

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 <h1 style="text-align: center;">2024</h1> This Form is Open to Public Inspection
---	--	---

Part I Annual Report Identification Information
 For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

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

a single-employer plan a DFE (specify) C

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

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

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

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

special extension (enter description)

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

Part II Basic Plan Information—enter all requested information

1a Name of plan <u>EMERGING MARKETS FUND II</u>	1b Three-digit plan number (PN) ▶ <u>001</u> 1c Effective date of plan
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>GREAT GRAY TRUST COMPANY, LLC</u> <u>6725 VIA AUSTI PARKWAY, SUITE 260</u> <u>LAS VEGAS, NV 89119</u>	2b Employer Identification Number (EIN) <u>38-7304135</u> 2c Plan Sponsor's telephone number <u>866-427-6885</u> 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.

SIGN HERE		Date	
	Signature of plan administrator		Enter name of individual signing as plan administrator
SIGN HERE		Date	
	Signature of employer/plan sponsor		Enter name of individual signing as employer or plan sponsor
SIGN HERE	Filed with authorized/valid electronic signature.	09/19/2025	MATT FALCIANI
	Signature of DFE	Date	Enter name of individual signing as DFE

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

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

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

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

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)
---	--

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.
---	--	---

For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

A Name of plan <u>EMERGING MARKETS FUND II</u>	B Three-digit plan number (PN)	<u>001</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>38-7304135</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)
---------------	--

a Name of MTIA, CCT, PSA, or 103-12 IE: BLACKROCK EMERGING MARKETS CF F

b Name of sponsor of entity listed in (a): BLACKROCK INSTITUTIONAL TRUST COMPANY, N.A.

c EIN-PN <u>85-3455648-001</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>126065480</u>
---------------------------------------	-------------------------------	--

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

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

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
-----------------	----------------------	---

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

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

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
-----------------	----------------------	---

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

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

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
-----------------	----------------------	---

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

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

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
-----------------	----------------------	---

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

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

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
-----------------	----------------------	---

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

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

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
-----------------	----------------------	---

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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	ABLE DISTRIBUTORS, INC. EMPLOYEES 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	ABLE DISTRIBUTORS, INC.	c EIN-PN 36-3068681-001
a	Plan name	ACME FINISHING COMPANY 401(K) PLAN	
b	Name of plan sponsor	ACME FINISHING COMPANY, LLC	c EIN-PN 47-3695493-001
a	Plan name	ADDED DIMENSIONS INC 401K PROFIT	
b	Name of plan sponsor	ADDED DIMENSIONS INC	c EIN-PN 52-2012782-001
a	Plan name	ADVANCE FITTINGS LLC 401(K) SAVINGS PLAN	
b	Name of plan sponsor	AFC ACQUISITION LLC	c EIN-PN 87-2937841-001
a	Plan name	ALCANZA CLINICAL RESEARCH 401 (K) PLAN	
b	Name of plan sponsor	ALCANZA CLINICAL RESEARCH	c EIN-PN 87-3867885-003
a	Plan name	ALEX N SILL COMPANY 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	ALEX N SILL COMPANY LLC	c EIN-PN 34-0473530-002
a	Plan name	ALIGN CAPITAL PARTNERS, LP 401K PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor	ALIGN CAPITAL PARTNERS, LP	c EIN-PN 81-2072802-001
a	Plan name	ALIGN PRECISION 401(K) PLAN	
b	Name of plan sponsor	ALIGN PRECISION CORP.	c EIN-PN 83-4029310-001
a	Plan name	AMERICAN ASSOCIATION OF BLOOD BANKS DEFINED CONTRIBUTION PLAN	
b	Name of plan sponsor	AMERICAN ASSOCIATION OF BLOOD BANKS	c EIN-PN 36-2384118-001
a	Plan name	AMERICAN HOTEL & LODGING ASSOCIATION 401(K) PLAN	
b	Name of plan sponsor	AMERICAN HOTEL & LODGING ASSOCIA	c EIN-PN 13-0432130-001
a	Plan name	AMS 401(K) PLAN	
b	Name of plan sponsor	DAC ACQUISITION COMPANY, LLC	c EIN-PN 20-5081488-001
a	Plan name	ANDERSON, MCPHARLIN & CONNERS PROFIT SHARING PLAN	
b	Name of plan sponsor	ANDERSON, MCPHARLIN & CONNERS	c EIN-PN 95-1530000-007

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	ANESTHESIOLOGISTS ASSOC 401K PLAN	
b	Name of plan sponsor	ANESTHESIOLOGISTS ASSOCIATED,P.C.	c EIN-PN 63-0577011-003
a	Plan name	ARDEO EDUCATION SOLUTIONS LLC 401(K) PLAN	
b	Name of plan sponsor	ARDEO EDUCATION SOLUTIONS LLC	c EIN-PN 84-2563905-001
a	Plan name	ARDURRA RETIREMENT PLAN	
b	Name of plan sponsor	ARDURRA GROUP, INC.	c EIN-PN 59-1782900-002
a	Plan name	ASI GOVERNMENT, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	ASI GOVERNMENT, INC.	c EIN-PN 54-1962068-001
a	Plan name	ASK LLP PARTNERSHIP PROFIT SHARING 401(K) PLAN	
b	Name of plan sponsor	ASK LLP	c EIN-PN 41-1916951-001
a	Plan name	ASSOCIATION OF FUNDRAISING PROFESSIONALS	
b	Name of plan sponsor	ASSOCIATION OF FUNDRAISING PROFESSIONALS	c EIN-PN 13-2590764-002
a	Plan name	ASTRO SHAPES LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	ASTRO SHAPES LLC	c EIN-PN 34-1082339-001
a	Plan name	ASTRO SHAPES LLC UNION EMPLOYEES 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	ASTRO SHAPES LLC	c EIN-PN 34-1082339-002
a	Plan name	ATTAIN CONSULTING GROUP LLC	
b	Name of plan sponsor	ATTAIN CONSULTING GROUP LLC	c EIN-PN 85-0709432-001
a	Plan name	AUDIO ACOUSTICS, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	AUDIO ACOUSTICS, INC.	c EIN-PN 43-0915747-001
a	Plan name	AVANIA 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	AVANIA, LLC	c EIN-PN 04-3517564-001
a	Plan name	BACCELLIERI FAMILY DENTISTRY 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	BACCELLIERI FAMILY DENTISTRY	c EIN-PN 82-1754768-001

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 BARSTEEL CORPORATION 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor BARSTEEL CORPORATION	c EIN-PN 36-3972940-003
a	Plan name BASSETT FURNITURE IND. INC. 401K PLAN	
b	Name of plan sponsor BASSETT FURNITURE	c EIN-PN 54-0135270-002
a	Plan name BAUER COMPRESSORS INC. EMPLOYEE RETIREMENT PLAN	
b	Name of plan sponsor BAUER COMPRESSORS, INC.	c EIN-PN 54-1019520-003
a	Plan name BAUM REALTY GROUP, LLC 401(K) PLAN	
b	Name of plan sponsor BAUM REALTY GROUP	c EIN-PN 20-8434409-002
a	Plan name BAY ANESTHESIA ASSOCIATES, LLC 401K PROFIT SHARING PLAN	
b	Name of plan sponsor BAY ANESTHESIA ASSOCIATES, LLC ATTN TAMMY PHILLIPS	c EIN-PN 20-8871650-001
a	Plan name BCI 401(K) PLAN	
b	Name of plan sponsor BAMMAN CONSULTING	c EIN-PN 20-2180288-001
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 BENESCH, FRIEDLANDER, COPLAN & ARONOFF ELECTIVE SAVINGS AND PROFIT SHARING PLAN	
b	Name of plan sponsor BENESCH, FRIEDLANDER, COPLAN & ARONOFF LLP	c EIN-PN 34-6596918-001
a	Plan name BILL HICKS & CO LTD PROFIT SHARING 401K	
b	Name of plan sponsor BILL HICKS AND CO LTD	c EIN-PN 41-1521526-001
a	Plan name BOB BELL AUTOMOTIVE GROUP 401(K) PLAN AND TRUST	
b	Name of plan sponsor BOB BELL AUTOMOTIVE GROUP	c EIN-PN 52-1707084-001
a	Plan name BOCAR US, INC. RETIREMENT PLAN	
b	Name of plan sponsor BOCAR US INC.	c EIN-PN 82-3315700-001
a	Plan name BORNTEC 401K PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor BORN CAPITAL, LLC	c EIN-PN 33-1042175-001

