

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 11/06/2024

- 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 (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 MYCOMPASS INDEX AGGRESSIVE 2025 FUND, 1b Three-digit plan number (PN) 473, 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) 38-4097327, 2c Plan Sponsor's telephone number 866-427-6885, 2d Business code (see instructions)

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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<b>SCHEDULE D</b> <b>(Form 5500)</b>  Department of the Treasury Internal Revenue Service  Department of Labor Employee Benefits Security Administration	<b>DFE/Participating Plan Information</b>  This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).  <b>▶ File as an attachment to Form 5500.</b>	OMB No. 1210-0110  <hr/> <b>2024</b>  <hr/> <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>11/06/2024</u>	
<b>A</b> Name of plan <u>MYCOMPASS INDEX AGGRESSIVE 2025 FUND</u>	<b>B</b> Three-digit plan number (PN) <span style="float: right;">▶</span> <u>473</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>38-4097327</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>BR MSCI ACWI EX-US IMI INDEX 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>27-4955447-001</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>0</u>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>COMMODITY INDEX DAILY 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>27-4616854-001</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>0</u>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>DEVELOPED REAL ESTATE INDEX 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>27-2659367-001</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>0</u>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>LONG TERM GOV BOND INDEX 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>82-3997809-001</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>0</u>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>RUSSELL 1000 INDEX 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>94-3357216-001</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>0</u>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>RUSSELL 2000 INDEX 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>94-3318704-001</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>0</u>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>U.S. TIPS 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>36-4495972-001</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>0</u>



<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	3DGR ENGINEERING, INC. RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	3DGR ENGINEERING, INC.	<b>c</b> EIN-PN 20-5680525-001
<b>a</b>	Plan name	21ST CENTURY HEALTHCARE, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	21ST CENTURY HEALTHCARE, INC.	<b>c</b> EIN-PN 86-0733416-001
<b>a</b>	Plan name	401(K) PLAN OF HOCHHEIM PRAIRIE FARM MUTUAL INSURANCE ASSOCIATION	
<b>b</b>	Name of plan sponsor	HOCHHEIM PRAIRIE FARM MUTUAL INSURANCE ASSOCIATION	<b>c</b> EIN-PN 74-0685915-003
<b>a</b>	Plan name	2016 RESTATEMENT OF THE CANDLEWOOD PARTNERS, LLC RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	CANDLEWOOD PARTNERS, LLC	<b>c</b> EIN-PN 47-3217270-001
<b>a</b>	Plan name	A & L RV SALES LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	A & L RV SALES LLC	<b>c</b> EIN-PN 46-1745260-001
<b>a</b>	Plan name	A&E REAL ESTATE 401(K) PLAN	
<b>b</b>	Name of plan sponsor	A&E REAL ESTATE MANAGEMENT, LLC	<b>c</b> EIN-PN 45-1842743-002
<b>a</b>	Plan name	AAC CONTRACTING, LLC 401K SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	AAC CONTRACTING, LLC	<b>c</b> EIN-PN 46-4694985-003
<b>a</b>	Plan name	ABDI 401(K) PLAN	
<b>b</b>	Name of plan sponsor	APPLICATIONS BY DESIGN INC.	<b>c</b> EIN-PN 65-0787305-001
<b>a</b>	Plan name	ADIRONDACK CABLING, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ADIRONDACK CABLING, INC.	<b>c</b> EIN-PN 14-1686851-001
<b>a</b>	Plan name	ADVANCED COMFORT SPECIALISTS 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ADVANCED COMFORT SPECIALISTS	<b>c</b> EIN-PN 20-1900569-001
<b>a</b>	Plan name	AERO INSTRUMENTS AND AVIONICS, INC. SALARY DEFERRAL PLAN	
<b>b</b>	Name of plan sponsor	AERO INSTRUMENTS AND AVIONICS, INC.	<b>c</b> EIN-PN 16-0961901-001
<b>a</b>	Plan name	ALFANO BROTHERS INC 401(K) PROFIT SHARING PLAN & TRUST	
<b>b</b>	Name of plan sponsor	ALFANO BROTHERS INC	<b>c</b> EIN-PN 65-0208589-001

<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	ALL 4 PETS HOSPITAL 401K PLAN	
<b>b</b>	Name of plan sponsor	ALL 4 PETS HOSPITAL, LLC	<b>c</b> EIN-PN 61-2037057-001
<b>a</b>	Plan name	ALL CONTROL ENTERPRISES, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	FEED CONTROL CORP. DBA ALL CONTROL ENTERPRISES, INC.	<b>c</b> EIN-PN 36-2534912-002
<b>a</b>	Plan name	ALLIVET 401(K) RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	AGROPEC TRADING, LLC	<b>c</b> EIN-PN 59-3214707-001
<b>a</b>	Plan name	AMERICAN BERRY COMPANY 401(K) PROFIT SHARING PLAN AND TRUST	
<b>b</b>	Name of plan sponsor	AMERICAN BERRY COMPANY	<b>c</b> EIN-PN 85-3150690-001
<b>a</b>	Plan name	AMERICAN COLOR IMAGING, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	AMERICAN COLOR IMAGING, INC.	<b>c</b> EIN-PN 42-0929536-002
<b>a</b>	Plan name	AMERICAN ERECTION, LLC 401(K) SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	AMERICAN ERECTION, LLC	<b>c</b> EIN-PN 90-0434941-001
<b>a</b>	Plan name	AMERICAN TRAIN DISPATCHERS ASSOCIATION 401K	
<b>b</b>	Name of plan sponsor	AMERICAN TRAIN DISPATCHERS	<b>c</b> EIN-PN 36-6000132-001
<b>a</b>	Plan name	AMES & GOUGH INSURANCE/RISK MANAGEMENT, INC. PROFIT SHARING/401K PLAN	
<b>b</b>	Name of plan sponsor	AMES & GOUGH INSURANCE/RISK MANAGEMENT, INC.	<b>c</b> EIN-PN 52-1756461-001
<b>a</b>	Plan name	ANGELS OF CARE 401(K) PLAN	
<b>b</b>	Name of plan sponsor	AOC OPCO, LLC	<b>c</b> EIN-PN 83-4225264-001
<b>a</b>	Plan name	ANSWERNET 401(K) SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	ANSWERNET, INC.	<b>c</b> EIN-PN 23-2967465-001
<b>a</b>	Plan name	APPLIED INDUSTRIAL MACHINING, LLC 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	APPLIED INDUSTRIAL MACHINING, LLC	<b>c</b> EIN-PN 46-1592245-002
<b>a</b>	Plan name	ARB MIDSTREAM MANAGEMENT LLC	
<b>b</b>	Name of plan sponsor	ARB MIDSTREAM MANAGEMENT LLC	<b>c</b> EIN-PN 47-2842784-001

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 ARELAC, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor ARELAC, INC.	<b>c</b> EIN-PN 83-4654154-001
<b>a</b>	Plan name ARISE CHILD & FAMILY SERVICE, INC. PROFIT SHARING 401(K) PLAN	
<b>b</b>	Name of plan sponsor ARISE CHILD & FAMILY SERVICE, INC.	<b>c</b> EIN-PN 16-1186293-003
<b>a</b>	Plan name ASI TECHNOLOGIES INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor ASI TECHNOLOGIES INC.	<b>c</b> EIN-PN 23-2357723-001
<b>a</b>	Plan name ATC LIGHTING & PLASTICS INC 401(K) PROFIT SHARING PLAN & TRUST	
<b>b</b>	Name of plan sponsor ATC LIGHTING & PLASTICS INC	<b>c</b> EIN-PN 34-1774852-001
<b>a</b>	Plan name ATLANTIC COAST COTTON 401K PLAN	
<b>b</b>	Name of plan sponsor ATLANTIC COAST COTTON	<b>c</b> EIN-PN 54-1387190-001
<b>a</b>	Plan name AUER STEEL & HEATING SUPPLY COMPANY RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor AUER STEEL & HEATING SUPPLY CO.	<b>c</b> EIN-PN 39-0139306-002
<b>a</b>	Plan name AUSTAL USA. LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor AUSTAL USA. LLC	<b>c</b> EIN-PN 63-1238756-001
<b>a</b>	Plan name AUTOLAND 401(K) PLAN	
<b>b</b>	Name of plan sponsor MMPD CARST LLC	<b>c</b> EIN-PN 81-3593156-001
<b>a</b>	Plan name AUTOMOX, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor AUTOMOX, INC.	<b>c</b> EIN-PN 47-3845439-001
<b>a</b>	Plan name AXISNORTH SOLUTIONS, INC 401(K) PSP AND TRUST	
<b>b</b>	Name of plan sponsor AXISNORTH SOLUTIONS, INC.	<b>c</b> EIN-PN 48-1810603-001
<b>a</b>	Plan name BACKD 401(K) PLAN	
<b>b</b>	Name of plan sponsor AUSTIN BUSINESS FINANCE DBA BACKD	<b>c</b> EIN-PN 36-4909669-001
<b>a</b>	Plan name BAYSINGER PARTNERS ARCHITECTURE 401(K) PLAN	
<b>b</b>	Name of plan sponsor BAYSINGER PARTNERS ARCHITECTURE, PC	<b>c</b> EIN-PN 93-1193494-001

