

| | | |
|---|---|---|
| <p style="text-align: center;">Form 5500</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>Annual Return/Report of Employee Benefit Plan</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;">▶ Complete all entries in accordance with the instructions to the Form 5500.</p> | <p style="font-size: x-small;">OMB Nos. 1210-0110 1210-0089</p> <hr/> <p style="font-size: 2em; font-weight: bold; text-align: center;">2024</p> <hr/> <p style="text-align: center;">This Form is Open to Public Inspection</p> |
|---|---|---|

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>1a Name of plan <u>BLACKROCK MSCI ACWI EX-U.S. INDEX FUND</u></p> | <p>1b Three-digit plan number (PN) ▶ <u>013</u></p> |
| <p>2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>GREAT GRAY TRUST COMPANY, LLC</u></p> <p><u>6725 VIA AUSTI PARKWAY, SUITE 260</u> <u>LAS VEGAS, NV 89119</u></p> | <p>1c Effective date of plan</p> <hr/> <p>2b Employer Identification Number (EIN) <u>81-1950980</u></p> <p>2c Plan Sponsor's telephone number <u>866-427-6885</u></p> <p>2d Business code (see instructions)</p> |

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

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

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

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

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

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

| | |
|--|--|
| 9a Plan funding arrangement (check all that apply) (1) <input type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor | 9b Plan benefit arrangement (check all that apply) (1) <input type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor |
|--|--|

10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

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

Part III Form M-1 Compliance Information (to be completed by welfare benefit plans)

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

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

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

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

Receipt Confirmation Code _____

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

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

| | | |
|--|--|------------|
| A Name of plan <u>BLACKROCK MSCI ACWI EX-U.S. INDEX FUND</u> | B Three-digit plan number (PN) | <u>013</u> |
| C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>GREAT GRAY TRUST COMPANY, LLC</u> | D Employer Identification Number (EIN) <u>81-1950980</u> | |

| | |
|---------------|--|
| Part I | Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs) |
|---------------|--|

| | | |
|--|-------------------------------|--|
| a Name of MTIA, CCT, PSA, or 103-12 IE: <u>BLACKROCK MSCI ACWI EX-U.S. INDEX F</u> | | |
| b Name of sponsor of entity listed in (a): <u>BLACKROCK INSTITUTIONAL TRUST COMPANY, N.A.</u> | | |
| c EIN-PN <u>45-4431087-001</u> | d Entity code <u>C</u> | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>612547143</u> |
| a Name of MTIA, CCT, PSA, or 103-12 IE: | | |
| b Name of sponsor of entity listed in (a): | | |
| c EIN-PN | d Entity code | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
| a Name of MTIA, CCT, PSA, or 103-12 IE: | | |
| b Name of sponsor of entity listed in (a): | | |
| c EIN-PN | d Entity code | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
| a Name of MTIA, CCT, PSA, or 103-12 IE: | | |
| b Name of sponsor of entity listed in (a): | | |
| c EIN-PN | d Entity code | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
| a Name of MTIA, CCT, PSA, or 103-12 IE: | | |
| b Name of sponsor of entity listed in (a): | | |
| c EIN-PN | d Entity code | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
| a Name of MTIA, CCT, PSA, or 103-12 IE: | | |
| b Name of sponsor of entity listed in (a): | | |
| c EIN-PN | d Entity code | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |

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

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

| | | |
|-----------------|----------------------|---|
| c EIN-PN | d Entity code | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|-----------------|----------------------|---|

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

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

| | | |
|-----------------|----------------------|---|
| c EIN-PN | d Entity code | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|-----------------|----------------------|---|

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

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

| | | |
|-----------------|----------------------|---|
| c EIN-PN | d Entity code | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|-----------------|----------------------|---|

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

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

| | | |
|-----------------|----------------------|---|
| c EIN-PN | d Entity code | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|-----------------|----------------------|---|

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

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

| | | |
|-----------------|----------------------|---|
| c EIN-PN | d Entity code | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|-----------------|----------------------|---|

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

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

| | | |
|-----------------|----------------------|---|
| c EIN-PN | d Entity code | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|-----------------|----------------------|---|

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

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

| | | |
|-----------------|----------------------|---|
| c EIN-PN | d Entity code | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|-----------------|----------------------|---|

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

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

| | | |
|-----------------|----------------------|---|
| c EIN-PN | d Entity code | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|-----------------|----------------------|---|

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

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

| | | |
|-----------------|----------------------|---|
| c EIN-PN | d Entity code | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|-----------------|----------------------|---|

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

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

| | | |
|-----------------|----------------------|---|
| c EIN-PN | d Entity code | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|-----------------|----------------------|---|

| Part II | Information on Participating Plans (to be completed by DFEs, other than DCGs) | |
|----------|--|--------------------------------|
| | (Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.) | |
| a | Plan name 2B CLAIM SERVICES, INC. 401(K) PLAN | |
| b | Name of plan sponsor 2B CLAIM SERVICES, INC. | c EIN-PN 36-4730711-001 |
| a | Plan name 3E RETIREMENT SAVINGS PLAN | |
| b | Name of plan sponsor 3E COMPANY | c EIN-PN 81-0551631-003 |
| a | Plan name 403(B) THRIFT PLAN OF UNITED CEREBRAL PALSY ASSOCIATION OF NASSAU COUNTY, INC. | |
| b | Name of plan sponsor UNITED CEREBRAL PALSY ASSOCIATION OF NASSAU COUNTY, INC. | c EIN-PN 11-1723782-002 |
| a | Plan name ACE MARINE RIGGING & SUPPLY, INC. 401(K) PLAN | |
| b | Name of plan sponsor ACE MARINE RIGGING & SUPPLY, INC. | c EIN-PN 56-1712466-001 |
| a | Plan name ADVANCE NYC, INC. | |
| b | Name of plan sponsor ADVANCE NYC, INC. | c EIN-PN 46-2960501-001 |
| a | Plan name AIM DISTRIBUTION SERVICES, LLC PROFIT SHARING 401K PLAN | |
| b | Name of plan sponsor AIM DISTRIBUTION SERVICES, LLC | c EIN-PN 26-0866986-001 |
| a | Plan name AIM TRANSFER & STORAGE, INC PROFIT SHARING 401(K) | |
| b | Name of plan sponsor AIM TRANSFER & STORAGE | c EIN-PN 26-0103327-001 |
| a | Plan name ALEXANDER STEARNS HOLDINGS 401(K) PLAN | |
| b | Name of plan sponsor ALEXANDER STEARNS LLC | c EIN-PN 47-4600345-001 |
| a | Plan name ALL CREATURES ANIMAL CARE 401(K) PLAN | |
| b | Name of plan sponsor ALL CREATURES ANIMAL CARE CENTER | c EIN-PN 64-0853947-001 |
| a | Plan name ALLETE AND AFFILIATED COMPANIES RETIREMENT SAVINGS AND STOCK OWNERSHIP PLAN (RSOP) | |
| b | Name of plan sponsor ALLETE, INC. | c EIN-PN 41-0418150-002 |
| a | Plan name ALLIANT NATIONAL TITLE INSURANCE COMPANY INC. RETIREMENT PLAN | |
| b | Name of plan sponsor ALLIANT NATIONAL TITLE INSURANCE COMPANY INC. | c EIN-PN 20-3216749-001 |
| a | Plan name ALLTECH ENGINEERING CORP. 401K SAVINGS PLAN | |
| b | Name of plan sponsor ALLTECH ENGINEERING CORP. | c EIN-PN 41-0993720-001 |

| Part II | Information on Participating Plans (to be completed by DFEs, other than DCGs) | |
|----------|--|--------------------------------|
| | (Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.) | |
| a | Plan name ALPHA GEOTECHNICAL & MATERIALS, INC. 401(K) PROFIT SHARING PLAN | |
| b | Name of plan sponsor ALPHA GEOTECHNICAL & MATERIALS, INC. | c EIN-PN 86-0895177-002 |
| a | Plan name AMC SETTLEMENT SERVICES LLC 401K PROFIT SHARING PLAN & TRUST | |
| b | Name of plan sponsor AMC SETTLEMENT SERVICES LLC | c EIN-PN 25-1873786-001 |
| a | Plan name ANCHOR CONSTRUCTION CORPORATION 401(K) RETIREMENT PLAN | |
| b | Name of plan sponsor ANCHOR CONSTRUCTION CORPORATION | c EIN-PN 52-1425303-001 |
| a | Plan name APPLIED AQUATIC EMPLOYEE RETIREMENT PLAN | |
| b | Name of plan sponsor APPLIED AQUATIC MANAGEMENT, INC. | c EIN-PN 59-2100923-001 |
| a | Plan name APSI 401(K) PLAN | |
| b | Name of plan sponsor ADVOCACY AND PROTECTIVE SERVICES, INC. | c EIN-PN 31-0902799-002 |
| a | Plan name ARCO INNOVATIONS, INC. | |
| b | Name of plan sponsor ARCO INNOVATIONS, INC. | c EIN-PN 54-0238570-001 |
| a | Plan name ARKENSTONE WINERY RETIREMENT PLAN | |
| b | Name of plan sponsor ARKENSTONE VINEYARDS, LLC | c EIN-PN 94-3353768-001 |
| a | Plan name ASSEMBLY INTERMEDIATE LLC 401(K) PLAN | |
| b | Name of plan sponsor ASSEMBLY INTERMEDIATE LLC | c EIN-PN 84-2986791-001 |
| a | Plan name ASTRO MANUFACTURING & DESIGN 401(K) PLAN | |
| b | Name of plan sponsor ASTRO MANUFACTURING & DESIGN | c EIN-PN 34-1228079-001 |
| a | Plan name ASTROTECH CORPORATION RETIREMENT SAVINGS PLAN | |
| b | Name of plan sponsor ASTROTECH CORPORATION | c EIN-PN 91-1273737-002 |
| a | Plan name ATHENA MANAGEMENT INC. 401(K) PROFIT SHARING PLAN | |
| b | Name of plan sponsor ATHENA MANAGEMENT INC. | c EIN-PN 45-2516242-001 |
| a | Plan name ATLANTIC ULTRAVIOLET CORPORATION 401(K) PS PL | |
| b | Name of plan sponsor RON HENDERSON | c EIN-PN 11-2023907-003 |

| Part II | | Information on Participating Plans (to be completed by DFEs, other than DCGs) | |
|--|----------------------|--|--------------------------------|
| (Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.) | | | |
| a | Plan name | AUGUSTINE CASINO 401K PLAN | |
| b | Name of plan sponsor | AUGUSTINE GAMING MANAGEMENT CORPORATION | c EIN-PN 87-2249508-001 |
| a | Plan name | AUSTIN COUNTRY CLUB, INC. | |
| b | Name of plan sponsor | PARKER GRUNKEMEYER | c EIN-PN 74-0575117-003 |
| a | Plan name | B & W WELDING, INC. 401(K) PLAN | |
| b | Name of plan sponsor | B & W WELDING, INC. | c EIN-PN 34-1250851-001 |
| a | Plan name | BABST CALLAND CLEMENTS & ZOMNIR, P.C. ASSOCIATES PROFIT SHARING 401(K) PLAN II | |
| b | Name of plan sponsor | BABST, CALLAND, CLEMENTS & ZOMNIR, P.C. | c EIN-PN 25-1523683-002 |
| a | Plan name | BABST CALLAND CLEMENTS & ZOMNIR, P.C. PROFIT SHARING 401(K) PLAN I | |
| b | Name of plan sponsor | BABST, CALLAND, CLEMENTS & ZOMNIR, P.C. | c EIN-PN 25-1523683-001 |
| a | Plan name | BANK OF DADE ASSET ACCUMULATION PLAN | |
| b | Name of plan sponsor | BANK OF DADE | c EIN-PN 58-0657039-002 |
| a | Plan name | BARENTZ NORTH AMERICA, LLC 401(K) RETIREMENT PLAN | |
| b | Name of plan sponsor | BARENTZ NORTH AMERICA, LLC | c EIN-PN 34-1209005-001 |
| a | Plan name | BAUMANN & DE GROOT 401(K) PLAN | |
| b | Name of plan sponsor | BAUMANN & DE GROOT, INC. | c EIN-PN 38-3205394-001 |
| a | Plan name | BCI 401(K) PLAN | |
| b | Name of plan sponsor | BLENDED CLOTHING, INC. | c EIN-PN 46-5385454-001 |
| a | Plan name | BEEMAC 401(K) PLAN | |
| b | Name of plan sponsor | BEEMAC DRIVERS MANAGEMENT, LLC | c EIN-PN 55-0848840-001 |
| a | Plan name | BERRY METAL 401(K) PLAN | |
| b | Name of plan sponsor | NEW BERRY, INC. | c EIN-PN 95-3874528-003 |
| a | Plan name | BEST PROCESS SOLUTIONS, INC. 401(K) PROFIT SHARING PLAN | |
| b | Name of plan sponsor | BEST PROCESS SOLUTIONS, INC. | c EIN-PN 90-0856674-001 |

