

Form 5500

Annual Return/Report of Employee Benefit Plan

OMB Nos. 1210-0110 1210-0089

2024

This Form is Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

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

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

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

Part II Basic Plan Information—enter all requested information

1a Name of plan: BLACKROCK RUSSELL 1000 GROWTH INDEX FUND; 1b Three-digit plan number (PN): 012; 1c Effective date of plan; 2a Plan sponsor's name: GREAT GRAY TRUST COMPANY, LLC; 2b Employer Identification Number (EIN): 81-1025041; 2c Plan Sponsor's telephone number: 866-427-6885; 2d Business code

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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<b>SCHEDULE D</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>	<b>DFE/Participating Plan Information</b>  This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).  <b>▶ File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2024</b>  <b>This Form is Open to Public Inspection.</b>
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For calendar plan year 2024 or fiscal plan year beginning <u>01/01/2024</u> and ending <u>12/31/2024</u>	
<b>A</b> Name of plan <u>BLACKROCK RUSSELL 1000 GROWTH INDEX FUND</u>	<b>B</b> Three-digit plan number (PN) <span style="float: right;">▶</span> <u>012</u>
<b>C</b> Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>GREAT GRAY TRUST COMPANY, LLC</u>	<b>D</b> Employer Identification Number (EIN) <u>81-1025041</u>

<b>Part I</b>	<b>Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)</b> (Complete as many entries as needed to report all interests in DFEs)
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<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>RUSSELL 1000 GROWTH FUND F</u>		
<b>b</b> Name of sponsor of entity listed in (a): <u>BLACKROCK INSTITUTIONAL TRUST COMPANY, N.A.</u>		
<b>c</b> EIN-PN <u>94-3330725-001</u>	<b>d</b> Entity code <u>C</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>673764737</u>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
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<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
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<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

**c** EIN-PN

**d** Entity code

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

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

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

**c** EIN-PN

**d** Entity code

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**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.)

<b>a</b> Plan name	4LIFE RESEARCH, LLC 401(K) PLAN	
<b>b</b> Name of plan sponsor	4LIFE RESEARCH, LLC	<b>c</b> EIN-PN 87-0617986-001
<b>a</b> Plan name	501 COMMONS 401(K) PLAN	
<b>b</b> Name of plan sponsor	501 COMMONS	<b>c</b> EIN-PN 94-3089631-001
<b>a</b> Plan name	501 SALON 401(K) PLAN	
<b>b</b> Name of plan sponsor	501 SALON & SPA, LLC	<b>c</b> EIN-PN 27-4811879-001
<b>a</b> Plan name	ABM PHARMACY 401(K) PLAN	
<b>b</b> Name of plan sponsor	ABM PHARMACY INC	<b>c</b> EIN-PN 83-4477567-001
<b>a</b> Plan name	ADAMS EXTRACT & SPICE, LLC 401(K) PLAN	
<b>b</b> Name of plan sponsor	ADAMS EXTRACT & SPICE, LLC	<b>c</b> EIN-PN 06-1645402-002
<b>a</b> Plan name	ADDISON ELECTRICAL CONTRACTORS, LLC RETIREMENT SAVINGS PLAN	
<b>b</b> Name of plan sponsor	ADDISON ELECTRICAL CONTRACTORS, LLC	<b>c</b> EIN-PN 20-0837297-001
<b>a</b> Plan name	AGRATRONIX, LLC 401(K) RETIREMENT SAVINGS PLAN	
<b>b</b> Name of plan sponsor	AGRATRONIX, LLC	<b>c</b> EIN-PN 26-2298695-002
<b>a</b> Plan name	AM SIGNAL, LLC 401(K) PLAN	
<b>b</b> Name of plan sponsor	AM SIGNAL, LLC	<b>c</b> EIN-PN 86-1864868-001
<b>a</b> Plan name	AMERICAN TRADITIONS INSURANCE COMPANY 401(K) PLAN	
<b>b</b> Name of plan sponsor	AMERICAN TRADITIONS INSURANCE COMPANY	<b>c</b> EIN-PN 20-3159417-001
<b>a</b> Plan name	AMERICHEER, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b> Name of plan sponsor	AMERICHEER, INC.	<b>c</b> EIN-PN 31-1316972-002
<b>a</b> Plan name	APCO WORLDWIDE 401K PLAN	
<b>b</b> Name of plan sponsor	APCO WORLDWIDE INC	<b>c</b> EIN-PN 13-3627825-001
<b>a</b> Plan name	APTIVE ENVIRONMENTAL 401(K) PLAN	
<b>b</b> Name of plan sponsor	APTIVE ENVIRONMENTAL, LLC	<b>c</b> EIN-PN 47-5551416-001

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	ASHBURN & MASON, APC 401(K) PROFIT SHARING PLAN AND TRUST	
<b>b</b>	Name of plan sponsor	ASHBURN & MASON, P.C.	<b>c</b> EIN-PN 92-0104600-001
<b>a</b>	Plan name	ASM ENGINEERING CONSULTANTS, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ASM ENGINEERING CONSULTANTS, LLC	<b>c</b> EIN-PN 77-0692955-001
<b>a</b>	Plan name	ATLANTA CENTER FOR UROLOGY 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ATLANTA CENTER FOR UROLOGY	<b>c</b> EIN-PN 58-2060590-001
<b>a</b>	Plan name	AUSLEY & MCMULLEN, P.A. RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	AUSLEY & MCMULLEN, P.A.	<b>c</b> EIN-PN 59-3377662-001
<b>a</b>	Plan name	AUTOSAVVY RETIREMENT 401(K)	
<b>b</b>	Name of plan sponsor	AUTOSAVVY HOLDINGS, INC	<b>c</b> EIN-PN 82-5243381-001
<b>a</b>	Plan name	AVAMARQ DIAGNOSTICS PLAN	
<b>b</b>	Name of plan sponsor	EXIGES IMAGING LLC	<b>c</b> EIN-PN 85-1315902-001
<b>a</b>	Plan name	BACH TEAM 401(K) PLAN	
<b>b</b>	Name of plan sponsor	BACH TEAM LLC	<b>c</b> EIN-PN 20-4297057-001
<b>a</b>	Plan name	BARRY M. GREENFIELD, D.D.S. P.C. PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	BARRY GREENFIELD, D.D.S. P.C.	<b>c</b> EIN-PN 11-3396732-001
<b>a</b>	Plan name	BASIN WESTERN, INC. 401 (K) PLAN	
<b>b</b>	Name of plan sponsor	BASIN WESTERN, INC.	<b>c</b> EIN-PN 87-0459077-001
<b>a</b>	Plan name	BASYS PROCESSING 401(K) PLAN	
<b>b</b>	Name of plan sponsor	BASYS PROCESSING, INC.	<b>c</b> EIN-PN 01-0633775-001
<b>a</b>	Plan name	BATY OTTO SCHEER P.C. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	BATY OTTO SCHEER P.C.	<b>c</b> EIN-PN 43-1375220-002
<b>a</b>	Plan name	BAY ATLANTIC FEDERAL CREDIT UNION 401(K) PLAN AND TRUST	
<b>b</b>	Name of plan sponsor	BAY ATLANTIC FEDERAL CREDIT UNION	<b>c</b> EIN-PN 21-0635246-002

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
<b>a</b>	Plan name BAYSIDE INTERIORS, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor BAYSIDE INTERIORS, INC.	<b>c</b> EIN-PN 94-2931095-001
<b>a</b>	Plan name BELLA VISION, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor BELLA VISION, LLC	<b>c</b> EIN-PN 90-0597232-001
<b>a</b>	Plan name BEYOND RISK MANAGEMENT 401(K) PLAN	
<b>b</b>	Name of plan sponsor BEYOND RISK MANAGEMENT, INC.	<b>c</b> EIN-PN 86-2818295-002
<b>a</b>	Plan name BIG BROTHERS BIG SISTERS OF GREATER KC 401(K) PLAN	
<b>b</b>	Name of plan sponsor BIG BROTHERS BIG SISTERS OF GREATER KANSAS CITY	<b>c</b> EIN-PN 43-6068464-001
<b>a</b>	Plan name BLACKBURN CONSTRUCTION, INC. PROFIT SHARING 401(K) PLAN	
<b>b</b>	Name of plan sponsor BLACKBURN CONSTRUCTION, INC.	<b>c</b> EIN-PN 48-1109531-001
<b>a</b>	Plan name BLACKSTONE IMC HOLDINGS Q L.L.C. 401(K) PLAN	
<b>b</b>	Name of plan sponsor BLACKSTONE IMC HOLDINGS - Q L.L.C	<b>c</b> EIN-PN 82-2428736-001
<b>a</b>	Plan name BLUESTEM CAPITAL COMPANY, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor BLUESTEM CAPITAL COMPANY, LLC	<b>c</b> EIN-PN 91-1770884-001
<b>a</b>	Plan name BOISE TRUCK SERVICE LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor BOISE TRUCK SERVICE LLC	<b>c</b> EIN-PN 72-1522949-001
<b>a</b>	Plan name BOMIK, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor SMITH BROWN	<b>c</b> EIN-PN 75-2070132-001
<b>a</b>	Plan name BONNER ELECTRIC, INC. EMPLOYEE PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor BONNER ELECTRIC, INC.	<b>c</b> EIN-PN 06-0999942-001
<b>a</b>	Plan name BORGGARD CONSTRUCTION 401(K) PLAN AND TRUST	
<b>b</b>	Name of plan sponsor BORGGARD CONSTRUCTION CORP.	<b>c</b> EIN-PN 04-2511814-001
<b>a</b>	Plan name BREADWORKS INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor BREADWORKS, INC.	<b>c</b> EIN-PN 25-1877450-001

