

Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security
Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210-0110
1210-0089

2024

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 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 [X] a DFE (specify) C
B This return/report is: [] the first return/report [] the final return/report [] an amended return/report [] a short plan year return/report (less than 12 months)
C If the plan is a collectively-bargained plan, check here. []
D Check box if filing under: [] Form 5558 [] automatic extension [] the DFVC program [] special extension (enter description)
E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. []

Part II Basic Plan Information—enter all requested information

1a Name of plan: FLEXPATH INDEX CONSERVATIVE 2055 FUND
1b Three-digit plan number (PN): 224
1c Effective date of plan
2a Plan sponsor's name (employer, if for a single-employer plan): GREAT GRAY TRUST COMPANY, LLC
2b Employer Identification Number (EIN): 47-2575758
2c Plan Sponsor's telephone number: 866-427-6885
2d Business code (see instructions)

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

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

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

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

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

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

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

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

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

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

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

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

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

Receipt Confirmation Code _____

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

A Name of plan <u>FLEXPATH INDEX CONSERVATIVE 2055 FUND</u>	B Three-digit plan number (PN)	<u>224</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>GREAT GRAY TRUST COMPANY, LLC</u>	D Employer Identification Number (EIN) <u>47-2575758</u>	

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
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a Name of MTIA, CCT, PSA, or 103-12 IE:	<u>LIFEPATH INDEX CONS 2055 FUND F</u>		
b Name of sponsor of entity listed in (a):	<u>BLACKROCK INSTITUTIONAL TRUST COMPANY, N.A.</u>		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
<u>47-2219965-001</u>	<u>C</u>		<u>126043591</u>
a Name of MTIA, CCT, PSA, or 103-12 IE:			
b Name of sponsor of entity listed in (a):			
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:			
b Name of sponsor of entity listed in (a):			
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:			
b Name of sponsor of entity listed in (a):			
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:			
b Name of sponsor of entity listed in (a):			
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:			
b Name of sponsor of entity listed in (a):			
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:			
b Name of sponsor of entity listed in (a):			
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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d Entity code

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

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

c EIN-PN

d Entity code

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

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

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d Entity code

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

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

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d Entity code

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

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

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

c EIN-PN

d Entity code

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

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
a	Plan name A-1 ADVANTAGE ASPHALT, LLC 401(K) PLAN	
b	Name of plan sponsor A-1 ADVANTAGE ASPHALT, LLC	c EIN-PN 68-0465620-001
a	Plan name ACTIVE MOTIF 401(K) PLAN	
b	Name of plan sponsor ACTIVE MOTIF, INC.	c EIN-PN 33-0858864-001
a	Plan name ADAMS BEVERAGES, INC. 401(K) PLAN	
b	Name of plan sponsor ADAMS BEVERAGES, INC.	c EIN-PN 63-0733351-001
a	Plan name ADARE PHARMACEUTICALS, INC. 401(K) PLAN	
b	Name of plan sponsor ADARE PHARMACEUTICALS, INC.	c EIN-PN 31-0988732-003
a	Plan name ADSTRA, INC.EMPLOYEE SAVINGS PLAN	
b	Name of plan sponsor ADSTRA, INC	c EIN-PN 22-2223741-003
a	Plan name ADVANCED ENVIRONMENTAL MONITORING 401(K) PLAN	
b	Name of plan sponsor AEM COMMERCIAL, INC.	c EIN-PN 87-3869330-001
a	Plan name AKRON BAR ASSOCIATION 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor AKRON BAR ASSOCIATION	c EIN-PN 34-1683645-001
a	Plan name AKRS EQUIPMENT SOLUTIONS INC. 401K PLAN	
b	Name of plan sponsor AKRS EQUIPMENT SOLUTIONS INC.	c EIN-PN 27-0619457-001
a	Plan name ALLAN VIGIL FORD LINCOLN 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor ALLAN VIGIL FORD LINCOLN, INC.	c EIN-PN 58-1606549-001
a	Plan name ALLIANCE SOLUTIONS GROUP LLC POWERED BY TALENTLAUNCH 401(K) PLAN	
b	Name of plan sponsor ALLIANCE SOLUTIONS GROUP LLC	c EIN-PN 45-4014987-001
a	Plan name ALLIED MINERAL PRODUCTS 401(K) PLAN	
b	Name of plan sponsor ALLIED MINERAL PRODUCTS HOLDING, INC.	c EIN-PN 84-3394646-004
a	Plan name ALTSOURCE 401(K) PLAN	
b	Name of plan sponsor ALTSOURCE, INC	c EIN-PN 20-2230526-001

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
a	Plan name AMERICAN COMPUTER SERVICES, INC. 401(K) RETIREMENT PLAN	
b	Name of plan sponsor AMERICAN COMPUTER SERVICES, INC.	c EIN-PN 42-1414353-001
a	Plan name AMERICOLD LOGISTICS EMPLOYEE SAVINGS AND INVESTMENT PLAN	
b	Name of plan sponsor AMERICOLD LOGISTICS EMPLOYEE SAVINGS AND INVEST	c EIN-PN 22-3631006-014
a	Plan name AMIVERO 401K PLAN	
b	Name of plan sponsor AMIVERO LLC	c EIN-PN 83-1678875-001
a	Plan name AML RIGHTSOURCE, LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor AML RIGHTSOURCE, LLC	c EIN-PN 20-1996855-001
a	Plan name AMPC LLC 401K RETIREMENT PLAN	
b	Name of plan sponsor AMPC LLC DBA PROLIANT-APC-BOYER VALLEY CO.-ENTER	c EIN-PN 42-1160181-001
a	Plan name AMS GROUP 401K PLAN	
b	Name of plan sponsor AMS GROUP INC	c EIN-PN 45-2981735-001
a	Plan name ANCORA - MEP	
b	Name of plan sponsor JACQUELINE MACY CERAR, D.D.S., INC.	c EIN-PN 34-1319326-004
a	Plan name ANDERSON & HOWARD ELECTRIC, INC. 401(K) PLAN	
b	Name of plan sponsor ANDERSON & HOWARD ELECTRIC, INC.	c EIN-PN 95-2497870-002
a	Plan name ARAGRA 401(K) PLAN	
b	Name of plan sponsor ARAGRA TECHNOLOGIES CORPORATION	c EIN-PN 46-2793780-001
a	Plan name ARMELLINI EXPRESS LINES, INC. AND SUBSIDIARIES PROFIT SHARING PLAN	
b	Name of plan sponsor ARMELLINI EXPRESS LINES, INC.	c EIN-PN 23-1615254-001
a	Plan name ARNEL DEVELOPMENT COMPANY SAVINGS INCENTIVE PLAN	
b	Name of plan sponsor ARNEL DEVELOPMENT COMPANY	c EIN-PN 95-2553658-001
a	Plan name ARRAY TECH, INC. 401(K) PLAN	
b	Name of plan sponsor ARRAY TECH, INC.	c EIN-PN 85-0402479-001

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)		
a	Plan name ASCENT RESOURCES MANAGEMENT SERVICES, LLC 401(K) PLAN	
b	Name of plan sponsor ASCENT RESOURCES MANAGEMENT SERVICES, LLC	c EIN-PN 61-1855879-001
a	Plan name ASPEN INSURANCE U.S. SERVICES INC. 401(K) PLAN	
b	Name of plan sponsor ASPEN INSURANCE U.S. SERVICES INC.	c EIN-PN 32-0085193-001
a	Plan name ASSOCIATION OF FUNDRAISING PRO 401(K) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor ASSOCIATION OF FUNDRAISING PRO	c EIN-PN 13-2590764-002
a	Plan name ASSURANCEAMERICA CORPORATION 401(K) RETIREMENT PLAN	
b	Name of plan sponsor ASSURANCEAMERICA CORPORATION	c EIN-PN 87-0281240-001
a	Plan name ASTRIX TECHNOLOGY, LLC 401(K) PLAN	
b	Name of plan sponsor ASTRIX TECHNOLOGY, LLC	c EIN-PN 22-3390159-001
a	Plan name ATLAS TECHNICAL CONSULTANTS 401K PLAN	
b	Name of plan sponsor ATLAS TECHNICAL CONSULTANTS LLC	c EIN-PN 82-2810953-001
a	Plan name AUTOME P OPEN MULTIPLE EMPLOYER 401(K) PLAN	
b	Name of plan sponsor AMI BENEFIT PLAN ADMINISTRATORS, IN	c EIN-PN 34-1781113-002
a	Plan name AVAAP USA, LLC 401K	
b	Name of plan sponsor AVAAP USA, LLC	c EIN-PN 26-2647108-001
a	Plan name AVAILITY, L.L.C. 401(K) RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor AVAILITY, L.L.C.	c EIN-PN 59-3715944-001
a	Plan name BELLOTA AGRISOLUTIONS & TOOLS USA	
b	Name of plan sponsor BELLOTA AGRISOLUTIONS & TOOLS USA LLC 401K	c EIN-PN 75-3267235-001
a	Plan name BERNSTEIN MANAGEMENT CORPORATION	
b	Name of plan sponsor BERNSTEIN MANAGEMENT CORPORATION	c EIN-PN 52-1851812-001
a	Plan name BINGHAM COMPANIES PROFIT SHARING AND 401(K) PLAN	
b	Name of plan sponsor BINGHAM EQUIPMENT COMPANY	c EIN-PN 86-0139051-001