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>BENET STORE INC 401K PLAN</b>	
<b>b</b>	Name of plan sponsor <b>BENET STORE INC</b>	<b>c</b> EIN-PN <b>59-2243487-001</b>
<b>a</b>	Plan name <b>BIG SKY PEDIATRIC THERAPY, LLC 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>BIG SKY PEDIATRIC THERAPY, LLC</b>	<b>c</b> EIN-PN <b>26-3166441-001</b>
<b>a</b>	Plan name <b>BIGGE CRANE AND RIGGING CO. 401(K) PROFIT SHARING PLAN</b>	
<b>b</b>	Name of plan sponsor <b>BIGGE CRANE AND RIGGING CO.</b>	<b>c</b> EIN-PN <b>94-3291765-001</b>
<b>a</b>	Plan name <b>BLUE SEA CAPITAL 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>BLUE SEA CAPITAL</b>	<b>c</b> EIN-PN <b>90-0907274-001</b>
<b>a</b>	Plan name <b>BOLD PENGUIN 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>BOLD PENGUIN INC.</b>	<b>c</b> EIN-PN <b>81-3064148-001</b>
<b>a</b>	Plan name <b>BOMNIN AUTOMOTIVE GROUP 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>BOMNIN AUTOMOTIVE, LLC DBA BOMNIN CHEVROLET WEST KENDALL</b>	<b>c</b> EIN-PN <b>81-3872123-001</b>
<b>a</b>	Plan name <b>BRAD HALL COMPANIES 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>BRAD HALL &amp; ASSOCIATES, INC.</b>	<b>c</b> EIN-PN <b>20-0477677-001</b>
<b>a</b>	Plan name <b>BRAINLABS US HOLDCO., INC 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>BRAINLABS USA,LLC</b>	<b>c</b> EIN-PN <b>20-0720112-001</b>
<b>a</b>	Plan name <b>BROADWAY METAL WORKS 401K PROFIT SHARING</b>	
<b>b</b>	Name of plan sponsor <b>BROADWAY METAL WORKS INC</b>	<b>c</b> EIN-PN <b>54-0612909-001</b>
<b>a</b>	Plan name <b>BRYAN ELECTRIC COMPANY 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>TIMOTHY P. BRYAN ELECTRIC CO., INC.</b>	<b>c</b> EIN-PN <b>22-2444530-003</b>
<b>a</b>	Plan name <b>BYNDER 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>BYNDER, LLC</b>	<b>c</b> EIN-PN <b>30-0809702-002</b>
<b>a</b>	Plan name <b>C &amp; K PLASTICS GA NC 401(K) PROFIT SHARE PL &amp;TRUST</b>	
<b>b</b>	Name of plan sponsor <b>C &amp; K PLASTICS GEORGIA, LLC.</b>	<b>c</b> EIN-PN <b>47-3915468-001</b>

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
<b>a</b>	Plan name C & S MACHINE PRODUCTS, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor C & S MACHINE PRODUCTS, INC.	<b>c</b> EIN-PN 38-1811990-001
<b>a</b>	Plan name CANYON VIEW MEDICAL GROUP LC 401K & PS	
<b>b</b>	Name of plan sponsor CANYON VIEW MEDICAL GROUP LC	<b>c</b> EIN-PN 84-1367175-002
<b>a</b>	Plan name CAPITAL REALTY GROUP INC 401(K) PROFIT SHARING PLAN & TRUST	
<b>b</b>	Name of plan sponsor CAPITAL REALTY GROUP INC	<b>c</b> EIN-PN 20-1127702-001
<b>a</b>	Plan name CARCO 401(K) PLAN	
<b>b</b>	Name of plan sponsor CARCO INDUSTRIES, INC.	<b>c</b> EIN-PN 93-0614128-001
<b>a</b>	Plan name CARNEY TIRE CAR CARE CENTER & TITLE SERVICES, INC. 401(K) PROFIT SHARING PLAN & TRUST	
<b>b</b>	Name of plan sponsor CARNEY TIRE CAR CARE CENTER & TITLE SERVICES, INC.	<b>c</b> EIN-PN 52-1550551-001
<b>a</b>	Plan name CASA 401(K) PLAN	
<b>b</b>	Name of plan sponsor CASA NISSAN, INC.	<b>c</b> EIN-PN 74-2325378-001
<b>a</b>	Plan name CEDAR CONSTRUCTION CO. , INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor CEDAR CONSTRUCTION CO., INC.	<b>c</b> EIN-PN 47-0535498-002
<b>a</b>	Plan name CEDAR RIDGE WINERY & DISTILLERY 401(K) PLAN	
<b>b</b>	Name of plan sponsor CEDAR RIDGE VINEYARD, LLC	<b>c</b> EIN-PN 42-1580009-001
<b>a</b>	Plan name CENTURY-CENTECH HOLDING CO. EMPLOYEE STOCK OWNERSHIP PLAN	
<b>b</b>	Name of plan sponsor CENTURY-CENTECH HOLDING COMPANY	<b>c</b> EIN-PN 26-1545521-001
<b>a</b>	Plan name CEPRA LANDSCAPE LLC 401(K)PLAN	
<b>b</b>	Name of plan sponsor CEPRA LANDSCAPE LLC	<b>c</b> EIN-PN 47-3033703-001
<b>a</b>	Plan name CHILDREN'S CASE MANAGEMENT 401(K) PLAN	
<b>b</b>	Name of plan sponsor FAMILIES FIRST OF PALM BEACH COUNTY	<b>c</b> EIN-PN 65-0166352-001
<b>a</b>	Plan name CHITIMACHA TRIBE OF LOUISIANA 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor CHITIMACHA TRIBE OF LOUISIANA	<b>c</b> EIN-PN 72-0705406-001

<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	CHRISTIE LITES 401(K) PLAN	
<b>b</b>	Name of plan sponsor	CHRISTIE LITES	<b>c</b> EIN-PN 87-1871139-001
<b>a</b>	Plan name	CLEAN CHEMISTRY 401K PLAN	
<b>b</b>	Name of plan sponsor	CLEAN CHEMISTRY INC.	<b>c</b> EIN-PN 32-0453988-001
<b>a</b>	Plan name	CLUNK, PAISLEY, HOOSE CO., LPA 401(K) PLAN	
<b>b</b>	Name of plan sponsor	CLUNK, PAISLEY, HOOSE CO., LPA	<b>c</b> EIN-PN 34-1937930-001
<b>a</b>	Plan name	CNC INDUSTRIES, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	CNC INDUSTRIES, INC.	<b>c</b> EIN-PN 35-1970529-001
<b>a</b>	Plan name	COLLEGE HEALTH ENTERPRISES 401(K) SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	COLLEGE HOSPITAL GROUP, INC.	<b>c</b> EIN-PN 20-1514870-002
<b>a</b>	Plan name	COMMSYS, INC. 401(K) PROFIT SHARING PLAN AND TRUST	
<b>b</b>	Name of plan sponsor	COMMSYS, INC.	<b>c</b> EIN-PN 31-1281721-001
<b>a</b>	Plan name	COMMUNITY SCHOOL OF CLEBURNE COUNTY, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	COMMUNITY SCHOOL OF CLEBURNE COUNTY, INC.	<b>c</b> EIN-PN 71-0649286-001
<b>a</b>	Plan name	COMPATIBLE TECHNOLOGY SOLUTION 401(K) PROFIT SHARING PLAN & TRUST	
<b>b</b>	Name of plan sponsor	COMPATIBLE TECHNOLOGY SOLUTION	<b>c</b> EIN-PN 20-5029327-001
<b>a</b>	Plan name	COMPLETE MOBILE DENTISTRY 401(K) PLAN	
<b>b</b>	Name of plan sponsor	COMPLETE MOBILE DENTISTRY, INC.	<b>c</b> EIN-PN 11-3651272-001
<b>a</b>	Plan name	CONCEPTUAL COMMUNICATIONS 401(K) PROFIT SHARING PLAN AND TRUST	
<b>b</b>	Name of plan sponsor	CONCEPTUAL COMMUNICATIONS, LLC	<b>c</b> EIN-PN 46-1355996-001
<b>a</b>	Plan name	CORVALENT CORPORATION 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	CORVALENT CORPORATION	<b>c</b> EIN-PN 77-0358592-001
<b>a</b>	Plan name	CORVEE PRACTICE DEVELOPMENT, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	CORVEE PRACTICE DEVELOPMENT, LLC	<b>c</b> EIN-PN 81-2507717-001