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 BOYS & GIRLS CLUBS OF DELAWARE INC. RETIREMENT PLAN	
b	Name of plan sponsor BOYS & GIRLS CLUBS OF DELAWARE INC.	c EIN-PN 51-0068712-001
a	Plan name BR PROPERTY MANAGEMENT LLC 401(K) PLAN	
b	Name of plan sponsor BR PROPERTY MANAGEMENT LLC	c EIN-PN 81-1013080-002
a	Plan name BREAKTHRU BEVERAGE ILLINOIS BELLEVILLE, LLC LOCAL 50 401(K) PLAN	
b	Name of plan sponsor BREAKTHRU BEVERAGE ILLINOIS BELLEVILLE, LLC	c EIN-PN 37-1367202-002
a	Plan name BROOKWOOD INTERNISTS	
b	Name of plan sponsor BROOKWOOD INTERNISTS, P.C.	c EIN-PN 63-1266801-001
a	Plan name BROWN & RIDING INSURANCE SERVICES, INC. EMPLOYEES' 401(K) PLAN	
b	Name of plan sponsor BROWN & RIDING INSURANCE SERVICES, INC.	c EIN-PN 94-2679254-003
a	Plan name BURRUS & MATTHEWS, INC. EMPLOYEES P/S PLAN	
b	Name of plan sponsor BURRUS & MATTHEWS, INC	c EIN-PN 74-1720472-001
a	Plan name BUTLER BALANCING CO INC 401K	
b	Name of plan sponsor BUTLER BALANCING CO INC 401K	c EIN-PN 23-2657938-001
a	Plan name CAMERON ASHLEY BUILDING PRODUCTS 401K PL	
b	Name of plan sponsor CAMERON ASHLEY BUILDING PRODUCTS INC	c EIN-PN 58-1968171-002
a	Plan name CAMPBELL COMPANIES 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor CAMPBELL COMPANIES	c EIN-PN 84-3055712-001
a	Plan name CAMPBELL COMPANIES BARGAINING UNIT 401(K) PLAN	
b	Name of plan sponsor CAMPBELL COMPANIES	c EIN-PN 84-3055712-003
a	Plan name CANFOR SOUTHERN PINE INC. 401K PLAN	
b	Name of plan sponsor CANFOR SOUTHERN PINE INC	c EIN-PN 57-1128614-002
a	Plan name CAPITAL BANK 401(K) PLAN	
b	Name of plan sponsor CAPITAL BANK, N.A.	c EIN-PN 52-2132492-001

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 CAPITAL COMMUNITY BANK 401(K) PLAN	
b	Name of plan sponsor CAPITAL COMMUNITY BANK	c EIN-PN 87-0498008-001
a	Plan name CAPITAL PROJECT MANAGEMENT INC. 401K	
b	Name of plan sponsor CAPITAL PROJECT MGMT INC	c EIN-PN 23-2827922-001
a	Plan name CAPITOL CONCIERGE 401K PLAN	
b	Name of plan sponsor CAPITOL CONCIERGE, INC	c EIN-PN 52-1677387-001
a	Plan name CAPSTONE ON-CAMPUS MANAGEMENT, LLC 401(K) SAVINGS PLAN	
b	Name of plan sponsor CAPSTONE ON-CAMPUS MANGMENT, LLC	c EIN-PN 56-2440563-001
a	Plan name CAREY COLOR, INC. EMPLOYEES PROFIT SHARING & 401(K) RETIREMENT PLAN	
b	Name of plan sponsor CAREY COLOR, INC.	c EIN-PN 31-1000581-001
a	Plan name CARTESIAN 401(K) / PROFIT SHARING PLAN	
b	Name of plan sponsor CARTESIAN, INC.	c EIN-PN 48-1129619-001
a	Plan name CENTENNIAL REAL ESTATE MANAGEMENT, LLC 401(K) PLAN	
b	Name of plan sponsor CENTENNIAL REAL ESTATE MANAGEMENT, LLC	c EIN-PN 33-1190093-001
a	Plan name CERELIA USA BAKERY INC 401K PLAN	
b	Name of plan sponsor CERELIA USA BAKERY INC	c EIN-PN 85-1100898-001
a	Plan name CERRIS, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor CERRIS, INC.	c EIN-PN 36-3740049-001
a	Plan name CHAMPION CONTAINER 401(K)	
b	Name of plan sponsor CHAMPION CONTAINER CORPORATION	c EIN-PN 36-2849377-002
a	Plan name CHILD AND FAMILY FOCUS INC 401(K) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor CHILD AND FAMILY FOCUS INC	c EIN-PN 23-3052759-001
a	Plan name CMF OPERATING COMPANY LLC 401K PLAN	
b	Name of plan sponsor CMF OPERATING COMPANY LLC	c EIN-PN 27-0753380-001

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	COASTAL CONSTRUCTION CORPORATION 401(K) PLAN	
b	Name of plan sponsor	COASTAL CONSTRUCTION CORPORATION	c EIN-PN 04-3242781-001
a	Plan name	COATUE MANAGEMENT, LLC 401(K) PLAN	
b	Name of plan sponsor	COATUE MANAGEMENT, LLC	c EIN-PN 13-4078032-001
a	Plan name	COBALT IRON INC. 401(K) PLAN	
b	Name of plan sponsor	COBALT IRON INC.	c EIN-PN 46-3350138-001
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	COMMONWEALTH CASUALTY COMPANY 401(K) PLAN	
b	Name of plan sponsor	COMMONWEALTH CASUALTY COMPANY	c EIN-PN 27-1967640-001
a	Plan name	COMMUNITY FOUNDATION OF GREATER MEMPHIS, INC. RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	COMMUNITY FOUNDATION OF GREATER MEMPHIS, INC.	c EIN-PN 58-1723645-002
a	Plan name	CONSULTING SOLUTIONS 401K PLAN	
b	Name of plan sponsor	CSI IT LLC	c EIN-PN 81-2264132-001
a	Plan name	COOK'S PEST CONTROL INC EMPLOYEE	
b	Name of plan sponsor	COOKS PEST CONTROL INC	c EIN-PN 63-0476716-001
a	Plan name	CORPORATE ONE FEDERAL CREDIT UNION	
b	Name of plan sponsor	CORPORATE ONE FEDERAL CREDIT UNION	c EIN-PN 31-1102257-003
a	Plan name	COSETTE PHARMACEUTICALS, INC. 401(K) PLAN	
b	Name of plan sponsor	COSETTE PHARMACEUTICALS, INC.	c EIN-PN 83-2305806-001
a	Plan name	CRDN 401(K) PLAN	
b	Name of plan sponsor	CERTIFIED RESTORATION DRYCLEANING NETWORK, LLC	c EIN-PN 38-3606975-001
a	Plan name	CREDIT UNIONS IN THE STATE OF 401(K) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor	CREDIT UNIONS IN THE STATE OF	c EIN-PN 95-1321381-002

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
<small>(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)</small>			
a	Plan name	CURRAN, HOLLENBECK & ORTON, S.C. PROFIT SHARING PLAN	
b	Name of plan sponsor	CURRAN, HOLLENBECK & ORTON, S.C.	c EIN-PN 39-1456354-001
a	Plan name	DAK AMERICAS LLC PENSION PLAN	
b	Name of plan sponsor	ALPEK POLYESTER USA, LLC DB	c EIN-PN 52-2343187-002
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	DALE MEDICAL RETIREMENT SECURITY 457 PLAN	
b	Name of plan sponsor	DALE MEDICAL CENTER	c EIN-PN 63-6001875-457
a	Plan name	DANZIG GROUP PROFIT SHARING 401(K) PLAN	
b	Name of plan sponsor	DANZIG GROUP	c EIN-PN 42-1647391-001
a	Plan name	DARAG US SERVICES COMPANY 401K PROFIT	
b	Name of plan sponsor	DARAG US SERVICES CO	c EIN-PN 47-3443751-001
a	Plan name	DAVACO 401(K) PLAN	
b	Name of plan sponsor	DAVACO, L.P.	c EIN-PN 82-3970631-001
a	Plan name	DAW CONSTRUCTION GROUP, LLC 401(K) RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	DAW CONSTRUCTION GROUP, LLC	c EIN-PN 33-1087950-001
a	Plan name	DCI FAMILY OF COMPANIES 401(K) PLAN	
b	Name of plan sponsor	DCI GROUP AZ, LLC	c EIN-PN 26-3684630-001
a	Plan name	DCMAC, L.L.C.	
b	Name of plan sponsor	DCMAC, L.L.C.	c EIN-PN 26-4270939-001
a	Plan name	DEAKYNE DENTAL ASSOCIATES, P.A. 401K RETIREMENT PLAN	
b	Name of plan sponsor	DEAKYNE DENTAL ASSOCIATES	c EIN-PN 51-0162936-001
a	Plan name	DEERFIELD PATISSERIE LLC 401K PLAN	
b	Name of plan sponsor	DEERFIELD PATISSERIE LLC	c EIN-PN 83-2321851-001

