

Form 5500

Annual Return/Report of Employee Benefit Plan

OMB Nos. 1210-0110 1210-0089

2024

This Form is Open to Public Inspection

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

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.

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, 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, 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, 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 RETIREMENT FUND
1b Three-digit plan number (PN): 212
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): 47-2264760
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.

Form 5500 (2024) v. 240311

<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>	<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 01/01/2024 and ending 12/31/2024

<b>A</b> Name of plan <u>FLEXPATH INDEX CONSERVATIVE RETIREMENT FUND</u>	<b>B</b> Three-digit plan number (PN)	<u>212</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>47-2264760</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 CONS RET FUND F</u>	
<b>b</b> Name of sponsor of entity listed in (a):	<u>BLACKROCK INSTITUTIONAL TRUST COMPANY, N.A.</u>	
<b>c</b> EIN-PN <u>47-2241657-001</u>	<b>d</b> Entity code <u>C</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>151044302</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>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)

**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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**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:

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

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

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

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

**c** EIN-PN

**d** Entity code

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

<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	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	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	ADVANCED PAIN CARE 401K PROFIT SHARING	
<b>b</b>	Name of plan sponsor	ADVANCED PAIN CARE	<b>c</b> EIN-PN 33-1043094-001
<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
<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	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>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	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	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	ANCORA HOLDINGS GROUP, LLC	<b>c</b> EIN-PN 87-2417854-001
<b>a</b>	Plan name	ANCORA - MEP	
<b>b</b>	Name of plan sponsor	CANTERBURY CAPITAL, LLC	<b>c</b> EIN-PN 47-5207696-001
<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	KLEINS PHARMACY AND ORTHOPEDIC APPLIANCES, INC.	<b>c</b> EIN-PN 34-1151432-002
<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	ANTISYN 401K PLAN	
<b>b</b>	Name of plan sponsor	ANTISYN LLC	<b>c</b> EIN-PN 80-0184335-001
<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	ARMOR EXPRESS 401(K) PLAN	
<b>b</b>	Name of plan sponsor	CENTRAL LAKE ARMOR EXPRESS INC	<b>c</b> EIN-PN 20-2901741-001

<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	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	ARTEMIS CONSULTING, LLC 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	ARTEMIS CONSULTING, LLC	<b>c</b> EIN-PN 20-4041454-001
<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	ASSURANCEAMERICA CORPORATION 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	ASSURANCEAMERICA CORPORATION	<b>c</b> EIN-PN 87-0281240-001
<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	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>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	AUTOMEPP 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

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 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 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 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>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 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 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>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	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>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	CARRUBBA INCORPORATED DEFINED	
<b>b</b>	Name of plan sponsor	CARRUBBA INC	<b>c</b> EIN-PN 06-1021215-001
<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	CGRS, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	CGRS, INC.	<b>c</b> EIN-PN 84-1061813-001
<b>a</b>	Plan name	CHEM SERVICE, INC. EMPLOYEES' SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	CHEM SERVICE, INC.	<b>c</b> EIN-PN 23-1644855-001
<b>a</b>	Plan name	CHERRY CREEK INSURANCE AGENCY, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	CHERRY CREEK INSURANCE AGENCY, INC.	<b>c</b> EIN-PN 84-1040215-001
<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>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	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>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	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	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	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	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
<b>a</b>	Plan name	COSETTE PHARMACEUTICALS, INC. 401(K) PLAN
<b>b</b>	Name of plan sponsor	COSETTE PHARMACEUTICALS, INC.
<b>c</b>	EIN-PN	83-2305806-001
<b>a</b>	Plan name	COVENANT CARE 401(K) PLAN
<b>b</b>	Name of plan sponsor	COVENANT CARE CALIFORNIA, LLC
<b>c</b>	EIN-PN	33-0631540-001
<b>a</b>	Plan name	CRESCENT CAPITAL GROUP LP 401(K) PLAN
<b>b</b>	Name of plan sponsor	CRESCENT CAPITAL GROUP LP
<b>c</b>	EIN-PN	27-2698206-001