| Part II | | Information on Participating Plans (to be completed by DFEs, other than DCGs) | |
|--|----------------------|--|--------------------------------|
| (Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.) | | | |
| a | Plan name | BFS SERVICES, INC. 401K PROFIT SHARING PLAN | |
| b | Name of plan sponsor | BFS SERVICES, INC. | c EIN-PN 75-1567376-002 |
| a | Plan name | BIG ROCK 401(K) SAVINGS PLAN | |
| b | Name of plan sponsor | BIG ROCK SPORTS LLC | c EIN-PN 58-2579365-002 |
| a | Plan name | BISCUITVILLE 401(K) PLAN | |
| b | Name of plan sponsor | BISCUITVILLE, INC. | c EIN-PN 56-0989895-002 |
| a | Plan name | BLUE ICE VODKA 401(K) PLAN | |
| b | Name of plan sponsor | 21ST CENTURY SPIRITS LLC | c EIN-PN 95-4767942-001 |
| a | Plan name | BLUR PRODUCT DEVELOPMENT 401K PLAN | |
| b | Name of plan sponsor | BLUR PRODUCT DEVELOPMENT | c EIN-PN 47-1944267-001 |
| a | Plan name | BMB CONSULTING LLC | |
| b | Name of plan sponsor | BRIAN BUSTO | c EIN-PN 11-3409470-003 |
| a | Plan name | BMC HOLDCO, LLC 401(K) PLAN | |
| b | Name of plan sponsor | BMC HOLDCO, LLC | c EIN-PN 92-1216638-001 |
| a | Plan name | BMT COMMERCIAL USA, INC. 401(K) PLAN | |
| b | Name of plan sponsor | BMT COMMERCIAL USA INC | c EIN-PN 33-0516320-001 |
| a | Plan name | BOARD OF TRUSTEES OP PLASTERERS & CEMENT MASONS L262 PENSION | |
| b | Name of plan sponsor | BOARD OF TRUSTEES OP PLASTERERS & CEMENT MASONS L262 PENSION | c EIN-PN 13-6369468-001 |
| a | Plan name | BRAZELTON LEASING INC. 401(K) PLAN | |
| b | Name of plan sponsor | BRAZELTON LEASING INC. | c EIN-PN 43-1964683-001 |
| a | Plan name | BRENNAN INDUSTRIES, INC. 401(K) RETIREMENT PLAN | |
| b | Name of plan sponsor | BRENNAN INDUSTRIES, INC. | c EIN-PN 34-0859271-003 |
| a | Plan name | BRG 401(K) PLAN | |
| b | Name of plan sponsor | BRG 401(K) PLAN | c EIN-PN 75-1605963-001 |

| Part II | Information on Participating Plans (to be completed by DFEs, other than DCGs) | |
|----------|--|--------------------------------|
| | (Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.) | |
| a | Plan name BRIGHT HEALTH MANAGEMENT, INC. 401(K) PLAN | |
| b | Name of plan sponsor BRIGHT HEALTH MANAGEMENT, INC. | c EIN-PN 81-1108911-001 |
| a | Plan name BURNET HOSPICE CARE, INC. 401(K) PROFIT SHARING PLAN AND TRUST | |
| b | Name of plan sponsor BURNET HOSPICE CARE, INC. | c EIN-PN 45-1783432-001 |
| a | Plan name C. HARPER CHEVROLET, INC. 401(K) PROFIT SHARING PLAN | |
| b | Name of plan sponsor C. HARPER CHEVROLET, INC. | c EIN-PN 25-1445527-001 |
| a | Plan name CALIFORNIA INTERCONTINENTAL UNIVERSITY, INC. | |
| b | Name of plan sponsor CALIFORNIA INTERCONTINENTAL UNIVERSITY | c EIN-PN 02-0681380-001 |
| a | Plan name CANYON CONSULTING 401(K) PLAN | |
| b | Name of plan sponsor CANYON CONSULTING | c EIN-PN 22-3943890-001 |
| a | Plan name CAPITAL CITY BANK GROUP, INC. 401(K) PLAN | |
| b | Name of plan sponsor CAPITAL CITY BANK GROUP, INC. | c EIN-PN 59-2273542-003 |
| a | Plan name CAPITOL-HUSTING COMPANY, INC. SAVINGS AND RETIREMENT PLAN AND TRUST | |
| b | Name of plan sponsor CAPITOL-HUSTING COMPANY, INC. | c EIN-PN 39-0363870-002 |
| a | Plan name CAPTIVE INSURANCE MANAGEMENT GROUP 401K | |
| b | Name of plan sponsor CAPTIVE INSURANCE MANAGEMENT GROUP | c EIN-PN 26-3276943-001 |
| a | Plan name CARE DIMENSIONS, LLC 401(K) PROFIT SHARING PLAN AND TRUST | |
| b | Name of plan sponsor CARE DIMENSIONS, LLC | c EIN-PN 20-3580705-001 |
| a | Plan name CARES 401(K) PLAN | |
| b | Name of plan sponsor CHICAGO ASSOCIATION FOR RESEARCH | c EIN-PN 36-3334177-001 |
| a | Plan name CATHOLIC COMMUNITY SERVICES OF THE MID-WILLAMETTE VALLEY & CENTRAL COAST 401(K) | |
| b | Name of plan sponsor CATHOLIC COMMUNITY SERVICES OF THE MID- WILLAMETTE VALLEY AND CENTRAL | c EIN-PN 93-0903773-002 |
| a | Plan name CCINTEGRATION, INC. 401(K) PLAN | |
| b | Name of plan sponsor CCINTEGRATION INC. | c EIN-PN 77-0197130-001 |

| Part II | Information on Participating Plans (to be completed by DFEs, other than DCGs) | |
|----------|--|--------------------------------|
| | (Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.) | |
| a | Plan name CEMENT MASONS LOCAL 780 PENSION FUND | |
| b | Name of plan sponsor CEMENT MASONS LOCAL 780 PENSION FUND | c EIN-PN 13-1626710-001 |
| a | Plan name CEMSTONE AFFILIATES EMPLOYEE SAVINGS PLAN | |
| b | Name of plan sponsor CEMSTONE PRODUCTS COMPANY | c EIN-PN 41-0182850-003 |
| a | Plan name CEMSTONE AND TCC EMPLOYEE SAVINGS PLAN | |
| b | Name of plan sponsor CEMSTONE PRODUCTS COMPANY | c EIN-PN 41-0182850-001 |
| a | Plan name CENTER LINE PRODUCTIONS, INC. 401(K) PROFIT SHARING PLAN & TRUST | |
| b | Name of plan sponsor CENTER LINE PRODUCTIONS, INC. | c EIN-PN 56-1982024-001 |
| a | Plan name CENTRAL PARK ENT 401(K) PLAN | |
| b | Name of plan sponsor CENTRAL PARK EAR, NOSE AND THROAT, LLP | c EIN-PN 75-2733623-001 |
| a | Plan name CHARLES ARIS, INC. 401(K) PROFIT SHARING RETIREMENT PLAN AND TRUST | |
| b | Name of plan sponsor CHARLES ARIS, INC. | c EIN-PN 56-0994845-001 |
| a | Plan name CHESAPEAKE GROUP 401(K) PLAN | |
| b | Name of plan sponsor CHESAPEAKE GROUP, LLC | c EIN-PN 36-4796070-001 |
| a | Plan name CHRIS N. SIACHOS, DMD 401(K) RETIREMENT PLAN | |
| b | Name of plan sponsor CHRIS N. SIACHOS, DMD, PA | c EIN-PN 47-2305300-001 |
| a | Plan name CITCO TECHNOLOGY MANAGEMENT, INC. 401(K) RETIREMENT PLAN | |
| b | Name of plan sponsor CITCO TECHNOLOGY MANAGEMENT, INC. | c EIN-PN 65-0307157-001 |
| a | Plan name CITY ENTERPRISES, LLC 401(K) PLAN | |
| b | Name of plan sponsor CITY ENTERPRISES, LLC | c EIN-PN 62-1784792-001 |
| a | Plan name CLEARLINK 401(K) PLAN | |
| b | Name of plan sponsor CLEARLINK TECHNOLOGIES, LLC | c EIN-PN 13-4278523-002 |
| a | Plan name CMC ENGINEERING 401(K) PLAN | |
| b | Name of plan sponsor CMC ENGINEERING | c EIN-PN 23-2149767-002 |

| Part II | Information on Participating Plans (to be completed by DFEs, other than DCGs) | |
|----------|--|--------------------------------|
| | (Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.) | |
| a | Plan name COASTAL BRIDGE ADVISORS, LLC PROFIT SHARING PLAN | |
| b | Name of plan sponsor COASTAL BRIDGE ADVISORS, LLC | c EIN-PN 27-1359517-001 |
| a | Plan name COGNOA RETIREMENT SAVINGS PLAN | |
| b | Name of plan sponsor COGNOA, INC. | c EIN-PN 46-3191410-001 |
| a | Plan name COLOR INK, INC. 401(K) PLAN | |
| b | Name of plan sponsor COLOR INK, INC. | c EIN-PN 39-1529739-001 |
| a | Plan name COMMON SECURITIZATION SOLUTIONS, LLC RETIREMENT SAVINGS PLAN FOR EMPLOYEES | |
| b | Name of plan sponsor COMMON SECURITIZATION SOLUTIONS, LLC | c EIN-PN 46-3967230-001 |
| a | Plan name COMPLETE ENVIRONMENTAL TESTING, INC | |
| b | Name of plan sponsor DAVID DITTA | c EIN-PN 06-1371457-003 |
| a | Plan name COMPLOY MULTIPLE EMPLOYER PLAN | |
| b | Name of plan sponsor COMPLOY | c EIN-PN 85-1059113-001 |
| a | Plan name COMPOUND ADVISORS LLC 401(K) PROFIT SHARING PAN & TRUST | |
| b | Name of plan sponsor COMPOUND ADVISORS, LLC | c EIN-PN 26-2927841-001 |
| a | Plan name CONCENTRIC ANALGESICS, INC. | |
| b | Name of plan sponsor MONICA JENKINS | c EIN-PN 47-2338879-003 |
| a | Plan name CONGRUENTX LLC 401(K) P/S PLAN | |
| b | Name of plan sponsor CONGRUENTX LLC | c EIN-PN 83-3428088-001 |
| a | Plan name CORETECH LEASING 401(K) PLAN | |
| b | Name of plan sponsor CORETECH LEASING, INC. | c EIN-PN 51-0674796-001 |
| a | Plan name CORINTHIA HOTELS 401(K) PLAN | |
| b | Name of plan sponsor SURREY OPCO LLC | c EIN-PN 86-1179788-001 |
| a | Plan name CORNERSTONE RESEARCH 401(K) AND PROFIT SHARING PLAN | |
| b | Name of plan sponsor CORNERSTONE RESEARCH, INC. | c EIN-PN 94-3092543-001 |

| Part II | Information on Participating Plans (to be completed by DFEs, other than DCGs) | |
|----------|--|--|
| | (Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.) | |
| a | Plan name CORPORATE TECHNOLOGIES RETIREMENT PLAN | |
| b | Name of plan sponsor CORPORATE TECHNOLOGIES LLC | c EIN-PN 20-2409337-001 |
| a | Plan name CORRELATION MANAGEMENT, LLC 401(K) PROFIT SHARING PLAN | |
| b | Name of plan sponsor CORRELATION MANAGEMENT, LLC | c EIN-PN 20-4584639-001 |
| a | Plan name CORROTEC, INC. 401(K) RETIREMENT PLAN | |
| b | Name of plan sponsor CORROTEC, INC. | c EIN-PN 31-1011158-001 |
| a | Plan name CORSO MARKETING GROUP, LLC 401(K) PLAN | |
| b | Name of plan sponsor CORSO MARKETING GROUP, LLC | c EIN-PN 84-4505155-002 |
| a | Plan name COUNTY OF TULARE DEFERRED COMPENSATION PLAN | |
| b | Name of plan sponsor COUNTY OF TULARE DEFERRED COMPENSATION PLAN | c EIN-PN 94-6000545-001 |
| a | Plan name CPT RETIREMENT PLAN | |
| b | Name of plan sponsor CPT, INC. | c EIN-PN 39-1996506-001 |
| a | Plan name CREW BUILDERS, INC. 401(K) PLAN | |
| b | Name of plan sponsor CREW BUILDERS INC | c EIN-PN 20-5499129-001 |
| a | Plan name CRIHB 401(K) PROFIT SHARING PLAN | |
| b | Name of plan sponsor CALIFORNIA RURAL INDIAN HEALTH BOARD, INC. | c EIN-PN 23-7052541-003 |
| a | Plan name CRIMPING & STAMPING TECHNOLOGIES INC. | |
| b | Name of plan sponsor CRIMPING STAMPING TECHNOLOGIES INC | c EIN-PN 25-1766557-001 |
| a | Plan name CRONMILLER MARKETING, INC. 401(K) PROFIT SHARING PLAN AND TRUST | |
| b | Name of plan sponsor CRONMILLER MARKETING, INC. | c EIN-PN 25-1182743-001 |
| a | Plan name CULLARI CARRICO, LLC | |
| b | Name of plan sponsor RAY BURKE | c EIN-PN 27-0623664-003 |
| a | Plan name CURRAN MANUFACTURING CORP. | |
| b | Name of plan sponsor JANICE GRAY | c EIN-PN 11-2109136-003 |