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 CPM & ROSEMURGY PROPERTIES 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor CAMPBELL PROPERTY MANAGEMENT AND REAL ESTATE	<b>c</b> EIN-PN 59-6058179-001
<b>a</b>	Plan name CREATIONS IN CUISINE INC 401K PLAN	
<b>b</b>	Name of plan sponsor CREATIONS IN CUISINE, INC	<b>c</b> EIN-PN 86-0936688-001
<b>a</b>	Plan name CRH 401(K) PLAN	
<b>b</b>	Name of plan sponsor CENTER FOR REPRODUCTIVE HEALTH, S.C.	<b>c</b> EIN-PN 36-4439580-001
<b>a</b>	Plan name CROSSOVER MULTIPLE EMPLOYER 401K PLAN	
<b>b</b>	Name of plan sponsor CROSSOVER MARKETS LLC	<b>c</b> EIN-PN 47-3307671-002
<b>a</b>	Plan name CURRIE GROUP 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor BILL CURRIE FORD, INC.	<b>c</b> EIN-PN 59-0910014-001
<b>a</b>	Plan name D & D CARTING 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor D&D CARTING CO. INC.	<b>c</b> EIN-PN 11-1967569-001
<b>a</b>	Plan name DALLAS PLASTIC SURGERY INSTITUTE, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor DALLAS PLASTIC SURGERY INSTITUTE, INC.	<b>c</b> EIN-PN 75-2404682-004
<b>a</b>	Plan name DANN MARINE TOWING, L. C. 401(K) PLAN	
<b>b</b>	Name of plan sponsor DANN MARINE TOWING, L.C.	<b>c</b> EIN-PN 52-1900224-001
<b>a</b>	Plan name DDH ENTERPRISE, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor DDH ENTERPRISE, INC.	<b>c</b> EIN-PN 33-6143829-001
<b>a</b>	Plan name DENIS DANKOSKY PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor DENIS DANKOSKY	<b>c</b> EIN-PN 22-2943370-001
<b>a</b>	Plan name DUNHAM-BUSH RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor DUNHAM-BUSH USA LLC	<b>c</b> EIN-PN 47-3971862-001
<b>a</b>	Plan name DVELE OMEGA 401(K) PLAN	
<b>b</b>	Name of plan sponsor DVELE OMEGA, INC.	<b>c</b> EIN-PN 82-4296597-001

<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	DYNAMIC RISK 401(K) PLAN	
<b>b</b>	Name of plan sponsor	DYNAMIC RISK USA, INC.	<b>c</b> EIN-PN 99-0370716-001
<b>a</b>	Plan name	EASTERN OIL COMPANY 401K PLAN	
<b>b</b>	Name of plan sponsor	EASTERN OIL COMPANY	<b>c</b> EIN-PN 38-2311892-001
<b>a</b>	Plan name	EDDYFI CORP 401(K) PLAN	
<b>b</b>	Name of plan sponsor	EDDYFI CORP	<b>c</b> EIN-PN 46-3890132-001
<b>a</b>	Plan name	EDNEY DISTRIBUTING COMPANY, INC. 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	EDNEY DISTRIBUTING COMPANY, INC.	<b>c</b> EIN-PN 46-0258826-003
<b>a</b>	Plan name	EGW UTILITIES, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	EGW UTILITIES, INC.	<b>c</b> EIN-PN 36-4445319-001
<b>a</b>	Plan name	ELLIOTT EQUIPMENT COMPANY 401(K) SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	ELLIOTT EQUIPMENT COMPANY	<b>c</b> EIN-PN 42-0999627-001
<b>a</b>	Plan name	EMS 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ENGINEERED MECHANICAL SYSTEMS	<b>c</b> EIN-PN 22-2881246-001
<b>a</b>	Plan name	ENGLAND, THIMS & MILLER, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ENGLAND, THIMS & MILLER, INC.	<b>c</b> EIN-PN 59-1773930-001
<b>a</b>	Plan name	EQUILIEM, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	EQUILIEM, INC.	<b>c</b> EIN-PN 22-3367209-002
<b>a</b>	Plan name	EUGENE BRUNO & ASSOCIATES 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	EUGENE BRUNO & ASSOCIATES	<b>c</b> EIN-PN 33-0953335-001
<b>a</b>	Plan name	EXCEL GROUP 401(K) SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	EXCEL CONTRACTORS, LLC	<b>c</b> EIN-PN 72-0969587-001
<b>a</b>	Plan name	EXO GROUP RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	EXO, INC.	<b>c</b> EIN-PN 26-4680417-001

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 FAHE 401(K) PLAN	
<b>b</b>	Name of plan sponsor FEDERATION OF APPALACHIAN HOUSING ENTERPRISES, INC.	<b>c</b> EIN-PN 31-0986871-001
<b>a</b>	Plan name FAMILY RESOURCES ASSOCIATES INC SAVINGS PLAN	
<b>b</b>	Name of plan sponsor FAMILY RESOURCE ASSOCIATES, INC.	<b>c</b> EIN-PN 22-2285850-001
<b>a</b>	Plan name FELIX ASSOCIATES 401(K) PLAN	
<b>b</b>	Name of plan sponsor FELIX ASSOCIATES OF FLORIDA, INC.	<b>c</b> EIN-PN 26-4299335-001
<b>a</b>	Plan name FERGUSON TOWNSHIP 457B	
<b>b</b>	Name of plan sponsor FERGUSON TOWNSHIP	<b>c</b> EIN-PN 25-1197270-457
<b>a</b>	Plan name FERGUSON, RAWLS & RAINES, P.C. 401(K) PLAN	
<b>b</b>	Name of plan sponsor FERGUSON, RAWLS & RAINES, P.C.	<b>c</b> EIN-PN 54-0976644-001
<b>a</b>	Plan name FIBRIX LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor FIBRIX, LLC	<b>c</b> EIN-PN 20-8436514-001
<b>a</b>	Plan name FINEOS CORPORATION 401(K) PROFIT SHARING PLAN AND TRUST	
<b>b</b>	Name of plan sponsor FINEOS CORPORATION	<b>c</b> EIN-PN 04-3512701-001
<b>a</b>	Plan name FISHBIO, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor FISHBIO, INC.	<b>c</b> EIN-PN 45-4176814-001
<b>a</b>	Plan name FIVE O' CLOCK STEAKHOUSE 401(K) SAVINGS PLAN	
<b>b</b>	Name of plan sponsor FIVE O CLOCK STEAKHOUSE INC.	<b>c</b> EIN-PN 81-1318383-001
<b>a</b>	Plan name FLEXSHOPPER, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor FLEXSHOPPER, LLC	<b>c</b> EIN-PN 80-0930385-001
<b>a</b>	Plan name FNB BANK 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor FNB BANK	<b>c</b> EIN-PN 42-0544770-001
<b>a</b>	Plan name FOOTHILLS ANIMAL SHELTER 401(K) PLAN	
<b>b</b>	Name of plan sponsor FOOTHILLS ANIMAL SHELTER	<b>c</b> EIN-PN 84-1311450-001