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	BROOKWOODS GROUP INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	BROOKWOODS GROUP INC	<b>c</b> EIN-PN 76-0416539-001
<b>a</b>	Plan name	BRS ARCHITECTS 401(K) PLAN	
<b>b</b>	Name of plan sponsor	BRS ARCHITECTS	<b>c</b> EIN-PN 82-0345518-002
<b>a</b>	Plan name	BTSE 401(K) PLAN	
<b>b</b>	Name of plan sponsor	BARRETT TREE SERVICE EAST, INC.	<b>c</b> EIN-PN 26-0743647-003
<b>a</b>	Plan name	BUILDING TRADES ANNUITY BENEFIT FUND	
<b>b</b>	Name of plan sponsor	BD OF TRUSTEES OF BUILDING TRADES ANNUITY BENEFIT FUND	<b>c</b> EIN-PN 11-3310059-001
<b>a</b>	Plan name	BURT BROTHERS TIRE & SERVICE, AE OF SECURE FUTURE PEP	
<b>b</b>	Name of plan sponsor	UNITED TIRE AND SERVICE LLC	<b>c</b> EIN-PN 88-3369350-875
<b>a</b>	Plan name	C S BIO. CO RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	C S BIO CO.	<b>c</b> EIN-PN 94-3009618-002
<b>a</b>	Plan name	CALDERA ENGINEERING 401(K) PLAN	
<b>b</b>	Name of plan sponsor	CALDERA ENGINEERING, LLC	<b>c</b> EIN-PN 84-1375809-001
<b>a</b>	Plan name	CAMDEN HOMES 401(K) PLAN	
<b>b</b>	Name of plan sponsor	CAMDEN HOMES	<b>c</b> EIN-PN 75-2755663-001
<b>a</b>	Plan name	CAMPBELL COMPANY 401(K) PLAN	
<b>b</b>	Name of plan sponsor	DICK CAMPBELL COMPANY	<b>c</b> EIN-PN 91-1195152-001
<b>a</b>	Plan name	CANOPY MORTGAGE, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	CANOPY MORTGAGE, LLC	<b>c</b> EIN-PN 47-3632618-001
<b>a</b>	Plan name	CAPITAL CITY BANK GROUP, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	CAPITAL CITY BANK GROUP, INC.	<b>c</b> EIN-PN 59-2273542-003
<b>a</b>	Plan name	CCHC CORPORATE ADMINISTRATION 401(K) PLAN	
<b>b</b>	Name of plan sponsor	COMPREHENSIVE COMMUNITY HEALTH CENTERS, INC.	<b>c</b> EIN-PN 42-1553807-001

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
<b>a</b>	Plan name CEMENT AND CONCRETE WORKERS DC PENSION FUND	
<b>b</b>	Name of plan sponsor BOARD OF TRUSTEES OF THE CEMENT AND CONCRETE WORKERS DC PENSION FD	<b>c</b> EIN-PN 13-5629824-001
<b>a</b>	Plan name CERTIFIED SAFETY MANUFACTURING, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor CERTIFIED SAFETY MANUFACTURING, INC	<b>c</b> EIN-PN 43-1579136-001
<b>a</b>	Plan name CFS INVESTMENT ADVISORY SERVICES, L.L.C. 401(K) PLAN	
<b>b</b>	Name of plan sponsor CFS INVESTMENT ADVISORY SERVICES, L.L.C.	<b>c</b> EIN-PN 22-3558384-001
<b>a</b>	Plan name CGR GEORGIA LLC RETIREMENT SAVINGS AND INVESTMENT PLAN	
<b>b</b>	Name of plan sponsor CGR GEORGIA LLC	<b>c</b> EIN-PN 88-0919942-001
<b>a</b>	Plan name CHARLESTON ENDOCRINOLOGY ASSOCIATES 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor CHARLESTON ENDOCRINOLOGY ASSOCIATES	<b>c</b> EIN-PN 55-0613849-001
<b>a</b>	Plan name CHATBOOKS 401(K) PLAN	
<b>b</b>	Name of plan sponsor CHATBOOKS, INC.	<b>c</b> EIN-PN 38-3866293-001
<b>a</b>	Plan name CINEGRATION, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor CINEGRATION, LLC	<b>c</b> EIN-PN 27-4492067-001
<b>a</b>	Plan name CIRCLE OF LIFE WOMEN'S CENTER 401K PSP	
<b>b</b>	Name of plan sponsor CIRCLE OF LIFE WOMENS CENTER	<b>c</b> EIN-PN 87-0643070-001
<b>a</b>	Plan name CITY WIDE 401(K) PLAN	
<b>b</b>	Name of plan sponsor JBO MANAGEMENT, LLC	<b>c</b> EIN-PN 46-5159749-001
<b>a</b>	Plan name CLASSIC VACATIONS, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor CLASSIC VACATIONS, LLC	<b>c</b> EIN-PN 04-3612673-001
<b>a</b>	Plan name CLEARLINK 401(K) PLAN	
<b>b</b>	Name of plan sponsor CLEARLINK TECHNOLOGIES, LLC	<b>c</b> EIN-PN 13-4278523-002
<b>a</b>	Plan name CLYDE & CO US LLP 401(K) PLAN	
<b>b</b>	Name of plan sponsor CLYDE & CO US LLP	<b>c</b> EIN-PN 20-5083001-001

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	COLORTONE A/V STAGING & RENTALS INC	
<b>b</b>	Name of plan sponsor	COLORTONE AV STAGING AND RENTALS INC 401	<b>c</b> EIN-PN 34-1755352-001
<b>a</b>	Plan name	COLT BUILDERS 401(K) PLAN	
<b>b</b>	Name of plan sponsor	COLT BUILDERS CORP.	<b>c</b> EIN-PN 20-0655762-001
<b>a</b>	Plan name	CONTINENTAL HARDWARE INC. PROFIT SHARING	
<b>b</b>	Name of plan sponsor	CONTINENTAL HARDWARE INC	<b>c</b> EIN-PN 22-2040050-001
<b>a</b>	Plan name	COOLIBAR 401(K) PLAN	
<b>b</b>	Name of plan sponsor	COOLIBAR, INC	<b>c</b> EIN-PN 20-2860307-001
<b>a</b>	Plan name	COX TRUCKING COMPANY 401K EMPLOYEE SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	PARKE COX TRUCKING COMPANY, INC.	<b>c</b> EIN-PN 87-0266867-001
<b>a</b>	Plan name	CREEKSIDE SURGERY CENTER 401(K) PLAN	
<b>b</b>	Name of plan sponsor	PROVIDENCE SURGERY CENTERS LLC DBA CREEKSIDE SURGERY CENTER	<b>c</b> EIN-PN 20-3567411-002
<b>a</b>	Plan name	CSC SERVICEWORKS, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	CSC SERVICEWORKS, INC.	<b>c</b> EIN-PN 53-0188589-001
<b>a</b>	Plan name	CUSTOM FABRICATORS, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	CUSTOM FABRICATORS INC	<b>c</b> EIN-PN 46-0398652-002
<b>a</b>	Plan name	CV3 FINANCIAL SERVICES, LLC, AE OF THE SECURE FUTURE PEP	
<b>b</b>	Name of plan sponsor	CV3 FINANCIAL SERVICES, LLC	<b>c</b> EIN-PN 92-2372779-875
<b>a</b>	Plan name	DA DEFENSE LOGISTICS 401(K) PLAN	
<b>b</b>	Name of plan sponsor	DA DEFENSE LOGISTICS HQ LLC	<b>c</b> EIN-PN 27-1535383-001
<b>a</b>	Plan name	DAHLEN SYSTEMS, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	DAHLEN SYSTEMS, INC	<b>c</b> EIN-PN 41-1927158-001
<b>a</b>	Plan name	DAKOTA MANAGEMENT COMPANY, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	DAKOTA MANAGEMENT COMPANY, INC.	<b>c</b> EIN-PN 43-1987746-001

