

<p style="text-align: center;">Form 5500</p> <p style="font-size: small;">Department of the Treasury Internal Revenue Service</p> <hr/> <p style="font-size: small;">Department of Labor Employee Benefits Security Administration</p> <hr/> <p style="font-size: x-small;">Pension Benefit Guaranty Corporation</p>	<p>Annual Return/Report of Employee Benefit Plan</p> <p style="font-size: small;">This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).</p> <p>▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	<p style="font-size: x-small;">OMB Nos. 1210-0110 1210-0089</p> <hr/> <p style="font-size: large; font-weight: bold;">2024</p> <hr/> <p style="font-weight: bold;">This Form is Open to Public Inspection</p>
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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 (Filers checking this box must provide participating employer information in accordance with the form instructions.)

a single-employer plan a DFE (specify) C

B This return/report is: the first return/report the final return/report

an amended return/report a short plan year return/report (less than 12 months)

C If the plan is a collectively-bargained plan, check here. ▶

D Check box if filing under: Form 5558 automatic extension the DFVC program

special extension (enter description)

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

Part II Basic Plan Information—enter all requested information

<p>1a Name of plan <u>MYCOMPASS INDEX CONSERVATIVE 2025 FUND</u></p>	<p>1b Three-digit plan number (PN) ▶ <u>483</u></p>
<p>2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>GREAT GRAY TRUST COMPANY, LLC</u></p> <p><u>6725 VIA AUSTI PARKWAY, SUITE 260</u> <u>LAS VEGAS, NV 89119</u></p>	<p>1c Effective date of plan</p> <hr/> <p>2b Employer Identification Number (EIN) <u>38-4097337</u></p> <p>2c Plan Sponsor's telephone number <u>866-427-6885</u></p> <p>2d Business code (see instructions)</p>

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

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

SIGN HERE		Date	
	Signature of plan administrator		Enter name of individual signing as plan administrator
SIGN HERE		Date	
	Signature of employer/plan sponsor		Enter name of individual signing as employer or plan sponsor
SIGN HERE	<u>Filed with authorized/valid electronic signature.</u>	<u>09/12/2025</u>	<u>MATT FALCIANI</u>
	Signature of DFE	Date	Enter name of individual signing as DFE

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

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

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

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

SCHEDULE D (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small>	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 <hr/> 2024 This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 11/06/2024

A Name of plan <u>MYCOMPASS INDEX CONSERVATIVE 2025 FUND</u>	B Three-digit plan number (PN) ▶	<u>483</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>GREAT GRAY TRUST COMPANY, LLC</u>	D Employer Identification Number (EIN) <u>38-4097337</u>	

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
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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>27-4955447-001</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>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>LONG TERM GOV BOND 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>82-3997809-001</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>	

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	21ST CENTURY HEALTHCARE, INC. 401(K) PLAN	
b	Name of plan sponsor	21ST CENTURY HEALTHCARE, INC.	c EIN-PN 86-0733416-001
a	Plan name	401(K) PLAN OF HOCHHEIM PRAIRIE FARM MUTUAL INSURANCE ASSOCIATION	
b	Name of plan sponsor	HOCHHEIM PRAIRIE FARM MUTUAL INSURANCE ASSOCIATION	c EIN-PN 74-0685915-003
a	Plan name	2016 RESTATEMENT OF THE CANDLEWOOD PARTNERS, LLC RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	CANDLEWOOD PARTNERS, LLC	c EIN-PN 47-3217270-001
a	Plan name	A & L RV SALES LLC 401(K) PLAN	
b	Name of plan sponsor	A & L RV SALES LLC	c EIN-PN 46-1745260-001
a	Plan name	A&E REAL ESTATE 401(K) PLAN	
b	Name of plan sponsor	A&E REAL ESTATE MANAGEMENT, LLC	c EIN-PN 45-1842743-002
a	Plan name	AAC CONTRACTING, LLC 401K SAVINGS PLAN	
b	Name of plan sponsor	AAC CONTRACTING, LLC	c EIN-PN 46-4694985-003
a	Plan name	ACCESSORIES DISTRIBUTION SERVICES, INC.401(K) PLAN	
b	Name of plan sponsor	ACCESSORIES DISTRIBUTION SERVICES, INC.	c EIN-PN 84-3710850-001
a	Plan name	ACCURATE INDUSTRIAL CONSTRUCTION, INC. 401K PLAN	
b	Name of plan sponsor	ACCURATE INDUSTRIAL CONSTRUCTION,	c EIN-PN 20-4080439-001
a	Plan name	ACE INDUSTRIAL SUPPLY INC. 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor	ACE INDUSTRIAL SUPPLY INC	c EIN-PN 41-2161289-001
a	Plan name	ADAMS RESOURCES AND ENERGY, INC., AND SUBSIDIARIES 401K PLAN	
b	Name of plan sponsor	ADAMS RESOURCES AND ENERGY, INC.	c EIN-PN 74-1753147-004
a	Plan name	ADVANCED CHIROPRACTIC OF SOUTH FLORIDA 401(K) PLAN	
b	Name of plan sponsor	ADVANCED CHIROPRACTIC OF SOUTH FLORIDA	c EIN-PN 54-2103465-001
a	Plan name	ADVANCED COMFORT SPECIALISTS 401(K) PLAN	
b	Name of plan sponsor	ADVANCED COMFORT SPECIALISTS	c EIN-PN 20-1900569-001

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 ADVANCED STUCCO 401(K) PLAN	
b	Name of plan sponsor JAMES J. BROOKS, INC DBA ADVANCED STUCCO	c EIN-PN 65-0914022-001
a	Plan name AERO CORP. 401(K) PLAN	
b	Name of plan sponsor AERO CORPORATION	c EIN-PN 23-1696257-001
a	Plan name AERO INSTRUMENTS AND AVIONICS, INC. SALARY DEFERRAL PLAN	
b	Name of plan sponsor AERO INSTRUMENTS AND AVIONICS, INC.	c EIN-PN 16-0961901-001
a	Plan name AG-AIR SYSTEMS, INC. 401K PLAN	
b	Name of plan sponsor AG-AIR SYSTEMS, INC.	c EIN-PN 93-1111901-001
a	Plan name ALL AMERICAN PREMIER 401(K) PLAN	
b	Name of plan sponsor ALL AMERICAN PREMIER LLC	c EIN-PN 82-1367710-001
a	Plan name ALLIANCE PRECISION PLASTICS CORPORATION 401(K) PLAN	
b	Name of plan sponsor ALLIANCE PRECISION PLASTICS CORPORATION	c EIN-PN 16-1550809-001
a	Plan name ALTITUDE PEDIATRICS, LLC 401(K) PLAN	
b	Name of plan sponsor ALTITUDE PEDIATRICS, LLC	c EIN-PN 86-2908312-001
a	Plan name AMARILLO HEART INSTITUTE 401(K) AND PS	
b	Name of plan sponsor AMARILLO HEART INSTITUTE	c EIN-PN 88-3862154-001
a	Plan name AMENDOLA COMMUNICATIONS, LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor AMENDOLA COMMUNICATIONS, LLC	c EIN-PN 20-0251810-001
a	Plan name AMERICAN ERECTION, LLC 401(K) SAVINGS PLAN	
b	Name of plan sponsor AMERICAN ERECTION, LLC	c EIN-PN 90-0434941-001
a	Plan name ANCHOR NETWORK SOLUTIONS, INC. 401K PLAN	
b	Name of plan sponsor ANCHOR NETWORK SOLUTIONS, INC.	c EIN-PN 81-0564791-001
a	Plan name ANGELS OF CARE 401(K) PLAN	
b	Name of plan sponsor AOC OPCO, LLC	c EIN-PN 83-4225264-001

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	ANSWERNET 401(K) SAVINGS PLAN	
b	Name of plan sponsor	ANSWERNET, INC.	c EIN-PN 23-2967465-001
a	Plan name	APPLIED INDUSTRIAL MACHINING, LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	APPLIED INDUSTRIAL MACHINING, LLC	c EIN-PN 46-1592245-002
a	Plan name	AREA AGENCY ON AGING PB/TC 401(K) PLAN	
b	Name of plan sponsor	AREA AGENCY ON AGING OF PALM BEACH/ TREASURE COAST, INC.	c EIN-PN 65-0087858-001
a	Plan name	ARIZONA MEDICAL GROUP PLAN	
b	Name of plan sponsor	ARIZONA MEDICAL GROUP PLAN	c EIN-PN 20-2850854-001
a	Plan name	ATLANTIC COAST COTTON 401K PLAN	
b	Name of plan sponsor	ATLANTIC COAST COTTON	c EIN-PN 54-1387190-001
a	Plan name	AUER STEEL & HEATING SUPPLY COMPANY RETIREMENT PLAN	
b	Name of plan sponsor	AUER STEEL & HEATING SUPPLY CO.	c EIN-PN 39-0139306-002
a	Plan name	AUSTAL USA. LLC 401(K) PLAN	
b	Name of plan sponsor	AUSTAL USA. LLC	c EIN-PN 63-1238756-001
a	Plan name	AUTOLAND 401(K) PLAN	
b	Name of plan sponsor	MMPD CARST LLC	c EIN-PN 81-3593156-001
a	Plan name	AUTOMATED CUSTOMS EXPERTS GROUP 401(K) PLAN	
b	Name of plan sponsor	AUTOMATED CUSTOMS EXPERTS GROUP	c EIN-PN 33-0961730-001
a	Plan name	AUTOSMITH OF GEORGIA, INC. 401K PLAN	
b	Name of plan sponsor	AUTOSMITH OF GEORGIA, INC.	c EIN-PN 58-1966553-001
a	Plan name	AVANIA 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	AVANIA, LLC	c EIN-PN 04-3517564-001
a	Plan name	AXISNORTH SOLUTIONS, INC 401(K) PSP AND TRUST	
b	Name of plan sponsor	AXISNORTH SOLUTIONS, INC.	c EIN-PN 48-1810603-001

