

<p style="text-align: center;"><b>Form 5500</b></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><b>Annual Return/Report of Employee Benefit Plan</b></p> <p style="font-size: x-small;">This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).</p> <p>▶ <b>Complete all entries in accordance with the instructions to the Form 5500.</b></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 12/31/2024

**A** This return/report is for:  a multiemployer plan  a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)

a single-employer plan  a DFE (specify) C

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

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

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

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

special extension (enter description)

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

**Part II Basic Plan Information—enter all requested information**

<p><b>1a</b> Name of plan <u>FLEXPATH INDEX AGGRESSIVE RETIREMENT FUND</u></p>	<p><b>1b</b> Three-digit plan number (PN) ▶ <u>210</u></p>
<p><b>2a</b> 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><b>1c</b> Effective date of plan</p> <hr/> <p><b>2b</b> Employer Identification Number (EIN) <u>47-2238264</u></p> <p><b>2c</b> Plan Sponsor's telephone number <u>866-427-6885</u></p> <p><b>2d</b> 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.

<b>SIGN HERE</b>		Date	
	Signature of plan administrator		Enter name of individual signing as plan administrator
<b>SIGN HERE</b>		Date	
	Signature of employer/plan sponsor		Enter name of individual signing as employer or plan sponsor
<b>SIGN HERE</b>	<u>Filed with authorized/valid electronic signature.</u>	<u>09/15/2025</u>	<u>MATT FALCIANI</u>
	Signature of DFE	Date	Enter name of individual signing as DFE

<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>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>	<b>DFE/Participating Plan Information</b>  This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).  <b>▶ File as an attachment to Form 5500.</b>	OMB No. 1210-0110  <hr/> <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 01/01/2024 and ending 12/31/2024

<b>A</b> Name of plan <u>FLEXPATH INDEX AGGRESSIVE RETIREMENT FUND</u>	<b>B</b> Three-digit plan number (PN)	<u>210</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>47-2238264</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>LIFEPATH INDEX 2030 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	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
<u>71-0986424-001</u>	<u>C</u>		<u>125117754</u>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:	<u>LIFEPATH INDEX RETIREMENT 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	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
<u>71-0986421-001</u>	<u>C</u>		<u>42241468</u>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:	<u>LIFEPATH INDEX 2025 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	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
<u>20-5114920-001</u>	<u>C</u>		<u>0</u>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:			
<b>b</b> Name of sponsor of entity listed in (a):			
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:			
<b>b</b> Name of sponsor of entity listed in (a):			
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:			
<b>b</b> Name of sponsor of entity listed in (a):			
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:			
<b>b</b> Name of sponsor of entity listed in (a):			
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	



<b>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	1ST CHOICE ROOFING COMPANY 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	1ST CHOICE ROOFING COMPANY	<b>c</b> EIN-PN 11-3793690-001
<b>a</b>	Plan name	ACBM LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ACBM LLC	<b>c</b> EIN-PN 83-1560826-001
<b>a</b>	Plan name	ACTION TRUCK CENTER, INC. 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	ACTION TRUCK CENTER, INC.	<b>c</b> EIN-PN 63-0706409-001
<b>a</b>	Plan name	ACTIVE MOTIF 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ACTIVE MOTIF, INC.	<b>c</b> EIN-PN 33-0858864-001
<b>a</b>	Plan name	ADAMS BEVERAGES, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ADAMS BEVERAGES, INC.	<b>c</b> EIN-PN 63-0733351-001
<b>a</b>	Plan name	ADARE PHARMACEUTICALS, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ADARE PHARMACEUTICALS, INC.	<b>c</b> EIN-PN 31-0988732-003
<b>a</b>	Plan name	ADSTRA, INC.EMPLOYEE SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	ADSTRA, INC	<b>c</b> EIN-PN 22-2223741-003
<b>a</b>	Plan name	ADVANCED DATA SYSTEMS CORP 401K PLAN	
<b>b</b>	Name of plan sponsor	ADVANCED DATA SYSTEMS CORPORATION	<b>c</b> EIN-PN 22-3841212-001
<b>a</b>	Plan name	ADVANCED ENVIRONMENTAL MONITORING 401(K) PLAN	
<b>b</b>	Name of plan sponsor	AEM COMMERCIAL, INC.	<b>c</b> EIN-PN 87-3869330-001
<b>a</b>	Plan name	ADVANTAGE 401K POOLED EMPLOYER PLAN	
<b>b</b>	Name of plan sponsor	INTERNATIONAL WEST INC	<b>c</b> EIN-PN 33-0107488-007
<b>a</b>	Plan name	AKRS EQUIPMENT SOLUTIONS INC. 401K PLAN	
<b>b</b>	Name of plan sponsor	AKRS EQUIPMENT SOLUTIONS INC.	<b>c</b> EIN-PN 27-0619457-001
<b>a</b>	Plan name	ALLAN VIGIL FORD LINCOLN 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	ALLAN VIGIL FORD LINCOLN, INC.	<b>c</b> EIN-PN 58-1606549-001

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 ALLIANCE SOLUTIONS GROUP LLC POWERED BY TALENTLAUNCH 401(K) PLAN	
<b>b</b>	Name of plan sponsor ALLIANCE SOLUTIONS GROUP LLC	<b>c</b> EIN-PN 45-4014987-001
<b>a</b>	Plan name ALLIED MINERAL PRODUCTS 401(K) PLAN	
<b>b</b>	Name of plan sponsor ALLIED MINERAL PRODUCTS HOLDING, INC.	<b>c</b> EIN-PN 84-3394646-004
<b>a</b>	Plan name ALTSOURCE 401(K) PLAN	
<b>b</b>	Name of plan sponsor ALTSOURCE, INC	<b>c</b> EIN-PN 20-2230526-001
<b>a</b>	Plan name AMERICAN CONSOLIDATED INDUSTRIES, INC. RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor AMERICAN CONSOLIDATED INDUSTRIES, INC.	<b>c</b> EIN-PN 34-1600691-001
<b>a</b>	Plan name AMERICOLD LOGISTICS EMPLOYEE SAVINGS AND INVESTMENT PLAN	
<b>b</b>	Name of plan sponsor AMERICOLD LOGISTICS EMPLOYEE SAVINGS AND INVEST	<b>c</b> EIN-PN 22-3631006-014
<b>a</b>	Plan name AMIVERO 401K PLAN	
<b>b</b>	Name of plan sponsor AMIVERO LLC	<b>c</b> EIN-PN 83-1678875-001
<b>a</b>	Plan name AML RIGHTSOURCE, LLC 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor AML RIGHTSOURCE, LLC	<b>c</b> EIN-PN 20-1996855-001
<b>a</b>	Plan name AMPC LLC 401K RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor AMPC LLC DBA PROLIANT-APC-BOYER VALLEY CO.-ENTER	<b>c</b> EIN-PN 42-1160181-001
<b>a</b>	Plan name AMS GROUP 401K PLAN	
<b>b</b>	Name of plan sponsor AMS GROUP INC	<b>c</b> EIN-PN 45-2981735-001
<b>a</b>	Plan name ANCORA - MEP	
<b>b</b>	Name of plan sponsor CANTERBURY GOLF CLUB, INC.	<b>c</b> EIN-PN 34-0129600-002
<b>a</b>	Plan name ANCORA - MEP	
<b>b</b>	Name of plan sponsor SA GROUP, LLC	<b>c</b> EIN-PN 27-4911150-001
<b>a</b>	Plan name ANCORA - MEP	
<b>b</b>	Name of plan sponsor ANCORA HOLDINGS GROUP, LLC	<b>c</b> EIN-PN 87-2417854-001

<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	ANDERSON & HOWARD ELECTRIC, INC. 401(K) PLAN
<b>b</b>	Name of plan sponsor	ANDERSON & HOWARD ELECTRIC, INC.
<b>c</b>	EIN-PN	95-2497870-002
<b>a</b>	Plan name	ARAGRA 401(K) PLAN
<b>b</b>	Name of plan sponsor	ARAGRA TECHNOLOGIES CORPORATION
<b>c</b>	EIN-PN	46-2793780-001
<b>a</b>	Plan name	ARCTURUS HEALTHCARE PLC 401(K) PROFIT SHARING PLAN
<b>b</b>	Name of plan sponsor	ARCTURUS HEALTHCARE PLC
<b>c</b>	EIN-PN	46-2854201-003
<b>a</b>	Plan name	ARPELLINI EXPRESS LINES, INC. AND SUBSIDIARIES PROFIT SHARING PLAN
<b>b</b>	Name of plan sponsor	ARPELLINI EXPRESS LINES, INC.
<b>c</b>	EIN-PN	23-1615254-001
<b>a</b>	Plan name	ARNEL DEVELOPMENT COMPANY SAVINGS INCENTIVE PLAN
<b>b</b>	Name of plan sponsor	ARNEL DEVELOPMENT COMPANY
<b>c</b>	EIN-PN	95-2553658-001
<b>a</b>	Plan name	ARRAY TECH, INC. 401(K) PLAN
<b>b</b>	Name of plan sponsor	ARRAY TECH, INC.
<b>c</b>	EIN-PN	85-0402479-001
<b>a</b>	Plan name	ASCENT RESOURCES MANAGEMENT SERVICES, LLC 401(K) PLAN
<b>b</b>	Name of plan sponsor	ASCENT RESOURCES MANAGEMENT SERVICES, LLC
<b>c</b>	EIN-PN	61-1855879-001
<b>a</b>	Plan name	ASPEN INSURANCE U.S. SERVICES INC. 401(K) PLAN
<b>b</b>	Name of plan sponsor	ASPEN INSURANCE U.S. SERVICES INC.
<b>c</b>	EIN-PN	32-0085193-001
<b>a</b>	Plan name	ASSOCIATION OF FUNDRAISING PRO 401(K) PROFIT SHARING PLAN & TRUST
<b>b</b>	Name of plan sponsor	ASSOCIATION OF FUNDRAISING PRO
<b>c</b>	EIN-PN	13-2590764-002
<b>a</b>	Plan name	ASTRIX TECHNOLOGY, LLC 401(K) PLAN
<b>b</b>	Name of plan sponsor	ASTRIX TECHNOLOGY, LLC
<b>c</b>	EIN-PN	22-3390159-001
<b>a</b>	Plan name	ATACO STEEL PRODUCTS CORPORATION NON UNION401(K) PROFIT SHARING P
<b>b</b>	Name of plan sponsor	ATACO STEEL PRODUCTS CORPORATION
<b>c</b>	EIN-PN	39-0748224-002
<b>a</b>	Plan name	ATLAS TECHNICAL CONSULTANTS 401K PLAN
<b>b</b>	Name of plan sponsor	ATLAS TECHNICAL CONSULTANTS LLC
<b>c</b>	EIN-PN	82-2810953-001

<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	AUTO BUYLINE SYSTEMS, INC. PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	AUTO BUYLINE SYSTEMS, INC.	<b>c</b> EIN-PN 33-0992568-002
<b>a</b>	Plan name	AUTOMEF OPEN MULTIPLE EMPLOYER 401(K) PLAN	
<b>b</b>	Name of plan sponsor	AMI BENEFIT PLAN ADMINISTRATORS, IN	<b>c</b> EIN-PN 34-1781113-002
<b>a</b>	Plan name	AVAAP USA, LLC 401K	
<b>b</b>	Name of plan sponsor	AVAAP USA, LLC	<b>c</b> EIN-PN 26-2647108-001
<b>a</b>	Plan name	AVAILITY, L.L.C. 401(K) RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	AVAILITY, L.L.C.	<b>c</b> EIN-PN 59-3715944-001
<b>a</b>	Plan name	BCM DIRECT, LP 401(K) PLAN	
<b>b</b>	Name of plan sponsor	BCM DIRECT, LP	<b>c</b> EIN-PN 75-3170172-001
<b>a</b>	Plan name	BEGGARS PIZZA RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	MANDY ENTERPRISES INC	<b>c</b> EIN-PN 37-1440863-001
<b>a</b>	Plan name	BELLOTA AGRISOLUTIONS & TOOLS USA	
<b>b</b>	Name of plan sponsor	BELLOTA AGRISOLUTIONS & TOOLS USA LLC 401K	<b>c</b> EIN-PN 75-3267235-001
<b>a</b>	Plan name	BENJAMIN OFFICE SUPPLY, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	BENJAMIN OFFICE SUPPLY, INC.	<b>c</b> EIN-PN 52-1213158-001
<b>a</b>	Plan name	BERNSTEIN MANAGEMENT CORPORATION	
<b>b</b>	Name of plan sponsor	BERNSTEIN MANAGEMENT CORPORATION	<b>c</b> EIN-PN 52-1851812-001
<b>a</b>	Plan name	BERRYMAN TRANSFER & STORAGE CO 401(K) PLAN	
<b>b</b>	Name of plan sponsor	BERRYMAN TRANSFER & STORAGE CO	<b>c</b> EIN-PN 84-3250814-001
<b>a</b>	Plan name	BINGHAM COMPANIES PROFIT SHARING AND 401(K) PLAN	
<b>b</b>	Name of plan sponsor	BINGHAM EQUIPMENT COMPANY	<b>c</b> EIN-PN 86-0139051-001
<b>a</b>	Plan name	BLUE STAR GAS ASSOCIATES 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	GARBERVILLE GAS CORPORATION	<b>c</b> EIN-PN 94-1113690-001