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	DAY'S EXCAVATING, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	DAYS EXCAVATING, INC.	<b>c</b> EIN-PN 86-0855838-001
<b>a</b>	Plan name	DENNIS ALLEN ASSOCIATES 401(K) PLAN	
<b>b</b>	Name of plan sponsor	DENNIS ALLEN ASSOCIATES	<b>c</b> EIN-PN 77-0101316-001
<b>a</b>	Plan name	DES MOINES PEDIATRIC AND ADOLESCENT CLINIC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	DES MOINES PEDIATRIC AND ADOLESCENT CLINIC, PC	<b>c</b> EIN-PN 42-0711430-003
<b>a</b>	Plan name	DIANA'S BANANAS 401(K) PLAN	
<b>b</b>	Name of plan sponsor	DIANAS BANANAS	<b>c</b> EIN-PN 36-3970203-001
<b>a</b>	Plan name	DIRT WORX, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	DIRT WORX, INC.	<b>c</b> EIN-PN 20-1409819-001
<b>a</b>	Plan name	DOWNTOWN ARTS DISTRICT, INC. 401K PLAN	
<b>b</b>	Name of plan sponsor	DOWNTOWN ARTS DISTRICT, INC.	<b>c</b> EIN-PN 30-0086039-001
<b>a</b>	Plan name	E.R.C. PARTS. INC. SAVINGS & INVESTMENT PLAN	
<b>b</b>	Name of plan sponsor	E.R.C. PARTS. INC.	<b>c</b> EIN-PN 58-1489750-001
<b>a</b>	Plan name	ELDER DEMO LLC EMPLOYEE'S PROFIT SHARING 401K PLAN	
<b>b</b>	Name of plan sponsor	ELDER DEMO LLC	<b>c</b> EIN-PN 92-1190284-002
<b>a</b>	Plan name	ELECTRICIAN'S RETIREMENT FUND	
<b>b</b>	Name of plan sponsor	THE BUILDING INDUSTRY ELECTRICAL CONTRACTORS ASSOCIATION, INC.	<b>c</b> EIN-PN 26-1140509-001
<b>a</b>	Plan name	ELEVATE BUILDING COMMISSIONING, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ELEVATE BCX	<b>c</b> EIN-PN 81-2777494-001
<b>a</b>	Plan name	EMERGENCY MEDICINE SPECIALISTS OF ORANGE COUNTY RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	EMERGENCY MEDICINE SPECIALISTS OF ORANGE COUNTY	<b>c</b> EIN-PN 95-3056292-001
<b>a</b>	Plan name	ENTRATA 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ENTRATA, INC.	<b>c</b> EIN-PN 86-1072180-001

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
<b>a</b>	Plan name <b>ESPIRE DENTAL 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>ESPIRE DENTAL PRACTICE, LLC</b>	<b>c</b> EIN-PN <b>45-5435065-001</b>
<b>a</b>	Plan name <b>EVERGLORY LOGISTICS, INC. 401(K) PROFIT SHARING PLAN</b>	
<b>b</b>	Name of plan sponsor <b>EVERGLORY LOGISTICS, INC.</b>	<b>c</b> EIN-PN <b>27-3338250-001</b>
<b>a</b>	Plan name <b>EXCELSIOR SPRINGS CITY HOSPITAL 457 PLAN</b>	
<b>b</b>	Name of plan sponsor <b>KRISTEN DEHART</b>	<b>c</b> EIN-PN <b>43-1080811-505</b>
<b>a</b>	Plan name <b>EXCELSIOR SPRINGS CITY HOSPITAL EMPLOYEE</b>	
<b>b</b>	Name of plan sponsor <b>EXCELSIOR SPRINGS CITY HOSPITAL</b>	<b>c</b> EIN-PN <b>43-1080811-001</b>
<b>a</b>	Plan name <b>EYE CONSULTANTS OF NORTHERN VIRGINIA, P.C. PROFIT-SHARING PLAN</b>	
<b>b</b>	Name of plan sponsor <b>EYE CONSULTANTS OF NORTHERN VIRGINIA, P.C.</b>	<b>c</b> EIN-PN <b>54-1168250-003</b>
<b>a</b>	Plan name <b>FARM BUREAU MUTUAL INSURANCE COMPANY OF IDAHO VOLUNTARY EMPLOYEE SAVINGS PLAN</b>	
<b>b</b>	Name of plan sponsor <b>FARM BUREAU MUTUAL INSURANCE COMPANY OF IDAHO</b>	<b>c</b> EIN-PN <b>82-0189910-004</b>
<b>a</b>	Plan name <b>FIRST COLONY MORTGAGE CORP. PROFIT SHARING PLAN</b>	
<b>b</b>	Name of plan sponsor <b>FIRST COLONY MORTGAGE CORP.</b>	<b>c</b> EIN-PN <b>87-0415314-001</b>
<b>a</b>	Plan name <b>FORMATION NATION, INC. 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>FORMATION NATION, INC.</b>	<b>c</b> EIN-PN <b>88-0515062-002</b>
<b>a</b>	Plan name <b>FREEDOM TRUST - SPLINTEK, INC. 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>SPLINTEK, INC.</b>	<b>c</b> EIN-PN <b>43-1735801-001</b>
<b>a</b>	Plan name <b>FRONTMATEC, INC. 401(K)</b>	
<b>b</b>	Name of plan sponsor <b>FRONTMATEC, INC</b>	<b>c</b> EIN-PN <b>90-0699269-001</b>
<b>a</b>	Plan name <b>FULCRUM PROPERTY CORP. 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>FULCRUM PROPERTY CORP.</b>	<b>c</b> EIN-PN <b>68-0254462-001</b>
<b>a</b>	Plan name <b>FULGHUM INDUSTRIES, INC. 401(K) SAVINGS PLAN</b>	
<b>b</b>	Name of plan sponsor <b>FULGHUM INDUSTRIES, INC.</b>	<b>c</b> EIN-PN <b>58-0684167-001</b>

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
<small>(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)</small>			
<b>a</b>	Plan name	G&C STAFFING RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	G&C STAFFING LLC	<b>c</b> EIN-PN 87-1184436-001
<b>a</b>	Plan name	GARY W LAMBERT AND COMPANY 401(K) PROFIT SHARING PLAN & TRUST	
<b>b</b>	Name of plan sponsor	GARY W LAMBERT AND COMPANY	<b>c</b> EIN-PN 74-2145502-001
<b>a</b>	Plan name	GENERATION TUX, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	GENERATION TUX INC 401K PLAN	<b>c</b> EIN-PN 46-4770561-001
<b>a</b>	Plan name	GENTING USA 401(K) PLAN	
<b>b</b>	Name of plan sponsor	RESORTS WORLD LAS VEGAS, LLC	<b>c</b> EIN-PN 32-0444144-001
<b>a</b>	Plan name	GIBBONS BROTHERS DBA CARPET DIEM AE OF SECURE FUTURE PEP	
<b>b</b>	Name of plan sponsor	GIBBONS BROTHERS DBA CARPET DIEM	<b>c</b> EIN-PN 87-0597166-875
<b>a</b>	Plan name	GLAUCOMA ASSOCIATES OF TEXAS 401K PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	GLAUCOMA ASSOCIATES OF TEXAS	<b>c</b> EIN-PN 75-1950917-001
<b>a</b>	Plan name	GLAZIER STEEL 401(K) PLAN	
<b>b</b>	Name of plan sponsor	GLAZIER STEEL	<b>c</b> EIN-PN 94-2595045-001
<b>a</b>	Plan name	GPW AND ASSOCIATES 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	GPW AND ASSOCIATES, INC.	<b>c</b> EIN-PN 86-0916908-001
<b>a</b>	Plan name	GRACO INTERESTS, INC. PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	GRACO INTERESTS, INC.	<b>c</b> EIN-PN 74-1484850-001
<b>a</b>	Plan name	GREAT DANE OF UTAH, INC., AE OF SECURE FUTURE PEP	
<b>b</b>	Name of plan sponsor	GREAT DANE OF UTAH, INC.	<b>c</b> EIN-PN 87-0674629-875
<b>a</b>	Plan name	GUERRERO PRIVATE WEALTH LLC 401(K) PROFIT SHARING PLAN & TRUST	
<b>b</b>	Name of plan sponsor	GUERRERO PRIVATE WEALTH LLC	<b>c</b> EIN-PN 87-1343825-001
<b>a</b>	Plan name	HADRONICS, LLC. 401K PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	HADRONICS, LLC.	<b>c</b> EIN-PN 31-1364584-001