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	DEGY BOOKING INTERNATIONAL, INC. PROFIT SHARING PLAN	
b Name of plan sponsor	DEGY BOOKING INTERNATIONAL, INC.	c EIN-PN 52-2336593-001
a Plan name	DEJ HOLDINGS, LLC 401(K) PLAN	
b Name of plan sponsor	DEJ HOLDINGS, LLC	c EIN-PN 56-2120168-001
a Plan name	DELTA C, LP 401(K) PLAN	
b Name of plan sponsor	DELTA C, LP	c EIN-PN 84-1689482-001
a Plan name	DOBER CHEMICAL CORPORATION EMPLOYEES' 401(K) PLAN	
b Name of plan sponsor	DOBER CHEMICAL CORP.	c EIN-PN 36-2360676-002
a Plan name	DRFIRST.COM, INC 401(K) PLAN	
b Name of plan sponsor	DRFIRST.COM, INC.	c EIN-PN 52-2212902-001
a Plan name	DXU LLC 401(K) PLAN	
b Name of plan sponsor	DXU LLC	c EIN-PN 46-2519461-001
a Plan name	EAGLEBANK 401K PLAN	
b Name of plan sponsor	EAGLEBANK	c EIN-PN 52-2099123-001
a Plan name	EATHERLY CONSTRUCTORS, INC. 401(K) PROFIT SHARING PLAN	
b Name of plan sponsor	EATHERLY CONSTRUCTORS INC	c EIN-PN 48-0759131-001
a Plan name	ELKINS CHEVROLET LLC 401K PLAN	
b Name of plan sponsor	ELKINS CHEVROLET LLC	c EIN-PN 22-3630104-001
a Plan name	EMERGENCY SERVICE ASSOCIATES, P.A. 401(K) PROFIT SHARING PLAN	
b Name of plan sponsor	EMERGENCY SERVICE ASSOCIATES, P.A.	c EIN-PN 52-0936535-001
a Plan name	EMPLOYEES SAVINGS PLAN OF BONSET AMERICA CORPORATION	
b Name of plan sponsor	BONSET AMERICA CORPORATION	c EIN-PN 56-1645992-001
a Plan name	EMPLOYSHARE, INC 401(K) PROFIT SHARING PLAN	
b Name of plan sponsor	BOWA BUILDERS INC	c EIN-PN 54-1440392-001

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	ENSEMBLE RETIREMENT SAVINGS PLAN 401(K)	
b	Name of plan sponsor	ENSEMBLE HEALTH PARTNERS HOLDINGS, LLC	c EIN-PN 84-2528019-021
a	Plan name	EVER.AG 401(K) PLAN	
b	Name of plan sponsor	EVER.AG, LLC	c EIN-PN 75-2890244-001
a	Plan name	EVOLUTION'S RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	EVOLUTION US, LLC	c EIN-PN 42-1776073-001
a	Plan name	EXASERV INC. 401K PLAN	
b	Name of plan sponsor	EXASERV INC	c EIN-PN 58-2620450-001
a	Plan name	EXCEL SPORTS & GAME	
b	Name of plan sponsor	EXCEL SPORTS MANAGEMENT, LLC	c EIN-PN 45-2780471-001
a	Plan name	EXPEDITION TECHNOLOGY, INC. 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor	EXPEDITION TECHNOLOGY, INC.	c EIN-PN 46-4016188-001
a	Plan name	FAMILY HEALTH CENTER OF MARSHFIELD, INC. RETIREMENT PLAN	
b	Name of plan sponsor	FAMILY HEALTH CENTER OF MARSHFIELD, INC.	c EIN-PN 39-1681547-001
a	Plan name	FAULTLESS BRANDS 401(K) PLAN	
b	Name of plan sponsor	AE OPCO I LLC DBA FAULTLESS BRANDS	c EIN-PN 85-0985863-001
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	FIERA CAPITAL 401(K) PLAN	
b	Name of plan sponsor	FIERA US HOLDING INC.	c EIN-PN 46-3936165-001
a	Plan name	FINFIT LIFE LLC 401(K) PLAN	
b	Name of plan sponsor	FINFIT LIFE LLC	c EIN-PN 84-2295015-001
a	Plan name	FIRST SECURITY TRUST & SAVINGS BANK 401K SAVINGS PLAN	
b	Name of plan sponsor	FIRST SECURITY TRUST & SAVINGS BANK	c EIN-PN 36-2246177-001

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	FIRST STATE PEDIATRICS, LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	FIRST STATE PEDIATRICS, LLC	c EIN-PN 27-0848567-001
a	Plan name	FLASH 401(K) PLAN	
b	Name of plan sponsor	FLASHPARKING INC.	c EIN-PN 45-1867889-001
a	Plan name	FOULGER-PRATT COMPANIES 401(K) PLAN	
b	Name of plan sponsor	FOULGER-PRATT COMPANIES LLC	c EIN-PN 45-0463021-001
a	Plan name	FREEDMAN SEATING COMPANY 401(K) PLAN	
b	Name of plan sponsor	FREEDMAN SEATING COMPANY	c EIN-PN 36-2276977-001
a	Plan name	FREEPOINT COMMODITIES LLC 401K PLAN	
b	Name of plan sponsor	FREEPOINT COMMODITIES LLC	c EIN-PN 27-5017798-001
a	Plan name	FRIDAY SERVICES, INC. 401(K) PLAN	
b	Name of plan sponsor	FRIDAY SERVICES, INC.	c EIN-PN 56-1578814-001
a	Plan name	FRY EYE ASSOCIATES, P.A. 401(K) PLAN	
b	Name of plan sponsor	FRY EYE ASSOCIATES, P.A.	c EIN-PN 48-0828641-004
a	Plan name	FST LOGISTICS INC 401K RETIREMENT PLAN	
b	Name of plan sponsor	FST LOGISTICS INC	c EIN-PN 31-1584793-001
a	Plan name	FUTURAMIC TOOL & ENGINEERING COMPANY	
b	Name of plan sponsor	FUTURAMIC TOOL AND ENGINEERING COMPANY	c EIN-PN 38-1528262-002
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	GALERIE MANAGEMENT, LLC 401(K) PLAN	
b	Name of plan sponsor	GALERIE LIVING, LLC	c EIN-PN 47-2328474-001
a	Plan name	GALLAGHER EVELIUS & JONE LLP 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	GALLAGHER EVELIUS & JONE LLP	c EIN-PN 52-0883759-001

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	GATEWAY TERMINALS 401(K) PLAN	
b	Name of plan sponsor	GATEWAY TERMINALS LLC	c EIN-PN 58-2179291-001
a	Plan name	GEI-CST 401(K) PLAN	
b	Name of plan sponsor	GREENLAND ENTERPRISES, INC.	c EIN-PN 26-2048758-001
a	Plan name	GEORGIA LOGISTICS GROUP, INC. 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	GEORGIA LOGISTICS GROUP, INC	c EIN-PN 82-5220638-001
a	Plan name	GERMIN8 VENTURES, LLC 401(K) PLAN	
b	Name of plan sponsor	GERMIN8 VENTURES, LLC	c EIN-PN 82-1347164-001
a	Plan name	GLACIAL LAKE CRANBERRIES, INC. 401(K) PLAN	
b	Name of plan sponsor	GLACIAL LAKE CRANBERRIES, INC.	c EIN-PN 39-6042154-002
a	Plan name	GOBRANDS, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	GOBRANDS, INC.	c EIN-PN 47-4409123-002
a	Plan name	GOLF GENIUS SOFTWARE 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	GOLF GENIUS SOFTWARE, INC.	c EIN-PN 27-0243762-001
a	Plan name	GOULD & RATNER LLP RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	GOULD & RATNER	c EIN-PN 36-2130566-001
a	Plan name	GP3 401(K) PLAN	
b	Name of plan sponsor	GP3 PARTNERS, LLC	c EIN-PN 84-4083248-001
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
a	Plan name	GRUNLEY CONSTRUCTION INC 401K	
b	Name of plan sponsor	GRUNLEY CONSTRUCTION COMPANY INC	c EIN-PN 52-1577562-001
a	Plan name	GUERNSEY, INC. 401(K) PLAN	
b	Name of plan sponsor	GUERNSEY, INC.	c EIN-PN 54-0992207-001

