

Form 5500

Annual Return/Report of Employee Benefit Plan

OMB Nos. 1210-0110 1210-0089

2024

This Form is Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

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

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Part I Annual Report Identification Information

For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 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 MODERATE 2065 FUND
1b Three-digit plan number (PN): 760
1c Effective date of plan
2a Plan sponsor's name (employer, if for a single-employer plan): GREAT GRAY TRUST COMPANY, LLC
2b Employer Identification Number (EIN): 38-7271379
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

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 MODERATE 2065 FUND</u>	B Three-digit plan number (PN)	<u>760</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>GREAT GRAY TRUST COMPANY, LLC</u>	D Employer Identification Number (EIN) <u>38-7271379</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 2065 FUND F</u>	
b Name of sponsor of entity listed in (a):	<u>BLACKROCK INSTITUTIONAL TRUST COMPANY, N.A.</u>	
c EIN-PN <u>84-1770109-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>118271989</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)

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 & N DEVELOPMENTS 401K PLAN	
b	Name of plan sponsor	A N DEVELOPMENTS	c EIN-PN 92-1351845-001
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	A.H. DAVENPORT LLC 401K PLAN	
b	Name of plan sponsor	AH DAVENPORT LLC	c EIN-PN 92-1164904-001
a	Plan name	ACTION TRUCK CENTER, INC. 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	ACTION TRUCK CENTER, INC.	c EIN-PN 63-0706409-001
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	ADVANCED ENVIRONMENTAL MONITORING 401(K) PLAN	
b	Name of plan sponsor	AEM COMMERCIAL, INC.	c EIN-PN 87-3869330-001
a	Plan name	ADVANCED PAIN CARE 401K PROFIT SHARING	
b	Name of plan sponsor	ADVANCED PAIN CARE	c EIN-PN 33-1043094-001
a	Plan name	ADVANTAGE 401K POOLED EMPLOYER PLAN	
b	Name of plan sponsor	INTERNATIONAL WEST INC	c EIN-PN 33-0107488-007
a	Plan name	ADVANTAGE EMBLEM, INC. 401(K)	
b	Name of plan sponsor	ADVANTAGE EMBLEM, INC.	c EIN-PN 41-1788856-001
a	Plan name	AEGEUS 401(K) PLAN	
b	Name of plan sponsor	AEGEUS MANAGEMENT SERVICES, INC.	c EIN-PN 47-5368326-002
a	Plan name	AERO-ONE AVIATION, LLC 401(K) PLAN	
b	Name of plan sponsor	AERO-ONE AVIATION, LLC	c EIN-PN 27-1813885-001

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 AFIMAC AND SUBSIDIARIES 401(K) PLAN	
b	Name of plan sponsor NS AFIMAC INTERMEDIATE LLC	c EIN-PN 84-4535684-001
a	Plan name AGE SOLUTIONS 401K PLAN	
b	Name of plan sponsor AGE SOLUTIONS LLC	c EIN-PN 86-2292784-001
a	Plan name ALKEMI PLANNING LLC 401K PLAN	
b	Name of plan sponsor ALKEMI PLANNING LLC	c EIN-PN 84-1901570-001
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 FOR AUTOMOTIVE INNOVATION 401(K) RETIREMENT PLAN	
b	Name of plan sponsor ALLIANCE FOR AUTOMOTIVE INNOVATION	c EIN-PN 52-2143968-001
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 ALLIES FOR HEALTH + WELLBEING	
b	Name of plan sponsor CARRIE REIGHARD	c EIN-PN 25-1537128-007
a	Plan name ALTSOURCE 401(K) PLAN	
b	Name of plan sponsor ALTSOURCE, INC	c EIN-PN 20-2230526-001
a	Plan name ALTUM PARTNERS LLP 401K PROFIT SHARING	
b	Name of plan sponsor ALTUM PARTNERS LLP	c EIN-PN 37-1796670-001
a	Plan name AMERICAN CONSOLIDATED INDUSTRIES, INC. RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor AMERICAN CONSOLIDATED INDUSTRIES, INC.	c EIN-PN 34-1600691-001
a	Plan name AMERICAN PLANT MAINTENANCE 401(K) PS PLAN	
b	Name of plan sponsor AMERICAN PLANT MAINTENANCE LLC	c EIN-PN 81-2438516-002

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 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 AMS GROUP 401K PLAN	
b	Name of plan sponsor AMS GROUP INC	c EIN-PN 45-2981735-001
a	Plan name APPALACHIAN MOUNTAIN ADVOCATES, INC. 401(K) PLAN	
b	Name of plan sponsor APPALACHIAN MOUNTAIN ADVOCATES, INC.	c EIN-PN 55-0781483-001
a	Plan name APPLIED TECHNOLOGY GROUP INC	
b	Name of plan sponsor APPLIED TECHNOLOGY GROUP INC	c EIN-PN 77-0229621-001
a	Plan name ARAGRA 401(K) PLAN	
b	Name of plan sponsor ARAGRA TECHNOLOGIES CORPORATION	c EIN-PN 46-2793780-001
a	Plan name ARCFLO RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor ARCFLO, LLC	c EIN-PN 85-2373047-002
a	Plan name ARDMORE FRESH AIR 401K PLAN	
b	Name of plan sponsor ARDMORE FRESH AIR INC	c EIN-PN 75-3198007-001
a	Plan name ARLINGTON MANAGEMENT EMPLOYEES LLC 401K	
b	Name of plan sponsor ARLINGTON MANAGEMENT EMPLOYEES LLC	c EIN-PN 52-2140596-001
a	Plan name ARMOR EXPRESS 401(K) PLAN	
b	Name of plan sponsor CENTRAL LAKE ARMOR EXPRESS INC	c EIN-PN 20-2901741-001
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 ARRINGTON ENGINEERING & LAND SURVEYING, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor ARRINGTON ENGINEERING & LAND SURVEYING, INC.	c EIN-PN 63-0936210-001
a	Plan name ARTEMIS SURGICAL 401K PLAN	
b	Name of plan sponsor LIGHTBODY MEDICAL TECHNOLOGIES INC	c EIN-PN 93-4024145-001
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 AESTHETICS WELLNESS 401K PLAN	
b	Name of plan sponsor ASPEN AESTHETICS STUDIO LLC	c EIN-PN 88-1529942-001
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 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 AUTOMATED CONTROL SYSTEMS, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor AUTOMATED CONTROL SYSTEMS, INC.	c EIN-PN 63-1007038-002
a	Plan name AUTOMEOP 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 AVALON BUSINESS ENGINEERING SERVICES 401(K) PROFIT SHARING P	
b	Name of plan sponsor AVALON BUSINESS ENGINEERING SERV	c EIN-PN 27-1904708-001
a	Plan name B & V MECHANICAL, INC. 401(K) AND PROFIT SHARING PLAN	
b	Name of plan sponsor B & V MECHANICAL, INC.	c EIN-PN 38-2562518-001