| Part II | Information on Participating Plans (to be completed by DFEs, other than DCGs) | |
|----------|--|--------------------------------|
| | (Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.) | |
| a | Plan name CV INDUSTRIES 401K PLAN | |
| b | Name of plan sponsor CV INDUSTRIES 401K PLAN | c EIN-PN 56-1043374-002 |
| a | Plan name CYBERTROL 401(K) PROFIT SHARING PLAN | |
| b | Name of plan sponsor CYBERTROL ENGINEERING LLC | c EIN-PN 41-1831981-001 |
| a | Plan name D.H. GRIFFIN WRECKING COMPANY, INC. PROFIT SHARING PLAN | |
| b | Name of plan sponsor D.H. GRIFFIN WRECKING COMPANY, INC. | c EIN-PN 56-0897274-001 |
| a | Plan name DEANE, INC. | |
| b | Name of plan sponsor SHERI SNOW | c EIN-PN 06-1020196-003 |
| a | Plan name DECISIVEDGE, LLC 401(K) PROFIT SHARING PLAN | |
| b | Name of plan sponsor DECISIVEDGE, LLC | c EIN-PN 26-1440851-001 |
| a | Plan name DEFFET GROUP 401(K) PLAN | |
| b | Name of plan sponsor DEFFET GROUP | c EIN-PN 31-1268478-001 |
| a | Plan name DEFIANCE PRECISION PRODUCTS, INC. PENSION PLAN FOR LOCAL 638 UAW EMPLOYEES | |
| b | Name of plan sponsor GT TECHNOLOGIES INC. | c EIN-PN 34-1526359-001 |
| a | Plan name DELTA HEALTH SYSTEMS 401(K) PROFIT SHARING PLAN | |
| b | Name of plan sponsor WM. MICHAEL STEMLER, INC. DBA DELTA HEALTH SYSTEMS | c EIN-PN 94-2353289-001 |
| a | Plan name DELVAL EQUIPMENT CORPORATION 401(K) PROFIT SHARING PLAN | |
| b | Name of plan sponsor DELVAL EQUIPMENT CORPORATION | c EIN-PN 23-2435212-001 |
| a | Plan name DESIGN WORLD, LLC PROFIT SHARING PLAN | |
| b | Name of plan sponsor DESIGN WORLD, LLC | c EIN-PN 20-4393625-001 |
| a | Plan name DOMINION WOMEN'S HEALTH, INC. 401(K) PROFIT SHARING PLAN | |
| b | Name of plan sponsor DOMINION WOMENS HEALTH INC | c EIN-PN 01-0643091-001 |
| a | Plan name DOWNEY, SMITH & FIER 401(K) PROFIT SHARING PLAN | |
| b | Name of plan sponsor DOWNEY, SMITH & FIER | c EIN-PN 46-0479115-001 |

| Part II | Information on Participating Plans (to be completed by DFEs, other than DCGs) | |
|----------|--|--|
| | (Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.) | |
| a | Plan name DRAFTO CORPORATION EMPLOYEES 401(K) PROFIT SHARING PLAN | |
| b | Name of plan sponsor DRAFTO CORPORATION | c EIN-PN 25-1591454-001 |
| a | Plan name DUCK CREEK TECHNOLOGIES 401(K) PLAN | |
| b | Name of plan sponsor DUCK CREEK TECHNOLOGIES, LLC | c EIN-PN 47-5654931-001 |
| a | Plan name DWORKEN & BERNSTEIN CO. L.P.A. 401(K) PROFIT SHARING PLAN | |
| b | Name of plan sponsor DWORKEN & BERNSTEIN CO. L.P.A. | c EIN-PN 34-1082604-001 |
| a | Plan name EASTERN LONG ISLAND HOSPITAL ASSOCIATION PENSION PLAN | |
| b | Name of plan sponsor EASTERN LONG ISLAND HOSPITAL ASSOCIATION | c EIN-PN 11-1633563-001 |
| a | Plan name ECLIPSE VENTURES, LLC RETIREMENT TRUST | |
| b | Name of plan sponsor ECLIPSE VENTURES, LLC | c EIN-PN 61-1760903-001 |
| a | Plan name EDGE CASE RESEARCH 401K PLAN | |
| b | Name of plan sponsor EDGE CASE RESEARCH INC | c EIN-PN 36-4907680-001 |
| a | Plan name ELIOR, INC. 401(K) PLAN | |
| b | Name of plan sponsor ELIOR, INC. | c EIN-PN 26-2223480-001 |
| a | Plan name EPIC GAMES, INC. 401(K) PLAN AND TRUST | |
| b | Name of plan sponsor EPIC GAMES INC | c EIN-PN 52-1853991-001 |
| a | Plan name EQUIDOX SOFTWARE COMPANY LLC 401(K) PLAN | |
| b | Name of plan sponsor EQUIDOX SOFTWARE COMPANY LLC | c EIN-PN 88-3065096-001 |
| a | Plan name EVOLVE BIOLOGICS (USA), INC. 401(K) PLAN | |
| b | Name of plan sponsor EVOLVE BIOLOGICS INC. | c EIN-PN 36-4941724-001 |
| a | Plan name EYESOUTH PARTNERS 401(K) PLAN | |
| b | Name of plan sponsor SCP EYE CARE SERVICES, LLC | c EIN-PN 81-5171738-001 |
| a | Plan name FAB 401(K) PLAN | |
| b | Name of plan sponsor FIRST AID BEAUTY LIMITED | c EIN-PN 26-2555220-001 |

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

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

| | | |
|-------------------------------|--|--------------------------------|
| a Plan name | FARMERS & MECHANICS FEDERAL 401(K) PLAN | |
| b Name of plan sponsor | FARMERS & MECHANICS FEDERAL | c EIN-PN 35-0303170-001 |
| a Plan name | FEE, SMITH & SHARP, LLP 401(K) PLAN | |
| b Name of plan sponsor | FEE, SMITH & SHARP, LLP | c EIN-PN 68-0502076-001 |
| a Plan name | FLASH 401(K) PLAN | |
| b Name of plan sponsor | FLASHPARKING INC. | c EIN-PN 45-1867889-001 |
| a Plan name | FLEXPATH SERVICES RETIREMENT SAVINGS PLAN | |
| b Name of plan sponsor | FLEXPATH SERVICES INC. | c EIN-PN 93-3133157-001 |
| a Plan name | FLORSTAR SALES, INC. RETIREMENT AND INCENTIVE PLAN | |
| b Name of plan sponsor | FLORSTAR SALES, INC. | c EIN-PN 36-3574783-001 |
| a Plan name | FORMATION BIO 401(K) PLAN | |
| b Name of plan sponsor | TRIALSPARK INC. DBA FORMATION BIO | c EIN-PN 47-1134239-001 |
| a Plan name | FOX FIRE PROTECTION, INC. 401(K) PROFIT SHARING PLAN | |
| b Name of plan sponsor | FOX FIRE, INC. | c EIN-PN 34-1711931-001 |
| a Plan name | FREESTYLE CAPITAL RETIREMENT PLAN | |
| b Name of plan sponsor | FREESTYLE CAPITAL MANAGEMENT, LLC. | c EIN-PN 45-1060837-001 |
| a Plan name | FULLER REALTY ADVISERS LTD 401(K) PLAN | |
| b Name of plan sponsor | FULLER REALTY ADVISERS LTD | c EIN-PN 20-3158533-001 |
| a Plan name | FUSCO GROUP RETIREMENT PLAN | |
| b Name of plan sponsor | FUSCO GROUP, LLC | c EIN-PN 66-0924588-001 |
| a Plan name | G&C STAFFING RETIREMENT SAVINGS PLAN | |
| b Name of plan sponsor | G&C STAFFING LLC | c EIN-PN 87-1184436-001 |
| a Plan name | G. JACKIE YEE MD PA 401(K) PLAN | |
| b Name of plan sponsor | G. JACKIE YEE MD PA | c EIN-PN 20-4033669-001 |

| Part II | Information on Participating Plans (to be completed by DFEs, other than DCGs) | |
|----------|--|---------------------------------------|
| | (Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.) | |
| a | Plan name GABRIEL FERA 401K PLAN | |
| b | Name of plan sponsor GABRIEL FERA PC | c EIN-PN 88-1698698-001 |
| a | Plan name GARAGE MANAGEMENT CO. 401(K) PS PLAN FOR UNION EMPLOYEES | |
| b | Name of plan sponsor GARAGE MANAGEMENT COMPANY, LLC | c EIN-PN 13-1982137-002 |
| a | Plan name GARAGE MANAGEMENT COMPANY LLC 401(K) PS PLAN FOR NON-UNION EMPLOYEES | |
| b | Name of plan sponsor GARAGE MANAGEMENT COMPANY, LLC | c EIN-PN 13-1982137-001 |
| a | Plan name GEISLER BROTHERS, INC. 401(K) PROFIT SHARING PLAN | |
| b | Name of plan sponsor GEISLER BROTHERS INC | c EIN-PN 42-0920935-001 |
| a | Plan name GENERAL LABOR & INDUSTRIAL STAFFING SOLUTIONS 401(K) PLAN | |
| b | Name of plan sponsor GENERAL LABOR & INDUSTRIAL STAFFING SOLUTIONS, LLC | c EIN-PN 90-0771061-001 |
| a | Plan name GERMAIN AUTOMOTIVE PARTNERSHIP, INC. 401(K) PLAN | |
| b | Name of plan sponsor GERMAIN AUTOMOTIVE PARTNERSHIP, INC. | c EIN-PN 27-4723638-001 |
| a | Plan name GERMAIN RETIREMENT SECURITY SAVINGS PLAN | |
| b | Name of plan sponsor GERMAIN MOTOR COMPANY | c EIN-PN 31-4368856-001 |
| a | Plan name GIPSON BEARING & SUPPLY CO. CASH BALANCE PLAN | |
| b | Name of plan sponsor GIPSON BEARING & SUPPLY COMPANY | c EIN-PN 25-1054466-002 |
| a | Plan name GLOBALFOUNDRIES U.S. INC. 401(K) PLAN | |
| b | Name of plan sponsor GLOBALFOUNDRIES | c EIN-PN 26-3122131-001 |
| a | Plan name GLOBE STORAGE & MOVING COMPANY, INC. PROFIT SHARING PLAN | |
| b | Name of plan sponsor GLOBE STORAGE & MOVING COMPANY | c EIN-PN 13-3249475-002 |
| a | Plan name GORDON INVESTMENTS, INC. CASH BALANCE PENSION PLAN | |
| b | Name of plan sponsor GORDON INVESTMENTS, INC. | c EIN-PN 75-3129140-002 |
| a | Plan name GORDON INVESTMENTS, INC. EMPLOYEE PROFIT SHARING AND 401(K) PLAN | |
| b | Name of plan sponsor GORDON INVESTMENTS, INC. D/B/A ORRS JEWELERS | c EIN-PN 75-3129140-001 |

| Part II | | Information on Participating Plans (to be completed by DFEs, other than DCGs) | |
|--|----------------------|--|--------------------------------|
| (Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.) | | | |
| a | Plan name | GREAT PLAINS STRUCTURES LLC 401K PROFIT SHARING PLAN & TRUST | |
| b | Name of plan sponsor | GREAT PLAINS STRUCTURES LLC | c EIN-PN 81-1527094-001 |
| a | Plan name | GREATER HOPE FOUNDATION FOR CHILDREN, INC. 401(K) PROFIT SHARING PLAN AND TRUST | |
| b | Name of plan sponsor | GREATER HOPE FOUNDATION FOR CHILDREN, INC. | c EIN-PN 90-0111715-001 |
| a | Plan name | GREENSBORO AREA CHAMBER OF COMMERCE RETIREMENT PLAN | |
| b | Name of plan sponsor | GREENSBORO AREA CHAMBER OF COMMERCE | c EIN-PN 56-0245040-003 |
| a | Plan name | GROUP RETIREMENT PLAN | |
| b | Name of plan sponsor | SVB FINANCIAL GROUP | c EIN-PN 91-1962278-002 |
| a | Plan name | GUESS?, INC. 401(K) PLAN AND TRUST | |
| b | Name of plan sponsor | GUESS , INC. | c EIN-PN 95-3679695-001 |
| a | Plan name | GYMREAPERS 401(K) PLAN | |
| b | Name of plan sponsor | GYMREAPERS LLC | c EIN-PN 47-2892696-001 |
| a | Plan name | HALLMARK AVIATION SERVICES, LP 401(K) PLAN | |
| b | Name of plan sponsor | HALLMARK AVIATION SERVICES, L.P. | c EIN-PN 95-4217627-001 |
| a | Plan name | HARTLEY PRESS 401(K) RETIREMENT PLAN | |
| b | Name of plan sponsor | THE HARTLEY PRESS, INC. | c EIN-PN 59-1223876-001 |
| a | Plan name | HAWORTH 401(K) PLAN | |
| b | Name of plan sponsor | HAWORTH INTERNATIONAL, LTD. | c EIN-PN 38-2101981-003 |
| a | Plan name | HAWTHORNDEN FOUNDATION 401K PLAN | |
| b | Name of plan sponsor | HAWTHORNDEN FOUNDATION | c EIN-PN 52-1324746-001 |
| a | Plan name | HEALY CAPITAL PARTNERS 401(K) PLAN | |
| b | Name of plan sponsor | MRH IRISH INVESTMENTS, LLC DBA HEALY CAPITAL PARTNERS | c EIN-PN 83-0867343-001 |
| a | Plan name | HEARTHSIDE BANK CORPORATION 401(K)/EMPLOYEE STOCK OWNERSHIP PLAN | |
| b | Name of plan sponsor | HEARTHSIDE BANK CORPORATION | c EIN-PN 61-0305840-002 |

