

Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security
Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210-0110
1210-0089

2024

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 11/07/2024

- A This return/report is for: [] a multiemployer plan [] a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.) [] a single-employer plan [X] a DFE (specify) C
B This return/report is: [] the first return/report [X] the final return/report [] an amended return/report [X] a short plan year return/report (less than 12 months)
C If the plan is a collectively-bargained plan, check here. []
D Check box if filing under: [] Form 5558 [] automatic extension [] the DFVC program [] special extension (enter description)
E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. []

Part II Basic Plan Information—enter all requested information

1a Name of plan: INDEXSELECT CONSERVATIVE 2025 FUND
1b Three-digit plan number (PN): 311
1c Effective date of plan
2a Plan sponsor's name (employer, if for a single-employer plan): GREAT GRAY TRUST COMPANY, LLC
2b Employer Identification Number (EIN): 81-4509619
2c Plan Sponsor's telephone number: 866-427-6885
2d Business code (see instructions)

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

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

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

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

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

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

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

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

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

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

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

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

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

Receipt Confirmation Code _____

<p style="text-align: center;">SCHEDULE D (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>	<p>DFE/Participating Plan Information</p> <p>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p>▶ File as an attachment to Form 5500.</p>	<p>OMB No. 1210-0110</p> <hr/> <p style="font-size: large;">2024</p> <hr/> <p>This Form is Open to Public Inspection.</p>
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 11/07/2024

<p>A Name of plan <u>INDEXSELECT CONSERVATIVE 2025 FUND</u></p>	<p>B Three-digit plan number (PN) ▶</p>	<p><u>311</u></p>
<p>C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>GREAT GRAY TRUST COMPANY, LLC</u></p>	<p>D Employer Identification Number (EIN) <u>81-4509619</u></p>	

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>COMMODITY INDEX DAILY FUND F</u>				
b Name of sponsor of entity listed in (a): <u>BLACKROCK INSTITUTIONAL TRUST COMPANY, N.A.</u>				
c EIN-PN <u>27-4616854-001</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>0</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>DEVELOPED REAL ESTATE INDEX FUND F</u>				
b Name of sponsor of entity listed in (a): <u>BLACKROCK INSTITUTIONAL TRUST COMPANY, N.A.</u>				
c EIN-PN <u>27-2659367-001</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>0</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>BR MSCI ACWI EX-US IMI INDEX FUND F</u>				
b Name of sponsor of entity listed in (a): <u>BLACKROCK INSTITUTIONAL TRUST COMPANY, N.A.</u>				
c EIN-PN <u>83-0377925-001</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>0</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>RUSSELL 1000 INDEX FUND F</u>				
b Name of sponsor of entity listed in (a): <u>BLACKROCK INSTITUTIONAL TRUST COMPANY, N.A.</u>				
c EIN-PN <u>94-3357216-001</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>0</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>RUSSELL 2000 INDEX FUND F</u>				
b Name of sponsor of entity listed in (a): <u>BLACKROCK INSTITUTIONAL TRUST COMPANY, N.A.</u>				
c EIN-PN <u>94-3318704-001</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>0</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>U.S. TIPS FUND F</u>				
b Name of sponsor of entity listed in (a): <u>BLACKROCK INSTITUTIONAL TRUST COMPANY, N.A.</u>				
c EIN-PN <u>36-4495972-001</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>0</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>GREAT GRAY TRUST STABLE VALUE FUND</u>				
b Name of sponsor of entity listed in (a): <u>GREAT GRAY TRUST COMPANY, LLC</u>				
c EIN-PN <u>38-4065313-339</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>0</u>

a Name of MTIA, CCT, PSA, or 103-12 IE: **LONG TERM CREDIT BOND INDEX FUND**

b Name of sponsor of entity listed in (a): **BLACKROCK INSTITUTIONAL TRUST COMPANY, N.A.**

c EIN-PN 87-1467186-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
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a Name of MTIA, CCT, PSA, or 103-12 IE: **LONG TERM GOV BOND INDEX FUND**

b Name of sponsor of entity listed in (a): **BLACKROCK INSTITUTIONAL TRUST COMPANY, N.A.**

c EIN-PN 83-3997809-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
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a Name of MTIA, CCT, PSA, or 103-12 IE:

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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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 A & H ELECTRIC CO. 401(K) PLAN	
b	Name of plan sponsor A & H ELECTRIC CO., LLC	c EIN-PN 74-2053998-001
a	Plan name A-1 UNITED HEATING, AIR & ELECTRICAL CO., INC. 401(K) PLAN	
b	Name of plan sponsor A-1 UNITED HEATING, AIR & ELECTRICAL CO., INC.	c EIN-PN 47-0583109-001
a	Plan name AA ADVANCE AIR 401(K) PLAN	
b	Name of plan sponsor AA ADVANCE AIR, INC.	c EIN-PN 35-2186266-001
a	Plan name AA TRANSPORTATION, INC. 401(K) PLAN	
b	Name of plan sponsor AA TRANSPORTATION, INC.	c EIN-PN 04-3323452-001
a	Plan name ABCM CORP & AFFILIATES EMPLOYEE WELFARE PLAN	
b	Name of plan sponsor ABCM CORPORATION	c EIN-PN 42-1008939-002
a	Plan name AC FOODS WHOLESALE 401(K) PLAN	
b	Name of plan sponsor A.C. FAMILY, INC DBA AC FOODS WHOLESALE	c EIN-PN 46-0494814-001
a	Plan name ACE NATURAL 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor ACE NATURAL, INC.	c EIN-PN 13-3881108-001
a	Plan name ACME TRUCK LINE 401(K) PLAN	
b	Name of plan sponsor ACME TRUCK LINE, INC.	c EIN-PN 72-0540787-001
a	Plan name ACT ENGINEERS, INC. 401(K) RETIREMENT PLAN	
b	Name of plan sponsor ACT ENGINEERS, INC.	c EIN-PN 22-3144331-001
a	Plan name ADVANCED ORTHOPEDIC CENTER 401(K) PLAN	
b	Name of plan sponsor ADVANCED ORTHOPEDIC CENTER OF CHARLOTTE COUNTY, P.A.	c EIN-PN 59-2050967-003
a	Plan name ADX LABS 401(K) PLAN	
b	Name of plan sponsor ADX NET	c EIN-PN 47-4668903-001
a	Plan name AEI / A&R RETIREMENT PLAN	
b	Name of plan sponsor AMP ELECTRICAL, INC.	c EIN-PN 20-4217163-001

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 AEPS CORPORATION 401(K) PLAN	
b	Name of plan sponsor AMERICAN EAGLE PROTECTIVE SERVICES CORPORATION	c EIN-PN 42-1606508-101
a	Plan name AEYON LLC 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor AEYON LLC	c EIN-PN 45-2088060-001
a	Plan name AFFILIATED DERMATOLOGY 401(K) PLAN	
b	Name of plan sponsor RICHARD LEE AVERITTE, JR., PLLC DBA AFFILIATED DERMATOLOGY	c EIN-PN 74-3037351-001
a	Plan name AFFORDABLE ENGINEERING SERVICES, INC. 401(K) PLAN	
b	Name of plan sponsor AFFORDABLE ENGINEERING SERVICES, INC.	c EIN-PN 59-3812042-001
a	Plan name AIY PROPERTIES, INC. 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor AIY PROPERTIES, INC.	c EIN-PN 26-0378911-001
a	Plan name ALBRIGHT WELDING SUPPLY CO. INC. 401(K) RETIREMENT PLAN	
b	Name of plan sponsor ALBRIGHT WELDING SUPPLY CO. INC.	c EIN-PN 34-0691967-001
a	Plan name ALLERGY ASSOCIATES HOLDINGS, LTD. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor ALLERGY ASSOCIATES HOLDINGS, LTD.	c EIN-PN 39-1138480-003
a	Plan name ALLIANCE CONSTRUCTION GROUP 401(K) PLAN	
b	Name of plan sponsor ALLIANCE CONSTRUCTION GROUP, LLC	c EIN-PN 27-1495672-001
a	Plan name ALL-TYPE WELDING AND FABRICATION INC 401(K) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor ALL-TYPE WELDING AND FABRICATION	c EIN-PN 34-1546461-001
a	Plan name ALONTI 401(K) PLAN	
b	Name of plan sponsor PEPI CORPORATION	c EIN-PN 74-2070055-002
a	Plan name ALTERNATIVE BUSINESS FURNITURE 401(K) P/S PLAN	
b	Name of plan sponsor ALTERNATIVE BUSINESS FURNITURE, INC.	c EIN-PN 41-1752492-001
a	Plan name AMERICAN FEDERATION OF TEACHERS - WEST VIRGINIA 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor AMERICAN FEDERATION OF TEACHERS - WEST VIRGINIA	c EIN-PN 55-0787594-001

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	AMERICAN LEAKLESS COMPANY LLC 401(K) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor	AMERICAN LEAKLESS COMPANY LLC	c EIN-PN 26-4282311-001
a	Plan name	AMERICAN VULKAN CORPORATION SAVINGS PLAN	
b	Name of plan sponsor	AMERICAN VULKAN CORPORATION	c EIN-PN 59-1372818-002
a	Plan name	ANDY GUMP, INC. 401(K) SAVINGS & INVESTMENT PLAN	
b	Name of plan sponsor	ANDY GUMP, INC.	c EIN-PN 95-2588604-001
a	Plan name	ANESTHESIOLOGISTS ASSOCIATED, PC 401(K) PROFIT SHARING RETIREMENT PLAN	
b	Name of plan sponsor	ANESTHESIOLOGISTS ASSOCIATED, PC	c EIN-PN 63-0577011-003
a	Plan name	A-OX WELDING SUPPLY COMPANY 401K P/S PLAN	
b	Name of plan sponsor	A-OX WELDING SUPPLY COMPANY	c EIN-PN 46-0216482-001
a	Plan name	APG 401(K) PLAN	
b	Name of plan sponsor	AUTOMATION PRODUCTS GROUP, INC.	c EIN-PN 20-5314683-001
a	Plan name	AQUA-TOTS 401(K) PLAN	
b	Name of plan sponsor	AQUA-TOTS SWIM SCHOOL HOLDING, LLC	c EIN-PN 26-0233789-001
a	Plan name	ARCXIS 401(K) PLAN	
b	Name of plan sponsor	DPIS ENGINEERING, LLC D/B/A ARCXIS	c EIN-PN 47-2374293-004
a	Plan name	ARRINGTON WATKINS ARCHITECTS, L.L.C. 401(K) PLAN	
b	Name of plan sponsor	ARRINGTON WATKINS ARCHITECTS, L.L.C.	c EIN-PN 86-0779271-001
a	Plan name	ASCEND ELEMENTS, INC. 401(K) PLAN	
b	Name of plan sponsor	ASCEND ELEMENTS, INC.	c EIN-PN 82-2222893-001
a	Plan name	ASHBERRY ACQUISITION COMPANY 401(K) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor	ASHBERRY ACQUISITION COMPANY	c EIN-PN 58-2631904-001
a	Plan name	ASHCOMBE FARM AND GREENHOUSES 401K SAVINGS PLAN	
b	Name of plan sponsor	GRO-GREEN CORP	c EIN-PN 23-2098159-001