<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	CWS CORPORATE LEASING, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	CWS CORPORATE LEASING, LLC	<b>c</b> EIN-PN 33-0787124-001
<b>a</b>	Plan name	DANIEL GALE 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	DANIEL GALE AGENCY	<b>c</b> EIN-PN 11-3024856-001
<b>a</b>	Plan name	DANILLER COMPANY 401K BENEFIT PLAN	
<b>b</b>	Name of plan sponsor	DANILLER COMPANY	<b>c</b> EIN-PN 74-2907715-001
<b>a</b>	Plan name	DECISIVEDGE, LLC 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	DECISIVEDGE, LLC	<b>c</b> EIN-PN 26-1440851-001
<b>a</b>	Plan name	DEV TECHNOLOGY GROUP - 401K P/S PLAN	
<b>b</b>	Name of plan sponsor	DEV TECHNOLOGY GROUP INC	<b>c</b> EIN-PN 52-2110007-001
<b>a</b>	Plan name	DISTRICT PHOTO, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	DISTRICT PHOTO, INC.	<b>c</b> EIN-PN 52-1191617-001
<b>a</b>	Plan name	DIVENTURES HOLDINGS LLC 401(K) PROFIT SHARING PLAN & TRUST	
<b>b</b>	Name of plan sponsor	DIVENTURES HOLDINGS LLC	<b>c</b> EIN-PN 27-4512503-001
<b>a</b>	Plan name	DIVENTURES LLC 401(K) PROFIT SHARING PLAN & TRUST	
<b>b</b>	Name of plan sponsor	DIVENTURES LLC	<b>c</b> EIN-PN 26-4123966-001
<b>a</b>	Plan name	DRT STRATEGIES INC 401K PROFIT SHARING PLAN AND TRUST	
<b>b</b>	Name of plan sponsor	DRT STRATEGIES INC	<b>c</b> EIN-PN 20-0526356-001
<b>a</b>	Plan name	DYNAMIC SERVICE SOLUTIONS 401(K) PLAN	
<b>b</b>	Name of plan sponsor	DYNAMIC SERVICE SOLUTIONS, LLC	<b>c</b> EIN-PN 80-0625178-001
<b>a</b>	Plan name	EAGLE BUILDING COMPANY LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	EAGLE BUILDING COMPANY LLC	<b>c</b> EIN-PN 27-3959356-001
<b>a</b>	Plan name	EAGLEBANK 401(K) PLAN	
<b>b</b>	Name of plan sponsor	EAGLEBANK	<b>c</b> EIN-PN 52-2099123-001

<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	EDOPS 401K P/S PLAN	
<b>b</b>	Name of plan sponsor	EDUCATION BUSINESS SOLUTIONS INC	<b>c</b> EIN-PN 27-1263534-001
<b>a</b>	Plan name	ELECTRIC MOTOR SALES & SERVICE, INC., 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	ELECTRIC MOTOR SALES & SERVICE, INC.	<b>c</b> EIN-PN 64-0508039-001
<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	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	ENTERPRISE ELECTRIC, LLC EMPLOYEE 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ENTERPRISE ELECTRIC, LLC	<b>c</b> EIN-PN 37-1450903-001
<b>a</b>	Plan name	ENVIROTECH SERVICES, INC. 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	ENVIROTECH SERVICES, INC.	<b>c</b> EIN-PN 84-1102950-001
<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	EXCEL SALON PRODUCTS, INC. 401(K) PROFIT SHARING PLAN AND TRUST	
<b>b</b>	Name of plan sponsor	EXCEL SALON PRODUCTS, INC.	<b>c</b> EIN-PN 38-2043740-002
<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	FARMBANK 401K PLAN	
<b>b</b>	Name of plan sponsor	FARMBANK	<b>c</b> EIN-PN 44-0502072-002