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	BAILEY SPINE & WELLNESS LLC 401K PLAN	
b	Name of plan sponsor	BAILEY SPINE AND WELLNESS LLC	c EIN-PN 81-4720314-001
a	Plan name	BAIRD TRANS 401(K) PLAN	
b	Name of plan sponsor	BAIRD TRANS. CO.	c EIN-PN 86-2041085-001
a	Plan name	BARRINGTON CHEMICAL CORPORATION 401K	
b	Name of plan sponsor	BARRINGTON CHEMICAL CORPORATION	c EIN-PN 13-3607795-001
a	Plan name	BEAUTY BY IMAGINATION 401(K) PLAN	
b	Name of plan sponsor	J & D BRUSH ASSOCIATES, LLC	c EIN-PN 82-0640629-001
a	Plan name	BEGGARS PIZZA RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	MANDY ENTERPRISES INC	c EIN-PN 37-1440863-001
a	Plan name	BENJAMIN OFFICE SUPPLY, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	BENJAMIN OFFICE SUPPLY, INC.	c EIN-PN 52-1213158-001
a	Plan name	BERNSTEIN MANAGEMENT CORPORATION	
b	Name of plan sponsor	BERNSTEIN MANAGEMENT CORPORATION	c EIN-PN 52-1851812-001
a	Plan name	BERRYMAN TRANSFER & STORAGE CO 401(K) PLAN	
b	Name of plan sponsor	BERRYMAN TRANSFER & STORAGE CO	c EIN-PN 84-3250814-001
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 HORIZONS POOLED EMPLOYER PLAN	
b	Name of plan sponsor	TRGF, INC.	c EIN-PN 82-3095168-001
a	Plan name	BLUE MARBLE PICTURES INC	
b	Name of plan sponsor	BLUE MARBLE PICTURES INC	c EIN-PN 85-1286128-001
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

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 BODNAR AND WYATT 401(K) PLAN	
b	Name of plan sponsor BODNAR AND WYATT, PLLC	c EIN-PN 20-8050966-020
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 BOOTS RETAIL USA, INC. 401(K) PLAN	
b	Name of plan sponsor BOOTS RETAIL USA, INC.	c EIN-PN 02-0613669-002
a	Plan name BOULDER TRAIL DENTAL 401K	
b	Name of plan sponsor HER AND MAN TOWN DENTAL PLLC	c EIN-PN 99-4170076-001
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 BRIJAY AUTOMOTIVE GROUP INC 401(K) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor BRIJAY AUTOMOTIVE GROUP INC	c EIN-PN 26-2868224-001
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 BUFFALO MANAGEMENT & CATERING GROUP LLC 401K PLAN	
b	Name of plan sponsor BUFFALO MANAGEMENT & CATERING GROUP LLC	c EIN-PN 92-2769393-001
a	Plan name CAP EWG GLASS, LLC	
b	Name of plan sponsor CHRIS KOONTZ	c EIN-PN 81-3783430-007
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 CARLTON CONSTRUCTION INC. 401K PLAN	
b	Name of plan sponsor CARLONT CONSTRUCTION INC	c EIN-PN 20-2354820-001

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	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	CARRY ALL PRODUCTS, INC.	
b	Name of plan sponsor	CHRIS KOOTZ	c EIN-PN 25-1679072-007
a	Plan name	CASH PROCESSING SOLUTIONS 401(K)	
b	Name of plan sponsor	CASH PROCESSING SOLUTIONS	c EIN-PN 11-2003579-001
a	Plan name	CATANESE CLASSICS 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	CATANESE CLASSIC SEAFOODS, INC.	c EIN-PN 20-0970134-001
a	Plan name	CFP 401K PLAN	
b	Name of plan sponsor	COOKE FAMILY PROVISIONS INC	c EIN-PN 84-3865313-001
a	Plan name	CHARLESTON VISION SOURCE 401K	
b	Name of plan sponsor	CHARLESTON VISION SOURCE	c EIN-PN 82-2909154-001
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	CHERRY CREEK INSURANCE AGENCY, INC. 401(K) PLAN	
b	Name of plan sponsor	CHERRY CREEK INSURANCE AGENCY, INC.	c EIN-PN 84-1040215-001
a	Plan name	CHICAGO FLUID SYSTEM TECH 401(K) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor	CHICAGO FLUID SYSTEM TECH	c EIN-PN 36-4393921-001
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

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	CHURNZERO 401(K) PLAN	
b Name of plan sponsor	CHURNZERO, INC	c EIN-PN 47-4149122-001
a Plan name	CITS INC 401(K) RETIREMENT PLAN	
b Name of plan sponsor	THE CHILDREN IN THE SHOE, INC	c EIN-PN 52-1716319-001
a Plan name	CITY OF HURST 457B DEFERRED COMPENSATION	
b Name of plan sponsor	CITY OF HURST TX	c EIN-PN 75-6004020-001
a Plan name	CLEANING AUTHORITY 401(K) PLAN	
b Name of plan sponsor	THE FAYE GROUP, LLC	c EIN-PN 81-2433377-001
a Plan name	CMA OF NORTHERN VA 401(K) PLAN	
b Name of plan sponsor	CHILDRENS MEDICAL ASSOCIATION OF NORTHERN VA, P.C.	c EIN-PN 54-1460167-002
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	CMS COMPANIES RETIREMENT PLAN	
b Name of plan sponsor	CORPORATE MOVING SYSTEMS INC	c EIN-PN 91-1375836-001
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	COMTEC MFG., LLC	
b Name of plan sponsor	DONNA WENDEL	c EIN-PN 88-2927458-007
a Plan name	CONSOLIDATED ENGINEERING LABORATORIES	
b Name of plan sponsor	CONSOLIDATED ENGINEERING LAB	c EIN-PN 94-2988193-002
a Plan name	CORNICK, GARBER & SANDLER, LLP 401(K) PROFIT SHARING PLAN	
b Name of plan sponsor	CORNICK, GARBER & SANDLER, LLP	c EIN-PN 13-2620561-001
a Plan name	COSETTE PHARMACEUTICALS, INC. 401(K) PLAN	
b Name of plan sponsor	COSETTE PHARMACEUTICALS, INC.	c EIN-PN 83-2305806-001

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	COUNTERPOINT CONSULTING INC. 401K	
b	Name of plan sponsor	COUNTERPOINT CONSULTING INC	c EIN-PN 20-5226903-001
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	CRESCENT CAPITAL GROUP LP 401(K) PLAN	
b	Name of plan sponsor	CRESCENT CAPITAL GROUP LP	c EIN-PN 27-2698206-001
a	Plan name	CSW, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	CSW, INC.	c EIN-PN 04-2226585-002
a	Plan name	CULTURAL NORTH 401K	
b	Name of plan sponsor	CULTURAL NORTH 401K	c EIN-PN 46-5766252-001
a	Plan name	CURA RESOURCE GROUP LLC 401(K) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor	CURA RESOURCE GROUP LLC	c EIN-PN 26-1533406-001
a	Plan name	CUSTOM STAINLESS FABRICATION 401(K) PLAN	
b	Name of plan sponsor	CUSTOM STAINLESS FABRICATION, IN	c EIN-PN 87-0432300-001
a	Plan name	CW GROUP LLC	
b	Name of plan sponsor	CW GROUP LLC	c EIN-PN 81-1935663-001
a	Plan name	CWS CORPORATE LEASING, LLC 401(K) PLAN	
b	Name of plan sponsor	CWS CORPORATE LEASING, LLC	c EIN-PN 33-0787124-001
a	Plan name	CWS SAVINGS PLAN (401(K))	
b	Name of plan sponsor	CWS CAPITAL PARTNERS LLC	c EIN-PN 33-0787121-003
a	Plan name	D3 SYSTEMS, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	D3 SYSTEMS, INC.	c EIN-PN 62-1222797-001