| Part II | Information on Participating Plans (to be completed by DFEs, other than DCGs) | |
|----------|--|--|
| | (Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.) | |
| a | Plan name HENDERSON, SCHMIDLIN & MCGARRY CO., L.P.A. 401(K) PLAN | |
| b | Name of plan sponsor HENDERSON, SCHMIDLIN & MCGARRY CO., L.P.A. | c EIN-PN 46-1226372-001 |
| a | Plan name HHS GOVERNMENT SERVICES, LLC RETIREMENT PLAN | |
| b | Name of plan sponsor HHS GOVERNMENT SERVICES, LLC | c EIN-PN 82-5298220-001 |
| a | Plan name HIMA AMERICAS, INC 401(K) PLAN | |
| b | Name of plan sponsor HIMA AMERICAS, INC. | c EIN-PN 20-3678677-001 |
| a | Plan name HINCKLEY, ALLEN & SNYDER LLP RETIREMENT SAVINGS PLAN | |
| b | Name of plan sponsor HINCKLEY, ALLEN & SNYDER LLP | c EIN-PN 05-0262309-003 |
| a | Plan name HMT ASSOCIATES, INC. 401(K) PROFIT SHARING PLAN | |
| b | Name of plan sponsor HMT ASSOCIATES, INC. | c EIN-PN 31-1508707-001 |
| a | Plan name HOFFMAN HOFFMAN INC EMPLOYEE STOCK | |
| b | Name of plan sponsor HOFFMAN HOFFMAN INC | c EIN-PN 56-0667189-001 |
| a | Plan name HOG SLAT, INC. RETIREMENT SAVINGS PLAN | |
| b | Name of plan sponsor HOG SLAT, INC. RETIREMENT SAVINGS PLAN | c EIN-PN 56-0945951-001 |
| a | Plan name HOPEWELL FUND 401(K) PLAN | |
| b | Name of plan sponsor HOPEWELL FUND | c EIN-PN 47-3681860-001 |
| a | Plan name HORNIG COMPANIES INC. 401K PLAN | |
| b | Name of plan sponsor HORNIG COMPANIES INC. | c EIN-PN 41-1786141-001 |
| a | Plan name HORROCKS ENGINEERS 401(K) PLAN | |
| b | Name of plan sponsor HORROCKS ENGINEERS, INC. | c EIN-PN 87-0296502-001 |
| a | Plan name HOUSTON EAR, NOSE & THROAT CLINIC 401(K) PROFIT SHARING PLAN | |
| b | Name of plan sponsor HOUSTON EAR, NOSE & THROAT CLINIC, LLP | c EIN-PN 74-1195579-002 |
| a | Plan name HSC CENTRAL OHIO LLC 401K PS PLAN | |
| b | Name of plan sponsor HSC CENTRAL OHIO LLC | c EIN-PN 27-4265926-001 |

| Part II | Information on Participating Plans (to be completed by DFEs, other than DCGs) | |
|--|---|--------------------------------|
| (Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.) | | |
| a | Plan name HUTCH CHEVROLET BUICK GMC INC. 401K | |
| b | Name of plan sponsor HUTCH CHEVROLET BUICK GMC INC | c EIN-PN 27-3733274-001 |
| a | Plan name IDAHO FARM BUREAU FEDERATION 401(K) PLAN | |
| b | Name of plan sponsor IDAHO FARM BUREAU FEDERATION | c EIN-PN 82-0181284-004 |
| a | Plan name IDAHO SPORTS MEDICINE INSTITUTE PA 401(K) PROFIT SHARING PLAN | |
| b | Name of plan sponsor IDAHO SPORTS MEDICINE INSTITUTE, PA | c EIN-PN 20-0324983-001 |
| a | Plan name IDEMIA RETIREMENT SAVINGS PLAN | |
| b | Name of plan sponsor IDEMIA IDENTITY AND SECURITY USA LLC | c EIN-PN 04-3320515-001 |
| a | Plan name ILLUMINATIVE 401(K) PLAN | |
| b | Name of plan sponsor ILLUMINATIVE, INC | c EIN-PN 92-1975377-001 |
| a | Plan name IMPACT OF MINNESOTA INC. 401(K) PLAN | |
| b | Name of plan sponsor IMPACT OF MINNESOTA INC. | c EIN-PN 41-1642309-001 |
| a | Plan name INDUSTRIAL LUBRICANT COMPANY 401(K) SALARY REDUCTION PLAN AND TRUST | |
| b | Name of plan sponsor INDUSTRIAL LUBRICANT COMPANY | c EIN-PN 41-0834429-002 |
| a | Plan name INGLES MARKETS, INCORPORATED INVESTMENT/PROFIT SHARING PLAN | |
| b | Name of plan sponsor INGLES MARKETS, INCORPORATED | c EIN-PN 56-0846267-001 |
| a | Plan name INNOVATIVE LIGHTING LLC 401(K) PROFIT SHARING PLAN AND TRUST | |
| b | Name of plan sponsor INNOVATIVE LIGHTING, LLC | c EIN-PN 26-3370831-001 |
| a | Plan name INTERNATIONAL SEALS 401(K) PLAN | |
| b | Name of plan sponsor HDZ BROTHERS INC. DBA INTERNATIONAL SEALS | c EIN-PN 20-8120687-001 |
| a | Plan name INTERNATIONAL TELCOM, LLC | |
| b | Name of plan sponsor LESLIE BEACH | c EIN-PN 91-1579975-003 |
| a | Plan name INTERTECH SECURITY, LLC 401(K) PLAN | |
| b | Name of plan sponsor INTERTECH SECURITY, LLC | c EIN-PN 25-1850580-001 |

| Part II | Information on Participating Plans (to be completed by DFEs, other than DCGs) | |
|----------|--|--------------------------------|
| | (Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.) | |
| a | Plan name ISU VETERINARY SERVICES CORPORATION 401(K) PROFIT SHARING PLAN & TRUST | |
| b | Name of plan sponsor ISU VETERINARY SERVICES CORPORATION | c EIN-PN 42-6409168-001 |
| a | Plan name J. L. MINTER COMPANIES 401(K) PLAN | |
| b | Name of plan sponsor J.L. MINTER ELECTRICAL CONTRACTOR, INC. | c EIN-PN 54-0794648-001 |
| a | Plan name J.D. GRIFFITHS 401(K) PLAN | |
| b | Name of plan sponsor J.D. GRIFFITHS | c EIN-PN 39-0968170-001 |
| a | Plan name J.H. WHITNEY CAPITAL PARTNERS, LLC | |
| b | Name of plan sponsor DAVID ZATLUKAL | c EIN-PN 20-1928263-003 |
| a | Plan name J.S. PARIS EXCAVATING, INC. 401(K) PLAN | |
| b | Name of plan sponsor J.S. PARIS EXCAVATING, INC. | c EIN-PN 34-1665120-001 |
| a | Plan name JAMAL'S ENTERPRISES, INC. PROFIT SHARING PLAN AND TRUST | |
| b | Name of plan sponsor JAMALS ENTERPRISES, INC. | c EIN-PN 94-2178844-001 |
| a | Plan name JAMES G. DAVIS CONSTRUCTION CORPORATION PROFIT SHARING, STOCK OWNERSHIP, AND 401(K) PLAN | |
| b | Name of plan sponsor JAMES G. DAVIS CONSTRUCTION CORPORATION | c EIN-PN 54-0799423-001 |
| a | Plan name JBM PACKAGING COMPANY RETIREMENT PLAN AND TRUST | |
| b | Name of plan sponsor JBM PACKAGING COMPANY | c EIN-PN 31-1277407-001 |
| a | Plan name JOHN H. HARLAND COMPANY OF PUERTO RICO SECTION 1165(E) PLAN | |
| b | Name of plan sponsor OF PUERTO RICO PROFIT SHARING | c EIN-PN 58-1143611-002 |
| a | Plan name JOHN K. MCGILL & COMPANY, INC. 401(K) PLAN | |
| b | Name of plan sponsor JOHN K. MCGILL & COMPANY, INC. | c EIN-PN 56-1385310-002 |
| a | Plan name K & I SHEET METAL, INC. PROFIT SHARING PLAN | |
| b | Name of plan sponsor K & I SHEET METAL, INC. | c EIN-PN 25-1258671-001 |
| a | Plan name KALTEX AMERICA, INC. | |
| b | Name of plan sponsor APRIL BRACCO | c EIN-PN 13-3517424-003 |

| Part II | | Information on Participating Plans (to be completed by DFEs, other than DCGs) | |
|--|----------------------|--|--------------------------------|
| (Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.) | | | |
| a | Plan name | KERN-LIEBERS 401(K) PLAN | |
| b | Name of plan sponsor | KERN-LIEBERS USA, INC. | c EIN-PN 34-1210887-001 |
| a | Plan name | KILN MANAGEMENT, LLC RETIREMENT PLAN | |
| b | Name of plan sponsor | KILN MANAGEMENT, LLC | c EIN-PN 92-1295165-001 |
| a | Plan name | KINDER ELECTRIC CO., INC. 401(K) PROFIT SHARING PLAN | |
| b | Name of plan sponsor | KINDER ELECTRIC CO., INC. | c EIN-PN 35-1642894-002 |
| a | Plan name | KINDRED AT HOME 401K PLAN | |
| b | Name of plan sponsor | GENTIVA HEALTH SERVICES LLC | c EIN-PN 11-3414024-001 |
| a | Plan name | KK WIND SOLUTIONS U.S., INC. 401(K) PLAN | |
| b | Name of plan sponsor | KK WIND SOLUTIONS US INC | c EIN-PN 33-1224302-001 |
| a | Plan name | KLDISCOVERY ONTRACK, LLC 401(K) PLAN | |
| b | Name of plan sponsor | KLDISCOVERY HOLDINGS INC. | c EIN-PN 81-0787151-001 |
| a | Plan name | KNOBELSDORFF ELECTRIC, INC. RETIREMENT PLAN | |
| b | Name of plan sponsor | KNOBELSDORFF ELECTRIC, INC. | c EIN-PN 41-1878325-001 |
| a | Plan name | KP3 ENDEAVORS, INC. EMPLOYER STOCK OWNERSHIP PLAN | |
| b | Name of plan sponsor | KP3 ENDEAVORS, INC. | c EIN-PN 81-5049934-001 |
| a | Plan name | KREBS MOTORS NORTH, INC. 401(K) PLAN | |
| b | Name of plan sponsor | KREBS MOTORS NORTH, INC. | c EIN-PN 25-1773401-001 |
| a | Plan name | KURZ AMERICA EMPLOYEES' | |
| b | Name of plan sponsor | KURZ TRANSFER PRODUCTS LP | c EIN-PN 23-2677477-002 |
| a | Plan name | LAGASSE UTILITIES, INC. 401(K) PROFIT SHARING PLAN | |
| b | Name of plan sponsor | LAGASSE UTILITIES, INC. | c EIN-PN 65-1036258-001 |
| a | Plan name | LAMBERT BUICK PONTIAC-GMC TRUCK, INC. 401(K) PROFIT SHARING PLAN | |
| b | Name of plan sponsor | LAMBERT BUICK PONTIAC-GMC TRUCK, INC. | c EIN-PN 34-1153081-001 |

| Part II | Information on Participating Plans (to be completed by DFEs, other than DCGs) | |
|--|--|--------------------------------|
| (Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.) | | |
| a | Plan name LANCASTER COLONY CORPORATION MASTER PENSION TRUST | |
| b | Name of plan sponsor CHARLES SCHWAB TRUST BANK TRUSTEE OF LANCASTER COLONY CORPORATION | c EIN-PN 82-3967259-001 |
| a | Plan name LITTLE DIVERSIFIED ARCHITECTURAL CONSULTING, INC. PROFIT SHARING AND RETIREMENT SAVINGS PLAN | |
| b | Name of plan sponsor LITTLE DIVERSIFIED ARCHITECTURAL CONSULTING, INC. | c EIN-PN 56-0884622-002 |
| a | Plan name LOCAL 1034 PENSION FUND | |
| b | Name of plan sponsor BOARD OF TRUSTEES OF LOCAL 1034 PENSION FUND | c EIN-PN 13-6594795-001 |
| a | Plan name LOPITO ILEANA & HOWIE RETIREMENT PLAN | |
| b | Name of plan sponsor LOPITO ILEANA & HOWIE, INC. | c EIN-PN 66-0310970-002 |
| a | Plan name LOTIC.AI INC. 401K PLAN | |
| b | Name of plan sponsor LOTICAI INC | c EIN-PN 85-0620270-001 |
| a | Plan name LUMENIER 401(K) PLAN | |
| b | Name of plan sponsor GETFPV, LLC | c EIN-PN 82-0931885-001 |
| a | Plan name LUMIRADX, INC. 401(K) PLAN | |
| b | Name of plan sponsor LUMIRADX, INC | c EIN-PN 47-1763048-001 |
| a | Plan name LUNATEK LLC 401(K) PLAN | |
| b | Name of plan sponsor LUNATEK, LLC | c EIN-PN 47-4218630-001 |
| a | Plan name MACE DENTAL 401(K) PLAN | |
| b | Name of plan sponsor MACE DDS PLLC | c EIN-PN 35-2504956-001 |
| a | Plan name MADISON HEALTH EMPLOYEES' 401(K) PENSION PLAN | |
| b | Name of plan sponsor MADISON HEALTH | c EIN-PN 31-1657206-002 |
| a | Plan name MARK PORTER AUTO GROUP 401K PLAN | |
| b | Name of plan sponsor MARK PORTER AUTO GROUP INC | c EIN-PN 31-0970288-001 |
| a | Plan name MARKETLAUNCHER INC 401(K) PROFIT SHARING PLAN AND TRUST | |
| b | Name of plan sponsor MARKETLAUNCHER, INC. | c EIN-PN 59-3714133-002 |

