

Form 5500

Annual Return/Report of Employee Benefit Plan

OMB Nos. 1210-0110 1210-0089

2024

This Form is Open to Public Inspection

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

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

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

Part I Annual Report Identification Information

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

- A This return/report is for: a multiemployer plan, a multiple-employer plan, a single-employer plan, a DFE (specify) C, B This return/report is: the first return/report, the final return/report, an amended return/report, a short plan year return/report, C If the plan is a collectively-bargained plan, check here, D Check box if filing under: Form 5558, automatic extension, the DFVC program, special extension, E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here

Part II Basic Plan Information—enter all requested information

1a Name of plan: FEDERATED HERMES TOTAL RETURN BOND COLLECTIVE INVESTMENT FUND
1b Three-digit plan number (PN): 652
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): 85-3992542
2c Plan Sponsor's telephone number: 866-427-6885
2d Business code (see instructions)

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

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

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

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

Form 5500 (2024) v. 240311

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

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

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

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

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

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

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

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

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

Receipt Confirmation Code \_\_\_\_\_

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

<b>A</b> Name of plan <u>FEDERATED HERMES TOTAL RETURN BOND COLLECTIVE INVESTMENT FUND</u>	<b>B</b> Three-digit plan number (PN)	<u>652</u>
<b>C</b> Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>GREAT GRAY TRUST COMPANY, LLC</u>	<b>D</b> Employer Identification Number (EIN) <u>85-3992542</u>	

<b>Part I</b>	<b>Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)</b> (Complete as many entries as needed to report all interests in DFEs)
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<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>FEDERATED HERMES PRIME CASH CIF</u>		
<b>b</b> Name of sponsor of entity listed in (a): <u>GREAT GRAY TRUST COMPANY, LLC</u>		
<b>c</b> EIN-PN <u>38-4116837-514</u>	<b>d</b> Entity code <u>C</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>8889537</u>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
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<b>b</b> Name of sponsor of entity listed in (a):		
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<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

**c** EIN-PN

**d** Entity code

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

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

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

**c** EIN-PN

**d** Entity code

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

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

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

**c** EIN-PN

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

**c** EIN-PN

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**c** EIN-PN

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

**c** EIN-PN

**d** Entity code

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

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
<b>a</b>	Plan name AB CAR RENTAL SERVICES RSP FOR BARGAINING HOURLY EES	
<b>b</b>	Name of plan sponsor TTEE FBO AB CAR RENTAL SVCS	<b>c</b> EIN-PN 60-0918165-005
<b>a</b>	Plan name ACE INDUSTRIES, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor ACE INDUSTRIES, INC.	<b>c</b> EIN-PN 58-1290230-001
<b>a</b>	Plan name AEROTECH, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor AEROTECH, INC.	<b>c</b> EIN-PN 25-1207279-002
<b>a</b>	Plan name AFSCO, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor AFSCO, INC.	<b>c</b> EIN-PN 39-1197706-002
<b>a</b>	Plan name ALEX N SILL COMPANY 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor ALEX N SILL COMPANY LLC	<b>c</b> EIN-PN 34-0473530-002
<b>a</b>	Plan name ALL METAL STAMPING, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor ALL METAL STAMPING, INC.	<b>c</b> EIN-PN 39-0910965-001
<b>a</b>	Plan name AM MANAGEMENT, INC 401 K PLAN	
<b>b</b>	Name of plan sponsor AM MANAGEMENT INC	<b>c</b> EIN-PN 42-1368820-002
<b>a</b>	Plan name AMERICA FIRST CREDIT UNION 401(K) PLAN AND TRUST	
<b>b</b>	Name of plan sponsor AMERICA FIRST CREDIT UNION	<b>c</b> EIN-PN 87-0216202-002
<b>a</b>	Plan name AMERICAN EXPRESS TRANSPORTATION, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor AMERICAN EXPRESS TRANSPORTATION, LLC	<b>c</b> EIN-PN 03-9182188-001
<b>a</b>	Plan name ANESTHESIA ASSOCIATES OF GAINESVILLE, LLC 401(K)	
<b>b</b>	Name of plan sponsor ANESTHESIA ASSOCIATES OF	<b>c</b> EIN-PN 58-2144960-003
<b>a</b>	Plan name AOG LLC DBA TRUFOODMFG 401(K) PLAN	
<b>b</b>	Name of plan sponsor AOG LLC DBA TRUFOOD MFG	<b>c</b> EIN-PN 84-1992118-001
<b>a</b>	Plan name AREA DENTAL CLINIC RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor AREA DENTAL ASSOCIATES, LLC	<b>c</b> EIN-PN 81-0947233-001