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 ASSOCIATES IN GASTROENTEROLOGY, P.C. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor ASSOCIATES IN GASTROENTEROLOGY, P.C.	c EIN-PN 84-0836256-003
a	Plan name ATCO MANUFACTURING COMPANY	
b	Name of plan sponsor ATCO MANUFACTURING COMPANY	c EIN-PN 58-0908634-001
a	Plan name AUTOMOTIVE TRAINING CENTER 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor AUTOMOTIVE TRAINING CENTER	c EIN-PN 23-2658637-001
a	Plan name BARFIELD, INC. 401(K) SAVINGS PLAN	
b	Name of plan sponsor BARFIELD, INC.	c EIN-PN 59-0556588-001
a	Plan name BAY LINEN, INC. 401(K) PLAN	
b	Name of plan sponsor BAY LINEN, INC.	c EIN-PN 59-3047014-001
a	Plan name BAY SURGICAL SPECIALISTS, P.A. 401K PROFIT SHARING PLAN	
b	Name of plan sponsor BAY SURGICAL SPECIALISTS, P.A.	c EIN-PN 59-3159954-003
a	Plan name BBBS 401(K) RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor BIG BROTHERS BIG SISTERS OF TAMPA BAY, INC.	c EIN-PN 59-2173085-001
a	Plan name BEDFORD ROAD PHARMACY, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor BEDFORD ROAD PHARMACY, INC.	c EIN-PN 52-1096550-001
a	Plan name BELLEAIR COUNTRY CLUB 401K PLAN	
b	Name of plan sponsor BELLEVIEW BILTMORE COUNTRY CLUB CORP.	c EIN-PN 25-1235483-001
a	Plan name BENNING POWER ELECTRONICS, INC. 401(K) PLAN	
b	Name of plan sponsor BENNING POWER ELECTRONICS, INC.	c EIN-PN 75-2585305-002
a	Plan name BEYOND HEALTH MANAGEMENT SOLUTIONS 401(K) PLAN	
b	Name of plan sponsor BEYOND HEALTH MANAGEMENT SOLUTIONS, LLC	c EIN-PN 83-0800233-001
a	Plan name BINGHAM LEGAL GROUP, PC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor BINGHAM LEGAL GROUP, PC	c EIN-PN 20-8741696-001

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 BISON HOLDINGS, LLC 401(K) PLAN	
b	Name of plan sponsor BISON HOLDINGS, LLC	c EIN-PN 85-4151362-001
a	Plan name BITUMINOUS PAVING EMPLOYEE'S PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor BITUMINOUS PAVING, INC.	c EIN-PN 41-1371474-001
a	Plan name BJH ADVISORS, LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor BJH ADVISORS, LLC	c EIN-PN 27-2172290-001
a	Plan name BLAINE BROTHERS MAINTENANCE, INC. RETIREMENT PLAN	
b	Name of plan sponsor BLAINE BROTHERS MAINTENANCE, INC.	c EIN-PN 41-1379303-001
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 BOETTCHER-HLAVINKA 401(K) PLAN	
b	Name of plan sponsor BOETTCHER-HLAVINKA COMPANY	c EIN-PN 74-1505981-003
a	Plan name BOGGS ELECTRIC CO., INC 401(K) PLAN	
b	Name of plan sponsor BOGGS ELECTRIC CO. INC.	c EIN-PN 75-1946159-001
a	Plan name BRABAZON PUMPE & COMPRESSOR CO., LTD 401(K) RETIREMENT PLAN	
b	Name of plan sponsor BRABAZON PUMPE AND COMPRESSOR CO., LTD	c EIN-PN 39-1311715-001
a	Plan name BRADLEY & GMELICH 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor BRADLEY & GMELICH LLP	c EIN-PN 95-4769511-001
a	Plan name BRANDON DERMATOLOGY, PA 401K PLAN	
b	Name of plan sponsor BRANDON DERMATOLOGY, PA	c EIN-PN 05-0548764-001
a	Plan name BRIGHTPET 401(K) PLAN	
b	Name of plan sponsor BRIGHTPET NUTRITION GROUP, LLC	c EIN-PN 81-2276321-001

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 CABIN CREEK HEALTH SYSTEMS, INC. 401(K)PROFIT SHARING PLAN	
b	Name of plan sponsor CABIN CREEK HEALTH SYSTEMS, INC.	c EIN-PN 55-0709223-001
a	Plan name CALIFORNIA VIBRATORY FEEDERS, INC. 401(K) PROFIT SHARING	
b	Name of plan sponsor CALIFORNIA VIBRATORY FEEDERS, INC.	c EIN-PN 95-2793530-001
a	Plan name CALUMET TANK & EQUIPMENT CO., INC. 401(K) PLAN	
b	Name of plan sponsor CALUMET TANK & EQUIPMENT CO., INC.	c EIN-PN 36-3613757-001
a	Plan name CAPITOL IMAGING, LLC RETIREMENT PLAN	
b	Name of plan sponsor CAPITOL IMAGING, LLC	c EIN-PN 47-4549323-001
a	Plan name CARL WALKER CONSTRUCTION, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor CARL WALKER CONSTRUCTION	c EIN-PN 27-1071378-001
a	Plan name CARLSON MEISSNER HART & HAYSLETT, PA 401(K) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor CARLSON MEISSNER HART & HAYSLETT, PA	c EIN-PN 59-1547838-001
a	Plan name CARR PROPERTY MANAGEMENT, INC. RETIREMENT READINESS 401K PLAN	
b	Name of plan sponsor CARR PROPERTY MANAGEMENT, INC.	c EIN-PN 04-2572222-001
a	Plan name CASCADE FLOORING AMERICA 401(K) PLAN	
b	Name of plan sponsor CASCADE FLOORING AMERICA, LLC	c EIN-PN 54-2077601-001
a	Plan name CASCADE PATTERN COMPANY 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor CASCADE PATTERN COMPANY	c EIN-PN 34-1938409-001
a	Plan name CASEY COUNTY BANK 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor CASEY COUNTY BANK, INC.	c EIN-PN 61-0152308-001
a	Plan name CCG 401(K) PLAN	
b	Name of plan sponsor CERTIFIED COLLECTIBLES GROUP, LLC	c EIN-PN 22-3716431-001
a	Plan name CELTIC MARKETING 401(K) RETIREMENT PLAN	
b	Name of plan sponsor CELTIC MARKETING, FOOD BROKERS INC.	c EIN-PN 03-0349703-001

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	CERTIFIED ENGINEERING, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	CERTIFIED ENGINEERING, INC.	c EIN-PN 35-1667227-001
a	Plan name	CHAMPIONS FOR CHILDREN, INC. 401(K) EMPLOYER SAVINGS PLAN	
b	Name of plan sponsor	CHAMPIONS FOR CHILDREN, INC.	c EIN-PN 59-1807551-001
a	Plan name	CHARTER TOWNSHIP OF INDEPENDENCE 401(A) RETIREMENT	
b	Name of plan sponsor	CHARTER TOWNSHIP OF INDEPENDENCE	c EIN-PN 38-6006906-001
a	Plan name	CHEMGLASS 401(K) SAVINGS & INVESTMENT PLAN	
b	Name of plan sponsor	CHEMGLASS, INC	c EIN-PN 21-0672397-001
a	Plan name	CHILD-PARENT CENTERS, INC. RETIREMENT PLAN	
b	Name of plan sponsor	CHILD-PARENT CENTERS INC.	c EIN-PN 86-0204557-001
a	Plan name	CHRISTIAN COMMUNITY HOMES AND SERVICES, INC. 401(K) PLAN	
b	Name of plan sponsor	CHRISTIAN COMMUNITY HOMES AND SERVICES, INC.	c EIN-PN 39-1801003-002
a	Plan name	CIL, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	CIL, INC.	c EIN-PN 04-2983179-001
a	Plan name	CINCINNATI CATHOLIC GROUP TRUST 401K PLAN	
b	Name of plan sponsor	CINCINNATI CATHOLIC GROUP TRUST	c EIN-PN 92-6050273-009
a	Plan name	CITIZENS BANK EMPLOYEES' RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	CITIZENS BANK	c EIN-PN 35-0227210-003
a	Plan name	CITY OF MOUNTAIN VIEW 401A PLAN	
b	Name of plan sponsor	CITY OF MOUNTAIN VIEW	c EIN-PN 94-6000379-401
a	Plan name	CLARK, SCHAEFER, HACKETT & CO. PROFIT SHARING RETIREMENT PLAN (WITH 401(K) PROVISIONS)	
b	Name of plan sponsor	CLARK, SCHAEFER, HACKETT & CO.	c EIN-PN 31-0800053-001
a	Plan name	CLEAR LAKE SPECIALTIES, P.A. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	CLS HEALTH PLLC	c EIN-PN 20-2798379-001