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	GUNTERSVILLE BREATHABLES, INC. 401(K) PLAN	
b	Name of plan sponsor	GUNTERSVILLE BREATHABLES, INC.	c EIN-PN 27-1487169-001
a	Plan name	GWD ACQUISITION INC. SALARY SAVINGS PLAN	
b	Name of plan sponsor	GWD ACQUISITION INC	c EIN-PN 82-5491249-001
a	Plan name	HARVEST BIBLE CHAPEL 403(B)(9) PLAN	
b	Name of plan sponsor	HARVEST BIBLE CHAPEL DO NOT USE	c EIN-PN 36-3590027-002
a	Plan name	HAUSER 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	HAUSER, INC. DBA HAUSER	c EIN-PN 31-0800707-001
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	HEARTLAND HOTELS 401(K) PLAN	
b	Name of plan sponsor	HEARTLAND SEVEN CORNERS HOTEL, LLC	c EIN-PN 46-0906664-001
a	Plan name	HEARTLAND REALTY INVESTORS, INC. PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor	HEARTLAND REALTY INVESTORS, INC.	c EIN-PN 41-1308270-001
a	Plan name	HELLER MACHINE TOOLS, L.P. 401(K) PLAN	
b	Name of plan sponsor	HELLER MACHINE TOOLS, L.P.	c EIN-PN 36-3451874-001
a	Plan name	HEN-WAY MFG, INC. SAFE HARBOR PLAN	
b	Name of plan sponsor	HEN-WAY MFG, INC.	c EIN-PN 41-1474734-002
a	Plan name	HENNEN FLOOR COVERING, INC PROFIT SHARING & 401(K) SAFE HARBOR PLAN	
b	Name of plan sponsor	HENNEN FLOOR COVERING, INC.	c EIN-PN 41-1958297-001
a	Plan name	HENNEN LUMBER COMPANY, INC. PROFIT SHARING & 401(K) SAFE HARBOR PLAN	
b	Name of plan sponsor	HENNEN LUMBER COMPANY, INC	c EIN-PN 41-0681810-001
a	Plan name	HERITAGE HEALTH SOLUTIONS 401K	
b	Name of plan sponsor	HERITAGE HEALTH SOLUTIONS	c EIN-PN 27-1516386-001

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 HERMAN MANUFACTURING CO., INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor HERMAN MANUFACTURING CO., INC.	c EIN-PN 41-1286729-001
a	Plan name HEROLD PRECISION METALS 401K PLAN	
b	Name of plan sponsor HEROLD PRECISION METALS LLC	c EIN-PN 41-1863178-001
a	Plan name HILL FAMILY GROUP RETIREMENT PLAN	
b	Name of plan sponsor HILL FAMILY GROUP, INC	c EIN-PN 75-1869395-001
a	Plan name HITT CONTRACTING INC. 401(K) SAVINGS AND PROFIT SHARING PLAN	
b	Name of plan sponsor HITT CONTRACTING INC.	c EIN-PN 54-0248192-002
a	Plan name HOLT LOGISTICS CORP. 401(K) PLAN	
b	Name of plan sponsor HOLT LOGISTICS CORP.	c EIN-PN 47-0853788-001
a	Plan name HOME TELECOM 401(K)	
b	Name of plan sponsor COMPORIUM & HOME TELECOM	c EIN-PN 57-0339548-001
a	Plan name HOWARD, WERSHBALE & CO. PROFIT SHARING & 401(K) PLAN AND TRUST	
b	Name of plan sponsor HOWARD, WERSHBALE & CO.	c EIN-PN 34-1663157-001
a	Plan name IBX 401K PLAN	
b	Name of plan sponsor IBX LLC	c EIN-PN 83-3142906-001
a	Plan name IDEMIA RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor IDEMIA IDENTITY AND SECURITY	c EIN-PN 04-3320515-001
a	Plan name IMAGEFIRST OF IOWA, INC. RETIREMENT PLAN	
b	Name of plan sponsor ASI	c EIN-PN 42-1241530-001
a	Plan name IMC AMERICAS, INC. 401(K) PLAN	
b	Name of plan sponsor IMC AMERICAS, INC.	c EIN-PN 36-4366168-002
a	Plan name INFOTRAX 401(K) PLAN	
b	Name of plan sponsor INFOTRAX SYSTEMS	c EIN-PN 87-0584415-001

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	INMOMENT 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	INMOMENT, INC.	c EIN-PN 57-1137115-001
a	Plan name	INSTITUTE FOR IN VITRO SCIENCES 401K	
b	Name of plan sponsor	INSTITUTE FOR IN VITRO SCIENCES INC	c EIN-PN 52-2029668-001
a	Plan name	INSURANCE RESOURCES INTERNATIONAL, INC. 401(K) PLAN	
b	Name of plan sponsor	INSURANCE RESOURCES INTERNATIONAL, INC.	c EIN-PN 46-3509307-003
a	Plan name	INTEGRITYONE PARTNERS 401(K) PLAN	
b	Name of plan sponsor	INTEGRITYONE PARTNERS, INC.	c EIN-PN 54-2030662-001
a	Plan name	INTELLIBRIDGE 401K PLAN	
b	Name of plan sponsor	INTELLIBRIDGE, LLC	c EIN-PN 65-1313681-001
a	Plan name	INTELLICENTS INC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	INTELLICENTS INC	c EIN-PN 41-1471080-002
a	Plan name	INTERNATIONAL BUILDERS & CONSULTANTS, INC. 401(K) PLAN	
b	Name of plan sponsor	IBCGULF,	c EIN-PN 83-3260554-001
a	Plan name	INTERNATIONAL CONSTRUCTION EQUIPMENT, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	INTERNATIONAL CONSTRUCTION EQUIPMENT	c EIN-PN 56-1060440-002
a	Plan name	INTERSTATE 401(K) SAVINGS PLAN	
b	Name of plan sponsor	AEM, INC.	c EIN-PN 53-0220544-003
a	Plan name	JAMESTOWN PAINTING AND DECORATING, INC. RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	JAMESTOWN PAINTING AND DECORATING, INC.	c EIN-PN 51-0306000-002
a	Plan name	JEA SENIOR LIVING 401(K) PLAN	
b	Name of plan sponsor	SH1 HOLD CO, LLC	c EIN-PN 83-2216253-001
a	Plan name	JEWISH COMMUNITY ALLIANCE RETIREMENT PLAN	
b	Name of plan sponsor	JEWISH COMMUNITY ALLIANCE	c EIN-PN 59-2620208-001

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	JONNS INTERIORS 401(K) PLAN	
b	Name of plan sponsor	JONNS LLC	c EIN-PN 46-0512474-001
a	Plan name	JUNGHEINRICH LIFT TRUCK CORP 401(K) PLAN	
b	Name of plan sponsor	JUNGHEINRICH LIFT TRUCK CORP.	c EIN-PN 54-2021479-001
a	Plan name	KAMAX INC. 401K SAVINGS PLAN	
b	Name of plan sponsor	KAMAX INC	c EIN-PN 84-2136876-001
a	Plan name	KEM RETIREMENT PLAN	
b	Name of plan sponsor	GREGG J BURNS CPA	c EIN-PN 04-3704462-001
a	Plan name	KEYLOGIC TECHNOLOGIES CORP.	
b	Name of plan sponsor	KEYLOGIC TECHNOLOGIES CORP.	c EIN-PN 82-4736977-001
a	Plan name	KNAPP INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	KNAPP INC.	c EIN-PN 58-2365257-001
a	Plan name	KORBYT 401(K) PLAN	
b	Name of plan sponsor	RMG ENTERPRISE SOLUTIONS, INC	c EIN-PN 74-2132122-001
a	Plan name	LANDMARK BUILDERS PROFIT SHARING AND RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	LANDMARK BUILDERS, INC.	c EIN-PN 56-1109168-001
a	Plan name	LARRY ROESCH FAMILY AUTO GROUP 401(K) PLAN	
b	Name of plan sponsor	LARRY ROESCH FAMILY AUTO GROUP	c EIN-PN 36-2894859-001
a	Plan name	LEGAT ARCHITECTS, INC. PROFIT SHARING/401(K)	
b	Name of plan sponsor	LEGAT ARCHITECTS, INC.	c EIN-PN 36-3003268-002
a	Plan name	LIEBERT CASSIDY WHITMORE PROFIT SHARING/401K PLAN AND TRUST	
b	Name of plan sponsor	LIEBERT CASSIDY WHITMORE	c EIN-PN 95-3658973-002
a	Plan name	LIFELENS TECHNOLOGIES, INC. 401(K) PLAN	
b	Name of plan sponsor	LIFELENS TECHNOLOGIES, INC	c EIN-PN 47-4416879-001