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
<small>(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)</small>			
<b>a</b>	Plan name	ARTISANS, INC. 401(K) PROFIT SHARING PLAN AND TRUST	
<b>b</b>	Name of plan sponsor	ARTISANS, INC.	<b>c</b> EIN-PN 39-1183740-001
<b>a</b>	Plan name	ASSOCIATED TIME INSTRUMENT CO. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ASSOCIATED TIME INSTRUMENT CO., INC.	<b>c</b> EIN-PN 75-1287391-002
<b>a</b>	Plan name	AVIS BUDGET GROUP, INC. EMPLOYEE SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	AVIS BUDGET GROUP, INC.	<b>c</b> EIN-PN 06-0918165-002
<b>a</b>	Plan name	B THREE SOLUTIONS, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	B THREE SOLUTIONS, INC.	<b>c</b> EIN-PN 20-5502797-001
<b>a</b>	Plan name	BANK OF SUN PRAIRIE PENSION PLAN	
<b>b</b>	Name of plan sponsor	BANK OF SUN PRAIRIE	<b>c</b> EIN-PN 39-0148140-001
<b>a</b>	Plan name	BAUER BUILT EMPLOYEE 401(K) BENEFIT PLAN	
<b>b</b>	Name of plan sponsor	BAUER BUILT, INC.	<b>c</b> EIN-PN 39-0906216-003
<b>a</b>	Plan name	BAY LAKES CENTER FOR COMPLEX DENTISTRY, S. C. PROFIT SHARING 401(K) PLAN	
<b>b</b>	Name of plan sponsor	BAY LAKES CENTER FOR COMPLEX DENTISTRY, S.C.	<b>c</b> EIN-PN 39-1345069-001
<b>a</b>	Plan name	BBL FLEET 401(K) PLAN	
<b>b</b>	Name of plan sponsor	BBL FLEET	<b>c</b> EIN-PN 25-1187195-001
<b>a</b>	Plan name	BEL-PARK ANESTHESIA	
<b>b</b>	Name of plan sponsor	BEL-PARK ANESTHESIA ASSOCIATES, INC.	<b>c</b> EIN-PN 34-1039898-001
<b>a</b>	Plan name	BENESCH, FRIEDLANDER, COPLAN & ARONOFF ELECTIVE SAVINGS AND PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	BENESCH, FRIEDLANDER, COPLAN & ARONOFF LLP	<b>c</b> EIN-PN 34-6596918-001
<b>a</b>	Plan name	BENZ TECHNOLOGY 401(K) PLAN	
<b>b</b>	Name of plan sponsor	BENZ TECHNOLOGY	<b>c</b> EIN-PN 52-2147748-001
<b>a</b>	Plan name	BLACK RIVER MEMORIAL HOSPITAL RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	BLACK RIVER MEMORIAL HOSPITAL	<b>c</b> EIN-PN 39-1027536-002

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	BONE & JOINT CLINIC, S.C. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	BONE & JOINT CLINIC, S.C.	<b>c</b> EIN-PN 39-1130341-004
<b>a</b>	Plan name	BUCHANAN INGERSOLL & ROONEY PC RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	BUCHANAN INGERSOLL & ROONEY PC	<b>c</b> EIN-PN 25-1381032-003
<b>a</b>	Plan name	BUESSER CONCRETE LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	BUESSER CONCRETE LLC	<b>c</b> EIN-PN 30-0720672-001
<b>a</b>	Plan name	C&K CUSTARD, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	C&K CUSTARD, LLC	<b>c</b> EIN-PN 37-1489196-001
<b>a</b>	Plan name	C&N MANUFACTURING, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	C&N MANUFACTURING, INC.	<b>c</b> EIN-PN 39-2040355-001
<b>a</b>	Plan name	CABLE ASSOCIATES, INC. 401K PLAN	
<b>b</b>	Name of plan sponsor	CABLE ASSOCIATES, INC.	<b>c</b> EIN-PN 54-1245758-001
<b>a</b>	Plan name	CALGON CARBON CORPORATION RETIREMENT PLAN FOR SALARIED EMPLOYEES	
<b>b</b>	Name of plan sponsor	CALGON CARBON CORPORATION	<b>c</b> EIN-PN 25-0530110-001
<b>a</b>	Plan name	CAPITAL CONSULTANTS MANAGEMENT CORPORATION 401(K) SALARY REDUCTION	
<b>b</b>	Name of plan sponsor	CAPITAL CONSULTANTS MANAGEMENT CORPORATION	<b>c</b> EIN-PN 75-2269391-001
<b>a</b>	Plan name	CATTERTON MANAGEMENT COMPANY LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	CATTERTON MANAGEMENT COMPANY, LLC	<b>c</b> EIN-PN 41-2066924-001
<b>a</b>	Plan name	CBL & ASSOCIATES MANAGEMENT, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	CBL & ASSOCIATES MANAGEMENT, INC.	<b>c</b> EIN-PN 62-1542279-001
<b>a</b>	Plan name	CEDAR CORPORATION SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	CEDAR CORPORATION	<b>c</b> EIN-PN 39-1216719-001
<b>a</b>	Plan name	CENTRAL WISCONSIN RADIOLOGISTS, S.C. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	CENTRAL WISCONSIN RADIOLOGISTS, S.C.	<b>c</b> EIN-PN 39-1343596-002

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)		
<b>a</b>	Plan name CENTURY HELICOPTERS, INC. 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor CENTURY HELICOPTORS, INC.	<b>c</b> EIN-PN 84-0774403-002
<b>a</b>	Plan name CHESTER COUNTY FUEL, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor CHESTER COUNTY FUEL, INC.	<b>c</b> EIN-PN 82-2368166-001
<b>a</b>	Plan name CHIPPEWA VALLEY ANESTHESIA ASSOCIATES, S. C. 401(K) P/S PLAN	
<b>b</b>	Name of plan sponsor CHIPPEWA VALLEY ANESTHESIA ASSOCIATES, S.C.	<b>c</b> EIN-PN 85-2621750-001
<b>a</b>	Plan name CHIPPEWA VALLEY EYE CLINIC, CHIPPEWA FALLS, S.C. PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor CHIPPEWA VALLEY EYE CLINIC, CHIPPEWA FALLS, S.C.	<b>c</b> EIN-PN 39-1522575-001
<b>a</b>	Plan name CHIPPEWA VALLEY EYE CLINIC, LTD. PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor CHIPPEWA VALLEY EYE CLINIC, LTD.	<b>c</b> EIN-PN 39-1138126-001
<b>a</b>	Plan name CHIPPEWA VALLEY GROWERS 401(K) PLAN	
<b>b</b>	Name of plan sponsor CVG, LLC	<b>c</b> EIN-PN 82-1206334-001
<b>a</b>	Plan name CHIPPEWA VALLEY ORTHOPEDICS & SPORTS MEDICINE CLINIC, S.C. PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor CHIPPEWA VALLEY ORTHOPEDICS & SPORTS MEDICINE CLINIC, S.C.	<b>c</b> EIN-PN 20-0976275-001
<b>a</b>	Plan name CHISLER BROTHERS RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor CHISLER BROTHERS RETIREMENT SAVINGS PLAN	<b>c</b> EIN-PN 26-4144273-001
<b>a</b>	Plan name CITY CHARTER HIGH SCHOOL ALTERNATIVE RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor EDSYS, INC. DBA CITY CHARTER HIGH SCHOOL	<b>c</b> EIN-PN 25-1876461-002
<b>a</b>	Plan name CLAITMAN ENGINEERING ASSOCIATES, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor CLAITMAN ENGINEERING ASSOCIATES, INC.	<b>c</b> EIN-PN 25-1153728-001
<b>a</b>	Plan name CLEARSTEAD ADVISORS 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor CLEARSTEAD ADVISORS, LLC	<b>c</b> EIN-PN 34-1597728-001
<b>a</b>	Plan name COLBY METAL, INC. RETIREMENT & SAVINGS PLAN	
<b>b</b>	Name of plan sponsor COLBY METAL, INC.	<b>c</b> EIN-PN 39-1550757-001