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>FREEDLAND HARWIN VALORI, PLLC 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>FREEDLAND HARWIN VALORI RYAN, PLLC</b>	<b>c</b> EIN-PN <b>65-1097484-001</b>
<b>a</b>	Plan name <b>FRUITPORT FAMILY DENTISTRY 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>CHELSEA KLIPFEL, DDS, PLLC</b>	<b>c</b> EIN-PN <b>82-1781800-001</b>
<b>a</b>	Plan name <b>FUNKO 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>FUNKO, LLC</b>	<b>c</b> EIN-PN <b>20-2508659-001</b>
<b>a</b>	Plan name <b>GAITHERSBURG CABINETRY &amp; MILLWORK CO., INC. 401(K) RETIREMENT PLAN</b>	
<b>b</b>	Name of plan sponsor <b>GAITHERSBURG CABINETRY &amp; MILLWORK CO., INC.</b>	<b>c</b> EIN-PN <b>52-1238037-001</b>
<b>a</b>	Plan name <b>GENERAL INFOMATICS 401(K) PLAN (001)</b>	
<b>b</b>	Name of plan sponsor <b>GENERAL INFOMATICS, INC.</b>	<b>c</b> EIN-PN <b>20-2970699-001</b>
<b>a</b>	Plan name <b>GENESIS MEDICUS 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>GENESIS MEDICUS, LLC</b>	<b>c</b> EIN-PN <b>26-2121573-001</b>
<b>a</b>	Plan name <b>GIUMENTA CORPORATION 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>GIUMENTA CORPORATION</b>	<b>c</b> EIN-PN <b>11-1951208-002</b>
<b>a</b>	Plan name <b>GL SOLUTIONS, INC. 401(K) PROFIT SHARING PLAN</b>	
<b>b</b>	Name of plan sponsor <b>GL SOLUTIONS, INC.</b>	<b>c</b> EIN-PN <b>27-1118238-001</b>
<b>a</b>	Plan name <b>GLOBAL SIGHT &amp; SOUND, INC 401K PLAN</b>	
<b>b</b>	Name of plan sponsor <b>GLOBAL SIGHT &amp; SOUND, INC</b>	<b>c</b> EIN-PN <b>27-4815687-001</b>
<b>a</b>	Plan name <b>GOLDEN ARTIST COLORS, INC. 401K PROFIT SHARING</b>	
<b>b</b>	Name of plan sponsor <b>GOLDEN ARTIST COLORS, INC.</b>	<b>c</b> EIN-PN <b>22-2309658-001</b>
<b>a</b>	Plan name <b>GOLDFINGER, INC. 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>GOLDFINGER, INC.</b>	<b>c</b> EIN-PN <b>81-4741603-001</b>
<b>a</b>	Plan name <b>GOVX INCORPORATED 401K PLAN</b>	
<b>b</b>	Name of plan sponsor <b>GOVX INCORPORATED</b>	<b>c</b> EIN-PN <b>36-4716877-001</b>

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	GRAND HARBOR 401(K) PLAN	
<b>b</b>	Name of plan sponsor	GRAND HARBOR GOLF & BEACH CLUB INC.	<b>c</b> EIN-PN 65-0302339-001
<b>a</b>	Plan name	GREENE-LEVIN-SNYDER LLC 401(K) PROFIT SHARING PLAN & TRUST	
<b>b</b>	Name of plan sponsor	GREENE-LEVIN-SNYDER LLC	<b>c</b> EIN-PN 13-3979994-001
<b>a</b>	Plan name	GROWERS ICE COMPANY RETIREMENT PLAN & TRUST	
<b>b</b>	Name of plan sponsor	GROWERS ICE COMPANY	<b>c</b> EIN-PN 94-2603248-002
<b>a</b>	Plan name	GUTTMANN AND BLAEVOET AMENDED PROFIT SHARING AND 401K PLAN	
<b>b</b>	Name of plan sponsor	GUTTMANN AND BLAEVOET	<b>c</b> EIN-PN 94-1643454-001
<b>a</b>	Plan name	H. A. BERKHEIMER, INC. RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	H.A. BERKHEIMER, INC.	<b>c</b> EIN-PN 23-1669661-001
<b>a</b>	Plan name	HACIENDA FORD INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	YODER FORD, INC. DBA HACIENDA FORD	<b>c</b> EIN-PN 74-2606273-001
<b>a</b>	Plan name	HARDIN, KUNDLA, MCKEON & POLETTO, P.A. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	HARDIN, KUNDLA, MCKEON & POLETTO, P.A.	<b>c</b> EIN-PN 22-3541348-001
<b>a</b>	Plan name	HAWK CONSULTANTS, LLC 401(K) SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	HAWK CONSULTANTS, LLC	<b>c</b> EIN-PN 73-1725551-001
<b>a</b>	Plan name	HEARTH MANAGEMENT, LLC RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	HEARTH MANAGEMENT, LLC	<b>c</b> EIN-PN 16-1584917-001
<b>a</b>	Plan name	HENNING'S CHEESE 401(K) PLAN	
<b>b</b>	Name of plan sponsor	HENNINGS CHEESE FACTORY, INC	<b>c</b> EIN-PN 39-1665652-001
<b>a</b>	Plan name	HIS CONSTRUCTORS EMPLOYEE STOCK OWNERSHIP AND 401(K) PLAN	
<b>b</b>	Name of plan sponsor	HIS CONSTRUCTORS, INC.	<b>c</b> EIN-PN 38-3806996-001
<b>a</b>	Plan name	HOMETHRIVE 401(K) PLAN	
<b>b</b>	Name of plan sponsor	HOMETHRIVE, INC.	<b>c</b> EIN-PN 83-1587273-001

<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	HOMETOWN AMERICA, LLC RETIREMENT READINESS 401(K) PLAN	
<b>b</b>	Name of plan sponsor	HOMETOWN AMERICA INSURANCE SERVICE, LLC	<b>c</b> EIN-PN 36-4196688-001
<b>a</b>	Plan name	HOOSIER TRAILER & TRUCK EQUIPMENT, INC. 401(K) S.R.P.T.	
<b>b</b>	Name of plan sponsor	HOOSIER TRAILER & TRUCK EQUIPMENT, INC.	<b>c</b> EIN-PN 03-0387020-001
<b>a</b>	Plan name	HUGHES SYSTIQUE 401K PLAN	
<b>b</b>	Name of plan sponsor	HUGHES SYSTIQUE PRIVATE LIMITED	<b>c</b> EIN-PN 98-0561217-001
<b>a</b>	Plan name	IDEAS COLLIDE INC. 401(K) PROFIT SHARING PLAN AND TRUST	
<b>b</b>	Name of plan sponsor	IDEAS COLLIDE INC.	<b>c</b> EIN-PN 20-4419257-001
<b>a</b>	Plan name	IHR, INC. DBA MIKE WARD INFINITI 401(K) PLAN	
<b>b</b>	Name of plan sponsor	IHR INC MIKE WARD INFINITI	<b>c</b> EIN-PN 20-3598342-001
<b>a</b>	Plan name	INCITE INFORMATICS RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	INCITE INFORMATICS, LLC	<b>c</b> EIN-PN 01-0944335-001
<b>a</b>	Plan name	INDEPENDENT LIVING, INC. RETIREMENT PLAN & TRUST	
<b>b</b>	Name of plan sponsor	INDEPENDENT LIVING, INC.	<b>c</b> EIN-PN 22-2894558-001
<b>a</b>	Plan name	INFINITY GLOBAL INC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	INFINITY GLOBAL, INC	<b>c</b> EIN-PN 41-2155840-001
<b>a</b>	Plan name	INSIGHT LIGHTING, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	INSIGHT LIGHTING, INC.	<b>c</b> EIN-PN 85-0383653-001
<b>a</b>	Plan name	INTEGRATED PLANET, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	INTEGRATED PLANET, INC.	<b>c</b> EIN-PN 94-3397112-001
<b>a</b>	Plan name	IW MARKS JEWELERS RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	IW MARKS JEWELERS, LP	<b>c</b> EIN-PN 74-1960956-002
<b>a</b>	Plan name	J.A. MYERS BUILDING & DEVELOPMENT, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	J.A. MYERS BUILDING & DEVELOPMENT, INC.	<b>c</b> EIN-PN 23-1983961-001