| Part II | | Information on Participating Plans (to be completed by DFEs, other than DCGs) | |
|--|----------------------|--|--------------------------------|
| (Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.) | | | |
| a | Plan name | MARONDA INC | |
| b | Name of plan sponsor | MARONDA INC | c EIN-PN 25-1230205-001 |
| a | Plan name | MARTINEZ STEEL CORPORATION 401(K) & PROFIT SHARING PLAN | |
| b | Name of plan sponsor | MARTINEZ STEEL CORPORATION | c EIN-PN 33-0615378-001 |
| a | Plan name | MARYSVILLE ETHANOL, LLC 401(K) PLAN - NON-UNION | |
| b | Name of plan sponsor | MARYSVILLE ETHANOL, LLC | c EIN-PN 20-2380174-001 |
| a | Plan name | MARYSVILLE ETHANOL, LLC UNION 401(K) PLAN | |
| b | Name of plan sponsor | MARYSVILLE ETHANOL, LLC | c EIN-PN 20-2380174-002 |
| a | Plan name | MATSON INSURANCE AGENCY, INC. 401(K) PROFIT SHARING PLAN | |
| b | Name of plan sponsor | BROOKVILLE INSURANCE AGENCY, INC. | c EIN-PN 25-1148196-001 |
| a | Plan name | MATSON LUMBER COMPANY 401(K) PROFIT SHARING PLAN | |
| b | Name of plan sponsor | MATSON LUMBER COMPANY | c EIN-PN 25-6072152-001 |
| a | Plan name | MAZANEC, RASKIN & RYDER CO., L.P.A. 401(K) PLAN | |
| b | Name of plan sponsor | MAZANEC, RASKIN & RYDER CO., L.P.A. | c EIN-PN 34-1440259-001 |
| a | Plan name | MCCLYMONDS SUPPLY & TRANSIT COMPANY, INC. 401(K) PLAN | |
| b | Name of plan sponsor | MCCLYMONDS SUPPLY & TRANSIT COMPANY, INC. | c EIN-PN 25-1437635-001 |
| a | Plan name | MDS ASSOCIATED COMPANIES, INC. 401(K) PLAN | |
| b | Name of plan sponsor | MDS ASSOCIATED COMPANIES, INC. | c EIN-PN 26-1745795-001 |
| a | Plan name | MDU RESOURCES GROUP, INC. PENSION PLAN FOR NON-BARGAINING UNIT EMPLOYEES | |
| b | Name of plan sponsor | MDU RESOURCES GROUP, INC. | c EIN-PN 30-1133956-001 |
| a | Plan name | MEDICAL CENTER PHARMACY 401(K) PROFIT SHARING PLAN | |
| b | Name of plan sponsor | MEDICAL CENTER PHARMACY | c EIN-PN 56-1709804-001 |
| a | Plan name | MEDICAL INFORMATION TECHNOLOGY, INC. 401(K) PLAN | |
| b | Name of plan sponsor | MEDICAL INFORMATION TECHNOLOGY | c EIN-PN 04-2455639-005 |

| Part II | | Information on Participating Plans (to be completed by DFEs, other than DCGs) | |
|---|----------------------|--|--------------------------------|
| <small>(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)</small> | | | |
| a | Plan name | MEDSPEED, LLC 401(K) PROFIT SHARING PLAN & TRUST | |
| b | Name of plan sponsor | MEDSPEED LLC | c EIN-PN 36-4279497-001 |
| a | Plan name | MENARD USA EMPLOYEE PROFIT SHARING PLAN | |
| b | Name of plan sponsor | DGIMENARD INC | c EIN-PN 54-2031153-001 |
| a | Plan name | MENLO VENTURES RETIREMENT PLAN | |
| b | Name of plan sponsor | MENLO VENTURES MANAGEMENT, L.P. | c EIN-PN 81-2382086-001 |
| a | Plan name | METAL LATHERS LOCAL 46 PENSION FUND | |
| b | Name of plan sponsor | BOARD OF TRUSTEES OF METAL LATHERS LOCAL 46 PENSION FUND | c EIN-PN 13-6106419-001 |
| a | Plan name | METROPOLITAN PUBLIC DEFENDER RETIREMENT PLAN | |
| b | Name of plan sponsor | METROPOLITAN PUBLIC DEFENDER SERVICES, INC. | c EIN-PN 93-0591637-001 |
| a | Plan name | MEXICHEM FLUOR, INC. 401(K) PLAN | |
| b | Name of plan sponsor | ORBIA ADVANCE CORPORATION | c EIN-PN 27-1785667-001 |
| a | Plan name | MICHAEL LUM, D.D.S., INC. | |
| b | Name of plan sponsor | MICHAEL LUM, D.D.S., INC. | c EIN-PN 20-8449957-001 |
| a | Plan name | MID ATLANTIC WOMENS CARE PLC | |
| b | Name of plan sponsor | MID ATLANTIC WOMENS CARE PLC | c EIN-PN 54-1820401-001 |
| a | Plan name | MID-OHIO FOODBANK SUPPLEMENTAL RETIREMENT PLAN | |
| b | Name of plan sponsor | MID-OHIO FOODBANK | c EIN-PN 31-0865343-001 |
| a | Plan name | MIDWEST ENT 401(K) PROFIT SHARING PLAN | |
| b | Name of plan sponsor | OTOLARYNGOLOGY & HEAD AND NECK SURGERY, P.A. | c EIN-PN 41-0854211-004 |
| a | Plan name | MIDWESTERN AUTO GROUP 401(K) PROFIT SHARING PLAN | |
| b | Name of plan sponsor | BRENTLINGER ENTERPRISES | c EIN-PN 31-1336530-001 |
| a | Plan name | MILLARD ELECTRIC COMPANY, INC. 401(K) PROFIT SHARING PLAN | |
| b | Name of plan sponsor | MILLARD ELECTRIC COMPANY, INC. | c EIN-PN 47-0494470-001 |

| Part II | Information on Participating Plans (to be completed by DFEs, other than DCGs) | |
|--|--|--------------------------------|
| (Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.) | | |
| a | Plan name MILLER EQUIPMENT COMPANY, INC. 401(K) PLAN | |
| b | Name of plan sponsor MILLER EQUIPMENT COMPANY | c EIN-PN 20-0017568-001 |
| a | Plan name MILLS SUPPLY COMPANY 401(K) SAVINGS PLAN | |
| b | Name of plan sponsor MILLS SUPPLY COMPANY INC. | c EIN-PN 61-1197937-002 |
| a | Plan name MIRANDA CONSTRUCTION LLC 401(K) PLAN | |
| b | Name of plan sponsor MIRANDA CONSTRUCTION, LLC | c EIN-PN 81-1195345-001 |
| a | Plan name MISSION CLOUD SERVICES, INC. 401(K) PLAN | |
| b | Name of plan sponsor MISSION CLOUD SERVICES, INC. | c EIN-PN 82-3413386-001 |
| a | Plan name MITSUBISHI CHEMICAL AMERICA EMPLOYEES' SAVINGS PLAN | |
| b | Name of plan sponsor MITSUBISHI CHEMICAL AMERICA, INC | c EIN-PN 52-2196843-003 |
| a | Plan name MIXON SEED SERVICE, INC. 401(K) PLAN | |
| b | Name of plan sponsor MIXON SEED SERVICE, INC. | c EIN-PN 84-3210066-001 |
| a | Plan name MLP STEEL, LLC RETIREMENT SAVINGS PLAN | |
| b | Name of plan sponsor MLP STEEL, LLC | c EIN-PN 45-0583713-001 |
| a | Plan name MNA 401(K) PROFIT SHARING PLAN | |
| b | Name of plan sponsor MEMORIAL NEUROLOGICAL ASSOCIATION | c EIN-PN 74-1824287-003 |
| a | Plan name MONTGOMERY MOTORS, LIMITED 401(K) PLAN | |
| b | Name of plan sponsor MONTGOMERY MOTORS, LIMITED | c EIN-PN 99-0078643-001 |
| a | Plan name MORRISETTE PACKAGING, INC. PROFIT SHARING PLAN | |
| b | Name of plan sponsor MORRISETTE PACKAGING, INC. | c EIN-PN 56-0770162-001 |
| a | Plan name MOUNT OLIVE PICKLE COMPANY, INC. PROFIT SHARING AND SAVINGS PLAN | |
| b | Name of plan sponsor MOUNT OLIVE PICKLE CO., INC. PS AND SAV PLAN | c EIN-PN 56-0331940-001 |
| a | Plan name MOUNTAIN VALLEY CHILD AND FAMILY SERVICES, INC. PROFIT SHARING AND 401(K) PLAN | |
| b | Name of plan sponsor MOUNTAIN VALLEY CHILD AND FAMILY SERVICES, INC. | c EIN-PN 94-2742653-001 |

| Part II | Information on Participating Plans (to be completed by DFEs, other than DCGs) | |
|----------|--|--------------------------------|
| | (Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.) | |
| a | Plan name MP GLOBAL PRODUCTS, LLC 401(K) PLAN | |
| b | Name of plan sponsor MP GLOBAL PRODUCTS LLC | c EIN-PN 91-1838266-001 |
| a | Plan name MTC US CORP. 401(K) PLAN | |
| b | Name of plan sponsor MTC US CORP. | c EIN-PN 26-1314191-001 |
| a | Plan name MURRAY'S CO., INC. 401(K) PLAN | |
| b | Name of plan sponsor MURRAY'S CO. INC. | c EIN-PN 41-0430545-002 |
| a | Plan name MUSKA LIGHTING RETIREMENT PLAN | |
| b | Name of plan sponsor ANCEL RAN INC. DBA MUSKA LIGHTING | c EIN-PN 83-0386715-001 |
| a | Plan name NATIONAL ASSOCIATION OF COLLEGIATE DIRECTORS OF ATHLETICS 401(K) PLAN | |
| b | Name of plan sponsor NATIONAL ASSOCIATION OF COLLEGIATE DIRECTORS OF ATHLETICS | c EIN-PN 41-0906322-002 |
| a | Plan name NATIONAL YOUTH ADVOCATE PROGRAM 401(K) SAFE HARBOR PLAN | |
| b | Name of plan sponsor NATIONAL YOUTH ADVOCATE PROGRAM | c EIN-PN 31-1404302-001 |
| a | Plan name NBA HOLDINGS, INC. 401(K) PLAN | |
| b | Name of plan sponsor NBA HOLDINGS, INC. | c EIN-PN 83-3824797-001 |
| a | Plan name NEW DUDS, INC. 401(K) PLAN | |
| b | Name of plan sponsor NEW DUDS INC. | c EIN-PN 27-3618434-001 |
| a | Plan name NEW VENTURE FUND 401(K) PROFIT SHARING PLAN | |
| b | Name of plan sponsor NEW VENTURE FUND | c EIN-PN 20-5806345-001 |
| a | Plan name NEW WATERLOO 401(K) PLAN | |
| b | Name of plan sponsor 6H MANAGEMENT LLC | c EIN-PN 30-0913137-001 |
| a | Plan name NEWBRIDGE RETIREMENT SAVINGS PLAN | |
| b | Name of plan sponsor CLEVELAND CENTER FOR ARTS AND TECHNOLOGY DBA NEWBRIDGE CLEVELAND | c EIN-PN 27-1193704-001 |
| a | Plan name NFP CORP 401K PLAN | |
| b | Name of plan sponsor NFP CORP | c EIN-PN 13-4029115-001 |

| Part II | | Information on Participating Plans (to be completed by DFEs, other than DCGs) | |
|--|----------------------|--|--------------------------------|
| (Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.) | | | |
| a | Plan name | NIKE COMMUNICATIONS, INC. | |
| b | Name of plan sponsor | SHANEEZA BALGOBIN | c EIN-PN 13-3221559-003 |
| a | Plan name | NKT, INC. 401(K) PLAN | |
| b | Name of plan sponsor | NKT INC. | c EIN-PN 82-1765111-002 |
| a | Plan name | NOMI HEALTH 401(K) PLAN | |
| b | Name of plan sponsor | NOMI HEALTH, INC. | c EIN-PN 84-1905194-001 |
| a | Plan name | NORTH AMERICAN CLIENT SERVICES, INC. 401(K) PLAN | |
| b | Name of plan sponsor | NORTH AMERICAN CLIENT SERVICES, INC. | c EIN-PN 88-0252963-001 |
| a | Plan name | NORTHGATE TECHNOLOGIES, INC. & MONAGHAN MEDICAL CORP. EMPLOYEE'S RETIREMENT & SAVINGS PLAN | |
| b | Name of plan sponsor | MONAGHAN MEDICAL CORP. | c EIN-PN 14-1552699-001 |
| a | Plan name | ONIX NETWORKING 401(K) PLAN | |
| b | Name of plan sponsor | ONIX NETWORKING CORP. | c EIN-PN 34-1729033-001 |
| a | Plan name | ONNI GROUP USA 401(K) PLAN | |
| b | Name of plan sponsor | ONNI PROPERTIES, LLC. | c EIN-PN 45-2393763-001 |
| a | Plan name | ORTHOREHAB SPECIALISTS, INC. 401(K) PROFIT SHARING PLAN | |
| b | Name of plan sponsor | ORTHOREHAB SPECIALISTS, INC. | c EIN-PN 41-1918178-001 |
| a | Plan name | PACIFIC SERVICE CREDIT UNION 401(K) PLAN | |
| b | Name of plan sponsor | PACIFIC SERVICE CREDIT UNION | c EIN-PN 94-6061277-001 |
| a | Plan name | PDG 401(K) PLAN | |
| b | Name of plan sponsor | PROCESS DISTRIBUTION GROUP | c EIN-PN 71-1043927-006 |
| a | Plan name | PEG CONTRACTING, INC. 401(K) PLAN | |
| b | Name of plan sponsor | PEG CONTRACTING, INC. | c EIN-PN 27-2525190-001 |
| a | Plan name | PENNENERGY RESOURCES, LLC 401(K) PLAN | |
| b | Name of plan sponsor | PENNENERGY RESOURCES, LLC | c EIN-PN 45-2673440-002 |