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
<b>a</b>	Plan name CONSUMER FRESH PRODUCE, INC. PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor CONSUMER FRESH PRODUCE, INC.	<b>c</b> EIN-PN 46-4820050-001
<b>a</b>	Plan name COVENANT TRANSPORTATION GROUP 401(K) & PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor COVENANT TRANSPORT, INC.	<b>c</b> EIN-PN 88-0320154-001
<b>a</b>	Plan name CRAFT TIRE, INC. 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor CRAFT TIRE, INC.	<b>c</b> EIN-PN 25-1768455-001
<b>a</b>	Plan name CROWN EQUIPMENT CORPORATION 401(K) RETIREMENT SAVINGS PLAN AND TRUST	
<b>b</b>	Name of plan sponsor CROWN EQUIPMENT CORPORATION	<b>c</b> EIN-PN 34-4412691-004
<b>a</b>	Plan name CROWNE PARTNERS, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor CROWNE PARTNERS, INC.	<b>c</b> EIN-PN 63-1056824-001
<b>a</b>	Plan name DAYTON FREIGHT LINES, INC. EMPLOYEE 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor DAYTON FREIGHT LINES, INC.	<b>c</b> EIN-PN 31-1000719-001
<b>a</b>	Plan name DEFATTA ENT AND FACIAL PLASTIC SURGERY 401(K) PLAN	
<b>b</b>	Name of plan sponsor DEFATTA ENT AND FACIAL PLASTIC SURGERY	<b>c</b> EIN-PN 46-4196442-001
<b>a</b>	Plan name DENTAL CRAFTERS, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor DENTAL CRAFTERS, INC.	<b>c</b> EIN-PN 39-1658718-001
<b>a</b>	Plan name DIVERSE BUSINESS SYSTEMS INC. 401(K) SAVINGS PLAN	
<b>b</b>	Name of plan sponsor DIVERSE BUSINESS SYSTEMS INC.	<b>c</b> EIN-PN 65-1188980-002
<b>a</b>	Plan name DIVERSIFIED MANAGEMENT GROUP 401K PLAN	
<b>b</b>	Name of plan sponsor DIVERSIFIED MANAGEMENT GROUP, INC.	<b>c</b> EIN-PN 27-3524206-002
<b>a</b>	Plan name DLA + ARCHITECTURE & INTERIOR DESIGN 401(K) RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor DLA + ARCHITECTURE & INTERIOR DESIGN, LLC	<b>c</b> EIN-PN 26-2164052-001
<b>a</b>	Plan name DURAND BUILDERS SERVICE, INC. 401(K) SAVINGS PLAN	
<b>b</b>	Name of plan sponsor DURAND BUILDERS SERVICE, INC.	<b>c</b> EIN-PN 39-1035175-001

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	DYNAMIC FABRICATION 401(K) PLAN	
<b>b</b>	Name of plan sponsor	DYNAMIC FABRICATION & FINISHING, LL	<b>c</b> EIN-PN 27-5297900-001
<b>a</b>	Plan name	ECR/CJ/RM	
<b>b</b>	Name of plan sponsor	TRADESMAN, INC.	<b>c</b> EIN-PN 39-1974348-001
<b>a</b>	Plan name	ECWI GF HOSPITALITY LLC RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	ECWI GF HOSPITALITY LLC	<b>c</b> EIN-PN 93-3424144-001
<b>a</b>	Plan name	EMPOWER LIFETIME 2025 TRUST	
<b>b</b>	Name of plan sponsor	EMPOWER TRUST COMPANY, LLC	<b>c</b> EIN-PN 84-1455663-012
<b>a</b>	Plan name	EMPOWER TRUST FBO SECURITY FINANCIAL BANK 401K # 351448	
<b>b</b>	Name of plan sponsor	EMPOWER TRUST FBO SECURITY	<b>c</b> EIN-PN 39-1647898-001
<b>a</b>	Plan name	ENDODONTIC SPECIALISTS OF LA CROSSE LTD. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ENDODONTIC SPECIALISTS, LLC	<b>c</b> EIN-PN 61-1809924-001
<b>a</b>	Plan name	FAAC INTERNATIONAL, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	FAAC INTERNATIONAL, INC.	<b>c</b> EIN-PN 83-0288424-001
<b>a</b>	Plan name	FARRELL EQUIPMENT & SUPPLY CO., INC. PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	FARRELL EQUIPMENT & SUPPLY CO., INC	<b>c</b> EIN-PN 39-1100073-002
<b>a</b>	Plan name	FIREWATER RESPONSE 401(K) PLAN	
<b>b</b>	Name of plan sponsor	FIREWATER RESTORATION, INC.	<b>c</b> EIN-PN 25-1643302-001
<b>a</b>	Plan name	FIVE STAR PLASTICS RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	FIVE STAR PLASTICS, INC.	<b>c</b> EIN-PN 41-2034333-001
<b>a</b>	Plan name	FORSYTH COUNTY GOVERNMENT 457(B) PLAN	
<b>b</b>	Name of plan sponsor	FORSYTH COUNTY	<b>c</b> EIN-PN 58-6000828-457
<b>a</b>	Plan name	FULL SERVICE NETWORK LP 401K PROFIT SHARING PLAN & TRUST	
<b>b</b>	Name of plan sponsor	FULL SERVICE NETWORK LP	<b>c</b> EIN-PN 20-4315065-001