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 CLYMER FARNER BARLEY, INC. 401(K) PLAN	
b	Name of plan sponsor CLYMER FARNER BARLEY, INC.	c EIN-PN 59-2788882-001
a	Plan name CMC ENGINEERING 401(K) PLAN	
b	Name of plan sponsor CONSTRUCTION METHODS & COORDINATION INC.	c EIN-PN 23-2149767-002
a	Plan name COGAN AND GEORGE ORTHODONTICS LLC 401(K) PLAN	
b	Name of plan sponsor COGAN AND GEORGE ORTHODONTICS LLC	c EIN-PN 54-2148445-001
a	Plan name COHN WHOLESALE 401(K) RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor COHN WHOLESALE FRUIT & GROCERY CO.	c EIN-PN 42-0845853-002
a	Plan name COLORADO SLEEP INSTITUTE PROFESSIONAL SERVICES 401(K) PLAN	
b	Name of plan sponsor ELAN SLEEP LLC	c EIN-PN 45-5453170-001
a	Plan name COMMERCIAL COLLECTION CORPORATION OF NY, 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor COMMERCIAL COLLECTION CORPORATION OF NY, INC	c EIN-PN 16-0864226-001
a	Plan name COMMUNITY ACTION AGENCY OF SOUTH CENTRAL MICHIGAN 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor COMMUNITY ACTION AGENCY OF SOUTH CENTRAL MICHIGAN	c EIN-PN 38-1794361-001
a	Plan name COMMUNITY ACTION PARTNERSHIP OF LANCASTER AND SAUNDERS COUNTIES 401(K) PLAN	
b	Name of plan sponsor COMMUNITY ACTION PARTNERSHIP OF LANCASTER AND SAUNDERS	c EIN-PN 47-0491162-001
a	Plan name COMPASS MORTGAGE, INC. 401(K) PLAN	
b	Name of plan sponsor COMPASS MORTGAGE, INC.	c EIN-PN 36-4322204-001
a	Plan name CONSULTNET, LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor CONSULTNET, LLC	c EIN-PN 87-0562976-001
a	Plan name CONTENDER SOLUTIONS, LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor CONTENDER SOLUTIONS, LLC	c EIN-PN 46-0955276-001
a	Plan name COPPOLA SERVICES, INC. 401(K) PLAN	
b	Name of plan sponsor COPPOLA SERVICES, INC.	c EIN-PN 13-3328023-002

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
<small>(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)</small>			
a	Plan name	CPS INSURANCE SERVICES 401(K) PLAN	
b	Name of plan sponsor	CPS INSURANCE SERVICES	c EIN-PN 95-3339518-001
a	Plan name	CPS SOUTHWEST INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	CPS SOUTHWEST INC.	c EIN-PN 33-0624688-001
a	Plan name	CRITICAL ENERGY INFRASTRUCTURE SVCS, LLC 401(K) PL	
b	Name of plan sponsor	CRITICAL ENERGY INFRASTRUCTURE SERVICES, LLC	c EIN-PN 88-3984260-001
a	Plan name	CRITICALPOINT CAPITAL, LLC 401(K) PLAN	
b	Name of plan sponsor	CRITICALPOINT PARTNERS, LLC	c EIN-PN 45-5416532-001
a	Plan name	CRYOWORKS, INC. 401(K) PLAN AND TRUST	
b	Name of plan sponsor	CRYOWORKS, INC.	c EIN-PN 27-2163540-001
a	Plan name	CSI 401(K) PLAN	
b	Name of plan sponsor	CONTRACTING SPECIALISTS INCORPORATED	c EIN-PN 04-3321649-001
a	Plan name	CSI 401K PLAN	
b	Name of plan sponsor	CUSTOM SECURITY INTEGRATED, LLC	c EIN-PN 27-3247000-001
a	Plan name	CUBA TRAVEL SERVICES, INC. 401(K) PLAN II	
b	Name of plan sponsor	CUBA TRAVEL SERVICES, INC.	c EIN-PN 95-4727906-002
a	Plan name	CUDLIE ACCESSORIES, LLC 401(K) PLAN	
b	Name of plan sponsor	CUDLIE ACCESSORIES, LLC	c EIN-PN 13-3977105-002
a	Plan name	CUSB BANK 401(K) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor	CUSB BANK	c EIN-PN 42-0201590-002
a	Plan name	CUSTOM ONE PAINTING 401(K) PLAN	
b	Name of plan sponsor	CUSTOM ONE PAINTING 401(K) PLAN	c EIN-PN 41-1844419-001
a	Plan name	D & W MECHANICAL 401(K) PLAN	
b	Name of plan sponsor	GREAT LAKES MECHANICAL SYSTEMS, INC. DBA D & W MECHANICAL	c EIN-PN 38-2765947-001

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	DANIELS RODRIGUEZ BERKELEY DANIELS & CRUZ 401(K) PLAN	
b	Name of plan sponsor	DANIELS RODRIGUEZ BERKELEY DANIELS & CRUZ	c EIN-PN 65-0010573-001
a	Plan name	DCD AUTOMOTIVE HOLDINGS, INC. 401(K) PLAN	
b	Name of plan sponsor	DCD AUTOMOTIVE HOLDINGS, INC.	c EIN-PN 47-2847221-001
a	Plan name	DCS RETIREMENT 401(K) PLAN	
b	Name of plan sponsor	DIVERSIFIED COMMUNICATIONS SERVICES INC.	c EIN-PN 33-0269673-001
a	Plan name	DEEPWATCH, INC. 401(K) PLAN	
b	Name of plan sponsor	DEEPWATCH, INC.	c EIN-PN 38-4056947-001
a	Plan name	DEERFIELD AGENCY LLC 401K PLAN	
b	Name of plan sponsor	DEERFIELD AGENCY LLC	c EIN-PN 47-3931876-001
a	Plan name	DELTA RESEARCH/DELTA GEAR 401(K) PLAN	
b	Name of plan sponsor	DELTA RESEARCH CORPORATION	c EIN-PN 38-1806269-001
a	Plan name	DETAIL MASTERS, INC. EMPLOYEE SAVINGS AND RETIREMENT PLAN	
b	Name of plan sponsor	DETAIL MASTERS, INC.	c EIN-PN 74-2472875-001
a	Plan name	DI OVERNITE 401(K) PLAN	
b	Name of plan sponsor	DI OVERNITE, LLC	c EIN-PN 46-3551719-001
a	Plan name	DIAGNOSTIC IMAGING CENTERS, P.A. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	DIAGNOSTIC IMAGING CENTERS, P.A.	c EIN-PN 43-0913846-002
a	Plan name	DIAGNOSTIC SOLUTIONS LABORATORY, LLC EMPLOYEES RETIREMENT PLAN	
b	Name of plan sponsor	DIAGNOSTIC SOLUTIONS LABORATORY, LLC	c EIN-PN 47-3208084-001
a	Plan name	DIAL PROPERTIES 401(K) PLAN	
b	Name of plan sponsor	DIAL PROPERTIES	c EIN-PN 47-0526923-001
a	Plan name	DIAMOND CREDIT UNION 401(K) PLAN AND TRUST	
b	Name of plan sponsor	DIAMOND CREDIT UNION	c EIN-PN 23-1320654-002

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 DIN TAI FUNG RETIREMENT PLAN	
b	Name of plan sponsor DTF MANAGEMENT AND CONSULTING, LLC	c EIN-PN 47-4678058-001
a	Plan name DIVERSIFIED PLASTICS, INC. SAVINGS AND RETIREMENT PLAN AND TRUST	
b	Name of plan sponsor DIVERSIFIED PLASTICS, INC.	c EIN-PN 41-1322348-001
a	Plan name DIZCO, INC. PENSION PLAN	
b	Name of plan sponsor DIZCO, INC.	c EIN-PN 46-0315860-001
a	Plan name DOCTORS COUNCIL ANNUITY FUND	
b	Name of plan sponsor DOCTORS COUNCIL ANNUITY FUND	c EIN-PN 13-4087091-001
a	Plan name DOLCE LUSO LLC 401(K) PLAN	
b	Name of plan sponsor DOLCE LUSO LLC	c EIN-PN 57-1238524-001
a	Plan name DOW LEWIS INC 401K PROFIT SHARING PLAN	
b	Name of plan sponsor DOW LEWIS INC	c EIN-PN 68-0226109-001
a	Plan name DPI 401(K) SAVINGS PLAN	
b	Name of plan sponsor DIVERSIFIED PLASTICS, INC.	c EIN-PN 81-0428980-001
a	Plan name DRAKE EMPLOYEE SAVINGS PLAN	
b	Name of plan sponsor DRAKE OFFICE OVERLOAD, INC.	c EIN-PN 95-4555406-002
a	Plan name DULTMEIER SALES LLC 401(K) PLAN	
b	Name of plan sponsor DULTMEIER SALES LLC	c EIN-PN 47-0430008-001
a	Plan name EAST SIDE MACHINE, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor EAST SIDE MACHINE, INC.	c EIN-PN 16-1232652-001
a	Plan name ELITE SCREENS, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor ELITE SCREENS, INC.	c EIN-PN 20-0806854-002
a	Plan name EMPLOYEE RETIREMENT PLAN	
b	Name of plan sponsor MISSOURI SUGARS, LLC	c EIN-PN 20-5945762-001

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
a	Plan name EMPOWER LIFETIME 2015 TRUST	
b	Name of plan sponsor EMPOWER TRUST COMPANY, LLC	c EIN-PN 84-1455663-011
a	Plan name EPOCA INTERNATIONAL, LLC 401(K) SAFE HARBOR PLAN	
b	Name of plan sponsor EPOCA INTERNATIONAL, LLC	c EIN-PN 22-3126842-001
a	Plan name EYE CARE FOR THE ADIRONDACKS 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor EYE CARE FOR THE ADIRONDACKS ASSOCIATES IN OPHTHALMOLOGY, P.C.	c EIN-PN 16-1415081-001
a	Plan name F.B. WRIGHT 401(K) PLAN	
b	Name of plan sponsor F.B. WRIGHT COMPANY	c EIN-PN 38-1334932-001
a	Plan name F.M. ACOUSTICAL TILE, INC. 401K PROFIT SHARING PLAN	
b	Name of plan sponsor F.M. ACOUSTICAL TILE, INC.	c EIN-PN 46-0352441-001
a	Plan name FAIRMONT INSURANCE BROKERS 401(K) PLAN	
b	Name of plan sponsor FAIRMONT INSURANCE BROKERS, LTD.	c EIN-PN 11-2696860-001
a	Plan name FAMILY DRUG CENTER 401(K) RETIREMENT PLAN	
b	Name of plan sponsor APOTHECARY ENTERPRISES, LTD.	c EIN-PN 54-1201381-001
a	Plan name FARMERS & MECHANICS FEDERAL 401(K) PLAN	
b	Name of plan sponsor FARMERS AND MECHANICS FEDERAL SAVINGS BANK	c EIN-PN 35-0303170-001
a	Plan name FASTCO INDUSTRIES, INC. 401(K) PLAN	
b	Name of plan sponsor FASTCO INDUSTRIES, INC.	c EIN-PN 38-2253225-001
a	Plan name FAWBUSH'S GALLERIA, INC. 401(K) PLAN	
b	Name of plan sponsor FAWBUSHS GALLERIA, INC.	c EIN-PN 41-1252840-001
a	Plan name FBI CONSTRUCTION, INC. PROFIT SHARING & 401(K) PLAN & TRUST	
b	Name of plan sponsor FBI CONSTRUCTION, INC.	c EIN-PN 57-0734442-001
a	Plan name FEDERAL REALTY INVESTMENT TRUST SAVINGS AND RETIREMENT 401(K) PLAN	
b	Name of plan sponsor FEDERAL REALTY INVESTMENT TRUST	c EIN-PN 52-0782497-001