| Part II | Information on Participating Plans (to be completed by DFEs, other than DCGs) | |
|----------|--|--------------------------------|
| | (Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.) | |
| a | Plan name PENSION FUND OF HEAT AND FROST INSULATORS LOCAL 12 | |
| b | Name of plan sponsor BOARD OF TRUSTEES PENSION FUND OF HEAT AND FROST INSULATORS LOCAL 12 | c EIN-PN 51-6045262-002 |
| a | Plan name PENSION PLAN PRIVATE SANITATION UNION LOCAL 813 IBT | |
| b | Name of plan sponsor BOARD OF TRUSTEES OF PENSION FUND PRIVATE SANITATION UNION LOCAL 813 I | c EIN-PN 13-1975659-001 |
| a | Plan name PEOPLES SERVICES INC. 401(K) RETIREMENT PLAN | |
| b | Name of plan sponsor PEOPLES SERVICES INC | c EIN-PN 34-1692443-002 |
| a | Plan name PEW SAVINGS PLAN | |
| b | Name of plan sponsor PEW | c EIN-PN 23-1512117-001 |
| a | Plan name PILLAR RETIREMENT SAVINGS PLAN | |
| b | Name of plan sponsor APPLE PATCH COMMUNITY, INC. (DBA PILLAR) | c EIN-PN 61-1159539-001 |
| a | Plan name PINEGROVE VENTURES 401(K) PLAN | |
| b | Name of plan sponsor SVB CAPITAL MANAGEMENT LLC | c EIN-PN 92-3286102-001 |
| a | Plan name PLANET PARTNERSHIP LLC 401(K) PLAN | |
| b | Name of plan sponsor PLANET PARTNERSHIP LLC | c EIN-PN 86-1764141-001 |
| a | Plan name PLASTERERS & CEMENT MASONS LOCAL 40 PENSION FUND | |
| b | Name of plan sponsor PLASTERERS & CEMENT MASON LOCAL 40 PENSION FUND | c EIN-PN 51-6098177-001 |
| a | Plan name PMC GAGE 401(K) PLAN AND TRUST | |
| b | Name of plan sponsor PMC GAGE, INC. | c EIN-PN 34-1889157-001 |
| a | Plan name POLARIS INC. EMPLOYEE STOCK OWNERSHIP PLAN | |
| b | Name of plan sponsor POLARIS INC. | c EIN-PN 41-1790959-002 |
| a | Plan name PORTLAND BOLT & MANUFACTURING CO. EMPLOYEE SAVINGS PLAN | |
| b | Name of plan sponsor PORTLAND BOLT AND MANUFACTURING LLC | c EIN-PN 93-1129217-001 |
| a | Plan name PRN HEALTH SERVICE INC. 401K PLAN | |
| b | Name of plan sponsor PRN HEALTH SERVICE INC | c EIN-PN 25-1361710-001 |

| Part II Information on Participating Plans (to be completed by DFEs, other than DCGs) | | |
|--|----------------------|--|
| (Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.) | | |
| a | Plan name | PRODUCERS RETIREMENT PLAN TRUST |
| b | Name of plan sponsor | FARMERS COOPERATIVE COMPRESS |
| c | EIN-PN | 75-0752710-001 |
| a | Plan name | PRODUCT HUNT 401(K) |
| b | Name of plan sponsor | PRODUCT HUNT INC. |
| c | EIN-PN | 46-5540176-001 |
| a | Plan name | PRUDENTIAL HEATING & AIR CONDITIONING CO., INC. 401(K) PROFIT SHARING PLAN |
| b | Name of plan sponsor | PRUDENTIAL HEATING & AIR CONDITIONING CO., INC. |
| c | EIN-PN | 61-0415278-001 |
| a | Plan name | PTC 401K SAVINGS PLAN |
| b | Name of plan sponsor | PTC INC |
| c | EIN-PN | 04-2866152-001 |
| a | Plan name | PURVIS SYSTEMS, INC. RETIREMENT PLAN |
| b | Name of plan sponsor | PURVIS SYSTEMS, INC. |
| c | EIN-PN | 11-2299301-002 |
| a | Plan name | R.D. PINAULT 401(K) PROFIT SHARING PLAN |
| b | Name of plan sponsor | R.D. PINAULT CO., INC. |
| c | EIN-PN | 33-0645294-002 |
| a | Plan name | RADON MEDICAL IMAGING LLC 401K PLAN |
| b | Name of plan sponsor | RADON MEDICAL IMAGING LLC |
| c | EIN-PN | 56-2143971-001 |
| a | Plan name | REED BEHAVIORAL HEALTH RETIREMENT PLAN |
| b | Name of plan sponsor | REED BEHAVIORAL HEALTH |
| c | EIN-PN | 84-4578754-001 |
| a | Plan name | RELISHIQ INC 401K PROFIT SHARING PLAN |
| b | Name of plan sponsor | RELISH IQ |
| c | EIN-PN | 85-4099959-001 |
| a | Plan name | RETINA ASSOCIATES OF ORANGE COUNTY 401(K) PLAN |
| b | Name of plan sponsor | RETINA ASSOCIATES OF ORANGE COUNTY |
| c | EIN-PN | 51-0665933-001 |
| a | Plan name | RETIREMENT PLAN ADVISORY GROUP RETIREMENT SAVINGS PLAN |
| b | Name of plan sponsor | RETIREMENT PLAN ADVISORY GROUP |
| c | EIN-PN | 26-0341714-001 |
| a | Plan name | RETIREMENT PLAN FOR EMPLOYEES OF NORTHWESTERN WISC ELEC CO., DAHLBERG LIGHT & POWER CO., NORTH CENTRAL POWER CO., INC. |
| b | Name of plan sponsor | NORTHWESTERN WISC ELECTRIC CO. |
| c | EIN-PN | 39-0509928-001 |

| Part II | Information on Participating Plans (to be completed by DFEs, other than DCGs) | |
|--|--|--------------------------------|
| (Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.) | | |
| a | Plan name RETIREMENT SYSTEM OF BURLINGTON INDUSTRIES LLC AND AFFILIATED COMPANIES | |
| b | Name of plan sponsor ELEVATE TEXTILES, INC. | c EIN-PN 33-0596831-001 |
| a | Plan name REVMAN INTERNATIONAL, INC. | |
| b | Name of plan sponsor JULIE COATES | c EIN-PN 13-3476655-003 |
| a | Plan name RHODE ISLAND BLACK BUSINESS ASSOCIATION 401(K) PLAN | |
| b | Name of plan sponsor RHODE ISLAND BLACK BUSINESS ASSOCIATION (RIBBA) | c EIN-PN 45-1454867-001 |
| a | Plan name RICHMOND FARM, L.P. 401(K) PLAN | |
| b | Name of plan sponsor RICHMOND FARM, L.P. | c EIN-PN 25-1780943-001 |
| a | Plan name RICHMOND UNIVERSITY MEDICAL CENTER RETIREMENT PLAN FOR NON-UNION EMPLOYEES | |
| b | Name of plan sponsor RICHMOND UNIVERSITY MEDICAL CENTER | c EIN-PN 74-3177454-001 |
| a | Plan name ROBBLEE DETWILER PLLP RETIREMENT & 401(K) PLAN | |
| b | Name of plan sponsor ROBBLEE DETWILER PLLP | c EIN-PN 91-1534732-001 |
| a | Plan name ROHRICH AUTOMOTIVE GROUP 401(K) PROFIT SHARING PLAN | |
| b | Name of plan sponsor ROHRICH AUTOMOTIVE GROUP | c EIN-PN 25-0921544-001 |
| a | Plan name ROTAREX NORTH AMERICA, INC. 401(K) PROFIT SHARING PLAN | |
| b | Name of plan sponsor ROTAREX NORTH AMERICA, INC. | c EIN-PN 25-1693512-001 |
| a | Plan name ROTECH HEALTHCARE INC. 401K SAVINGS PLAN | |
| b | Name of plan sponsor ROTECH HEALTHCARE INC. | c EIN-PN 03-0408870-001 |
| a | Plan name RUDA OPTICAL INC. RETIREMENT PLAN | |
| b | Name of plan sponsor RUDA OPTICAL INC. | c EIN-PN 86-0990665-001 |
| a | Plan name RUSCOE 401(K) PLAN | |
| b | Name of plan sponsor TRC BUYER CO. | c EIN-PN 85-2177394-001 |
| a | Plan name RYBURN MOTOR COMPANY, INC. 401(K) PLAN | |
| b | Name of plan sponsor RYBURN MOTOR COMPANY, INC. | c EIN-PN 71-0667793-001 |

| Part II | | Information on Participating Plans (to be completed by DFEs, other than DCGs) | |
|--|----------------------|--|--------------------------------|
| (Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.) | | | |
| a | Plan name | SALARIED EMPLOYEES PENSION PLAN OF TOLEDO TECHNOLOGIES, INC. | |
| b | Name of plan sponsor | GT TECHNOLOGIES INC. | c EIN-PN 34-1526359-112 |
| a | Plan name | SALESFUEL, INC. 401(K) PROFIT SHARING PLAN | |
| b | Name of plan sponsor | SALESFUEL, INC. | c EIN-PN 31-1632080-001 |
| a | Plan name | SALZMAN INTERNATIONAL PROFIT SHARING PLAN | |
| b | Name of plan sponsor | SALZMAN INTERNATIONAL, INC. | c EIN-PN 42-1429738-003 |
| a | Plan name | SAXCO INTERNATIONAL, LLC SAVINGS AND INVESTMENT PLAN | |
| b | Name of plan sponsor | SAXCO INTERNATIONAL, LLC | c EIN-PN 27-3989735-002 |
| a | Plan name | SBA 401(K) PLAN | |
| b | Name of plan sponsor | SCHOELLER BLECKMANN AMERICA, INC. | c EIN-PN 51-0332482-001 |
| a | Plan name | SCENT PROFIT SHARING 401(K) PLAN | |
| b | Name of plan sponsor | YOSHPE AND WILLNER MDS A CALIFORNIA GENERAL PARTNERSHIP | c EIN-PN 52-2237905-001 |
| a | Plan name | SCHNEIDER DOWNS RETIREMENT SAVINGS PLAN | |
| b | Name of plan sponsor | SCHNEIDER DOWNS & CO., INC. | c EIN-PN 25-1408703-001 |
| a | Plan name | SEASONS EVOO HOLDINGS LLC RETIREMENT SAVINGS PLAN 401(K) | |
| b | Name of plan sponsor | SEASONS EVOO HOLDINGS, LLC | c EIN-PN 47-1946111-001 |
| a | Plan name | SEAVIEW ORTHOPAEDICS 401K PLAN | |
| b | Name of plan sponsor | SEAVIEW ORTHOPAEDICS AND MEDICAL ASSOC | c EIN-PN 22-2398304-003 |
| a | Plan name | SENTINEL CONSTRUCTION 401(K) PLAN | |
| b | Name of plan sponsor | SENTINEL CONSTRUCTION, LLC | c EIN-PN 81-1136539-001 |
| a | Plan name | SERVICE IDEAS, INC. 401(K) PLAN | |
| b | Name of plan sponsor | SERVICE IDEAS, INC. | c EIN-PN 41-0686037-001 |
| a | Plan name | SHAFFER'S AUTO BODY, INC. 401(K) PLAN | |
| b | Name of plan sponsor | SHAFFERS AUTO BODY COMPANY, INC. | c EIN-PN 42-1128616-001 |

| Part II | Information on Participating Plans (to be completed by DFEs, other than DCGs) | |
|--|---|--------------------------------|
| (Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.) | | |
| a | Plan name SHUSTER'S EMPLOYEES' PROFIT SHARING AND 401(K) PLAN | |
| b | Name of plan sponsor SHUSTERS BUILDERS SUPPLIES, INC. | c EIN-PN 25-1087252-001 |
| a | Plan name SIETE FAMILY FOODS 401(K) RETIREMENT PLAN | |
| b | Name of plan sponsor SIETE FAMILY FOODS | c EIN-PN 46-5012862-001 |
| a | Plan name SIX FOOT HOLDINGS, LLC 401(K) RETIREMENT PLAN | |
| b | Name of plan sponsor SIX FOOT HOLDINGS, LLC | c EIN-PN 82-4580636-001 |
| a | Plan name SLAY ENGINEERING COMPANY, INC. 401(K) PLAN | |
| b | Name of plan sponsor SLAY ENGINEERING COMPANY, INC. | c EIN-PN 74-2289557-001 |
| a | Plan name SOLHEM COMPANIES RETIREMENT PLAN | |
| b | Name of plan sponsor SOLHEM, LLC | c EIN-PN 26-4605514-001 |
| a | Plan name SOLID-EMPLOYEES LLC RETIREMENT PLAN | |
| b | Name of plan sponsor SOLID-EMPLOYEES LLC | c EIN-PN 27-0688091-001 |
| a | Plan name SOLVAIRE TECHNOLOGIES, LP PROFIT SHARING 401(K) PLAN I | |
| b | Name of plan sponsor SOLVAIRE TECHNOLOGIES, LP | c EIN-PN 25-1891228-001 |
| a | Plan name SOMOS MAYFAIR, INC. 401(K) PROFIT SHARING PLAN | |
| b | Name of plan sponsor SOMOS MAYFAIR INC. | c EIN-PN 77-0499813-001 |
| a | Plan name SPECIALTYCARE 401(K) PLAN | |
| b | Name of plan sponsor SPECIALTYCARE, INC. | c EIN-PN 20-8825842-001 |
| a | Plan name SPENCER CONSTRUCTION 401(K) PLAN | |
| b | Name of plan sponsor SPENCER CONSTRUCTION, LLC | c EIN-PN 82-4089972-001 |
| a | Plan name SPOKANE HARDWARE SUPPLY, INC. PROFIT SHARING PLAN | |
| b | Name of plan sponsor SPOKANE HARDWARE SUPPLY, INC. | c EIN-PN 91-0504871-003 |
| a | Plan name SQUARE CARE MEDICAL GROUP, LLP 401(K) PLAN | |
| b | Name of plan sponsor SQUARE CARE MEDICAL GROUP, LLP | c EIN-PN 20-2652680-001 |