<b>Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>		
<small>(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)</small>		
<b>a</b>	Plan name	BOB BELL AUTOMOTIVE GROUP 401(K) PLAN AND TRUST
<b>b</b>	Name of plan sponsor	BOB BELL AUTOMOTIVE GROUP
<b>c</b>	EIN-PN	52-1707084-001
<b>a</b>	Plan name	BONDY'S AUTOMOTIVE 401(K) RETIREMENT PLAN
<b>b</b>	Name of plan sponsor	BONDYS FORD, INC.
<b>c</b>	EIN-PN	63-0587124-001
<b>a</b>	Plan name	BOWMAN ANDROS PRODUCTS 401(K) PROFIT SHARING PLAN
<b>b</b>	Name of plan sponsor	BOWMAN ANDROS PRODUCTS, LLC
<b>c</b>	EIN-PN	90-0683816-001
<b>a</b>	Plan name	BRASK, INC. 401(K) PLAN
<b>b</b>	Name of plan sponsor	BRASK, INC.
<b>c</b>	EIN-PN	72-1485569-001
<b>a</b>	Plan name	BREMBO NORTH AMERICA, INC. EMPLOYEES' 401(K) RETIREMENT SAVINGS PLAN
<b>b</b>	Name of plan sponsor	BREMBO NORTH AMERICA, INC.
<b>c</b>	EIN-PN	95-4190804-001
<b>a</b>	Plan name	BRIJAY AUTOMOTIVE GROUP INC 401(K) PROFIT SHARING PLAN & TRUST
<b>b</b>	Name of plan sponsor	BRIJAY AUTOMOTIVE GROUP INC
<b>c</b>	EIN-PN	26-2868224-001
<b>a</b>	Plan name	BT U.S. RETIREMENT SAVINGS PLAN 401(K)
<b>b</b>	Name of plan sponsor	BT AMERICAS
<b>c</b>	EIN-PN	20-2458368-002
<b>a</b>	Plan name	BUSCH'S INC. 401(K) PLAN
<b>b</b>	Name of plan sponsor	BUSCHS, INC.
<b>c</b>	EIN-PN	38-2075818-002
<b>a</b>	Plan name	BUTLER BALANCING CO INC 401K
<b>b</b>	Name of plan sponsor	BUTLER BALANCING CO INC 401K
<b>c</b>	EIN-PN	23-2657938-001
<b>a</b>	Plan name	C4 WELDING, INC. 401(K) PLAN & TRUST
<b>b</b>	Name of plan sponsor	C4 WELDING, INC.
<b>c</b>	EIN-PN	46-2006270-001
<b>a</b>	Plan name	CALEDONIA IMPLEMENT COMPANY INC SAFE HARBOR 401(K) PLAN
<b>b</b>	Name of plan sponsor	CALEDONIA IMPLEMENT COMPANY
<b>c</b>	EIN-PN	41-0630941-001
<b>a</b>	Plan name	CARDIOVASCULAR INSTITUTE OF THE SOUTH 401(K) PROFIT SHARING PLAN
<b>b</b>	Name of plan sponsor	CARDIOVASCULAR INSTITUTE OF THE SOUTH
<b>c</b>	EIN-PN	72-0993441-001

<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	CARRIX, INC. RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	CARRIX, INC.	<b>c</b> EIN-PN 91-1653735-002
<b>a</b>	Plan name	CASH PROCESSING SOLUTIONS 401(K)	
<b>b</b>	Name of plan sponsor	CASH PROCESSING SOLUTIONS	<b>c</b> EIN-PN 11-2003579-001
<b>a</b>	Plan name	CATANESE CLASSICS 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	CATANESE CLASSIC SEAFOODS, INC.	<b>c</b> EIN-PN 20-0970134-001
<b>a</b>	Plan name	CENTER FOR DENTAL HEALTH, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	CENTER FOR DENTAL HEALTH, INC.	<b>c</b> EIN-PN 34-1407266-001
<b>a</b>	Plan name	CENTRIC HEALTH 401(K) PLAN	
<b>b</b>	Name of plan sponsor	CENTRIC HEALTH	<b>c</b> EIN-PN 95-3511288-002
<b>a</b>	Plan name	CHICAGO FLUID SYSTEM TECH 401(K) PROFIT SHARING PLAN & TRUST	
<b>b</b>	Name of plan sponsor	CHICAGO FLUID SYSTEM TECH	<b>c</b> EIN-PN 36-4393921-001
<b>a</b>	Plan name	CHIMERA INVESTORS LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	CHIMERA INVESTORS LLC	<b>c</b> EIN-PN 45-5617158-001
<b>a</b>	Plan name	CHINA UNICOM AMERICAS OPERATIONS, LTD 401(K) PROFIT SH	
<b>b</b>	Name of plan sponsor	CHINA UNICOM AMERICAS OPERATIONS	<b>c</b> EIN-PN 72-1562925-001
<b>a</b>	Plan name	CHOATE CONSTRUCTION COMPANY PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	CHOATE CONSTRUCTION COMPANY	<b>c</b> EIN-PN 58-1851823-001
<b>a</b>	Plan name	CHURNZERO 401(K) PLAN	
<b>b</b>	Name of plan sponsor	CHURNZERO, INC	<b>c</b> EIN-PN 47-4149122-001
<b>a</b>	Plan name	CIRCLE M	
<b>b</b>	Name of plan sponsor	CIRCLE M CONTRACTORS, INC.	<b>c</b> EIN-PN 27-3664871-001
<b>a</b>	Plan name	CITY OF HURST 457B DEFERRED COMPENSATION	
<b>b</b>	Name of plan sponsor	CITY OF HURST TX	<b>c</b> EIN-PN 75-6004020-001

<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	CLEARONE ADVANTAGE, LLC	
<b>b</b>	Name of plan sponsor	CLEARONE ADVANTAGE, LLC	<b>c</b> EIN-PN 26-3315163-001
<b>a</b>	Plan name	CLICK BOARDING, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	CLICK BOARDING, LLC	<b>c</b> EIN-PN 46-1355000-001
<b>a</b>	Plan name	CMA CGM (AMERICA) LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	CMA CGM (AMERICA) LLC	<b>c</b> EIN-PN 22-3522528-001
<b>a</b>	Plan name	COLORADO AGRI PRODUCTS, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	COLORADO AGRI PRODUCTS, LLC	<b>c</b> EIN-PN 20-1662760-001
<b>a</b>	Plan name	COMBINED PROPERTIES, INCORPORATED 401(K) PLAN	
<b>b</b>	Name of plan sponsor	COMBINED PROPERTIES, INCORPORATED	<b>c</b> EIN-PN 52-1372133-001
<b>a</b>	Plan name	COMMON CAUSE EDUCATION FUND 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	COMMON CAUSE EDUCATION FUND	<b>c</b> EIN-PN 31-1705370-001
<b>a</b>	Plan name	COMMONWEALTH COMMERCIAL PARTNERS, LLC 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	COMMONWEALTH COMMERCIAL PARTNERS, LLC	<b>c</b> EIN-PN 54-1807301-001
<b>a</b>	Plan name	COMPREHENSIVE ENGINEERING 401(K) RETIREMENT SAVINGS PLAN & TRUST	
<b>b</b>	Name of plan sponsor	COMPREHENSIVE ENGINEERING PC	<b>c</b> EIN-PN 38-3110758-001
<b>a</b>	Plan name	CONNECTICUT HEATING & COOLING CONTRACTORS ASSOCIATION RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	CONNECTICUT HEATING & COOLING CONTRACTORS ASSOCIATION, INC.	<b>c</b> EIN-PN 23-7323973-001
<b>a</b>	Plan name	CONSOLE MATTIACCI LAW, LLC	
<b>b</b>	Name of plan sponsor	CONSOLE MATTIACCI LAW, LLC	<b>c</b> EIN-PN 23-3045452-001
<b>a</b>	Plan name	CONSOLIDATED ENGINEERING LABORATORIES	
<b>b</b>	Name of plan sponsor	CONSOLIDATED ENGINEERING LAB	<b>c</b> EIN-PN 94-2988193-002
<b>a</b>	Plan name	CONSTRUCTION RESOURCES, LLC 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	CONSTRUCTION RESOURCES, LLC	<b>c</b> EIN-PN 06-1174353-001