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 FEEDING SOUTH DAKOTA 401K PROFIT SHARING PLAN	
b	Name of plan sponsor FEEDING SOUTH DAKOTA	c EIN-PN 36-3293534-001
a	Plan name FINANCE OF AMERICA COMPANIES 401(K) PLAN	
b	Name of plan sponsor FINANCE OF AMERICA EQUITY CAPITAL LLC	c EIN-PN 80-0948242-001
a	Plan name FIRE-DEX, LLC 401K PLAN	
b	Name of plan sponsor FIRE-DEX, LLC	c EIN-PN 20-8033614-001
a	Plan name FIRST IMPRESSION IRON WORKS, INC. 401(K) PLAN	
b	Name of plan sponsor FIRST IMPRESSION IRON WORKS, INC.	c EIN-PN 82-1958555-001
a	Plan name FIRST MAINSTREET INSURANCE, L.C. 401(K) PLAN	
b	Name of plan sponsor FIRST MAINSTREET INSURANCE, L.C.	c EIN-PN 82-3143872-001
a	Plan name FIRSTWATCH SOLUTIONS, INC. 401(K) PLAN	
b	Name of plan sponsor FIRSTWATCH SOLUTIONS, INC.	c EIN-PN 05-0544884-001
a	Plan name FLINT GASTROENTEROLOGY ASSOCIATES, P.C. 401(K) PLAN	
b	Name of plan sponsor FLINT GASTROENTEROLOGY ASSOCIATES, P.C.	c EIN-PN 38-2587660-003
a	Plan name FLORIDA COAST EQUIPMENT, INC. 401(K) PLAN	
b	Name of plan sponsor FLORIDA COAST EQUIPMENT INC	c EIN-PN 59-2490149-002
a	Plan name FORTH'S FOODS, INC. 401(K) PLAN	
b	Name of plan sponsor FORTH FOODS, INC	c EIN-PN 55-0679166-001
a	Plan name FOULGER-PRATT COMPANIES 401(K) PLAN	
b	Name of plan sponsor THE FOULGER-PRATT COMPANIES	c EIN-PN 45-0463021-001
a	Plan name FREED KANNER LONDON & MILLEN, LLC 401K	
b	Name of plan sponsor FREED KANNER LONDON & MILLEN, LLC	c EIN-PN 20-5923647-001
a	Plan name FRIENDSHIP BAPTIST CHURCH 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor FRIENDSHIP BAPTIST CHURCH	c EIN-PN 41-1552097-001

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	FROEHLING & ROBERTSON, INC. 401(K) PLAN	
b	Name of plan sponsor	FROEHLING & ROBERTSON, INC.	c EIN-PN 54-0217380-003
a	Plan name	FURLOW ASSOCIATES, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	FURLOW ASSOCIATES, INC.	c EIN-PN 51-0294776-002
a	Plan name	FUTURECARE 401(K) PLAN	
b	Name of plan sponsor	FUTURECARE HEALTH AND MANAGEMENT CORPORATION	c EIN-PN 52-1508636-001
a	Plan name	GABLES RESIDENTIAL SERVICES, INC. 401(K) PLAN	
b	Name of plan sponsor	GABLES RESIDENTIAL SERVICES	c EIN-PN 75-2517913-001
a	Plan name	GARRISON STEEL 401(K) PLAN	
b	Name of plan sponsor	GARRISON STEEL ERECTORS, INC.	c EIN-PN 63-1133342-001
a	Plan name	GEORGETOWN CONSTRUCTION COMPANY EMPLOYEE RETIREMENT PLAN	
b	Name of plan sponsor	GEORGETOWN CONSTRUCTION COMPANY	c EIN-PN 38-2403950-004
a	Plan name	GOODE SURGICAL 401(K) PLAN	
b	Name of plan sponsor	GOODE SURGICAL, INC.	c EIN-PN 45-2433910-002
a	Plan name	GOODWILL INDUSTRIES-MANASOTA, INC. RETIREMENT PLAN	
b	Name of plan sponsor	GOODWILL INDUSTRIES-MANASOTA, INC.	c EIN-PN 59-2074391-002
a	Plan name	GOODWIN & SONS ENTERPRISES, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	GOODWIN & SONS ENTERPRISES, INC.	c EIN-PN 95-2254510-001
a	Plan name	GOURMET CULINARY PARTNERS 401(K) RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	GOURMET CULINARY PARTNERS, LLC	c EIN-PN 83-3649071-001
a	Plan name	GRANTWORKS, INC 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	GRANTWORKS, INC	c EIN-PN 76-0446220-001
a	Plan name	GREINER HEATING-AIR-SOLAR ENERGY INC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	GREINER HEATING-AIR-SOLAR ENERGY INC	c EIN-PN 20-0683265-001

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 HABITAT FOR HUMANITY OF PINELLAS COUNTY, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor HABITAT FOR HUMANITY OF PINELLAS COUNTRY, INC.	c EIN-PN 59-2509116-001
a	Plan name HARRIS WOOLF 401(K) PLAN I	
b	Name of plan sponsor HARRIS WOOLF CALIFORNIA ALMONDS	c EIN-PN 77-0204909-001
a	Plan name HAWKEYE ELECTRICAL COMPANY 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor HAWKEYE ELECTRICAL CONTRACTORS OF CR LTD	c EIN-PN 42-1235781-002
a	Plan name HEALTHMARK 401(K) PLAN	
b	Name of plan sponsor HEALTHMARK INDUSTRIES COMPANY	c EIN-PN 38-2073977-001
a	Plan name HEALTHNET, INC. 401(K) PLAN	
b	Name of plan sponsor HEALTHNET, INC.	c EIN-PN 35-1579827-001
a	Plan name HELLMANN WORLDWIDE LOGISTICS, INC. 401(K) PLAN	
b	Name of plan sponsor HELLMANN WORLDWIDE LOGISTICS	c EIN-PN 95-4140705-001
a	Plan name HENDRY MARINE INDUSTRIES 401(K) PLAN	
b	Name of plan sponsor HENDRY MARINE INDUSTRIES, INC.	c EIN-PN 47-2955202-002
a	Plan name HIGH POINT NETWORKS, LLC 401K & PROFIT SHARING PLAN	
b	Name of plan sponsor HIGH POINT NETWORKS, LLC	c EIN-PN 27-1804410-001
a	Plan name HOFFMANN, INC. RETIREMENT PLAN	
b	Name of plan sponsor HOFFMANN INC.	c EIN-PN 42-1179611-001
a	Plan name HOME OF GRACE 401(K) PLAN	
b	Name of plan sponsor HOME OF GRACE CORPORATION	c EIN-PN 64-0440641-001
a	Plan name HOMES OF INTEGRITY 401(K) PLAN	
b	Name of plan sponsor HOMES OF INTEGRITY CONSTRUCTION COMPANY, INC	c EIN-PN 20-2173926-001
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

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	HR PHARMACEUTICALS, INC. 401K	
b	Name of plan sponsor	HR PHARMACEUTICALS	c EIN-PN 27-1584005-001
a	Plan name	HULL SUPPLY COMPANY, INC. 401(K) PLAN	
b	Name of plan sponsor	HULL SUPPLY COMPANY, INC	c EIN-PN 74-2020646-001
a	Plan name	IMS LOGISTICS 401(K) EMPLOYEE RETIREMENT PLAN	
b	Name of plan sponsor	IMS LOGISTICS, LLC	c EIN-PN 46-2508273-005
a	Plan name	INDRAVADAN K. SHAH, M. D. 401(K) PLAN	
b	Name of plan sponsor	INDRAVADAN K. SHAH, M.D.	c EIN-PN 73-1159235-002
a	Plan name	INFRASTRUCTURE DESIGN GROUP, INC. 401K PROFIT SHARING PLAN	
b	Name of plan sponsor	INFRASTRUCTURE DESIGN GROUP, INC.	c EIN-PN 46-0863767-001
a	Plan name	INNOPHOS, INC. 401(K) PLAN	
b	Name of plan sponsor	INNOPHOS, INC.	c EIN-PN 20-1380712-001
a	Plan name	INNOVATIVE CHEMICAL TECHNOLOGIES, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	INNOVATIVE CHEMICAL TECHNOLOGIES, INC	c EIN-PN 58-2380661-001
a	Plan name	INNOVATIVE DRIVEN 401(K) PLAN	
b	Name of plan sponsor	INNOVATIVE DISCOVERY EMPLOYMENT SERVICES COMPANY, INC.	c EIN-PN 82-1582174-001
a	Plan name	INTELIDENT SOLUTIONS, INC. 401(K) PLAN	
b	Name of plan sponsor	INTELIDENT SOLUTIONS, INC.	c EIN-PN 57-1220613-001
a	Plan name	INTERNATIONAL CPR INSTITUTE INC 401(K) PLAN	
b	Name of plan sponsor	INTERNATIONAL CPR INSTITUTE INC.	c EIN-PN 22-3963690-001
a	Plan name	ISPE 401(K) PLAN	
b	Name of plan sponsor	ISPE, INC.	c EIN-PN 59-2009272-001
a	Plan name	ISSCO, INC. 401(K) PLAN	
b	Name of plan sponsor	ISSCO, INC.	c EIN-PN 43-1116486-002