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 B & B CARPET ONE, INC. PROFIT SHARING PLAN	
b	Name of plan sponsor B & B CARPET ONE, INC.	c EIN-PN 41-0983473-001
a	Plan name BARRINGTON VENTURE/THE GARLANDS OF BARRINGTON RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor BARRINGTON VENTURE HOLDING COMPANY, LLC	c EIN-PN 36-4154944-001
a	Plan name BAY CORPORATION PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor BAY CORPORATION	c EIN-PN 34-1278670-001
a	Plan name BEDESCHI AMERICA 401(K) PLAN	
b	Name of plan sponsor BEDESCHI AMERICA, INC.	c EIN-PN 20-0682291-001
a	Plan name BEDESCHI MID-WEST CONVEYOR, LLC 401(K) PLAN	
b	Name of plan sponsor BEDESCHI MID-WEST CONVEYOR, LLC	c EIN-PN 36-4813062-001
a	Plan name BERKSHIRE BREWING COMPANY 401(K) PLAN	
b	Name of plan sponsor BERKSHIRE BREWING COMPANY, INC.	c EIN-PN 04-3179085-001
a	Plan name BIG VI, LLC 401(K) PLAN	
b	Name of plan sponsor BIG VI, LLC	c EIN-PN 27-0317944-001
a	Plan name BIGGE CRANE AND RIGGING CO. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor BIGGE CRANE AND RIGGING CO.	c EIN-PN 94-3291765-001
a	Plan name BIGZBYS CONCRETE, INC. PROFIT SHARING PLAN	
b	Name of plan sponsor BIGZBYS, INC.	c EIN-PN 75-2979821-001
a	Plan name BLATCHFORD, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor BLATCHFORD, INC.	c EIN-PN 31-1419100-001
a	Plan name BLOOM TO BOX CROP CARE, INC. 401(K) PLAN	
b	Name of plan sponsor BLOOM TO BOX CROP CARE, INC.	c EIN-PN 20-2171514-001
a	Plan name BLUE FROG 401(K) PLAN	
b	Name of plan sponsor DOUBLE V. INDUSTRIES INC.	c EIN-PN 77-0585908-001

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 BOLD CONTROLS, INC. CASH BALANCE PLAN	
b	Name of plan sponsor BOLD CONTROLS, INC.	c EIN-PN 30-0081330-002
a	Plan name BOLD PENGUIN 401(K) PLAN	
b	Name of plan sponsor BOLD PENGUIN INC.	c EIN-PN 81-3064148-001
a	Plan name BOMNIN AUTOMOTIVE GROUP 401(K) PLAN	
b	Name of plan sponsor BOMNIN AUTOMOTIVE, LLC DBA BOMNIN CHEVROLET WEST KENDALL	c EIN-PN 81-3872123-001
a	Plan name BRAD HALL COMPANIES 401(K) PLAN	
b	Name of plan sponsor BRAD HALL & ASSOCIATES, INC.	c EIN-PN 20-0477677-001
a	Plan name BRAEDEN ENGINEERING AND CONSULTING LLC	
b	Name of plan sponsor BEN NEWTON	c EIN-PN 90-0475520-001
a	Plan name BRAINLABS US HOLDCO., INC 401(K) PLAN	
b	Name of plan sponsor BRAINLABS USA, LLC	c EIN-PN 20-0720112-001
a	Plan name BRIGHTON HILL DENTAL, P.C. 401(K) PS	
b	Name of plan sponsor BRIGHTON HILL DENTAL, P.C.	c EIN-PN 92-3320084-001
a	Plan name BUCHANAN'S NATIVE PLANTS 401(K) PLAN	
b	Name of plan sponsor BUCHANANS NURSERY, INC.	c EIN-PN 76-0366829-001
a	Plan name C & K PLASTICS GA NC 401(K) PROFIT SHARE PL & TRUST	
b	Name of plan sponsor C & K PLASTICS GEORGIA, LLC.	c EIN-PN 47-3915468-001
a	Plan name C & K PLASTICS, INC. 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor C & K PLASTICS, INC.	c EIN-PN 22-1829669-002
a	Plan name C & S MACHINE PRODUCTS, INC. 401(K) PLAN	
b	Name of plan sponsor C & S MACHINE PRODUCTS, INC.	c EIN-PN 38-1811990-001
a	Plan name C D HALL CONSTRUCTION I EMPLOYEE RETIREMENT PLAN	
b	Name of plan sponsor C D HALL CONSTRUCTION I INC.	c EIN-PN 85-3941778-001

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 C M I NOVACAST INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor C M I NOVACAST INC.	c EIN-PN 36-3590450-001
a	Plan name CABLING SYSTEMS, INC. 401(K) PLAN	
b	Name of plan sponsor CABLING SYSTEMS, INC.	c EIN-PN 43-2053127-001
a	Plan name CANYON VIEW MEDICAL GROUP LC 401K & PS	
b	Name of plan sponsor CANYON VIEW MEDICAL GROUP LC	c EIN-PN 84-1367175-002
a	Plan name CAPEL, INCORPORATED 401(K) PLAN	
b	Name of plan sponsor CAPEL, INCORPORATED	c EIN-PN 56-0651989-002
a	Plan name CASA 401(K) PLAN	
b	Name of plan sponsor CASA NISSAN, INC.	c EIN-PN 74-2325378-001
a	Plan name CATTS CONSTRUCTION 401(K) PLAN	
b	Name of plan sponsor CATTS CONSTRUCTION, INC.	c EIN-PN 27-3760152-001
a	Plan name CAVINESS & CATES BUILDING AND DEVELOPMENT 401(K)	
b	Name of plan sponsor CAVINESS & CATES BUILDING AND	c EIN-PN 56-2119964-001
a	Plan name CAVITCH, FAMILO & DURKIN CO. , LPA RETIREMENT PLAN	
b	Name of plan sponsor CAVITCH, FAMILO & DURKIN CO., LPA	c EIN-PN 34-1083489-003
a	Plan name CBD DALLAS 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor FORT-TRACE, LLC	c EIN-PN 83-1293410-001
a	Plan name CEDAR CONSTRUCTION CO. , INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor CEDAR CONSTRUCTION CO., INC.	c EIN-PN 47-0535498-002
a	Plan name CEPRA LANDSCAPE LLC 401(K)PLAN	
b	Name of plan sponsor CEPRA LANDSCAPE LLC	c EIN-PN 47-3033703-001
a	Plan name CHITIMACHA TRIBE OF LOUISIANA 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor CHITIMACHA TRIBE OF LOUISIANA	c EIN-PN 72-0705406-001

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 CINCINNATI ASSOCIATION FOR THE BLIND 401(K) PLAN	
b	Name of plan sponsor CINCINNATI ASSOCIATION FOR THE BLIND	c EIN-PN 31-0538511-001
a	Plan name CJ PONY PARTS, INC. HOURLY 401(K) PLAN	
b	Name of plan sponsor CJ PONY PARTS, INC.	c EIN-PN 25-1735065-001
a	Plan name CLUNK, PAISLEY, HOOSE CO., LPA 401(K) PLAN	
b	Name of plan sponsor CLUNK, PAISLEY, HOOSE CO., LPA	c EIN-PN 34-1937930-001
a	Plan name COLLEGE HEALTH ENTERPRISES 401(K) SAVINGS PLAN	
b	Name of plan sponsor COLLEGE HOSPITAL GROUP, INC.	c EIN-PN 20-1514870-002
a	Plan name COMFORT & PROCESS SOLUTIONS 401(K) RETIREMENT PLAN	
b	Name of plan sponsor COMFORT & PROCESS SOLUTION	c EIN-PN 47-2780569-001
a	Plan name COMMUNITY SCHOOL OF CLEBURNE COUNTY, INC. 401(K) PLAN	
b	Name of plan sponsor COMMUNITY SCHOOL OF CLEBURNE COUNTY, INC.	c EIN-PN 71-0649286-001
a	Plan name COMPATIBLE TECHNOLOGY SOLUTION 401(K) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor COMPATIBLE TECHNOLOGY SOLUTION	c EIN-PN 20-5029327-001
a	Plan name COMPREHENSIVE SLEEP DIAGNOSTICS, PLLC 401(K) PLAN	
b	Name of plan sponsor COMPREHENSIVE SLEEP DIAGNOSTICS, PLLC	c EIN-PN 47-3495311-001
a	Plan name CONNECTED HEALTH CARE, LLC 401(K) PLAN	
b	Name of plan sponsor CONNECTED HEALTH CARE, LLC	c EIN-PN 86-2146840-001
a	Plan name CONTINUUM CONSULTING SERVICES 401K PS	
b	Name of plan sponsor LISA MARIE MAIN	c EIN-PN 82-5176475-001
a	Plan name CPM & ROSEMURGY PROPERTIES 401(K) RETIREMENT PLAN	
b	Name of plan sponsor CAMPBELL PROPERTY MANAGEMENT AND REAL ESTATE	c EIN-PN 59-6058179-001
a	Plan name CROSSOVER MULTIPLE EMPLOYER 401K PLAN	
b	Name of plan sponsor CROSSOVER MARKETS LLC	c EIN-PN 47-3307671-002