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
<b>a</b>	Plan name HAINBUCH AMERICA CORPORATION RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor HAINBUCH AMERICA CORPORATION WORKHOLDING TECHNOLOGY	<b>c</b> EIN-PN 39-1810957-001
<b>a</b>	Plan name HARLEM GLOBETROTTERS INTERNATIONAL, INC. RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor HARLEM GLOBETROTTERS INTERNATIONAL, INC.	<b>c</b> EIN-PN 41-1748594-001
<b>a</b>	Plan name HAWKINS FAMILY DENTAL 401(K) PROFIT SHARING PLAN AND TRUST	
<b>b</b>	Name of plan sponsor HAWKINS FAMILY DENTAL LLC	<b>c</b> EIN-PN 26-2823076-001
<b>a</b>	Plan name HEALTH FACILITIES GROUP 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor HEALTH FACILITIES GROUP, LLC	<b>c</b> EIN-PN 48-1154636-001
<b>a</b>	Plan name HEALTHIER YOU, FINANCIAL WELLNESS 401(K) PLAN	
<b>b</b>	Name of plan sponsor TITAN DEVELOPMENT AND INVESTMENTS, INC.	<b>c</b> EIN-PN 41-1323542-002
<b>a</b>	Plan name HERSCEND FAMILY ENTERTAINMENT PROFIT SHARING & 401(K) PLAN	
<b>b</b>	Name of plan sponsor HERSCEND ENTERTAINMENT COMPANY LLC	<b>c</b> EIN-PN 46-3014631-001
<b>a</b>	Plan name HIGH PLAINS COMPANIES 401(K) PLAN	
<b>b</b>	Name of plan sponsor HIGH PLAINS STEEL SERVICES, LLC	<b>c</b> EIN-PN 45-4722191-001
<b>a</b>	Plan name HOFFMAN HANAFIN 401(K) PLAN	
<b>b</b>	Name of plan sponsor HOFFMAN HANAFIN & ASSOCIATES, LLC	<b>c</b> EIN-PN 46-2997252-001
<b>a</b>	Plan name HOMIE 401K PLAN	
<b>b</b>	Name of plan sponsor HOMIE TECHNOLOGY INC	<b>c</b> EIN-PN 47-4131373-001
<b>a</b>	Plan name HUMES DISTRIBUTING, INC. PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor HUMES DISTRIBUTING INC.	<b>c</b> EIN-PN 42-0995423-003
<b>a</b>	Plan name IDAHO FARM BUREAU FEDERATION 401(K) PLAN	
<b>b</b>	Name of plan sponsor IDAHO FARM BUREAU FEDERATION	<b>c</b> EIN-PN 82-0181284-004
<b>a</b>	Plan name INSTRUCTURE, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor INSTRUCTURE, INC.	<b>c</b> EIN-PN 26-3505687-002

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	INTEGRATED MANAGEMENT SOLUTIONS, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	INTEGRATED MANAGEMENT SOLUTIONS, INC.	<b>c</b> EIN-PN 75-2251506-001
<b>a</b>	Plan name	INTERLACHEN COUNTRY CLUB 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	INTERLACHEN COUNTRY CLUB	<b>c</b> EIN-PN 41-0328845-003
<b>a</b>	Plan name	INTERWEST SAFETY SUPPLY LLC 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	INTERWEST SAFETY SUPPLY LLC	<b>c</b> EIN-PN 46-4563749-002
<b>a</b>	Plan name	IPM ALLIANCE, LLC 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	IPM ALLIANCE, LLC	<b>c</b> EIN-PN 38-3995053-001
<b>a</b>	Plan name	IRW 1081.01(D) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	IRW CONCIERGE SERVICES, LLC	<b>c</b> EIN-PN 66-0873336-001
<b>a</b>	Plan name	ITAC ALABAMA, LLC	
<b>b</b>	Name of plan sponsor	ITAC ALABAMA, LLC	<b>c</b> EIN-PN 02-0678162-001
<b>a</b>	Plan name	J & B BUILDING CO 401(K) PROFIT SHARING PLAN AND TRUST	
<b>b</b>	Name of plan sponsor	J & B BUILDING COMPANY	<b>c</b> EIN-PN 84-0613757-001
<b>a</b>	Plan name	J.A. CROSON, LLC 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	J.A. CROSON, LLC	<b>c</b> EIN-PN 20-0751984-001
<b>a</b>	Plan name	J.D. FIELDS HDM SPIRALWELD MILL, LLC	
<b>b</b>	Name of plan sponsor	JD FIELDS HDM SPIRAL WELD MILL LLC	<b>c</b> EIN-PN 84-1800565-001
<b>a</b>	Plan name	JILL M. PRICE, DMD, PC 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	JILL M. PRICE, D.M.D., P.C.	<b>c</b> EIN-PN 71-0939573-001
<b>a</b>	Plan name	JOE TAYLOR RESTORATION, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	JOE TAYLOR RESTORATION, INC.	<b>c</b> EIN-PN 13-4221242-001
<b>a</b>	Plan name	KANSAS GRAIN INSPECTION SERVICE EMPLOYEE RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	KANSAS GRAIN INSPECTION SERVICE	<b>c</b> EIN-PN 74-2839052-001

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	KAUFFMAN CENTER FOR THE PERFORMING ARTS 401K PLAN	
<b>b</b>	Name of plan sponsor	KAUFFMAN CENTER	<b>c</b> EIN-PN 43-1866550-001
<b>a</b>	Plan name	KENTUCKY KINGDOOM 401(K) PLAN	
<b>b</b>	Name of plan sponsor	KENTUCKY KINGDOM THEME PARK, LLC	<b>c</b> EIN-PN 86-1269212-001
<b>a</b>	Plan name	KMA 401K PLAN	
<b>b</b>	Name of plan sponsor	KMA, LLC	<b>c</b> EIN-PN 04-3475897-001
<b>a</b>	Plan name	KOMMER BAVE & CICCONE LLP 401(K) PLAN	
<b>b</b>	Name of plan sponsor	KOMMER, BAVE & CICCONE LLP	<b>c</b> EIN-PN 13-3079230-002
<b>a</b>	Plan name	LALLIER CONSTRUCTION, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	LALLIER CONSTRUCTION, INC.	<b>c</b> EIN-PN 84-1313776-001
<b>a</b>	Plan name	LAND SERVICES, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	LAND SERVICES, INC.	<b>c</b> EIN-PN 82-0439148-002
<b>a</b>	Plan name	LAWHON CONSTRUCTION COMPANY EMPLOYEES PROFIT SHARING PLAN AND TRUST	
<b>b</b>	Name of plan sponsor	LAWHON CONSTRUCTION COMPANY	<b>c</b> EIN-PN 44-0619573-001
<b>a</b>	Plan name	LEASING ASSOCIATES OF BARRINGTON, INC. PROFIT SHARING PLAN AND TRUST	
<b>b</b>	Name of plan sponsor	LEASING ASSOCIATES OF BARRINGTON	<b>c</b> EIN-PN 36-3018511-001
<b>a</b>	Plan name	LEE'S MARKETPLACE, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	LEES MARKETPLACE	<b>c</b> EIN-PN 87-0372019-001
<b>a</b>	Plan name	LOOKOUT FEDERAL CREDIT UNION 401(K) PLAN	
<b>b</b>	Name of plan sponsor	LOOKOUT FEDERAL CREDIT UNION 401(K)	<b>c</b> EIN-PN 82-0230779-003
<b>a</b>	Plan name	LOUIS CALDER FOUNDATION 401(K) PROFIT SHARING PLAN TRUST	
<b>b</b>	Name of plan sponsor	LOUIS CALDER FOUNDATION	<b>c</b> EIN-PN 13-6015562-001
<b>a</b>	Plan name	LOWRY PEDIATRICS, P.C. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	LOWRY PEDIATRICS, P.C.	<b>c</b> EIN-PN 26-4635455-001

<b>Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>		
<small>(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)</small>		
<b>a</b> Plan name LUCID SOFTWARE INC. 401K PLAN		
<b>b</b> Name of plan sponsor	LUCID SOFTWARE INC	<b>c</b> EIN-PN 26-4737100-001
<b>a</b> Plan name MARSHALL INDUSTRIES, INC. EMPLOYEE STOCK OWNERSHIP PLAN		
<b>b</b> Name of plan sponsor	MARSHALL INDUSTRIES, INC.	<b>c</b> EIN-PN 87-0310328-002
<b>a</b> Plan name MCKEEVER ENTERPRISES, INC. 401(K) RETIREMENT PLAN		
<b>b</b> Name of plan sponsor	MCKEEVER ENTERPRISES, INC.	<b>c</b> EIN-PN 43-1376889-002
<b>a</b> Plan name MCNEMAR COSMETIC SURGERY, INC.401(K) PROFIT SHARING PLAN		
<b>b</b> Name of plan sponsor	MCNEMAR COSMETIC SURGERY, INC.	<b>c</b> EIN-PN 65-1205718-001
<b>a</b> Plan name MERLE STONE CHEVROLET RETIREMENT PLAN		
<b>b</b> Name of plan sponsor	MERLE STONE CHEVROLET, INC.	<b>c</b> EIN-PN 94-2168067-001
<b>a</b> Plan name MESA INDUSTRIES, INC. 401(K) PLAN AND PROFIT SHARING PLAN & TRUST		
<b>b</b> Name of plan sponsor	MESA INDUSTRIES, INC.	<b>c</b> EIN-PN 95-2563245-002
<b>a</b> Plan name METAL LATHERS LOCAL 46 PENSION FUND		
<b>b</b> Name of plan sponsor	BOARD OF TRUSTEES OF METAL LATHERS LOCAL 46 PENSION FUND	<b>c</b> EIN-PN 13-6106419-001
<b>a</b> Plan name METRO ACCOUNTING AND PROFESSIONAL - AWACS 401(K) PLAN		
<b>b</b> Name of plan sponsor	METRO ACCOUNTING AND PROFESSIONAL SERVICES, LLC	<b>c</b> EIN-PN 81-1857022-002
<b>a</b> Plan name METRO ACCOUNTING AND PROFESSIONAL 401(K) PLAN		
<b>b</b> Name of plan sponsor	METRO ACCOUNTING AND PROFESSIONAL SERVICES, LLC	<b>c</b> EIN-PN 81-1857022-001
<b>a</b> Plan name MEYERS + ASSOCIATES 401(K) PLAN		
<b>b</b> Name of plan sponsor	MEYERS + ASSOCIATES	<b>c</b> EIN-PN 31-1780095-001
<b>a</b> Plan name MICHAEL LUM, D.D.S., INC.		
<b>b</b> Name of plan sponsor	MICHAEL LUM, D.D.S., INC.	<b>c</b> EIN-PN 20-8449957-001
<b>a</b> Plan name MIDWAY MECHANICAL SERVICES AE OF THE SECURE FUTURE PEP		
<b>b</b> Name of plan sponsor	MIDWAY MECHANICAL SERVICES LLC	<b>c</b> EIN-PN 87-2651210-875