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 DAKOTA SOFTWARE CORPORATION 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor DAKOTA SOFTWARE CORPORATION	c EIN-PN 16-1444228-001
a	Plan name DANILLER COMPANY 401K BENEFIT PLAN	
b	Name of plan sponsor DANILLER COMPANY	c EIN-PN 74-2907715-001
a	Plan name DATA PANEL ACQUISITION CORPORATION 401K	
b	Name of plan sponsor DATA PANEL ACQUISITION CORPORATION	c EIN-PN 41-1688211-001
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 DEMA LAW 401(K) PLAN	
b	Name of plan sponsor JOHN K. DEMA P.C.	c EIN-PN 66-0396842-001
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 DILLON INDUSTRIES 401(K) PLAN	
b	Name of plan sponsor DILLON INDUSTRIES D/B/A DILLON DECANter MACHINE	c EIN-PN 87-3165724-001
a	Plan name DISCTECH LLC 401K PROFIT SHARING PLAN	
b	Name of plan sponsor DISCTECH LLC	c EIN-PN 56-2347089-001
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 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 DULUTH PUBLICITY BUREAU, INC. 401K PLAN	
b	Name of plan sponsor DULUTH PUBLICITY BUREAU, INC.	c EIN-PN 41-0226515-001

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	DWA MANAGEMENT, LLC 401(K) PLAN	
b	Name of plan sponsor	DWA MANAGEMENT, LLC	c EIN-PN 46-3627105-001
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	E.S. WAGNER COMPANY PSP AND TRUST	
b	Name of plan sponsor	ES WAGNER COMPANY	c EIN-PN 34-0907180-002
a	Plan name	EAGLEBANK 401(K) PLAN	
b	Name of plan sponsor	EAGLEBANK	c EIN-PN 52-2099123-001
a	Plan name	EASTERSEALS OF SOUTHEASTERN PENNSYLVANIA DEFINED CONTRIBUTION & 401(K) PLAN	
b	Name of plan sponsor	EASTERSEALS OF SOUTHEASTERN PENNSYLVANIA	c EIN-PN 23-1352293-003
a	Plan name	EAU CLAIRE PERIODONTICS & IMPLANT DENTISTRY 401(K) & PROFIT SHARING PLAN	
b	Name of plan sponsor	EAU CLAIRE PERIODONTICS LLC	c EIN-PN 45-4036052-001
a	Plan name	ECLIPSE COMMUNITY MANAGEMENT LLC 401K	
b	Name of plan sponsor	ECLIPSE COMMUNITY MANAGEMENT	c EIN-PN 32-0604171-001
a	Plan name	ELECTRIC MOTOR SALES & SERVICE, INC., 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	ELECTRIC MOTOR SALES & SERVICE, INC.	c EIN-PN 64-0508039-001
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	ENCORE IMAGE GROUP, INC. 401(K) PLAN	
b	Name of plan sponsor	ENCORE IMAGE GROUP, INC.	c EIN-PN 95-3765711-001
a	Plan name	ENEVATE CORPORATION RETIREMENT PLAN	
b	Name of plan sponsor	ENEVATE CORPORATION	c EIN-PN 26-2361179-002
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

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	ENVIROTECH SERVICES, INC. 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	ENVIROTECH SERVICES, INC.	c EIN-PN 84-1102950-001
a	Plan name	ESTATE MANAGEMENT SERVICES 401K PLAN	
b	Name of plan sponsor	ENVIRONMENTAL MANAGEMENT ACQUISITION LL	c EIN-PN 93-4010688-001
a	Plan name	EXCEL SALON PRODUCTS, INC. 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor	EXCEL SALON PRODUCTS, INC.	c EIN-PN 38-2043740-002
a	Plan name	EXPLORER PIPELINE COMPANY RETIREMENT PLAN	
b	Name of plan sponsor	EXPLORER PIPELINE COMPANY	c EIN-PN 73-0785982-001
a	Plan name	EXXCEL PROJECT MANAGEMENT, LLC	
b	Name of plan sponsor	STEVEN MCDONALD	c EIN-PN 38-3792054-001
a	Plan name	FARMBANK 401K PLAN	
b	Name of plan sponsor	FARMBANK	c EIN-PN 44-0502072-002
a	Plan name	FARWEST INSULATION CONTRACTING 401(K) PLAN	
b	Name of plan sponsor	FARWEST INSULATION CONTRACTING	c EIN-PN 20-0393110-002
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	FLEXPATH SERVICES RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	FLEXPATH SERVICES INC.	c EIN-PN 93-3133157-001
a	Plan name	FMW SOLUTIONS LLC 401(K) PLAN	
b	Name of plan sponsor	FMW SOLUTIONS LLC	c EIN-PN 83-2388063-001
a	Plan name	FORESIGHT DIAGNOSTICS INC. 401(K) PLAN	
b	Name of plan sponsor	FORESIGHT DIAGNOSTICS INC.	c EIN-PN 85-1014458-001
a	Plan name	FOXHALL PEDIATRICS RETIREMENT PLAN	
b	Name of plan sponsor	SWEENEY & DANIEL PEDIATRICS PLLC D/B/A FOXHALL PEDIATRICS	c EIN-PN 83-1678560-001

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 FRANK LIQUOR COMPANY, INC. 401(K) PLAN	
b	Name of plan sponsor FRANK LIQUOR COMPANY, INC.	c EIN-PN 39-0961308-001
a	Plan name FREE ENTERPRISE COMPANY INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor FREE ENTERPRISE COMPANY, INC.	c EIN-PN 59-2835173-001
a	Plan name FROST, INC. 401(K) PROFIT SHARING RETIREMENT PLAN	
b	Name of plan sponsor FROST, INC.	c EIN-PN 38-1619542-003
a	Plan name FTS 401K PLAN	
b	Name of plan sponsor FEDERAL TECHNOLOGY SYSTEMS LLC	c EIN-PN 45-2880281-001
a	Plan name FUERST GROUP 401(K) PLAN	
b	Name of plan sponsor FUERST GROUP, INC.	c EIN-PN 94-2943765-003
a	Plan name FULFILLMENT SERVICES, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor FULFILLMENT SERVICES, INC.	c EIN-PN 04-3395484-001
a	Plan name FUTURE FUN 401K PLAN	
b	Name of plan sponsor WICKAM GROUP LLC	c EIN-PN 27-2164066-001
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 GAVEN INDUSTRIES INC.	
b	Name of plan sponsor DAVID HACKWORTH	c EIN-PN 25-1648515-007
a	Plan name GEOFORCE INC. 401K PLAN	
b	Name of plan sponsor GEOFORCE INC	c EIN-PN 20-8211736-001