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	CROWELL STATE BANK EMPLOYEES RETIREMENT PLAN	
b	Name of plan sponsor	CROWELL STATE BANK	c EIN-PN 75-0218430-002
a	Plan name	CURRIE GROUP 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	BILL CURRIE FORD, INC.	c EIN-PN 59-0910014-001
a	Plan name	CUSTOM SERVICE HARDWARE LLC 401(K) PLAN & TRUST	
b	Name of plan sponsor	CUSTOM SERVICE HARDWARE LLC	c EIN-PN 47-4598383-001
a	Plan name	D & D CARTING 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	D&D CARTING CO. INC.	c EIN-PN 11-1967569-001
a	Plan name	DABOTER 401(K) PLAN	
b	Name of plan sponsor	DABOTER, INC.	c EIN-PN 59-2132151-001
a	Plan name	DAINES INSURANCE & FINANCIAL SERVICES, LLP 401(K) PLAN	
b	Name of plan sponsor	DAINES INSURANCE & FINANCIAL SERVICES, LLP	c EIN-PN 75-2966965-001
a	Plan name	DALLAS PLASTIC SURGERY INSTITUTE, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	DALLAS PLASTIC SURGERY INSTITUTE, INC.	c EIN-PN 75-2404682-004
a	Plan name	DAVE'S CLEANING SERVICE, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	DAVES CLEANING SERVICE, INC.	c EIN-PN 22-3544707-001
a	Plan name	DAVID A. REESE, D. D. S. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	DAVID A. REESE, D.D.S., P.C.	c EIN-PN 23-2708271-001
a	Plan name	DAY ONE INDUSTRIES INC. 401(K) PLAN	
b	Name of plan sponsor	DAY ONE INDUSTRIES INC.	c EIN-PN 92-3783632-001
a	Plan name	DBM CONTRACTORS 401K RETIREMENT PLAN	
b	Name of plan sponsor	DONALD B. MURPHY CONTRACTORS, INC.	c EIN-PN 91-0826786-002
a	Plan name	DDH ENTERPRISE, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	DDH ENTERPRISE, INC.	c EIN-PN 33-6143829-001

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 DELUXE ATHLETICS, LLC 401K PLAN	
b	Name of plan sponsor DELUXE ATHLETICS LLC	c EIN-PN 20-1893278-001
a	Plan name DIMAIO & TORP LLC 401K PLAN	
b	Name of plan sponsor DIMAIO & TORP LLC	c EIN-PN 84-4792030-001
a	Plan name DVELE OMEGA 401(K) PLAN	
b	Name of plan sponsor DVELE OMEGA, INC.	c EIN-PN 82-4296597-001
a	Plan name EASTERN BROADCASTING AMERICA CORPORATION 401(K) PLAN	
b	Name of plan sponsor EASTERN BROADCASTING AMERICA CORPORATION	c EIN-PN 95-4673463-001
a	Plan name EDDYFI CORP 401(K) PLAN	
b	Name of plan sponsor EDDYFI CORP	c EIN-PN 46-3890132-001
a	Plan name EFFECTOR THERAPEUTICS, INC. 401(K) PLAN	
b	Name of plan sponsor EFFECTOR THERAPEUTICS, INC.	c EIN-PN 45-5286092-001
a	Plan name EGW UTILITIES, INC. 401(K) PLAN	
b	Name of plan sponsor EGW UTILITIES, INC.	c EIN-PN 36-4445319-001
a	Plan name EMBASSY SPECIALTY VEHICLES RETIREMENT PLAN	
b	Name of plan sponsor EMBASSY SPECIALTY VEHICLES, LLC	c EIN-PN 84-3638971-001
a	Plan name EMPLOYEE BENEFIT PLAN OF G. V. INDUSTRIES, INC.	
b	Name of plan sponsor G. V. INDUSTRIES, INC.	c EIN-PN 95-3652044-003
a	Plan name EMS 401(K) PLAN	
b	Name of plan sponsor ENGINEERED MECHANICAL SYSTEMS	c EIN-PN 22-2881246-001
a	Plan name ENGLAND, THIMS & MILLER, INC. 401(K) PLAN	
b	Name of plan sponsor ENGLAND, THIMS & MILLER, INC.	c EIN-PN 59-1773930-001
a	Plan name ENVIRONMENTAL ALLIES 401(K) PLAN	
b	Name of plan sponsor ENVIRONMENTAL ALLIES, INC.	c EIN-PN 37-1907239-002

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	EQH SERVICE COMPANY, LLC 401(K) PLAN	
b	Name of plan sponsor	EQH SERVICE COMPANY, LLC	c EIN-PN 81-2849140-001
a	Plan name	ES&A 401(K) PLAN	
b	Name of plan sponsor	ELLIS SCOTT & ASSOCIATES I	c EIN-PN 31-1366998-001
a	Plan name	EUGENE BRUNO & ASSOCIATES 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	EUGENE BRUNO & ASSOCIATES	c EIN-PN 33-0953335-001
a	Plan name	EVO AQUATICS 401(K) PLAN	
b	Name of plan sponsor	EVO AQUATICS LLC	c EIN-PN 87-0799017-001
a	Plan name	EXCEL GROUP 401(K) SAVINGS PLAN	
b	Name of plan sponsor	EXCEL CONTRACTORS, LLC	c EIN-PN 72-0969587-001
a	Plan name	EXCELSIOR ORTHOPAEDICS, LLP 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	EXCELSIOR ORTHOPAEDICS LLP	c EIN-PN 16-1608040-001
a	Plan name	FACILITY CONCEPTS, INC. 401(K) PLAN	
b	Name of plan sponsor	FACILITY CONCEPTS, INC.	c EIN-PN 20-1185873-002
a	Plan name	FAHE 401(K) PLAN	
b	Name of plan sponsor	FEDERATION OF APPALACHIAN HOUSING ENTERPRISES, INC.	c EIN-PN 31-0986871-001
a	Plan name	FAMILY RESOURCES ASSOCIATES INC SAVINGS PLAN	
b	Name of plan sponsor	FAMILY RESOURCE ASSOCIATES, INC.	c EIN-PN 22-2285850-001
a	Plan name	FAMILY SUPPORT ORG OF BERGEN COUNTY, INC. 401K PLN	
b	Name of plan sponsor	FAMILY SUPPORT ORG OF BERGEN CTY	c EIN-PN 22-3841046-002
a	Plan name	FAT HEAD'S BREWING 401K PLAN	
b	Name of plan sponsor	FAT HEADS BREWING LP	c EIN-PN 27-1931373-001
a	Plan name	FERGUSON TOWNSHIP 457B	
b	Name of plan sponsor	FERGUSON TOWNSHIP	c EIN-PN 25-1197270-457