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 J BAR J 401K PLAN	
b	Name of plan sponsor J BAR J YOUTH SERVICES, INC.	c EIN-PN 93-0677650-001
a	Plan name J WILCO ENTERPRISES LLC 401(K) PLAN	
b	Name of plan sponsor J WILCO ENTERPRISES LLC DBA SERVPRO	c EIN-PN 46-1855859-001
a	Plan name J. B. K. GROUP, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor J.B.K. GROUP, INC.	c EIN-PN 34-1873488-001
a	Plan name J. PEREZ ASSOCIATES, INC. 401(K) PLAN II	
b	Name of plan sponsor J. PEREZ ASSOCIATES, INC.	c EIN-PN 74-2623123-002
a	Plan name JEMS STRATEGIC GROUP LLC 401(K) PLAN	
b	Name of plan sponsor JEMS STRATEGIC GROUP LLC	c EIN-PN 83-3298496-001
a	Plan name JENKINS & WYNNE, INC. 401(K) RETIREMENT PLAN	
b	Name of plan sponsor JENKINS & WYNNE, INC.	c EIN-PN 62-0612605-002
a	Plan name JERRYS ELECTRIC, INC. 401K PROFIT SHARING PLAN	
b	Name of plan sponsor JERRYS ELECTRIC, INC.	c EIN-PN 46-0390459-001
a	Plan name JILLAMY, INC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor JILLAMY, INC	c EIN-PN 75-2979513-001
a	Plan name JL MARINE SYSTEMS, INC. 401(K) PLAN	
b	Name of plan sponsor JL MARINE SYSTEMS, INC.	c EIN-PN 59-3548283-001
a	Plan name JMD ARCHITECTURAL PRODUCTS 401(K) PLAN	
b	Name of plan sponsor JMD ARCHITECTURAL PRODUCTS, INC.	c EIN-PN 31-1189389-001
a	Plan name JOHN F. SULLIVAN, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor JOHN F. SULLIVAN, INC. DBA SULLIVAN INSURANCE AGENCY	c EIN-PN 73-1043342-001
a	Plan name JOHN J JERUE TRUCK BROKER, INC. 401(K) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor JOHN J JERUE TRUCK BROKER	c EIN-PN 59-1858040-002

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	JOSEPH J. ALBANESE, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	JOSEPH J. ALBANESE, INC.	c EIN-PN 94-2247579-002
a	Plan name	JRL COAL, INC. 401(K)	
b	Name of plan sponsor	JRL COAL, INC.	c EIN-PN 81-4111438-001
a	Plan name	JUSTICE & COMPANY, INC. 401(K) P/S PLAN	
b	Name of plan sponsor	JUSTICE & COMPANY, INC.	c EIN-PN 20-2144622-001
a	Plan name	KABAFUSION 401(K) PLAN	
b	Name of plan sponsor	KABAFUSION HOLDINGS, L.L.C.	c EIN-PN 27-3572421-001
a	Plan name	KADIANT'S LIVING YOUR ABSOLUTE BEST RETIREMENT LIFE 401(K) PLAN	
b	Name of plan sponsor	KADIANT, LLC	c EIN-PN 83-3935694-001
a	Plan name	KAY BUILDERS, INC. 401(K) PLAN AND TRUST	
b	Name of plan sponsor	KAY BUILDERS, INC.	c EIN-PN 23-1715130-001
a	Plan name	KBKG, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	KBKG, INC.	c EIN-PN 95-4864453-001
a	Plan name	KENNELWOOD VILLAGE, INC. 401(K) PLAN	
b	Name of plan sponsor	KENNELWOOD VILLAGE, INC.	c EIN-PN 43-1008901-003
a	Plan name	KESSEL CONSTRUCTION, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	KESSEL CONSTRUCTION, INC.	c EIN-PN 25-1327045-001
a	Plan name	KESSINGTON, LLC 401(K) PLAN	
b	Name of plan sponsor	KESSINGTON, LLC	c EIN-PN 27-4361478-001
a	Plan name	KEYSTONE INSURERS GROUP, INC. 401(K) PLAN	
b	Name of plan sponsor	KEYSTONE INSURERS GROUP, INC.	c EIN-PN 23-2263940-001
a	Plan name	KING'S HAWAIIAN 401(K) PLAN	
b	Name of plan sponsor	R&T ONE, INC. (DBA IRRESISTIBLE FOODS GROUP)	c EIN-PN 85-4229454-001

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	KITCHEN SEED COMPANY INC 401K PLAN	
b	Name of plan sponsor	KITCHEN SEED COMPANY INC	c EIN-PN 37-1015705-001
a	Plan name	KOERNER FORD OF SYRACUSE, INC. PENSION PLAN	
b	Name of plan sponsor	KOERNER FORD OF SYRACUSE, INC.	c EIN-PN 01-0722091-001
a	Plan name	KONA ICE, INC. 401(K) PSP RETIREMENT PLAN	
b	Name of plan sponsor	KONA ICE, INC	c EIN-PN 61-1555075-001
a	Plan name	KONGBASILECONSULTING LLC 401(K) PLAN	
b	Name of plan sponsor	KONGBASILECONSULTING LLC	c EIN-PN 46-1372463-001
a	Plan name	LAKESIDE CASTING 401(K) PLAN	
b	Name of plan sponsor	LAKESIDE CASTING	c EIN-PN 26-1529060-001
a	Plan name	LCS PRODUCTION CO / SPA DRILLING 401K PLAN	
b	Name of plan sponsor	LCS PRODUCTION COMPANY INC	c EIN-PN 75-2072515-001
a	Plan name	LEE WETHERINGTON HOMES, LLC 401(K) PLAN	
b	Name of plan sponsor	LEE WETHERINGTON HOMES, LLC	c EIN-PN 27-4320328-002
a	Plan name	LEGAL RETIREMENT 401(K) PLAN	
b	Name of plan sponsor	BOLES HOLMES WHITE LLC	c EIN-PN 83-2450403-001
a	Plan name	LEON F. BENNETT LAW CORP. 401K PROFIT SHARING PLAN	
b	Name of plan sponsor	LEON F. BENNETT, A PROFESSIONAL CORP.	c EIN-PN 95-4565345-001
a	Plan name	LEVINE GREENBERG LITERARY AGENCY, INC. PROFIT SHARING PLAN	
b	Name of plan sponsor	LEVINE GREENBERG LITERARY AGENCY, INC. D/B/A LEVINE GREENBERG ROSTAN	c EIN-PN 13-3519684-001
a	Plan name	LIBERTY MANAGEMENT NON-UNION EMPLOYEE STOCK OWNERSHIP 401(K)PLAN	
b	Name of plan sponsor	LIBERTY BEHAVIORAL MANAGEMENT GROUP, INC.	c EIN-PN 81-5260872-003
a	Plan name	LIFE INSURANCE SETTLEMENTS, INC. EMPLOYEES SAVINGS TRUST	
b	Name of plan sponsor	LIFE INSURANCE SETTLEMENTS, INC.	c EIN-PN 65-1144797-001

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	LIFE WORKS 401(K) PLAN	
b	Name of plan sponsor	LIFE WORKS	c EIN-PN 91-1224762-001
a	Plan name	LOCOMOTE EXPRESS 401(K) PLAN	
b	Name of plan sponsor	LOCOMOTE EXPRESS, LLC	c EIN-PN 26-1315298-001
a	Plan name	LONG BEVERAGE, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	LONG BEVERAGE, INC.	c EIN-PN 56-0568728-001
a	Plan name	LONG ELECTRIC COMPANY, INC. 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	LONG ELECTRIC COMPANY, INC.	c EIN-PN 35-1959429-001
a	Plan name	LORD ELECTRIC COMPANY OF PUERTO RICO, INC EMPLOYEES RETIREMENT PLAN	
b	Name of plan sponsor	LORD ELECTRIC COMPANY OF PR, INC	c EIN-PN 66-0663585-001
a	Plan name	LORDEN OIL COMPANY, INC. 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor	LORDEN OIL COMPANY, INC.	c EIN-PN 04-2194230-001
a	Plan name	LOVE COMMUNICATIONS EMPLOYEE STOCK OWNERSHIP 401(K) PLAN	
b	Name of plan sponsor	LOVE COMMUNICATIONS HOLDINGS, INC.	c EIN-PN 87-4109345-001
a	Plan name	LOYAL SOURCE GOVERNMENT SERVICES 401(K) PLAN	
b	Name of plan sponsor	LOYAL SOURCE GOVERNMENT SERVICES, LLC	c EIN-PN 30-0564703-001
a	Plan name	LRS HEALTHCARE 401(K) PLAN	
b	Name of plan sponsor	LRS HEALTHCARE	c EIN-PN 20-3629021-001
a	Plan name	LYONS ELECTRIC CO INC 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	LYONS ELECTRIC CO., INC.	c EIN-PN 39-1327356-001
a	Plan name	MACK MANUFACTURING, INC. 401(K) PLAN	
b	Name of plan sponsor	MACK MANUFACTURING, INC.	c EIN-PN 63-0640153-001
a	Plan name	MADIBA INC SH 401K PS PLAN	
b	Name of plan sponsor	MADIBA INC.	c EIN-PN 03-0414852-001

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	MAGNA LEGAL SERVICES 401(K) / PROFIT SHARING PLAN	
b	Name of plan sponsor	MAGNA LEGAL SERVICES, LLC	c EIN-PN 20-8474245-001
a	Plan name	MAGNOLIA PLUMBING EMPLOYEE 401(K) & PROFIT SHARING	
b	Name of plan sponsor	JOSEPH J. MAGNOLIA, INC.	c EIN-PN 53-0235163-003
a	Plan name	MANSON WESTERN,LLC PROFIT SHARING PLAN	
b	Name of plan sponsor	MANSON WESTERN, LLC	c EIN-PN 95-2483722-002
a	Plan name	MARTIN DENTISTRY, P. C. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	MARTIN DENTISTRY, P.C.	c EIN-PN 26-3738131-001
a	Plan name	MAX CREDIT UNION CAPITAL ACCUMULATION PLAN	
b	Name of plan sponsor	MAX CREDIT UNION	c EIN-PN 36-4618706-002
a	Plan name	MCALISTER-SMITH FUNERAL HOME 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	MCALISTER-SMITH FUNERAL HOME	c EIN-PN 57-0205950-001
a	Plan name	MCHUGH-PORTER RETIREMENT PLAN	
b	Name of plan sponsor	MCHUGH-PORTER BUILDERS, INC.	c EIN-PN 65-0754486-001
a	Plan name	MCKENZIE HEALTH SYSTEM 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	MCKENZIE MEMORIAL HOSPITAL	c EIN-PN 38-1738615-001
a	Plan name	MERLIN LAW GROUP, P.A. 401(K) PLAN	
b	Name of plan sponsor	MERLIN LAW GROUP, P.A.	c EIN-PN 47-0948426-001
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
a	Plan name	MILLER-TIPPENS CONSTRUCTION CO. 401(K) PLAN	
b	Name of plan sponsor	MILLER-TIPPENS CONSTRUCTION CO., LLC	c EIN-PN 56-2597238-001
a	Plan name	MLJ ENVIRONMENTAL, LLC 401(K) PLAN AND TRUST	
b	Name of plan sponsor	MLJ ENVIRONMENTAL, LLC	c EIN-PN 20-5147757-002