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	MIDWEST FINANCIAL GROUP, INC 401K PLAN	
<b>b</b>	Name of plan sponsor	MIDWEST FINANCIAL GROUP	<b>c</b> EIN-PN 39-1916714-001
<b>a</b>	Plan name	MILLER & LAW, P.C. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	CDK LITTLETON DBA MILLER & LAW, P.C.	<b>c</b> EIN-PN 84-1191595-001
<b>a</b>	Plan name	MOMENTUM 401(K) PLAN	
<b>b</b>	Name of plan sponsor	MOMENTUM LLC	<b>c</b> EIN-PN 83-0956210-001
<b>a</b>	Plan name	MONUMENT CONSTRUCTION, LLC 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	MONUMENT CONSTRUCTION, LLC	<b>c</b> EIN-PN 26-3904362-001
<b>a</b>	Plan name	MOUNTAIN WEST FARM BUREAU VOLUNTARY EMPLOYEE SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	MOUNTAIN WEST FARM BUREAU MUTUAL INSURANCE COMPANY	<b>c</b> EIN-PN 83-0181634-003
<b>a</b>	Plan name	MT. ANGEL DENTAL 401(K) PLAN	
<b>b</b>	Name of plan sponsor	GABRIELLE L. WEISHOFF, DMD, LLC DBA MT. ANGEL DENTAL	<b>c</b> EIN-PN 87-4681044-001
<b>a</b>	Plan name	NAGNOI, LLC PR RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	NAGNOI, LLC.	<b>c</b> EIN-PN 66-0802359-001
<b>a</b>	Plan name	NAGNOI, LLC US RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	NAGNOI, LLC.	<b>c</b> EIN-PN 66-0802359-002
<b>a</b>	Plan name	NANOFIBER SOLUTIONS, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	NANOFIBER SOLUTIONS, LLC	<b>c</b> EIN-PN 80-0377027-001
<b>a</b>	Plan name	NATIONAL WWI MUSEUM AND MEMORIAL 401(K) PLAN	
<b>b</b>	Name of plan sponsor	NATIONAL WWI MUSEUM AND MEMORIAL D/B/A LIBERTY MEMORIAL ASSOCIATION	<b>c</b> EIN-PN 43-6052673-001
<b>a</b>	Plan name	NEIGHBORHOOD DINING GROUP 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	NEIGHBORHOOD DINING GROUP	<b>c</b> EIN-PN 58-2458996-001
<b>a</b>	Plan name	NETOLOGY, LLC 401 (K) PLAN	
<b>b</b>	Name of plan sponsor	NETOLOGY, LLC	<b>c</b> EIN-PN 56-2423808-001

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	NEW HEALTH PROGRAMS ASSOCIATION	
<b>b</b>	Name of plan sponsor	NEW HEALTH PROGRAMS ASSOCIATION	<b>c</b> EIN-PN 91-1053847-002
<b>a</b>	Plan name	NEW WEST DISTRIBUTING INC 401(K) PROFIT SHARING PLAN & TRUST	
<b>b</b>	Name of plan sponsor	NEW WEST DISTRIBUTING INC	<b>c</b> EIN-PN 88-0180436-007
<b>a</b>	Plan name	NHA RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	NEVADA HOSPITAL ASSOCIATION, INC.	<b>c</b> EIN-PN 88-0109306-001
<b>a</b>	Plan name	NOMI HEALTH 401(K) PLAN	
<b>b</b>	Name of plan sponsor	NOMI HEALTH, INC.	<b>c</b> EIN-PN 84-1905194-001
<b>a</b>	Plan name	NORTH AMERICAN TRAILER, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	NORTH AMERICAN TRAILER, LLC	<b>c</b> EIN-PN 20-3681703-001
<b>a</b>	Plan name	NORTH CENTRAL VETERINARY EMERGENCY CENTER 401(K) PLAN	
<b>b</b>	Name of plan sponsor	NORTH CENTRAL VETERINARY EMERGENCY CENTER, LLC	<b>c</b> EIN-PN 35-2139886-001
<b>a</b>	Plan name	NORTHBRIDGE MANAGEMENT & CONSULTING 401(K) PLAN	
<b>b</b>	Name of plan sponsor	NORTHBRIDGE MANAGEMENT & CONSULTING, LLC	<b>c</b> EIN-PN 47-2981727-001
<b>a</b>	Plan name	NORTHEAST TOWERS, INC. RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	NORTHEAST TOWERS, INC.	<b>c</b> EIN-PN 06-1068637-001
<b>a</b>	Plan name	O'BRIEN & COMPANY 401(K) PLAN	
<b>b</b>	Name of plan sponsor	O'BRIEN & COMPANY	<b>c</b> EIN-PN 45-3162027-001
<b>a</b>	Plan name	OCHOCO WEST, LLC RETIREMENT TRUST	
<b>b</b>	Name of plan sponsor	OCHOCO WEST LLC	<b>c</b> EIN-PN 20-1826952-001
<b>a</b>	Plan name	ODDO PROPERTY MANAGEMENT 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ODDO PROPERTY MANAGEMENT LLC	<b>c</b> EIN-PN 87-4385185-001
<b>a</b>	Plan name	OPERATION BREAKTHROUGH 401(K) SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	OPERATION BREAKTHROUGH, INC.	<b>c</b> EIN-PN 43-0971560-001

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	P & M REIS TRUCKING, INC. PROFIT SHARING RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	P & M REIS TRUCKING, INC.	<b>c</b> EIN-PN 04-2693761-001
<b>a</b>	Plan name	PAPER PRODUCTS, MISC. CHAUFFEURS, WAREHOUSEMEN, HELPERS, MESSENGERS, PRODUCTION & OFFICE WORKERS PENSION FUND	
<b>b</b>	Name of plan sponsor	BD OF TRUSTEES OF PAPER PRODUCTS, MISC. CHAUFFEURS, WAREHOUSEMEN, HELP	<b>c</b> EIN-PN 13-6567546-001
<b>a</b>	Plan name	PAPER RESOURCES LLC 401K PLAN	
<b>b</b>	Name of plan sponsor	PAPER RESOURCES LLC	<b>c</b> EIN-PN 20-2892653-001
<b>a</b>	Plan name	PARKLAND USA 401(K) PLAN	
<b>b</b>	Name of plan sponsor	PARKLAND (U.S.) PEOPLE CORP.	<b>c</b> EIN-PN 83-2255506-001
<b>a</b>	Plan name	PAUL R. GARY P.C. PROFIT SHARING AND EMPLOYEE SAVINGS BENEFIT PLAN	
<b>b</b>	Name of plan sponsor	PAUL R. GARY, & ASSOCIATES, P.C.	<b>c</b> EIN-PN 93-1136822-001
<b>a</b>	Plan name	PENSION PLAN PRIVATE SANITATION UNION LOCAL 813 IBT	
<b>b</b>	Name of plan sponsor	BOARD OF TRUSTEES OF PENSION FUND PRIVATE SANITATION UNION LOCAL 813 I	<b>c</b> EIN-PN 13-1975659-001
<b>a</b>	Plan name	PEREZ PRIVATE WEALTH GROUP LLC 401(K) PROFIT SHARING PLAN & TRUST	
<b>b</b>	Name of plan sponsor	PEREZ PRIVATE WEALTH GROUP LLC	<b>c</b> EIN-PN 87-1219219-001
<b>a</b>	Plan name	PERFORMANCE ORTHOPEDICS & SPORTS MEDICINE 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	PERFORMANCE ORTHOPEDICS AND SPORTS MEDICINE	<b>c</b> EIN-PN 45-1154301-001
<b>a</b>	Plan name	PERFORMANCE PREDICTIONS LLC AE OF THE SECURE FUTURE PEP	
<b>b</b>	Name of plan sponsor	PERFORMANCE PREDICTIONS LLC	<b>c</b> EIN-PN 82-3615926-875
<b>a</b>	Plan name	PERRIN ASPHALT COMPANY INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	PERRIN ASPHALT COMPANY, INC.	<b>c</b> EIN-PN 34-1023738-002
<b>a</b>	Plan name	PETERSON MOTOR COMPANY 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	PETERSON MOTOR COMPANY	<b>c</b> EIN-PN 82-0237924-001
<b>a</b>	Plan name	PINK JEEP TOURS 401K PLAN	
<b>b</b>	Name of plan sponsor	PINK JEEP TOURS, LLC	<b>c</b> EIN-PN 86-0436017-001