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	GETMAN CORPORATION 401K SAVINGS PLAN	
b	Name of plan sponsor	GETMAN CORPORATION	c EIN-PN 38-1957870-001
a	Plan name	GIANT VOICES , LLC SAFE HARBOR 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	GIANT VOICES, LLC	c EIN-PN 45-5470774-001
a	Plan name	GLENN MACHINE WORKS, INC. 401(K) PLAN	
b	Name of plan sponsor	GLENN MACHINE WORKS, INC.	c EIN-PN 64-0470007-001
a	Plan name	GLICK JCC 401(K) PLAN	
b	Name of plan sponsor	JEWISH COMMUNITY CENTER ASSOCIATION	c EIN-PN 23-7099138-001
a	Plan name	GOLDEN TECH SYSTEMS INC 401K PLAN	
b	Name of plan sponsor	PUSHPINDER GARCHA	c EIN-PN 26-1455420-001
a	Plan name	GOOD GUYS REMODELING LLC 401(K) PLAN	
b	Name of plan sponsor	GOOD GUYS REMODELING LLC	c EIN-PN 45-2281101-001
a	Plan name	GOOSEFOOT ACRES INC 401K	
b	Name of plan sponsor	GOOSEFOOT ACRES INC	c EIN-PN 34-1606045-001
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	GRABER MANUFACTURING, INC RETIREMENT PLAN	
b	Name of plan sponsor	GRABER MANUFACTURING, INC	c EIN-PN 39-1660461-002
a	Plan name	GRACE CULTURE MARKETING 401K PLAN	
b	Name of plan sponsor	GRACE CULTURE MARKETING INC	c EIN-PN 20-4178616-001
a	Plan name	GRATTERI'S INC PROFIT SHARING PLAN	
b	Name of plan sponsor	GRATTERIS INC	c EIN-PN 93-0681637-001
a	Plan name	GRAY WEST CONSTRUCTION INC. 401(K) PLAN	
b	Name of plan sponsor	GRAY WEST CONSTRUCTION INC.	c EIN-PN 33-0886450-001

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	GREAT LAKES AQUARIUM 401(K) PLAN	
b	Name of plan sponsor	GREAT LAKES AQUARIUM	c EIN-PN 41-1659809-001
a	Plan name	GREENBELT HOMES INC. 401K PROFIT SHARING	
b	Name of plan sponsor	GREENBELT HOMES INC	c EIN-PN 52-0625535-001
a	Plan name	GREENCASTLE FAMILY DENTAL 401K PLAN	
b	Name of plan sponsor	GREENCASTLE FAMILY DENTAL PLLC	c EIN-PN 99-2448101-001
a	Plan name	GRITTER-FRANCONA 401(K) PLAN	
b	Name of plan sponsor	GRITTER-FRANCONA, INC.	c EIN-PN 46-1814879-001
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	GUAYAKI 401(K) PLAN	
b	Name of plan sponsor	GUAYAKI	c EIN-PN 77-0560794-001
a	Plan name	H. W. NICHOLSON WELDING & MANUFACTURING, INC.	
b	Name of plan sponsor	NANCY COKING	c EIN-PN 25-1254729-007
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	HAYDEN OUTDOORS 401(K) PLAN	
b	Name of plan sponsor	HAYDEN OUTDOORS, L.L.C. DBA HAYDEN OUTDOORS REAL ESTATE	c EIN-PN 20-4662390-001
a	Plan name	HDC AUTOMATION 401K & PROFIT SHARING	
b	Name of plan sponsor	HDC AUTOMATION	c EIN-PN 34-1891942-001
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	HEALTHSMART MANAGEMENT SERVICES ORGANIZATIONS, INC. 401(K) PLAN	
b	Name of plan sponsor	HEALTHSMART MGMT SERVICES ORGANIZATIONS INC	c EIN-PN 93-1209030-001

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 HENDERSON BROTHERS, INC. PROFIT SHARING PLAN	
b	Name of plan sponsor HENDERSON BROTHERS, INC.	c EIN-PN 25-0543730-001
a	Plan name HOLTON & MAYBERRY, P.C. 401K PROFIT SHARING PLAN	
b	Name of plan sponsor HOLTON & MAYBERRY, P.C.	c EIN-PN 26-2836142-002
a	Plan name HORNING MANAGEMENT COMPANY, LLC PROFIT SHARING PLAN	
b	Name of plan sponsor HORNING MANAGEMENT COMPANY, LLC	c EIN-PN 27-1413972-002
a	Plan name HTLF RETIREMENT PLAN	
b	Name of plan sponsor DUBUQUE BANK AND TRUST COMPANY	c EIN-PN 42-1405748-002
a	Plan name I.D. ASSOCIATES, INC. 401(K) PLAN	
b	Name of plan sponsor I.D. ASSOCIATES, INC.	c EIN-PN 63-1227182-001
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 IGH SERVICES INC. 401K PLAN	
b	Name of plan sponsor IGH SERVICES INC	c EIN-PN 93-4463527-001
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 IN MOTION DESIGN INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor IN MOTION DESIGN INC.	c EIN-PN 83-0468639-001
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 INFOLOB SOLUTIONS, INC. 401K	
b	Name of plan sponsor INFOLOB SOLUTIONS, INC.	c EIN-PN 26-4550756-001

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	INJECTECH, LLC 401(K) PLAN	
b	Name of plan sponsor	INJECTECH, LLC	c EIN-PN 84-1520989-002
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	INTECTURAL 401K	
b	Name of plan sponsor	INTECTURAL INC	c EIN-PN 27-1823431-001
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	INTERSTATE ROOFING AND WATERPROOFING, INC. 401(K) SALARY REDUCTION PLAN	
b	Name of plan sponsor	INTERSTATE ROOFING AND WATERPROOFING, INC.	c EIN-PN 39-1138482-002
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	ITASCA LIFE OPTIONS 401(K) RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	ITASCA LIFE OPTIONS	c EIN-PN 41-0907640-001
a	Plan name	IVANHOE ELECTRIC, INC.	
b	Name of plan sponsor	STEPHANI TERHORST	c EIN-PN 32-0633823-007
a	Plan name	J & S MASONRY 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	J & S MASONRY	c EIN-PN 82-0403473-001
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	J. W. MORTON & ASSOCIATES INC.	
b	Name of plan sponsor	LINDA HOCHSTEDLER	c EIN-PN 42-1334164-035