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 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 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 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 FULFILLMENT SERVICES, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor FULFILLMENT SERVICES, INC.	<b>c</b> EIN-PN 04-3395484-001
<b>a</b>	Plan name GARY W LAMBERT AND COMPANY 401(K) PROFIT SHARING PLAN & TRUST	
<b>b</b>	Name of plan sponsor GARY W LAMBERT AND COMPANY	<b>c</b> EIN-PN 74-2145502-001
<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 GLOBAL INTEGRITY REALTY CORPORATION 401(K) PLAN	
<b>b</b>	Name of plan sponsor GLOBAL INTEGRITY REALTY CORPORATION	<b>c</b> EIN-PN 95-4801473-001
<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>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	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	GUAYAKI 401(K) PLAN	
<b>b</b>	Name of plan sponsor	GUAYAKI	<b>c</b> EIN-PN 77-0560794-001
<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	H & H SALES, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	H & H SALES, INC.	<b>c</b> EIN-PN 42-1309803-001
<b>a</b>	Plan name	HALYCON DAYS CONSULTING LLC 401K PLAN	
<b>b</b>	Name of plan sponsor	HALCYON DAYS CONSULTING LLC	<b>c</b> EIN-PN 85-0622138-001
<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	HASTINGS WATER WORKS, INC. 401K RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	HASTINGS WATER WORKS, INC.	<b>c</b> EIN-PN 34-1712822-001

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 HAUSBECK PICKLE COMPANY 401(K) PLAN	
<b>b</b>	Name of plan sponsor HAUSBECK PICKLE COMPANY	<b>c</b> EIN-PN 38-1707913-001
<b>a</b>	Plan name HEALTHSMART MANAGEMENT SERVICES ORGANIZATIONS, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor HEALTHSMART MGMT SERVICES ORGANIZATIONS INC	<b>c</b> EIN-PN 93-1209030-001
<b>a</b>	Plan name HEARTLAND SECURITY INSURANCE GROUP ESOP PLAN	
<b>b</b>	Name of plan sponsor HEARTLAND SECURITY INSURANCE GROUP	<b>c</b> EIN-PN 75-2960792-001
<b>a</b>	Plan name HELDT LUMBER CO., INC. PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor HELDT LUMBER CO., INC.	<b>c</b> EIN-PN 86-0148002-001
<b>a</b>	Plan name HENDERSON BROTHERS, INC. PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor HENDERSON BROTHERS, INC.	<b>c</b> EIN-PN 25-0543730-001
<b>a</b>	Plan name HENRY PROST, M.D., PLLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor HENRY M. PROST, M.D., PLLC	<b>c</b> EIN-PN 94-3417502-001
<b>a</b>	Plan name HORNING MANAGEMENT COMPANY, LLC PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor HORNING MANAGEMENT COMPANY, LLC	<b>c</b> EIN-PN 27-1413972-002
<b>a</b>	Plan name HORROCKS ENGINEERS 401(K) PLAN	
<b>b</b>	Name of plan sponsor HORROCKS ENGINEERS, INC.	<b>c</b> EIN-PN 87-0296502-001
<b>a</b>	Plan name HOSPITALIST SERVICES OF ALABAMA RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor HOSPITALIST SERVICES OF ALABAMA, LLC	<b>c</b> EIN-PN 46-4167313-001
<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 HP-UOV 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor THE HEALTH PLAN OF WEST VIRGINIA, INC.	<b>c</b> EIN-PN 55-0585592-002
<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>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	I.D. ASSOCIATES, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	I.D. ASSOCIATES, INC.	<b>c</b> EIN-PN 63-1227182-001
<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	IFCO SYSTEMS US 401(K) PLAN	
<b>b</b>	Name of plan sponsor	IFCO SYSTEMS US, LLC	<b>c</b> EIN-PN 59-3344620-001
<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	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	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>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	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