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>CORELL CONTRACTOR, INC. 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>CORELL CONTRACTOR, INC.</b>	<b>c</b> EIN-PN <b>42-1294898-001</b>
<b>a</b>	Plan name <b>COSETTE PHARMACEUTICALS, INC. 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>COSETTE PHARMACEUTICALS, INC.</b>	<b>c</b> EIN-PN <b>83-2305806-001</b>
<b>a</b>	Plan name <b>COSTAFF 401K PLAN</b>	
<b>b</b>	Name of plan sponsor <b>COSTAFF SERVICES LLC</b>	<b>c</b> EIN-PN <b>38-3546978-002</b>
<b>a</b>	Plan name <b>COUNTERPOINT CONSULTING INC. 401K</b>	
<b>b</b>	Name of plan sponsor <b>COUNTERPOINT CONSULTING INC</b>	<b>c</b> EIN-PN <b>20-5226903-001</b>
<b>a</b>	Plan name <b>COVENANT CARE 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>COVENANT CARE CALIFORNIA, LLC</b>	<b>c</b> EIN-PN <b>33-0631540-001</b>
<b>a</b>	Plan name <b>CPG BEYOND, INC. 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>CPG BEYOND, INC.</b>	<b>c</b> EIN-PN <b>90-0855545-001</b>
<b>a</b>	Plan name <b>CRESCENT CAPITAL GROUP LP 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>CRESCENT CAPITAL GROUP LP</b>	<b>c</b> EIN-PN <b>27-2698206-001</b>
<b>a</b>	Plan name <b>CWS SAVINGS PLAN (401(K))</b>	
<b>b</b>	Name of plan sponsor <b>CWS CAPITAL PARTNERS LLC</b>	<b>c</b> EIN-PN <b>33-0787121-003</b>
<b>a</b>	Plan name <b>D3 SYSTEMS, INC. 401(K) PROFIT SHARING PLAN</b>	
<b>b</b>	Name of plan sponsor <b>D3 SYSTEMS, INC.</b>	<b>c</b> EIN-PN <b>62-1222797-001</b>
<b>a</b>	Plan name <b>DAKOTA SOFTWARE CORPORATION 401(K) PROFIT SHARING PLAN</b>	
<b>b</b>	Name of plan sponsor <b>DAKOTA SOFTWARE CORPORATION</b>	<b>c</b> EIN-PN <b>16-1444228-001</b>
<b>a</b>	Plan name <b>DARAG US SERVICES CO 401K P/S PLAN</b>	
<b>b</b>	Name of plan sponsor <b>DARAG US SERVICE COMPANY</b>	<b>c</b> EIN-PN <b>47-3443751-001</b>
<b>a</b>	Plan name <b>DECISIVEDGE, LLC 401(K) PROFIT SHARING PLAN</b>	
<b>b</b>	Name of plan sponsor <b>DECISIVEDGE, LLC</b>	<b>c</b> EIN-PN <b>26-1440851-001</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 <a href="#">DEV TECHNOLOGY GROUP - 401K P/S PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">DEV TECHNOLOGY GROUP INC</a>	<b>c</b> EIN-PN <a href="#">52-2110007-001</a>
<b>a</b>	Plan name <a href="#">DIAMOND METALS DISTRIBUTION, LLC 401K PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">DIAMOND METALS DISTRIBUTION, LLC</a>	<b>c</b> EIN-PN <a href="#">82-3633397-001</a>
<b>a</b>	Plan name <a href="#">DISTRICT PHOTO, INC. 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">DISTRICT PHOTO, INC.</a>	<b>c</b> EIN-PN <a href="#">52-1191617-001</a>
<b>a</b>	Plan name <a href="#">DIVENTURES HOLDINGS LLC 401(K) PROFIT SHARING PLAN &amp; TRUST</a>	
<b>b</b>	Name of plan sponsor <a href="#">DIVENTURES HOLDINGS LLC</a>	<b>c</b> EIN-PN <a href="#">27-4512503-001</a>
<b>a</b>	Plan name <a href="#">DRT STRATEGIES INC 401K PROFIT SHARING PLAN AND TRUST</a>	
<b>b</b>	Name of plan sponsor <a href="#">DRT STRATEGIES INC</a>	<b>c</b> EIN-PN <a href="#">20-0526356-001</a>
<b>a</b>	Plan name <a href="#">DYNAMIC SERVICE SOLUTIONS 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">DYNAMIC SERVICE SOLUTIONS, LLC</a>	<b>c</b> EIN-PN <a href="#">80-0625178-001</a>
<b>a</b>	Plan name <a href="#">E.S. WAGNER COMPANY PSP AND TRUST</a>	
<b>b</b>	Name of plan sponsor <a href="#">ES WAGNER COMPANY</a>	<b>c</b> EIN-PN <a href="#">34-0907180-002</a>
<b>a</b>	Plan name <a href="#">EAGLE BUILDING COMPANY LLC 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">EAGLE BUILDING COMPANY LLC</a>	<b>c</b> EIN-PN <a href="#">27-3959356-001</a>
<b>a</b>	Plan name <a href="#">EAGLEBANK 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">EAGLEBANK</a>	<b>c</b> EIN-PN <a href="#">52-2099123-001</a>
<b>a</b>	Plan name <a href="#">EASTERSEALS OF SOUTHEASTERN PENNSYLVANIA DEFINED CONTRIBUTION &amp; 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">EASTERSEALS OF SOUTHEASTERN PENNSYLVANIA</a>	<b>c</b> EIN-PN <a href="#">23-1352293-003</a>
<b>a</b>	Plan name <a href="#">EDGE RESEARCH 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">EDGE RESEARCH, INC.</a>	<b>c</b> EIN-PN <a href="#">54-1839444-001</a>
<b>a</b>	Plan name <a href="#">ELIPSIS ENGINEERING &amp; CONSULTING, LLC RETIREMENT PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">ELIPSIS ENGINEERING &amp; CONSULTING, LLC</a>	<b>c</b> EIN-PN <a href="#">26-4284102-001</a>

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 ELITE CASINO RESORTS 401(K) PLAN	
<b>b</b>	Name of plan sponsor ELITE CASINO RESORTS 401(K) PLAN	<b>c</b> EIN-PN 47-3722526-001
<b>a</b>	Plan name EMERGING MARKET SEPARATE ACCOUNT	
<b>b</b>	Name of plan sponsor EMERGING MARKET SEPARATE ACCOUNT	<b>c</b> EIN-PN 46-3943208-001
<b>a</b>	Plan name ENEVATE CORPORATION RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor ENEVATE CORPORATION	<b>c</b> EIN-PN 26-2361179-002
<b>a</b>	Plan name ENNVEE TECHNOGROUP, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor ENNVEE TECHNOGROUP, INC.	<b>c</b> EIN-PN 30-0050677-001
<b>a</b>	Plan name ENSEMBLE RETIREMENT SAVINGS PLAN 401(K)	
<b>b</b>	Name of plan sponsor ENSEMBLE HEALTH PARTNERS HOLDINGS, LLC	<b>c</b> EIN-PN 84-2528019-021
<b>a</b>	Plan name EPAM SYSTEMS INC. 401K PLAN	
<b>b</b>	Name of plan sponsor EPAM SYSTEMS INC	<b>c</b> EIN-PN 22-3536104-001
<b>a</b>	Plan name EVERZINC 401(K)	
<b>b</b>	Name of plan sponsor EVERZINC CORPORATION	<b>c</b> EIN-PN 76-0264925-001
<b>a</b>	Plan name EXPLORER PIPELINE COMPANY RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor EXPLORER PIPELINE COMPANY	<b>c</b> EIN-PN 73-0785982-001
<b>a</b>	Plan name FARWELL PROJECT ADVISORS, LLC 401(K) PS PLAN	
<b>b</b>	Name of plan sponsor FARWELL PROJECT ADVISORS, LLC	<b>c</b> EIN-PN 46-2604294-001
<b>a</b>	Plan name FELLING TRAILERS, INC. 401K PLAN	
<b>b</b>	Name of plan sponsor FELLING TRAILERS INC.	<b>c</b> EIN-PN 41-1329390-001
<b>a</b>	Plan name FLEETWOOD - FIBRE PACKAGING & GRAPHICS, INC. RETIREMENT SAVINGS AND PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor FLEETWOOD - FIBRE PACKAGING & GRAPHICS, INC.	<b>c</b> EIN-PN 82-1709584-002
<b>a</b>	Plan name FORE AERO HOLDINGS SAFE HARBOR 401(K) PLAN	
<b>b</b>	Name of plan sponsor FORE AERO HOLDINGS, LLC	<b>c</b> EIN-PN 81-5122671-001

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 FORT MYER CONSTRUCTION CORPORATION 401(K) PLAN	
<b>b</b>	Name of plan sponsor FORT MYER CONSTRUCTION CORPORATION 401(K) PLAN	<b>c</b> EIN-PN 54-0956585-002
<b>a</b>	Plan name FRAGALE BUILDING CORPORATION 401(K) PROFIT SHARING PLAN & TRUST	
<b>b</b>	Name of plan sponsor FRAGALE BUILDING CORP	<b>c</b> EIN-PN 04-3167292-001
<b>a</b>	Plan name FRANK LIQUOR COMPANY, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor FRANK LIQUOR COMPANY, INC.	<b>c</b> EIN-PN 39-0961308-001
<b>a</b>	Plan name FRANK N. MAGID ASSOCIATES, INC. 401K PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor FRANK N. MAGID ASSOCIATES, INC	<b>c</b> EIN-PN 42-0894975-001
<b>a</b>	Plan name FREE ENTERPRISE COMPANY INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor FREE ENTERPRISE COMPANY, INC.	<b>c</b> EIN-PN 59-2835173-001
<b>a</b>	Plan name FROST, INC. 401(K) PROFIT SHARING RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor FROST, INC.	<b>c</b> EIN-PN 38-1619542-003
<b>a</b>	Plan name FTS 401K PLAN	
<b>b</b>	Name of plan sponsor FEDERAL TECHNOLOGY SYSTEMS LLC	<b>c</b> EIN-PN 45-2880281-001
<b>a</b>	Plan name G&W LABORATORIES INC. RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor G & W LABORATORIES, INC.	<b>c</b> EIN-PN 22-1530141-001
<b>a</b>	Plan name GATEWAY TERMINALS 401(K) PLAN	
<b>b</b>	Name of plan sponsor GATEWAY TERMINALS LLC	<b>c</b> EIN-PN 58-2179291-001
<b>a</b>	Plan name GBS EMPLOYEE 401K	
<b>b</b>	Name of plan sponsor GENERAL BUSINESS SERVICES, INC	<b>c</b> EIN-PN 92-1118773-002
<b>a</b>	Plan name GEOFORCE INC. 401K PLAN	
<b>b</b>	Name of plan sponsor GEOFORCE INC	<b>c</b> EIN-PN 20-8211736-001
<b>a</b>	Plan name GERBER CIANO KELLY BRADY LLP 401(K) PLAN	
<b>b</b>	Name of plan sponsor GERBER CIANO KELLY BRADY LLP	<b>c</b> EIN-PN 82-3488440-001

<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	GLICK JCC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	JEWISH COMMUNITY CENTER ASSOCIATION	<b>c</b> EIN-PN 23-7099138-001
<b>a</b>	Plan name	GOLDEN ALUMINUM, INC. 401(K) SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	GOLDEN ALUMINUM, INC.	<b>c</b> EIN-PN 76-0589072-001
<b>a</b>	Plan name	GOLDEN RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	TRG FIDUCIARY SERVICES LLC	<b>c</b> EIN-PN 87-2825570-010
<b>a</b>	Plan name	GPD GROUP 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	GLAUS, PYLE, SCHOMER, BURNS & DEHAVEN, INC.	<b>c</b> EIN-PN 34-1134715-003
<b>a</b>	Plan name	GRAY REED CASH BALANCE PLAN	
<b>b</b>	Name of plan sponsor	GRAY REED & MCGRAW LLP	<b>c</b> EIN-PN 81-4045088-003
<b>a</b>	Plan name	GREENBELT HOMES INC. 401K PROFIT SHARING	
<b>b</b>	Name of plan sponsor	GREENBELT HOMES INC	<b>c</b> EIN-PN 52-0625535-001
<b>a</b>	Plan name	GRITTER-FRANCONA 401(K) PLAN	
<b>b</b>	Name of plan sponsor	GRITTER-FRANCONA, INC.	<b>c</b> EIN-PN 46-1814879-001
<b>a</b>	Plan name	GROUP PLAN SYSTEMS PEP WITH JULY	
<b>b</b>	Name of plan sponsor	GROUP PLAN SYSTEMS LLC	<b>c</b> EIN-PN 88-3548471-001
<b>a</b>	Plan name	GULF WINDS CREDIT UNION DEFINED BENEFIT PLAN AND TRUST	
<b>b</b>	Name of plan sponsor	GULF WINDS CREDIT UNION	<b>c</b> EIN-PN 59-6143861-001
<b>a</b>	Plan name	H2OCEAN, INC. DEFINED BENEFIT PENSION PLAN AND TRUST AGREEMENT	
<b>b</b>	Name of plan sponsor	H2OCEAN, LLC	<b>c</b> EIN-PN 01-0605608-001
<b>a</b>	Plan name	HANCOCK WHITNEY CORPORATION 401(K) SAVINGS PLAN AND TRUST	
<b>b</b>	Name of plan sponsor	HANCOCK WHITNEY CORPORATION	<b>c</b> EIN-PN 64-0693170-003
<b>a</b>	Plan name	HANSEN THORP PELLINEN OLSON INC 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	HANSEN THORP PELLINEN OLSON, INC.	<b>c</b> EIN-PN 41-1387509-001