| Part II | Information on Participating Plans (to be completed by DFEs, other than DCGs) | |
|--|---|--------------------------------|
| (Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.) | | |
| a | Plan name STANCIL PC 401(K) PROFIT SHARING PLAN | |
| b | Name of plan sponsor STANCIL PC | c EIN-PN 56-1131459-001 |
| a | Plan name STEAMFITTERS LOCAL UNION NO. 420 SRP | |
| b | Name of plan sponsor BD OF TEES OF STEAMFITTERS LU NO 420 SRP | c EIN-PN 23-2495379-002 |
| a | Plan name STEPHEN HOVANCSEK & ASSOCIATES, INC. 401(K) PROFIT SHARING PLAN | |
| b | Name of plan sponsor STEPHEN HOVANCSEK & ASSOCIATES INC. | c EIN-PN 34-1341235-001 |
| a | Plan name STORM WATER PIPE SOLUTIONS | |
| b | Name of plan sponsor STORM WATER PIPE SOLUTIONS LLC | c EIN-PN 47-4840486-002 |
| a | Plan name STORM WATER PIPE SOLUTIONS LLC 401(K) PLAN | |
| b | Name of plan sponsor STORM WATER PIPE SOLUTIONS LLC | c EIN-PN 47-4840486-001 |
| a | Plan name STRAVOS EDUCATION, LLC 401(K) PLAN | |
| b | Name of plan sponsor STRAVOS EDUCATION, LLC | c EIN-PN 87-3558636-002 |
| a | Plan name STYLE 2000, INC. 401(K) PROFIT SHARING PLAN | |
| b | Name of plan sponsor STYLE 2000, INC. | c EIN-PN 41-1405828-001 |
| a | Plan name SUBURBAN WHOLESALERS ASSOCIATION PENSION PLAN | |
| b | Name of plan sponsor TRUSTEE OF SUBURBAN WHOLESALERS ASSOCIATION PENSION PLAN | c EIN-PN 22-1972903-001 |
| a | Plan name SWAN GLOBAL HOLDINGS - US, LLC 401(K) PLAN | |
| b | Name of plan sponsor SWAN GLOBAL HOLDINGS - US, LLC | c EIN-PN 47-2545351-001 |
| a | Plan name SWEET VIRGINIA CARE, LLC | |
| b | Name of plan sponsor SWEET VIRGINIA CARE, LLC | c EIN-PN 47-5548875-001 |
| a | Plan name SYNDIGO 401(K) PLAN | |
| b | Name of plan sponsor SYNDIGO LLC | c EIN-PN 20-3328053-001 |
| a | Plan name SZANCA SOLUTIONS 401(K) PROFIT SHARING PLAN | |
| b | Name of plan sponsor SZANCA SOLUTIONS, INC. | c EIN-PN 52-2447092-001 |

| Part II Information on Participating Plans (to be completed by DFEs, other than DCGs) | | |
|---|----------------------|--|
| <small>(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)</small> | | |
| a | Plan name | TALERICO GROUP LLC 401K PLAN |
| b | Name of plan sponsor | TALERICO GROUP LLC |
| c | EIN-PN | 27-4497493-001 |
| a | Plan name | TEXAS NATIONAL BANK 401(K) PROFIT SHARING PLAN |
| b | Name of plan sponsor | TEXAS NATIONAL BANK |
| c | EIN-PN | 75-2574061-001 |
| a | Plan name | THE 401K PLAN PEP |
| b | Name of plan sponsor | PENTEGRA SERVICES INC |
| c | EIN-PN | 13-3745616-006 |
| a | Plan name | THE BAILEY COMPANY 401(K) PLAN |
| b | Name of plan sponsor | THE BAILEY COMPANY, INC. |
| c | EIN-PN | 62-0509807-002 |
| a | Plan name | THE BUCKEYE RANCH 401(K) PLAN |
| b | Name of plan sponsor | THE BUCKEYE RANCH |
| c | EIN-PN | 31-0642111-002 |
| a | Plan name | THE CLEVELAND MUSEUM OF ART PENSION PLAN |
| b | Name of plan sponsor | THE CLEVELAND MUSEUM OF ART |
| c | EIN-PN | 34-0714336-001 |
| a | Plan name | THE FAMILY 401(K) PLAN |
| b | Name of plan sponsor | DENCO FAMILY, INC. |
| c | EIN-PN | 46-1731629-002 |
| a | Plan name | THE LAWRENCE COMMUNITY MANAGEMENT GROUP, INC. 401(K) RETIREMENT PLAN |
| b | Name of plan sponsor | THE LAWRENCE COMMUNITY MANAGEMENT GROUP, INC. |
| c | EIN-PN | 31-1504597-001 |
| a | Plan name | THE LEWER AGENCY 401(K) PROFIT SHARING PLAN |
| b | Name of plan sponsor | THE LEWER AGENCY 401(K) PROFIT SHARING PLAN |
| c | EIN-PN | 44-0666212-001 |
| a | Plan name | THE LUTHERAN ALL FAITHS CEMETERY 401(K) PLAN |
| b | Name of plan sponsor | THE LUTHERAN ALL FAITHS CEMETERY |
| c | EIN-PN | 11-1028670-003 |
| a | Plan name | THE MILLS GROUP EMPLOYEE RETIREMENT SAVINGS PLAN |
| b | Name of plan sponsor | THE MILLS GROUP |
| c | EIN-PN | 42-1574355-001 |
| a | Plan name | THE PARKER POE ADAMS & BERNSTEIN LLP 401(K) PROFIT SHARING PLAN |
| b | Name of plan sponsor | PARKER POE ADAMS & BERNSTEIN LLP |
| c | EIN-PN | 56-0928467-001 |

| Part II | Information on Participating Plans (to be completed by DFEs, other than DCGs) | |
|----------|--|--------------------------------|
| | (Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.) | |
| a | Plan name THE PEOPLES BANK OF BROWNSTOWN EMPLOYEES 401(K) PROFIT SHARING PLAN | |
| b | Name of plan sponsor THE PEOPLES BANK | c EIN-PN 35-0201080-002 |
| a | Plan name THE PYRO-COMM SYSTEMS RETIREMENT SAVINGS PLAN | |
| b | Name of plan sponsor PYRO-COMM SYSTEMS, INC. | c EIN-PN 33-0429397-001 |
| a | Plan name THE REMEDY RETIREMENT PLAN | |
| b | Name of plan sponsor THE REMEDY | c EIN-PN 26-0654430-001 |
| a | Plan name THE SYNERGY COMPANY OF UTAH RETIREMENT PLAN | |
| b | Name of plan sponsor THE SYNERGY COMPANY OF UTAH, LLC | c EIN-PN 87-0497272-001 |
| a | Plan name THE TSG PEP | |
| b | Name of plan sponsor PENTEGRA SERVICES, INC. | c EIN-PN 13-3745616-014 |
| a | Plan name THE WIDEWATERS GROUP INC. RETIREMENT | |
| b | Name of plan sponsor THE WIDEWATERS GROUP INC | c EIN-PN 16-1239842-001 |
| a | Plan name TIARA AUTOMOTIVE, LLC 401(K) PLAN | |
| b | Name of plan sponsor TIARA AUTOMOTIVE, LLC | c EIN-PN 47-5267057-001 |
| a | Plan name TISCHLER UND SOHN (USA), LTD. | |
| b | Name of plan sponsor LOUIS SILANO | c EIN-PN 06-1118797-003 |
| a | Plan name TOLEDO TECHNOLOGIES HOURLY PENSION PLAN | |
| b | Name of plan sponsor GT TECHNOLOGIES INC. | c EIN-PN 34-1526359-110 |
| a | Plan name TRI PROPERTIES, INC. 401(K) PROFIT SHARING PLAN | |
| b | Name of plan sponsor TRI PROPERTIES, INC. | c EIN-PN 58-1919208-001 |
| a | Plan name TRIO SUPPLY CHAIN SOLUTIONS LLC 401(K) PROFIT SHARING PLAN AND TRUST | |
| b | Name of plan sponsor TRIO SUPPLY CHAIN SOLUTIONS, LLC | c EIN-PN 46-1741870-001 |
| a | Plan name TRM & RT EMPLOYEES' RETIREMENT PLAN | |
| b | Name of plan sponsor THREE RIVERS MARINE RAIL TERMINALS LLC | c EIN-PN 23-2908008-001 |

| Part II | Information on Participating Plans (to be completed by DFEs, other than DCGs) | |
|----------|--|--|
| | (Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.) | |
| a | Plan name | TUGGLE DUGGINS PA EMPLOYEES' 401K |
| b | Name of plan sponsor | TUGGLE DUGGINS PA |
| c | EIN-PN | 56-1079724-003 |
| a | Plan name | U.S.A. DUTCH INC. 401(K) PROFIT SHARING PLAN AND TRUST |
| b | Name of plan sponsor | U.S.A. DUTCH, INC. |
| c | EIN-PN | 56-1665987-001 |
| a | Plan name | UBG 401(K) - AG PARTNERS |
| b | Name of plan sponsor | AG PARTNERS COOPERATIVE INC |
| c | EIN-PN | 48-0612412-002 |
| a | Plan name | UBG 401(K) - AG PLUS COOPERATIVE |
| b | Name of plan sponsor | AG PLUS COOPERATIVE |
| c | EIN-PN | 41-0251170-002 |
| a | Plan name | UBG 401(K) - AG VALLEY COOP |
| b | Name of plan sponsor | AG VALLEY COOPERATIVE NON STOCK |
| c | EIN-PN | 47-0404632-030 |
| a | Plan name | UBG 401(K) - AGSTATE |
| b | Name of plan sponsor | AGSTATE |
| c | EIN-PN | 42-0243900-030 |
| a | Plan name | UBG 401(K) - AGSTATE SH MATCH |
| b | Name of plan sponsor | AGSTATE |
| c | EIN-PN | 42-0243900-040 |
| a | Plan name | UBG 401(K) - AGTEGRA |
| b | Name of plan sponsor | AGTEGRA COOPERATIVE |
| c | EIN-PN | 46-0191930-002 |
| a | Plan name | UBG 401(K) - ALLIANCE AG & GRAIN |
| b | Name of plan sponsor | ALLIANCE AG & GRAIN LLC |
| c | EIN-PN | 47-5469106-002 |
| a | Plan name | UBG 401(K) - ANTHONY CO-OP |
| b | Name of plan sponsor | ANTHONY FARMERS COOPERATIVE ELEVATOR COMPANY |
| c | EIN-PN | 48-0122780-002 |
| a | Plan name | UBG 401(K) - ASTRA ENERGY |
| b | Name of plan sponsor | ASTRA ENERGY SOLUTIONS |
| c | EIN-PN | 46-4083437-030 |
| a | Plan name | UBG 401(K) - ATC |
| b | Name of plan sponsor | AGRI TRAILS COOP, INC. |
| c | EIN-PN | 47-5603846-005 |

| Part II Information on Participating Plans (to be completed by DFEs, other than DCGs) | | |
|--|--------------------------------------|--------------------------------|
| (Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.) | | |
| a Plan name | UBG 401(K) - BARTLETT CO-OP | |
| b Name of plan sponsor | BARTLETT CO-OP ASSN | c EIN-PN 48-0538481-002 |
| a Plan name | UBG 401(K) - CPC STERLING | |
| b Name of plan sponsor | CENTRAL PRAIRIE COOP | c EIN-PN 48-0214460-002 |
| a Plan name | UBG 401(K) - CPI | |
| b Name of plan sponsor | COOPERATIVE PRODUCERS, INC | c EIN-PN 47-0206858-002 |
| a Plan name | UBG 401(K) - DAKOTALAND FEEDS | |
| b Name of plan sponsor | DAKOTALAND FEEDS LLC | c EIN-PN 46-0457628-002 |
| a Plan name | UBG 401(K) - EQUITY EXCHANGE | |
| b Name of plan sponsor | PERRYTON EQUITY EXCHANGE | c EIN-PN 75-0491660-002 |
| a Plan name | UBG 401(K) - FARMERS COOPERATIVE | |
| b Name of plan sponsor | FARMERS COOPERATIVE | c EIN-PN 47-0155629-002 |
| a Plan name | UBG 401(K) - FCA | |
| b Name of plan sponsor | FARMERS COOPERATIVE ASSN | c EIN-PN 48-0548704-002 |
| a Plan name | UBG 401(K) - FRONTIER AG | |
| b Name of plan sponsor | FRONTIER AG, INC. | c EIN-PN 20-8325734-002 |
| a Plan name | UBG 401(K) - FRONTIER COOPERATIVE | |
| b Name of plan sponsor | FRONTIER COOPERATIVE COMPANY | c EIN-PN 47-0156130-030 |
| a Plan name | UBG 401(K) - GARDEN CITY | |
| b Name of plan sponsor | GARDEN CITY CO-OP INC | c EIN-PN 48-0231740-002 |
| a Plan name | UBG 401(K) - HUMPHREYS COOP | |
| b Name of plan sponsor | FARMERS UNION COOPERATIVE GIN | c EIN-PN 73-0620822-002 |
| a Plan name | UBG 401(K) - IMPERIAL | |
| b Name of plan sponsor | FRENCHMAN VALLEY FARMERS COOPERATIVE | c EIN-PN 47-0522190-002 |