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 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 JD FIELDS & COMPANY INC. PROFIT SHARING PLAN & TRUST	
<b>b</b>	Name of plan sponsor J.D. FIELDS & COMPANY, INC.	<b>c</b> EIN-PN 76-0130004-001
<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 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 JONESVILLE PAPER TUBE CORPORATION 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor JONESVILLE PAPER TUBE CORPORATION	<b>c</b> EIN-PN 38-1493573-001
<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
<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 KAL KRISHNAN CONSULTING SERVICES, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor KAL KRISHNAN CONSULTING SERVICES	<b>c</b> EIN-PN 94-3067664-001
<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 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 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 <b>KSJ KASLANDER LUMBER 401K PLAN</b>	
<b>b</b>	Name of plan sponsor <b>KSJ KASLANDER LUMBER LLC</b>	<b>c</b> EIN-PN <b>93-1729206-001</b>
<b>a</b>	Plan name <b>KSL ASSOCIATE GROUP 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>KSL ASSOCIATE GROUP, INC.</b>	<b>c</b> EIN-PN <b>33-0894084-001</b>
<b>a</b>	Plan name <b>LAKELAND INDUSTRIES, INC. 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>LAKELAND INDUSTRIES, INC.</b>	<b>c</b> EIN-PN <b>13-3115216-001</b>
<b>a</b>	Plan name <b>LANCASTER COLONY CORPORATION MASTER PENSION TRUST</b>	
<b>b</b>	Name of plan sponsor <b>CHARLES SCHWAB TRUST BANK TRUSTEE OF LANCASTER COLONY CORPORATION</b>	<b>c</b> EIN-PN <b>82-3967259-001</b>
<b>a</b>	Plan name <b>LASERSHIP 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>LASERSHIP, INC.</b>	<b>c</b> EIN-PN <b>54-2015092-001</b>
<b>a</b>	Plan name <b>LATIN AMERICAN YOUTH CENTER 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>LATIN AMERICAN YOUTH CENTER, INC</b>	<b>c</b> EIN-PN <b>52-1023074-001</b>
<b>a</b>	Plan name <b>LATITUDE 36 FOODS LLC 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>LATITUDE 36 FOODS LLC</b>	<b>c</b> EIN-PN <b>35-2594469-001</b>
<b>a</b>	Plan name <b>LAURA CHENEL'S CHEVRE, INC. 401(K) PROFIT SHARING PLAN AND TRUST</b>	
<b>b</b>	Name of plan sponsor <b>LAURA CHENELS CHEVRE, INC.</b>	<b>c</b> EIN-PN <b>56-2599658-001</b>
<b>a</b>	Plan name <b>LAWRY'S RESTAURANT, INC. PROFIT SHARING AND 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>LAWRYS RESTAURANT, INC.</b>	<b>c</b> EIN-PN <b>95-0925915-001</b>
<b>a</b>	Plan name <b>LAZY DOG 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>LAZY DOG RESTAURANTS, LLC</b>	<b>c</b> EIN-PN <b>46-1351268-001</b>
<b>a</b>	Plan name <b>LIBRARY ASSOCIATES, LLC 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>LIBRARY ASSOCIATES LLC</b>	<b>c</b> EIN-PN <b>81-0799369-001</b>
<b>a</b>	Plan name <b>LIDL US, LLC 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>LIDL US, LLC</b>	<b>c</b> EIN-PN <b>68-0683460-001</b>

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	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	LIPPES MATHIAS LLP 401(K) PLAN	
<b>b</b>	Name of plan sponsor	LIPPES MATHIAS LLP	<b>c</b> EIN-PN 16-1021918-001
<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	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	LOGIX INC 401(K) PROFIT SHARING PLAN & TRUST	
<b>b</b>	Name of plan sponsor	LOGIX INC	<b>c</b> EIN-PN 04-2836397-001
<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	LYFE LAW LLP 401K PROFIT SHARING PL & TR	
<b>b</b>	Name of plan sponsor	LYFE LAW LLP	<b>c</b> EIN-PN 84-3817209-001
<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	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	MARICOPA WATER PROCESSING SYSTEMS, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	MARICOPA WATER PROCESSING SYSTEM	<b>c</b> EIN-PN 86-0720017-001