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 <a href="#">HASTINGS WATER WORKS, INC. 401K RETIREMENT PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">HASTINGS WATER WORKS, INC.</a>	<b>c</b> EIN-PN <a href="#">34-1712822-001</a>
<b>a</b>	Plan name <a href="#">HAUSBECK PICKLE COMPANY 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">HAUSBECK PICKLE COMPANY</a>	<b>c</b> EIN-PN <a href="#">38-1707913-001</a>
<b>a</b>	Plan name <a href="#">HEALTHPEAK PROPERTIES, INC.401(K) RETIREMENT PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">HEALTHPEAK PROPERTIES, INC.</a>	<b>c</b> EIN-PN <a href="#">33-0091377-001</a>
<b>a</b>	Plan name <a href="#">HEALTHSMART MANAGEMENT SERVICES ORGANIZATIONS, INC. 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">HEALTHSMART MGMT SERVICES ORGANIZATIONS INC</a>	<b>c</b> EIN-PN <a href="#">93-1209030-001</a>
<b>a</b>	Plan name <a href="#">HEARTLAND SECURITY INSURANCE GROUP ESOP PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">HEARTLAND SECURITY INSURANCE GROUP</a>	<b>c</b> EIN-PN <a href="#">75-2960792-001</a>
<b>a</b>	Plan name <a href="#">HENDERSON BROTHERS, INC. PROFIT SHARING PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">HENDERSON BROTHERS, INC.</a>	<b>c</b> EIN-PN <a href="#">25-0543730-001</a>
<b>a</b>	Plan name <a href="#">HERDT CONSULTING, INC. 401(K) PROFIT SHARING PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">HERDT CONSULTING, INC.</a>	<b>c</b> EIN-PN <a href="#">04-3694474-001</a>
<b>a</b>	Plan name <a href="#">HOOSIER HEARTLAND STATE BANCORP EMPLOYEE STOCK OWNERSHIP AND SAVINGS PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">HOOSIER HEARTLAND STATE BANCORP</a>	<b>c</b> EIN-PN <a href="#">26-3820781-002</a>
<b>a</b>	Plan name <a href="#">HORNING MANAGEMENT COMPANY, LLC PROFIT SHARING PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">HORNING MANAGEMENT COMPANY, LLC</a>	<b>c</b> EIN-PN <a href="#">27-1413972-002</a>
<b>a</b>	Plan name <a href="#">HORROCKS ENGINEERS 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">HORROCKS ENGINEERS, INC.</a>	<b>c</b> EIN-PN <a href="#">87-0296502-001</a>
<b>a</b>	Plan name <a href="#">HOSPITALIST SERVICES OF ALABAMA RETIREMENT SAVINGS PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">HOSPITALIST SERVICES OF ALABAMA, LLC</a>	<b>c</b> EIN-PN <a href="#">46-4167313-001</a>
<b>a</b>	Plan name <a href="#">HP-UOV 401(K) RETIREMENT PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">THE HEALTH PLAN OF WEST VIRGINIA, INC.</a>	<b>c</b> EIN-PN <a href="#">55-0585592-002</a>

<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	HPC, LLC	
<b>b</b> Name of plan sponsor	HPC, LLC	<b>c</b> EIN-PN 42-1449124-001
<b>a</b> Plan name	HUMAN TOUCH HEALTH CARE SERVICES LLC	
<b>b</b> Name of plan sponsor	HUMAN TOUCH HEALTH CARE SERVICES LLC	<b>c</b> EIN-PN 45-0898969-001
<b>a</b> Plan name	HUTCHINSON CLINIC, P.A. EMPLOYEES' 401K PROFIT SHARING PLAN AND TRUST	
<b>b</b> Name of plan sponsor	HUTCHINSON CLINIC, P.A.	<b>c</b> EIN-PN 48-0734011-002
<b>a</b> Plan name	IBA USA 401K PLAN	
<b>b</b> Name of plan sponsor	IBA USA, INC.	<b>c</b> EIN-PN 90-1072480-001
<b>a</b> Plan name	IGH SERVICES INC. 401K PLAN	
<b>b</b> Name of plan sponsor	IGH SERVICES INC	<b>c</b> EIN-PN 93-4463527-001
<b>a</b> Plan name	ILS INTERNATIONAL LAUNCH SERVICES INC.	
<b>b</b> Name of plan sponsor	ILS INTERNATIONAL LAUNCH SERVICES INC	<b>c</b> EIN-PN 77-0346405-001
<b>a</b> Plan name	IMP 401(K) PLAN	
<b>b</b> Name of plan sponsor	INTERNAL MEDICINE PARTNERS, LLC	<b>c</b> EIN-PN 81-4987524-001
<b>a</b> Plan name	IMPROVE HEALTH 401(K) PLAN	
<b>b</b> Name of plan sponsor	MICHIGAN PEER REVIEW ORGANIZATION	<b>c</b> EIN-PN 38-2536610-001
<b>a</b> Plan name	IN MOTION DESIGN INC. 401(K) PROFIT SHARING PLAN	
<b>b</b> Name of plan sponsor	IN MOTION DESIGN INC.	<b>c</b> EIN-PN 83-0468639-001
<b>a</b> Plan name	INDUSTRIAL COMMERCIAL PROPERTIES, LLC 401(K) PLAN	
<b>b</b> Name of plan sponsor	INDUSTRIAL COMMERCIAL PROPERTIES, LLC	<b>c</b> EIN-PN 46-4482861-001
<b>a</b> Plan name	INFORMATION SYSTEMS & NETWORKS 401(K) PLAN	
<b>b</b> Name of plan sponsor	INFORMATION SYSTEMS & NETWORKS CORPORATION	<b>c</b> EIN-PN 52-1191165-004
<b>a</b> Plan name	INSTITUTE FOR IN VITRO SCIENCES 401K PS PLAN	
<b>b</b> Name of plan sponsor	INSTITUTE FOR IN VITRO SCIENCES INC	<b>c</b> EIN-PN 52-2029668-001

<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	INTEGRATED FINANCIAL SETTLEMENTS, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	INTEGRATED FINANCIAL SETTLEMENTS, INC.	<b>c</b> EIN-PN 20-4029426-001
<b>a</b>	Plan name	INTEGRICHAIN, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	INTEGRICHAIN, INC.	<b>c</b> EIN-PN 54-2187446-001
<b>a</b>	Plan name	INTELLISENSE SYSTEMS, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	INTELLISENSE SYSTEMS, INC.	<b>c</b> EIN-PN 82-3054429-001
<b>a</b>	Plan name	IPC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	IPC SYSTEMS, INC.	<b>c</b> EIN-PN 30-0383566-001
<b>a</b>	Plan name	IT COALITION 401(K) PLAN - US EMPLOYEES	
<b>b</b>	Name of plan sponsor	INFORMATION TECHNOLOGY COALITION, INC.	<b>c</b> EIN-PN 20-5581516-003
<b>a</b>	Plan name	IVANHOE ELECTRIC, INC.	
<b>b</b>	Name of plan sponsor	STEPHANI TERHORST	<b>c</b> EIN-PN 32-0633823-007
<b>a</b>	Plan name	J-BERD MECHANICAL CONTRACTORS, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	J-BERD MECHANICAL CONTRACTORS, INC.	<b>c</b> EIN-PN 41-1716695-001
<b>a</b>	Plan name	J.E. FULLER/HYDROLOGY AND GEOMORPHOLOGY, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	J.E. FULLER/HYDROLOGY AND GEOMORPHOLOGY, INC.	<b>c</b> EIN-PN 86-0785301-002
<b>a</b>	Plan name	JET LINX AVIATION, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	JET LINX AVIATION, LLC	<b>c</b> EIN-PN 26-3984455-001
<b>a</b>	Plan name	JEWISH COMMUNITY ALLIANCE RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	JEWISH COMMUNITY ALLIANCE	<b>c</b> EIN-PN 59-2620208-001
<b>a</b>	Plan name	JFC ADVISOR NETWORK, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	JFC ADVISOR NETWORK, INC.	<b>c</b> EIN-PN 46-5584049-001
<b>a</b>	Plan name	JSW STEEL USA INC 401K PROFIT SHARING PLAN & TRUST	
<b>b</b>	Name of plan sponsor	JSW STEEL USA INC	<b>c</b> EIN-PN 61-1539103-001

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	JSW STEEL USA OHIO, INC. 401(K) PLAN	
<b>b</b> Name of plan sponsor	JSW STEEL USA OHIO, INC.	<b>c</b> EIN-PN 81-3308222-001
<b>a</b> Plan name	KA PO'E HANA LLC 401(K) PLAN	
<b>b</b> Name of plan sponsor	KA POE HANA LLC	<b>c</b> EIN-PN 31-1674666-001
<b>a</b> Plan name	KAISER ASSOCIATES, INC. 401(K) SAVINGS PLAN	
<b>b</b> Name of plan sponsor	KAISER ASSOCIATES, INC.	<b>c</b> EIN-PN 22-2428419-001
<b>a</b> Plan name	KBA, INC. 401(K) AND PROFIT SHARING PLAN	
<b>b</b> Name of plan sponsor	KBA, INC. 401(K) AND PROFIT SHARING PLAN	<b>c</b> EIN-PN 91-1581416-001
<b>a</b> Plan name	KEYTH SECURITY SYSTEMS 401(K) SAVINGS PLAN	
<b>b</b> Name of plan sponsor	KEYTH SECURITY SYSTEMS, INC.	<b>c</b> EIN-PN 36-3694248-001
<b>a</b> Plan name	KIRBY ELECTRIC, INC. 401(K) PROFIT SHARINGPLAN	
<b>b</b> Name of plan sponsor	KIRBY ELECTRIC, INC.	<b>c</b> EIN-PN 25-1057177-001
<b>a</b> Plan name	KISCO SENIOR LIVING, LLC EMPLOYEE SAVINGS AND PROFIT SHARING PLAN	
<b>b</b> Name of plan sponsor	KISCO SENIOR LIVING, LLC	<b>c</b> EIN-PN 13-3924314-001
<b>a</b> Plan name	KLAROS ADVISORS 401K PLAN	
<b>b</b> Name of plan sponsor	KLAROS ADVISORS LLC	<b>c</b> EIN-PN 84-2428473-001
<b>a</b> Plan name	KNIGHT TRANSFER SERVICES INC 401K	
<b>b</b> Name of plan sponsor	KNIGHT TRANSFER SERVICES INC	<b>c</b> EIN-PN 38-3278095-001
<b>a</b> Plan name	KNIGHTED VENTURES, LLC 401(K) RETIREMENT SAVINGS PLAN	
<b>b</b> Name of plan sponsor	KNIGHTED VENTURES, LLC	<b>c</b> EIN-PN 45-4477245-001
<b>a</b> Plan name	KOTTLER METAL PRODUCTS LLC	
<b>b</b> Name of plan sponsor	WEBB HARRINGTON	<b>c</b> EIN-PN 99-2134690-007
<b>a</b> Plan name	KREISCHER MILLER CAPITAL ACCUMULATION PLAN	
<b>b</b> Name of plan sponsor	KREISCHER MILLER	<b>c</b> EIN-PN 23-1980475-001

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 <a href="#">KRYSTAL BIOTECH, INC. 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">KRYSTAL BIOTECH, INC.</a>	<b>c</b> EIN-PN <a href="#">82-1080209-002</a>
<b>a</b>	Plan name <a href="#">KSL ASSOCIATE GROUP 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">KSL ASSOCIATE GROUP, INC.</a>	<b>c</b> EIN-PN <a href="#">33-0894084-001</a>
<b>a</b>	Plan name <a href="#">LAKELAND INDUSTRIES, INC. 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">LAKELAND INDUSTRIES, INC.</a>	<b>c</b> EIN-PN <a href="#">13-3115216-001</a>
<b>a</b>	Plan name <a href="#">LAKESIDE SURFACES, INC.</a>	
<b>b</b>	Name of plan sponsor <a href="#">LAKESIDE SURFACES, INC.</a>	<b>c</b> EIN-PN <a href="#">38-2594873-001</a>
<b>a</b>	Plan name <a href="#">LANCASTER COLONY CORPORATION MASTER PENSION TRUST</a>	
<b>b</b>	Name of plan sponsor <a href="#">CHARLES SCHWAB TRUST BANK TRUSTEE OF LANCASTER COLONY CORPORATION</a>	<b>c</b> EIN-PN <a href="#">82-3967259-001</a>
<b>a</b>	Plan name <a href="#">LASERSHIP 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">LASERSHIP, INC.</a>	<b>c</b> EIN-PN <a href="#">54-2015092-001</a>
<b>a</b>	Plan name <a href="#">LATIN AMERICAN YOUTH CENTER 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">LATIN AMERICAN YOUTH CENTER, INC</a>	<b>c</b> EIN-PN <a href="#">52-1023074-001</a>
<b>a</b>	Plan name <a href="#">LATITUDE 36 FOODS LLC 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">LATITUDE 36 FOODS LLC</a>	<b>c</b> EIN-PN <a href="#">35-2594469-001</a>
<b>a</b>	Plan name <a href="#">LAWRY'S RESTAURANT, INC. PROFIT SHARING AND 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">LAWRYS RESTAURANT, INC.</a>	<b>c</b> EIN-PN <a href="#">95-0925915-001</a>
<b>a</b>	Plan name <a href="#">LAZY DOG 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">LAZY DOG RESTAURANTS, LLC</a>	<b>c</b> EIN-PN <a href="#">46-1351268-001</a>
<b>a</b>	Plan name <a href="#">LEASE MANAGEMENT, INC 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">LEASE MANAGEMENT, INC.</a>	<b>c</b> EIN-PN <a href="#">38-1613283-001</a>
<b>a</b>	Plan name <a href="#">LEMIEUX AND ASSOCIATES 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">LEMIEUX &amp; ASSOCIATES, LLC</a>	<b>c</b> EIN-PN <a href="#">41-2150398-001</a>