<b>Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>		
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)		
<b>a</b> Plan name	JACOBS AUTO SUPPLIES 401(K) PLAN	
<b>b</b> Name of plan sponsor	JACOBS AUTO SUPPLIES	<b>c</b> EIN-PN 23-2151890-001
<b>a</b> Plan name	JBRUCE ENTITIES 401(K) PLAN	
<b>b</b> Name of plan sponsor	BRUCE AND KELLY REAL ESTATE TEAM	<b>c</b> EIN-PN 88-3947114-001
<b>a</b> Plan name	JGDB 401(K) PLAN	
<b>b</b> Name of plan sponsor	JAFFA GROUP DESIGN BUILD, INC.	<b>c</b> EIN-PN 52-2389372-001
<b>a</b> Plan name	JIMMY D HILL 401K PS	
<b>b</b> Name of plan sponsor	JIMMY D HILL	<b>c</b> EIN-PN 33-0161467-001
<b>a</b> Plan name	JIMMY EVANS CO. 401(K) PLAN	
<b>b</b> Name of plan sponsor	JIMMY EVANS COMPANY, LTD.	<b>c</b> EIN-PN 74-2612574-001
<b>a</b> Plan name	JMS WIND ENERGY 401(K) PLAN	
<b>b</b> Name of plan sponsor	JMS WIND ENERGY	<b>c</b> EIN-PN 26-1998739-001
<b>a</b> Plan name	K FRIESE & ASSOCIATES, INC. 401(K) PLAN	
<b>b</b> Name of plan sponsor	K FRIESE & ASSOCIATES, INC.	<b>c</b> EIN-PN 48-1304687-001
<b>a</b> Plan name	KELBRO COMPANY, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b> Name of plan sponsor	KELBRO COMPANY, INC.	<b>c</b> EIN-PN 41-1417039-001
<b>a</b> Plan name	KERBERROSE S.C. 401(K) PROFIT SHARING PLAN	
<b>b</b> Name of plan sponsor	KERBERROSE S.C.	<b>c</b> EIN-PN 39-1658423-001
<b>a</b> Plan name	KOMODO INTERNATIONAL CORPORATION 401K PROFIT SHARING PLAN	
<b>b</b> Name of plan sponsor	KOMODO INTERNATIONAL CORPORATION	<b>c</b> EIN-PN 95-4328799-001
<b>a</b> Plan name	LAFFERTY TRUCK & TRAILER REPAIR 401(K) PLAN	
<b>b</b> Name of plan sponsor	LAFFERTY TRUCK & TRAILER REPAIR LLC	<b>c</b> EIN-PN 87-2706374-001
<b>a</b> Plan name	LAKE BOOK MANUFACTURING, LLC EMPLOYEES' RETIREMENT PLAN	
<b>b</b> Name of plan sponsor	LAKE BOOK MANUFACTURING, LLC	<b>c</b> EIN-PN 36-2703615-001

<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	LAP OF LOVE RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	LAP OF LOVE SERVICES LLC	<b>c</b> EIN-PN 84-4089050-001
<b>a</b>	Plan name	LAW OFFICES OF SAMANTHA J FITZGERALD PA 401(K) PROFIT SHARING PLAN & TRUST	
<b>b</b>	Name of plan sponsor	LAW OFFICES OF SAMANTHA J FITZ	<b>c</b> EIN-PN 85-0718602-001
<b>a</b>	Plan name	LEANDNA 401(K) PLAN	
<b>b</b>	Name of plan sponsor	LEANDNA, INC.	<b>c</b> EIN-PN 38-3682250-001
<b>a</b>	Plan name	LEASEQUERY 401(K) PLAN	
<b>b</b>	Name of plan sponsor	LEASEQUERY, LLC	<b>c</b> EIN-PN 45-3280405-001
<b>a</b>	Plan name	LEBARON & CARROLL, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	LEBARON & CARROLL, LLC	<b>c</b> EIN-PN 61-1503841-001
<b>a</b>	Plan name	LENZ ENTERPRISES, LLC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	LENZ ENTERPRISES, LLC	<b>c</b> EIN-PN 46-5368665-001
<b>a</b>	Plan name	LINCOLN WASTE SOLUTIONS, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	LINCOLN WASTE SOLUTIONS, LLC	<b>c</b> EIN-PN 20-3184969-001
<b>a</b>	Plan name	LINGARO 401(K) PLAN	
<b>b</b>	Name of plan sponsor	LINGARO US, INC.	<b>c</b> EIN-PN 32-0567838-001
<b>a</b>	Plan name	LIPARI & ASSOCIATES, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	LIPARI & ASSOCIATES, INC.	<b>c</b> EIN-PN 26-0836898-001
<b>a</b>	Plan name	LONGEVITY HOLDINGS INC 401(K) PROFIT SHARING & TRUST	
<b>b</b>	Name of plan sponsor	LONGEVITY HOLDINGS INC	<b>c</b> EIN-PN 82-4722389-001
<b>a</b>	Plan name	LT TAX SERVICES 401(K) PLAN	
<b>b</b>	Name of plan sponsor	LT TAX SERVICES, INC.	<b>c</b> EIN-PN 45-2024401-001
<b>a</b>	Plan name	LUIHN VANTEDGE PARTNERS LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	LUIHN VANTEDGE PARTNERS LLC	<b>c</b> EIN-PN 83-2686934-001

<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	LUMIRADX, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	LUMIRADX, INC.	<b>c</b> EIN-PN 47-1763048-001
<b>a</b>	Plan name	LUMOS PHARMA, INC. 401K PLAN	
<b>b</b>	Name of plan sponsor	LUMOS PHARMA, INC.	<b>c</b> EIN-PN 42-1491350-001
<b>a</b>	Plan name	M3T CORPORATION 401(K) PLAN	
<b>b</b>	Name of plan sponsor	M3T CORPORATION	<b>c</b> EIN-PN 25-1879459-001
<b>a</b>	Plan name	MARIC HEALTHCARE 401K PLAN	
<b>b</b>	Name of plan sponsor	MARIC HEALTHCARE, LLC	<b>c</b> EIN-PN 04-3768758-001
<b>a</b>	Plan name	MARINE BANK & TRUST 401K PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	MARINE BANK & TRUST	<b>c</b> EIN-PN 65-0644585-001
<b>a</b>	Plan name	MASA GLOBAL 401(K) PLAN	
<b>b</b>	Name of plan sponsor	MEDICAL AIR SERVICES ASSOCIATION, INC.	<b>c</b> EIN-PN 65-0265219-001
<b>a</b>	Plan name	MASTER CAR CARE RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	RIGHT FIX, LLC	<b>c</b> EIN-PN 26-2708918-001
<b>a</b>	Plan name	MC CONSULTANTS, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	MC CONSULTANTS, INC.	<b>c</b> EIN-PN 33-0356700-001
<b>a</b>	Plan name	MCILHENNY COMPANY PENSION PLAN	
<b>b</b>	Name of plan sponsor	MCILHENNY COMPANY	<b>c</b> EIN-PN 72-0256940-001
<b>a</b>	Plan name	MCKINNON MOTORS, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	MCKINNON MOTORS, LLC	<b>c</b> EIN-PN 63-1132225-001
<b>a</b>	Plan name	MCM LEARNING 401K PLAN	
<b>b</b>	Name of plan sponsor	MCM LEARNING INCORPORATED	<b>c</b> EIN-PN 38-3035383-002
<b>a</b>	Plan name	MDA SYSTEMS INC-401K	
<b>b</b>	Name of plan sponsor	MDA SYSTEMS INC	<b>c</b> EIN-PN 59-2521756-001

<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	MDT, INC. (DBA) MDT SOFTWARE	
<b>b</b>	Name of plan sponsor	MDT, INC. (DBA) MDT SOFTWARE	<b>c</b> EIN-PN 58-1768687-001
<b>a</b>	Plan name	MERCURY PHARMACY SERVICES 401(K) PLAN	
<b>b</b>	Name of plan sponsor	MERCURY PHARMACY SERVICES	<b>c</b> EIN-PN 91-2104373-001
<b>a</b>	Plan name	MERWIN & PAOLAZZI 401(K) PLAN	
<b>b</b>	Name of plan sponsor	MERWIN & PAOLAZZI INSURANCE AGENCY, INC.	<b>c</b> EIN-PN 20-3380131-001
<b>a</b>	Plan name	MIDLANDS MECHANICAL, INC. PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	MIDLANDS MECHANICAL, INC.	<b>c</b> EIN-PN 47-0625018-001
<b>a</b>	Plan name	MILA PROPERTIES, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	MILA PROPERTIES, INC.	<b>c</b> EIN-PN 76-0667437-001
<b>a</b>	Plan name	MINA PRODUCTS 401(K) PLAN	
<b>b</b>	Name of plan sponsor	MINA PRODUCT DEVELOPMENT CO. INC.	<b>c</b> EIN-PN 33-0783350-001
<b>a</b>	Plan name	MONROE CORPORATIONS 401(K) SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	MONROE EXTINGUISHER COMPANY, INC	<b>c</b> EIN-PN 16-0986800-001
<b>a</b>	Plan name	MURDOC INSURANCE GROUP, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	MURDOC INSURANCE GROUP, INC. DBA PARK VALLEY YOUNG AGENCY	<b>c</b> EIN-PN 45-3853244-001
<b>a</b>	Plan name	MWC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	MWC GROUP, INC.	<b>c</b> EIN-PN 37-1786956-001
<b>a</b>	Plan name	NATION WELDING LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ATION WELDING LLC	<b>c</b> EIN-PN 83-3508498-001
<b>a</b>	Plan name	NATIONAL RENOVATIONS, LLC 401K PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	ATIONAL RENOVATIONS LLC DBA REPIPE SPECIALIST	<b>c</b> EIN-PN 87-3817658-001
<b>a</b>	Plan name	NB VENTURES, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	B VENTURES, INC.	<b>c</b> EIN-PN 22-3721259-001