<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	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	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	MEDICAL RESOURCE GROUP 401K PLAN	
<b>b</b>	Name of plan sponsor	MEDICAL RESOURCE GROUP	<b>c</b> EIN-PN 34-1874916-001
<b>a</b>	Plan name	MERIT COMMERCIAL WINDOWS, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	MERIT COMMERCIAL WINDOWS, LLC	<b>c</b> EIN-PN 45-5120381-001
<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>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	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>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	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 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

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="#">NEW MEXICO ORTHOPAEDIC ASSOCIATES, PC 401(K) PROFIT SHARING PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">NEW MEXICO ORTHOPAEDIC ASSOCIATES, P.C.</a>	<b>c</b> EIN-PN <a href="#">85-0291612-002</a>
<b>a</b>	Plan name <a href="#">NEXION HEALTH, INC. 401K PLAN AND TRUST</a>	
<b>b</b>	Name of plan sponsor <a href="#">NEXION HEALTH, INC.</a>	<b>c</b> EIN-PN <a href="#">52-2238971-001</a>
<b>a</b>	Plan name <a href="#">NIKON METROLOGY, INC. SAVINGS AND INVESTMENT PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">NIKON METROLOGY, INC.</a>	<b>c</b> EIN-PN <a href="#">38-3436164-001</a>
<b>a</b>	Plan name <a href="#">NORTHGATE TECHNOLOGIES, INC. &amp; MONAGHAN MEDICAL CORP. EMPLOYEE'S RETIREMENT &amp; SAVINGS PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">MONAGHAN MEDICAL CORP.</a>	<b>c</b> EIN-PN <a href="#">14-1552699-001</a>
<b>a</b>	Plan name <a href="#">NORWOOD MANAGEMENT, INC. 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">NORWOOD MANAGEMENT, INC.</a>	<b>c</b> EIN-PN <a href="#">76-0180698-001</a>
<b>a</b>	Plan name <a href="#">ONE CARE PEDIATRIC DENTAL 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">ACPDO MANAGEMENT, INC. DBA ONE C</a>	<b>c</b> EIN-PN <a href="#">84-4623222-001</a>
<b>a</b>	Plan name <a href="#">ONE COMMUNITY HEALTH 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">CARES DBA ONE COMMUNITY HEALTH</a>	<b>c</b> EIN-PN <a href="#">68-0162903-001</a>
<b>a</b>	Plan name <a href="#">P. J. FITZPATRICK, LLC 401(K) RETIREMENT PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">P. J. FITZPATRICK, LLC</a>	<b>c</b> EIN-PN <a href="#">27-0172384-001</a>
<b>a</b>	Plan name <a href="#">PAKSN, INC. 401(K) PROFIT SHARING PLAN &amp; TRUST</a>	
<b>b</b>	Name of plan sponsor <a href="#">PAKSN, INC.</a>	<b>c</b> EIN-PN <a href="#">46-0467823-002</a>
<b>a</b>	Plan name <a href="#">PALLADIUM GROUP GLOBAL 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">PALLADIUM GROUP GLOBAL LLC</a>	<b>c</b> EIN-PN <a href="#">27-1357362-001</a>
<b>a</b>	Plan name <a href="#">PALMER BROTHERS PAINTING CONTRACTORS, INC. 401(K) PROFIT</a>	
<b>b</b>	Name of plan sponsor <a href="#">PALMER BROTHERS PAINTING CONTRAC</a>	<b>c</b> EIN-PN <a href="#">52-1265697-002</a>
<b>a</b>	Plan name <a href="#">PARK ENERGY SERVICES, LLC 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">PARK ENERGY SERVICES, LLC</a>	<b>c</b> EIN-PN <a href="#">46-4526296-333</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	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 & ADOLESCENT MEDICINE 401(K) PLAN AND TRUST	
<b>b</b>	Name of plan sponsor	P & A MEDICINE, P.C.	<b>c</b> EIN-PN 04-3402361-001
<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
<b>a</b>	Plan name	PENNS WOODS BANCORP, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	PENNS WOODS BANCORP, INC.	<b>c</b> EIN-PN 23-2226454-001
<b>a</b>	Plan name	PENTAGON FEDERAL CREDIT UNION FORT BUCHANAN RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	PENTAGON FEDERAL CREDIT UNION	<b>c</b> EIN-PN 66-0206119-001
<b>a</b>	Plan name	PENTAGON FEDERAL CREDIT UNION THRIFT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	PENTAGON FEDERAL CREDIT UNION	<b>c</b> EIN-PN 53-0197038-002
<b>a</b>	Plan name	PIP 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	PROTECTIVE INDUSTRIAL PRODUCTS, INC.	<b>c</b> EIN-PN 14-1659264-001
<b>a</b>	Plan name	PLANNED PARENTHOOD/ORANGE AND SAN BERNARDINO COUNTIES, INC. RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	PLANNED PARENTHOOD/ORANGE AND SAN BERNARDINO COUNTIES, INC.	<b>c</b> EIN-PN 95-6152773-001
<b>a</b>	Plan name	PMHG 401(K) PLAN	
<b>b</b>	Name of plan sponsor	PM HOSPITALITY STRATEGIES, INC.	<b>c</b> EIN-PN 54-1811207-001
<b>a</b>	Plan name	PODICARE SERVICES, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	PODICARE SERVICES, INC.	<b>c</b> EIN-PN 65-1040350-001