<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	LIBRARY ASSOCIATES, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	LIBRARY ASSOCIATES LLC	<b>c</b> EIN-PN 81-0799369-001
<b>a</b>	Plan name	LIDL US, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	LIDL US, LLC	<b>c</b> EIN-PN 68-0683460-001
<b>a</b>	Plan name	LIEBERT CASSIDY WHITMORE PROFIT SHARING/401K PLAN AND TRUST	
<b>b</b>	Name of plan sponsor	LIEBERT CASSIDY WHITMORE	<b>c</b> EIN-PN 95-3658973-002
<b>a</b>	Plan name	LIQUIDITY SERVICES, INC. 401K PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	LIQUIDITY SERVICES, INC.	<b>c</b> EIN-PN 52-2209244-001
<b>a</b>	Plan name	LK METROLOGY, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	LK METROLOGY, INC.	<b>c</b> EIN-PN 82-4364373-001
<b>a</b>	Plan name	LLI HOLDINGS INC 401K PLAN	
<b>b</b>	Name of plan sponsor	LLI HOLDINGS INC	<b>c</b> EIN-PN 83-3829690-001
<b>a</b>	Plan name	LOGIC PD, INC. DBA BEACON EMBEDDEDWORKS 401(K) PLAN	
<b>b</b>	Name of plan sponsor	LOGIC PD, INC. DBA BEACON EMBEDDEDWORKS	<b>c</b> EIN-PN 41-1424025-002
<b>a</b>	Plan name	LOGICMARK 401(K) PLAN	
<b>b</b>	Name of plan sponsor	LOGICMARK, INC.	<b>c</b> EIN-PN 46-0678374-001
<b>a</b>	Plan name	LORI L. REITMAN, MD, LLC 401(K) PSP	
<b>b</b>	Name of plan sponsor	LORI L. REITMAN, MD, LLC	<b>c</b> EIN-PN 47-2145816-001
<b>a</b>	Plan name	LOS ANGELES POLICE FEDERAL CREDIT UNION EMPLOYEE RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	LOS ANGELES POLICE FEDERAL CREDIT UNION	<b>c</b> EIN-PN 95-1683316-002
<b>a</b>	Plan name	LOTAME SOLUTIONS, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	LOTAME SOLUTIONS, INC.	<b>c</b> EIN-PN 26-1918422-001
<b>a</b>	Plan name	LUBELL & ROSEN LLC	
<b>b</b>	Name of plan sponsor	LUBELL AND ROSEN LLC	<b>c</b> EIN-PN 65-1014713-001

<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	LUXE BRANDS
<b>b</b>	Name of plan sponsor	LUXE BRANDS COLLECTIVE, INC
<b>c</b>	EIN-PN	86-2784427-002
<b>a</b>	Plan name	MACRO SOLUTIONS 401(K) PLAN
<b>b</b>	Name of plan sponsor	MSOL, INC. DBA MACRO SOLUTIONS, INC.
<b>c</b>	EIN-PN	36-4480652-001
<b>a</b>	Plan name	MAGNOLIA PLUMBING EMPLOYEE 401(K) & PROFIT SHARING PLAN
<b>b</b>	Name of plan sponsor	JOSEPH J. MAGNOLIA, INC.
<b>c</b>	EIN-PN	53-0235163-003
<b>a</b>	Plan name	MAGNOLIA STAFFING SOLUTIONS, INC. RETIREMENT PLAN
<b>b</b>	Name of plan sponsor	MAGNOLIA STAFFING SOLUTIONS, INC.
<b>c</b>	EIN-PN	81-3207762-002
<b>a</b>	Plan name	MALLARD CREEK POLYMERS, LLC EES SAVINGS PLAN
<b>b</b>	Name of plan sponsor	MALLARD CREEK POLYMERS, LLC
<b>c</b>	EIN-PN	76-0455769-001
<b>a</b>	Plan name	MANCINI SLEEP WORLD, INC. 401(K) PLAN
<b>b</b>	Name of plan sponsor	MANCINI SLEEP WORLD, INC.
<b>c</b>	EIN-PN	94-2897795-001
<b>a</b>	Plan name	MARTIN BAUER, INC. 401(K) PROFIT SHARING PLAN
<b>b</b>	Name of plan sponsor	MARTIN BAUER, INC.
<b>c</b>	EIN-PN	33-0892779-001
<b>a</b>	Plan name	MASON DIXON DISTILLERY 401(K) PLAN
<b>b</b>	Name of plan sponsor	CENTRAL PENN DISTILLING, INC.
<b>c</b>	EIN-PN	46-3098380-001
<b>a</b>	Plan name	MATTRESS FIRM, INC. 401(K) PLAN
<b>b</b>	Name of plan sponsor	MATTRESS FIRM, INC.
<b>c</b>	EIN-PN	76-0596008-001
<b>a</b>	Plan name	MAXLINEAR, INC. 401(K) PROFIT SHARING PLAN
<b>b</b>	Name of plan sponsor	MAXLINEAR, INC.
<b>c</b>	EIN-PN	14-1896129-001
<b>a</b>	Plan name	MCCOY GROUP, INC. 401(K) PROFIT SHARING PLAN
<b>b</b>	Name of plan sponsor	MCCOY GROUP, INC.
<b>c</b>	EIN-PN	39-1428371-001
<b>a</b>	Plan name	MCGEE COMPANY 401(K) PROFIT SHARING PLAN
<b>b</b>	Name of plan sponsor	MCGEE COMPANY
<b>c</b>	EIN-PN	84-0457707-001

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 MCGOWAN & COMPANY, INC. EMPLOYEES' 401(K) PLAN	
<b>b</b>	Name of plan sponsor MCGOWAN & COMPANY, INC.	<b>c</b> EIN-PN 34-0841381-001
<b>a</b>	Plan name MCI, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor MCI, INC.	<b>c</b> EIN-PN 41-1277029-001
<b>a</b>	Plan name MCPC HOLDINGS, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor MCPC HOLDINGS, INC.	<b>c</b> EIN-PN 32-0012228-001
<b>a</b>	Plan name MESABA ANIMAL HOSPITAL 401(K) & PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor MESABA ANIMAL HOSPITAL	<b>c</b> EIN-PN 27-1383461-001
<b>a</b>	Plan name METAL LINE FABRICATION 401(K) PLAN	
<b>b</b>	Name of plan sponsor METAL LINE FABRICATION, INC.	<b>c</b> EIN-PN 87-0535072-001
<b>a</b>	Plan name METROSTAR SYSTEMS 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor METROSTAR SYSTEMS, LLC	<b>c</b> EIN-PN 54-1954547-001
<b>a</b>	Plan name MICROSTRATEGY 401(K) SAVINGS PLAN	
<b>b</b>	Name of plan sponsor MICROSTRATEGY	<b>c</b> EIN-PN 51-0323571-001
<b>a</b>	Plan name MIDWEST CARDIOVASCULAR INSTITUTE 401(K)PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor MIDWEST CARDIOVASCULAR INSTITUTE, S.C.	<b>c</b> EIN-PN 86-1664195-001
<b>a</b>	Plan name MIDWEST CONTRACT OPERATIONS, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor MIDWEST CONTRACT OPERATIONS, INC.	<b>c</b> EIN-PN 39-1601232-001
<b>a</b>	Plan name MIG 401(K) PLAN	
<b>b</b>	Name of plan sponsor MOORE IACOFANO GOLTSMAN, INC	<b>c</b> EIN-PN 94-3116998-001
<b>a</b>	Plan name MINNESOTA TRUCK HEADQUARTERS 401(K) PLAN	
<b>b</b>	Name of plan sponsor ST. CLOUD AUTO SALES.COM LLC	<b>c</b> EIN-PN 26-3548274-001
<b>a</b>	Plan name MOHAWK GLOBAL LOGISTICS 401(K) PLAN	
<b>b</b>	Name of plan sponsor MOHAWK GLOBAL LOGISTICS	<b>c</b> EIN-PN 16-1444116-001

<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	MONTANTE COMPANIES 401(K) PLAN	
<b>b</b>	Name of plan sponsor	MONTANTE COMPANIES LLC	<b>c</b> EIN-PN 82-3445159-001
<b>a</b>	Plan name	MORGAN PROPERTIES 401(K) PLAN	
<b>b</b>	Name of plan sponsor	MORGAN PROPERTIES PAYROLL SVCS	<b>c</b> EIN-PN 23-2852119-001
<b>a</b>	Plan name	MOTOR CITY WASH WORKS, INC. 401( K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	MOTOR CITY WASH WORKS, INC.	<b>c</b> EIN-PN 74-3103694-001
<b>a</b>	Plan name	MR. APPLIANCE NOCO 401(K) PLAN	
<b>b</b>	Name of plan sponsor	NOCO APPLIANCE SERVICE, INC.	<b>c</b> EIN-PN 45-2656369-001
<b>a</b>	Plan name	MUNDET INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	MUNDET INC.	<b>c</b> EIN-PN 54-1397696-009
<b>a</b>	Plan name	MUNSCH HARDT KOPF & HARR, P.C. PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	MUNSCH HARDT KOPF & HARR, P.C.	<b>c</b> EIN-PN 75-2096964-001
<b>a</b>	Plan name	NANOTRONICS IMAGING, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	NANOTRONICS IMAGING, INC.	<b>c</b> EIN-PN 80-0966847-001
<b>a</b>	Plan name	NATIONAL CONSUMER COOPERATIVE BANK RETIREMENT AND 401(K) PLAN	
<b>b</b>	Name of plan sponsor	NATIONAL CONSUMER COOPERATIVE BANK	<b>c</b> EIN-PN 52-1157795-001
<b>a</b>	Plan name	NATIONAL EXPERIENCED WORKFORCE, SOLUTIONS INC. 401K PLAN	
<b>b</b>	Name of plan sponsor	NATIONAL EXPERIENCED WORKFORCE S	<b>c</b> EIN-PN 52-2003078-001
<b>a</b>	Plan name	NATIONAL ORGANIZATION FOR VICTIM ASSISTANCE 401(K) PROFIT SHARING	
<b>b</b>	Name of plan sponsor	NATIONAL ORGANIZATION FOR VICTIM	<b>c</b> EIN-PN 59-1669254-001
<b>a</b>	Plan name	NATIONWIDE SEPARATE ACCOUNT	
<b>b</b>	Name of plan sponsor	NATIONWIDE TRUST COMPANY	<b>c</b> EIN-PN 31-1592130-001
<b>a</b>	Plan name	NBS GOVERNMENT FINANCE GROUP 401(K) PLAN	
<b>b</b>	Name of plan sponsor	NBS GOVERNMENT FINANCE GROUP	<b>c</b> EIN-PN 33-0712512-001