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	FERGUSON, RAWLS & RAINES, P.C. 401(K) PLAN
b	Name of plan sponsor	FERGUSON, RAWLS & RAINES, P.C.
c	EIN-PN	54-0976644-001
a	Plan name	FINEOS CORPORATION 401(K) PROFIT SHARING PLAN AND TRUST
b	Name of plan sponsor	FINEOS CORPORATION
c	EIN-PN	04-3512701-001
a	Plan name	FLEXSHOPPER, LLC 401(K) PLAN
b	Name of plan sponsor	FLEXSHOPPER, LLC
c	EIN-PN	80-0930385-001
a	Plan name	FLIGHT CHECK 401(K) PLAN
b	Name of plan sponsor	FLIGHT CHECK, LLC
c	EIN-PN	36-4569600-001
a	Plan name	FOBI 401(K) PLAN
b	Name of plan sponsor	FOBI INC.
c	EIN-PN	76-0510639-001
a	Plan name	FOOTHILLS ANIMAL SHELTER 401(K) PLAN
b	Name of plan sponsor	FOOTHILLS ANIMAL SHELTER
c	EIN-PN	84-1311450-001
a	Plan name	FOX BROS 401(QUE) PLAN
b	Name of plan sponsor	FOX SOB, LLC
c	EIN-PN	20-8178135-001
a	Plan name	FOX PEST CONTROL 401(K) PLAN
b	Name of plan sponsor	FOX MARKETING, INC.
c	EIN-PN	81-2794192-001
a	Plan name	FRESH FOOD TOGO INCORPORATED 401(K) PLAN
b	Name of plan sponsor	FRESH FOOD TOGO INCORPORATED
c	EIN-PN	87-2743591-001
a	Plan name	FUNKO 401(K) PLAN
b	Name of plan sponsor	FUNKO, LLC
c	EIN-PN	20-2508659-001
a	Plan name	GANFER SHORE LEEDS & ZAUDERER LLP 401(K) PLAN
b	Name of plan sponsor	GANFER SHORE LEEDS & ZAUDERER LLP
c	EIN-PN	13-3159091-001
a	Plan name	GARDINER'S BAY COUNTRY CLUB 401(K) PLAN
b	Name of plan sponsor	GARDINERS BAY COUNTRY CLUB
c	EIN-PN	11-1679626-001

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	GASSER HARDWARE, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	GASSER, INC.	c EIN-PN 39-1147887-001
a	Plan name	GATOR GRADING & PAVING, LLC 401(K) PLAN	
b	Name of plan sponsor	GATOR GRADING & PAVING, LLC	c EIN-PN 20-8670315-001
a	Plan name	GBG 401(K) PLAN	
b	Name of plan sponsor	GBG, THE CORPORATE GIFT SOURCE, INC.	c EIN-PN 06-1295173-001
a	Plan name	GENERAL CORDAGE, INC. 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	GENERAL CORDAGE, INC.	c EIN-PN 62-1511205-001
a	Plan name	GENERAL INFOMATICS 401(K) PLAN (001)	
b	Name of plan sponsor	GENERAL INFOMATICS, INC.	c EIN-PN 20-2970699-001
a	Plan name	GENESIS MEDICUS 401(K) PLAN	
b	Name of plan sponsor	GENESIS MEDICUS, LLC	c EIN-PN 26-2121573-001
a	Plan name	GIUMENTA CORPORATION 401(K) PLAN	
b	Name of plan sponsor	GIUMENTA CORPORATION	c EIN-PN 11-1951208-002
a	Plan name	GLOBAL RESALE 401(K) PLAN	
b	Name of plan sponsor	GLOBAL RESALE, LLC	c EIN-PN 81-1868913-001
a	Plan name	GOOD FAITH ENERGY 401(K) SAVINGS PLAN	
b	Name of plan sponsor	GOOD FAITH ENERGY, LLC	c EIN-PN 47-1136310-001
a	Plan name	GRAND HARBOR 401(K) PLAN	
b	Name of plan sponsor	GRAND HARBOR GOLF & BEACH CLUB INC.	c EIN-PN 65-0302339-001
a	Plan name	GREATFORCE INSURANCE AGENTS, LLC	
b	Name of plan sponsor	GREATFORCE INSURANCE AGENTS, LLC	c EIN-PN 47-4031009-001
a	Plan name	GUTTMANN AND BLAEVOET AMENDED PROFIT SHARING AND 401K PLAN	
b	Name of plan sponsor	GUTTMANN AND BLAEVOET	c EIN-PN 94-1643454-001

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	H. A. BERKHEIMER, INC. RETIREMENT PLAN	
b	Name of plan sponsor	H.A. BERKHEIMER, INC.	c EIN-PN 23-1669661-001
a	Plan name	H.A.P., INC. 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	HUMAN ACHIEVEMENT PROJECT, INC.	c EIN-PN 23-2493451-001
a	Plan name	HB & G BUILDING PRODUCTS, INC. 401(K) PLAN	
b	Name of plan sponsor	HB & G BUILDING PRODUCTS, INC.	c EIN-PN 94-3331018-001
a	Plan name	HEALTH MONITORING SYSTEMS INC. 401(K) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor	HEALTH MONITORING SYSTEMS INC.	c EIN-PN 20-4604085-001
a	Plan name	HENNING'S CHEESE 401(K) PLAN	
b	Name of plan sponsor	HENNINGS CHEESE FACTORY, INC	c EIN-PN 39-1665652-001
a	Plan name	HIGHTECH SIGNS 401(K) PLAN	
b	Name of plan sponsor	SIGNIFICANT IMPRESSIONS, INC. DBA HIGHTECH SIGNS	c EIN-PN 31-1285452-001
a	Plan name	HIRSCHI MASONRY, LLC 401(K) PLAN	
b	Name of plan sponsor	HIRSCHI MASONRY, LLC	c EIN-PN 27-1336637-001
a	Plan name	HITECH PAINTING, INC. 401(K) PLAN	
b	Name of plan sponsor	HITECH PAINTING, INC.	c EIN-PN 82-3625935-001
a	Plan name	HOLLAND FLOWER MARKET, INC. PROFIT SHARING PLAN	
b	Name of plan sponsor	HOLLAND FLOWER MARKET, INC.	c EIN-PN 95-4124067-001
a	Plan name	HOMETOWN AMERICA, LLC RETIREMENT READINESS 401(K) PLAN	
b	Name of plan sponsor	HOMETOWN AMERICA INSURANCE SERVICE, LLC	c EIN-PN 36-4196688-001
a	Plan name	HORMONE HEALTH & WEIGHT LOSS 401(K) PLAN	
b	Name of plan sponsor	HORMONE HEALTH & WEIGHT LOSS, INC.	c EIN-PN 27-2046755-001
a	Plan name	HRH HOLDINGS LLC 401(K) PLAN	
b	Name of plan sponsor	HRH HOLDINGS LLC	c EIN-PN 87-1549473-001

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	HUGHES SYSTIQUE 401K PLAN	
b	Name of plan sponsor	HUGHES SYSTIQUE PRIVATE LIMITED	c EIN-PN 98-0561217-001
a	Plan name	IGNITE MEDICAL RESORTS EMPLOYEE 401(K) PLAN	
b	Name of plan sponsor	IGNITE MEDICAL RESORTS MEP	c EIN-PN 82-3928071-002
a	Plan name	INCERTEC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	INNOVATIVE CERTIFIED TECHNICAL PLATING, LLC DBA INCERTEC	c EIN-PN 45-0925320-001
a	Plan name	INFINITY GLOBAL INC 401(K) PLAN	
b	Name of plan sponsor	INFINITY GLOBAL, INC	c EIN-PN 41-2155840-001
a	Plan name	INSIGHT LIGHTING, INC. 401(K) PLAN	
b	Name of plan sponsor	INSIGHT LIGHTING, INC.	c EIN-PN 85-0383653-001
a	Plan name	INTEGRATED PLANET, INC. 401(K) PLAN	
b	Name of plan sponsor	INTEGRATED PLANET, INC.	c EIN-PN 94-3397112-001
a	Plan name	INTERACTIVE GOVERNMENT HOLDINGS, INC. 401(A) PLAN	
b	Name of plan sponsor	INTERACTIVE GOVERNMENT HOLDINGS, INC.	c EIN-PN 26-1497882-001
a	Plan name	INTERACTIVE LIFE FORMS LLC 401(K) PROFIT SHARING	
b	Name of plan sponsor	INTERACTIVE LIFE FORMS LLC	c EIN-PN 77-0367193-001
a	Plan name	INTERGRATIVE FINANCIAL MANAGEMENT 401(K) PLAN	
b	Name of plan sponsor	INTERGRATIVE FINANCIAL MANAGEMENT	c EIN-PN 81-3522642-001
a	Plan name	INTERNATIONAL CRANE FOUNDATION 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	INTERNATIONAL CRANE FOUNDATION, INC.	c EIN-PN 39-1187711-002
a	Plan name	JD SALES OF EUCLID INC 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor	JD SALES OF EUCLID INC	c EIN-PN 06-1669009-001
a	Plan name	JIMMY EVANS CO. 401(K) PLAN	
b	Name of plan sponsor	JIMMY EVANS COMPANY, LTD.	c EIN-PN 74-2612574-001