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
<small>(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)</small>			
<b>a</b>	Plan name	PLAN DE RETIRO DE SALUD INTEGRAL EN LA MONTANA	
<b>b</b>	Name of plan sponsor	SALUD INTEGRAL EN LA MONTANA, INC	<b>c</b> EIN-PN 66-0329532-001
<b>a</b>	Plan name	PLANET GRANITE, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	PLANET GRANITE, INC.	<b>c</b> EIN-PN 84-1501370-001
<b>a</b>	Plan name	POWER SALES & ADVERTISING, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	POWER SALES & ADVERTISING, INC.	<b>c</b> EIN-PN 48-0817089-001
<b>a</b>	Plan name	PRIDE AG RESOURCES 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	DODGE CITY COOPERATIVE EXCHANGE DBA PRIDE AG RESOURCES	<b>c</b> EIN-PN 48-0198180-003
<b>a</b>	Plan name	PRIMELINE PACKAGING, INC. 401(K) P/S PLAN	
<b>b</b>	Name of plan sponsor	PRIMELINE PACKAGING, INC.	<b>c</b> EIN-PN 26-0877254-001
<b>a</b>	Plan name	PRIORITY DESIGNS 401K PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	PRIORITY DESIGNS	<b>c</b> EIN-PN 31-1345997-001
<b>a</b>	Plan name	PRIVATE WEALTH ASSET MANAGEMENT 401(K) PLAN	
<b>b</b>	Name of plan sponsor	PRIVATE WEALTH ASSET MANAGEMENT	<b>c</b> EIN-PN 87-0935275-001
<b>a</b>	Plan name	PROJECT DEVELOPMENT SERVICES, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	PROJECT DEVELOPMENT SERVICES, INC.	<b>c</b> EIN-PN 58-2649284-001
<b>a</b>	Plan name	PROMATIC, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	PROMATIC, INC.	<b>c</b> EIN-PN 98-0400505-001
<b>a</b>	Plan name	PUBLIC LABEL LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	PUBLIC LABEL, LLC	<b>c</b> EIN-PN 85-4218968-001
<b>a</b>	Plan name	PURE SEED 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ROSE AGRI-SEED, INC DBA PURE SEED	<b>c</b> EIN-PN 93-0584935-001
<b>a</b>	Plan name	QUADEL CONSULTING CORPORATION SALARY SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	QUADEL CONSULTING CORPORATION	<b>c</b> EIN-PN 52-1109581-001

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	QUESTEL ORBIT, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	QUESTEL ORBIT, INC	<b>c</b> EIN-PN 52-1212973-001
<b>a</b>	Plan name	R. P. FOSTER, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	R.P. FOSTER, INC.	<b>c</b> EIN-PN 55-0620301-001
<b>a</b>	Plan name	REDSTONE LOGISTICS 401(K) PLAN	
<b>b</b>	Name of plan sponsor	REDSTONE LOGISTICS	<b>c</b> EIN-PN 45-3660980-001
<b>a</b>	Plan name	REFRIGERATION, A/C & SERVICE DIV. (UA-NJ) PENSION PLAN	
<b>b</b>	Name of plan sponsor	REFRIGERATION, A/C & SERVICE DIV. (UA-NJ) PENSION FUND	<b>c</b> EIN-PN 22-6109064-001
<b>a</b>	Plan name	RENO ORTHOPAEDIC CLINIC, LTD. PROFIT SHARING PLAN AND TRUST	
<b>b</b>	Name of plan sponsor	RENO ORTHOPAEDIC CLINIC, LTD.	<b>c</b> EIN-PN 88-0103557-001
<b>a</b>	Plan name	RETINA ASSOCIATES OF ORANGE COUNTY 401(K) PLAN	
<b>b</b>	Name of plan sponsor	RETINA ASSOCIATES OF ORANGE COUNTY	<b>c</b> EIN-PN 51-0665933-001
<b>a</b>	Plan name	RETIRE READY 401(K) PLAN	
<b>b</b>	Name of plan sponsor	NU SKIN ENTERPRISES, INC.	<b>c</b> EIN-PN 87-0565309-001
<b>a</b>	Plan name	RETIREMINT PEP	
<b>b</b>	Name of plan sponsor	THE FINWAY GROUP, LLC	<b>c</b> EIN-PN 42-1468222-012
<b>a</b>	Plan name	RINELLA COMPANY, INC. 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	RINELLA COMPANY INC.	<b>c</b> EIN-PN 37-1092560-002
<b>a</b>	Plan name	ROCKHILL MANOR INC 401(K) PROFIT SHARING PLAN TRUST	
<b>b</b>	Name of plan sponsor	ROCKHILL MANOR, INC.	<b>c</b> EIN-PN 43-1096224-002
<b>a</b>	Plan name	ROCKY MOUNTAIN COLLEGE, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ROCKY MOUNTAIN COLLEGE, LLC DBA ROCKY MOUNTAIN COLLEGE OF ART+DESIGN	<b>c</b> EIN-PN 26-4058816-001
<b>a</b>	Plan name	ROOF PROFESSIONALS, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ROOF PROFESSIONALS, LLC	<b>c</b> EIN-PN 82-1725582-002

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)		
<b>a</b>	Plan name ROYAL EQUIPMENT, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor ROYAL EQUIPMENT, INC.	<b>c</b> EIN-PN 31-1276426-001
<b>a</b>	Plan name SABINAL GROUP LLC 401(K) PROFIT SHARING PLAN & TRUST	
<b>b</b>	Name of plan sponsor SABINAL GROUP LLC	<b>c</b> EIN-PN 20-3114535-001
<b>a</b>	Plan name SANDE CONSTRUCTION AND SUPPLY COMPANY, INC.401(K) PLAN	
<b>b</b>	Name of plan sponsor SANDE CONSTRUCTION AND SUPPLY COMPANY, INC.	<b>c</b> EIN-PN 42-0763679-002
<b>a</b>	Plan name SBS-NOLAN 401K PLAN	
<b>b</b>	Name of plan sponsor SBS-NOLAN POWER GROUP	<b>c</b> EIN-PN 45-5538379-001
<b>a</b>	Plan name SCHIFFMAN FIRM LLC	
<b>b</b>	Name of plan sponsor SCHIFFMAN FIRM, LLC	<b>c</b> EIN-PN 47-2502952-001
<b>a</b>	Plan name SEATTLE BUSINESS SOFTWARE INC 401(K) PROFIT SHARING PLAN AND TRUST	
<b>b</b>	Name of plan sponsor SEATTLE BUSINESS SOFTWARE INC	<b>c</b> EIN-PN 20-3320456-001
<b>a</b>	Plan name SELCO, INC. 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor SELCO, INC.	<b>c</b> EIN-PN 48-1771808-001
<b>a</b>	Plan name SELECT TRUSSES & LUMBER, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor SELECT TRUSSES & LUMBER INC.	<b>c</b> EIN-PN 56-2420269-001
<b>a</b>	Plan name SHADER BROTHERS 401(K) PLAN	
<b>b</b>	Name of plan sponsor SHADER BROTHERS CORPORATION	<b>c</b> EIN-PN 59-2746397-001
<b>a</b>	Plan name SIXTY-3 TRUCKING INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor SIXTY-3 TRUCKING INC.	<b>c</b> EIN-PN 85-3053134-001
<b>a</b>	Plan name SKYVIEW GLASS 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor SKYVIEW GLASS, LLC	<b>c</b> EIN-PN 04-3849896-001
<b>a</b>	Plan name SOLUTIONREACH 401K PLAN	
<b>b</b>	Name of plan sponsor SOLUTIONREACH INC	<b>c</b> EIN-PN 87-0649593-001