<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	NEW MEXICO ORTHOPAEDIC ASSOCIATES, PC 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	NEW MEXICO ORTHOPAEDIC ASSOCIATES, P.C.	<b>c</b> EIN-PN 85-0291612-002
<b>a</b>	Plan name	NEXCERIS LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	NEXCERIS LLC	<b>c</b> EIN-PN 31-1441978-001
<b>a</b>	Plan name	NEXION HEALTH, INC. 401K PLAN AND TRUST	
<b>b</b>	Name of plan sponsor	NEXION HEALTH, INC.	<b>c</b> EIN-PN 52-2238971-001
<b>a</b>	Plan name	NIKON METROLOGY, INC. SAVINGS AND INVESTMENT PLAN	
<b>b</b>	Name of plan sponsor	NIKON METROLOGY, INC.	<b>c</b> EIN-PN 38-3436164-001
<b>a</b>	Plan name	NJI MEDIA 401(K)	
<b>b</b>	Name of plan sponsor	NJI MEDIA, LLC	<b>c</b> EIN-PN 27-1521289-001
<b>a</b>	Plan name	NORTECH MONAGHAN MEDICAL EMPLOYEE	
<b>b</b>	Name of plan sponsor	NORTECH MONAGHAN MEDICAL	<b>c</b> EIN-PN 14-1552699-001
<b>a</b>	Plan name	NORTHEAST ENTREPRENEUR FUND, INC. 401K	
<b>b</b>	Name of plan sponsor	NORTHEAST ENTREPRENEUR FUND, INC.	<b>c</b> EIN-PN 36-3566632-002
<b>a</b>	Plan name	NORTHERN MICHIGAN 401(K) PLAN	
<b>b</b>	Name of plan sponsor	NORTHERN MICHIGAN REHABILITATION SERVICES, INC.	<b>c</b> EIN-PN 38-2736802-001
<b>a</b>	Plan name	NORWOOD MANAGEMENT, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	NORWOOD MANAGEMENT, INC.	<b>c</b> EIN-PN 76-0180698-001
<b>a</b>	Plan name	OHIGRO INC 401(K) PROFIT SHARING PLAN & TRUST	
<b>b</b>	Name of plan sponsor	OHIGRO INC	<b>c</b> EIN-PN 31-0718350-002
<b>a</b>	Plan name	OMEGA TREATING CHEMICALS INC. 401K PLAN	
<b>b</b>	Name of plan sponsor	OMEGA TREATING CHEMICALS INC	<b>c</b> EIN-PN 75-1511678-001
<b>a</b>	Plan name	ON AIR SALES	
<b>b</b>	Name of plan sponsor	ON AIR SALES & MARKETING LLC	<b>c</b> EIN-PN 23-3032588-002

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
<b>a</b>	Plan name ONE CARE PEDIATRIC DENTAL 401(K) PLAN	
<b>b</b>	Name of plan sponsor ACPDO MANAGEMENT, INC. DBA ONE C	<b>c</b> EIN-PN 84-4623222-001
<b>a</b>	Plan name P. J. FITZPATRICK, LLC 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor P. J. FITZPATRICK, LLC	<b>c</b> EIN-PN 27-0172384-001
<b>a</b>	Plan name PAISLEYHR 401K PLAN	
<b>b</b>	Name of plan sponsor FINGERCHECK PEO LLC DBA PAISLEYHR	<b>c</b> EIN-PN 92-1788164-001
<b>a</b>	Plan name PAKSN, INC. 401(K) PROFIT SHARING PLAN & TRUST	
<b>b</b>	Name of plan sponsor PAKSN, INC.	<b>c</b> EIN-PN 46-0467823-002
<b>a</b>	Plan name PALLADIUM GROUP GLOBAL 401(K) PLAN	
<b>b</b>	Name of plan sponsor PALLADIUM GROUP GLOBAL LLC	<b>c</b> EIN-PN 27-1357362-001
<b>a</b>	Plan name PALMER BROTHERS PAINTING CONTRACTORS, INC. 401(K) PROFIT	
<b>b</b>	Name of plan sponsor PALMER BROTHERS PAINTING CONTRAC	<b>c</b> EIN-PN 52-1265697-002
<b>a</b>	Plan name PARK ENERGY SERVICES, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor PARK ENERGY SERVICES, LLC	<b>c</b> EIN-PN 46-4526296-333
<b>a</b>	Plan name PARS NEUROSURGICAL ASSOCIATES, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor PARS NEUROSURGICAL ASSOCIATES, INC.	<b>c</b> EIN-PN 20-0408843-001
<b>a</b>	Plan name PAVE AMERICA 401K PLAN	
<b>b</b>	Name of plan sponsor PAVE AMERICA INTERCO LLC	<b>c</b> EIN-PN 87-1034990-001
<b>a</b>	Plan name PEACE RIVER CITRUS PRODUCTS, INC. 401(K) PROFIT SHARING PLAN & TRUST	
<b>b</b>	Name of plan sponsor PEACE RIVER CITRUS PRODUCTS, INC.	<b>c</b> EIN-PN 65-0262599-001
<b>a</b>	Plan name PEDDLER'S VILLAGE RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor PEDDLERS VILLAGE ADMINISTRATION	<b>c</b> EIN-PN 82-3380339-001
<b>a</b>	Plan name PEDIATRIC SPECIALISTS OF VIRGINIA 401(K) PLAN	
<b>b</b>	Name of plan sponsor PEDIATRIC SPECIALISTS OF VIRGINIA, LLC	<b>c</b> EIN-PN 46-1851763-001

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>PEMBER COMPANIES, INC. RETIREMENT SAVINGS PLAN</b>	
<b>b</b>	Name of plan sponsor <b>PEMBER COMPANIES, INC.</b>	<b>c</b> EIN-PN <b>39-1216720-001</b>
<b>a</b>	Plan name <b>PENN ELCOM, INC 401(K) PROFIT SHARING PLAN</b>	
<b>b</b>	Name of plan sponsor <b>PENN ELCOM, INC</b>	<b>c</b> EIN-PN <b>33-0568334-001</b>
<b>a</b>	Plan name <b>PENNS WOODS BANCORP, INC. 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>PENNS WOODS BANCORP, INC.</b>	<b>c</b> EIN-PN <b>23-2226454-001</b>
<b>a</b>	Plan name <b>PENTAGON FEDERAL CREDIT UNION FORT BUCHANAN RETIREMENT PLAN</b>	
<b>b</b>	Name of plan sponsor <b>PENTAGON FEDERAL CREDIT UNION</b>	<b>c</b> EIN-PN <b>66-0206119-001</b>
<b>a</b>	Plan name <b>PENTAGON FEDERAL CREDIT UNION THRIFT SAVINGS PLAN</b>	
<b>b</b>	Name of plan sponsor <b>PENTAGON FEDERAL CREDIT UNION</b>	<b>c</b> EIN-PN <b>53-0197038-002</b>
<b>a</b>	Plan name <b>PHONE2ACTION, INC. 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>PHONE2ACTION, INC.</b>	<b>c</b> EIN-PN <b>46-1004639-001</b>
<b>a</b>	Plan name <b>PIP 401(K) RETIREMENT PLAN</b>	
<b>b</b>	Name of plan sponsor <b>PROTECTIVE INDUSTRIAL PRODUCTS, INC.</b>	<b>c</b> EIN-PN <b>14-1659264-001</b>
<b>a</b>	Plan name <b>PLANNED PARENTHOOD/ORANGE AND SAN BERNARDINO COUNTIES, INC. RETIREMENT PLAN</b>	
<b>b</b>	Name of plan sponsor <b>PLANNED PARENTHOOD/ORANGE AND SAN BERNARDINO COUNTIES, INC.</b>	<b>c</b> EIN-PN <b>95-6152773-001</b>
<b>a</b>	Plan name <b>PME, INC. 401(K) PROFIT SHARING PLAN</b>	
<b>b</b>	Name of plan sponsor <b>PRECISION MANUFACTURING &amp; ENGINEERING, INC.</b>	<b>c</b> EIN-PN <b>23-2228711-001</b>
<b>a</b>	Plan name <b>PMHG 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>PM HOSPITALITY STRATEGIES, INC.</b>	<b>c</b> EIN-PN <b>54-1811207-001</b>
<b>a</b>	Plan name <b>PODICARE SERVICES, INC. 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>PODICARE SERVICES, INC.</b>	<b>c</b> EIN-PN <b>65-1040350-001</b>
<b>a</b>	Plan name <b>PORTFOLIO MEDIA, INC. 401(K) P/S PLAN</b>	
<b>b</b>	Name of plan sponsor <b>PORTFOLIO MEDIA, INC.</b>	<b>c</b> EIN-PN <b>84-1660943-001</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 POTOMAC FAMILY DINING GROUP 401(K) PLAN	
<b>b</b>	Name of plan sponsor POTOMAC FAMILY DINING GROUP OPERATING COMPANY LLC	<b>c</b> EIN-PN 27-3546071-001
<b>a</b>	Plan name PPO CHECK, LTD. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor PPO CHECK, LTD.	<b>c</b> EIN-PN 76-0552957-001
<b>a</b>	Plan name PROSPERITY BANCSHARES, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor PROSPERITY BANCSHARES, INC.	<b>c</b> EIN-PN 74-2331986-001
<b>a</b>	Plan name PSB INSIGHTS, LLC	
<b>b</b>	Name of plan sponsor PSB INSIGHTS, LLC	<b>c</b> EIN-PN 52-2346069-003
<b>a</b>	Plan name PTC THERAPEUTICS INC. 401(K) RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor PTC THERAPEUTICS, INC.	<b>c</b> EIN-PN 04-3416587-002
<b>a</b>	Plan name QUORUM ANALYTICS 401(K) PLAN	
<b>b</b>	Name of plan sponsor QUORUM ANALYTICS LLC	<b>c</b> EIN-PN 88-2382483-001
<b>a</b>	Plan name RADIANT CREDIT UNION 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor RADIANT CREDIT UNION	<b>c</b> EIN-PN 59-0808589-002
<b>a</b>	Plan name RADIOLOGY ASSOCIATES OF ALBUQUERQUE , P.A. 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor RADIOLOGY ASSOCIATES OF ALBUQUERQUE , P.A.	<b>c</b> EIN-PN 85-0214117-005
<b>a</b>	Plan name RAFT 401(K) PLAN	
<b>b</b>	Name of plan sponsor RAFT LLC	<b>c</b> EIN-PN 46-2689810-001
<b>a</b>	Plan name RAPPAPORT MANAGEMENT COMPANY 401(K) PLAN	
<b>b</b>	Name of plan sponsor RAPPAPORT MANAGEMENT COMPANY	<b>c</b> EIN-PN 52-1353340-001
<b>a</b>	Plan name RED VENTURES, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor RED VENTURES LLC	<b>c</b> EIN-PN 56-2177622-001
<b>a</b>	Plan name REFRIGERATION SUPPLIES DISTRIBUTOR DEFINED CONTRIBUTION RETIREMENT PLAN & TRUST	
<b>b</b>	Name of plan sponsor RSD - TOTAL CONTROL	<b>c</b> EIN-PN 95-1262130-001