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	JIM'S GOLF CARS 401(K) PLAN	
b Name of plan sponsor	JIMS GOLF CARS, INC.	c EIN-PN 39-1917268-001
a Plan name	JONATHAN W WHITE CPA PLLC 401K PLAN	
b Name of plan sponsor	JONATHAN W WHITE, CPA, PLLC	c EIN-PN 45-5745166-001
a Plan name	K FRIESE & ASSOCIATES, INC. 401(K) PLAN	
b Name of plan sponsor	K FRIESE & ASSOCIATES, INC.	c EIN-PN 48-1304687-001
a Plan name	KEELER MOTOR CAR CO LIMITED 401(K) PROFIT SHARING	
b Name of plan sponsor	KEELER MOTOR CAR CO LIMITED	c EIN-PN 14-1687678-001
a Plan name	KELBRO COMPANY, INC. 401(K) PROFIT SHARING PLAN	
b Name of plan sponsor	KELBRO COMPANY, INC.	c EIN-PN 41-1417039-001
a Plan name	KELLARD SESSIONS CONSULTING, P.C. 401(K) PLAN	
b Name of plan sponsor	KELLARD SESSIONS CONSULTING, ENG. & LANDSCAPE ARCHITECTURE, D.P.C	c EIN-PN 13-3923876-001
a Plan name	KELSCH ASSOCIATES, INC. , (NJ) RETIREMENT PLAN	
b Name of plan sponsor	KELSCH ASSOCIATES, INC., (NJ)	c EIN-PN 22-2298243-001
a Plan name	KERBERROSE S.C. 401(K) PROFIT SHARING PLAN	
b Name of plan sponsor	KERBERROSE S.C.	c EIN-PN 39-1658423-001
a Plan name	KILE LAW FIRM, P.C. 401(K) PLAN	
b Name of plan sponsor	KILE LAW FIRM, P.C.	c EIN-PN 20-1839096-001
a Plan name	KOHALA 401(K) PLAN	
b Name of plan sponsor	KOHALA HEALTHCARE ADMINISTRATIVE SERVICES, LLC	c EIN-PN 26-4118760-001
a Plan name	KYLIN TV, INC. 401K PLAN	
b Name of plan sponsor	KYLIN TV, INC.	c EIN-PN 20-1926301-001
a Plan name	LA GAUGE COMPANY, INC. 401(K) PROFIT SHARING PLAN AND TRUST	
b Name of plan sponsor	LA GAUGE COMPANY, INC.	c EIN-PN 26-0545660-001

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	LAMINATORS INCORPORATED EMPLOYEES 401(K) PROFIT SHARING PLAN
b	Name of plan sponsor	LAMINATORS INCORPORATED
c	EIN-PN	23-1636067-002
a	Plan name	LAP OF LOVE RETIREMENT PLAN
b	Name of plan sponsor	LAP OF LOVE SERVICES LLC
c	EIN-PN	84-4089050-001
a	Plan name	LB LIGHTS WEST, INC. PROFIT SHARING PLAN
b	Name of plan sponsor	L.B. LIGHTS WEST, INC.
c	EIN-PN	68-0137656-001
a	Plan name	LINCOLN WASTE SOLUTIONS, LLC 401(K) PLAN
b	Name of plan sponsor	LINCOLN WASTE SOLUTIONS, LLC
c	EIN-PN	20-3184969-001
a	Plan name	LIPARI & ASSOCIATES, INC. 401(K) PLAN
b	Name of plan sponsor	LIPARI & ASSOCIATES, INC.
c	EIN-PN	26-0836898-001
a	Plan name	LIQUORS 44 401K RETIREMENT SAVINGS PLAN
b	Name of plan sponsor	LFFHA, INC. DBA LIQUORS 44 HADLEY
c	EIN-PN	04-3528586-001
a	Plan name	LONGEVITY HOLDINGS INC 401(K) PROFIT SHARING & TRUST
b	Name of plan sponsor	LONGEVITY HOLDINGS INC
c	EIN-PN	82-4722389-001
a	Plan name	LUIHN VANTEDGE PARTNERS LLC 401(K) PLAN
b	Name of plan sponsor	LUIHN VANTEDGE PARTNERS LLC
c	EIN-PN	83-2686934-001
a	Plan name	LUXE INDUSTRIES, LLC 401(K) PLAN
b	Name of plan sponsor	LUXE INDUSTRIES LLC
c	EIN-PN	90-0875076-001
a	Plan name	LUXURY LANDSCAPE 401(K) PLAN
b	Name of plan sponsor	LUXURY LANDSCAPE SUPPLY LLC
c	EIN-PN	46-1625268-001
a	Plan name	M3T CORPORATION 401(K) PLAN
b	Name of plan sponsor	M3T CORPORATION
c	EIN-PN	25-1879459-001
a	Plan name	MABUCHI MOTOR AMERICA CORPORATION RETIRMENT PLAN
b	Name of plan sponsor	MABUCHI MOTOR AMERICA CORPORATION
c	EIN-PN	13-2881841-001

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	MARIC HEALTHCARE 401K PLAN	
b	Name of plan sponsor	MARIC HEALTHCARE, LLC	c EIN-PN 04-3768758-001
a	Plan name	MASA GLOBAL 401(K) PLAN	
b	Name of plan sponsor	MEDICAL AIR SERVICES ASSOCIATION, INC.	c EIN-PN 65-0265219-001
a	Plan name	MCFARLANE AVIATION, LLC 401(K) PLAN	
b	Name of plan sponsor	MCFARLANE AVIATION, LLC	c EIN-PN 48-1015418-001
a	Plan name	MCILHENNY COMPANY PENSION PLAN	
b	Name of plan sponsor	MCILHENNY COMPANY	c EIN-PN 72-0256940-001
a	Plan name	MCM LEARNING 401K PLAN	
b	Name of plan sponsor	MCM LEARNING INCORPORATED	c EIN-PN 38-3035383-002
a	Plan name	MDT, INC. (DBA) MDT SOFTWARE	
b	Name of plan sponsor	MDT, INC. (DBA) MDT SOFTWARE	c EIN-PN 58-1768687-001
a	Plan name	MEADOWS BANK 401K RETIREMENT PLAN	
b	Name of plan sponsor	MEADOWS BANK	c EIN-PN 26-1777425-001
a	Plan name	MEKONG FRESH MEATS, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	MEKONG FRESH MEATS, INC.	c EIN-PN 39-1774082-002
a	Plan name	MELIORA SCIENTIFIC 401K PLAN	
b	Name of plan sponsor	MELIORA SCIENTIFIC INC	c EIN-PN 47-1106313-001
a	Plan name	METRONOME LLC 401(K) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor	METRONOME LLC	c EIN-PN 27-3776227-001
a	Plan name	MIAMI VALLEY HOUSING OPPORTUNITIES 401K RETIREMENT PLAN	
b	Name of plan sponsor	MIAMI VALLEY HOUSING OPPORTUNITIES	c EIN-PN 31-1321426-001
a	Plan name	MICHAEL A REDDING MD LTD	
b	Name of plan sponsor	MICHAEL A REDDING MD LTD	c EIN-PN 54-1929963-001

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 MID ATLANTIC STORAGE SYSTEMS, INC. 401(K) PLAN	
b	Name of plan sponsor MID ATLANTIC STORAGE SYSTEMS, INC	c EIN-PN 31-1113115-001
a	Plan name MIDAN, INC. 401(K) PLAN	
b	Name of plan sponsor MIDAN, INC.	c EIN-PN 36-3085877-001
a	Plan name MIDDLESEX CENTER FOR ADVANCED ORTHOPEDIC SURGERY 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor MIDDLESEX CENTER FOR ADVANCED ORTHOPEDIC SURGERY	c EIN-PN 26-3528303-001
a	Plan name MILLER'S SONS CONTRACTING 401(K) PLAN	
b	Name of plan sponsor MILLERS SONS CONTRACTING, LLC	c EIN-PN 82-1828857-001
a	Plan name MINNESOTA MILLWORK & FIXTURES 401(K) PLAN	
b	Name of plan sponsor MINNESOTA MILLWORK & FIXTURES LLC DBA R AND L WOODCRAFT	c EIN-PN 81-2994436-001
a	Plan name MINORITY BEHAVIORAL HEALTH GROUP 401(K) PLAN	
b	Name of plan sponsor AKRON COMMUNITY DEVELOPMENT ASSOCIATION INC. DBA MINORITY BEHAVIORAL H	c EIN-PN 34-1965936-001
a	Plan name MM COVERAGE LLC 401(K) PLAN	
b	Name of plan sponsor MM COVERAGE LLC	c EIN-PN 84-4110590-001
a	Plan name MOUNTAIN WEST FINANCIAL, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor MOUNTAIN WEST FINANCIAL, INC.	c EIN-PN 33-0419992-001
a	Plan name MWC 401(K) PLAN	
b	Name of plan sponsor MWC GROUP, INC.	c EIN-PN 37-1786956-001
a	Plan name NATIONAL RENOVATIONS, LLC 401K PROFIT SHARING PLAN	
b	Name of plan sponsor ATIONAL RENOVATIONS LLC DBA REPIPE SPECIALIST	c EIN-PN 87-3817658-001
a	Plan name NATUREBEST PRE-CUT & PRODUCE, LLC 401(K) PLAN	
b	Name of plan sponsor ATUREBEST PRE-CUT & PRODUCE, LLC	c EIN-PN 46-0481218-002
a	Plan name NB VENTURES, INC. 401(K) PLAN	
b	Name of plan sponsor B VENTURES, INC.	c EIN-PN 22-3721259-001