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	FULLSIGHT, LLC SAFE HARBOR PLAN	
<b>b</b>	Name of plan sponsor	FULLSIGHT, LLC	<b>c</b> EIN-PN 82-2833702-001
<b>a</b>	Plan name	FURNISH 123 401(K) PLAN	
<b>b</b>	Name of plan sponsor	KUHN FURNITURE AND MATTRESSES, INC. DBA FURNISH 123	<b>c</b> EIN-PN 46-4363074-001
<b>a</b>	Plan name	GLIMCHER GROUP INC 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	GLIMCHER GROUP, INC.	<b>c</b> EIN-PN 25-1550741-001
<b>a</b>	Plan name	GUARDIAN STORAGE DEVELOPMENT INC. 401K PSP & TRUST PROFIT SHARING PLAN AND TRUST	
<b>b</b>	Name of plan sponsor	GUARDIAN STORAGE DEVELOPMENT INC.	<b>c</b> EIN-PN 23-2928415-001
<b>a</b>	Plan name	GW&K 401(K) SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	GW&K INVESTMENT MANAGEMENT, LLC	<b>c</b> EIN-PN 80-0250512-001
<b>a</b>	Plan name	H&K EQUIPMENT, INC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	H&K EQUIPMENT, INC	<b>c</b> EIN-PN 25-1437196-001
<b>a</b>	Plan name	HARVEST HILL BEVERAGE COMPANY 401(K) PLAN	
<b>b</b>	Name of plan sponsor	HARVEST HILL BEVERAGE COMPANY	<b>c</b> EIN-PN 47-1027450-001
<b>a</b>	Plan name	HELLO ADORN, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	HELLO ADORN, INC.	<b>c</b> EIN-PN 84-4322729-001
<b>a</b>	Plan name	HENDERSON BROTHERS, INC. PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	HENDERSON BROTHERS, INC.	<b>c</b> EIN-PN 25-0543730-001
<b>a</b>	Plan name	HERRICK & HART, S.C. INCENTIVE SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	HERRICK & HART, S.C.	<b>c</b> EIN-PN 39-1315311-001
<b>a</b>	Plan name	HOLMEN CHEESE LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	HOLMEN CHEESE LLC	<b>c</b> EIN-PN 83-2441982-001
<b>a</b>	Plan name	HOM FAMILY DENTISTRY 401 (K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	HOM FAMILY DENTISTRY, S.C.	<b>c</b> EIN-PN 39-1996041-001

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
<b>a</b>	Plan name <a href="#">HOMETOWN FOOD COMPANY 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">HOMETOWN FOOD COMPANY</a>	<b>c</b> EIN-PN <a href="#">83-1024049-001</a>
<b>a</b>	Plan name <a href="#">HOOVER, BACHMAN AND ASSOCIATES, INC. RETIREMENT SAVINGS PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">HOOVER BACHMAN AND ASSOCIATES, INC.</a>	<b>c</b> EIN-PN <a href="#">32-0000248-001</a>
<b>a</b>	Plan name <a href="#">HOPE GOSPEL MISSION, INC. 401(K) SAVINGS PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">HOPE GOSPEL MISSION, INC.</a>	<b>c</b> EIN-PN <a href="#">39-1948605-002</a>
<b>a</b>	Plan name <a href="#">HOURIGAN, KLUGER &amp; QUINN, P.C. 401(K) PROFIT SHARING PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">HOURIGAN, KLUGER &amp; QUINN, P.C.</a>	<b>c</b> EIN-PN <a href="#">23-1901668-001</a>
<b>a</b>	Plan name <a href="#">HOWARD, WERSHBALE &amp; CO. PROFIT SHARING &amp; 401(K) PLAN AND TRUST</a>	
<b>b</b>	Name of plan sponsor <a href="#">HOWARD, WERSHBALE &amp; CO.</a>	<b>c</b> EIN-PN <a href="#">34-1663157-001</a>
<b>a</b>	Plan name <a href="#">HUB PARKING TECHNOLOGY USA, INC. 401(K) PROFIT SHARING PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">HUB PARKING TECHNOLOGY USA, INC.</a>	<b>c</b> EIN-PN <a href="#">80-0779462-001</a>
<b>a</b>	Plan name <a href="#">HUGO BOSS U.S.A, 401(K) SAVINGS PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">HUGO BOSS USA</a>	<b>c</b> EIN-PN <a href="#">22-2973683-003</a>
<b>a</b>	Plan name <a href="#">HUNTSINGER FARMS, INC. 401(K) &amp; PROFIT SHARING PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">HUNTSINGER FARMS, INC.</a>	<b>c</b> EIN-PN <a href="#">39-0788284-001</a>
<b>a</b>	Plan name <a href="#">INSIGHT VENTURE PARTNERS 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">INSIGHT VENTURE MANAGEMENT, LLC</a>	<b>c</b> EIN-PN <a href="#">13-4172507-001</a>
<b>a</b>	Plan name <a href="#">JACQUES MORET, INC. 401(K) PLAN AND TRUST</a>	
<b>b</b>	Name of plan sponsor <a href="#">JACQUES MORET, INC.</a>	<b>c</b> EIN-PN <a href="#">13-2812613-333</a>
<b>a</b>	Plan name <a href="#">K. T. FABRICATION, INC. PROFIT SHARING PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">K. T. FABRICATION, INC.</a>	<b>c</b> EIN-PN <a href="#">86-0697267-003</a>
<b>a</b>	Plan name <a href="#">KAULIG COMPANIES 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">KAULIG CAPITAL, LLC</a>	<b>c</b> EIN-PN <a href="#">81-3380680-001</a>