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>RENMATIX, INC. 401(K) PROFIT SHARING PLAN</b>	
<b>b</b>	Name of plan sponsor <b>RENMATIX, INC.</b>	<b>c</b> EIN-PN <b>26-1641190-001</b>
<b>a</b>	Plan name <b>REPROGRAPHIC PRODUCTS GROUP, INC. 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>REPROGRAPHIC PRODUCTS GROUP, INC.</b>	<b>c</b> EIN-PN <b>52-1716844-001</b>
<b>a</b>	Plan name <b>REPUBLIC ELECTRONICS CORPORATION 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>REPUBLIC ELECTRONICS CORPORATION</b>	<b>c</b> EIN-PN <b>54-0833654-001</b>
<b>a</b>	Plan name <b>RETIRE RIGHT 401K PLAN</b>	
<b>b</b>	Name of plan sponsor <b>LEADING PLAN SOLUTIONS LLC</b>	<b>c</b> EIN-PN <b>86-2271858-002</b>
<b>a</b>	Plan name <b>RGIS US 401K PLAN</b>	
<b>b</b>	Name of plan sponsor <b>RGIS US CORP LLC</b>	<b>c</b> EIN-PN <b>86-3895114-001</b>
<b>a</b>	Plan name <b>RHD TIRE, INC RETIREMENT PLAN</b>	
<b>b</b>	Name of plan sponsor <b>RHD TIRE, INC</b>	<b>c</b> EIN-PN <b>38-2067684-001</b>
<b>a</b>	Plan name <b>ROCHELLE LEIGH GROUP LLC 401(K) PROFIT SHARING PLAN &amp; TRUST</b>	
<b>b</b>	Name of plan sponsor <b>ROCHELLE LEIGH GROUP LLC</b>	<b>c</b> EIN-PN <b>20-2428669-001</b>
<b>a</b>	Plan name <b>ROHDE DALES 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>ROHDE DALES LLP</b>	<b>c</b> EIN-PN <b>39-0919057-002</b>
<b>a</b>	Plan name <b>ROSE CASUAL DINING 401(K) RETIREMENT SAVINGS PLAN</b>	
<b>b</b>	Name of plan sponsor <b>HT ROSE ENTERPRISES</b>	<b>c</b> EIN-PN <b>23-2360799-001</b>
<b>a</b>	Plan name <b>RUBRIS INC 401K PLAN</b>	
<b>b</b>	Name of plan sponsor <b>RUBRIS INC</b>	<b>c</b> EIN-PN <b>84-4572880-001</b>
<b>a</b>	Plan name <b>SADLER MACHINE COMPANY 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>SADLER MACHINE COMPANY, INC.</b>	<b>c</b> EIN-PN <b>42-0791405-001</b>
<b>a</b>	Plan name <b>SADLER POWER TRAIN, INC. RETIREMENT AND 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>SADLER POWER TRAIN, INC.</b>	<b>c</b> EIN-PN <b>42-1034714-001</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 <a href="#">SANCTUARY SOFTWARE STUDIO, INC. 401(K) PROFIT SHARING PLAN &amp; TRUST</a>	
<b>b</b>	Name of plan sponsor <a href="#">SANCTUARY SOFTWARE STUDIO, INC.</a>	<b>c</b> EIN-PN <a href="#">34-1759656-001</a>
<b>a</b>	Plan name <a href="#">SCHOOL NUTRITION ASSOCIATION 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">SCHOOL NUTRITION ASSOCIATION</a>	<b>c</b> EIN-PN <a href="#">84-0445578-001</a>
<b>a</b>	Plan name <a href="#">SCOPE IMPORTS, INC. 401(K) PROFIT SHARING PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">SCOPE IMPORTS, INC.</a>	<b>c</b> EIN-PN <a href="#">74-1562730-001</a>
<b>a</b>	Plan name <a href="#">SECTEK SAVINGS AND RETIREMENT PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">SECTEK, INC.</a>	<b>c</b> EIN-PN <a href="#">34-1726791-002</a>
<b>a</b>	Plan name <a href="#">SECURONIX, INC. 401(K) PROFIT SHARING PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">SECURONIX, INC.</a>	<b>c</b> EIN-PN <a href="#">47-3465503-001</a>
<b>a</b>	Plan name <a href="#">SELIGMAN GROUP RETIREMENT PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">PENTEGRA SERVICES, INC.</a>	<b>c</b> EIN-PN <a href="#">13-3745616-008</a>
<b>a</b>	Plan name <a href="#">SHARE ADVANTAGE CREDIT UNION 401(K) PLAN AND TRUST</a>	
<b>b</b>	Name of plan sponsor <a href="#">SHARE ADVANTAGE CREDIT UNION</a>	<b>c</b> EIN-PN <a href="#">41-0226110-001</a>
<b>a</b>	Plan name <a href="#">SHERWOOD MECHANICAL, INC. 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">SHERWOOD MECHANICAL, INC.</a>	<b>c</b> EIN-PN <a href="#">68-0565225-001</a>
<b>a</b>	Plan name <a href="#">SHIJI US 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">SHIJI US, INC.</a>	<b>c</b> EIN-PN <a href="#">36-4852590-001</a>
<b>a</b>	Plan name <a href="#">SHIMANO AMERICAN CORPORATION EMPLOYEES RETIREMENT PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">SHIMANO AMERICAN CORPORATION</a>	<b>c</b> EIN-PN <a href="#">33-0203740-001</a>
<b>a</b>	Plan name <a href="#">SHULMAN, ROGERS, GANDAL, PORDY &amp; ECKER, P.A. RETIREMENT PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">SHULMAN ROGERS GANDAL PORDY &amp; ECKER P A</a>	<b>c</b> EIN-PN <a href="#">52-1008944-001</a>
<b>a</b>	Plan name <a href="#">SIDEL, INC. RETIREMENT AND SAVINGS PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">SIDEL, INC.</a>	<b>c</b> EIN-PN <a href="#">58-1583947-001</a>

<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	SIMPLUS 401(K) RETIREMENT PLAN
<b>b</b>	Name of plan sponsor	SIMPLUS
<b>c</b>	EIN-PN	47-2080218-001
<b>a</b>	Plan name	SIX FOOT HOLDINGS, LLC 401(K) RETIREMENT PLAN
<b>b</b>	Name of plan sponsor	SIX FOOT HOLDINGS, LLC
<b>c</b>	EIN-PN	82-4580636-001
<b>a</b>	Plan name	SKOOG & CO. 401(K) PLAN
<b>b</b>	Name of plan sponsor	SKOOG & COMPANY
<b>c</b>	EIN-PN	41-1616649-001
<b>a</b>	Plan name	SOFTRAMS, LLC 401(K) P/S PLAN
<b>b</b>	Name of plan sponsor	SOFTRAMS, LLC
<b>c</b>	EIN-PN	20-8761455-001
<b>a</b>	Plan name	SPOK HOLDINGS, INC. SAVINGS AND RETIREMENT PLAN
<b>b</b>	Name of plan sponsor	SPOK HOLDINGS, INC.
<b>c</b>	EIN-PN	16-1694797-001
<b>a</b>	Plan name	SPRINGVILLE CITY CORP K - 107165
<b>b</b>	Name of plan sponsor	SPRINGVILLE CITY CORP
<b>c</b>	EIN-PN	87-6000285-001
<b>a</b>	Plan name	SRC WORLDWIDE, INC.
<b>b</b>	Name of plan sponsor	MICHAEL CARIS
<b>c</b>	EIN-PN	46-4444750-001
<b>a</b>	Plan name	SSCP MANAGEMENT GROUP 401(K) PLAN
<b>b</b>	Name of plan sponsor	SSCP MANAGEMENT, INC.
<b>c</b>	EIN-PN	27-4937438-001
<b>a</b>	Plan name	STAMATS COMMUNICATIONS, INC. 401(K) PLAN
<b>b</b>	Name of plan sponsor	STAMATS COMMUNICATIONS, INC.
<b>c</b>	EIN-PN	42-0641030-002
<b>a</b>	Plan name	STANLEY PEARLMAN ENTERPRISES 401(K) PLAN
<b>b</b>	Name of plan sponsor	STANLEY PEARLMAN ENTERPRISES, INC.
<b>c</b>	EIN-PN	52-1747521-001
<b>a</b>	Plan name	STEEL PIER 401K PLAN
<b>b</b>	Name of plan sponsor	ATLANTIC PIER AMUSEMENTS INC
<b>c</b>	EIN-PN	22-3228386-001
<b>a</b>	Plan name	STEP UP FOR STUDENTS 401(K) PLAN
<b>b</b>	Name of plan sponsor	STEP UP FOR STUDENTS-FLORIDA, INC.
<b>c</b>	EIN-PN	59-3649371-001

<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	STILLWATER MINING COMPANY 401(K) PLAN	
<b>b</b>	Name of plan sponsor	STILLWATER MINING COMPANY	<b>c</b> EIN-PN 81-0480654-001
<b>a</b>	Plan name	STILLWATER MINING COMPANY BARGAINING UNIT 401(K) PLAN	
<b>b</b>	Name of plan sponsor	STILLWATER MINING COMPANY	<b>c</b> EIN-PN 81-0480654-002
<b>a</b>	Plan name	STONE DEAN LLP 401(K) PLAN	
<b>b</b>	Name of plan sponsor	STONE DEAN LLP	<b>c</b> EIN-PN 46-1598433-002
<b>a</b>	Plan name	STORY COMPANIES LLC 401K PLAN	
<b>b</b>	Name of plan sponsor	STORY COMPANIES LLC	<b>c</b> EIN-PN 87-1389402-001
<b>a</b>	Plan name	STRUCTURA INC 401K PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	STRUCTURA INC	<b>c</b> EIN-PN 20-8066330-001
<b>a</b>	Plan name	SULLIVAN MOVING & STORAGE, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	SULLIVAN MOVING & STORAGE, INC.	<b>c</b> EIN-PN 27-5140787-001
<b>a</b>	Plan name	SUNCOAST SKIN SOLUTIONS 401(K) PLAN	
<b>b</b>	Name of plan sponsor	SUNCOAST SKIN SOLUTIONS	<b>c</b> EIN-PN 26-2003898-001
<b>a</b>	Plan name	SUPERIOR AMERICAN CRANE 401(K) PLAN	
<b>b</b>	Name of plan sponsor	TC/AMERICAN CRANE COMPANY	<b>c</b> EIN-PN 81-3315284-001
<b>a</b>	Plan name	SUPERIOR CONTRUCTION CO. INC. EMPLOYEES	
<b>b</b>	Name of plan sponsor	SUPERIOR CONTRUCTION COMPANY	<b>c</b> EIN-PN 35-1035114-001
<b>a</b>	Plan name	SWINERTON 401(K) & SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	SWINERTON INCORPORATED	<b>c</b> EIN-PN 93-1132374-001
<b>a</b>	Plan name	SYUFY ENTERPRISES RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	SYUFY ENTERPRISES, L.P.	<b>c</b> EIN-PN 94-2167713-001
<b>a</b>	Plan name	TATE ENGINEERING SYSTEMS, INC. RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	TATE ENGINEERING SYSTEMS, INC.	<b>c</b> EIN-PN 52-1642992-002

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	TAYLOR OIL CO., INC. PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	TAYLOR OIL CO., INC.	<b>c</b> EIN-PN 22-1739466-001
<b>a</b>	Plan name	TDS PHARMACY INC	
<b>b</b>	Name of plan sponsor	TDS PHARMCY INC	<b>c</b> EIN-PN 38-3056691-001
<b>a</b>	Plan name	TECHNICOTE, INC. EMPLOYEE RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	TECHNICOTE, INC.	<b>c</b> EIN-PN 34-1313085-001
<b>a</b>	Plan name	TECHTRON SYSTEMS INC	
<b>b</b>	Name of plan sponsor	TECHTRON SYSTEMS INC	<b>c</b> EIN-PN 34-1102459-002
<b>a</b>	Plan name	TGR GEOTECHNICAL 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	TGR GEOTECHNICAL, INC.	<b>c</b> EIN-PN 33-0992320-001
<b>a</b>	Plan name	THE CLUB AT BELLA COLLINA 401(K) PLAN	
<b>b</b>	Name of plan sponsor	THE CLUB AT BELLA COLLINA, LLC	<b>c</b> EIN-PN 80-0823313-001
<b>a</b>	Plan name	THE COMMIT	
<b>b</b>	Name of plan sponsor	THE COMMIT PARTNERSHIP	<b>c</b> EIN-PN 80-0790222-001
<b>a</b>	Plan name	THE LOOMIS CORPORATION PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	THE LOOMIS CORPORATION	<b>c</b> EIN-PN 75-2050557-001
<b>a</b>	Plan name	THE LOS ANGELES COUNTRY CLUB 401(K) PLAN	
<b>b</b>	Name of plan sponsor	LOS ANGELES COUNTRY CLUB	<b>c</b> EIN-PN 95-0948160-002
<b>a</b>	Plan name	THE MOORE 401(K) RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	WORLDWIDE PRINTING & DISTRIBUTION, INC.	<b>c</b> EIN-PN 73-1500541-001
<b>a</b>	Plan name	THE OLSON COMPANY 401(K) PLAN AND TRUST	
<b>b</b>	Name of plan sponsor	OLSON URBAN HOUSING, LLC	<b>c</b> EIN-PN 33-0884300-001
<b>a</b>	Plan name	THE SUN LIGHT & POWER 401(K) PLAN	
<b>b</b>	Name of plan sponsor	SUN LIGHT & POWER	<b>c</b> EIN-PN 94-2357077-001