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	LIQUIDITY SERVICES, INC. 401K PROFIT SHARING PLAN	
b	Name of plan sponsor	LIQUIDITY SERVICES, INC.	c EIN-PN 52-2209244-001
a	Plan name	LIQUOR AND ALLIED WORKERS LOCAL NO. 3 PENSION FUND SALESMEN DIVISION	
b	Name of plan sponsor	TRUSTEES OF ALLIED WORKERS UNION LOCAL NO 3 PENSION PLAN SALES DIVISIO	c EIN-PN 36-6527340-001
a	Plan name	LIQUOR AND ALLIED WORKERS UNION LOCAL NO. 3 PENSION FUND	
b	Name of plan sponsor	TRUSTEES OF LIQUOR & ALLIED WORKERS UNION LOCAL NO. 3 PENSION FUND	c EIN-PN 51-6035372-001
a	Plan name	LIQUOR AND ALLIED WORKERS UNION LOCAL NO. 3, EMP	
b	Name of plan sponsor	TRUSTEES OF LIQUOR AND ALLIED WKRS UNION, LOCAL 3 EMP DEFERRED COMP	c EIN-PN 36-7270398-001
a	Plan name	LITTLE DIVERSIFIED ARCHITECTURAL CONSULTING, INC. PROFIT SHARING AND RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	LITTLE DIVERSIFIED ARCHITECTURAL CONSULTING, INC.	c EIN-PN 56-0884622-002
a	Plan name	LOTAME SOLUTIONS, INC. 401(K) PLAN	
b	Name of plan sponsor	LOTAME SOLUTIONS, INC.	c EIN-PN 26-1918422-001
a	Plan name	LYNN ELLIOTT CO. K.C., INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	LYNN ELLIOTT CO. K.C., INC.	c EIN-PN 48-1067258-001
a	Plan name	MACRAE PROVISIONS 401K PLAN	
b	Name of plan sponsor	COOKE MACRAE INC	c EIN-PN 04-3323942-001
a	Plan name	MAINLINE PRINTING, INC. 401(K) RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	MAINLINE PRINTING, INC.	c EIN-PN 48-1028409-001
a	Plan name	MAMMOTH SPORTS CONSTRUCT LLC 401(K)	
b	Name of plan sponsor	MAMMOTH SPORTS CONSTRUCT LLC	c EIN-PN 27-5097783-001
a	Plan name	MARCOLIN U.S.A. EYEWEAR CORP. 401(K) PLAN	
b	Name of plan sponsor	MARCOLIN U.S.A. EYEWEAR CORP.	c EIN-PN 22-2192365-001
a	Plan name	MARCOU TRANSPORTATION GROUP 401(K) PLAN	
b	Name of plan sponsor	HARRISON GLOBAL, LLC	c EIN-PN 45-4213532-001

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 <u>MARSH FURNITURE COMPANY</u>	
b	Name of plan sponsor <u>MARSH FURNITURE COMPANY</u>	c EIN-PN <u>56-0310260-001</u>
a	Plan name <u>MASONITE SAVINGS PLAN</u>	
b	Name of plan sponsor <u>MASONITE CORPORATION</u>	c EIN-PN <u>64-0198020-101</u>
a	Plan name <u>MASONITE SAVINGS PLAN FOR COLLECTIVELY</u>	
b	Name of plan sponsor <u>MASONITE CORPORATION</u>	c EIN-PN <u>64-0198020-102</u>
a	Plan name <u>MATCON DIAMOND, INC. 401(K) PROFIT SHARING PLAN</u>	
b	Name of plan sponsor <u>MATCON DIAMOND, INC.</u>	c EIN-PN <u>25-1696053-001</u>
a	Plan name <u>MATTHEWS DENTAL ASSOCIATES, P.A. 401(K) PROFIT SHARING PLAN</u>	
b	Name of plan sponsor <u>MATTHEWS DENTAL ASSOCIATES, P.A.</u>	c EIN-PN <u>27-2053073-001</u>
a	Plan name <u>MBO ASSOCIATE 401K PLAN</u>	
b	Name of plan sponsor <u>MBO PARTNERS</u>	c EIN-PN <u>22-2609042-001</u>
a	Plan name <u>MBO PARTNERS INC CORPORATE 401K PLAN</u>	
b	Name of plan sponsor <u>MBO PARTNERS</u>	c EIN-PN <u>22-2609042-002</u>
a	Plan name <u>MBO PROFESSIONAL SERVICES INC. 401K PL</u>	
b	Name of plan sponsor <u>MBO PROFESSIONAL SERVICES INC</u>	c EIN-PN <u>26-4179224-001</u>
a	Plan name <u>MELAND BUDWICK, P.A. 401(K) PROFIT SHARING PLAN</u>	
b	Name of plan sponsor <u>MELAND BUDWICK, PA</u>	c EIN-PN <u>65-0340687-001</u>
a	Plan name <u>METASOURCE, LLC 401(K) PLAN</u>	
b	Name of plan sponsor <u>METASOURCE, LLC</u>	c EIN-PN <u>26-0771758-001</u>
a	Plan name <u>MICROSTRATEGY 401(K) SAVINGS PLAN</u>	
b	Name of plan sponsor <u>MICROSTRATEGY</u>	c EIN-PN <u>51-0323571-001</u>
a	Plan name <u>MIDAMERICA HOLDINGS, LTD. 401(K) PLAN</u>	
b	Name of plan sponsor <u>MIDAMERICA HOLDINGS, LTD.</u>	c EIN-PN <u>20-0709088-001</u>

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	MIDAMERICAN AEROSPACE, LTD. 401(K) PLAN	
b	Name of plan sponsor	MIDAMERICAN AEROSPACE, LTD.	c EIN-PN 20-0207550-001
a	Plan name	MOTION PICTURE ASSOCIATION, INC. EMPLOYEES' 401(K) PLAN	
b	Name of plan sponsor	MOTION PICTURE ASSOCIATION, INC.	c EIN-PN 13-1068220-002
a	Plan name	MUTUAL SAVINGS CREDIT UNION 401K	
b	Name of plan sponsor	MUTUAL SAVINGS CREDIT UNION	c EIN-PN 63-0148940-002
a	Plan name	NATIONAL BLANKING, LLC 401(K) PLAN	
b	Name of plan sponsor	NATIONAL BLANKING, LLC	c EIN-PN 81-3501904-001
a	Plan name	NATIONAL COMMUNITY PHARMACISTS ASSOCIATION 401(K) SAVINGS PLAN	
b	Name of plan sponsor	NATIONAL COMMUNITY PHARMACISTS A	c EIN-PN 36-1520710-001
a	Plan name	NATIONAL FOOD GROUP, INC. 401(K) PLAN	
b	Name of plan sponsor	NATIONAL FOOD GROUP, INC.	c EIN-PN 38-3027846-001
a	Plan name	NATIONAL GALVANIZING, L.P. PROFIT SHARING AND SAVINGS PLAN	
b	Name of plan sponsor	NATIONAL GALVANIZING, L.P.	c EIN-PN 38-3056910-002
a	Plan name	NATIONAL MATERIAL PROCESSING, LLC PLANT 1 UNION 401(K) PLAN	
b	Name of plan sponsor	NATIONAL MATERIAL, L.P.	c EIN-PN 90-0905915-002
a	Plan name	NATIONAL MATERIAL, L.P. DEFERRED COMPENSATION PLAN 401(K)	
b	Name of plan sponsor	NATIONAL MATERIAL, L.P.	c EIN-PN 36-3559267-004
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	NMR 401(K) PLAN	
b	Name of plan sponsor	NMR CONSULTING, INC.	c EIN-PN 52-2047564-001
a	Plan name	NOORDA COLLEGE 401(K) PLAN	
b	Name of plan sponsor	NOORDA COLLEGE	c EIN-PN 82-0885956-001