<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	NDT GLOBAL, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	DT GLOBAL, LLC	<b>c</b> EIN-PN 45-4904579-002
<b>a</b>	Plan name	NEW MEDICAL CENTER 401(K) PLAN	
<b>b</b>	Name of plan sponsor	EW MEDICAL CENTER, S.C.	<b>c</b> EIN-PN 84-2233887-001
<b>a</b>	Plan name	NEW YORK ISLANDERS HOCKEY CLUB, LP 401(K) PLAN	
<b>b</b>	Name of plan sponsor	EW YORK ISLANDERS HOCKEY CLUB, LP	<b>c</b> EIN-PN 11-2254417-001
<b>a</b>	Plan name	NEWGEN NORTH AMERICA, INC. 401K PLAN AND TRUST	
<b>b</b>	Name of plan sponsor	EWGEN NORTH AMERICA, INC.	<b>c</b> EIN-PN 74-1792222-001
<b>a</b>	Plan name	NORTH MILL EQUIPMENT FINANCE RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	ORTH MILL EQUIPMENT FINANCE, LLC	<b>c</b> EIN-PN 36-4731388-001
<b>a</b>	Plan name	NORTHWEST IOWA SURGEONS, P.C. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ORTHWEST IOWA SURGEONS, P.C.	<b>c</b> EIN-PN 42-1014386-002
<b>a</b>	Plan name	NYCE CRETE CO., INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	YCE CRETE CO., INC.	<b>c</b> EIN-PN 23-1318890-001
<b>a</b>	Plan name	ODYSSEY SPACE RESEARCH, L. L. C. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ODYSSEY SPACE RESEARCH, L.L.C.	<b>c</b> EIN-PN 20-0381879-001
<b>a</b>	Plan name	OVERCASHIER & HORST PROFIT SHARING AND SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	OVERCASHIER & HORST HEATING & AIR CONDITIONING INC.	<b>c</b> EIN-PN 34-1734701-001
<b>a</b>	Plan name	P3S CORPORATION 401(K) PLAN	
<b>b</b>	Name of plan sponsor	P3S CORPORATION	<b>c</b> EIN-PN 20-2159069-001
<b>a</b>	Plan name	PARRISH LEASING INC PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	PARRISH LEASING INC	<b>c</b> EIN-PN 35-1153444-001
<b>a</b>	Plan name	PAULSEN, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	PAULSEN, INC.	<b>c</b> EIN-PN 47-0397153-001

<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	PEDIATRIC ADVANCED THERAPY 401(K) PROFIT SHARING PLAN AND TRUST	
<b>b</b>	Name of plan sponsor	LOLLY THERAPEUTICS LLC DBA PEDIATRIC ADVANCED THERAPY	<b>c</b> EIN-PN 46-4687452-001
<b>a</b>	Plan name	PENSION PLAN FOR EMPLOYEES OF WEST GULF MARITIME ASSOCIATION	
<b>b</b>	Name of plan sponsor	WEST GULF MARITIME ASSOCIATION	<b>c</b> EIN-PN 74-1596812-001
<b>a</b>	Plan name	PENTHOUSE STUDIOS LLC 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	PENTHOUSE STUDIOS LLC	<b>c</b> EIN-PN 86-2252810-001
<b>a</b>	Plan name	PLASTIC SUPPLIERS, INC. PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	PLASTIC SUPPLIERS, INC.	<b>c</b> EIN-PN 21-0719518-001
<b>a</b>	Plan name	PLAYLV GAMING 401(K) PLAN	
<b>b</b>	Name of plan sponsor	PLAYLV GAMING OPERATIONS, LLC	<b>c</b> EIN-PN 14-1866612-001
<b>a</b>	Plan name	PLG 401(K) PLAN	
<b>b</b>	Name of plan sponsor	PORT LOGISTICS GROUP, INC.	<b>c</b> EIN-PN 20-8457827-001
<b>a</b>	Plan name	PRICE, KONG & CO., C.P.A.'S P.A. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	PRICE, KONG & CO., C.P.A.S, P.A.	<b>c</b> EIN-PN 86-0611246-001
<b>a</b>	Plan name	PRIMARY ARMS, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	PRIMARY ARMS, LLC	<b>c</b> EIN-PN 11-3837722-001
<b>a</b>	Plan name	PRIMARY EYE AND VISION CARE 401K PLAN	
<b>b</b>	Name of plan sponsor	PRIMARY EYE AND VISION CARE	<b>c</b> EIN-PN 45-2578317-001
<b>a</b>	Plan name	PRO BACK OFFICE 401(K) PLAN AND TRUST	
<b>b</b>	Name of plan sponsor	PRO BACK OFFICE, LLC	<b>c</b> EIN-PN 45-5636672-001
<b>a</b>	Plan name	PROGRESSIVE ELECTRIC SALARY SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	PROGRESSIVE HOLDINGS, INC. DBA PROGRESSIVE ELECTRIC	<b>c</b> EIN-PN 20-4021010-002
<b>a</b>	Plan name	PROUT FINANCIAL DESIGN 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	PROUT FINANCIAL DESIGN	<b>c</b> EIN-PN 38-3020319-001

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>PROVIA 401K PLAN</b>	
<b>b</b>	Name of plan sponsor <b>PROVIA PAYROLL, LLC</b>	<b>c</b> EIN-PN <b>34-1519660-001</b>
<b>a</b>	Plan name <b>PRUETT AIR CONDITIONING COMPANY 401(K) PROFIT SHARING PLAN</b>	
<b>b</b>	Name of plan sponsor <b>PRUETT AIR CONDITIONING COMPANY</b>	<b>c</b> EIN-PN <b>58-2453509-001</b>
<b>a</b>	Plan name <b>RAMPART BIOSCIENCE 401(K) PROFIT SHARING PLAN &amp; TRUST</b>	
<b>b</b>	Name of plan sponsor <b>RAMPART BIOSCIENCE, INC.</b>	<b>c</b> EIN-PN <b>83-3688007-001</b>
<b>a</b>	Plan name <b>RAYCON CONTRACTORS LLC 401(K) PROFIT SHARING PLAN</b>	
<b>b</b>	Name of plan sponsor <b>RAYCON CONTRACTORS LLC</b>	<b>c</b> EIN-PN <b>83-4274510-001</b>
<b>a</b>	Plan name <b>RCTV RETIREMENT PLAN</b>	
<b>b</b>	Name of plan sponsor <b>RARE COLLECTIBLES TV, LLC</b>	<b>c</b> EIN-PN <b>46-5705246-001</b>
<b>a</b>	Plan name <b>REDTOO, INC. 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>REDTOO, INC.</b>	<b>c</b> EIN-PN <b>90-0827913-001</b>
<b>a</b>	Plan name <b>REGENCY FIBERS 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>REGENCY FIBERS, LLC</b>	<b>c</b> EIN-PN <b>84-2867226-001</b>
<b>a</b>	Plan name <b>RENTSCHLER INC 401K PROFIT SHARING PLAN AND TRUST</b>	
<b>b</b>	Name of plan sponsor <b>RENTSCHLER INC</b>	<b>c</b> EIN-PN <b>20-8032144-001</b>
<b>a</b>	Plan name <b>RESTAURANT.COM, INC. 401K PLAN</b>	
<b>b</b>	Name of plan sponsor <b>RESTAURANT.COM, INC.</b>	<b>c</b> EIN-PN <b>84-4880584-001</b>
<b>a</b>	Plan name <b>ROADRUNNER RECYCLING 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>ROADRUNNER RECYCLING, INC.</b>	<b>c</b> EIN-PN <b>46-5760171-001</b>
<b>a</b>	Plan name <b>ROBERT C. PLACAK &amp; ASSOCIATES 401(K) PROFIT SHARING PLAN</b>	
<b>b</b>	Name of plan sponsor <b>ROBERT C. PLACAK &amp; ASSOCIATES</b>	<b>c</b> EIN-PN <b>68-0339163-001</b>
<b>a</b>	Plan name <b>ROCK HOUSE 401(K) SAVINGS PLAN</b>	
<b>b</b>	Name of plan sponsor <b>THE COMPANY OF ROCK HOUSE</b>	<b>c</b> EIN-PN <b>75-2416849-001</b>