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	KELLEY SUPPLY 401(K) PLAN	
<b>b</b>	Name of plan sponsor	KELLEY SUPPLY, INC.	<b>c</b> EIN-PN 39-1380558-001
<b>a</b>	Plan name	KINTZINGER LAW FIRM 401(K) PLAN	
<b>b</b>	Name of plan sponsor	KINTZINGER LAW FIRM, P.L.C.	<b>c</b> EIN-PN 42-0699231-001
<b>a</b>	Plan name	KISKI PRECISION INDUSTRIES 401(K) PLAN	
<b>b</b>	Name of plan sponsor	KISKI PRECISION INDUSTRIES LLC	<b>c</b> EIN-PN 82-1062306-001
<b>a</b>	Plan name	KLINNER INSURANCE, INC. 401 (K) PLAN	
<b>b</b>	Name of plan sponsor	KLINNER INSURANCE, INC.	<b>c</b> EIN-PN 39-0852679-002
<b>a</b>	Plan name	KNUTSON FAMILY DENTAL RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	KNUTSON FAMILY DENTAL LLC	<b>c</b> EIN-PN 86-2532413-001
<b>a</b>	Plan name	KUBOTA MANUFACTURING OF AMERICA CORPORATION 401(K) PLAN & TRUST	
<b>b</b>	Name of plan sponsor	KUBOTA MFG OF AMERICA CORP 401(K) PL & TRUST	<b>c</b> EIN-PN 58-1781948-001
<b>a</b>	Plan name	KURTH SHEET METAL INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	KURTH SHEET METAL, INC.	<b>c</b> EIN-PN 39-0970802-001
<b>a</b>	Plan name	LA CROSSE GRAPHICS, INC. 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	LA CROSSE GRAPHICS, INC.	<b>c</b> EIN-PN 39-1566750-001
<b>a</b>	Plan name	LA CROSSE SIGN COMPANY INC. SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	LA CROSSE SIGN COMPANY INC.	<b>c</b> EIN-PN 39-1623770-001
<b>a</b>	Plan name	LASKERS, INC. PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	LASKERS, INC.	<b>c</b> EIN-PN 39-0422165-001
<b>a</b>	Plan name	LEECH TISHMAN FUSCALDO & LAMPL, LLC 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	LEECH TISHMAN FUSCALDO & LAMPL, LLC	<b>c</b> EIN-PN 25-1739882-001
<b>a</b>	Plan name	LEWIS & HAWN 401(K) PLAN	
<b>b</b>	Name of plan sponsor	LEWIS & HAWN EXCELLENCE IN DENTISTRY, PLLC	<b>c</b> EIN-PN 82-3872990-001

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)		
<b>a</b>	Plan name LIBBEY SUPPLEMENTAL RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor LIBBEY GLASS LLC	<b>c</b> EIN-PN 22-2784107-002
<b>a</b>	Plan name LOGAN PASS CONSTRUCTION, LLC 401(K) SAVINGS PLAN	
<b>b</b>	Name of plan sponsor LOGAN PASS CONSTRUCTION, LLC	<b>c</b> EIN-PN 81-5093261-001
<b>a</b>	Plan name LORMAN BUSINESS CENTER 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor LORMAN BUSINESS CENTER	<b>c</b> EIN-PN 39-1596686-001
<b>a</b>	Plan name MACDONALD & OWEN VENEER & LUMBER CO., INC. PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor MACDONALD & OWEN VENEER & LUMBER CO., INC.	<b>c</b> EIN-PN 41-0964059-001
<b>a</b>	Plan name MADISON ORAL AND MAXILLOFACIAL SURGEONS, SC 401K PROFIT SHARING PLAN AND TRUST	
<b>b</b>	Name of plan sponsor MADISON ORAL AND MAXILLOFACIAL SURGEONS, SC	<b>c</b> EIN-PN 39-1154110-001
<b>a</b>	Plan name MAGNOLIA CAPITAL MANAGEMENT COMPANY, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor MAGNOLIA CAPITAL MANAGEMENT COMPANY, INC.	<b>c</b> EIN-PN 81-3604920-001
<b>a</b>	Plan name MANSFIELD OIL COMPANY OF GAINESVILLE 401K PLAN	
<b>b</b>	Name of plan sponsor MANSFIELD OIL COMPANY OF GAINESVILLE INC.	<b>c</b> EIN-PN 58-1091383-001
<b>a</b>	Plan name MARATHON CHEESE EMPLOYEE'S 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor MARATHON CHEESE CORPORATION	<b>c</b> EIN-PN 39-0873270-001
<b>a</b>	Plan name MARAWOOD CONSTRUCTION SERVICES, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor MARAWOOD CONSTRUCTION SERVICES, INC	<b>c</b> EIN-PN 39-1368294-001
<b>a</b>	Plan name MARKET & JOHNSON, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor MARKET & JOHNSON, INC.	<b>c</b> EIN-PN 39-1095048-001
<b>a</b>	Plan name MARKQUART, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor MARKQUART, INC.	<b>c</b> EIN-PN 39-1391993-001
<b>a</b>	Plan name MASSARO CONSTRUCTION GROUP 401(K) PSP	
<b>b</b>	Name of plan sponsor MASSARO CONSTRUCTION GROUP, INC.	<b>c</b> EIN-PN 46-4239983-001