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	NORTH AMERICAN ROOFING SERVICES 401(K) PLAN	
b	Name of plan sponsor	NORTH AMERICAN ROOFING SERVICES	c EIN-PN 13-3724765-001
a	Plan name	NORTHLANE CAPITAL PARTNERS LLC 401K	
b	Name of plan sponsor	NORTHLANE CAPITAL PARTNERS LLC	c EIN-PN 81-4337239-001
a	Plan name	NORTHWEST SUPPORTED LIVING, INC. 401(K) PLAN	
b	Name of plan sponsor	NORTHWEST SUPPORTED LIVING, INC.	c EIN-PN 84-5100896-001
a	Plan name	NSA MEDIA GROUP INC. 401K PLAN	
b	Name of plan sponsor	NSA MEDIA GROUP INC	c EIN-PN 82-0906738-001
a	Plan name	OLAMETER CORPORATION 401(K) PLAN	
b	Name of plan sponsor	OLAMETER CORPORATION	c EIN-PN 38-2611717-001
a	Plan name	ONEAMERICA SEPARATE ACCOUNT	
b	Name of plan sponsor	AMERICAN UNITED LIFE INSURANCE COMPANY	c EIN-PN 35-0145825-100
a	Plan name	ONEONCOLOGY LLC ONEREWARDS RETIREMENT	
b	Name of plan sponsor	ONEONCOLOGY LLC	c EIN-PN 82-3416811-001
a	Plan name	ONTIVITY 401K PLAN	
b	Name of plan sponsor	TAC ENERTECH RESOURCES HOLDINGS LLC	c EIN-PN 81-1556522-001
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	PARTNERSHIP FOR PUBLIC SERVICE 401(K) PLAN	
b	Name of plan sponsor	PARTNERSHIP FOR PUBLIC SERVICE	c EIN-PN 06-1540513-001
a	Plan name	PATHOLOGISTS MEDICAL LABORATORY P. A. &	
b	Name of plan sponsor	PATHOLOGISTS MEDICAL LABORATORY PA	c EIN-PN 56-1402065-001
a	Plan name	PAVE AMERICA 401K PLAN	
b	Name of plan sponsor	PAVE AMERICA INTERCO LLC	c EIN-PN 87-1034990-001

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 PEGASUS GLOBAL HOLDINGS, INC. 401(K) PLAN	
b	Name of plan sponsor PEGASUS GLOBAL HOLDINGS, INC.	c EIN-PN 30-0070644-001
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 PENNOCK INSURANCE, INC. PROFIT SHARING 401(K) PLAN	
b	Name of plan sponsor PENNOCK INSURANCE, INC.	c EIN-PN 23-1898112-001
a	Plan name PENZANCE MANAGEMENT, LLC 401(K) PLAN	
b	Name of plan sponsor PENZANCE MANAGEMENT, LLC	c EIN-PN 42-1603451-002
a	Plan name PH HOSPITALITY GROUP, LLC 401(K) PLAN	
b	Name of plan sponsor PH HOSPITALITY GROUP, LLC 401(K) PLAN	c EIN-PN 39-1968379-001
a	Plan name PHALCON, LTD. 401(K) PLAN	
b	Name of plan sponsor PHALCON LTD.	c EIN-PN 20-8104883-001
a	Plan name PIP 401(K) RETIREMENT PLAN	
b	Name of plan sponsor PROTECTIVE INDUSTRIAL PRODUCTS, INC.	c EIN-PN 14-1659264-001
a	Plan name PLANET AID 401(K) PLAN	
b	Name of plan sponsor PLANET AID, INC.	c EIN-PN 04-3348171-001
a	Plan name PORTLAND WATER DISTRICT DEFERRED COMPENSATION PLAN	
b	Name of plan sponsor PORTLAND WATER DISTRICT	c EIN-PN 01-6000842-001
a	Plan name POTATO KING, INC. 401(K) PLAN	
b	Name of plan sponsor THE POTATO KING, INC.	c EIN-PN 39-1166637-001
a	Plan name POWER DISTRIBUTING LLC 401(K) PLAN	
b	Name of plan sponsor POWER DISTRIBUTING LLC	c EIN-PN 36-4358032-001
a	Plan name PRAXIS ENGINEERING TECHNOLOGIES LLC 401(K) PLAN	
b	Name of plan sponsor PRAXIS ENGINEERING TECHNOLOGIES, LLC. 401(K) PLAN	c EIN-PN 52-2347259-076

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
a	Plan name PRECISION MEDICINE GROUP 401(K) PLAN	
b	Name of plan sponsor PRECISION MEDICINE GROUP, LLC	c EIN-PN 45-2969432-001
a	Plan name PRESIDIO LLC 401(K) PLAN	
b	Name of plan sponsor PRESIDIO LLC	c EIN-PN 41-1254123-001
a	Plan name PRIMARY FINANCIAL COMPANY LLC 401K	
b	Name of plan sponsor PRIMARY FINANCIAL COMPANY LLC	c EIN-PN 31-1682720-001
a	Plan name PROFUND ADVISORS LLC	
b	Name of plan sponsor PROFUND ADVISORS LLC	c EIN-PN 52-2035194-001
a	Plan name PROXIMA 401K PLAN	
b	Name of plan sponsor PROXIMA 401(K) PLAN	c EIN-PN 45-2785636-001
a	Plan name PTC 401K SAVINGS PLAN	
b	Name of plan sponsor PTC INC	c EIN-PN 04-2866152-001
a	Plan name PUBLIC WELFARE FOUNDATION, INC. 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor PUBLIC WELFARE FOUNDATION, INC.	c EIN-PN 54-0597601-004
a	Plan name PURPLE COMMUNICATIONS, INC. 401(K) PLAN	
b	Name of plan sponsor PURPLE COMMUNICATIONS, INC.	c EIN-PN 22-3693371-001
a	Plan name RAFT 401(K) PLAN	
b	Name of plan sponsor RAFT LLC	c EIN-PN 46-2689810-001
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 RED SHOES INC. 401(K) RETIREMENT PLAN	
b	Name of plan sponsor RED SHOES INC.	c EIN-PN 26-2573416-001
a	Plan name RED VENTURES, LLC 401(K) PLAN	
b	Name of plan sponsor RED VENTURES LLC	c EIN-PN 56-2177622-001

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	REEL POWER INTERNATI	
b	Name of plan sponsor	REEL POWER INTERNATIONAL CORP.	c EIN-PN 26-2732533-001
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	RETIREMENT PLAN FOR EMPLOYEES OF JOHNNY R. ADCOCK, CLU & ASSOCIATES, INC.	
b	Name of plan sponsor	JOHNNY R. ADCOCK, CLU & ASSOC., INC.	c EIN-PN 59-3216303-001
a	Plan name	RISEMARK 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	RISEMARK HOLDINGS, LLC	c EIN-PN 81-3131289-001
a	Plan name	RIVKIN RADLER LLP 401(K) SAVINGS & PROFIT SHARING PLAN	
b	Name of plan sponsor	RIVKIN RADLER LLP	c EIN-PN 11-1853927-003
a	Plan name	ROBERT J. KACMARCİK, JR., D.D.S., P.A. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	ROBERT J. KACMARCİK, JR., D.D.S., P.A.	c EIN-PN 02-0637461-001
a	Plan name	ROCKY MOUNTAIN UNIVERSITY OF HEALTH PROFESSIONS, INC.	
b	Name of plan sponsor	ROCKY MOUNTAIN UNIVERSITY OF HEALTH PROFESSIONS, INC.	c EIN-PN 87-0594592-002
a	Plan name	RODGERS CONSULTING, INC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	RODGERS CONSULTING, INC.	c EIN-PN 52-0955929-002
a	Plan name	ROSE CASUAL DINING 401(K) RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	HT ROSE ENTERPRISES	c EIN-PN 23-2360799-001
a	Plan name	SCHOOL NUTRITION ASSOCIATION 401(K) PLAN	
b	Name of plan sponsor	SCHOOL NUTRITION ASSOCIATION	c EIN-PN 84-0445578-001
a	Plan name	SCHWIEGER HOGS LLP 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	SCHWIEGER HOGS LLP	c EIN-PN 46-3125449-001
a	Plan name	SEMICONDUCTOR INDUSTRY ASSOCIATION 401K	
b	Name of plan sponsor	SEMICONDUCTOR INDUSTRY ASSOCIATION	c EIN-PN 94-2437024-001