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
<b>a</b>	Plan name SOUTHERN HONDA POWERSPORTS 401 (K) PLAN	
<b>b</b>	Name of plan sponsor BIG RED POWERSPORTS, LLC	<b>c</b> EIN-PN 62-0446757-001
<b>a</b>	Plan name SRA 831(B) ADMIN AN AE OF THE SECURE FUTURE PEP	
<b>b</b>	Name of plan sponsor SRA 831(B) ADMIN	<b>c</b> EIN-PN 45-2632346-875
<b>a</b>	Plan name STEEL DYNAMICS, INC. PROFIT SHARING AND RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor STEEL DYNAMICS, INC.	<b>c</b> EIN-PN 35-1929476-001
<b>a</b>	Plan name STORM KING CLAIMS EMPLOYEE 401(K) PLAN	
<b>b</b>	Name of plan sponsor STORM KING CLAIMS, LLC	<b>c</b> EIN-PN 20-5008024-001
<b>a</b>	Plan name STOUT BUILDING CONTRACTORS 401(K) PLAN	
<b>b</b>	Name of plan sponsor STOUT BUILDING CONTRACTORS, LLC	<b>c</b> EIN-PN 20-4707374-001
<b>a</b>	Plan name STRONG & HANNI 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor STRONG & HANNI, P.C.	<b>c</b> EIN-PN 87-0404056-001
<b>a</b>	Plan name SUMMER RRH 401(K) PLAN	
<b>b</b>	Name of plan sponsor SUMMER RRH DBA RIVER RIDGE HARDWARE & PETERS HARDWARE	<b>c</b> EIN-PN 81-5002881-002
<b>a</b>	Plan name SUN LAKES II HOMEOWNERS ASSOCIATION 401(K) PLAN	
<b>b</b>	Name of plan sponsor SUN LAKES II HOMEOWNERS ASSOCIATION	<b>c</b> EIN-PN 86-0381871-001
<b>a</b>	Plan name SWIPECLOCK, LLC AE OF SECURE FUTURE PEP	
<b>b</b>	Name of plan sponsor SWIPECLOCK LLC	<b>c</b> EIN-PN 46-5661050-875
<b>a</b>	Plan name SYNDIGO 401(K) PLAN	
<b>b</b>	Name of plan sponsor SYNDIGO LLC	<b>c</b> EIN-PN 20-3328053-001
<b>a</b>	Plan name SYSTEMTEC, INC. 401(K) SALARY REDUCTION PLAN AND TRUST	
<b>b</b>	Name of plan sponsor SYSTEMTEC, INC.	<b>c</b> EIN-PN 58-2363648-001
<b>a</b>	Plan name TEXAS PUBLIC EMPLOYEES ASSOCIATION CAPITAL ACCUMULATION PLAN	
<b>b</b>	Name of plan sponsor TEXAS PUBLIC EMPLOYEES ASSOCIATION	<b>c</b> EIN-PN 74-1032369-002

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)		
<b>a</b>	Plan name THE CHICAGO DENTAL STUDIO 401(K) PLAN	
<b>b</b>	Name of plan sponsor THE CHICAGO DENTAL STUDIO	<b>c</b> EIN-PN 45-3975208-001
<b>a</b>	Plan name THE HANA GROUP, INC. RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor THE HANA GROUP, INC.	<b>c</b> EIN-PN 99-0320188-001
<b>a</b>	Plan name THE JACKSON COMPANIES 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor JACKSONS FOOD STORES, INC.	<b>c</b> EIN-PN 82-0364157-001
<b>a</b>	Plan name THE PAY-O-MATIC CORP. 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor THE PAY-O-MATIC CORP.	<b>c</b> EIN-PN 13-2651875-001
<b>a</b>	Plan name THERAPY SOLUTIONS, LLC SAFE HARBOR 401(K) PLAN	
<b>b</b>	Name of plan sponsor THERAPY SOLUTIONS LLC	<b>c</b> EIN-PN 27-3224344-001
<b>a</b>	Plan name THINK INTEGRATED LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor THINK INTEGRATED LLC	<b>c</b> EIN-PN 85-3494384-001
<b>a</b>	Plan name THOMAS SALES & SERVICE, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor THOMAS SALES & SERVICE, INC.	<b>c</b> EIN-PN 93-0640025-003
<b>a</b>	Plan name THYSSE PRINTING SERVICE, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor THYSSE PRINTING SERVICE, INC.	<b>c</b> EIN-PN 39-0918563-001
<b>a</b>	Plan name TRAMCOR CORPORATION 401(K) PLAN	
<b>b</b>	Name of plan sponsor TRAMCOR CORPORATION	<b>c</b> EIN-PN 87-0264285-001
<b>a</b>	Plan name TREASURE VALLEY NASAL & SINUS CENTER 401(K) PLAN	
<b>b</b>	Name of plan sponsor TREASURE VALLEY NASAL AND SINUS PLLC	<b>c</b> EIN-PN 85-3092057-001
<b>a</b>	Plan name TRENEGY INCORPORATED 401(K) PLAN	
<b>b</b>	Name of plan sponsor TRENEGY INCORPORATED	<b>c</b> EIN-PN 27-3083464-001
<b>a</b>	Plan name TUALITY PHYSICIANS, P.C. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor TUALITY PHYSICIANS, PC	<b>c</b> EIN-PN 27-0713104-001

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
<b>a</b>	Plan name TUSCALOOSA PLUMBERS & STEAMFITTERS LOCAL 372 PENSION PLAN	
<b>b</b>	Name of plan sponsor TUSCALOOSA PLUMBERS & STEAMFITTERS LOCAL 372 PENSION PLAN	<b>c</b> EIN-PN 63-0267566-002
<b>a</b>	Plan name UNITED ARTS OF CENTRAL FLORIDA, INC. EMPLOYEES SAVINGS TRUST	
<b>b</b>	Name of plan sponsor UNITED ARTS OF CENTRAL FLORIDA, INC.	<b>c</b> EIN-PN 59-1166446-002
<b>a</b>	Plan name US & S INC 401(K) PROFIT SHARING PLAN AND TRUST	
<b>b</b>	Name of plan sponsor US&S, INC.	<b>c</b> EIN-PN 41-2079418-001
<b>a</b>	Plan name US REALTY CONSULTANTS, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor US REALTY CONSULTANTS, INC.	<b>c</b> EIN-PN 31-1060030-001
<b>a</b>	Plan name VALICOR ENVIRONMENTAL SERVICES, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor VALICOR ENVIRONMENTAL SERVICES, LLC	<b>c</b> EIN-PN 31-1047208-001
<b>a</b>	Plan name VALLEY HEART 401(K) PLAN	
<b>b</b>	Name of plan sponsor VALLEY HEART ASSOCIATES MEDICAL GROUP	<b>c</b> EIN-PN 94-2252241-002
<b>a</b>	Plan name VISIONEERING TECHNOLOGIES, INC. RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor VISIONEERING TECHNOLOGIES, INC.	<b>c</b> EIN-PN 26-3594304-001
<b>a</b>	Plan name VUTECH & RUFF, LLC RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor VUTECH & RUFF, LLC	<b>c</b> EIN-PN 26-1557011-001
<b>a</b>	Plan name WARD ARCURI FOLEY & DWYER 401(K) PLAN	
<b>b</b>	Name of plan sponsor WARD ARCURI FOLEY & DWYER LAW FIRM	<b>c</b> EIN-PN 81-5300068-001
<b>a</b>	Plan name WASHINGTON FARM BUREAU AND AFFILIATED COMPANIES VOLUNTARY EMPLOYEE SAVINGS PLAN	
<b>b</b>	Name of plan sponsor WASHINGTON FARM BUREAU FEDERATION	<b>c</b> EIN-PN 91-0462136-004
<b>a</b>	Plan name WAYFINDER FAMILY SERVICES 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor WAYFINDER FAMILY SERVICES	<b>c</b> EIN-PN 95-1977659-002
<b>a</b>	Plan name WCEC ENGINEERS, INC., AE OF SECURE FUTURE PEP	
<b>b</b>	Name of plan sponsor WCEC ENGINEERS, INC.	<b>c</b> EIN-PN 86-1136352-875

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	WELINK COMMUNICATIONS, INC. AE OF THE SECURE FUTURE PEP	
<b>b</b>	Name of plan sponsor	WELINK COMMUNICATIONS, INC.	<b>c</b> EIN-PN 88-1802621-875
<b>a</b>	Plan name	WELLQUEST LIVING RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	WELLQUEST LIVING, LLC	<b>c</b> EIN-PN 35-2620254-001
<b>a</b>	Plan name	WEST POINT UNDERWRITERS 401(K) PLAN	
<b>b</b>	Name of plan sponsor	WEST POINT UNDERWRITERS, LLC	<b>c</b> EIN-PN 52-2226315-001
<b>a</b>	Plan name	WESTERN PA BEHAVIORAL HEALTH RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	WESTERN PA BEHAVIORAL HEALTH RESOURCES	<b>c</b> EIN-PN 26-4087099-002
<b>a</b>	Plan name	WHITAKER FAMILY DENTISTRY 401(K) PLAN	
<b>b</b>	Name of plan sponsor	WHITAKER FAMILY DENTISTRY, INC.	<b>c</b> EIN-PN 26-3802825-001
<b>a</b>	Plan name	WILSON & COMPANY 401(K) PLAN	
<b>b</b>	Name of plan sponsor	WILSON & COMPANY, INC., ENGINEERS & ARCHITECTS	<b>c</b> EIN-PN 48-1176300-001
<b>a</b>	Plan name	WOVEN 401(K) PLAN	
<b>b</b>	Name of plan sponsor	WOVEN ACCENT, INC.	<b>c</b> EIN-PN 26-1161062-001
<b>a</b>	Plan name	WSOSF 401(K) PLAN	
<b>b</b>	Name of plan sponsor	WASHINGTON STATE OPPORTUNITY SCHOLARSHIP FOUNDATION	<b>c</b> EIN-PN 93-3293868-001
<b>a</b>	Plan name	WWEX RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	WWEX UNI TOPCO HOLDINGS, LLC	<b>c</b> EIN-PN 32-0780833-002
<b>a</b>	Plan name	WYCKOFF OPHTHALMOLOGY PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	WYCKOFF OPHTHALMOLOGY	<b>c</b> EIN-PN 22-3387704-001
<b>a</b>	Plan name	WYMBS, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	WYMBS INC.	<b>c</b> EIN-PN 13-1689450-002
<b>a</b>	Plan name	XEVAANT 401(K) PLAN	
<b>b</b>	Name of plan sponsor	XEVAANT	<b>c</b> EIN-PN 86-2272945-001