<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	ROCKVILLE LINKS CORP. 401(K) PROFIT SHARING PLAN
<b>b</b>	Name of plan sponsor	ROCKVILLE LINKS CORP.
<b>c</b>	EIN-PN	11-1883681-001
<b>a</b>	Plan name	ROMANO LIMITED 401(K) PLAN
<b>b</b>	Name of plan sponsor	ROMANO LIMITED
<b>c</b>	EIN-PN	84-2244373-001
<b>a</b>	Plan name	RON-VIK, INCORPORATED 401(K) RETIREMENT PLAN AND TRUST
<b>b</b>	Name of plan sponsor	RON-VIK, INCORPORATED
<b>c</b>	EIN-PN	41-0675441-001
<b>a</b>	Plan name	ROR PARTNERS, LLC 401(K) PLAN
<b>b</b>	Name of plan sponsor	ROR PARTNERS, LLC
<b>c</b>	EIN-PN	84-4983521-001
<b>a</b>	Plan name	RUDY'S LIMOUSINE SERVICE, INC. 401(K) PROFIT SHARING PLAN
<b>b</b>	Name of plan sponsor	RUDYS LIMOUSINE SERVICE, INC.
<b>c</b>	EIN-PN	06-0946080-001
<b>a</b>	Plan name	S E & A AUTOMOTIVE, LLC 401(K) PLAN
<b>b</b>	Name of plan sponsor	S E & A AUTOMOTIVE, LLC
<b>c</b>	EIN-PN	20-4850394-001
<b>a</b>	Plan name	SAFEGUARD SERVICES 401(K) PLAN
<b>b</b>	Name of plan sponsor	SAFEGUARD SERVICES, INC.
<b>c</b>	EIN-PN	59-1399022-001
<b>a</b>	Plan name	SEMPER SOLARIS 401(K) PLAN
<b>b</b>	Name of plan sponsor	SEMPER SOLARIS CONSTRUCTION, INC
<b>c</b>	EIN-PN	45-5089569-001
<b>a</b>	Plan name	SHOW ME YOUR MUMU, LLC 401(K) PLAN
<b>b</b>	Name of plan sponsor	SHOW ME YOUR MUMU, LLC
<b>c</b>	EIN-PN	27-4507193-001
<b>a</b>	Plan name	SIERRA FOREST PRODUCTS, INC 401(K) PLAN
<b>b</b>	Name of plan sponsor	SIERRA FOREST PRODUCTS, INC.
<b>c</b>	EIN-PN	87-0538846-001
<b>a</b>	Plan name	SILICON VALLEY ABA 401K
<b>b</b>	Name of plan sponsor	SILICON VALLEY ABA & CONSULTING SERVICES
<b>c</b>	EIN-PN	26-3935383-001
<b>a</b>	Plan name	SKYEPOINT DECISIONS, INC. 401(K) PLAN
<b>b</b>	Name of plan sponsor	SKYEPOINT DECISIONS, INC.
<b>c</b>	EIN-PN	26-4474804-001

<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	SOUTHERN LIFT TRUCKS RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	SOUTHERN LIFT TRUCKS INC	<b>c</b> EIN-PN 84-3006962-001
<b>a</b>	Plan name	SOUTHWEST TRAFFIC SIGNAL SERVICE, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	SOUTHWEST TRAFFIC SIGNAL SERVICE, INC.	<b>c</b> EIN-PN 95-3555279-001
<b>a</b>	Plan name	SSG OF GEORGIA, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	SSG OF GEORGIA, LLC	<b>c</b> EIN-PN 86-3986306-001
<b>a</b>	Plan name	STEAMPUNK, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	STEAMPUNK, INC.	<b>c</b> EIN-PN 54-2025113-001
<b>a</b>	Plan name	STUDIO LIFESTYLE 401(K) PLAN	
<b>b</b>	Name of plan sponsor	SHS HOUSTON LLC	<b>c</b> EIN-PN 86-1245036-001
<b>a</b>	Plan name	SUN BULB SALARIED EMPLOYEES 401(K) PLAN	
<b>b</b>	Name of plan sponsor	SUN BULB COMPANY, INC.	<b>c</b> EIN-PN 59-1677460-002
<b>a</b>	Plan name	SUNNY FUND N.A. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	SUNNY FUND N.A., INC.	<b>c</b> EIN-PN 88-1541678-001
<b>a</b>	Plan name	SUZANO PULP AND PAPER AMERICA 401(K) PLAN	
<b>b</b>	Name of plan sponsor	SUZANO PULP AND PAPER AMERICA, INC	<b>c</b> EIN-PN 52-1801618-001
<b>a</b>	Plan name	SYFAN LOGISTICS 401(K) PLAN	
<b>b</b>	Name of plan sponsor	SYFAN LOGISTICS, INC.	<b>c</b> EIN-PN 45-2664830-001
<b>a</b>	Plan name	TAG(K) PEP - WAGNER CPA GROU	
<b>b</b>	Name of plan sponsor	WAGNER AND WETZEL	<b>c</b> EIN-PN 82-2710552-001
<b>a</b>	Plan name	TAYLOR IMPLEMENT/ COLBY DODGE, CHRYSLER, JEEP RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	TAYLOR IMPLEMENT CO., INC.	<b>c</b> EIN-PN 74-2805634-001
<b>a</b>	Plan name	THE BENCHMARK GROUP, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	THE BENCHMARK GROUP, LLC	<b>c</b> EIN-PN 35-2674072-001

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 THE BRIDGES CLUB 401(K) PLAN	
<b>b</b>	Name of plan sponsor THE BRIDGES CLUB AT RANCHO SANTA FE, INC.	<b>c</b> EIN-PN 33-0867612-001
<b>a</b>	Plan name THE EPISCOPAL SCHOOL OF LOS ANGELES 401(K) PLAN	
<b>b</b>	Name of plan sponsor THE EPISCOPAL SCHOOL OF LOS ANGELES	<b>c</b> EIN-PN 26-4274906-001
<b>a</b>	Plan name THE PROACTIS 401(K) PLAN	
<b>b</b>	Name of plan sponsor PERFECT COMMERCE, LLC	<b>c</b> EIN-PN 26-0557687-002
<b>a</b>	Plan name THE SYLVANIA ORTHODONTICS, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor SYLVANIA ORTHODONTICS, INC.	<b>c</b> EIN-PN 34-1847894-003
<b>a</b>	Plan name THERMAL MODIFICATION TECHNOLOGIES 401(K) PLAN	
<b>b</b>	Name of plan sponsor THERMAL MODIFICATION TECHNOLOGIES	<b>c</b> EIN-PN 46-1898488-001
<b>a</b>	Plan name TIPP DISTRIBUTORS, INC. DBA NOVAMEX 401(K) PLAN	
<b>b</b>	Name of plan sponsor TIPP DISTRIBUTORS, INC. DBA NOVAMEX	<b>c</b> EIN-PN 74-2444846-002
<b>a</b>	Plan name TOP FLITE FINANCIAL INC. 401(K) PROFIT SHARING PLAN & TRUST	
<b>b</b>	Name of plan sponsor TOP FLITE FINANCIAL INC.	<b>c</b> EIN-PN 13-4225190-001
<b>a</b>	Plan name TOPA RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor THOUSAND OAKS PATHOLOGY ASSOCIATES, INC.	<b>c</b> EIN-PN 95-3414124-003
<b>a</b>	Plan name TRAVOIS 401(K) PLAN	
<b>b</b>	Name of plan sponsor TRAVOIS, INC.	<b>c</b> EIN-PN 41-1811386-001
<b>a</b>	Plan name TRI -TECH SURVEYING COMPANY L. P. 401(K) PROFIT	
<b>b</b>	Name of plan sponsor TRI-TECH SURVEYING COMPANY, L.P.	<b>c</b> EIN-PN 76-0460990-001
<b>a</b>	Plan name TRIAD TECHNOLOGIES, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor TRIAD TECHNOLOGIES, LLC	<b>c</b> EIN-PN 43-1969651-001
<b>a</b>	Plan name TRIM-RITE FOOD CORPORATION RETIREMENT SAVINGS PLAN AND TRUST	
<b>b</b>	Name of plan sponsor TRIM-RITE, INC.	<b>c</b> EIN-PN 36-3873555-002