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	JAMES M GRIMES MD ORTHOPAEDICSLLC 401K	
b	Name of plan sponsor	JAMES M GRIMES MD ORTHOPAEDICS LLC	c EIN-PN 87-3305150-001
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	JEWISH COMMUNITY ALLIANCE RETIREMENT PLAN	
b	Name of plan sponsor	JEWISH COMMUNITY ALLIANCE	c EIN-PN 59-2620208-001
a	Plan name	JND APPLIANCE, LLC 401(K) PLAN	
b	Name of plan sponsor	JND APPLIANCE, LLC	c EIN-PN 27-1581693-001
a	Plan name	JOGOHEALTH INC 401K PLAN	
b	Name of plan sponsor	JOGOHEALTH INC	c EIN-PN 80-0614292-001
a	Plan name	JOHN HOUSTON CUSTOM HOMES 401K PLAN	
b	Name of plan sponsor	JHH CENTRAL MANAGEMENT SERVICES LLC	c EIN-PN 46-1356200-001
a	Plan name	JOSHUA M. FREEMAN FOUNDATION 401K PLAN	
b	Name of plan sponsor	JOSHUA M FREEMAN FOUNDATION	c EIN-PN 20-8592383-001
a	Plan name	KABR PROFESSIONAL SERVICES LLC 401K	
b	Name of plan sponsor	KABR PROFESSIONAL SERVICES LLC	c EIN-PN 86-2609878-001
a	Plan name	KAGOME INC. 401(K) PLAN	
b	Name of plan sponsor	KAGOME INC.	c EIN-PN 77-0474469-002
a	Plan name	KATZ RUBY & CARLE LLP 401K PLAN	
b	Name of plan sponsor	KATZ RUBY AND CARLE LLP	c EIN-PN 99-2476407-001
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	KEM RETIREMENT PLAN	
b	Name of plan sponsor	GREGG J BURNS CPA	c EIN-PN 04-3704462-001

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	KJK ORTHODONTICS, P.C. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	KJK ORTHODONTICS, P.C.	c EIN-PN 23-3015769-001
a	Plan name	KK EMPLOYEES PROFIT SHARING 401(K) PLAN	
b	Name of plan sponsor	KKHC, INC.	c EIN-PN 20-5236515-001
a	Plan name	KNIGHT TRANSFER SERVICES INC 401K	
b	Name of plan sponsor	KNIGHT TRANSFER SERVICES INC	c EIN-PN 38-3278095-001
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	KOTTLER METAL PRODUCTS LLC	
b	Name of plan sponsor	WEBB HARRINGTON	c EIN-PN 99-2134690-007
a	Plan name	KRB MACHINERY COMPANY RETIREMENT	
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	KZL AGENCY, LLC	
b	Name of plan sponsor	KEITH LANDER	c EIN-PN 90-0527634-007
a	Plan name	LA CROSSE CPAS LLC 401(K) P/S PLAN	
b	Name of plan sponsor	LA CROSSE CPAS LLC	c EIN-PN 46-1410019-001
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	LAKESIDE SURFACES, INC.	
b	Name of plan sponsor	LAKESIDE SURFACES, INC.	c EIN-PN 38-2594873-001

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 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 LASERSHIP 401(K) PLAN	
b	Name of plan sponsor LASERSHIP, INC.	c EIN-PN 54-2015092-001
a	Plan name LAURA CHENEL'S CHEVRE, INC. 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor LAURA CHENELS CHEVRE, INC.	c EIN-PN 56-2599658-001
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 LEN BUSCH ROSES 401(K) RETIREMENT PLAN	
b	Name of plan sponsor DISTINCTIVE FLORAL COMPANY DBA LEN BUSCH ROSES	c EIN-PN 41-1927692-001
a	Plan name LEVIN HOOVER FAMILY LAW 401K PLAN	
b	Name of plan sponsor L H LAW PRACTICE LLC DBA LEVIN HOOVER FA	c EIN-PN 83-3003471-001
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 LICARI, LARSEN & CO. LTD 401(K)	
b	Name of plan sponsor LICARI, LARSEN & CO. LTD.	c EIN-PN 41-1806729-002
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 LIQUIDITY SERVICES, INC. 401K PROFIT SHARING PLAN	
b	Name of plan sponsor LIQUIDITY SERVICES, INC.	c EIN-PN 52-2209244-001

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	LLI HOLDINGS INC 401K PLAN	
b Name of plan sponsor	LLI HOLDINGS INC	c EIN-PN 83-3829690-001
a Plan name	LOGIC PD, INC. DBA BEACON EMBEDDEDWORKS 401(K) PLAN	
b Name of plan sponsor	LOGIC PD, INC. DBA BEACON EMBEDDEDWORKS	c EIN-PN 41-1424025-002
a Plan name	LOOP1, LLC 401(K) PLAN	
b Name of plan sponsor	LOOP1, LLC	c EIN-PN 27-0867728-001
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	LUXE BRANDS	
b Name of plan sponsor	LUXE BRANDS COLLECTIVE, INC	c EIN-PN 86-2784427-002
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	LYNNHAVEN SCHOOL INC 401K PLAN	
b Name of plan sponsor	LYNNHAVEN SCHOOL INC	c EIN-PN 47-1905897-001
a Plan name	M2 CONSTRUCTION, LLC 401(K) PLAN	
b Name of plan sponsor	M2 CONSTRUCTION, LLC	c EIN-PN 27-0943176-001
a Plan name	MACI ASSOCIATES' SAVINGS PLAN	
b Name of plan sponsor	MICHIGAN AUTOMOTIVE COMPRESSOR	c EIN-PN 38-2853246-001
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	MADISON FORMS, LLC 401(K) PLAN	
b Name of plan sponsor	MADISON FORMS, LLC	c EIN-PN 82-4572799-001
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

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 MANAGEMENT EMPLOYMENT LLC 401K	
b	Name of plan sponsor MANAGEMENT EMPLOYMENT LLC	c EIN-PN 52-1969794-001
a	Plan name MARATHON MANAGEMENT SERVICES, LLC 401(K) PLAN	
b	Name of plan sponsor MARATHON MANAGEMENT SERVICES, LLC	c EIN-PN 42-1554349-001
a	Plan name MARTIN L. SCHROEDER, D.D.S. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor MARTIN L. SCHROEDER, D.D.S.	c EIN-PN 23-2483409-002
a	Plan name MASON DIXON DISTILLERY 401(K) PLAN	
b	Name of plan sponsor CENTRAL PENN DISTILLING, INC.	c EIN-PN 46-3098380-001
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 MC DESIGNS LLC 401K PLAN	
b	Name of plan sponsor MC DESIGNS LLC	c EIN-PN 27-0652313-001
a	Plan name MCCORD DEVELOPMENT, INC. 401(K) RETIREMENT PLAN	
b	Name of plan sponsor MCCORD DEVELOPMENT, INC.	c EIN-PN 74-1941987-001
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 401K PL	
b	Name of plan sponsor MCGOWAN COMPANY INC	c EIN-PN 34-0841381-001

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	MEDICAL RESOURCE GROUP 401K PLAN	
b	Name of plan sponsor	MEDICAL RESOURCE GROUP	c EIN-PN 34-1874916-001
a	Plan name	MERIT COMMERCIAL WINDOWS, LLC 401(K) PLAN	
b	Name of plan sponsor	MERIT COMMERCIAL WINDOWS, LLC	c EIN-PN 45-5120381-001
a	Plan name	METAL CRAFT MACHINE & ENGINEERING, INC.	
b	Name of plan sponsor	METAL CRAFT MACHINE & ENGINEERING, INC.	c EIN-PN 41-1457386-001
a	Plan name	METAL LINE FABRICATION 401(K) PLAN	
b	Name of plan sponsor	METAL LINE FABRICATION, INC.	c EIN-PN 87-0535072-001
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
a	Plan name	MICROSTRATEGY 401(K) SAVINGS PLAN	
b	Name of plan sponsor	MICROSTRATEGY	c EIN-PN 51-0323571-001
a	Plan name	MIDDLEBURG 401K PLAN	
b	Name of plan sponsor	MIDDLEBURG MANAGEMENT LLC	c EIN-PN 46-0927391-001
a	Plan name	MIDWEST CARDIOVASCULAR INSTITUTE 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	MIDWEST CARDIOVASCULAR INSTITUTE, S.C.	c EIN-PN 86-1664195-001
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	MORGAN PROPERTIES 401(K) PLAN	
b	Name of plan sponsor	MORGAN PROPERTIES PAYROLL SVCS	c EIN-PN 23-2852119-001
a	Plan name	MRS. FIELDS FAMOUS BRANDS LLC 401K PLAN	
b	Name of plan sponsor	MRS FIELDS FAMOUS BRANDS LLC	c EIN-PN 80-0096938-001