<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	PORTFOLIO MEDIA, INC. 401(K) P/S PLAN	
<b>b</b>	Name of plan sponsor	PORTFOLIO MEDIA, INC.	<b>c</b> EIN-PN 84-1660943-001
<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	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	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	RANDALLS FARM 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	RANDALLS FARM, INC.	<b>c</b> EIN-PN 04-2563075-001
<b>a</b>	Plan name	RCP CONSTRUCTION, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	RCP CONSTRUCTION, INC.	<b>c</b> EIN-PN 45-1453241-001
<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
<b>a</b>	Plan name	RENMATIX, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	RENMATIX, INC.	<b>c</b> EIN-PN 26-1641190-001
<b>a</b>	Plan name	RETIRE RIGHT 401K PLAN	
<b>b</b>	Name of plan sponsor	LEADING PLAN SOLUTIONS LLC	<b>c</b> EIN-PN 86-2271858-002
<b>a</b>	Plan name	RHD TIRE, INC RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	RHD TIRE, INC	<b>c</b> EIN-PN 38-2067684-001

<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	ROSE CASUAL DINING 401(K) RETIREMENT SAVINGS PLAN
<b>b</b>	Name of plan sponsor	HT ROSE ENTERPRISES
<b>c</b>	EIN-PN	23-2360799-001
<b>a</b>	Plan name	RPS SMARTCOURSE SAVINGS PLAN
<b>b</b>	Name of plan sponsor	TRG FIDUCIARY SERVICES LLC
<b>c</b>	EIN-PN	82-3095168-014
<b>a</b>	Plan name	SADLER MACHINE COMPANY 401(K) PLAN
<b>b</b>	Name of plan sponsor	SADLER MACHINE COMPANY, INC.
<b>c</b>	EIN-PN	42-0791405-001
<b>a</b>	Plan name	SANCTUARY SOFTWARE STUDIO, INC. 401(K) PROFIT SHARING PLAN & TRUST
<b>b</b>	Name of plan sponsor	SANCTUARY SOFTWARE STUDIO, INC.
<b>c</b>	EIN-PN	34-1759656-001
<b>a</b>	Plan name	SCOPE IMPORTS, INC. 401(K) PROFIT SHARING PLAN
<b>b</b>	Name of plan sponsor	SCOPE IMPORTS, INC.
<b>c</b>	EIN-PN	74-1562730-001
<b>a</b>	Plan name	SECTEK SAVINGS AND RETIREMENT PLAN
<b>b</b>	Name of plan sponsor	SECTEK, INC.
<b>c</b>	EIN-PN	34-1726791-002
<b>a</b>	Plan name	SECURONIX, INC. 401(K) PROFIT SHARING PLAN
<b>b</b>	Name of plan sponsor	SECURONIX, INC.
<b>c</b>	EIN-PN	47-3465503-001
<b>a</b>	Plan name	SELIGMAN GROUP RETIREMENT PLAN
<b>b</b>	Name of plan sponsor	PENTEGRA SERVICES, INC.
<b>c</b>	EIN-PN	13-3745616-008
<b>a</b>	Plan name	SEPARATE ACCOUNT A
<b>b</b>	Name of plan sponsor	STANDARD INSURANCE COMPANY
<b>c</b>	EIN-PN	93-0242990-005
<b>a</b>	Plan name	SHERWOOD MECHANICAL, INC. 401(K) PLAN
<b>b</b>	Name of plan sponsor	SHERWOOD MECHANICAL, INC.
<b>c</b>	EIN-PN	68-0565225-001
<b>a</b>	Plan name	SHIJI US 401(K) PLAN
<b>b</b>	Name of plan sponsor	SHIJI US, INC.
<b>c</b>	EIN-PN	36-4852590-001
<b>a</b>	Plan name	SIDEL, INC. RETIREMENT AND SAVINGS PLAN
<b>b</b>	Name of plan sponsor	SIDEL, INC.
<b>c</b>	EIN-PN	58-1583947-001