<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	TRI-STATE FABRICATION & MACHINING LLC 401(K) PLAN
<b>b</b>	Name of plan sponsor	TRI-STATE FABRICATION & MACHINING, LLC
<b>c</b>	EIN-PN	46-4795653-001
<b>a</b>	Plan name	TURF MASTERS LAWCARE 401(K) PLAN
<b>b</b>	Name of plan sponsor	TURF MASTERS LAWCARE, INC.
<b>c</b>	EIN-PN	74-3058849-002
<b>a</b>	Plan name	UNITED HEALTH CENTERS OF THE SAN JOAQUIN VALLEY, INC. 401(K) PROFIT SHARING PLAN
<b>b</b>	Name of plan sponsor	UNITED HEALTH CENTERS OF THE SAN JOAQUIN VALLEY
<b>c</b>	EIN-PN	94-1732538-001
<b>a</b>	Plan name	UNITED LABOR AGENCY, INC 401K PROFIT SHARING PLAN
<b>b</b>	Name of plan sponsor	UNITED LABOR AGENCY
<b>c</b>	EIN-PN	23-7180005-002
<b>a</b>	Plan name	UNIVERSITY ORTHOPAEDIC SERVICES, INC. RETIREMENT PLAN
<b>b</b>	Name of plan sponsor	UNIVERSITY ORTHOPAEDIC SERVICES INC
<b>c</b>	EIN-PN	16-1406947-001
<b>a</b>	Plan name	VALLEY EXTRUSIONS, LLC 401(K) PLAN
<b>b</b>	Name of plan sponsor	VALLEY EXTRUSIONS, LLC
<b>c</b>	EIN-PN	02-0590797-002
<b>a</b>	Plan name	VERN'S CHEESE, INC. 401(K) PLAN
<b>b</b>	Name of plan sponsor	VERNS CHEESE, INC.
<b>c</b>	EIN-PN	39-1385039-001
<b>a</b>	Plan name	VERTECH INDUSTRIAL SYSTEMS LLC 401K PROFIT
<b>b</b>	Name of plan sponsor	VERTECH INDUSTRIAL SYSTEMS LLC
<b>c</b>	EIN-PN	20-1819693-001
<b>a</b>	Plan name	WARSTEINER 401(K) PLAN
<b>b</b>	Name of plan sponsor	WARSTEINER IMPORTERS AGENCY, INC.
<b>c</b>	EIN-PN	84-1103494-001
<b>a</b>	Plan name	WATERSTONE MORTGAGE 401(K) PLAN
<b>b</b>	Name of plan sponsor	WATERSTONE MORTGAGE CORPORATION
<b>c</b>	EIN-PN	39-2001010-001
<b>a</b>	Plan name	WD, LLC 401(K) PLAN
<b>b</b>	Name of plan sponsor	WD, LLC
<b>c</b>	EIN-PN	20-4311152-001
<b>a</b>	Plan name	WESTERN CONSTRUCTION ENTERPRISES 401(K) PLAN
<b>b</b>	Name of plan sponsor	WESTERN CONSTRUCTION ENTERPRISES
<b>c</b>	EIN-PN	27-1577518-001



<b>SCHEDULE H</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Financial Information</b>  This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).  <b>▶ File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2024</b>  <b>This Form is Open to Public Inspection</b>
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For calendar plan year 2024 or fiscal plan year beginning <b>01/01/2024</b> and ending <b>11/06/2024</b>	
<b>A</b> Name of plan <b>MYCOMPASS INDEX AGGRESSIVE 2025 FUND</b>	<b>B</b> Three-digit plan number (PN) ▶ <b>473</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>38-4097327</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>	1278625      48455423
<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>	24332498      0
<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>	10632163      0
<b>(15)</b> Other.....	<b>1c(15)</b>	

<b>1d</b> Employer-related investments:		<b>(a)</b> Beginning of Year	<b>(b)</b> End of Year
(1) Employer securities.....	<b>1d(1)</b>		
(2) Employer real property.....	<b>1d(2)</b>		
<b>e</b> Buildings and other property used in plan operation.....	<b>1e</b>		
<b>f</b> Total assets (add all amounts in lines 1a through 1e).....	<b>1f</b>	36243286	48455423
<b>Liabilities</b>			
<b>g</b> Benefit claims payable.....	<b>1g</b>		
<b>h</b> Operating payables.....	<b>1h</b>	0	8189
<b>i</b> Acquisition indebtedness.....	<b>1i</b>		
<b>j</b> Other liabilities.....	<b>1j</b>	1291230	48447234
<b>k</b> Total liabilities (add all amounts in lines 1g through 1j).....	<b>1k</b>	1291230	48455423
<b>Net Assets</b>			
<b>l</b> Net assets (subtract line 1k from line 1f).....	<b>1l</b>	34952056	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.

<b>Income</b>		<b>(a)</b> Amount	<b>(b)</b> Total
<b>a Contributions:</b>			
(1) Received or receivable in cash from: <b>(A)</b> Employers.....	<b>2a(1)(A)</b>		
<b>(B)</b> Participants.....	<b>2a(1)(B)</b>		
<b>(C)</b> Others (including rollovers).....	<b>2a(1)(C)</b>		
(2) Noncash contributions.....	<b>2a(2)</b>		
(3) Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> .....	<b>2a(3)</b>		0
<b>b Earnings on investments:</b>			
<b>(1) Interest:</b>			
<b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit).....	<b>2b(1)(A)</b>		
<b>(B)</b> U.S. Government securities.....	<b>2b(1)(B)</b>		
<b>(C)</b> Corporate debt instruments.....	<b>2b(1)(C)</b>		
<b>(D)</b> Loans (other than to participants).....	<b>2b(1)(D)</b>		
<b>(E)</b> Participant loans.....	<b>2b(1)(E)</b>		
<b>(F)</b> Other.....	<b>2b(1)(F)</b>	218983	
<b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....	<b>2b(1)(G)</b>		218983
<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>		
<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>		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts .....	<b>2b(6)</b>		3630011
(7) Net investment gain (loss) from pooled separate accounts .....	<b>2b(7)</b>		
(8) Net investment gain (loss) from master trust investment accounts .....	<b>2b(8)</b>		
(9) Net investment gain (loss) from 103-12 investment entities .....	<b>2b(9)</b>		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds) .....	<b>2b(10)</b>		
<b>c</b> Other income .....	<b>2c</b>		
<b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total .....	<b>2d</b>		3848994

**Expenses**

<b>e</b> Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers .....	<b>2e(1)</b>		
(2) To insurance carriers for the provision of benefits .....	<b>2e(2)</b>		
(3) Other .....	<b>2e(3)</b>		
(4) Total benefit payments. Add lines <b>2e(1)</b> through <b>(3)</b> .....	<b>2e(4)</b>		0
<b>f</b> Corrective distributions (see instructions) .....	<b>2f</b>		
<b>g</b> Certain deemed distributions of participant loans (see instructions) .....	<b>2g</b>		
<b>h</b> Interest expense .....	<b>2h</b>		
<b>i</b> Administrative expenses:			
(1) Salaries and allowances .....	<b>2i(1)</b>		
(2) Contract administrator fees .....	<b>2i(2)</b>		
(3) Recordkeeping fees .....	<b>2i(3)</b>		
(4) IQPA audit fees .....	<b>2i(4)</b>	1716	
(5) Investment advisory and investment management fees .....	<b>2i(5)</b>	33734	
(6) Bank or trust company trustee/custodial fees .....	<b>2i(6)</b>	13900	
(7) Actuarial fees .....	<b>2i(7)</b>		
(8) Legal fees .....	<b>2i(8)</b>		
(9) Valuation/appraisal fees .....	<b>2i(9)</b>		
(10) Other trustee fees and expenses .....	<b>2i(10)</b>		
(11) Other expenses .....	<b>2i(11)</b>		
(12) Total administrative expenses. Add lines <b>2i(1)</b> through <b>(11)</b> .....	<b>2i(12)</b>		49350
<b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total .....	<b>2j</b>		49350

**Net Income and Reconciliation**

<b>k</b> Net income (loss). Subtract line <b>2j</b> from line <b>2d</b> .....	<b>2k</b>		3799644
<b>l</b> Transfers of assets:			
(1) To this plan .....	<b>2l(1)</b>		21388072
(2) From this plan .....	<b>2l(2)</b>		60139772

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