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	NEIGHBORWORKS TOLEDO REGION 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	EIGHBORHOOD HOUSING SERVICES OF TOLEDO, INC.	c EIN-PN 34-1230687-001
a	Plan name	NEW LOOK SKIN LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	EW LOOK SKIN LLC CASH BALANCE	c EIN-PN 20-8680382-001
a	Plan name	NEW YORK ISLANDERS HOCKEY CLUB, LP 401(K) PLAN	
b	Name of plan sponsor	EW YORK ISLANDERS HOCKEY CLUB, LP	c EIN-PN 11-2254417-001
a	Plan name	NORTH COAST LOGISTICS, INC. EMPLOYEE SALARY	
b	Name of plan sponsor	ORTH COAST LOGISTICS, INC.	c EIN-PN 34-1722265-001
a	Plan name	NURTUR HOLDINGS LLC 401(K) PLAN	
b	Name of plan sponsor	URTUR HOLDINGS LLC	c EIN-PN 20-1230907-001
a	Plan name	OAK TREE DENTISTRY 401(K) PLAN	
b	Name of plan sponsor	OAK TREE DENTISTRY	c EIN-PN 82-0927769-001
a	Plan name	OAKLAND PHYSICIAN NETWORK SERV 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor	OAKLAND PHYSICIAN NETWORK SERVICES, INC.	c EIN-PN 38-3496293-001
a	Plan name	ODYSSEY SPACE RESEARCH, L. L. C. 401(K) PLAN	
b	Name of plan sponsor	ODYSSEY SPACE RESEARCH, L.L.C.	c EIN-PN 20-0381879-001
a	Plan name	OMAHA PRIMARY EYECARE 401(K) PLAN	
b	Name of plan sponsor	OMAHA PRIMARY EYECARE	c EIN-PN 47-0808437-001
a	Plan name	OUTLOOK FLOORING 401(K) SAFE HARBOR AND PROFIT SHARING PLAN	
b	Name of plan sponsor	OUTLOOK FLOORING	c EIN-PN 27-4194569-001
a	Plan name	OVERCASHIER & HORST PROFIT SHARING AND SAVINGS PLAN	
b	Name of plan sponsor	OVERCASHIER & HORST HEATING & AIR CONDITIONING INC.	c EIN-PN 34-1734701-001
a	Plan name	PALMYRA FAMILY AND COSMETIC DENTISTRY, PLLC 401(K) PLAN	
b	Name of plan sponsor	PALMYRA FAMILY & COSMETIC DENTISTRY, PLLC	c EIN-PN 26-1336078-002

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 PARAGON MANAGEMENT 401(K) PLAN	
b	Name of plan sponsor PARAGON MANAGEMENT	c EIN-PN 20-5893290-001
a	Plan name PARRISH LEASING INC PROFIT SHARING PLAN	
b	Name of plan sponsor PARRISH LEASING INC	c EIN-PN 35-1153444-001
a	Plan name PAULSEN, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor PAULSEN, INC.	c EIN-PN 47-0397153-001
a	Plan name PAY CLEARLY LLC 401(K) PLAN & TRUST	
b	Name of plan sponsor PAY CLEARLY LLC	c EIN-PN 82-2496569-001
a	Plan name PEACE HEALTH 401(K) PLAN	
b	Name of plan sponsor CBR ENTERPRISES	c EIN-PN 41-2032063-001
a	Plan name PERSONALIZED DENTISTRY, P.C. 401(K) PLAN	
b	Name of plan sponsor PERSONALIZED DENTISTRY, P.C.	c EIN-PN 38-1916059-001
a	Plan name PITTSBURGH VETERINARY DERMATOLOGY 401(K) PLAN	
b	Name of plan sponsor PITTSBURGH VETERINARY DERMATOLOGY	c EIN-PN 86-1068353-001
a	Plan name PLEASANT VIEW FARMS, INC. 401(K) PLAN	
b	Name of plan sponsor PLEASANT VIEW FARMS, INC.	c EIN-PN 06-0655393-001
a	Plan name POMPEIAN, INC. CASH OR DEFERRED PROFIT SHARING PLAN	
b	Name of plan sponsor POMPEIAN, INC.	c EIN-PN 52-1036484-001
a	Plan name PONTE EQUITIES, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor PONTE EQUITIES, INC.	c EIN-PN 13-3566031-001
a	Plan name POOLE AND THOMAS PEDIATRICS, PLC RETIREMENT PLAN	
b	Name of plan sponsor POOLE AND THOMAS PEDIATRICS, PLC	c EIN-PN 61-1680126-001
a	Plan name PORT VIEW PREPARATORY 401(K) PLAN	
b	Name of plan sponsor PORT VIEW PREPARATORY	c EIN-PN 46-3883876-001

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 PRECISION STRIPING, INC. 401(K) PLAN	
b	Name of plan sponsor PRECISION STRIPING, INC. 401K PLAN	c EIN-PN 32-0529745-001
a	Plan name PREMIERE PACKAGING 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor PREMIERE PACKAGING, INC.	c EIN-PN 38-2766120-001
a	Plan name PRICE, KONG & CO., C.P.A.'S P.A. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor PRICE, KONG & CO., C.P.A.S, P.A.	c EIN-PN 86-0611246-001
a	Plan name PRIMARY ARMS, LLC 401(K) PLAN	
b	Name of plan sponsor PRIMARY ARMS, LLC	c EIN-PN 11-3837722-001
a	Plan name PRIMARY EYE AND VISION CARE 401K PLAN	
b	Name of plan sponsor PRIMARY EYE AND VISION CARE	c EIN-PN 45-2578317-001
a	Plan name PRIME ENERGY SERVICES 401(K) PLAN	
b	Name of plan sponsor PRIME ENERGY SERVICES, LLC	c EIN-PN 45-3833725-001
a	Plan name PRO BACK OFFICE 401(K) PLAN AND TRUST	
b	Name of plan sponsor PRO BACK OFFICE, LLC	c EIN-PN 45-5636672-001
a	Plan name PROGRESSIVE ELECTRIC SALARY SAVINGS PLAN	
b	Name of plan sponsor PROGRESSIVE HOLDINGS, INC. DBA PROGRESSIVE ELECTRIC	c EIN-PN 20-4021010-002
a	Plan name PROSTHODONTIC AND IMPLANT ASSOC. P.C. PROFIT SHARING PLAN	
b	Name of plan sponsor PROSTHODONTIC AND IMPLANT ASSOCIATES, P.	c EIN-PN 13-3781973-001
a	Plan name PROTOCOL, LLC 401K PLAN	
b	Name of plan sponsor PROTOCOL, LLC	c EIN-PN 75-2900978-001
a	Plan name PROTOS PIZZA 401(K) PLAN	
b	Name of plan sponsor PROTOS PIZZA INC.	c EIN-PN 84-1520007-001
a	Plan name PROVIA 401K PLAN	
b	Name of plan sponsor PROVIA PAYROLL, LLC	c EIN-PN 34-1519660-001

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 PUEBLO OF JEMEZ COMMERCIAL ENTERPRISES 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor PUEBLO JEMEZ	c EIN-PN 85-0213473-002
a	Plan name QUALIFIED PLAN ADMINISTRATORS, INC. 401(K) PLAN	
b	Name of plan sponsor QUALIFIED PLAN ADMINISTRATORS, INC.	c EIN-PN 56-1721260-001
a	Plan name QUALITY BILLING SERVICE, INC. 401(K) SAFE HARBOR PLAN	
b	Name of plan sponsor QUALITY BILLING SERVICE, INC.	c EIN-PN 13-3353427-001
a	Plan name R & J METAL FINISHING 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor R & J METAL FINISHING, INC.	c EIN-PN 16-0905662-001
a	Plan name RACHEL SCREEN PRINTING 401(K) PLAN	
b	Name of plan sponsor RACHEL SCREEN PRINTING COMPANY	c EIN-PN 54-1442013-001
a	Plan name RAMPART BIOSCIENCE 401(K) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor RAMPART BIOSCIENCE, INC.	c EIN-PN 83-3688007-001
a	Plan name RAYCON CONTRACTORS LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor RAYCON CONTRACTORS LLC	c EIN-PN 83-4274510-001
a	Plan name RCTV RETIREMENT PLAN	
b	Name of plan sponsor RARE COLLECTIBLES TV, LLC	c EIN-PN 46-5705246-001
a	Plan name REDROCK 401(K) PLAN	
b	Name of plan sponsor REDROCK TECHNOLOGIES, INC.	c EIN-PN 68-0490029-001
a	Plan name REGENCY FIBERS 401(K) PLAN	
b	Name of plan sponsor REGENCY FIBERS, LLC	c EIN-PN 84-2867226-001
a	Plan name REGIONAL EYE ASSOCIATES, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor REGIONAL EYE ASSOCIATES, INC.	c EIN-PN 55-0740986-001
a	Plan name RENTSCHLER INC 401K PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor RENTSCHLER INC	c EIN-PN 20-8032144-001