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 MOHS MICROGRAPHIC & SKIN SURGERY, PLLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor MOHS MICROGRAPHIC & SKIN SURGERY, PLLC	c EIN-PN 27-5099347-001
a	Plan name MONARCH INTERNATIONAL, INC. 401(K) PLAN	
b	Name of plan sponsor MONARCH INTERNATIONAL, INC.	c EIN-PN 02-0333450-001
a	Plan name MOODY GARDENS, INC. 401(K) RETIREMENT PLAN	
b	Name of plan sponsor MOODY GARDENS, INC.	c EIN-PN 76-0288131-002
a	Plan name MOTION PICTURE ASSOCIATION, INC. EMPLOYEES' 401(K) PLAN	
b	Name of plan sponsor MOTION PICTURE ASSOCIATION, INC.	c EIN-PN 13-1068220-002
a	Plan name NAM DAE MUN FARMERS MARKET 401(K) PLAN	
b	Name of plan sponsor CFC OF GEORGIA, INC. DBA NAM DAE MUN	c EIN-PN 27-0937145-001
a	Plan name NATIONAL COWBOY & WESTERN HERITAGE MUSEUM 401(K) PLAN	
b	Name of plan sponsor ATIONAL COWBOY & WESTERN HERITAGE MUSEUM	c EIN-PN 30-0341029-002
a	Plan name NATIONAL DATACARE CORPORATION 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor ATIONAL DATACARE CORPORATION	c EIN-PN 54-1194122-002
a	Plan name NEST INTERNATIONAL, INC. 401(K) PLAN	
b	Name of plan sponsor EST INTERNATIONAL, INC.	c EIN-PN 22-3340022-001
a	Plan name NEWDAY USA RETIREMENT PLAN	
b	Name of plan sponsor EWDAY USA	c EIN-PN 22-3887207-003
a	Plan name NEXTEP 401(K) RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor 899210-01 NEXTEP, INC.	c EIN-PN 73-1543198-333
a	Plan name NIC INDUSTRIES, INC. PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor IC INDUSTRIES, INC.	c EIN-PN 91-1767717-001
a	Plan name NICK NICHOLAS FORD 401(K) SALARY REDUCTION PLAN	
b	Name of plan sponsor ICK NICHOLAS FORD, INC.	c EIN-PN 59-2126785-001

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 NORMAN ENGINEERING & SURVEYING, INC. 401K PROFIT SHARING PLAN	
b	Name of plan sponsor ORMAN ENGINEERING & SURVEYING, INC	c EIN-PN 83-3735733-001
a	Plan name NORTH CAROLINA STATE FIREFIGHTERS' ASSOCIATION DEFINED CONTRIBUTION RETIREMENT PLAN	
b	Name of plan sponsor ORTH CAROLINA STATE FIREFIGHTERS ASSOCIATION	c EIN-PN 56-0614254-001
a	Plan name NORTH RIVERS DENTAL ASSOCIATES, LLC 401(K) PLAN	
b	Name of plan sponsor ORTH RIVERS DENTAL ASSOCIATES, LLC	c EIN-PN 46-1650418-001
a	Plan name NORTHERN TOOL & EQUIPMENT COMPANY, INC. 401(K) PLAN	
b	Name of plan sponsor ORTHERN TOOL & EQUIPMENT COMPANY, INC.	c EIN-PN 41-1405311-003
a	Plan name NORTHLAND-WILLETTE, INC. SAVINGS AND RETIREMENT PLAN	
b	Name of plan sponsor ORTHLAND-WILLETTE, INC.	c EIN-PN 04-2844083-001
a	Plan name NOVA 401(K) PLAN	
b	Name of plan sponsor OVA 401K ASSOCIATES	c EIN-PN 20-1181458-001
a	Plan name NOVEN PHARMACEUTICALS, INC. 401(K) PLAN	
b	Name of plan sponsor OVEN PHARMACEUTICALS, INC.	c EIN-PN 59-2767632-001
a	Plan name OCTO CONSULTING GROUP 401K PLAN	
b	Name of plan sponsor OCTO CONSULTING GROUP, LLC	c EIN-PN 20-4658157-001
a	Plan name ONEWORLD 401(K) PLAN	
b	Name of plan sponsor ONEWORLD COMMUNITY HEALTH CENTERS, INC.	c EIN-PN 47-0548990-001
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 OOSTERBAAN & SONS COMPANY EMPLOYEES PROFIT SHARING PLAN	
b	Name of plan sponsor OOSTERBAAN & SONS COMPANY	c EIN-PN 36-2243066-001
a	Plan name OPEN PLAN SYSTEMS PROFIT SHARING PLAN	
b	Name of plan sponsor OPEN PLAN SYSTEMS	c EIN-PN 54-2050136-001

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 OPTHALMOLOGY ASSOCIATES OF WNY 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor OPTHALMOLOGY ASSOCIATES OF WESTERN NEW YORK, P.C.	c EIN-PN 16-1034760-002
a	Plan name OPTICSPLANET, INC. 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor OPTICSPLANET, INC.	c EIN-PN 36-4397726-001
a	Plan name OPTIMUS STEEL 401(K) PLAN	
b	Name of plan sponsor OPTIMUS STEEL LLC	c EIN-PN 82-4229324-002
a	Plan name ORANGE COAST TITLE FAMILY OF COMPANIES EMPLOYEE SAVINGS PLAN	
b	Name of plan sponsor ORANGE COAST TITLE COMPANY	c EIN-PN 95-2871609-001
a	Plan name ORASI SOFTWARE, INC. 401(K) PLAN	
b	Name of plan sponsor APRIL HULL	c EIN-PN 36-4494715-002
a	Plan name OREPAC SAVINGS AND INVESTMENT PLAN	
b	Name of plan sponsor OREPAC HOLDING COMPANY	c EIN-PN 93-0670556-001
a	Plan name OVEN INDUSTRIES INC. 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor OVEN INDUSTRIES INC.	c EIN-PN 20-2681227-001
a	Plan name OXENDALE & ASSOCIATES, INC. 401(K) PLAN	
b	Name of plan sponsor OXENDALE & ASSOCIATES, INC.	c EIN-PN 86-0512737-001
a	Plan name PALMER & CAY, LLC EMPLOYEES 401(K) & PROFIT SHARING PLAN	
b	Name of plan sponsor PALMER & CAY LLC	c EIN-PN 27-2182440-001
a	Plan name PARK WEST 401(K) EMPLOYEE RETIREMENT PLAN	
b	Name of plan sponsor PARK WEST LANDSCAPE, INC.	c EIN-PN 95-3814677-002
a	Plan name PATTEN LAW FIRM PC 401(K) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor PATTEN LAW FIRM PC	c EIN-PN 26-1728738-002
a	Plan name PEACHTREE HOTEL GROUP 401K	
b	Name of plan sponsor PEACHTREE HOTEL GROUP LLC	c EIN-PN 26-1186759-001

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	PENSACOLA CHRISTIAN COLLEGE, INC. 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	PENSACOLA CHRISTIAN COLLEGE, INC.	c EIN-PN 59-0940532-003
a	Plan name	PGH WONG ENGINEERING, INC. 401(K) PLAN	
b	Name of plan sponsor	PGH WONG ENGINEERING, INC.	c EIN-PN 94-2987905-001
a	Plan name	PHALCON, LTD. 401(K) PLAN	
b	Name of plan sponsor	PHALCON LTD.	c EIN-PN 20-8104883-001
a	Plan name	PINNACLE FOOD SALES 401K PLAN & TRUST	
b	Name of plan sponsor	PINNACLE FOOD SALES	c EIN-PN 59-1323060-001
a	Plan name	PINNACLE HOME CARE, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	PINNACLE HOME CARE, INC.	c EIN-PN 45-0502569-001
a	Plan name	PLEASANT VALLEY CORPORATION 401(K) PLAN	
b	Name of plan sponsor	PLEASANT VALLEY CORPORATION	c EIN-PN 27-0901655-001
a	Plan name	PMOLINK, LLC PROFIT SHARING PLAN	
b	Name of plan sponsor	PMOLINK, LLC	c EIN-PN 52-2275604-001
a	Plan name	POLINGER COMPANY 401(K) PLAN	
b	Name of plan sponsor	POLINGER COMPANY	c EIN-PN 52-0624763-002
a	Plan name	PREMIER AUTOMOTIVE 401(K)	
b	Name of plan sponsor	PREMIER AUTOMOTIVE OF FAIR GROVE, INC. DBA PREMIER AUTOMOTIVE	c EIN-PN 43-1897241-001
a	Plan name	PREMIER HEALTH CARE SERVICES, LLC 401(K) PLAN	
b	Name of plan sponsor	PREMIER HEALTH CARE SERVICES, LLC	c EIN-PN 45-4531609-001
a	Plan name	PROBE 401(K) SAVINGS PLAN	
b	Name of plan sponsor	PROBE TECHNOLOGY SERVICES, INC.	c EIN-PN 75-2543579-002
a	Plan name	PROFESSIONAL ANESTHESIA SERVICES, INC., 401(K) PS	
b	Name of plan sponsor	PROFESSIONAL ANESTHESIA SERVICES, INC.	c EIN-PN 55-0665912-001

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	PRORETIRE SAVINGS PLAN	
b Name of plan sponsor	THE FINWAY GROUP	c EIN-PN 42-1468222-013
a Plan name	PSIQUANTUM 401(K) PLAN	
b Name of plan sponsor	PSIQUANTUM CORP.	c EIN-PN 81-1715139-001
a Plan name	PURVIS FORD 401(K) PLAN	
b Name of plan sponsor	PURVIS FORD, INC.	c EIN-PN 54-0884429-001
a Plan name	QUALAWASH HOLDINGS, LLC 401(K) RETIREMENT PLAN	
b Name of plan sponsor	QUALAWASH HOLDINGS, LLC	c EIN-PN 27-0683851-001
a Plan name	RANDALL S. FUDGE, P. C. 401(K) PLAN	
b Name of plan sponsor	RANDALL S. FUDGE, P.C.	c EIN-PN 73-1570297-001
a Plan name	RBB SYSTEMS, INC. RETIREMENT SAVINGS PLAN	
b Name of plan sponsor	RBB SYSTEMS, INC.	c EIN-PN 34-1353186-001
a Plan name	RBC EMPLOYEE RETIREMENT PLAN	
b Name of plan sponsor	RBC, INCORPORATED	c EIN-PN 54-0990960-001
a Plan name	REBACK'S PLUMBING N' THINGS 401(K) PLAN	
b Name of plan sponsor	REBACKS PLUMBING N THINGS, INC.	c EIN-PN 95-3041478-001
a Plan name	RED ROCK SECURED, LLC 401(K) AND PROFIT SHARING PLAN	
b Name of plan sponsor	RED ROCK SECURED, LLC	c EIN-PN 27-1707932-001
a Plan name	REGIONAL INDUSTRIES 401(K) PLAN	
b Name of plan sponsor	REGIONAL INDUSTRIES, LLC	c EIN-PN 22-3558711-001
a Plan name	REINHOLD ELECTRIC, INC. EMPLOYEE PROFIT SHARING & 401K PLAN	
b Name of plan sponsor	REINHOLD ELECTRIC, INC.	c EIN-PN 43-1409687-001
a Plan name	RESCO PRODUCTS, INC. 401(K) & PROFIT SHARING PLAN	
b Name of plan sponsor	RESCO PRODUCTS, INC.	c EIN-PN 23-1279448-001