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)		
a	Plan name BIRMINGHAM HEART CLINIC, P.C. PROFIT SHARING PLAN	
b	Name of plan sponsor BIRMINGHAM HEART CLINIC, P.C.	c EIN-PN 63-1119002-001
a	Plan name BLUE STAR GAS ASSOCIATES 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor GARBERVILLE GAS CORPORATION	c EIN-PN 94-1113690-001
a	Plan name BOB BELL AUTOMOTIVE GROUP 401(K) PLAN AND TRUST	
b	Name of plan sponsor BOB BELL AUTOMOTIVE GROUP	c EIN-PN 52-1707084-001
a	Plan name BONDY'S AUTOMOTIVE 401(K) RETIREMENT PLAN	
b	Name of plan sponsor BONDYS FORD, INC.	c EIN-PN 63-0587124-001
a	Plan name BOWMAN ANDROS PRODUCTS 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor BOWMAN ANDROS PRODUCTS, LLC	c EIN-PN 90-0683816-001
a	Plan name BRASK, INC. 401(K) PLAN	
b	Name of plan sponsor BRASK, INC.	c EIN-PN 72-1485569-001
a	Plan name BRECKENRIDGE PHARMACEUTICAL, INC. 401(K) PLAN	
b	Name of plan sponsor BRECKENRIDGE PHARMACEUTICAL, INC.	c EIN-PN 65-0352825-001
a	Plan name BREMBO NORTH AMERICA, INC. EMPLOYEES' 401(K) RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor BREMBO NORTH AMERICA, INC.	c EIN-PN 95-4190804-001
a	Plan name BRYAN L. HEY BUILDER, INC. 401(K) PLAN	
b	Name of plan sponsor BRYAN L. HEY BUILDER, INC.	c EIN-PN 25-1830568-001
a	Plan name BT U.S. RETIREMENT SAVINGS PLAN 401(K)	
b	Name of plan sponsor BT AMERICAS	c EIN-PN 20-2458368-002
a	Plan name BUSCH'S INC. 401(K) PLAN	
b	Name of plan sponsor BUSCHS, INC.	c EIN-PN 38-2075818-002
a	Plan name C4 WELDING, INC. 401(K) PLAN & TRUST	
b	Name of plan sponsor C4 WELDING, INC.	c EIN-PN 46-2006270-001

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)		
a	Plan name CALEDONIA IMPLEMENT COMPANY INC SAFE HARBOR 401(K) PLAN	
b	Name of plan sponsor CALEDONIA IMPLEMENT COMPANY	c EIN-PN 41-0630941-001
a	Plan name CARDIOVASCULAR INSTITUTE OF THE SOUTH 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor CARDIOVASCULAR INSTITUTE OF THE SOUTH	c EIN-PN 72-0993441-001
a	Plan name CARRIX, INC. RETIREMENT PLAN	
b	Name of plan sponsor CARRIX, INC.	c EIN-PN 91-1653735-002
a	Plan name CARRUBBA INCORPORATED DEFINED	
b	Name of plan sponsor CARRUBBA INC	c EIN-PN 06-1021215-001
a	Plan name CENTER FOR DENTAL HEALTH, INC. 401(K) PLAN	
b	Name of plan sponsor CENTER FOR DENTAL HEALTH, INC.	c EIN-PN 34-1407266-001
a	Plan name CFP 401K PLAN	
b	Name of plan sponsor COOKE FAMILY PROVISIONS INC	c EIN-PN 84-3865313-001
a	Plan name CHEM SERVICE, INC. EMPLOYEES' SAVINGS PLAN	
b	Name of plan sponsor CHEM SERVICE, INC.	c EIN-PN 23-1644855-001
a	Plan name CHINA UNICOM AMERICAS OPERATIONS, LTD 401(K) PROFIT SH	
b	Name of plan sponsor CHINA UNICOM AMERICAS OPERATIONS	c EIN-PN 72-1562925-001
a	Plan name CHOATE CONSTRUCTION COMPANY PROFIT SHARING PLAN	
b	Name of plan sponsor CHOATE CONSTRUCTION COMPANY	c EIN-PN 58-1851823-001
a	Plan name CHURNZERO 401(K) PLAN	
b	Name of plan sponsor CHURNZERO, INC	c EIN-PN 47-4149122-001
a	Plan name CIRATA 401(K) RETIREMENT PLAN	
b	Name of plan sponsor CIRATA, INC.	c EIN-PN 20-3515984-002
a	Plan name CIRCLE M	
b	Name of plan sponsor CIRCLE M CONTRACTORS, INC.	c EIN-PN 27-3664871-001

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	CLEARONE ADVANTAGE, LLC	
b	Name of plan sponsor	CLEARONE ADVANTAGE, LLC	c EIN-PN 26-3315163-001
a	Plan name	CMA CGM (AMERICA) LLC 401(K) PLAN	
b	Name of plan sponsor	CMA CGM (AMERICA) LLC	c EIN-PN 22-3522528-001
a	Plan name	CMF OPERATING COMPANY LLC 401K PLAN	
b	Name of plan sponsor	CMF OPERATING COMPANY LLC	c EIN-PN 27-0753380-001
a	Plan name	COMBINED PROPERTIES, INCORPORATED 401(K) PLAN	
b	Name of plan sponsor	COMBINED PROPERTIES, INCORPORATED	c EIN-PN 52-1372133-001
a	Plan name	COMMON CAUSE EDUCATION FUND 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	COMMON CAUSE EDUCATION FUND	c EIN-PN 31-1705370-001
a	Plan name	COMMONWEALTH COMMERCIAL PARTNERS, LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	COMMONWEALTH COMMERCIAL PARTNERS, LLC	c EIN-PN 54-1807301-001
a	Plan name	CONNECTICUT HEATING & COOLING CONTRACTORS ASSOCIATION RETIREMENT PLAN	
b	Name of plan sponsor	CONNECTICUT HEATING & COOLING CONTRACTORS ASSOCIATION, INC.	c EIN-PN 23-7323973-001
a	Plan name	COSETTE PHARMACEUTICALS, INC. 401(K) PLAN	
b	Name of plan sponsor	COSETTE PHARMACEUTICALS, INC.	c EIN-PN 83-2305806-001
a	Plan name	COVENANT CARE 401(K) PLAN	
b	Name of plan sponsor	COVENANT CARE CALIFORNIA, LLC	c EIN-PN 33-0631540-001
a	Plan name	CPG BEYOND, INC. 401(K) PLAN	
b	Name of plan sponsor	CPG BEYOND, INC.	c EIN-PN 90-0855545-001
a	Plan name	CUMBERLAND FINANCIAL GROUP, INC 401K PLAN	
b	Name of plan sponsor	CUMBERLAND FINANCIAL GROUP, INC	c EIN-PN 58-2087124-001
a	Plan name	CWS SAVINGS PLAN (401(K))	
b	Name of plan sponsor	CWS CAPITAL PARTNERS LLC	c EIN-PN 33-0787121-003