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
<b>a</b>	Plan name <a href="#">MASTERCRAFT INDUSTRIES, INC. 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">MASTERCRAFT INDUSTRIES, INC.</a>	<b>c</b> EIN-PN <a href="#">39-1083555-001</a>
<b>a</b>	Plan name <a href="#">MATHEWS ARCHERY, INC. 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">MATHEWS ARCHERY, INC.</a>	<b>c</b> EIN-PN <a href="#">39-1837798-001</a>
<b>a</b>	Plan name <a href="#">MAULDIN &amp; JENKINS 401 (K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">MAULDIN &amp; JENKINS, LLC</a>	<b>c</b> EIN-PN <a href="#">58-0692043-002</a>
<b>a</b>	Plan name <a href="#">MDS REMODELING, LLC 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">MDS REMODELING, LLC</a>	<b>c</b> EIN-PN <a href="#">56-2621829-001</a>
<b>a</b>	Plan name <a href="#">MEKIS CONSTRUCTION CORPORATION 401(K) PROFIT SHARING PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">MEKIS CONSTRUCTION CORPORATION</a>	<b>c</b> EIN-PN <a href="#">25-1147270-001</a>
<b>a</b>	Plan name <a href="#">MENOMONIE STREET DENTAL 401(K) EMPLOYEE RETIREMENT PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">MENOMONIE STREET DENTAL, LLC</a>	<b>c</b> EIN-PN <a href="#">39-1593706-001</a>
<b>a</b>	Plan name <a href="#">MESCIUS, INC. 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">MESCIUS, INC.</a>	<b>c</b> EIN-PN <a href="#">52-2218466-001</a>
<b>a</b>	Plan name <a href="#">METASTAR, INC. PROFIT SHARING PLAN AND TRUST</a>	
<b>b</b>	Name of plan sponsor <a href="#">METASTAR, INC.</a>	<b>c</b> EIN-PN <a href="#">39-1332612-001</a>
<b>a</b>	Plan name <a href="#">MIDWEST ENDODONTICS, LLC 401(K) &amp; PROFIT SHARING PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">MIDWEST ENDODONTICS, LLC</a>	<b>c</b> EIN-PN <a href="#">20-4243686-001</a>
<b>a</b>	Plan name <a href="#">MISSISSIPPI WELDERS SUPPLY CO., INC. 401(K) PROFIT SHARING PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">MISSISSIPPI WELDERS SUPPLY CO., INC.</a>	<b>c</b> EIN-PN <a href="#">39-0980324-001</a>
<b>a</b>	Plan name <a href="#">MT. HOREB DENTAL 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">MT. HOREB DENTAL LLC</a>	<b>c</b> EIN-PN <a href="#">46-1462183-001</a>
<b>a</b>	Plan name <a href="#">NICHOLSON CONSTRUCTION COMPANY EMPLOYEES 401K AND PROFIT SHARING PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">NICHOLSON CONSTRUCTION COMPANY</a>	<b>c</b> EIN-PN <a href="#">25-1024823-003</a>

<b>Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>		
<small>(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)</small>		
<b>a</b>	Plan name	NODOLF FLORY, LLP 401(K) PROFIT SHARING PLAN
<b>b</b>	Name of plan sponsor	NODOLF FLORY, LLP
<b>c</b>	EIN-PN	27-4664643-001
<b>a</b>	Plan name	NORTHERN MICHIGAN MEDICINE AND PEDIATRICS PLLC 401(K) PROFIT SHARING PLAN
<b>b</b>	Name of plan sponsor	NORTHERN MICHIGAN MEDICINE AND PEDIATRICS, PLLC
<b>c</b>	EIN-PN	20-0663368-001
<b>a</b>	Plan name	NORTHWOODS THERAPY ASSOCIATES PROFIT SHARING PLAN
<b>b</b>	Name of plan sponsor	NORTHWOODS SPORT & HAND, INC.
<b>c</b>	EIN-PN	27-3821935-001
<b>a</b>	Plan name	OAKLEAF CLINICS, INC. PROFIT SHARING PLAN
<b>b</b>	Name of plan sponsor	OAKLEAF CLINICS, INC.
<b>c</b>	EIN-PN	27-4563392-001
<b>a</b>	Plan name	OAKLEAF SURGICAL HOSPITAL LLC PROFIT SHARING PLAN
<b>b</b>	Name of plan sponsor	OAKLEAF SURGICAL HOSPITAL LLC
<b>c</b>	EIN-PN	72-1375184-001
<b>a</b>	Plan name	OAKMONT COUNTRY CLUB 401(K) PLAN
<b>b</b>	Name of plan sponsor	OAKMONT COUNTRY CLUB
<b>c</b>	EIN-PN	25-0699130-003
<b>a</b>	Plan name	ORAL & MAXILLOFACIAL SURGERY ASSOCIATES OF EAU CLAIRE, S.C. 401(K) PROFIT SHARING PLAN
<b>b</b>	Name of plan sponsor	ORAL & MAXILLOFACIAL SURGERY ASSOCIATES OF EAU CLAIRE, S.C.
<b>c</b>	EIN-PN	39-1148730-003
<b>a</b>	Plan name	ORAL & MAXILLOFACIAL SURGERY SPECIALISTS, PA 401K PROFIT SHARING PLAN AND TRUST
<b>b</b>	Name of plan sponsor	ORAL & MAXILLOFACIAL SURGERY SPECIA LISTS, PA
<b>c</b>	EIN-PN	41-0956543-001
<b>a</b>	Plan name	ORGEL WEALTH MANGEMENT EMPLOYEE RETIREMENT PLAN
<b>b</b>	Name of plan sponsor	ORGEL WEALTH MANAGEMENT, LLC
<b>c</b>	EIN-PN	46-2793932-001
<b>a</b>	Plan name	ORTHOPAEDIC ASSOCIATES OF WISCONSIN, S. C. PROFIT SHARING PLAN
<b>b</b>	Name of plan sponsor	ORTHOPAEDIC ASSOCIATES OF WISCONSIN, S.C.
<b>c</b>	EIN-PN	39-1101566-001
<b>a</b>	Plan name	PHOEBE-DEVITT HOMES 401(K) RETIREMENT SAVINGS PLAN
<b>b</b>	Name of plan sponsor	PHOEBE-DEVITT HOMES DBA PHOEBE MINISTRIES
<b>c</b>	EIN-PN	23-1396838-003
<b>a</b>	Plan name	PLASTIC SURGERY CLINIC OF EC 401(K) SAVINGS PLAN
<b>b</b>	Name of plan sponsor	PLASTIC SURGERY CLINIC OF EC, S.C.
<b>c</b>	EIN-PN	85-3119099-001