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	RESILIENCE INSURANCE ADVISORY CORP 401K/PS
b	Name of plan sponsor	RESILIENCE INSURANCE ADVISORY CORP
c	EIN-PN	93-1852603-001
a	Plan name	RIFELINE LLC 401(K) PLAN
b	Name of plan sponsor	RIFELINE, LLC
c	EIN-PN	26-1526869-001
a	Plan name	RKG 401(K) PLAN
b	Name of plan sponsor	RETIREMENT (K)ONCIERGE GROUP
c	EIN-PN	86-1926015-001
a	Plan name	ROCK HOUSE 401(K) SAVINGS PLAN
b	Name of plan sponsor	THE COMPANY OF ROCK HOUSE
c	EIN-PN	75-2416849-001
a	Plan name	ROMANO LIMITED 401(K) PLAN
b	Name of plan sponsor	ROMANO LIMITED
c	EIN-PN	84-2244373-001
a	Plan name	RON-VIK, INCORPORATED 401(K) RETIREMENT PLAN AND TRUST
b	Name of plan sponsor	RON-VIK, INCORPORATED
c	EIN-PN	41-0675441-001
a	Plan name	RP POWER LLC 401K PLAN
b	Name of plan sponsor	RP POWER LLC
c	EIN-PN	71-0807173-001
a	Plan name	RUGGERI PARKS WEINBERG 401(K) RETIREMENT PLAN
b	Name of plan sponsor	RUGGERI PARKS WEINBERG, LLP
c	EIN-PN	87-3909899-001
a	Plan name	SAFEGUARD SERVICES 401(K) PLAN
b	Name of plan sponsor	SAFEGUARD SERVICES, INC.
c	EIN-PN	59-1399022-001
a	Plan name	SAFE-HARBOR 401(K) PROFIT SHARING PLAN FOR EMPLOYEES OF ARIZONA WOMENAND#39;S RECOVERY CENTER
b	Name of plan sponsor	ARIZONA WOMENAND#39;S RECOVERY CENTE
c	EIN-PN	86-0208873-001
a	Plan name	SAGE NEUROSCIENCE CENTER, INC. 401(K) PROFIT SHARING PLAN
b	Name of plan sponsor	SAGE NEUROSCIENCE CENTER, INC
c	EIN-PN	20-4918193-001
a	Plan name	SCARP PROPERTY ASSOCIATES LLC 401(K) PLAN
b	Name of plan sponsor	SCARP PROPERTY ASSOCIATES LLC
c	EIN-PN	16-1516814-001

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 SCHWARTZ & SCHWARTZ 401(K) PLAN	
b	Name of plan sponsor SCHWARTZ & SCHWARTZ ENTERPRISES INC.	c EIN-PN 47-2798848-001
a	Plan name SCOTT LAWN YARD 401(K) PLAN	
b	Name of plan sponsor SCOTT LAWN YARD, INC.	c EIN-PN 16-1493724-001
a	Plan name SEALAND CONTRACTORS CORP. 401(K) SAVINGS PLAN	
b	Name of plan sponsor SEALAND CONTRACTORS CORP.	c EIN-PN 16-1088501-001
a	Plan name SEMPER SOLARIS 401(K) PLAN	
b	Name of plan sponsor SEMPER SOLARIS CONSTRUCTION, INC	c EIN-PN 45-5089569-001
a	Plan name SEXTON INDUSTRIAL, INC. 401K PROFIT SHARING PLAN	
b	Name of plan sponsor SEXTON INDUSTRIAL, INC.	c EIN-PN 31-1582675-001
a	Plan name SHAT-R-SHIELD, INC. 401K PROFIT SHARING PLAN	
b	Name of plan sponsor SHAT-R-SHIELD, INC	c EIN-PN 22-2192625-002
a	Plan name SHIFT 44, LLC 401(K) PLAN	
b	Name of plan sponsor SHIFT 44, LLC	c EIN-PN 81-1135025-001
a	Plan name SHOW ME YOUR MUMU, LLC 401(K) PLAN	
b	Name of plan sponsor SHOW ME YOUR MUMU, LLC	c EIN-PN 27-4507193-001
a	Plan name SIERRA FOREST PRODUCTS, INC 401(K) PLAN	
b	Name of plan sponsor SIERRA FOREST PRODUCTS, INC.	c EIN-PN 87-0538846-001
a	Plan name SILKRAFT OF OREGON 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor FLORAL SERVICES LLC DBA SILKRAFT OF OREGON	c EIN-PN 20-0872440-001
a	Plan name SKILLWORK 401(K) PLAN	
b	Name of plan sponsor SKILLWORK	c EIN-PN 82-4969788-001
a	Plan name SKYEPOINT DECISIONS, INC. 401(K) PLAN	
b	Name of plan sponsor SKYEPOINT DECISIONS, INC.	c EIN-PN 26-4474804-001

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 SLAYTON WIRELESS, LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor SLAYTON WIRELESS, LLC	c EIN-PN 45-2921282-001
a	Plan name SOURCE FITNESS MANAGEMENT LLC, 401(K) PLAN	
b	Name of plan sponsor SOURCE FITNESS MANAGEMENT, LLC	c EIN-PN 20-8177247-001
a	Plan name SOUTH BAY FENCE, INC. 401(K) PLAN	
b	Name of plan sponsor SOUTH BAY FENCE, INC.	c EIN-PN 95-2786168-001
a	Plan name SOUTHWEST TRAFFIC SIGNAL SERVICE, INC. 401(K) PLAN	
b	Name of plan sponsor SOUTHWEST TRAFFIC SIGNAL SERVICE, INC.	c EIN-PN 95-3555279-001
a	Plan name STAFFING SOLUTIONS ENTERPRISES 401K SAVINGS PLAN AND TRUST	
b	Name of plan sponsor STAFFING SOLUTIONS ENTERPRISES, INC	c EIN-PN 34-1208971-003
a	Plan name STANFORD LUMBER COMPANY, INC. 401(K) PLAN	
b	Name of plan sponsor STANFORD LUMBER COMPANY, INC.	c EIN-PN 25-1071953-001
a	Plan name STA-WARM ELECTRIC COMPANY 401(K) PLAN	
b	Name of plan sponsor STA-WARM ELECTRIC COMPANY	c EIN-PN 31-1439596-001
a	Plan name STEAMPUNK, INC. 401(K) PLAN	
b	Name of plan sponsor STEAMPUNK, INC.	c EIN-PN 54-2025113-001
a	Plan name STERLING COMPUTER CONSULTANTS, INC. PROFIT SHARING PLAN	
b	Name of plan sponsor STERLING COMPUTER CONSULTANTS, INC.	c EIN-PN 38-2938781-001
a	Plan name STUDIO LIFESTYLE 401(K) PLAN	
b	Name of plan sponsor SHS HOUSTON LLC	c EIN-PN 86-1245036-001
a	Plan name SULLIVAN INDUSTRIAL SERVICES LLC 401K RETIREMENT	
b	Name of plan sponsor SULLIVAN INDUSTRIAL SERVICES	c EIN-PN 84-3074772-001
a	Plan name SUN BULB SALARIED EMPLOYEES 401(K) PLAN	
b	Name of plan sponsor SUN BULB COMPANY, INC.	c EIN-PN 59-1677460-002

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	SUNSET STRATEGIC BRANDS 401(K) PLAN	
b	Name of plan sponsor	SUNSET STRATEGIC BRANDS, LLC	c EIN-PN 81-4743886-001
a	Plan name	SUNSHINE RIDES EMPLOYEE RETIREMENT PLAN	
b	Name of plan sponsor	TAZCO, INC.	c EIN-PN 84-1162315-001
a	Plan name	SUREFIRE LOCAL 401(K) PLAN	
b	Name of plan sponsor	GENNEXT MEDIA, INC. DBA SUNFIRE LOCAL	c EIN-PN 26-3405573-001
a	Plan name	SUTTONS INTERNATIONAL N.A., INC. 401(K) PLAN	
b	Name of plan sponsor	SUTTONS INTERNATIONAL N.A., INC.	c EIN-PN 51-0269901-001
a	Plan name	SWM-GP 401(K) PLAN	
b	Name of plan sponsor	STEVE WHITE MOTORS, INC.	c EIN-PN 56-0947841-002
a	Plan name	TAG AERO 401(K) PLAN	
b	Name of plan sponsor	THE AUXILIARY GROUP DBA TAG AERO	c EIN-PN 27-1355068-001
a	Plan name	TENCO SOLAR 401(K) PLAN	
b	Name of plan sponsor	TENCO SOLAR	c EIN-PN 90-0456446-001
a	Plan name	THE CONTRACTORS RETIREMENT PLAN	
b	Name of plan sponsor	COMMUNITY BRIDGE, INC.	c EIN-PN 75-2984355-001
a	Plan name	THE DELAWARE NATIONAL BANK OF DELHI EMPLOYEE RETIREMENT PLAN	
b	Name of plan sponsor	THE DELAWARE NATIONAL BANK OF DELHI	c EIN-PN 15-0287160-002
a	Plan name	THE PHOENIX THEATRE COMPANY 401(K) PLAN	
b	Name of plan sponsor	THE PHOENIX THEATRE COMPANY	c EIN-PN 86-0108839-001
a	Plan name	THE PROACTIS 401(K) PLAN	
b	Name of plan sponsor	PERFECT COMMERCE, LLC	c EIN-PN 26-0557687-002
a	Plan name	THE REHABILITATION GROUP, P.A. PROFIT SHARING PLAN	
b	Name of plan sponsor	THE REHABILITATION GROUP, P.A.	c EIN-PN 74-2576197-003