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	DECISIVEDGE, LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	DECISIVEDGE, LLC	c EIN-PN 26-1440851-001
a	Plan name	DEV TECHNOLOGY GROUP - 401K P/S PLAN	
b	Name of plan sponsor	DEV TECHNOLOGY GROUP INC	c EIN-PN 52-2110007-001
a	Plan name	DIAMOND METALS DISTRIBUTION, LLC 401K PLAN	
b	Name of plan sponsor	DIAMOND METALS DISTRIBUTION, LLC	c EIN-PN 82-3633397-001
a	Plan name	DISTRICT PHOTO, INC. 401(K) PLAN	
b	Name of plan sponsor	DISTRICT PHOTO, INC.	c EIN-PN 52-1191617-001
a	Plan name	DIVENTURES HOLDINGS LLC 401(K) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor	DIVENTURES HOLDINGS LLC	c EIN-PN 27-4512503-001
a	Plan name	DIVENTURES IOWA LLC 401(K) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor	DIVENTURES IOWA LLC	c EIN-PN 32-0493926-001
a	Plan name	DIVENTURES LLC 401(K) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor	DIVENTURES LLC	c EIN-PN 26-4123966-001
a	Plan name	DIVENTURES MADISON LLC 401(K) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor	DIVENTURES MADISON LLC	c EIN-PN 35-2601331-001
a	Plan name	DIVENTURES SPRINGFIELD LLC 401(K) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor	DIVENTURES SPRINGFIELD LLC	c EIN-PN 27-4317852-001
a	Plan name	DRT STRATEGIES INC 401K PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor	DRT STRATEGIES INC	c EIN-PN 20-0526356-001
a	Plan name	DYNAMIC SERVICE SOLUTIONS 401(K) PLAN	
b	Name of plan sponsor	DYNAMIC SERVICE SOLUTIONS, LLC	c EIN-PN 80-0625178-001
a	Plan name	EAGLE BUILDING COMPANY LLC 401(K) PLAN	
b	Name of plan sponsor	EAGLE BUILDING COMPANY LLC	c EIN-PN 27-3959356-001

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
a	Plan name EAGLEBANK 401(K) PLAN	
b	Name of plan sponsor EAGLEBANK	c EIN-PN 52-2099123-001
a	Plan name EDGE RESEARCH 401(K) PLAN	
b	Name of plan sponsor EDGE RESEARCH, INC.	c EIN-PN 54-1839444-001
a	Plan name EDOPS 401K P/S PLAN	
b	Name of plan sponsor EDUCATION BUSINESS SOLUTIONS INC	c EIN-PN 27-1263534-001
a	Plan name ELITE CASINO RESORTS 401(K) PLAN	
b	Name of plan sponsor ELITE CASINO RESORTS 401(K) PLAN	c EIN-PN 47-3722526-001
a	Plan name ELKINS CHEVROLET LLC 401K PLAN	
b	Name of plan sponsor ELKINS CHEVROLET LLC	c EIN-PN 22-3630104-001
a	Plan name EMERGING MARKET SEPARATE ACCOUNT	
b	Name of plan sponsor EMERGING MARKET SEPARATE ACCOUNT	c EIN-PN 46-3943208-001
a	Plan name ENSEMBLE RETIREMENT SAVINGS PLAN 401(K)	
b	Name of plan sponsor ENSEMBLE HEALTH PARTNERS HOLDINGS, LLC	c EIN-PN 84-2528019-021
a	Plan name ENTERPRISE ELECTRIC, LLC EMPLOYEE 401(K) PLAN	
b	Name of plan sponsor ENTERPRISE ELECTRIC, LLC	c EIN-PN 37-1450903-001
a	Plan name ENVIROTECH SERVICES, INC. 401(K) RETIREMENT PLAN	
b	Name of plan sponsor ENVIROTECH SERVICES, INC.	c EIN-PN 84-1102950-001
a	Plan name EPAM SYSTEMS INC. 401K PLAN	
b	Name of plan sponsor EPAM SYSTEMS INC	c EIN-PN 22-3536104-001
a	Plan name EVERZINC 401(K)	
b	Name of plan sponsor EVERZINC CORPORATION	c EIN-PN 76-0264925-001
a	Plan name EXPLORER PIPELINE COMPANY RETIREMENT PLAN	
b	Name of plan sponsor EXPLORER PIPELINE COMPANY	c EIN-PN 73-0785982-001

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	FEDERATED WIRELESS, INC. 401(K) PLAN	
b	Name of plan sponsor	FEDERATED WIRELESS, INC.	c EIN-PN 46-5077072-001
a	Plan name	FELLING TRAILERS, INC. 401K PLAN	
b	Name of plan sponsor	FELLING TRAILERS INC.	c EIN-PN 41-1329390-001
a	Plan name	FLEETWOOD - FIBRE PACKAGING & GRAPHICS, INC. RETIREMENT SAVINGS AND PROFIT SHARING PLAN	
b	Name of plan sponsor	FLEETWOOD - FIBRE PACKAGING & GRAPHICS, INC.	c EIN-PN 82-1709584-002
a	Plan name	FORT MYER CONSTRUCTION CORPORATION 401(K) PLAN	
b	Name of plan sponsor	FORT MYER CONSTRUCTION CORPORATION 401(K) PLAN	c EIN-PN 54-0956585-002
a	Plan name	FRANK N. MAGID ASSOCIATES, INC. 401K PROFIT SHARING PLAN	
b	Name of plan sponsor	FRANK N. MAGID ASSOCIATES, INC	c EIN-PN 42-0894975-001
a	Plan name	FRED T. NEELY & COMPANY, PLLC 401(K) SALARY SAVINGS PLAN	
b	Name of plan sponsor	FRED T. NEELY & COMPANY, PLLC	c EIN-PN 45-3122402-001
a	Plan name	G&W LABORATORIES INC. RETIREMENT PLAN	
b	Name of plan sponsor	G & W LABORATORIES, INC.	c EIN-PN 22-1530141-001
a	Plan name	GARY W LAMBERT AND COMPANY 401(K) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor	GARY W LAMBERT AND COMPANY	c EIN-PN 74-2145502-001
a	Plan name	GATEWAY TERMINALS 401(K) PLAN	
b	Name of plan sponsor	GATEWAY TERMINALS LLC	c EIN-PN 58-2179291-001
a	Plan name	GEOFORCE INC. 401K PLAN	
b	Name of plan sponsor	GEOFORCE INC	c EIN-PN 20-8211736-001
a	Plan name	GK BRANDS 401K PLAN	
b	Name of plan sponsor	GK BRANDS	c EIN-PN 84-3506218-001
a	Plan name	GLICK JCC 401(K) PLAN	
b	Name of plan sponsor	JEWISH COMMUNITY CENTER ASSOCIATION	c EIN-PN 23-7099138-001

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
a	Plan name GLOBAL BUSINESS INTELLIGENCE	
b	Name of plan sponsor GB INTELLIGENCE INC	c EIN-PN 84-3929355-001
a	Plan name GOLDEN ALUMINUM, INC. 401(K) SAVINGS PLAN	
b	Name of plan sponsor GOLDEN ALUMINUM, INC.	c EIN-PN 76-0589072-001
a	Plan name GOLDEN RETIREMENT PLAN	
b	Name of plan sponsor TRG FIDUCIARY SERVICES LLC	c EIN-PN 87-2825570-010
a	Plan name GPD GROUP 401(K) RETIREMENT PLAN	
b	Name of plan sponsor GLAUS, PYLE, SCHOMER, BURNS & DEHAVEN, INC.	c EIN-PN 34-1134715-003
a	Plan name GRAY REED CASH BALANCE PLAN	
b	Name of plan sponsor GRAY REED & MCGRAW LLP	c EIN-PN 81-4045088-003
a	Plan name GROUP PLAN SYSTEMS PEP WITH JULY	
b	Name of plan sponsor GROUP PLAN SYSTEMS LLC	c EIN-PN 88-3548471-001
a	Plan name GULF WINDS CREDIT UNION DEFINED BENEFIT PLAN AND TRUST	
b	Name of plan sponsor GULF WINDS CREDIT UNION	c EIN-PN 59-6143861-001
a	Plan name HANCOCK WHITNEY CORPORATION 401(K) SAVINGS PLAN AND TRUST	
b	Name of plan sponsor HANCOCK WHITNEY CORPORATION	c EIN-PN 64-0693170-003
a	Plan name HEALTHPEAK PROPERTIES, INC.401(K) RETIREMENT PLAN	
b	Name of plan sponsor HEALTHPEAK PROPERTIES, INC.	c EIN-PN 33-0091377-001
a	Plan name HEARTLAND SECURITY INSURANCE GROUP ESOP PLAN	
b	Name of plan sponsor HEARTLAND SECURITY INSURANCE GROUP	c EIN-PN 75-2960792-001
a	Plan name HENRY PROST, M.D., PLLC 401(K) PLAN	
b	Name of plan sponsor HENRY M. PROST, M.D., PLLC	c EIN-PN 94-3417502-001
a	Plan name HERDT CONSULTING, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor HERDT CONSULTING, INC.	c EIN-PN 04-3694474-001