| Part II Information on Participating Plans (to be completed by DFEs, other than DCGs) | | |
|--|---|--------------------------------|
| (Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.) | | |
| a Plan name | UBG 401(K) - KEY COOP | |
| b Name of plan sponsor | KEY COOPERATIVE | c EIN-PN 42-0242395-030 |
| a Plan name | UBG 401(K) - MKC | |
| b Name of plan sponsor | MID-KANSAS COOPERATIVE ASSOCIATION | c EIN-PN 48-0695087-003 |
| a Plan name | UBG 401(K) - NRRRA | |
| b Name of plan sponsor | NEBRASKA RURAL RADIO ASSOCIATION | c EIN-PN 47-0364672-002 |
| a Plan name | UBG 401(K) - SERVICE & SUPPLY CO-OP | |
| b Name of plan sponsor | SERVICE & SUPPLY CO-OP | c EIN-PN 43-0832916-002 |
| a Plan name | UBG 401(K) - WESTERN COOPERATIVE | |
| b Name of plan sponsor | WESTERN COOPERATIVE CO | c EIN-PN 47-0344432-002 |
| a Plan name | UBG 401(K)- COUNTRY PARTNERS COOP | |
| b Name of plan sponsor | COUNTRY PARTNERS COOPERATIVE | c EIN-PN 47-0303317-002 |
| a Plan name | UNIFIED CENTER FOR WOMEN'S HEALTH 401(K) RETIREMENT PLAN | |
| b Name of plan sponsor | UNIFIED CENTER FOR WOMENS HEALTH PLLC | c EIN-PN 30-0832785-001 |
| a Plan name | UNIFIED WOMEN'S HEALTHCARE, LLC 401(K) PROFIT SHARING PLAN | |
| b Name of plan sponsor | UNIFIED WOMENS HEALTHCARE, LLC | c EIN-PN 26-3930592-001 |
| a Plan name | UNITED EXCHANGE CORP. 401(K) PROFIT SHARING PLAN | |
| b Name of plan sponsor | UNITED EXCHANGE CORP. | c EIN-PN 33-0574628-001 |
| a Plan name | UNITED UNION OF ROOFERS, WATERPROOFERS & ALLIED WORKERS, LOCAL 154 ANNUITY FUND | |
| b Name of plan sponsor | BOARD OF TRUSTEES LOCAL 154 ANNUITY FUND | c EIN-PN 11-2644048-001 |
| a Plan name | UNITED UNION OF ROOFERS, WATERPROOFERS & ALLIED WORKERS, LOCAL 154 PENSION FUND | |
| b Name of plan sponsor | BOARD OF TRUSTEES LOCAL 154 PENSION FUND | c EIN-PN 11-1982624-001 |
| a Plan name | UNIVERSAL INDUSTRIES EMPLOYEES' PROFIT SHARING AND 401(K) PLAN | |
| b Name of plan sponsor | PGT TRUCKING, INC. | c EIN-PN 25-1338962-002 |

| Part II | | Information on Participating Plans (to be completed by DFEs, other than DCGs) | |
|--|----------------------|--|--------------------------------|
| (Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.) | | | |
| a | Plan name | UNIVERSITY OTOLARYNGOLOGISTS, INC. 401(K) PLAN | |
| b | Name of plan sponsor | UNIVERSITY OTOLARYNGOLOGISTS, INC. | c EIN-PN 31-0682633-001 |
| a | Plan name | UWH OF FLORIDA LLC 401(K) RETIREMENT PLAN | |
| b | Name of plan sponsor | FLORIDA WOMAN CARE, LLC | c EIN-PN 26-0609255-001 |
| a | Plan name | UWH OF MICHIGAN 401K RETIREMENT PLAN | |
| b | Name of plan sponsor | UWH OF MICHIGAN | c EIN-PN 87-4360568-001 |
| a | Plan name | UWH OF TEXAS, PLLC 401(K) RETIREMENT PLAN | |
| b | Name of plan sponsor | UNIFIED WOMENS HEALTHCARE OF TEXAS, PLLC | c EIN-PN 61-1744250-001 |
| a | Plan name | UWH OF THE CAROLINAS, PLLC 401(K) RETIREMENT PLAN | |
| b | Name of plan sponsor | UWH OF THE CAROLINAS, PLLC | c EIN-PN 32-0418835-001 |
| a | Plan name | VANGURA LAMINATED PRODUCTS, INC. PROFIT SHARING PLAN | |
| b | Name of plan sponsor | VANGURA LAMINATED PRODUCTS, INC. | c EIN-PN 25-1347060-001 |
| a | Plan name | VERICAST CORP. 401(K) PLAN | |
| b | Name of plan sponsor | VERICAST CORP. | c EIN-PN 58-0278260-003 |
| a | Plan name | VIALTO PARTNERS US RETIREMENT PLAN | |
| b | Name of plan sponsor | GALAXY US OPCO INC. | c EIN-PN 87-3913943-002 |
| a | Plan name | VIDEOTRONIX INCORPORATED PROFIT | |
| b | Name of plan sponsor | VIDEOTRONIX INCORPORATED | c EIN-PN 41-1381482-001 |
| a | Plan name | VIVOS THERAPEUTICS, INC. 401(K) PLAN | |
| b | Name of plan sponsor | VIVOS THERAPEUTICS, INC. | c EIN-PN 81-3224056-001 |
| a | Plan name | VOGEL RETIREMENT PLAN | |
| b | Name of plan sponsor | VOGEL HOLDING, INC. | c EIN-PN 25-1657389-003 |
| a | Plan name | VULCAN SPRING 401(K) PLAN | |
| b | Name of plan sponsor | VULCAN SPRING & MANUFACTURING COMPANY | c EIN-PN 23-1726315-001 |

| Part II | Information on Participating Plans (to be completed by DFEs, other than DCGs) | |
|----------|--|--------------------------------|
| | (Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.) | |
| a | Plan name WATSON ELECTRICAL 401K PLAN | |
| b | Name of plan sponsor WATSON ELECTRICAL CONSTRUCTION CO LLC | c EIN-PN 61-1440043-001 |
| a | Plan name WENTWOOD COMPANIES 401(K) PLAN | |
| b | Name of plan sponsor WENTWOOD COMPANIES, INC. | c EIN-PN 83-2138839-001 |
| a | Plan name WEST COAST FEED & SEED 401(K) RETIREMENT PLAN | |
| b | Name of plan sponsor WEST COAST FEED & SEED, LLC | c EIN-PN 83-1943947-001 |
| a | Plan name WESTERN FARM BUREAU PENSION PLAN | |
| b | Name of plan sponsor FARM BUREAU MUTUAL INSURANCE COMPANY OF IDAHO ER 09 | c EIN-PN 82-0189910-001 |
| a | Plan name WESTERN FARM BUREAU PENSION PLAN | |
| b | Name of plan sponsor WYOMING FARM BUREAU FEDERATION ER 07 | c EIN-PN 83-0175474-001 |
| a | Plan name WESTERN FARM BUREAU PENSION PLAN | |
| b | Name of plan sponsor MOUNTAIN WEST FARM BUREAU MUTUAL INSURANCE COMPANY ER 08 | c EIN-PN 83-0181634-001 |
| a | Plan name WESTERN FARM BUREAU PENSION PLAN | |
| b | Name of plan sponsor WASHINGTON STATE FARM BUREAU FEDERATION ER 12 | c EIN-PN 91-0462136-001 |
| a | Plan name WESTERN PA BEHAVIORAL HEALTH RETIREMENT PLAN | |
| b | Name of plan sponsor WESTERN PA BEHAVIORAL HEALTH RESOURCES | c EIN-PN 26-4087099-002 |
| a | Plan name WILLIAM M. AERNI, DDS RETIREMENT PLAN | |
| b | Name of plan sponsor WILLIAM M, AERNI, DDS LLC | c EIN-PN 26-3907707-001 |
| a | Plan name WILLIAMSBURG HONDA 401(K) PLAN | |
| b | Name of plan sponsor WILLIAMSBURG HONDA | c EIN-PN 54-1290482-001 |
| a | Plan name WINDWARD FUND 401(K) PLAN | |
| b | Name of plan sponsor WINDWARD FUND | c EIN-PN 47-3522162-001 |
| a | Plan name WINSTON INDUSTRIES, LLC EMPLOYEE INVESTMENT PLAN | |
| b | Name of plan sponsor WINSTON INDUSTRIES, LLC | c EIN-PN 61-0703831-001 |

| | | |
|--|--|--|
| SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small> | Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500. | <small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection |
|--|--|--|

| | |
|--|--|
| For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024 | |
| A Name of plan BLACKROCK MSCI ACWI EX-U.S. INDEX FUND | B Three-digit plan number (PN) ▶ 013 |
| C Plan sponsor's name as shown on line 2a of Form 5500 GREAT GRAY TRUST COMPANY, LLC | D Employer Identification Number (EIN) 81-1950980 |

| | |
|---------------|--------------------------------------|
| Part I | Asset and Liability Statement |
|---------------|--------------------------------------|

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

| | (a) Beginning of Year | (b) End of Year |
|--|-----------------------|-----------------|
| Assets | | |
| a Total noninterest-bearing cash | 1a | |
| b Receivables (less allowance for doubtful accounts): | | |
| (1) Employer contributions | 1b(1) | |
| (2) Participant contributions | 1b(2) | |
| (3) Other | 1b(3) | 865479 |
| | | 562975 |
| c General investments: | | |
| (1) Interest-bearing cash (include money market accounts & certificates of deposit) | 1c(1) | |
| (2) U.S. Government securities | 1c(2) | |
| (3) Corporate debt instruments (other than employer securities): | | |
| (A) Preferred | 1c(3)(A) | |
| (B) All other | 1c(3)(B) | |
| (4) Corporate stocks (other than employer securities): | | |
| (A) Preferred | 1c(4)(A) | |
| (B) Common | 1c(4)(B) | |
| (5) Partnership/joint venture interests | 1c(5) | |
| (6) Real estate (other than employer real property) | 1c(6) | |
| (7) Loans (other than to participants) | 1c(7) | |
| (8) Participant loans | 1c(8) | |
| (9) Value of interest in common/collective trusts | 1c(9) | 516469217 |
| (10) Value of interest in pooled separate accounts | 1c(10) | 612547143 |
| (11) Value of interest in master trust investment accounts | 1c(11) | |
| (12) Value of interest in 103-12 investment entities | 1c(12) | |
| (13) Value of interest in registered investment companies (e.g., mutual funds) | 1c(13) | |
| (14) Value of funds held in insurance company general account (unallocated contracts) | 1c(14) | |
| (15) Other | 1c(15) | |

| 1d Employer-related investments: | | (a) Beginning of Year | (b) End of Year |
|--|--------------|-----------------------|-----------------|
| (1) Employer securities..... | 1d(1) | | |
| (2) Employer real property..... | 1d(2) | | |
| e Buildings and other property used in plan operation..... | 1e | | |
| f Total assets (add all amounts in lines 1a through 1e)..... | 1f | 517334696 | 613110118 |
| Liabilities | | | |
| g Benefit claims payable..... | 1g | | |
| h Operating payables..... | 1h | 0 | 42200 |
| i Acquisition indebtedness..... | 1i | | |
| j Other liabilities..... | 1j | 892761 | 562975 |
| k Total liabilities (add all amounts in lines 1g through 1j)..... | 1k | 892761 | 605175 |
| Net Assets | | | |
| l Net assets (subtract line 1k from line 1f)..... | 1l | 516441935 | 612504943 |

Part II Income and Expense Statement

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

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

| | | (a) Amount | (b) Total |
|---|---------------|------------|-----------|
| (6) Net investment gain (loss) from common/collective trusts | 2b(6) | | 29188201 |
| (7) Net investment gain (loss) from pooled separate accounts | 2b(7) | | |
| (8) Net investment gain (loss) from master trust investment accounts | 2b(8) | | |
| (9) Net investment gain (loss) from 103-12 investment entities | 2b(9) | | |
| (10) Net investment gain (loss) from registered investment companies (e.g., mutual funds) | 2b(10) | | |
| c Other income | 2c | | |
| d Total income. Add all income amounts in column (b) and enter total | 2d | | 29188201 |

Expenses

| | | | |
|---|---------------|--------|--------|
| e Benefit payment and payments to provide benefits: | | | |
| (1) Directly to participants or beneficiaries, including direct rollovers | 2e(1) | | |
| (2) To insurance carriers for the provision of benefits | 2e(2) | | |
| (3) Other | 2e(3) | | |
| (4) Total benefit payments. Add lines 2e(1) through (3) | 2e(4) | | 0 |
| f Corrective distributions (see instructions) | 2f | | |
| g Certain deemed distributions of participant loans (see instructions) | 2g | | |
| h Interest expense | 2h | | |
| i Administrative expenses: | | | |
| (1) Salaries and allowances | 2i(1) | | |
| (2) Contract administrator fees | 2i(2) | | |
| (3) Recordkeeping fees | 2i(3) | | |
| (4) IQPA audit fees | 2i(4) | 28741 | |
| (5) Investment advisory and investment management fees | 2i(5) | 6 | |
| (6) Bank or trust company trustee/custodial fees | 2i(6) | 120571 | |
| (7) Actuarial fees | 2i(7) | | |
| (8) Legal fees | 2i(8) | | |
| (9) Valuation/appraisal fees | 2i(9) | | |
| (10) Other trustee fees and expenses | 2i(10) | | |
| (11) Other expenses | 2i(11) | | |
| (12) Total administrative expenses. Add lines 2i(1) through (11) | 2i(12) | | 149318 |
| j Total expenses. Add all expense amounts in column (b) and enter total | 2j | | 149318 |

Net Income and Reconciliation

| | | | |
|---|--------------|--|-----------|
| k Net income (loss). Subtract line 2j from line 2d | 2k | | 29038883 |
| l Transfers of assets: | | | |
| (1) To this plan | 2l(1) | | 232631007 |
| (2) From this plan | 2l(2) | | 165606882 |

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name:

(2) EIN:

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

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

Part IV Compliance Questions

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

During the plan year:

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

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

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

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

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

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