TEALL CAPITAL PARTNERS LLC 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	TEALL CAPITAL PARTNERS LLC	<b>c</b> EIN-PN 83-0591973-001
<b>a</b>	Plan name	TELECON DESIGN (USA) INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	TELECON DESIGN (USA) INC.	<b>c</b> EIN-PN 37-1794849-001
<b>a</b>	Plan name	TENABLE INC. 401(K) PLAN AND TRUST	
<b>b</b>	Name of plan sponsor	TENABLE INC.	<b>c</b> EIN-PN 03-0486428-001
<b>a</b>	Plan name	TEVRA BRANDS, LLC	
<b>b</b>	Name of plan sponsor	JOE CONNEALY	<b>c</b> EIN-PN 47-3521321-012
<b>a</b>	Plan name	THE PILCHER HAMILTON CORPORATION RETIREMENT PLAN & TRUST	
<b>b</b>	Name of plan sponsor	THE PILCHER HAMILTON CORPORATION	<b>c</b> EIN-PN 36-1628160-001
<b>a</b>	Plan name	THIBODEAUX HOLDINGS, LLC	
<b>b</b>	Name of plan sponsor	THIBODEAUX HOLDINGS, LLC	<b>c</b> EIN-PN 83-0375217-001
<b>a</b>	Plan name	TIFT REGIONAL DENTAL GROUP, P.C. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	TIFT REGIONAL DENTAL GROUP, P.C.	<b>c</b> EIN-PN 58-1240109-002
<b>a</b>	Plan name	TMI GROUP, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	TMI GROUP, INC.	<b>c</b> EIN-PN 20-2884820-001
<b>a</b>	Plan name	TRENDSETTER ENGINEERING, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	TRENDSETTER ENGINEERING, INC.	<b>c</b> EIN-PN 76-0513436-002
<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

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	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>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) - BARTLETT CO-OP
<b>b</b>	Name of plan sponsor	BARTLETT CO-OP ASSN
<b>c</b>	EIN-PN	48-0538481-002
<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>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) - CLARKSON GRAIN	
<b>b</b>	Name of plan sponsor	CLARKSON GRAIN COMPANY, INC.	<b>c</b> EIN-PN 37-1062319-002
<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	
<b>b</b>	Name of plan sponsor	FARMERS COOPERATIVE ASSN	<b>c</b> EIN-PN 48-0548704-002
<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>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>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) - 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) - GARDEN PLAIN	
<b>b</b>	Name of plan sponsor	KANZA COOPERATIVE ASSOCIATION	<b>c</b> EIN-PN 48-0214440-002
<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) - 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) - 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) - PEETZ	
<b>b</b>	Name of plan sponsor	PEETZ FARMERS CO-OP CO	<b>c</b> EIN-PN 84-0288955-002
<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>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

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="#">UBG 401(K) - STRATTON</a>	
<b>b</b>	Name of plan sponsor <a href="#">STRATTON EQUITY COOPERATIVE COMPANY</a>	<b>c</b> EIN-PN <a href="#">84-0330380-002</a>
<b>a</b>	Plan name <a href="#">UBG 401(K) - SUBLETTE COOPERATIVE</a>	
<b>b</b>	Name of plan sponsor <a href="#">SUBLETTE COOPERATIVE INC</a>	<b>c</b> EIN-PN <a href="#">48-0181420-001</a>
<b>a</b>	Plan name <a href="#">UBG 401(K) - WESTERN COOPERATIVE</a>	
<b>b</b>	Name of plan sponsor <a href="#">WESTERN COOPERATIVE CO</a>	<b>c</b> EIN-PN <a href="#">47-0344432-002</a>
<b>a</b>	Plan name <a href="#">UBG 401(K)- COUNTRY PARTNERS COOP</a>	
<b>b</b>	Name of plan sponsor <a href="#">COUNTRY PARTNERS COOPERATIVE</a>	<b>c</b> EIN-PN <a href="#">47-0303317-002</a>
<b>a</b>	Plan name <a href="#">UBG 401(K) -TOP AG COOPERATIVE</a>	
<b>b</b>	Name of plan sponsor <a href="#">TOP AG COOPERATIVE INC</a>	<b>c</b> EIN-PN <a href="#">13-4290420-002</a>
<b>a</b>	Plan name <a href="#">UNITED VENDING 401(K) UNION PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">HEROES, INC.</a>	<b>c</b> EIN-PN <a href="#">47-0839491-001</a>
<b>a</b>	Plan name <a href="#">UPTIVE 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">GOPROTO LLC</a>	<b>c</b> EIN-PN <a href="#">81-3504268-001</a>
<b>a</b>	Plan name <a href="#">VAA, LLC PROFIT SHARING PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">VAA, LLC</a>	<b>c</b> EIN-PN <a href="#">20-5980566-001</a>
<b>a</b>	Plan name <a href="#">VAN KIRK BROTHERS CONTRACTING 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">VAN KIRK SAND &amp; GRAVEL, INC.</a>	<b>c</b> EIN-PN <a href="#">47-0605602-001</a>
<b>a</b>	Plan name <a href="#">VENTYX BIOSCIENCES, INC. 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">VENTYX BIOSCIENCES, INC.</a>	<b>c</b> EIN-PN <a href="#">83-2996852-001</a>
<b>a</b>	Plan name <a href="#">VERIFORCE 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">VERIFORCE, LLC</a>	<b>c</b> EIN-PN <a href="#">85-0478014-002</a>
<b>a</b>	Plan name <a href="#">VIALTO PARTNERS US RETIREMENT PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">GALAXY US OPCO INC.</a>	<b>c</b> EIN-PN <a href="#">87-3913943-002</a>