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	HORROCKS ENGINEERS 401(K) PLAN	
b	Name of plan sponsor	HORROCKS ENGINEERS, INC.	c EIN-PN 87-0296502-001
a	Plan name	HP-UOV 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	THE HEALTH PLAN OF WEST VIRGINIA, INC.	c EIN-PN 55-0585592-002
a	Plan name	HUTCHINSON CLINIC, P.A. EMPLOYEES' 401K PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor	HUTCHINSON CLINIC, P.A.	c EIN-PN 48-0734011-002
a	Plan name	IBA USA 401K PLAN	
b	Name of plan sponsor	IBA USA, INC.	c EIN-PN 90-1072480-001
a	Plan name	IFCO SYSTEMS US 401(K) PLAN	
b	Name of plan sponsor	IFCO SYSTEMS US, LLC	c EIN-PN 59-3344620-001
a	Plan name	IMP 401(K) PLAN	
b	Name of plan sponsor	INTERNAL MEDICINE PARTNERS, LLC	c EIN-PN 81-4987524-001
a	Plan name	INDUSTRIAL COMMERCIAL PROPERTIES, LLC 401(K) PLAN	
b	Name of plan sponsor	INDUSTRIAL COMMERCIAL PROPERTIES, LLC	c EIN-PN 46-4482861-001
a	Plan name	INFORMATION SYSTEMS & NETWORKS 401(K) PLAN	
b	Name of plan sponsor	INFORMATION SYSTEMS & NETWORKS CORPORATION	c EIN-PN 52-1191165-004
a	Plan name	INNOVATIONS FOR POVERTY ACTION 401K PROFIT SHARING PLAN	
b	Name of plan sponsor	INNOVATIONS FOR POVERTY ACTION	c EIN-PN 06-1660068-001
a	Plan name	INSTITUTE FOR ENERGY RESEARCH 401(K) PLAN	
b	Name of plan sponsor	INSTITUTE FOR ENERGY RESEARCH	c EIN-PN 76-0149778-001
a	Plan name	INSTITUTE FOR IN VITRO SCIENCES 401K PS PLAN	
b	Name of plan sponsor	INSTITUTE FOR IN VITRO SCIENCES INC	c EIN-PN 52-2029668-001
a	Plan name	INTEGRATED FINANCIAL SETTLEMENTS, INC. 401(K) PLAN	
b	Name of plan sponsor	INTEGRATED FINANCIAL SETTLEMENTS, INC.	c EIN-PN 20-4029426-001

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	INTEGRICHAIN, INC. 401(K) PLAN	
b	Name of plan sponsor	INTEGRICHAIN, INC.	c EIN-PN 54-2187446-001
a	Plan name	INTELLISENSE SYSTEMS, INC. 401(K) PLAN	
b	Name of plan sponsor	INTELLISENSE SYSTEMS, INC.	c EIN-PN 82-3054429-001
a	Plan name	IPC 401(K) PLAN	
b	Name of plan sponsor	IPC SYSTEMS, INC.	c EIN-PN 30-0383566-001
a	Plan name	IT COALITION 401(K) PLAN - US EMPLOYEES	
b	Name of plan sponsor	INFORMATION TECHNOLOGY COALITION, INC.	c EIN-PN 20-5581516-003
a	Plan name	J-BERD MECHANICAL CONTRACTORS, INC. 401(K) PLAN	
b	Name of plan sponsor	J-BERD MECHANICAL CONTRACTORS, INC.	c EIN-PN 41-1716695-001
a	Plan name	JD FIELDS & COMPANY INC. PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor	J.D. FIELDS & COMPANY, INC.	c EIN-PN 76-0130004-001
a	Plan name	JELSEMA CONCRETE CONSTRUCTION, INC 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	JELSEMA CONCRETE CONSTRUCTION, INC	c EIN-PN 38-2259328-001
a	Plan name	JET LINX AVIATION, LLC 401(K) PLAN	
b	Name of plan sponsor	JET LINX AVIATION, LLC	c EIN-PN 26-3984455-001
a	Plan name	JSW STEEL USA INC 401K PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor	JSW STEEL USA INC	c EIN-PN 61-1539103-001
a	Plan name	JSW STEEL USA OHIO, INC. 401(K) PLAN	
b	Name of plan sponsor	JSW STEEL USA OHIO, INC.	c EIN-PN 81-3308222-001
a	Plan name	KA PO'E HANA LLC 401(K) PLAN	
b	Name of plan sponsor	KA POE HANA LLC	c EIN-PN 31-1674666-001
a	Plan name	KAISER ASSOCIATES, INC. 401(K) SAVINGS PLAN	
b	Name of plan sponsor	KAISER ASSOCIATES, INC.	c EIN-PN 22-2428419-001

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	KAL KRISHNAN CONSULTING SERVICES, INC. 401(K) PLAN	
b	Name of plan sponsor	KAL KRISHNAN CONSULTING SERVICES	c EIN-PN 94-3067664-001
a	Plan name	KALEO, INC. 401(K) PLAN	
b	Name of plan sponsor	KALEO, INC.	c EIN-PN 26-4174212-001
a	Plan name	KBA, INC. 401(K) AND PROFIT SHARING PLAN	
b	Name of plan sponsor	KBA, INC. 401(K) AND PROFIT SHARING PLAN	c EIN-PN 91-1581416-001
a	Plan name	KISCO SENIOR LIVING, LLC EMPLOYEE SAVINGS AND PROFIT SHARING PLAN	
b	Name of plan sponsor	KISCO SENIOR LIVING, LLC	c EIN-PN 13-3924314-001
a	Plan name	KNIGHTED VENTURES, LLC 401(K) RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	KNIGHTED VENTURES, LLC	c EIN-PN 45-4477245-001
a	Plan name	KRB MACHINERY COMPANY RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	KRB MACHINERY COMPANY	c EIN-PN 23-2397053-001
a	Plan name	KREISCHER MILLER CAPITAL ACCUMULATION PLAN	
b	Name of plan sponsor	KREISCHER MILLER	c EIN-PN 23-1980475-001
a	Plan name	KRYSTAL BIOTECH, INC. 401(K) PLAN	
b	Name of plan sponsor	KRYSTAL BIOTECH, INC.	c EIN-PN 82-1080209-002
a	Plan name	KSL ASSOCIATE GROUP 401(K) PLAN	
b	Name of plan sponsor	KSL ASSOCIATE GROUP, INC.	c EIN-PN 33-0894084-001
a	Plan name	LAKELAND INDUSTRIES, INC. 401(K) PLAN	
b	Name of plan sponsor	LAKELAND INDUSTRIES, INC.	c EIN-PN 13-3115216-001
a	Plan name	LANCASTER COLONY CORPORATION MASTER PENSION TRUST	
b	Name of plan sponsor	CHARLES SCHWAB TRUST BANK TRUSTEE OF LANCASTER COLONY CORPORATION	c EIN-PN 82-3967259-001
a	Plan name	LARSON CONSTRUCTION COMPANY, INC. 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	LARSON CONSTRUCTION	c EIN-PN 42-1022004-001

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
a	Plan name LASERSHIP 401(K) PLAN	
b	Name of plan sponsor LASERSHIP, INC.	c EIN-PN 54-2015092-001
a	Plan name LATIN AMERICAN YOUTH CENTER 401(K) PLAN	
b	Name of plan sponsor LATIN AMERICAN YOUTH CENTER, INC	c EIN-PN 52-1023074-001
a	Plan name LATITUDE 36 FOODS LLC 401(K) PLAN	
b	Name of plan sponsor LATITUDE 36 FOODS LLC	c EIN-PN 35-2594469-001
a	Plan name LAWRY'S RESTAURANT, INC. PROFIT SHARING AND 401(K) PLAN	
b	Name of plan sponsor LAWRY'S RESTAURANT, INC.	c EIN-PN 95-0925915-001
a	Plan name LAZY DOG 401(K) PLAN	
b	Name of plan sponsor LAZY DOG RESTAURANTS, LLC	c EIN-PN 46-1351268-001
a	Plan name LEASE MANAGEMENT, INC 401(K) PLAN	
b	Name of plan sponsor LEASE MANAGEMENT, INC.	c EIN-PN 38-1613283-001
a	Plan name LEMIEUX AND ASSOCIATES 401(K) PLAN	
b	Name of plan sponsor LEMIEUX & ASSOCIATES, LLC	c EIN-PN 41-2150398-001
a	Plan name LEWIS BROTHERS LUMBER CO., INC., 401K PROFIT SHARING PLAN	
b	Name of plan sponsor LEWIS BROTHERS LUMBER CO	c EIN-PN 26-3989832-001
a	Plan name LEWIS-WATKINS-FARMER AGENCY INC. 401K	
b	Name of plan sponsor LEWIS WATKINS FARMER AGENCY INC	c EIN-PN 74-2320159-001
a	Plan name LIBRARY ASSOCIATES, LLC 401(K) PLAN	
b	Name of plan sponsor LIBRARY ASSOCIATES LLC	c EIN-PN 81-0799369-001
a	Plan name LIDL US, LLC 401(K) PLAN	
b	Name of plan sponsor LIDL US, LLC	c EIN-PN 68-0683460-001
a	Plan name LIEBERT CASSIDY WHITMORE PROFIT SHARING/401K PLAN AND TRUST	
b	Name of plan sponsor LIEBERT CASSIDY WHITMORE	c EIN-PN 95-3658973-002

Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)		
<small>(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)</small>		
a	Plan name	LIGHTHOUSE CENTRAL FLORIDA, INC. RETIREMENT SAVINGS PLAN
b	Name of plan sponsor	LIGHTHOUSE CENTRAL FLORIDA, INC.
c	EIN-PN	59-2418228-001
a	Plan name	LIPPES MATHIAS LLP 401(K) PLAN
b	Name of plan sponsor	LIPPES MATHIAS LLP
c	EIN-PN	16-1021918-001
a	Plan name	LIQUIDITY SERVICES, INC. 401K PROFIT SHARING PLAN
b	Name of plan sponsor	LIQUIDITY SERVICES, INC.
c	EIN-PN	52-2209244-001
a	Plan name	LLI HOLDINGS INC 401K PLAN
b	Name of plan sponsor	LLI HOLDINGS INC
c	EIN-PN	83-3829690-001
a	Plan name	LOGIX INC 401(K) PROFIT SHARING PLAN & TRUST
b	Name of plan sponsor	LOGIX INC
c	EIN-PN	04-2836397-001
a	Plan name	LOOP1, LLC 401(K) PLAN
b	Name of plan sponsor	LOOP1, LLC
c	EIN-PN	27-0867728-001
a	Plan name	LOS ANGELES POLICE FEDERAL CREDIT UNION EMPLOYEE RETIREMENT PLAN
b	Name of plan sponsor	LOS ANGELES POLICE FEDERAL CREDIT UNION
c	EIN-PN	95-1683316-002
a	Plan name	LOTAME SOLUTIONS, INC. 401(K) PLAN
b	Name of plan sponsor	LOTAME SOLUTIONS, INC.
c	EIN-PN	26-1918422-001
a	Plan name	LYFE LAW LLP 401K PROFIT SHARING PL & TR
b	Name of plan sponsor	LYFE LAW LLP
c	EIN-PN	84-3817209-001
a	Plan name	MACRO SOLUTIONS 401(K) PLAN
b	Name of plan sponsor	MSOL, INC. DBA MACRO SOLUTIONS, INC.
c	EIN-PN	36-4480652-001
a	Plan name	MAGNOLIA PLUMBING EMPLOYEE 401(K) & PROFIT SHARING PLAN
b	Name of plan sponsor	JOSEPH J. MAGNOLIA, INC.
c	EIN-PN	53-0235163-003
a	Plan name	MALLARD CREEK POLYMERS, LLC EES SAVINGS PLAN
b	Name of plan sponsor	MALLARD CREEK POLYMERS, LLC
c	EIN-PN	76-0455769-001

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
<small>(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)</small>			
a	Plan name	MANCINI SLEEP WORLD, INC. 401(K) PLAN	
b	Name of plan sponsor	MANCINI SLEEP WORLD, INC.	c EIN-PN 94-2897795-001
a	Plan name	MARICOPA WATER PROCESSING SYSTEMS, INC. 401(K) PLAN	
b	Name of plan sponsor	MARICOPA WATER PROCESSING SYSTEM	c EIN-PN 86-0720017-001
a	Plan name	MATTRESS FIRM, INC. 401(K) PLAN	
b	Name of plan sponsor	MATTRESS FIRM, INC.	c EIN-PN 76-0596008-001
a	Plan name	MAXLINEAR, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	MAXLINEAR, INC.	c EIN-PN 14-1896129-001
a	Plan name	MCCOY GROUP, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	MCCOY GROUP, INC.	c EIN-PN 39-1428371-001
a	Plan name	MCELROY SULLIVAN MILLER & WEBER LLP	
b	Name of plan sponsor	MCELROY SULLIVAN MILLER AND WEBER LLP	c EIN-PN 74-2245317-001
a	Plan name	MCGEE COMPANY 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	MCGEE COMPANY	c EIN-PN 84-0457707-001
a	Plan name	MCGOWAN & COMPANY, INC. EMPLOYEES' 401(K) PLAN	
b	Name of plan sponsor	MCGOWAN & COMPANY, INC.	c EIN-PN 34-0841381-001
a	Plan name	MCI, INC. 401(K) PLAN	
b	Name of plan sponsor	MCI, INC.	c EIN-PN 41-1277029-001
a	Plan name	MCPC HOLDINGS, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	MCPC HOLDINGS, INC.	c EIN-PN 32-0012228-001
a	Plan name	METROSTAR SYSTEMS 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	METROSTAR SYSTEMS, LLC	c EIN-PN 54-1954547-001
a	Plan name	MFS SUPPLY LLC 401K PLAN	
b	Name of plan sponsor	MFS SUPPLY LLC	c EIN-PN 20-4935387-001

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	MICROSTRATEGY 401(K) SAVINGS PLAN	
b	Name of plan sponsor	MICROSTRATEGY	c EIN-PN 51-0323571-001
a	Plan name	MIDWEST CONTRACT OPERATIONS, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	MIDWEST CONTRACT OPERATIONS, INC.	c EIN-PN 39-1601232-001
a	Plan name	MIG 401(K) PLAN	
b	Name of plan sponsor	MOORE IACOFANO GOLTSMAN, INC	c EIN-PN 94-3116998-001
a	Plan name	MINNESOTA TRUCK HEADQUARTERS 401(K) PLAN	
b	Name of plan sponsor	ST. CLOUD AUTO SALES.COM LLC	c EIN-PN 26-3548274-001
a	Plan name	MOHAWK GLOBAL LOGISTICS 401(K) PLAN	
b	Name of plan sponsor	MOHAWK GLOBAL LOGISTICS	c EIN-PN 16-1444116-001
a	Plan name	MONTANTE COMPANIES 401(K) PLAN	
b	Name of plan sponsor	MONTANTE COMPANIES LLC	c EIN-PN 82-3445159-001
a	Plan name	MORGAN PROPERTIES 401(K) PLAN	
b	Name of plan sponsor	MORGAN PROPERTIES PAYROLL SVCS	c EIN-PN 23-2852119-001
a	Plan name	MOTOR CITY WASH WORKS, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	MOTOR CITY WASH WORKS, INC.	c EIN-PN 74-3103694-001
a	Plan name	MUNDET INC. 401(K) PLAN	
b	Name of plan sponsor	MUNDET INC.	c EIN-PN 54-1397696-009
a	Plan name	MUNSCH HARDT KOPF & HARR, P.C. PROFIT SHARING PLAN	
b	Name of plan sponsor	MUNSCH HARDT KOPF & HARR, P.C.	c EIN-PN 75-2096964-001
a	Plan name	NANOTRONICS IMAGING, INC. 401(K) PLAN	
b	Name of plan sponsor	NANOTRONICS IMAGING, INC.	c EIN-PN 80-0966847-001
a	Plan name	NATIONAL CONSUMER COOPERATIVE BANK RETIREMENT AND 401(K) PLAN	
b	Name of plan sponsor	NATIONAL CONSUMER COOPERATIVE BANK	c EIN-PN 52-1157795-001