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

<b>a</b> Plan name	XIMA SOFTWARE 401(K) PLAN	
<b>b</b> Name of plan sponsor	XIMA, LLC	<b>c</b> EIN-PN 83-0486761-001
<b>a</b> Plan name	XML FINANCIAL, LLC 401(K) PROFIT SHARING PLAN	
<b>b</b> Name of plan sponsor	XML FINANCIAL	<b>c</b> EIN-PN 81-3654175-001
<b>a</b> Plan name	YES& COMPANIES EMPLOYEE SAVINGS PLAN	
<b>b</b> Name of plan sponsor	YES& COMPANIES LLC	<b>c</b> EIN-PN 46-4085646-001
<b>a</b> Plan name	YORK HOWELL 401(K) PLAN	
<b>b</b> Name of plan sponsor	YORK HOWELL, LLC	<b>c</b> EIN-PN 45-2697165-001
<b>a</b> Plan name	YOUNG LIVING HOLDINGS, LLC	
<b>b</b> Name of plan sponsor	YOUNG LIVING HOLDINGS, LLC	<b>c</b> EIN-PN 86-2546118-001
<b>a</b> Plan name	ZOLA WINDOWS EMPLOYEE STOCK OWNERSHIP 401(K) PLAN	
<b>b</b> Name of plan sponsor	ZEITGEIST, INC.	<b>c</b> EIN-PN 80-0946150-001
<b>a</b> Plan name	ZYCI 401(K) PLAN	
<b>b</b> Name of plan sponsor	ZYCI, LLC	<b>c</b> EIN-PN 46-3486293-001
<b>a</b> Plan name		
<b>b</b> Name of plan sponsor		<b>c</b> EIN-PN
<b>a</b> Plan name		
<b>b</b> Name of plan sponsor		<b>c</b> EIN-PN
<b>a</b> Plan name		
<b>b</b> Name of plan sponsor		<b>c</b> EIN-PN
<b>a</b> Plan name		
<b>b</b> Name of plan sponsor		<b>c</b> EIN-PN
<b>a</b> Plan name		
<b>b</b> Name of plan sponsor		<b>c</b> EIN-PN

<b>SCHEDULE H</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Financial Information</b>  This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).  ▶ <b>File as an attachment to Form 5500.</b>	OMB No. 1210-0110  <b>2024</b>  <b>This Form is Open to Public Inspection</b>
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For calendar plan year 2024 or fiscal plan year beginning <b>01/01/2024</b> and ending <b>12/31/2024</b>	
<b>A</b> Name of plan <b>BLACKROCK RUSSELL 1000 GROWTH INDEX FUND</b>	<b>B</b> Three-digit plan number (PN) ▶ <b>012</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>GREAT GRAY TRUST COMPANY, LLC</b>	<b>D</b> Employer Identification Number (EIN) <b>81-1025041</b>

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

Assets	(a) Beginning of Year	(b) End of Year
<b>a</b> Total noninterest-bearing cash .....	<b>1a</b>	
<b>b</b> Receivables (less allowance for doubtful accounts):		
<b>(1)</b> Employer contributions .....	<b>1b(1)</b>	
<b>(2)</b> Participant contributions .....	<b>1b(2)</b>	
<b>(3)</b> Other .....	<b>1b(3)</b>	800384      65578
<b>c</b> General investments:		
<b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....	<b>1c(1)</b>	
<b>(2)</b> U.S. Government securities .....	<b>1c(2)</b>	
<b>(3)</b> Corporate debt instruments (other than employer securities):		
<b>(A)</b> Preferred .....	<b>1c(3)(A)</b>	
<b>(B)</b> All other .....	<b>1c(3)(B)</b>	
<b>(4)</b> Corporate stocks (other than employer securities):		
<b>(A)</b> Preferred .....	<b>1c(4)(A)</b>	
<b>(B)</b> Common .....	<b>1c(4)(B)</b>	
<b>(5)</b> Partnership/joint venture interests .....	<b>1c(5)</b>	
<b>(6)</b> Real estate (other than employer real property) .....	<b>1c(6)</b>	
<b>(7)</b> Loans (other than to participants) .....	<b>1c(7)</b>	
<b>(8)</b> Participant loans .....	<b>1c(8)</b>	
<b>(9)</b> Value of interest in common/collective trusts .....	<b>1c(9)</b>	486958969      673764737
<b>(10)</b> Value of interest in pooled separate accounts .....	<b>1c(10)</b>	
<b>(11)</b> Value of interest in master trust investment accounts .....	<b>1c(11)</b>	
<b>(12)</b> Value of interest in 103-12 investment entities .....	<b>1c(12)</b>	
<b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds) .....	<b>1c(13)</b>	
<b>(14)</b> Value of funds held in insurance company general account (unallocated contracts) .....	<b>1c(14)</b>	
<b>(15)</b> Other .....	<b>1c(15)</b>	

<b>1d</b> Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	<b>1d(1)</b>		
(2) Employer real property.....	<b>1d(2)</b>		
<b>e</b> Buildings and other property used in plan operation.....	<b>1e</b>		
<b>f</b> Total assets (add all amounts in lines 1a through 1e).....	<b>1f</b>	487759353	673830315
<b>Liabilities</b>			
<b>g</b> Benefit claims payable.....	<b>1g</b>		
<b>h</b> Operating payables.....	<b>1h</b>	0	67847
<b>i</b> Acquisition indebtedness.....	<b>1i</b>		
<b>j</b> Other liabilities.....	<b>1j</b>	878715	65576
<b>k</b> Total liabilities (add all amounts in lines 1g through 1j).....	<b>1k</b>	878715	133423
<b>Net Assets</b>			
<b>l</b> Net assets (subtract line 1k from line 1f).....	<b>1l</b>	486880638	673696892

**Part II Income and Expense Statement**

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

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

		(a) Amount	(b) Total
<b>(6)</b> Net investment gain (loss) from common/collective trusts .....	<b>2b(6)</b>		168711956
<b>(7)</b> Net investment gain (loss) from pooled separate accounts .....	<b>2b(7)</b>		
<b>(8)</b> Net investment gain (loss) from master trust investment accounts .....	<b>2b(8)</b>		
<b>(9)</b> Net investment gain (loss) from 103-12 investment entities .....	<b>2b(9)</b>		
<b>(10)</b> Net investment gain (loss) from registered investment companies (e.g., mutual funds) .....	<b>2b(10)</b>		
<b>c</b> Other income .....	<b>2c</b>		
<b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total .....	<b>2d</b>		168711956

**Expenses**

<b>e</b> Benefit payment and payments to provide benefits:			
<b>(1)</b> Directly to participants or beneficiaries, including direct rollovers .....	<b>2e(1)</b>		
<b>(2)</b> To insurance carriers for the provision of benefits .....	<b>2e(2)</b>		
<b>(3)</b> Other .....	<b>2e(3)</b>		
<b>(4)</b> Total benefit payments. Add lines <b>2e(1)</b> through <b>(3)</b> .....	<b>2e(4)</b>		0
<b>f</b> Corrective distributions (see instructions) .....	<b>2f</b>		
<b>g</b> Certain deemed distributions of participant loans (see instructions) .....	<b>2g</b>		
<b>h</b> Interest expense .....	<b>2h</b>		
<b>i</b> Administrative expenses:			
<b>(1)</b> Salaries and allowances .....	<b>2i(1)</b>		
<b>(2)</b> Contract administrator fees .....	<b>2i(2)</b>		
<b>(3)</b> Recordkeeping fees .....	<b>2i(3)</b>		
<b>(4)</b> IQPA audit fees .....	<b>2i(4)</b>	29202	
<b>(5)</b> Investment advisory and investment management fees .....	<b>2i(5)</b>	25669	
<b>(6)</b> Bank or trust company trustee/custodial fees .....	<b>2i(6)</b>	149094	
<b>(7)</b> Actuarial fees .....	<b>2i(7)</b>		
<b>(8)</b> Legal fees .....	<b>2i(8)</b>		
<b>(9)</b> Valuation/appraisal fees .....	<b>2i(9)</b>		
<b>(10)</b> Other trustee fees and expenses .....	<b>2i(10)</b>		
<b>(11)</b> Other expenses .....	<b>2i(11)</b>		
<b>(12)</b> Total administrative expenses. Add lines <b>2i(1)</b> through <b>(11)</b> .....	<b>2i(12)</b>		203965
<b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total .....	<b>2j</b>		203965

**Net Income and Reconciliation**

<b>k</b> Net income (loss). Subtract line <b>2j</b> from line <b>2d</b> .....	<b>2k</b>		168507991
<b>l</b> Transfers of assets:			
<b>(1)</b> To this plan .....	<b>2l(1)</b>		106591019
<b>(2)</b> From this plan .....	<b>2l(2)</b>		88282756

**Part III Accountant's Opinion**

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

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

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

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

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

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

(1) Name:

(2) EIN:

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

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

**Part IV Compliance Questions**

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

During the plan year:

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

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

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

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

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

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