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
<b>a</b>	Plan name POPE & LAND ENTERPRISES, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor POPE & LAND ENTERPRISES, INC.	<b>c</b> EIN-PN 58-1337112-001
<b>a</b>	Plan name PRESTIGE AUTO CORPORATION 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor PRESTIGE AUTO CORPORATION - EAU CLAIRE	<b>c</b> EIN-PN 39-1897510-001
<b>a</b>	Plan name RAMCO SPECIALTIES, INC. EMPLOYEES 401K PLAN	
<b>b</b>	Name of plan sponsor RAMCO SPECIALTIES, INC.	<b>c</b> EIN-PN 34-1246057-002
<b>a</b>	Plan name RANDS TRUCKING, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor RANDS TRUCKING, INC.	<b>c</b> EIN-PN 39-1563798-001
<b>a</b>	Plan name RB SCOTT COMPANY, INC. PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor RB SCOTT COMPANY, INC.	<b>c</b> EIN-PN 39-1279498-001
<b>a</b>	Plan name REDSTONE PAYMENT SOLUTIONS, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor REDSTONE PAYMENT SOLUTIONS, LLC	<b>c</b> EIN-PN 90-0486928-001
<b>a</b>	Plan name REED OIL COMPANY 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor REED OIL COMPANY	<b>c</b> EIN-PN 25-1323899-001
<b>a</b>	Plan name RELIABLE HEATING AND AIR 401(K) PLAN	
<b>b</b>	Name of plan sponsor RH&A, LLC	<b>c</b> EIN-PN 36-4681184-001
<b>a</b>	Plan name REMINGTON PRODUCTS COMPANY 401(K) PLAN AND TRUST	
<b>b</b>	Name of plan sponsor REMINGTON PRODUCTS COMPANY	<b>c</b> EIN-PN 34-0672046-001
<b>a</b>	Plan name RICE LAKE WEIGHING SYSTEMS EMPLOYEES PROFIT SHARING PLUS PLAN	
<b>b</b>	Name of plan sponsor RICE LAKE WEIGHING SYSTEMS, INC.	<b>c</b> EIN-PN 39-1145543-001
<b>a</b>	Plan name ROSEDALE TECHNICAL COLLEGE RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor ROSEDALE TECHNICAL COLLEGE	<b>c</b> EIN-PN 25-1775321-001
<b>a</b>	Plan name ROYAL CREDIT UNION 401(K) PLAN	
<b>b</b>	Name of plan sponsor ROYAL CREDIT UNION	<b>c</b> EIN-PN 39-6072970-011

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	SCALES NW LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	SCALES NW LLC	<b>c</b> EIN-PN 82-1963212-001
<b>a</b>	Plan name	SENN BLACKTOP, INC. PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	SENN BLACKTOP, INC.	<b>c</b> EIN-PN 39-0607310-001
<b>a</b>	Plan name	SEPARATE ACCOUNT A	
<b>b</b>	Name of plan sponsor	STANDARD INSURANCE COMPANY	<b>c</b> EIN-PN 93-0242990-005
<b>a</b>	Plan name	SHELTERHOUSE 401(K) PLAN	
<b>b</b>	Name of plan sponsor	SHELTERHOUSE	<b>c</b> EIN-PN 31-0920479-001
<b>a</b>	Plan name	SIMKO SUPPORT CENTER LLC 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	SIMKO SUPPORT CENTER LLC	<b>c</b> EIN-PN 81-3450427-004
<b>a</b>	Plan name	SMITH, LEWIS, CHESS & CO., LLP SALARY DEFERRAL 401 (K) PLAN	
<b>b</b>	Name of plan sponsor	SMITH, LEWIS, CHESS & CO., LLP	<b>c</b> EIN-PN 25-1585317-001
<b>a</b>	Plan name	SPECTRUM INSURANCE GROUP, LLC 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	SPECTRUM INSURANCE GROUP, LLC	<b>c</b> EIN-PN 20-8656116-001
<b>a</b>	Plan name	STATION CASINOS LLC & AFFILIATES 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	STATION CASINOS LLC	<b>c</b> EIN-PN 27-3312261-001
<b>a</b>	Plan name	STERLING WATER, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	STERLING WATER, INC.	<b>c</b> EIN-PN 20-1997124-001
<b>a</b>	Plan name	SUMMIT DENTAL CONSULTING 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	SUMMIT DENTAL MANAGEMENT, S.C.	<b>c</b> EIN-PN 39-1990304-001
<b>a</b>	Plan name	SUNNY DELIGHT BEVERAGES CO. RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	SUNNY DELIGHT BEVERAGES CO.	<b>c</b> EIN-PN 59-1027282-001
<b>a</b>	Plan name	TECH-ETCH, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	TECH-ETCH, INC.	<b>c</b> EIN-PN 04-2324804-001

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	THALES PENSION PLAN FOR CERTAIN U.S. EMPLOYEES	
<b>b</b>	Name of plan sponsor	THALES USA, INC.	<b>c</b> EIN-PN 06-0938363-001
<b>a</b>	Plan name	THE KELLEN COMPANY EMPLOYEE STOCK OWNERSHIP PLAN	
<b>b</b>	Name of plan sponsor	THE KELLEN COMPANY	<b>c</b> EIN-PN 36-2607505-003
<b>a</b>	Plan name	THE KRIEBEL COMPANIES 401(K) PROFIT SHARING PLAN & TRUST	
<b>b</b>	Name of plan sponsor	KRIEBEL GAS & OIL, INC.	<b>c</b> EIN-PN 25-1372445-001
<b>a</b>	Plan name	THERMALMAX, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	THERMALMAX, INC.	<b>c</b> EIN-PN 25-1862022-001
<b>a</b>	Plan name	TOBEY KARG SERVICE AGENCY, INC. PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	TOBEY KARG SERVICE AGENCY, INC.	<b>c</b> EIN-PN 25-1089937-001
<b>a</b>	Plan name	TODAY'S HOME, INC. PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	TODAYS HOME, INC.	<b>c</b> EIN-PN 25-1244117-001
<b>a</b>	Plan name	TRAVEL + LEISURE CO. EMPLOYEE SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	TRAVEL + LEISURE CO.	<b>c</b> EIN-PN 20-0052541-001
<b>a</b>	Plan name	TRAVELPORT EMPLOYEE SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	TRAVELPORT INC.	<b>c</b> EIN-PN 20-8352702-001
<b>a</b>	Plan name	UNDERWOOD ENGINEERS, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	UNDERWOOD ENGINEERS, INC.	<b>c</b> EIN-PN 02-0364873-003
<b>a</b>	Plan name	UNITED DAIRY FARMERS, INC. MONEY PURCHASE	
<b>b</b>	Name of plan sponsor	UNITED DAIRY FARMERS, INC.	<b>c</b> EIN-PN 31-1361170-001
<b>a</b>	Plan name	URBAN IMPACT 401(K) PLAN	
<b>b</b>	Name of plan sponsor	URBAN IMPACT FOUNDATION	<b>c</b> EIN-PN 25-1752269-001
<b>a</b>	Plan name	VITAS HEALTHCARE CORPORATION	
<b>b</b>	Name of plan sponsor	VITAS HEALTHCARE CORPORATION	<b>c</b> EIN-PN 59-2318357-003