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	RESOURCE BANK RETIREMENT PLAN	
b	Name of plan sponsor	RESOURCE BANK	c EIN-PN 72-1410047-001
a	Plan name	REYTEC CONSTRUCTION RESOURCES, INC. 401(K) PLAN	
b	Name of plan sponsor	REYTEC CONSTRUCTION RESOURCES, INC.	c EIN-PN 76-0516513-001
a	Plan name	RF SERVICES, INC. 401(K) PLAN	
b	Name of plan sponsor	RF SERVICES, INC.	c EIN-PN 20-3145231-001
a	Plan name	RIGGINS, INC. EMPLOYEES' SAVINGS PLAN	
b	Name of plan sponsor	RIGGINS, INC.	c EIN-PN 21-0548200-001
a	Plan name	RISK STRATEGIES	
b	Name of plan sponsor	PLAN COMPLIANCE SERVICES	c EIN-PN 59-3708427-001
a	Plan name	ROBERTSON-RYAN & ASSOCIATES, INC. 401(K) SAVINGS PLAN	
b	Name of plan sponsor	ROBERTSON RYAN & ASSOCIATES, INC.	c EIN-PN 39-0605130-002
a	Plan name	ROCK VALLEY FAMILY DENTISTRY RETIREMENT PLAN & TRUST	
b	Name of plan sponsor	SAMUEL L. KOTH, DDS, PC ROCK VALLEY FAMILY DENTISTRY	c EIN-PN 45-5117087-002
a	Plan name	ROHLF MEDICAL, INC. 401K PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor	ROHLF MEDICAL, INC.	c EIN-PN 46-0424514-001
a	Plan name	ROHRIG HEAVY EQUIPMENT MAINTENANCE, LLC 401(K) PS	
b	Name of plan sponsor	ROHRIG HEAVY EQUIPMENT MAINTENANCE, LLC	c EIN-PN 55-0759374-001
a	Plan name	RPC, INC. RETIREMENT INCOME PLAN	
b	Name of plan sponsor	RPC, INC.	c EIN-PN 58-1550825-001
a	Plan name	RPC, INC. RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	RPC, INC.	c EIN-PN 59-2707333-003
a	Plan name	RUSKEN PACKAGING, INC. 401(K) PLAN	
b	Name of plan sponsor	RUSKEN PACKAGING, INC.	c EIN-PN 63-0776136-001

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	S.L. FUSCO, INC. 401(K) PLAN	
b	Name of plan sponsor	S.L. FUSCO, INC.	c EIN-PN 95-1998584-001
a	Plan name	SAGAMORE COLLISION 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	T & G COLLISION, INC	c EIN-PN 27-2510475-001
a	Plan name	SAMUELS LIBRARY RETIREMENT PLAN	
b	Name of plan sponsor	SAMUELS LIBRARY, INC.	c EIN-PN 54-0610300-001
a	Plan name	SANISURE, LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	SANISURE, LLC	c EIN-PN 84-3210697-001
a	Plan name	SANTA FE RECOVERY CENTER 401(K) PLAN	
b	Name of plan sponsor	SANTA FE RECOVERY CENTER	c EIN-PN 85-0216976-001
a	Plan name	SARASOTA 500, LLC DBA SARASOTA FORD 401K PLAN	
b	Name of plan sponsor	SARASOTA 500, LLC	c EIN-PN 20-0194997-001
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	SAZERAC BRAND AMBASSADORS, INC.	c EIN-PN 46-3757631-001
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	SBC SOLUTIONS GROUP 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	SHREDDERED BEDDING CORP. DBA SBC SOLUTIONS GROUP	c EIN-PN 31-1382376-002
a	Plan name	SDI TECHNOLOGIES INC. PENSION PLAN	
b	Name of plan sponsor	SDI TECHNOLOGIES INC.	c EIN-PN 13-5676428-001
a	Plan name	SEALIFT, INC. 401(K) PLAN	
b	Name of plan sponsor	SEALIFT, INC.	c EIN-PN 11-2378853-001

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	SECO ARCHITECTURAL SYSTEMS INC 401(K) PLAN	
b	Name of plan sponsor	SECO ARCHITECTURAL SYSTEMS INC	c EIN-PN 58-1847418-001
a	Plan name	SID PETERSON MEMORIAL HOSPITAL 401(K) SAVINGS AND PROFIT SHARING PLAN	
b	Name of plan sponsor	SID PETERSON MEMORIAL HOSPITAL	c EIN-PN 74-2557820-003
a	Plan name	SIEGEL, BARNETT & SCHUTZ, LLP 401K PLAN	
b	Name of plan sponsor	SIEGEL, BARNETT & SCHUTZ, LLP	c EIN-PN 46-0241120-001
a	Plan name	SOILS ENGINEERING, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	SOILS ENGINEERING, INC.	c EIN-PN 95-2429539-001
a	Plan name	SONAS HOME HEALTH CARE GROUP 401K AND PROFIT SHARING TRUST	
b	Name of plan sponsor	FPC ACQUISITION INC. DBA SONAS HOME HEALTH CARE	c EIN-PN 26-0327203-001
a	Plan name	SONDERMIND, INC. 401(K) PLAN	
b	Name of plan sponsor	SONDERMIND, INC.	c EIN-PN 82-3006071-001
a	Plan name	SOUTH CENTRAL OIL CO., INC. 401(K) PLAN	
b	Name of plan sponsor	SOUTH CENTRAL OIL CO., INC.	c EIN-PN 56-0603942-001
a	Plan name	SOUTH SHORE PEDIATRIC DENTISTRY, P.C. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	SOUTH SHORE PEDIATRIC DENTISTRY, P.C.	c EIN-PN 11-3498409-001
a	Plan name	SOUTH TEXAS ONCOLOGY & HEMATOLOGY, PLLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	SOUTH TEXAS ONCOLOGY & HEMATOLOGY, PLLC	c EIN-PN 74-2915297-001
a	Plan name	STAFURSKY PAVING CO. , INC. 401(K) PLAN	
b	Name of plan sponsor	STAFURSKY PAVING CO., INC.	c EIN-PN 23-2206058-001
a	Plan name	STALEY STEEL AND BLUDAU FABRICATION RETIREMENT PLAN	
b	Name of plan sponsor	STALEY STEELE LLC	c EIN-PN 75-1461141-001
a	Plan name	STERLING PAPER, INC. 401(K) BENEFIT PLAN	
b	Name of plan sponsor	STERLING PAPER COMPANY	c EIN-PN 31-4317038-001

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	STEVENS COMPANIES 401(K) PLAN & TRUST	
b	Name of plan sponsor	STEVENS TRANSPORT, INC.	c EIN-PN 75-1302273-001
a	Plan name	SUMMUS HEALTH CARE 401(K) PLAN	
b	Name of plan sponsor	SUMMUS HEALTH CARE, LLC	c EIN-PN 82-2957179-001
a	Plan name	SUNCOAST ORTHOPAEDIC SURGERY & SPORTS MEDICINE, PA 401(K) PLAN	
b	Name of plan sponsor	SUNCOAST ORTHOPAEDIC SURGERY & SPORTS MEDICINE, PA	c EIN-PN 65-0927444-002
a	Plan name	SUNRISE OILFIELD SUPPLY 401(K) PLAN	
b	Name of plan sponsor	SUNRISE OILFIELD SUPPLY, LLC	c EIN-PN 26-2968651-001
a	Plan name	SYLVA HERALD PUBLISHING CO., INC. PROFIT SHARING PLAN	
b	Name of plan sponsor	SYLVA HERALD PUBLISHING CO., INC	c EIN-PN 56-1189749-001
a	Plan name	TALLAHASSEE NEUROLOGICAL CLINIC, P.A. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	TALLAHASSEE NEUROLOGICAL CLINIC, P.	c EIN-PN 59-1286000-006
a	Plan name	TECHLAW CONSULTANTS, INC. PROFIT SHARING 401(K) PLAN	
b	Name of plan sponsor	TECHLAW CONSULTANTS, INC.	c EIN-PN 54-1385706-001
a	Plan name	TERAZO, INC. 401(K) PLAN	
b	Name of plan sponsor	TERAZO, INC.	c EIN-PN 86-2530775-001
a	Plan name	THE ASHGROVE HOLDINGS 401K PLAN	
b	Name of plan sponsor	ASHGROVE HOLDINGS, LLC	c EIN-PN 13-4122483-001
a	Plan name	THE LAWRENCE GROUP COMPANIES 401(K) PLAN	
b	Name of plan sponsor	G. M. LAWRENCE & CO.	c EIN-PN 46-4308986-001
a	Plan name	THE NAFTALI GROUP LLC 401(K) PLAN	
b	Name of plan sponsor	THE NAFTALI GROUP LLC	c EIN-PN 45-1986983-001
a	Plan name	THE PORCH FACTORY 401(K) PLAN	
b	Name of plan sponsor	THE PORCH FACTORY, LLC	c EIN-PN 27-4435513-001