**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	W. W. ENROUGHTY & SON, INC. 401(K) PLAN	<b>c</b>	EIN-PN	54-1442419-001
<b>b</b>	Name of plan sponsor	W.W. ENROUGHTY & SON, INC.			
<b>a</b>	Plan name	WALKERS, INC. 401 (K) PLAN	<b>c</b>	EIN-PN	47-0361768-001
<b>b</b>	Name of plan sponsor	WALKERS, INC.			
<b>a</b>	Plan name	WB PIPELINE LLC 401(K) PLAN	<b>c</b>	EIN-PN	82-4254812-001
<b>b</b>	Name of plan sponsor	WB PIPELINE LLC			
<b>a</b>	Plan name	WEDGEWORLD RETIREMENT GROUP, LLC 401(K) PLAN	<b>c</b>	EIN-PN	83-2904842-001
<b>b</b>	Name of plan sponsor	WEDGEWORLD RETIREMENT GROUP, LLC			
<b>a</b>	Plan name	WELBE HEALTH, LLC 401(K) P/S PLAN	<b>c</b>	EIN-PN	47-4992647-001
<b>b</b>	Name of plan sponsor	WELBEHEALTH, LLC			
<b>a</b>	Plan name	WICK'S TRUCK TRAILERS, INC. 401(K) PLAN	<b>c</b>	EIN-PN	36-2906319-001
<b>b</b>	Name of plan sponsor	WICKS TRUCK TRAILERS, INC.			
<b>a</b>	Plan name	WYRICK ROBBINS YATES & PONTON LLP 401K	<b>c</b>	EIN-PN	56-1400994-001
<b>b</b>	Name of plan sponsor	WYRICK ROBBINS YATES PONTON LLP			
<b>a</b>	Plan name	ZEL TECHNOLOGIES, LLC PROFIT SHARING & 401(K) PLAN	<b>c</b>	EIN-PN	54-1788344-001
<b>b</b>	Name of plan sponsor	ZEL TECHNOLOGIES, LLC			
<b>a</b>	Plan name		<b>c</b>	EIN-PN	
<b>b</b>	Name of plan sponsor				
<b>a</b>	Plan name		<b>c</b>	EIN-PN	
<b>b</b>	Name of plan sponsor				
<b>a</b>	Plan name		<b>c</b>	EIN-PN	
<b>b</b>	Name of plan sponsor				
<b>a</b>	Plan name		<b>c</b>	EIN-PN	
<b>b</b>	Name of plan sponsor				

<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>
--	--	--

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 2050 FUND</b>	<b>B</b> Three-digit plan number (PN) ▶ <b>149</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>26-3763061</b>

<b>Part I</b>	<b>Asset and Liability Statement</b>
---------------	--------------------------------------

**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>	16948	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>	277294	2267583
<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>	338444673	559190238
<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>	338738915	561457821
<b>Liabilities</b>			
<b>g</b> Benefit claims payable.....	<b>1g</b>		
<b>h</b> Operating payables.....	<b>1h</b>	0	148562
<b>i</b> Acquisition indebtedness.....	<b>1i</b>		
<b>j</b> Other liabilities.....	<b>1j</b>	364001	2267528
<b>k</b> Total liabilities (add all amounts in lines 1g through 1j).....	<b>1k</b>	364001	2416090
<b>Net Assets</b>			
<b>l</b> Net assets (subtract line 1k from line 1f).....	<b>1l</b>	338374914	559041731

**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
(3) 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>		62031794
(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>		62031794

**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>	22133	
(5) Investment advisory and investment management fees .....	<b>2i(5)</b>	318870	
(6) Bank or trust company trustee/custodial fees .....	<b>2i(6)</b>	148999	
(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>		490002
<b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total.....	<b>2j</b>		490002

**Net Income and Reconciliation**

<b>k</b> Net income (loss). Subtract line <b>2j</b> from line <b>2d</b> .....	<b>2k</b>		61541792
<b>l</b> Transfers of assets:			
(1) To this plan.....	<b>2l(1)</b>		254729036
(2) From this plan .....	<b>2l(2)</b>		95604011

**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 \_\_\_\_\_.