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	SEMPER VALENS SOLUTIONS, INC. 401(K) PLAN	
b	Name of plan sponsor	SEMPER VALENS SOLUTIONS, INC.	c EIN-PN 46-4750154-001
a	Plan name	SHAPIRO & DUNCAN INC. EMPLOYEE 401(K) PLAN	
b	Name of plan sponsor	SHAPIRO & DUNCAN INC.	c EIN-PN 52-1069819-001
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	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	SLOAN EYECARE CENTER, LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	SLOAN EYECARE CENTER, LLC	c EIN-PN 43-1943424-001
a	Plan name	SNC-LAVALIN US RETIREMENT SAVINGS	
b	Name of plan sponsor	THE SNC LAVALIN CORP	c EIN-PN 73-0972002-001
a	Plan name	SODERHOLM & ASSOCIATES, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	SODERHOLM & ASSOCIATES, INC	c EIN-PN 41-0836048-002
a	Plan name	SONIFI SOLUTIONS, INC. 401(K) PLAN	
b	Name of plan sponsor	SONIFI SOLUTIONS, INC. 401(K) PLAN	c EIN-PN 46-0371161-001
a	Plan name	SPANISH FORK CITY 401(K) PLAN	
b	Name of plan sponsor	SPANISH FORK CITY	c EIN-PN 87-0648919-001
a	Plan name	SPECIAL OLYMPICS, INC. RETIREMENT PLAN	
b	Name of plan sponsor	SPECIAL OLYMPICS, INC.	c EIN-PN 52-0889518-333
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	STANLEY PEARLMAN ENTERPRISES 401(K) PLAN	
b	Name of plan sponsor	STANLEY PEARLMAN ENTERPRISES, INC.	c EIN-PN 52-1747521-001

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	STARTING POINT 401(K) PLAN	
b	Name of plan sponsor	STARTING POINT	c EIN-PN 59-3029469-001
a	Plan name	STORED ENERGY SYSTEMS 401(K) PLAN	
b	Name of plan sponsor	STORED ENERGY SYSTEMS	c EIN-PN 84-1210841-001
a	Plan name	SUBURBAN SPORTS SERVICES, LLC EMPLOYEES' PROFIT SHARING PLAN 401(K)	
b	Name of plan sponsor	SUBURBAN SPORTS SERVICES, LLC	c EIN-PN 30-0218548-001
a	Plan name	SUNNEN EMPLOYEES' RETIREMENT PLAN	
b	Name of plan sponsor	SUNNEN PRODUCTS COMPANY	c EIN-PN 43-0543500-002
a	Plan name	SUPER C GROUP, LLC EMPLOYEE 401(K) PLAN	
b	Name of plan sponsor	SUPER C GROUP, LLC	c EIN-PN 83-0822414-001
a	Plan name	SUSAN B. ANTHONY LIST 401(K) PLAN	
b	Name of plan sponsor	SUSAN B. ANTHONY LIST	c EIN-PN 54-1850126-001
a	Plan name	TABER METALS GULFPORT L.P. HOURLY EMPLOYEES RETIREMENT PLAN	
b	Name of plan sponsor	TABER METALS GULFPORT L.P.	c EIN-PN 36-3559057-001
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	TEIJIN AUTOMOTIVE TECHNOLOGIES 401(K) PLAN	
b	Name of plan sponsor	TEIJIN AUTOMOTIVE TECHNOLOGIES	c EIN-PN 52-2108862-001
a	Plan name	TENNOCA CONSTRUCTION COMPANY 401(K) PLAN	
b	Name of plan sponsor	TENNOCA CONSTRUCTION COMPANY	c EIN-PN 56-1192996-001
a	Plan name	TEOCO CORPORATION 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	TEOCO CORPORATION	c EIN-PN 54-1727406-001
a	Plan name	TEXAS INSTITUTE FOR SURGERY, LLP 401(K) PLAN	
b	Name of plan sponsor	TEXAS INSTITUTE FOR SURGERY, LLP	c EIN-PN 77-0628004-002

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 THE ASHGROVE HOLDINGS 401K PLAN	
b	Name of plan sponsor ASHGROVE HOLDINGS, LLC	c EIN-PN 13-4122483-001
a	Plan name THE CHILDREN'S INN AT NIH, INC. RETIREMENT PLAN	
b	Name of plan sponsor THE CHILDRENS INN AT NIH, INC.	c EIN-PN 52-1638207-001
a	Plan name THE COCA-COLA BOTTLERS' ASSOCIATION 401(K) RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor THE COCA-COLA BOTTLERS ASSOCIATION	c EIN-PN 71-0112215-002
a	Plan name THE COCA-COLA BOTTLERS' ASSOCIATION 401(K) RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor THE COCA-COLA BOTTLERS ASSOCIATION	c EIN-PN 73-0956850-002
a	Plan name THE COCA-COLA BOTTLERS' ASSOCIATION 401(K) RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor THE COCA-COLA BOTTLERS ASSOCIATION	c EIN-PN 75-1710284-002
a	Plan name THE COCA-COLA BOTTLERS' ASSOCIATION 401(K) RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor THE COCA-COLA BOTTLERS ASSOCIATION	c EIN-PN 81-0252830-002
a	Plan name THE COCA-COLA BOTTLERS' ASSOCIATION 401(K) RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor THE COCA-COLA BOTTLERS ASSOCIATION	c EIN-PN 93-0477754-002
a	Plan name THE COCA-COLA BOTTLERS' ASSOCIATION 401(K) RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor THE COCA-COLA BOTTLERS ASSOCIATION	c EIN-PN 84-0192884-002
a	Plan name THE COCA-COLA BOTTLERS' ASSOCIATION 401(K) RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor THE COCA-COLA BOTTLERS ASSOCIATION	c EIN-PN 91-0710461-002
a	Plan name THE COCA-COLA BOTTLERS' ASSOCIATION 401(K) RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor THE COCA-COLA BOTTLERS ASSOCIATION	c EIN-PN 64-0663438-002
a	Plan name THE COCA-COLA BOTTLERS' ASSOCIATION 401(K) RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor THE COCA-COLA BOTTLERS ASSOCIATION	c EIN-PN 82-1396019-002
a	Plan name THE COCA-COLA BOTTLERS' ASSOCIATION 401(K) RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor THE COCA-COLA BOTTLERS ASSOCIATION	c EIN-PN 64-0203190-002

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 THE COCA-COLA BOTTLERS' ASSOCIATION 401(K) RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor THE COCA-COLA BOTTLERS ASSOCIATION	c EIN-PN 81-3590283-002
a	Plan name THE COCA-COLA BOTTLERS' ASSOCIATION 401(K) RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor THE COCA-COLA BOTTLERS ASSOCIATION	c EIN-PN 59-3761746-002
a	Plan name THE COCA-COLA BOTTLERS' ASSOCIATION 401(K) RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor THE COCA-COLA BOTTLERS ASSOCIATION	c EIN-PN 58-0198280-002
a	Plan name THE COCA-COLA BOTTLERS' ASSOCIATION 401(K) RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor THE COCA-COLA BOTTLERS ASSOCIATION	c EIN-PN 57-0236040-002
a	Plan name THE COCA-COLA BOTTLERS' ASSOCIATION 401(K) RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor THE COCA-COLA BOTTLERS ASSOCIATION	c EIN-PN 47-2685591-002
a	Plan name THE COCA-COLA BOTTLERS' ASSOCIATION 401(K) RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor THE COCA-COLA BOTTLERS ASSOCIATION	c EIN-PN 46-0259684-002
a	Plan name THE COCA-COLA BOTTLERS' ASSOCIATION 401(K) RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor THE COCA-COLA BOTTLERS ASSOCIATION	c EIN-PN 62-0164520-002
a	Plan name THE COCA-COLA BOTTLERS' ASSOCIATION 401(K) RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor THE COCA-COLA BOTTLERS ASSOCIATION	c EIN-PN 42-0666479-002
a	Plan name THE COCA-COLA BOTTLERS' ASSOCIATION 401(K) RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor THE COCA-COLA BOTTLERS ASSOCIATION	c EIN-PN 41-0722845-002
a	Plan name THE COCA-COLA BOTTLERS' ASSOCIATION 401(K) RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor THE COCA-COLA BOTTLERS ASSOCIATION	c EIN-PN 38-0430900-002
a	Plan name THE COCA-COLA BOTTLERS' ASSOCIATION 401(K) RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor THE COCA-COLA BOTTLERS ASSOCIATION	c EIN-PN 35-0902269-002
a	Plan name THE CYNOSURE GROUP 401(K) PLAN	
b	Name of plan sponsor THE CYNOSURE GROUP LLC	c EIN-PN 47-2392807-001