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 VIRGINIA TIRE & AUTO 401(K) PLAN	
<b>b</b>	Name of plan sponsor VTA, LLC	<b>c</b> EIN-PN 54-1082209-002
<b>a</b>	Plan name THE WOMBLE COMPANY 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor THE WOMBLE COMPANY	<b>c</b> EIN-PN 73-0955282-001
<b>a</b>	Plan name TILT HOLDINGS INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor TILT HOLDINGS INC.	<b>c</b> EIN-PN 83-2097293-001
<b>a</b>	Plan name TN AMERICAS HOLDINGS INC. 401(K) RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor TN AMERICAS HOLDINGS INC.	<b>c</b> EIN-PN 82-2328206-001
<b>a</b>	Plan name TOLUNA USA, INC. 401K PLAN	
<b>b</b>	Name of plan sponsor TOLUNA USA, INC	<b>c</b> EIN-PN 20-5461944-001
<b>a</b>	Plan name TORQ CORPORATION 401K RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor TORQ CORPORATION	<b>c</b> EIN-PN 34-1538157-001
<b>a</b>	Plan name TORRANCE CASTING, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor TORRANCE CASTING, INC.	<b>c</b> EIN-PN 39-0903148-003
<b>a</b>	Plan name TORY BURCH, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor TORY BURCH, LLC	<b>c</b> EIN-PN 56-2384277-001
<b>a</b>	Plan name TOSHIBA 401(K) PLAN	
<b>b</b>	Name of plan sponsor TOSHIBA	<b>c</b> EIN-PN 45-5236414-001
<b>a</b>	Plan name TOTAL SOLUTIONS, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor TOTAL SOLUTIONS, INC.	<b>c</b> EIN-PN 38-3254202-001
<b>a</b>	Plan name TREASURE ISLAND MARINA 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor TREASURE ISLAND MARINA	<b>c</b> EIN-PN 59-1668022-001
<b>a</b>	Plan name TREND HR RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor THE OUTSOURCING LLC	<b>c</b> EIN-PN 81-3185457-001

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 TRI-TECH FORENSICS 401(K) PLAN	
<b>b</b>	Name of plan sponsor TRI-TECH FORENSICS, INC.	<b>c</b> EIN-PN 26-3669072-001
<b>a</b>	Plan name TRIONETICS, INC. 401K PLAN	
<b>b</b>	Name of plan sponsor TRIONETICS, INC.	<b>c</b> EIN-PN 34-1621817-001
<b>a</b>	Plan name TRIPLE CROWN CONSULTING LLC 401K PLAN	
<b>b</b>	Name of plan sponsor TRIPLE CROWN CONSULTING LLC	<b>c</b> EIN-PN 20-1368158-001
<b>a</b>	Plan name TRL SYSTEMS, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor TRL SYSTEMS, INC.	<b>c</b> EIN-PN 95-3609841-001
<b>a</b>	Plan name TROJAN PROFESSIONAL SERVICES, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor TROJAN PROFESSIONAL SERVICES	<b>c</b> EIN-PN 33-0355439-001
<b>a</b>	Plan name TROPICALE FOODS, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor TROPICALE FOODS, INC.	<b>c</b> EIN-PN 77-0521367-001
<b>a</b>	Plan name TRUE ZERO TECHNOLOGIES, LLC 401(K)	
<b>b</b>	Name of plan sponsor TRUE ZERO TECHNOLOGIES, LLC	<b>c</b> EIN-PN 83-3964542-001
<b>a</b>	Plan name TRUEPILL 401(K) PLAN	
<b>b</b>	Name of plan sponsor TRUEPILL, INC	<b>c</b> EIN-PN 84-3676147-001
<b>a</b>	Plan name ULLIMAN SCHUTTE CONSTRUCTION, LLC 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor ULLIMAN SCHUTTE CONSTRUCTION, LLC	<b>c</b> EIN-PN 31-1582279-001
<b>a</b>	Plan name UNION HOME MORTGAGE CORPORATION 401K PL	
<b>b</b>	Name of plan sponsor UNION HOME MORTGAGE CORPORATION	<b>c</b> EIN-PN 34-1084436-001
<b>a</b>	Plan name UNITED TALENT AGENCY LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor UNITED TALENT AGENCY LLC	<b>c</b> EIN-PN 95-4312582-001
<b>a</b>	Plan name UNIVERSAL MENTAL HEALTH SERVICES, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor UNIVERSAL MENTAL HEALTH SERVICES, INC.	<b>c</b> EIN-PN 14-1877453-001

<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	VANTAGE DATA CENTERS 401K PLAN
<b>b</b>	Name of plan sponsor	VANTAGE DATA CENTERS MANAGEMENT COMPANY
<b>c</b>	EIN-PN	27-2332975-001
<b>a</b>	Plan name	VAULT COMMUNICATIONS, INC. 401(K) PROFIT SHARING PLAN
<b>b</b>	Name of plan sponsor	VAULT COMMUNICATIONS, INC.
<b>c</b>	EIN-PN	23-2571161-001
<b>a</b>	Plan name	VIDEON CENTRAL INC 401K AND PSP
<b>b</b>	Name of plan sponsor	ZACHARY BOYD
<b>c</b>	EIN-PN	23-2936071-002
<b>a</b>	Plan name	VIRGIN GALACTIC, LLC 401(K) PLAN
<b>b</b>	Name of plan sponsor	VIRGIN GALACTIC, LLC
<b>c</b>	EIN-PN	84-2252157-001
<b>a</b>	Plan name	VISIT LOUDOUN 401(K) PLAN
<b>b</b>	Name of plan sponsor	LOUDOUN CONVENTION & VISITORS ASSOCIATION, INC.
<b>c</b>	EIN-PN	54-1593470-002
<b>a</b>	Plan name	WALL STREET MARKETS, LLC 401(K) PLAN
<b>b</b>	Name of plan sponsor	WALL STREET MARKETS, LLC
<b>c</b>	EIN-PN	22-3906892-001
<b>a</b>	Plan name	WARE GROUP, LLC 401(K) PLAN
<b>b</b>	Name of plan sponsor	WARE GROUP, LLC DBA JOHNSTONE SUPPLY
<b>c</b>	EIN-PN	26-3590999-001
<b>a</b>	Plan name	WEIDMULLER, INC. EMPLOYEE SAVINGS PLAN
<b>b</b>	Name of plan sponsor	WEIDMULLER, INC.
<b>c</b>	EIN-PN	74-3082931-002
<b>a</b>	Plan name	WHEELER FINANCIAL, INC 401(K) PLAN
<b>b</b>	Name of plan sponsor	WHEELER ASSOCIATES
<b>c</b>	EIN-PN	41-0806066-001
<b>a</b>	Plan name	WHEELS UP PARTNERS LLC RETIREMENT SAVINGS PLAN
<b>b</b>	Name of plan sponsor	WHEELS UP PARTNERS LLC
<b>c</b>	EIN-PN	45-4068474-001
<b>a</b>	Plan name	WILLCO CONSTRUCTION CO., INC. 401(K) PLAN
<b>b</b>	Name of plan sponsor	WILLCO CONSTRUCTION CO, INC.
<b>c</b>	EIN-PN	52-0963485-001
<b>a</b>	Plan name	WIND RIVER ENVIRONMENTAL 401(K) PLAN
<b>b</b>	Name of plan sponsor	WIND RIVER ENVIRONMENTAL, LLC
<b>c</b>	EIN-PN	04-3487677-001

<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	WOLSTEIN GROUP 401(K) PROFIT SHARING PLAN & TRUST	
<b>b</b>	Name of plan sponsor	BERTRAM INN	<b>c</b> EIN-PN 34-1900270-001
<b>a</b>	Plan name	WSS 401(K) PLAN	
<b>b</b>	Name of plan sponsor	EUROSTAR, INC.	<b>c</b> EIN-PN 95-3925299-002
<b>a</b>	Plan name	WTS PARADIGM DEFERRED SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	WTS PARADIGM, LLC	<b>c</b> EIN-PN 20-1623787-001
<b>a</b>	Plan name	WV EYE CONSULTANTS, LLC 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	WV EYE CONSULTANTS, LLC	<b>c</b> EIN-PN 27-3671993-001
<b>a</b>	Plan name	WYOMING SUGAR COMPANY 401(K) PLAN	
<b>b</b>	Name of plan sponsor	WYOMING SUGAR COMPANY	<b>c</b> EIN-PN 27-0779546-001
<b>a</b>	Plan name	YOUR 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	STANDARD RETIREMENT SERVICES, INC.	<b>c</b> EIN-PN 25-1838406-042
<b>a</b>	Plan name	YSK CORPORATION RETIREMENT AND SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	YSK CORPORATION	<b>c</b> EIN-PN 31-1249386-001
<b>a</b>	Plan name	ZARLEYCONLEY, PLC 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	ZARLEYCONLEY PLC	<b>c</b> EIN-PN 30-0007173-001
<b>a</b>	Plan name	ZZ PERFORMANCE, LLC 401(K) PROFIT SHARING PLAN AND TRUST	
<b>b</b>	Name of plan sponsor	ZZ PERFORMANCE, LLC	<b>c</b> EIN-PN 20-1810156-001
<b>a</b>	Plan name		
<b>b</b>	Name of plan sponsor		<b>c</b> EIN-PN
<b>a</b>	Plan name		
<b>b</b>	Name of plan sponsor		<b>c</b> EIN-PN
<b>a</b>	Plan name		
<b>b</b>	Name of plan sponsor		<b>c</b> EIN-PN

<b>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>12/31/2024</b>	
<b>A</b> Name of plan <b>FLEXPATH INDEX AGGRESSIVE RETIREMENT FUND</b>	<b>B</b> Three-digit plan number (PN) ▶ <b>210</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>47-2238264</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.

		(a) Beginning of Year	(b) End of Year
<b>Assets</b>			
<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>	1388328	5609606
<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>	24229695	167359222
<b>(10)</b> Value of interest in pooled separate accounts .....	<b>1c(10)</b>		
<b>(11)</b> Value of interest in master trust investment accounts .....	<b>1c(11)</b>		
<b>(12)</b> Value of interest in 103-12 investment entities .....	<b>1c(12)</b>		
<b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds) .....	<b>1c(13)</b>		
<b>(14)</b> Value of funds held in insurance company general account (unallocated contracts) .....	<b>1c(14)</b>		
<b>(15)</b> Other .....	<b>1c(15)</b>		

<b>1d</b> Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	<b>1d(1)</b>		
(2) Employer real property.....	<b>1d(2)</b>		
<b>e</b> Buildings and other property used in plan operation.....	<b>1e</b>		
<b>f</b> Total assets (add all amounts in lines 1a through 1e).....	<b>1f</b>	25618023	172968828
<b>Liabilities</b>			
<b>g</b> Benefit claims payable.....	<b>1g</b>		
<b>h</b> Operating payables.....	<b>1h</b>	0	46536
<b>i</b> Acquisition indebtedness.....	<b>1i</b>		
<b>j</b> Other liabilities.....	<b>1j</b>	1397886	5609606
<b>k</b> Total liabilities (add all amounts in lines 1g through 1j).....	<b>1k</b>	1397886	5656142
<b>Net Assets</b>			
<b>l</b> Net assets (subtract line 1k from line 1f).....	<b>1l</b>	24220137	167312686

**Part II Income and Expense Statement**

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

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

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts .....	<b>2b(6)</b>		-248883
(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>		-248883

**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>	2941	
(5) Investment advisory and investment management fees .....	<b>2i(5)</b>	55232	
(6) Bank or trust company trustee/custodial fees .....	<b>2i(6)</b>	12006	
(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>		70179
<b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total.....	<b>2j</b>		70179

**Net Income and Reconciliation**

<b>k</b> Net income (loss). Subtract line <b>2j</b> from line <b>2d</b> .....	<b>2k</b>		-319062
<b>l</b> Transfers of assets:			
(1) To this plan.....	<b>2l(1)</b>		158930564
(2) From this plan .....	<b>2l(2)</b>		15518953

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