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
<small>(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)</small>			
a	Plan name	NATIONAL ORGANIZATION FOR VICTIM ASSISTANCE 401(K) PROFIT SHARING	
b	Name of plan sponsor	NATIONAL ORGANIZATION FOR VICTIM	c EIN-PN 59-1669254-001
a	Plan name	NATIONWIDE SEPARATE ACCOUNT	
b	Name of plan sponsor	NATIONWIDE TRUST COMPANY	c EIN-PN 31-1592130-001
a	Plan name	NBS GOVERNMENT FINANCE GROUP 401(K) PLAN	
b	Name of plan sponsor	NBS GOVERNMENT FINANCE GROUP	c EIN-PN 33-0712512-001
a	Plan name	NEXCERIS LLC 401(K) PLAN	
b	Name of plan sponsor	NEXCERIS LLC	c EIN-PN 31-1441978-001
a	Plan name	NEXION HEALTH, INC. 401K PLAN AND TRUST	
b	Name of plan sponsor	NEXION HEALTH, INC.	c EIN-PN 52-2238971-001
a	Plan name	NIKON METROLOGY, INC. SAVINGS AND INVESTMENT PLAN	
b	Name of plan sponsor	NIKON METROLOGY, INC.	c EIN-PN 38-3436164-001
a	Plan name	NJI MEDIA 401(K)	
b	Name of plan sponsor	NJI MEDIA, LLC	c EIN-PN 27-1521289-001
a	Plan name	NORTHGATE TECHNOLOGIES, INC. & MONAGHAN MEDICAL CORP. EMPLOYEE'S RETIREMENT & SAVINGS PLAN	
b	Name of plan sponsor	MONAGHAN MEDICAL CORP.	c EIN-PN 14-1552699-001
a	Plan name	NORWOOD MANAGEMENT, INC. 401(K) PLAN	
b	Name of plan sponsor	NORWOOD MANAGEMENT, INC.	c EIN-PN 76-0180698-001
a	Plan name	OHIGRO INC 401(K) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor	OHIGRO INC	c EIN-PN 31-0718350-002
a	Plan name	OKANOGAN BEHAVIORAL HEALTHCARE RETIREMENT INVESTMENT PLAN	
b	Name of plan sponsor	OKANOGAN BEHAVIORAL HEALTHCARE	c EIN-PN 41-2040765-001
a	Plan name	ONE CARE PEDIATRIC DENTAL 401(K) PLAN	
b	Name of plan sponsor	ACPDO MANAGEMENT, INC. DBA ONE C	c EIN-PN 84-4623222-001

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
a	Plan name ONE COMMUNITY HEALTH 401(K) PLAN	
b	Name of plan sponsor CARES DBA ONE COMMUNITY HEALTH	c EIN-PN 68-0162903-001
a	Plan name P. J. FITZPATRICK, LLC 401(K) RETIREMENT PLAN	
b	Name of plan sponsor P. J. FITZPATRICK, LLC	c EIN-PN 27-0172384-001
a	Plan name PAISLEYHR 401K PLAN	
b	Name of plan sponsor FINGERCHECK PEO LLC DBA PAISLEYHR	c EIN-PN 92-1788164-001
a	Plan name PARK ENERGY SERVICES, LLC 401(K) PLAN	
b	Name of plan sponsor PARK ENERGY SERVICES, LLC	c EIN-PN 46-4526296-333
a	Plan name PARWINS CAPITAL 401(K) PLAN	
b	Name of plan sponsor PARWINS CAPITAL	c EIN-PN 47-2876219-001
a	Plan name PAVE AMERICA 401K PLAN	
b	Name of plan sponsor PAVE AMERICA INTERCO LLC	c EIN-PN 87-1034990-001
a	Plan name PEACE RIVER CITRUS PRODUCTS, INC. 401(K) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor PEACE RIVER CITRUS PRODUCTS, INC.	c EIN-PN 65-0262599-001
a	Plan name PEDDLER'S VILLAGE RETIREMENT PLAN	
b	Name of plan sponsor PEDDLERS VILLAGE ADMINISTRATION	c EIN-PN 82-3380339-001
a	Plan name PEDIATRIC & ADOLESCENT MEDICINE 401(K) PLAN AND TRUST	
b	Name of plan sponsor P & A MEDICINE, P.C.	c EIN-PN 04-3402361-001
a	Plan name PEDIATRIC SPECIALISTS OF VIRGINIA 401(K) PLAN	
b	Name of plan sponsor PEDIATRIC SPECIALISTS OF VIRGINIA, LLC	c EIN-PN 46-1851763-001
a	Plan name PENNS WOODS BANCORP, INC. 401(K) PLAN	
b	Name of plan sponsor PENNS WOODS BANCORP, INC.	c EIN-PN 23-2226454-001
a	Plan name PENTAGON FEDERAL CREDIT UNION FORT BUCHANAN RETIREMENT PLAN	
b	Name of plan sponsor PENTAGON FEDERAL CREDIT UNION	c EIN-PN 66-0206119-001

Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)		
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)		
a	Plan name	PENTAGON FEDERAL CREDIT UNION THRIFT SAVINGS PLAN
b	Name of plan sponsor	PENTAGON FEDERAL CREDIT UNION
c	EIN-PN	53-0197038-002
a	Plan name	PIP 401(K) RETIREMENT PLAN
b	Name of plan sponsor	PROTECTIVE INDUSTRIAL PRODUCTS, INC.
c	EIN-PN	14-1659264-001
a	Plan name	PLANNED PARENTHOOD/ORANGE AND SAN BERNARDINO COUNTIES, INC. RETIREMENT PLAN
b	Name of plan sponsor	PLANNED PARENTHOOD/ORANGE AND SAN BERNARDINO COUNTIES, INC.
c	EIN-PN	95-6152773-001
a	Plan name	PMHG 401(K) PLAN
b	Name of plan sponsor	PM HOSPITALITY STRATEGIES, INC.
c	EIN-PN	54-1811207-001
a	Plan name	PODICARE SERVICES, INC. 401(K) PLAN
b	Name of plan sponsor	PODICARE SERVICES, INC.
c	EIN-PN	65-1040350-001
a	Plan name	PORTFOLIO MEDIA, INC. 401(K) P/S PLAN
b	Name of plan sponsor	PORTFOLIO MEDIA, INC.
c	EIN-PN	84-1660943-001
a	Plan name	POTOMAC FAMILY DINING GROUP 401(K) PLAN
b	Name of plan sponsor	POTOMAC FAMILY DINING GROUP OPERATING COMPANY LLC
c	EIN-PN	27-3546071-001
a	Plan name	PROFUND ADVISORS LLC
b	Name of plan sponsor	PROFUND ADVISORS LLC
c	EIN-PN	52-2035194-001
a	Plan name	PROLINE EQUIPMENT COMPANY 401(K) PLAN
b	Name of plan sponsor	PROLINE EQUIPMENT COMPANY
c	EIN-PN	38-3218838-001
a	Plan name	PROSPERITY BANCSHARES, INC. 401(K) PROFIT SHARING PLAN
b	Name of plan sponsor	PROSPERITY BANCSHARES, INC.
c	EIN-PN	74-2331986-001
a	Plan name	PSB INSIGHTS, LLC
b	Name of plan sponsor	PSB INSIGHTS, LLC
c	EIN-PN	52-2346069-003
a	Plan name	PTC THERAPEUTICS INC. 401(K) RETIREMENT SAVINGS PLAN
b	Name of plan sponsor	PTC THERAPEUTICS, INC.
c	EIN-PN	04-3416587-002

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)		
a	Plan name QUORUM ANALYTICS 401(K) PLAN	
b	Name of plan sponsor QUORUM ANALYTICS LLC	c EIN-PN 88-2382483-001
a	Plan name RADIANT CREDIT UNION 401(K) RETIREMENT PLAN	
b	Name of plan sponsor RADIANT CREDIT UNION	c EIN-PN 59-0808589-002
a	Plan name RAFT 401(K) PLAN	
b	Name of plan sponsor RAFT LLC	c EIN-PN 46-2689810-001
a	Plan name RANDALLS FARM 401(K) RETIREMENT PLAN	
b	Name of plan sponsor RANDALLS FARM, INC.	c EIN-PN 04-2563075-001
a	Plan name RAPPAPORT MANAGEMENT COMPANY 401(K) PLAN	
b	Name of plan sponsor RAPPAPORT MANAGEMENT COMPANY	c EIN-PN 52-1353340-001
a	Plan name RCP CONSTRUCTION, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor RCP CONSTRUCTION, INC.	c EIN-PN 45-1453241-001
a	Plan name RED VENTURES, LLC 401(K) PLAN	
b	Name of plan sponsor RED VENTURES LLC	c EIN-PN 56-2177622-001
a	Plan name REFRIGERATION SUPPLIES DISTRIBUTOR DEFINED CONTRIBUTION RETIREMENT PLAN & TRUST	
b	Name of plan sponsor RSD - TOTAL CONTROL	c EIN-PN 95-1262130-001
a	Plan name RENMATIX, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor RENMATIX, INC.	c EIN-PN 26-1641190-001
a	Plan name RETIRE RIGHT 401K PLAN	
b	Name of plan sponsor LEADING PLAN SOLUTIONS LLC	c EIN-PN 86-2271858-002
a	Plan name RETRONIX INC 401K PLAN	
b	Name of plan sponsor RETRONIX INC DBA RETRONIX SEMICONDUCTO	c EIN-PN 71-0979065-001
a	Plan name RGIS US 401K PLAN	
b	Name of plan sponsor RGIS US CORP LLC	c EIN-PN 86-3895114-001