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 EDUCE GROUP RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor THE EDUCE GROUP	c EIN-PN 43-2021803-001
a	Plan name THE FULLER FOUNDATION 401K PROFIT	
b	Name of plan sponsor THE FULLER FOUNDATION	c EIN-PN 95-4124436-003
a	Plan name THE GOODMAN-GABLE-GOULD COMPANY	
b	Name of plan sponsor THE GOODMANGABLEGOULD COMPANY	c EIN-PN 52-0330575-002
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 LOOMIS CORPORATION PROFIT SHARING PLAN	
b	Name of plan sponsor THE LOOMIS CORPORATION	c EIN-PN 75-2050557-001
a	Plan name THE ORLO FUND 401K PLAN	
b	Name of plan sponsor ORLO MGMT	c EIN-PN 26-4562632-001
a	Plan name THE PRICE ORGANIZATION 401(K) RETIREMENT PLAN	
b	Name of plan sponsor THE PRICE ORGANIZATION	c EIN-PN 51-0294525-003
a	Plan name THE WASHINGTON TIMES 401K SAVINGS PLAN	
b	Name of plan sponsor THE WASHINGTON TIMES LLC	c EIN-PN 11-3748516-002
a	Plan name THERAGENICS CORPORATION EMPLOYEE SAVINGS PLAN	
b	Name of plan sponsor THERAGENICS CORPORATION	c EIN-PN 58-1528626-001
a	Plan name THERAPY BRANDS 401(K) PLAN	
b	Name of plan sponsor THERAPY BRANDS THRIVE, LLC	c EIN-PN 88-3340006-001
a	Plan name THIRD WAY 401K PLAN	
b	Name of plan sponsor THIRD WAY	c EIN-PN 20-1734070-001
a	Plan name THRAILKILL ALL METALS FABRICATING, INC. PROFIT SHARING PLAN	
b	Name of plan sponsor THRAILKILL ALL METALS FABRICATING, INC.	c EIN-PN 75-1626647-001

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	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	TOBEY KARG SERVICE AGENCY, INC. PROFIT SHARING PLAN	
b	Name of plan sponsor	TOBEY KARG SERVICE AGENCY, INC.	c EIN-PN 25-1089937-001
a	Plan name	TOOLE DESIGN GROUP 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor	TOOLE DESIGN GROUP LLC	c EIN-PN 05-0545429-001
a	Plan name	TRIBALCO, LLC 401(K) PLAN	
b	Name of plan sponsor	TRIBALCO, LLC	c EIN-PN 20-1549726-001
a	Plan name	TRITON AIRWAYS, LLC 401(K) PLAN	
b	Name of plan sponsor	TRITON AIRWAYS, LLC	c EIN-PN 45-5283184-001
a	Plan name	TURNPOINT	
b	Name of plan sponsor	ESSENTIAL SERVICES INTERMEDIATE HOLDING	c EIN-PN 81-3502817-001
a	Plan name	TWIN CITIES SPINE CENTER 401K PROFIT	
b	Name of plan sponsor	TWIN CITIES SPINE CENTER	c EIN-PN 41-0990689-002
a	Plan name	UNITED CENTER JOINT VENTURE 401K AND SUPPLEMENTAL RETIREMENT PLAN-AT YOUR SERVICE, LLC	
b	Name of plan sponsor	AT YOUR SERVICE, LLC	c EIN-PN 36-1976810-001
a	Plan name	UNITED CENTER JOINT VENTURE 401K AND SUPPLEMENTAL RETIREMENT PLAN-UNITED CENTER JOINT VENTURE	
b	Name of plan sponsor	UNITED CENTER JOINT VENTURE	c EIN-PN 36-3676920-001
a	Plan name	UNITED STATES MINERAL PRODUCTS COMPANY SAVINGS PLAN 401(K)	
b	Name of plan sponsor	UNITED STATES MINERAL PRODUCTS COMPANY	c EIN-PN 22-1522976-003
a	Plan name	UNITED SUGAR PRODUCERS AND REFINERS COOPERATIVE 401(K) PARTNERSHIP PLAN	
b	Name of plan sponsor	UNITED SUGAR PRODUCERS AND REFINERS COOPERATIVE	c EIN-PN 92-2541418-001
a	Plan name	URBANSKI BUILDERS INC 401(K) PLAN	
b	Name of plan sponsor	URBANSKI BUILDERS INC	c EIN-PN 20-0798709-001

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 VMD SYSTEMS INTEGRATORS INC. 401K	
b	Name of plan sponsor VMD SYSTEMS INTEGRATORS INC	c EIN-PN 04-3671521-001
a	Plan name VOSGES CHOCOLATE LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor LAMONTAGNE HOLDINGS LLC	c EIN-PN 93-2712881-001
a	Plan name WATER QUALITY ASSOCIATION 401(K) PLAN	
b	Name of plan sponsor WATER QUALITY ASSOCIATION, INC.	c EIN-PN 36-2784319-001
a	Plan name WELBE HEALTH, LLC 401(K) P/S PLAN	
b	Name of plan sponsor WELBEHEALTH, LLC	c EIN-PN 47-4992647-001
a	Plan name WELLBE SENIOR MEDICAL 401(K) PLAN	
b	Name of plan sponsor WELLBE SENIOR MEDICAL, LLC	c EIN-PN 83-3843209-001
a	Plan name WESTERMAN, INC. 401(K) PLAN	
b	Name of plan sponsor WESTERMAN, INC.	c EIN-PN 31-4420618-001
a	Plan name WESTERN INDUSTRIAL RESOURCES CORP RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor WESTERN INDUSTRIAL RESOURCES CORPORATION	c EIN-PN 86-1007205-001
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 WHITEHARDT 401(K) PLAN	
b	Name of plan sponsor WHITEHARDT, INC.	c EIN-PN 02-0631016-001
a	Plan name WILLIAMOWSKY, TAFF & LEVINE, D.D.S., P.A. PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor WILLIAMOWSKY TAFF AND LEVINE DDS	c EIN-PN 52-1060138-002
a	Plan name WILLIAMSBURG DENTAL, P.C. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor WILLIAMSBURG DENTAL, P.C.	c EIN-PN 23-2156206-002
a	Plan name WIRTZ CORPORATION 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor WIRTZ CORPORATION	c EIN-PN 36-1976810-004

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	WOODWORTH, INC. 401(K) PLAN	
b Name of plan sponsor	WOODWORTH, INC.	c EIN-PN 38-2905648-001

a Plan name	X ENERGY LLC RETIREMENT TRUST	
b Name of plan sponsor	X ENERGY LLC	c EIN-PN 27-4661265-001

a Plan name	ZONES, LLC 401(K) PLAN	
b Name of plan sponsor	ZONES, LLC	c EIN-PN 91-1431894-001

a Plan name		
b Name of plan sponsor		c EIN-PN

a Plan name		
b Name of plan sponsor		c EIN-PN

a Plan name		
b Name of plan sponsor		c EIN-PN

a Plan name		
b Name of plan sponsor		c EIN-PN

a Plan name		
b Name of plan sponsor		c EIN-PN

a Plan name		
b Name of plan sponsor		c EIN-PN

a Plan name		
b Name of plan sponsor		c EIN-PN

a Plan name		
b Name of plan sponsor		c EIN-PN

a Plan name		
b Name of plan sponsor		c EIN-PN

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection
--	--	--

For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
A Name of plan EMERGING MARKETS FUND II	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 GREAT GRAY TRUST COMPANY, LLC	D Employer Identification Number (EIN) 38-7304135

Part I	Asset and Liability Statement
---------------	--------------------------------------

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

	(a) Beginning of Year	(b) End of Year
Assets		
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)	29017
		819201
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)	7536078
(10) Value of interest in pooled separate accounts	1c(10)	126065480
(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	7565095	126884681
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h	0	191388
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j	36940	819201
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	36940	1010589
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	7528155	125874092

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)		-3844755
(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		-3844755

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)	3814	
(5) Investment advisory and investment management fees	2i(5)	418012	
(6) Bank or trust company trustee/custodial fees	2i(6)	38920	
(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)		460746
j Total expenses. Add all expense amounts in column (b) and enter total	2j		460746

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		-4305501
l Transfers of assets:			
(1) To this plan	2l(1)		142078343
(2) From this plan	2l(2)		19426905

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 _____.