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 WINDOW NATION 401(K) AND PROFIT SHARING PLAN	
b	Name of plan sponsor WINDOW NATION LLC	c EIN-PN 20-5084724-001
a	Plan name TIBER CREEK HOLDINGS, INC. 401(K) PLAN	
b	Name of plan sponsor TIBER CREEK HOLDINGS, INC.	c EIN-PN 52-2023469-001
a	Plan name TIDWELL GROUP, LLC 401(K) PLAN	
b	Name of plan sponsor TIDWELL GROUP, LLC	c EIN-PN 27-1490692-001
a	Plan name T-M VACUUM PRODUCTS, INC. 401(K) PLAN	
b	Name of plan sponsor T M VACUUM PRODUCTS, INC.	c EIN-PN 22-1772520-002
a	Plan name TOMAHAWK ENERGY INC 401(K) PROFIT SHARING PLAN TRUST	
b	Name of plan sponsor TOMAHAWK ENERGY INC	c EIN-PN 58-2198682-001
a	Plan name TONY'S DIESEL SERVICE, INC. PROFIT SHARING PLAN	
b	Name of plan sponsor TONY'S DIESEL SERVICE, INC.	c EIN-PN 46-0325884-003
a	Plan name TRACKABLE LEAD GENERATION 401(K) PLAN	
b	Name of plan sponsor TRACKABLE LEAD GENERATION, LLC	c EIN-PN 45-2968288-001
a	Plan name TRANS-TECH ENERGY, LLC 401(K) PLAN	
b	Name of plan sponsor TRANS-TECH ENERGY, LLC	c EIN-PN 46-1316128-001
a	Plan name TRIANGLE ENTERPRISES, INC. 401(K) PLAN	
b	Name of plan sponsor TRIANGLE ENTERPRISES, INC.	c EIN-PN 61-0505334-001
a	Plan name TSS 401(K) PLAN	
b	Name of plan sponsor TELECOMMUNICATION SUPPORT SERVICES, INC.	c EIN-PN 59-3068703-001
a	Plan name UFINANCIAL EMPLOYEES 401(K) PLAN	
b	Name of plan sponsor MATTHEW J. DOBBIE D.B.A. UFINANCIAL	c EIN-PN 14-2005994-001
a	Plan name ULTRAMET 401(K) SAVINGS AND INVESTMENT PLAN	
b	Name of plan sponsor ULTRAMET	c EIN-PN 95-2662293-001

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 UNIFIED WINDOW SYSTEMS, INC. 401(K) PLAN	
b	Name of plan sponsor UNIFIED WINDOW SYSTEMS, INC.	c EIN-PN 11-2951669-001
a	Plan name UNIPRES ALABAMA 401(K) PLAN	
b	Name of plan sponsor UNIPRES ALABAMA, INC.	c EIN-PN 47-1278115-001
a	Plan name UNIVERSAL CONTROLS GROUP 401(K) PLAN	
b	Name of plan sponsor UNIVERSAL CONTROLS GROUP	c EIN-PN 20-2997347-001
a	Plan name UNIVERSAL MACHINE COMPANY OF POTTSTOWN INC. 401(K) PLAN	
b	Name of plan sponsor UNIVERSAL MACHINE COMPANY OF POTTSTOWN, INC.	c EIN-PN 23-1513081-004
a	Plan name UNIWEST EMPLOYEE 401(K) & PROFIT SHARING PLAN	
b	Name of plan sponsor UNIWEST CONSTRUCTION, INC.	c EIN-PN 54-1359254-001
a	Plan name UPTOWN DERMATOLOGY & SKINSPA, P.A. RETIREMENT PLAN	
b	Name of plan sponsor UPTOWN DERMATOLOGY & SKINSPA, P.A.	c EIN-PN 20-1787578-001
a	Plan name UROLOGICAL ASSOCIATES, P.C., P.C. 401(K) PROFIT SHARING	
b	Name of plan sponsor UROLOGICAL ASSOCIATES, P.C.	c EIN-PN 42-0987062-002
a	Plan name VALLEY SUPPLY, INC. 401(K) PLAN	
b	Name of plan sponsor VALLEY SUPPLY, INC.	c EIN-PN 25-1774604-003
a	Plan name VARIOSYSTEMS, INC. 401(K) PLAN	
b	Name of plan sponsor VARIOSYSTEMS, INC.	c EIN-PN 75-2793709-001
a	Plan name VIEJAS RETIREMENT PROGRAM	
b	Name of plan sponsor THE VIEJAS BAND OF KUMEYAAY INDIANS	c EIN-PN 33-0409825-001
a	Plan name VISIONARY TECHNOLOGIES 401K PLAN	
b	Name of plan sponsor VISIONARY TECHNOLOGIES	c EIN-PN 26-2708292-001
a	Plan name VISPERO 401(K) PLAN	
b	Name of plan sponsor FREEDOM SCIENTIFIC, INC.	c EIN-PN 33-0871664-001

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	VISUAL HEALTH SOLUTIONS, LLC 401(K) PLAN	
b	Name of plan sponsor	VISUAL HEALTH SOLUTIONS, LLC	c EIN-PN 38-4090608-001
a	Plan name	WALL DRUG STORE EMPLOYEE PROFIT SHARING RETIREMENT PLAN	
b	Name of plan sponsor	WALL DRUG STORE, INC	c EIN-PN 46-0233939-001
a	Plan name	WANHUA CHEMICAL 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor	WANHUA CHEMICAL (AMERICA) CO., LTD.	c EIN-PN 37-1766067-001
a	Plan name	WATSONRICE LLP 401(K) PLAN	
b	Name of plan sponsor	WATSONRICE LLP	c EIN-PN 26-1726741-001
a	Plan name	WEINSTEIN & COHEN 401(K) PLAN	
b	Name of plan sponsor	WEINSTEIN & COHEN, PA	c EIN-PN 46-1626053-001
a	Plan name	WEIS BUILDERS, INC. PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor	WEIS BUILDERS, INC.	c EIN-PN 41-0834779-001
a	Plan name	WEISER SECURITY SERVICES, INC. 401(K) PLAN	
b	Name of plan sponsor	WEISER SECURITY SERVICES, INC.	c EIN-PN 72-0708761-001
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	WEPACKITALL 401(K) PLAN	
b	Name of plan sponsor	BERSHTEL ENTERPRISES LLC DBA WEPACKITALL	c EIN-PN 04-3589790-001
a	Plan name	WESTERN HEAVY HAUL, INC. RETIREMENT PLAN	
b	Name of plan sponsor	WESTERN HEAVY HAUL, INC.	c EIN-PN 48-1302875-001
a	Plan name	WESTERWOOD GLOBAL USA CORPORATION 401(K) PLAN	
b	Name of plan sponsor	WESTERWOOD GLOBAL USA CORPORATION	c EIN-PN 80-0905560-001
a	Plan name	WHITE SANDS PODIATRY 401(K) PLAN	
b	Name of plan sponsor	WHITE SANDS PODIATRY	c EIN-PN 47-2092001-001

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	WILLAMETTE VALLEY BANK 401(K) PROFIT SHARING PLAN	
b Name of plan sponsor	WILLAMETTE VALLEY BANK	c EIN-PN 93-1277376-001
a Plan name	WILLIAMSON CADILLAC EMPLOYEES' RETIREMENT PLAN AND TRUST	
b Name of plan sponsor	WILLIAMSON CADILLAC COMPANY	c EIN-PN 59-1195335-003
a Plan name	WILSON COMPANY 401(K) PROFIT SHARING PLAN	
b Name of plan sponsor	WILSON COMPANY	c EIN-PN 75-1215366-001
a Plan name	WILSON CREEK WINERY 401 (K) PROFIT SHARING PLAN	
b Name of plan sponsor	WILSON CREEK WINERY	c EIN-PN 90-0210427-002
a Plan name	WINDWAVE COMMUNICATIONS 401(K) PROFIT SHARING PLAN	
b Name of plan sponsor	WINDWAVE TECHNOLOGIES, INC.	c EIN-PN 20-1167279-001
a Plan name	WOMEN'S PAVILION MEDICAL GROUP, INC. 401(K) PROFIT SHARING PLAN	
b Name of plan sponsor	WOMENS PAVILION MEDICAL GROUP, INC.	c EIN-PN 80-0552953-002
a Plan name	WRIGHT MANUFACTURING, INC. 401(K) RETIREMENT SAVINGS PLAN	
b Name of plan sponsor	WRIGHT MANUFACTURING, INC.	c EIN-PN 52-1369930-002
a Plan name	YORK VOLKSWAGEN, INC. 401(K) PLAN	
b Name of plan sponsor	YORK VOLKSWAGEN, INC.	c EIN-PN 23-2000402-001
a Plan name	ZOMMA GROUP, LLP 401(K) RETIREMENT PLAN	
b Name of plan sponsor	ZOMMA GROUP, LLP	c EIN-PN 65-0715836-001
a Plan name		
b Name of plan sponsor		c EIN-PN
a Plan name		
b Name of plan sponsor		c EIN-PN
a Plan name		
b Name of plan sponsor		c EIN-PN

**SCHEDULE H
(Form 5500)**

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration
Pension Benefit Guaranty Corporation

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.**

OMB No. 1210-0110

2024

This Form is Open to Public Inspection

For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **11/07/2024**

A Name of plan INDEXSELECT CONSERVATIVE 2025 FUND		B Three-digit plan number (PN) ▶	311
C Plan sponsor's name as shown on line 2a of Form 5500 GREAT GRAY TRUST COMPANY, LLC		D Employer Identification Number (EIN) 81-4509619	

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.

Assets		(a) Beginning of Year	(b) End of Year
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)	2134934	96414518
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)	74970586	0
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)		
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)		
(2) Employer real property.....	1d(2)		
e Buildings and other property used in plan operation.....	1e		
f Total assets (add all amounts in lines 1a through 1e).....	1f	77105520	96414518
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h	0	16398
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j	2160992	96398120
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	2160992	96414518
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	74944528	0

Part II Income and Expense Statement

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

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers.....	2a(1)(A)		
(B) Participants.....	2a(1)(B)		
(C) Others (including rollovers).....	2a(1)(C)		
(2) Noncash contributions.....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		0
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)		
(B) U.S. Government securities.....	2b(1)(B)		
(C) Corporate debt instruments.....	2b(1)(C)		
(D) Loans (other than to participants).....	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)		
(F) Other.....	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		0
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)		
(B) Common stock.....	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)		
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		0
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)		
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		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)		6134350
(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		6134350

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)	3866	
(5) Investment advisory and investment management fees	2i(5)	70576	
(6) Bank or trust company trustee/custodial fees	2i(6)	26972	
(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)		101414
j Total expenses. Add all expense amounts in column (b) and enter total	2j		101414

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		6032936
l Transfers of assets:			
(1) To this plan	2l(1)		53590850
(2) From this plan	2l(2)		134568314

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 _____.