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	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	MURRELEKTRONIK INC 401K PROFIT SHARING	
b	Name of plan sponsor	MURRELEKTRONIK INC	c EIN-PN 23-2788218-002
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 EXPERIENCED WORKFORCE, SOLUTIONS INC. 401K PLAN	
b	Name of plan sponsor	NATIONAL EXPERIENCED WORKFORCE S	c EIN-PN 52-2003078-001
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	NEXION HEALTH, INC. 401K PLAN AND TRUST	
b	Name of plan sponsor	NEXION HEALTH, INC.	c EIN-PN 52-2238971-001
a	Plan name	NOPALITO 401(K) PLAN	
b	Name of plan sponsor	NOPALITO LLC	c EIN-PN 26-1946996-001
a	Plan name	NORTH SOUND EMERGENCY MEDICINE, PC PROFIT SHARE	
b	Name of plan sponsor	NORTH SOUND EMERGENCY MEDICINE, PC	c EIN-PN 91-1910055-002
a	Plan name	NORTHLANE CAPITAL PARTNERS LLC 401K PLAN	
b	Name of plan sponsor	NORTHLANE CAPITAL PARTNERS LLC	c EIN-PN 81-4337239-001
a	Plan name	NPI TECHNOLOGIES, INC. 401(K) PLAN	
b	Name of plan sponsor	NPI TECHNOLOGIES INC	c EIN-PN 20-3198761-001
a	Plan name	O.P.C.M.I.A. LOCAL 561 RETIREMENT PLAN	
b	Name of plan sponsor	OPERATIVE PLASTERERS & CEMENT MASONS INTL	c EIN-PN 42-0634044-003

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	OAKS EMPLOYEES 401K PROFIT SHARING	
b	Name of plan sponsor	OAKS PRECISION FABRICATING INC.	c EIN-PN 76-0143595-002
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	ON AIR SALES	
b	Name of plan sponsor	ON AIR SALES & MARKETING LLC	c EIN-PN 23-3032588-002
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	ORS IMPACT 401(K) PLAN	
b	Name of plan sponsor	ORS IMPACT	c EIN-PN 91-1588023-001
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 CITY CREDIT UNION CAPITAL	
b	Name of plan sponsor	PARK CITY CREDIT UNION	c EIN-PN 39-0905063-033
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	PCS SOFTWARE INC. 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor	PCS SOFTWARE INC.	c EIN-PN 76-0690054-001
a	Plan name	PDF PRINT COMMUNICATIONS, INC. 401(K) PLAN	
b	Name of plan sponsor	PDF PRINT COMMUNICATIONS, INC.	c EIN-PN 95-2819313-002
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

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	PEAK NORTH HOLDINGS GROUP, LLC 401(K) PLAN	
b	Name of plan sponsor	PEAK NORTH HOLDINGS GROUP, LLC	c EIN-PN 84-4908227-001
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 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	PEMBER COMPANIES, INC. RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	PEMBER COMPANIES, INC.	c EIN-PN 39-1216720-001
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
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	PEOPLES BANK OF WYACONDA 401K	
b	Name of plan sponsor	PEOPLES BANK OF WYACONDA	c EIN-PN 45-0453410-003
a	Plan name	PETER BREGA, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	PETER BREGA, INC.	c EIN-PN 13-1699122-001
a	Plan name	PHOENIX STEEL ERECTORS, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	PHOENIX STEEL ERECTORS, INC.	c EIN-PN 75-3098137-001
a	Plan name	PINECREST SCHOOL 401K PLAN	
b	Name of plan sponsor	PINECREST SCHOOL, INC.	c EIN-PN 54-1055578-001
a	Plan name	PIONEER VALLEY EDUCATIONAL PRESS 401K	
b	Name of plan sponsor	PIONEER VALLEY EDUCATIONAL PRESS INC	c EIN-PN 04-3414244-001
a	Plan name	PIP 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	PROTECTIVE INDUSTRIAL PRODUCTS, INC.	c EIN-PN 14-1659264-001

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	PITTSBURGH INSTITUTE OF AERONAUTICS	
b	Name of plan sponsor	SUZANNE MARKLE	c EIN-PN 25-0912618-007
a	Plan name	PITTSBURGH PUBLIC THEATER CORPORATION	
b	Name of plan sponsor	LISHA LOGAN	c EIN-PN 23-7398683-007
a	Plan name	PITTSBURGH URBAN CHRISTIAN SCHOOL	
b	Name of plan sponsor	JOE FISHELL	c EIN-PN 25-1405301-007
a	Plan name	PKSB RETIREMENT PLAN	
b	Name of plan sponsor	PKSB ARCHITECTS, P.C.	c EIN-PN 13-3675756-001
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	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	PROCOMM TELECOMMUNICATIONS, INC. 401(K) SALARY REDUCTION PLAN	
b	Name of plan sponsor	PROCOMM TELECOMMUNICATIONS, INC.	c EIN-PN 58-1927156-001
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

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	QUALITY LIVING HOME CARE, LLC
b	Name of plan sponsor	ERIC SEPESY
c	EIN-PN	46-3236528-007
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	RALEIGH MEDICAL GROUP, P.A. 401(K) PROFIT SHARING PLAN
b	Name of plan sponsor	RALEIGH MEDICAL GROUP, P.A.
c	EIN-PN	56-1166754-001
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	RB MANAGEMENT, INC 401(K) PLAN
b	Name of plan sponsor	RB MANAGEMENT, INC
c	EIN-PN	81-1726207-001
a	Plan name	RCP LEGAL SERVICES LLC 401K PLAN
b	Name of plan sponsor	LIBRARY ASSOCIATES LLC
c	EIN-PN	81-0799369-001
a	Plan name	REBUILDING TOGETHER PITTSBURGH
b	Name of plan sponsor	JENNIFER FOX
c	EIN-PN	25-1696634-007
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	REDSHRED LLC 401(K) PLAN
b	Name of plan sponsor	REDSHRED LLC
c	EIN-PN	46-5653492-001
a	Plan name	REDSTONE PAYMENT SOLUTIONS, LLC 401(K) PLAN
b	Name of plan sponsor	REDSTONE PAYMENT SOLUTIONS, LLC
c	EIN-PN	90-0486928-001