<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	SIGNATURE FEDERAL CREDIT UNION 401(K) PLAN	
<b>b</b>	Name of plan sponsor	SIGNATURE FEDERAL CREDIT UNION	<b>c</b> EIN-PN 23-7064112-002
<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	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	SMITTY DOG ENTERPRISES, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	SMITTY DOG ENTERPRISES, INC.	<b>c</b> EIN-PN 52-2142747-001
<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	SOLUTIONS 21, INC.	
<b>b</b>	Name of plan sponsor	MICHELLE CERQUA	<b>c</b> EIN-PN 25-1736924-007
<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	SPRINGFIELD INDUSTRIAL SERVICES 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	THE CHAMPION COMPANY	<b>c</b> EIN-PN 31-1253370-001
<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	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>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	STANLEY STEEMER GREAT LAKES IN 401(K) PROFIT SHARING PLAN & TRUST	
<b>b</b>	Name of plan sponsor	STANLEY STEEMER GREAT LAKES IN	<b>c</b> EIN-PN 61-1472187-001
<b>a</b>	Plan name	STATE BANK & TRUST 401K PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	STATE BANK & TRUST OF WINFIELD, AL	<b>c</b> EIN-PN 63-0229440-001
<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>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	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	SULLY TRANSPORT, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	SULLY TRANSPORT, INC.	<b>c</b> EIN-PN 42-0836723-001
<b>a</b>	Plan name	SUMMERWINDS 401K PLAN	
<b>b</b>	Name of plan sponsor	SUMMERWINDS GARDEN CENTERS INC	<b>c</b> EIN-PN 82-0500954-001
<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>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	SUPERIOR CONSTRUCTION CO. INC. EMPLOYEES	
<b>b</b>	Name of plan sponsor	SUPERIOR CONSTRUCTION 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	TANDEM TIRE 401K PLAN	
<b>b</b>	Name of plan sponsor	TANDEM TIRE AUTO SERVICE INC	<b>c</b> EIN-PN 42-1455547-001
<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>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	TESSEC LLC 401(K) PROFIT SHARING PLAN & TRUST	
<b>b</b>	Name of plan sponsor	TESSEC LLC	<b>c</b> EIN-PN 26-1354843-001
<b>a</b>	Plan name	TEXAS IRON & METAL 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	TEXAS IRON & METAL COMPANY	<b>c</b> EIN-PN 76-0299268-001
<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 CYPRESS 401K RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	THE CYPRESS CLUB, INC.	<b>c</b> EIN-PN 57-0951170-001

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 INNOVA GROUP 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor THE INNOVA GROUP, LLC	<b>c</b> EIN-PN 74-2748207-001
<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
<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 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 TOOLE DESIGN GROUP 401(K) PROFIT SHARING PLAN AND TRUST	
<b>b</b>	Name of plan sponsor TOOLE DESIGN GROUP LLC	<b>c</b> EIN-PN 05-0545429-001
<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 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