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	RHD TIRE, INC RETIREMENT PLAN	
b	Name of plan sponsor	RHD TIRE, INC	c EIN-PN 38-2067684-001
a	Plan name	ROSE CASUAL DINING 401(K) RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	HT ROSE ENTERPRISES	c EIN-PN 23-2360799-001
a	Plan name	RPS SMARTCOURSE SAVINGS PLAN	
b	Name of plan sponsor	TRG FIDUCIARY SERVICES LLC	c EIN-PN 82-3095168-014
a	Plan name	RUBRIS INC 401K PLAN	
b	Name of plan sponsor	RUBRIS INC	c EIN-PN 84-4572880-001
a	Plan name	SADLER MACHINE COMPANY 401(K) PLAN	
b	Name of plan sponsor	SADLER MACHINE COMPANY, INC.	c EIN-PN 42-0791405-001
a	Plan name	SADLER POWER TRAIN, INC. RETIREMENT AND 401(K) PLAN	
b	Name of plan sponsor	SADLER POWER TRAIN, INC.	c EIN-PN 42-1034714-001
a	Plan name	SAG CORPORATION 401K PLAN	
b	Name of plan sponsor	SAG CORPORATION	c EIN-PN 54-1369905-001
a	Plan name	SANCTUARY SOFTWARE STUDIO, INC. 401(K) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor	SANCTUARY SOFTWARE STUDIO, INC.	c EIN-PN 34-1759656-001
a	Plan name	SECURONIX, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	SECURONIX, INC.	c EIN-PN 47-3465503-001
a	Plan name	SHADOWBOX STUDIOS 401(K) PLAN	
b	Name of plan sponsor	BLACKHALL MANAGEMENT SERVICES, LLC	c EIN-PN 86-2577275-001
a	Plan name	SHIJI US 401(K) PLAN	
b	Name of plan sponsor	SHIJI US, INC.	c EIN-PN 36-4852590-001
a	Plan name	SHIMANO AMERICAN CORPORATION EMPLOYEES RETIREMENT PLAN	
b	Name of plan sponsor	SHIMANO AMERICAN CORPORATION	c EIN-PN 33-0203740-001

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	SIDEL, INC. RETIREMENT AND SAVINGS PLAN	
b	Name of plan sponsor	SIDEL, INC.	c EIN-PN 58-1583947-001
a	Plan name	SIMPLUS 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	SIMPLUS	c EIN-PN 47-2080218-001
a	Plan name	SKOOG & CO. 401(K) PLAN	
b	Name of plan sponsor	SKOOG & COMPANY	c EIN-PN 41-1616649-001
a	Plan name	SOFTRAMS, LLC 401(K) P/S PLAN	
b	Name of plan sponsor	SOFTRAMS, LLC	c EIN-PN 20-8761455-001
a	Plan name	SPINUTECH 401(K) PLAN	
b	Name of plan sponsor	SPINUTECH, LLC	c EIN-PN 84-1687048-001
a	Plan name	SPOK HOLDINGS, INC. SAVINGS AND RETIREMENT PLAN	
b	Name of plan sponsor	SPOK HOLDINGS, INC.	c EIN-PN 16-1694797-001
a	Plan name	SPRAY PRODUCTS CORPORATION 401K PLAN	
b	Name of plan sponsor	SPRAY PRODUCTS CORPORATION	c EIN-PN 04-3590028-002
a	Plan name	SPRINGFIELD INDUSTRIAL SERVICES 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	THE CHAMPION COMPANY	c EIN-PN 31-1253370-001
a	Plan name	SPRUCE POWER 401K PLAN	
b	Name of plan sponsor	SPRUCE POWER	c EIN-PN 36-4878506-002
a	Plan name	STAMATS COMMUNICATIONS, INC. 401(K) PLAN	
b	Name of plan sponsor	STAMATS COMMUNICATIONS, INC.	c EIN-PN 42-0641030-002
a	Plan name	STANLEY PEARLMAN ENTERPRISES 401(K) PLAN	
b	Name of plan sponsor	STANLEY PEARLMAN ENTERPRISES, INC.	c EIN-PN 52-1747521-001
a	Plan name	STEEL PIER 401K PLAN	
b	Name of plan sponsor	ATLANTIC PIER AMUSEMENTS INC	c EIN-PN 22-3228386-001

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	STEP UP FOR STUDENTS 401(K) PLAN	
b	Name of plan sponsor	STEP UP FOR STUDENTS-FLORIDA, INC.	c EIN-PN 59-3649371-001
a	Plan name	STILLWATER MINING COMPANY 401(K) PLAN	
b	Name of plan sponsor	STILLWATER MINING COMPANY	c EIN-PN 81-0480654-001
a	Plan name	STILLWATER MINING COMPANY BARGAINING UNIT 401(K) PLAN	
b	Name of plan sponsor	STILLWATER MINING COMPANY	c EIN-PN 81-0480654-002
a	Plan name	STONE DEAN LLP 401(K) PLAN	
b	Name of plan sponsor	STONE DEAN LLP	c EIN-PN 46-1598433-002
a	Plan name	STORY COMPANIES LLC 401K PLAN	
b	Name of plan sponsor	STORY COMPANIES LLC	c EIN-PN 87-1389402-001
a	Plan name	SULLIVAN MOVING & STORAGE, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	SULLIVAN MOVING & STORAGE, INC.	c EIN-PN 27-5140787-001
a	Plan name	SUN DENTAL ASSOCIATES 401(K) PLAN	
b	Name of plan sponsor	SUN DENTAL ASSOCIATES	c EIN-PN 52-1744262-001
a	Plan name	SUNCOAST SKIN SOLUTIONS 401(K) PLAN	
b	Name of plan sponsor	SUNCOAST SKIN SOLUTIONS	c EIN-PN 26-2003898-001
a	Plan name	SUPERIOR AMERICAN CRANE 401(K) PLAN	
b	Name of plan sponsor	TC/AMERICAN CRANE COMPANY	c EIN-PN 81-3315284-001
a	Plan name	SUPERIOR CONTRUCTION CO. INC. EMPLOYEES	
b	Name of plan sponsor	SUPERIOR CONTRUCTION COMPANY	c EIN-PN 35-1035114-001
a	Plan name	SWINERTON 401(K) & SAVINGS PLAN	
b	Name of plan sponsor	SWINERTON INCORPORATED	c EIN-PN 93-1132374-001
a	Plan name	SYNDAX PHARMACEUTICALS, INC 401(K) PLAN	
b	Name of plan sponsor	SYNDAX PHARMACEUTICALS, INC.	c EIN-PN 32-0162505-001

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	SYUFY ENTERPRISES RETIREMENT PLAN	
b	Name of plan sponsor	SYUFY ENTERPRISES, L.P.	c EIN-PN 94-2167713-001
a	Plan name	TATE ENGINEERING SYSTEMS, INC. RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	TATE ENGINEERING SYSTEMS, INC.	c EIN-PN 52-1642992-002
a	Plan name	TAYLOR OIL CO., INC. PROFIT SHARING PLAN	
b	Name of plan sponsor	TAYLOR OIL CO., INC.	c EIN-PN 22-1739466-001
a	Plan name	TDS PHARMACY INC	
b	Name of plan sponsor	TDS PHARMCY INC	c EIN-PN 38-3056691-001
a	Plan name	TECHNICOTE, INC. EMPLOYEE RETIREMENT PLAN	
b	Name of plan sponsor	TECHNICOTE, INC.	c EIN-PN 34-1313085-001
a	Plan name	TECHNOSYLVA INC 401K PLAN	
b	Name of plan sponsor	TECHNOSYLVA INC	c EIN-PN 90-1011166-001
a	Plan name	TEXAS IRON & METAL 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	TEXAS IRON & METAL COMPANY	c EIN-PN 76-0299268-001
a	Plan name	TGR GEOTECHNICAL 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	TGR GEOTECHNICAL, INC.	c EIN-PN 33-0992320-001
a	Plan name	THE CYPRESS 401K RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	THE CYPRESS CLUB, INC.	c EIN-PN 57-0951170-001
a	Plan name	THE HUMANE SOCIETY OF THE UNITED STATES 401(K) SAVINGS PLAN	
b	Name of plan sponsor	THE HUMANE SOCIETY OF THE UNITED STATES	c EIN-PN 53-0225390-002
a	Plan name	THE INNOVA GROUP 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	THE INNOVA GROUP, LLC	c EIN-PN 74-2748207-001
a	Plan name	THE LOOMIS CORPORATION PROFIT SHARING PLAN	
b	Name of plan sponsor	THE LOOMIS CORPORATION	c EIN-PN 75-2050557-001