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	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	RESTORATION FAMILY CHIROPRACTIC, LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	RESTORATION FAMILY CHIROPRACTIC, LLC	c EIN-PN 83-1484632-001
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	RETIREMENT PLAN ADVISORY GROUP RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	RETIREMENT PLAN ADVISORY GROUP	c EIN-PN 26-0341714-001
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	REV TECH LC 401K PLAN	
b	Name of plan sponsor	REV TECH LC	c EIN-PN 42-1478641-001
a	Plan name	RGIS US 401K PLAN	
b	Name of plan sponsor	RGIS US CORP LLC	c EIN-PN 86-3895114-001
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	RICHARD P. SLAUGHTER HOLDINGS RETIREMENT	
b	Name of plan sponsor	RICHARD P SLAUGHTER HOLDINGS LLC	c EIN-PN 87-4354020-001
a	Plan name	ROCHELLE LEIGH GROUP LLC 401(K) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor	ROCHELLE LEIGH GROUP LLC	c EIN-PN 20-2428669-001
a	Plan name	RPS SMARTCOURSE SAVINGS PLAN	
b	Name of plan sponsor	TRG FIDUCIARY SERVICES LLC	c EIN-PN 82-3095168-014

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	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	SCHLOSSER SIGNS, INC. 401(K) PLAN	
b	Name of plan sponsor	SCHLOSSER SIGNS, INC.	c EIN-PN 84-1515917-001
a	Plan name	SCHOOL NUTRITION ASSOCIATION 401(K) PLAN	
b	Name of plan sponsor	SCHOOL NUTRITION ASSOCIATION	c EIN-PN 84-0445578-001
a	Plan name	SEPARATE ACCOUNT A	
b	Name of plan sponsor	STANDARD INSURANCE COMPANY	c EIN-PN 93-0242990-005
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	SHEETAK INC RETIREMENT PLAN	
b	Name of plan sponsor	SHEETAK INC.	c EIN-PN 26-1553040-001
a	Plan name	SHELDON MEDICAL SUPPLY 401K PLAN	
b	Name of plan sponsor	TDS PHARMACY INC	c EIN-PN 38-3056691-001
a	Plan name	SHERWOOD MECHANICAL, INC. 401(K) PLAN	
b	Name of plan sponsor	SHERWOOD MECHANICAL, INC.	c EIN-PN 68-0565225-001
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	SHOLEH SHAHINFAR SPEECH LANGUAGE	
b	Name of plan sponsor	SHOLEH SHAHINFAR SPEECH LANGUAGE PATHOL	c EIN-PN 47-3181389-002

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 SHULMAN, ROGERS, GANDAL, PORDY & ECKER, P.A. RETIREMENT PLAN	
b	Name of plan sponsor SHULMAN ROGERS GANDAL PORDY & ECKER P A	c EIN-PN 52-1008944-001
a	Plan name SIGNATURE FEDERAL CREDIT UNION 401(K) PLAN	
b	Name of plan sponsor SIGNATURE FEDERAL CREDIT UNION	c EIN-PN 23-7064112-002
a	Plan name SKOOG & CO. 401(K) PLAN	
b	Name of plan sponsor SKOOG & COMPANY	c EIN-PN 41-1616649-001
a	Plan name SPECIALTY INSURANCE MANAGERS INC 401K	
b	Name of plan sponsor SPECIALTY INSURANCE MANAGERS OF TEXAS	c EIN-PN 74-1875040-001
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 SPRUCE POWER 401K PLAN	
b	Name of plan sponsor SPRUCE POWER	c EIN-PN 36-4878506-002
a	Plan name SSCP MANAGEMENT GROUP 401(K) PLAN	
b	Name of plan sponsor SSCP MANAGEMENT, INC.	c EIN-PN 27-4937438-001
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 STAR COMPOSITES CORPORATION 401K	
b	Name of plan sponsor STAR COMPOSITES CORPORATION	c EIN-PN 82-4596229-001
a	Plan name STEEL PIER 401K PLAN	
b	Name of plan sponsor ATLANTIC PIER AMUSEMENTS INC	c EIN-PN 22-3228386-001
a	Plan name STILLWATER MINING COMPANY 401(K) PLAN	
b	Name of plan sponsor STILLWATER MINING COMPANY	c EIN-PN 81-0480654-001

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	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	STRUCTURA INC 401K PROFIT SHARING PLAN	
b	Name of plan sponsor	STRUCTURA INC	c EIN-PN 20-8066330-001
a	Plan name	SULLY TRANSPORT, INC. 401(K) PLAN	
b	Name of plan sponsor	SULLY TRANSPORT, INC.	c EIN-PN 42-0836723-001
a	Plan name	SUMMERWINDS 401K PLAN	
b	Name of plan sponsor	SUMMERWINDS GARDEN CENTERS INC	c EIN-PN 82-0500954-001
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	SUPER CARE INC 401(K) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor	SUPER CARE INC	c EIN-PN 95-4021787-001
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	SUPERIOR GROUNDCOVER, INC 401K SALARY REDUCTION PLAN & TRUST	
b	Name of plan sponsor	SUPERIOR GROUNDCOVER, INC	c EIN-PN 38-3520984-001
a	Plan name	SUPERIOR MULCH, LLC	
b	Name of plan sponsor	CHRIS KOONTZ	c EIN-PN 20-4265778-007
a	Plan name	SUSTAINABLE FORESTRY INITIATIVE, INC. 401(K) PLAN	
b	Name of plan sponsor	SUSTAINABLE FORESTRY INITIATIVE, INC.	c EIN-PN 80-0030060-001

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 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
a	Plan name TALON MANAGEMENT, LLC 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor TALON MANAGEMENT, LLC	c EIN-PN 46-1624500-001
a	Plan name TANDEM TIRE 401K PLAN	
b	Name of plan sponsor TANDEM TIRE AUTO SERVICE INC	c EIN-PN 42-1455547-001
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 THE BUILDERS EXCHANGE OF CENTRAL OHIO	
b	Name of plan sponsor KURT MOSHER	c EIN-PN 31-4137970-001
a	Plan name THE COMMIT	
b	Name of plan sponsor THE COMMIT PARTNERSHIP	c EIN-PN 80-0790222-001
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 INSTITUTE OF SCRAP RECYCLING INDUSTRIES, INC. RETIREMENT SAVINGS 401(K) PLAN	
b	Name of plan sponsor INSTITUTE OF SCRAP RECYCLING IND., INC	c EIN-PN 31-1205596-001
a	Plan name THE KINTOCK ENTITIES 401(K) PLAN	
b	Name of plan sponsor THE KINTOCK GROUP INC.	c EIN-PN 23-2454826-001

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 LOOMIS CORPORATION PROFIT SHARING PLAN	
b	Name of plan sponsor THE LOOMIS CORPORATION	c EIN-PN 75-2050557-001
a	Plan name THE LOS ANGELES COUNTRY CLUB 401(K) PLAN	
b	Name of plan sponsor LOS ANGELES COUNTRY CLUB	c EIN-PN 95-0948160-002
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 VIRGINIA TIRE & AUTO 401(K) PLAN	
b	Name of plan sponsor VTA, LLC	c EIN-PN 54-1082209-002
a	Plan name TILT HOLDINGS INC. 401(K) PLAN	
b	Name of plan sponsor TILT HOLDINGS INC.	c EIN-PN 83-2097293-001
a	Plan name TJD ENERGY SERVICES, LLC	
b	Name of plan sponsor CORTNEY CAPO	c EIN-PN 46-2261163-007
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 TODD C MILLER MD INC 401K PLAN	
b	Name of plan sponsor TODD C MILLER	c EIN-PN 35-2411808-001
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 TORRANCE CASTING, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor TORRANCE CASTING, INC.	c EIN-PN 39-0903148-003
a	Plan name TORY BURCH, LLC 401(K) PLAN	
b	Name of plan sponsor TORY BURCH, LLC	c EIN-PN 56-2384277-001