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
a	Plan name THE TURNKEY FOUNDATION INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor THE TURNKEY FOUNDATION INC. DBA ARBOR FINANCIAL GROUP	c EIN-PN 71-1049958-001
a	Plan name THERMAL MODIFICATION TECHNOLOGIES 401(K) PLAN	
b	Name of plan sponsor THERMAL MODIFICATION TECHNOLOGIES	c EIN-PN 46-1898488-001
a	Plan name THOMAS AUTOMOTIVE FAMILY 401(K) PLAN	
b	Name of plan sponsor THOMAS AUTOMOTIVE FAMILY LLC	c EIN-PN 83-1434331-002
a	Plan name THREATTE-BEAUDRY ANIMAL CLINIC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor THREATTE-BEAUDRY ANIMAL CLINIC	c EIN-PN 59-2155785-001
a	Plan name TIPP DISTRIBUTORS, INC. DBA NOVAMEX 401(K) PLAN	
b	Name of plan sponsor TIPP DISTRIBUTORS, INC. DBA NOVAMEX	c EIN-PN 74-2444846-002
a	Plan name TLC FAMILY DENTISTRY LLC	
b	Name of plan sponsor TLC FAMILY DENTISTRY LLC	c EIN-PN 87-2940470-001
a	Plan name TLC PEDIATRICS LLC 401K PROFIT SHARING PLAN	
b	Name of plan sponsor TLC PEDIATRICS LLC	c EIN-PN 26-0612948-001
a	Plan name TOALE BROTHERS, INC. 401(K) RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor TOALE BROTHERS, INC.	c EIN-PN 59-0479420-002
a	Plan name TOPA RETIREMENT PLAN	
b	Name of plan sponsor THOUSAND OAKS PATHOLOGY ASSOCIATES, INC.	c EIN-PN 95-3414124-003
a	Plan name TOTAL SAFETY U. S. , INC. 401(K) RETIREMENT PLAN	
b	Name of plan sponsor TOTAL SAFETY U.S., INC.	c EIN-PN 37-1478877-001
a	Plan name TRACKER ENERGY 401(K) PLAN	
b	Name of plan sponsor TRACKER ENERGY SERVICES, INC.	c EIN-PN 46-5188810-001
a	Plan name TREYCO MANUFACTURING, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor TREYCO MANUFACTURING, INC.	c EIN-PN 32-0080798-001

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 TRI-TECH SURVEYING COMPANY L. P. 401(K) PROFIT	
b	Name of plan sponsor TRI-TECH SURVEYING COMPANY, L.P.	c EIN-PN 76-0460990-001
a	Plan name TRIAD TECHNOLOGIES, LLC 401(K) PLAN	
b	Name of plan sponsor TRIAD TECHNOLOGIES, LLC	c EIN-PN 43-1969651-001
a	Plan name TRIM-RITE FOOD CORPORATION RETIREMENT SAVINGS PLAN AND TRUST	
b	Name of plan sponsor TRIM-RITE, INC.	c EIN-PN 36-3873555-002
a	Plan name TRI-STATE GASTROENTEROLOGY ASSOCIATES, P.S.C. 401(K) PLAN	
b	Name of plan sponsor TRI-STATE GASTROENTEROLOGY ASSOCIATES, PSC	c EIN-PN 61-1192347-003
a	Plan name TROY INDUSTRIES, INC. 401(K) PLAN	
b	Name of plan sponsor TROY INDUSTRIES, INC.	c EIN-PN 72-1544187-002
a	Plan name TRUEBUILT CONSTRUCTION, LLC 401(K) PLAN	
b	Name of plan sponsor TRUEBUILT CONSTRUCTION, LLC	c EIN-PN 85-0694377-001
a	Plan name TURF MASTERS LAWNCARE 401(K) PLAN	
b	Name of plan sponsor TURF MASTERS LAWNCARE, INC.	c EIN-PN 74-3058849-002
a	Plan name UNITED HEALTH CENTERS OF THE SAN JOAQUIN VALLEY, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor UNITED HEALTH CENTERS OF THE SAN JOAQUIN VALLEY	c EIN-PN 94-1732538-001
a	Plan name UNIVERSITY ORTHOPAEDIC SERVICES, INC. RETIREMENT PLAN	
b	Name of plan sponsor UNIVERSITY ORTHOPAEDIC SERVICES INC	c EIN-PN 16-1406947-001
a	Plan name UWAF 401K PLAN	
b	Name of plan sponsor US WIRE AND CABLE CORPORATION	c EIN-PN 11-2828063-001
a	Plan name VAN LOKEREN CONSTRUCTION 401K PROFIT SHARING PLAN	
b	Name of plan sponsor VAN LOKEREN CONSTRUCTION, INC	c EIN-PN 73-1651339-001
a	Plan name VASA FITNESS LLC RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor VASA FITNESS LLC	c EIN-PN 75-3139409-002

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 VASCULAR-INTERVENTIONAL ASSOCIATES, P.C. DEFERRED PROFIT SHARING PLAN	
b	Name of plan sponsor VASCULAR-INTERVENTIONAL ASSOCIATES, P.C.	c EIN-PN 16-1601847-001
a	Plan name VERN'S CHEESE, INC. 401(K) PLAN	
b	Name of plan sponsor VERN'S CHEESE, INC.	c EIN-PN 39-1385039-001
a	Plan name WARSTEINER 401(K) PLAN	
b	Name of plan sponsor WARSTEINER IMPORTERS AGENCY, INC.	c EIN-PN 84-1103494-001
a	Plan name WATERSTONE MORTGAGE 401(K) PLAN	
b	Name of plan sponsor WATERSTONE MORTGAGE CORPORATION	c EIN-PN 39-2001010-001
a	Plan name WD, LLC 401(K) PLAN	
b	Name of plan sponsor WD, LLC	c EIN-PN 20-4311152-001
a	Plan name WELDED RING PRODUCTS COMPANY, INC. 401(K) PROFIT	
b	Name of plan sponsor WELDED RING PRODUCTS COMPANY INC	c EIN-PN 34-1479265-001
a	Plan name WELDUN LOGISTICS 401(K) PLAN	
b	Name of plan sponsor WELDUN LOGISTICS, INC.	c EIN-PN 87-4354712-001
a	Plan name WESTERN CONSTRUCTION ENTERPRISES 401(K) PLAN	
b	Name of plan sponsor WESTERN CONSTRUCTION ENTERPRISES	c EIN-PN 27-1577518-001
a	Plan name WESTLAKE VILLAGE INN 401(K) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor WESTLAKE PROPERTIES INC WESTLAKE VILLAGE INN	c EIN-PN 22-2013733-001
a	Plan name WHALLEY COMPUTER ASSOCIATES, INC. 401(K) PLAN	
b	Name of plan sponsor WHALLEY COMPUTER ASSOCIATES, INC.	c EIN-PN 04-2902969-001
a	Plan name WILLOW TEX 401K PLAN	
b	Name of plan sponsor WILLOW TEX LLC	c EIN-PN 46-1397872-001
a	Plan name WORTH FINANCE CORPORATION 401(K) PLAN	
b	Name of plan sponsor WORTH FINANCE CORPORATION	c EIN-PN 74-1881121-001

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 11/06/2024	
A Name of plan MYCOMPASS INDEX CONSERVATIVE 2025 FUND	B Three-digit plan number (PN) ▶ 483
C Plan sponsor's name as shown on line 2a of Form 5500 GREAT GRAY TRUST COMPANY, LLC	D Employer Identification Number (EIN) 38-4097337

Part I	Asset and Liability Statement
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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
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)	1235782
		44776422
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)	18062618
(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)	21560689
(15) Other.....	1c(15)	0

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	40859089	44776422
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h	0	7812
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j	1249698	44768610
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	1249698	44776422
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	39609391	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)	392533	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		392533
(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)		
(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)		

	(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)	2251578
(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	2644111

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)	1773
(5) Investment advisory and investment management fees	2i(5)	33082
(6) Bank or trust company trustee/custodial fees	2i(6)	14455
(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)	49310
j Total expenses. Add all expense amounts in column (b) and enter total	2j	49310

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k	2594801
l Transfers of assets:		
(1) To this plan	2l(1)	10954875
(2) From this plan	2l(2)	53159067

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 _____.