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	THE MOORE 401(K) RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	WORLDWIDE PRINTING & DISTRIBUTION, INC.	c EIN-PN 73-1500541-001
a	Plan name	THE OLSON COMPANY 401(K) PLAN AND TRUST	
b	Name of plan sponsor	OLSON URBAN HOUSING, LLC	c EIN-PN 33-0884300-001
a	Plan name	THE SUN LIGHT & POWER 401(K) PLAN	
b	Name of plan sponsor	SUN LIGHT & POWER	c EIN-PN 94-2357077-001
a	Plan name	THE VIRGINIA TIRE & AUTO 401(K) PLAN	
b	Name of plan sponsor	VTA, LLC	c EIN-PN 54-1082209-002
a	Plan name	TN AMERICAS HOLDINGS INC. 401(K) RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	TN AMERICAS HOLDINGS INC.	c EIN-PN 82-2328206-001
a	Plan name	TOLUNA USA, INC. 401K PLAN	
b	Name of plan sponsor	TOLUNA USA, INC	c EIN-PN 20-5461944-001
a	Plan name	TOOLE DESIGN GROUP 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor	TOOLE DESIGN GROUP LLC	c EIN-PN 05-0545429-001
a	Plan name	TORY BURCH, LLC 401(K) PLAN	
b	Name of plan sponsor	TORY BURCH, LLC	c EIN-PN 56-2384277-001
a	Plan name	TOSHIBA 401(K) PLAN	
b	Name of plan sponsor	TOSHIBA	c EIN-PN 45-5236414-001
a	Plan name	TRIPLE CROWN CONSULTING LLC 401K PLAN	
b	Name of plan sponsor	TRIPLE CROWN CONSULTING LLC	c EIN-PN 20-1368158-001
a	Plan name	TRL SYSTEMS, INC. 401(K) PLAN	
b	Name of plan sponsor	TRL SYSTEMS, INC.	c EIN-PN 95-3609841-001
a	Plan name	TROJAN PROFESSIONAL SERVICES, INC. 401(K) PLAN	
b	Name of plan sponsor	TROJAN PROFESSIONAL SERVICES	c EIN-PN 33-0355439-001

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	TRUEPILL 401(K) PLAN	
b	Name of plan sponsor	TRUEPILL, INC	c EIN-PN 84-3676147-001
a	Plan name	TWO RIVERS ENTERPRISES, INC. 401(K) PLAN	
b	Name of plan sponsor	TWO RIVERS ENTERPRISES, INC.	c EIN-PN 41-1994904-001
a	Plan name	UNION HOME MORTGAGE CORPORATION 401K PL	
b	Name of plan sponsor	UNION HOME MORTGAGE CORPORATION	c EIN-PN 34-1084436-001
a	Plan name	UNITED ENTERTAINMENT CORP. 401(K) PLAN	
b	Name of plan sponsor	UNITED ENTERTAINMENT CORP.	c EIN-PN 41-1748163-002
a	Plan name	UNITED TALENT AGENCY LLC 401(K) PLAN	
b	Name of plan sponsor	UNITED TALENT AGENCY LLC	c EIN-PN 95-4312582-001
a	Plan name	UNIVERSAL MENTAL HEALTH SERVICES, INC. 401(K) PLAN	
b	Name of plan sponsor	UNIVERSAL MENTAL HEALTH SERVICES, INC.	c EIN-PN 14-1877453-001
a	Plan name	VANTAGE DATA CENTERS 401K PLAN	
b	Name of plan sponsor	VANTAGE DATA CENTERS MANAGEMENT COMPANY	c EIN-PN 27-2332975-001
a	Plan name	VIRGIN GALACTIC, LLC 401(K) PLAN	
b	Name of plan sponsor	VIRGIN GALACTIC, LLC	c EIN-PN 84-2252157-001
a	Plan name	VOCON 401(K) RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	VOCON DESIGN, INC.	c EIN-PN 34-1541396-001
a	Plan name	WARE GROUP, LLC 401(K) PLAN	
b	Name of plan sponsor	WARE GROUP, LLC DBA JOHNSTONE SUPPLY	c EIN-PN 26-3590999-001
a	Plan name	WATERMARK SOLUTIONS, LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	WATERMARK SOLUTIONS, LLC	c EIN-PN 33-1070746-001
a	Plan name	WAYNE PERRY, INC. AND FUELING & SERVICE TECHNOLOGIES, INC. 401(K) PLAN	
b	Name of plan sponsor	WAYNE PERRY, INC.	c EIN-PN 95-2880827-002

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
<small>(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)</small>			
a	Plan name	WEIDMULLER, INC. EMPLOYEE SAVINGS PLAN	
b	Name of plan sponsor	WEIDMULLER, INC.	c EIN-PN 74-3082931-002
a	Plan name	WHEELS UP PARTNERS LLC RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	WHEELS UP PARTNERS LLC	c EIN-PN 45-4068474-001
a	Plan name	WHITE STAR INVESTMENTS, LLC 401(K) PLAN	
b	Name of plan sponsor	SMART TECHNOLOGY, LLC	c EIN-PN 52-2007467-001
a	Plan name	WIND RIVER ENVIRONMENTAL 401(K) PLAN	
b	Name of plan sponsor	WIND RIVER ENVIRONMENTAL, LLC	c EIN-PN 04-3487677-001
a	Plan name	WSS 401(K) PLAN	
b	Name of plan sponsor	EUROSTAR, INC.	c EIN-PN 95-3925299-002
a	Plan name	WTS PARADIGM DEFERRED SAVINGS PLAN	
b	Name of plan sponsor	WTS PARADIGM, LLC	c EIN-PN 20-1623787-001
a	Plan name	WV EYE CONSULTANTS, LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	WV EYE CONSULTANTS, LLC	c EIN-PN 27-3671993-001
a	Plan name	YOUR 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	STANDARD RETIREMENT SERVICES, INC.	c EIN-PN 25-1838406-042
a	Plan name		
b	Name of plan sponsor		c EIN-PN
a	Plan name		
b	Name of plan sponsor		c EIN-PN
a	Plan name		
b	Name of plan sponsor		c EIN-PN
a	Plan name		
b	Name of plan sponsor		c EIN-PN

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
A Name of plan FLEXPATH INDEX CONSERVATIVE 2055 FUND	B Three-digit plan number (PN) ▶ 224
C Plan sponsor's name as shown on line 2a of Form 5500 GREAT GRAY TRUST COMPANY, LLC	D Employer Identification Number (EIN) 47-2575758

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

Assets	(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	
b Receivables (less allowance for doubtful accounts):		
(1) Employer contributions	1b(1)	
(2) Participant contributions	1b(2)	
(3) Other	1b(3)	180886
		933891
c General investments:		
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	
(2) U.S. Government securities	1c(2)	
(3) Corporate debt instruments (other than employer securities):		
(A) Preferred	1c(3)(A)	
(B) All other	1c(3)(B)	
(4) Corporate stocks (other than employer securities):		
(A) Preferred	1c(4)(A)	
(B) Common	1c(4)(B)	
(5) Partnership/joint venture interests	1c(5)	
(6) Real estate (other than employer real property)	1c(6)	
(7) Loans (other than to participants)	1c(7)	
(8) Participant loans	1c(8)	
(9) Value of interest in common/collective trusts	1c(9)	62799273
(10) Value of interest in pooled separate accounts	1c(10)	126043591
(11) Value of interest in master trust investment accounts	1c(11)	
(12) Value of interest in 103-12 investment entities	1c(12)	
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	
(15) Other	1c(15)	

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)		
(2) Employer real property.....	1d(2)		
e Buildings and other property used in plan operation.....	1e		
f Total assets (add all amounts in lines 1a through 1e).....	1f	62980159	126977482
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h	0	37214
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j	204084	933891
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	204084	971105
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	62776075	126006377

Part II Income and Expense Statement

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

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

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		13826308
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		13826308

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)		
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		0
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)	5229	
(5) Investment advisory and investment management fees	2i(5)	95769	
(6) Bank or trust company trustee/custodial fees	2i(6)	21344	
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)		
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		122342
j Total expenses. Add all expense amounts in column (b) and enter total	2j		122342

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		13703966
l Transfers of assets:			
(1) To this plan	2l(1)		71700813
(2) From this plan	2l(2)		22174477

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name:

(2) EIN:

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

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

Part IV Compliance Questions

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

During the plan year:

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

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

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

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

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

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