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	TOSHIBA 401(K) PLAN	
b	Name of plan sponsor	TOSHIBA	c EIN-PN 45-5236414-001
a	Plan name	TPNB BANK 401K PROFIT SHARING PLAN	
b	Name of plan sponsor	PARIS NATIONAL BANK	c EIN-PN 43-0448770-002
a	Plan name	TRAF-SYS, INC.	
b	Name of plan sponsor	CHRISTOPHER WADSWORTH	c EIN-PN 25-1886302-007
a	Plan name	TRAVERSE METAL BUILDINGS LLC 401K PLAN	
b	Name of plan sponsor	TRAVERSE METAL BUILDINGS LLC	c EIN-PN 93-4094298-001
a	Plan name	TRAVERSE STEEL, LLC 401(K) PLAN	
b	Name of plan sponsor	TRAVERSE STEEL, LLC	c EIN-PN 81-2218815-001
a	Plan name	TREND HR RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	THE OUTSOURCING LLC	c EIN-PN 81-3185457-001
a	Plan name	TRI-TECH FORENSICS 401(K) PLAN	
b	Name of plan sponsor	TRI-TECH FORENSICS, INC.	c EIN-PN 26-3669072-001
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	TROPICALE FOODS, INC. 401(K) PLAN	
b	Name of plan sponsor	TROPICALE FOODS, INC.	c EIN-PN 77-0521367-001
a	Plan name	TRUE ZERO TECHNOLOGIES, LLC 401(K)	
b	Name of plan sponsor	TRUE ZERO TECHNOLOGIES, LLC	c EIN-PN 83-3964542-001
a	Plan name	TRUEPILL 401(K) PLAN	
b	Name of plan sponsor	TRUEPILL, INC	c EIN-PN 84-3676147-001

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 TUTUS FOOD & DRINK RETIREMENT PLAN	
b	Name of plan sponsor LAFAYETTE RESTAURANT GROUP LLC, DBA TUTUS FOOD & DRINK	c EIN-PN 83-4692068-001
a	Plan name TWIN CITIES READY MIX INC 401K PLAN	
b	Name of plan sponsor TWIN CITIES READY MIX INC	c EIN-PN 73-1215650-001
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 TALENT AGENCY LLC 401(K) PLAN	
b	Name of plan sponsor UNITED TALENT AGENCY LLC	c EIN-PN 95-4312582-001
a	Plan name URBAN SDK INC. 401K PLAN	
b	Name of plan sponsor URBAN SDK INC	c EIN-PN 83-0618567-001
a	Plan name URGENTPOINT 401K PROFIT SHARING PLAN	
b	Name of plan sponsor VASCULAR ASSOCIATES OF SOUTHER CALIFORNI	c EIN-PN 33-0375152-001
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 VAULT COMMUNICATIONS, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor VAULT COMMUNICATIONS, INC.	c EIN-PN 23-2571161-001
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 VISIT ANAHEIM 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor ANAHEIM/ORANGE COUNTY VISITOR & CONVENTION BUREAU	c EIN-PN 95-2143156-003
a	Plan name VMD SYSTEMS INTEGRATORS INC 401K	
b	Name of plan sponsor VMD CORP	c EIN-PN 04-3671521-001
a	Plan name WAGNER FAMILY EYECARE, P.C.	
b	Name of plan sponsor DAVID WAGNER	c EIN-PN 25-1855328-007

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 WALL STREET MARKETS, LLC 401(K) PLAN	
b	Name of plan sponsor WALL STREET MARKETS, LLC	c EIN-PN 22-3906892-001
a	Plan name WARE CAPITAL, LLC 401(K) RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor WARE CAPITAL, LLC	c EIN-PN 88-2061002-001
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 WASHINGTON COUNTY CDA 401(A) PLAN	
b	Name of plan sponsor WASHINGTON COUNTY COMMUNITY DEVELOPMENT AGENCY	c EIN-PN 41-1408079-001
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 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 WIGGLESWORTH, LAYTON, MOYERS & CHANCE, P.C 401(K) PLAN	
b	Name of plan sponsor WIGGLESWORTH, LAYTON, MOYERS & CHANCE, P.C	c EIN-PN 52-1468067-001
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 WINDSOR SOLUTIONS 401(K) PLAN	
b	Name of plan sponsor WINDSOR SOLUTIONS, INC.	c EIN-PN 93-1245518-001
a	Plan name WIREGRASS ORTHODONTIC SPECIALISTS, LLC RETIREMENT PLAN	
b	Name of plan sponsor WIREGRASS ORTHODONTIC SPECIALISTS, LLC	c EIN-PN 68-0592895-001
a	Plan name WOMENCARE, INC. 401(K) PLAN	
b	Name of plan sponsor WOMENCARE, INC.	c EIN-PN 55-0691297-001
a	Plan name WSS 401(K) PLAN	
b	Name of plan sponsor EUROSTAR, INC.	c EIN-PN 95-3925299-002

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	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	YOUR MOMS HOUSE INC 401K	
b Name of plan sponsor	YOUR MOMS HOUSE INC	c EIN-PN 46-1658409-001
a Plan name	ZEITGEIST CENTER FOR ARTS AND COMMUNITY 401(K) PLAN	
b Name of plan sponsor	ZEITGEIST CENTER FOR ARTS AND COMMUNITY	c EIN-PN 20-6424699-001
a Plan name	ZOOMPH, INC. 401(K) PLAN	
b Name of plan sponsor	ZOOMPH, INC.	c EIN-PN 81-1402199-001
a Plan name	ZZ PERFORMANCE, LLC 401(K) PROFIT SHARING PLAN AND TRUST	
b Name of plan sponsor	ZZ PERFORMANCE, LLC	c EIN-PN 20-1810156-001
a Plan name		
b Name of plan sponsor		c EIN-PN
a Plan name		
b Name of plan sponsor		c EIN-PN
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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 MODERATE 2065 FUND	B Three-digit plan number (PN) ▶ 760
C Plan sponsor's name as shown on line 2a of Form 5500 GREAT GRAY TRUST COMPANY, LLC	D Employer Identification Number (EIN) 38-7271379

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)	342144
		383695
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)	51214310
(10) Value of interest in pooled separate accounts	1c(10)	118271989
(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	51556454	118655684
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h	0	33080
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j	354986	383695
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	354986	416775
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	51201468	118238909

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)		11255857
(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		11255857

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)	4055	
(5) Investment advisory and investment management fees	2i(5)	76026	
(6) Bank or trust company trustee/custodial fees	2i(6)	16551	
(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)		96632
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		96632

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		11159225
l Transfers of assets:			
(1) To this plan.....	2l(1)		78405556
(2) From this plan	2l(2)		22527340

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 _____.