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 TREND HR RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor THE OUTSOURCING LLC	<b>c</b> EIN-PN 81-3185457-001
<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 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 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 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 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 TWO RIVERS ENTERPRISES, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor TWO RIVERS ENTERPRISES, INC.	<b>c</b> EIN-PN 41-1994904-001
<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 UNITED ENTERTAINMENT CORP. 401(K) PLAN	
<b>b</b>	Name of plan sponsor UNITED ENTERTAINMENT CORP.	<b>c</b> EIN-PN 41-1748163-002
<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>a</b>	Plan name URGENTPOINT 401K PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor VASCULAR ASSOCIATES OF SOUTHER CALIFORNI	<b>c</b> EIN-PN 33-0375152-001

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 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 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 WATERMARK SOLUTIONS, LLC 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor WATERMARK SOLUTIONS, LLC	<b>c</b> EIN-PN 33-1070746-001
<b>a</b>	Plan name WAYNE PERRY, INC. AND FUELING & SERVICE TECHNOLOGIES, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor WAYNE PERRY, INC.	<b>c</b> EIN-PN 95-2880827-002
<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 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 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>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

**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	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	ZULLINGER-DAVIS-TRINH EMPLOYEE RETIREMENT PLAN	
<b>b</b> Name of plan sponsor	ZULLINGER-DAVIS-TRINH, P.C.	<b>c</b> EIN-PN 25-1530888-001

<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>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>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 CONSERVATIVE RETIREMENT FUND</b>	<b>B</b> Three-digit plan number (PN) ▶ <b>212</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>47-2264760</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.

<b>Assets</b>	<b>(a) Beginning of Year</b>	<b>(b) End of Year</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>	135585
		3854893
<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>	25839312
<b>(10)</b> Value of interest in pooled separate accounts .....	<b>1c(10)</b>	151044302
<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>	

		(a) Beginning of Year	(b) End of Year
<b>1d</b>	Employer-related investments:		
(1)	Employer securities.....	1d(1)	
(2)	Employer real property.....	1d(2)	
<b>e</b>	Buildings and other property used in plan operation.....	1e	
<b>f</b>	Total assets (add all amounts in lines 1a through 1e).....	1f	25974897 154899195
<b>Liabilities</b>			
<b>g</b>	Benefit claims payable.....	1g	
<b>h</b>	Operating payables.....	1h	0 45914
<b>i</b>	Acquisition indebtedness.....	1i	
<b>j</b>	Other liabilities.....	1j	150191 3854893
<b>k</b>	Total liabilities (add all amounts in lines 1g through 1j).....	1k	150191 3900807
<b>Net Assets</b>			
<b>l</b>	Net assets (subtract line 1k from line 1f).....	1l	25824706 150998388

**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.

		(a) Amount	(b) Total
<b>Income</b>			
<b>a</b>	<b>Contributions:</b>		
(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>b</b>	<b>Earnings on investments:</b>		
(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)	
(3)	Rents.....	2b(3)	
(4)	Net gain (loss) on sale of assets: (A) Aggregate proceeds.....	2b(4)(A)	
	(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	
	(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)	
(5)	Unrealized appreciation (depreciation) of assets: (A) Real estate.....	2b(5)(A)	
	(B) Other.....	2b(5)(B)	
	(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B).....	2b(5)(C)	

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts .....	<b>2b(6)</b>		-341344
(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>		-341344

**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>	2816	
(5) Investment advisory and investment management fees .....	<b>2i(5)</b>	63047	
(6) Bank or trust company trustee/custodial fees .....	<b>2i(6)</b>	11493	
(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>		77356
<b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total .....	<b>2j</b>		77356

**Net Income and Reconciliation**

<b>k</b> Net income (loss). Subtract line <b>2j</b> from line <b>2d</b> .....	<b>2k</b>		-418700
<b>l</b> Transfers of assets:			
(1) To this plan .....	<b>2l(1)</b>		146219653
(2) From this plan .....	<b>2l(2)</b>		20627271

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