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
<small>(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)</small>			
<b>a</b>	Plan name	WARD TRANSPORT & LOGISTICS CORP. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	WARD TRANSPORT & LOGISTICS CORP.	<b>c</b> EIN-PN 23-1299361-001
<b>a</b>	Plan name	WAUSAU SURGERY CENTER, L.P. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	WAUSAU SURGERY CENTER, L.P.	<b>c</b> EIN-PN 62-1525773-001
<b>a</b>	Plan name	WEATHER GROUP LLC 401(K) SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	WEATHER GROUP LLC	<b>c</b> EIN-PN 47-5615703-001
<b>a</b>	Plan name	WESTERN WISCONSIN UROLOGY, S.C. PROFIT SHARING	
<b>b</b>	Name of plan sponsor	WESTERN WISCONSIN UROLOGY, S.C.	<b>c</b> EIN-PN 39-1224170-001
<b>a</b>	Plan name	WHITE CAP 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	WHITE CAP, L.P.	<b>c</b> EIN-PN 26-0100647-001
<b>a</b>	Plan name	WILLISTON FINANCIAL GROUP LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	WILLISTON FINANCIAL GROUP, LLC	<b>c</b> EIN-PN 27-1434397-001
<b>a</b>	Plan name	WMC PHYSICIANS PRACTICES, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	WCM PHYSICIANS PRACTICES, LLC	<b>c</b> EIN-PN 46-1883875-001
<b>a</b>	Plan name	WOJANIS SUPPLY CO, INC 401(K) PROFIT SHARING PLAN & TRUST	
<b>b</b>	Name of plan sponsor	WOJANIS SUPPLY, INC.	<b>c</b> EIN-PN 25-1430297-002
<b>a</b>	Plan name	WOLLARD INTERNATIONAL, LLC 401(K) EMPLOYEE SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	WOLLARD INTERNATIONAL, LLC	<b>c</b> EIN-PN 65-0526221-001
<b>a</b>	Plan name	WYNDHAM HOTEL GROUP EMPLOYEE SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	WYNDHAM HOTELS & RESORTS, INC.	<b>c</b> EIN-PN 82-3356232-001
<b>a</b>	Plan name	ZACHO SPORTS CENTER 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ZACHO SPORTS CENTER, INC.	<b>c</b> EIN-PN 39-1831079-001
<b>a</b>	Plan name		
<b>b</b>	Name of plan sponsor		<b>c</b> EIN-PN

<b>SCHEDULE H</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Financial Information</b>  This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).  <b>▶ File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2024</b>  <b>This Form is Open to Public Inspection</b>
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For calendar plan year 2024 or fiscal plan year beginning <b>01/01/2024</b> and ending <b>12/31/2024</b>	
<b>A</b> Name of plan <b>FEDERATED HERMES TOTAL RETURN BOND COLLECTIVE INVESTMENT FUND</b>	<b>B</b> Three-digit plan number (PN) ▶ <b>652</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>GREAT GRAY TRUST COMPANY, LLC</b>	<b>D</b> Employer Identification Number (EIN) <b>85-3992542</b>

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

		(a) Beginning of Year	(b) End of Year
<b>a</b> Total noninterest-bearing cash .....	<b>1a</b>	65240	300848
<b>b</b> Receivables (less allowance for doubtful accounts):			
<b>(1)</b> Employer contributions .....	<b>1b(1)</b>		
<b>(2)</b> Participant contributions .....	<b>1b(2)</b>		
<b>(3)</b> Other .....	<b>1b(3)</b>	3093741	6783820
<b>c</b> General investments:			
<b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....	<b>1c(1)</b>		
<b>(2)</b> U.S. Government securities .....	<b>1c(2)</b>	114310805	142903167
<b>(3)</b> Corporate debt instruments (other than employer securities):			
<b>(A)</b> Preferred .....	<b>1c(3)(A)</b>		
<b>(B)</b> All other .....	<b>1c(3)(B)</b>	79071632	91497549
<b>(4)</b> Corporate stocks (other than employer securities):			
<b>(A)</b> Preferred .....	<b>1c(4)(A)</b>		
<b>(B)</b> Common .....	<b>1c(4)(B)</b>		
<b>(5)</b> Partnership/joint venture interests .....	<b>1c(5)</b>		
<b>(6)</b> Real estate (other than employer real property) .....	<b>1c(6)</b>		
<b>(7)</b> Loans (other than to participants) .....	<b>1c(7)</b>		
<b>(8)</b> Participant loans .....	<b>1c(8)</b>		
<b>(9)</b> Value of interest in common/collective trusts .....	<b>1c(9)</b>	3110401	8889537
<b>(10)</b> Value of interest in pooled separate accounts .....	<b>1c(10)</b>		
<b>(11)</b> Value of interest in master trust investment accounts .....	<b>1c(11)</b>		
<b>(12)</b> Value of interest in 103-12 investment entities .....	<b>1c(12)</b>		
<b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds) .....	<b>1c(13)</b>	136532433	152799775
<b>(14)</b> Value of funds held in insurance company general account (unallocated contracts) .....	<b>1c(14)</b>		
<b>(15)</b> Other .....	<b>1c(15)</b>	653072	0

<b>1d</b> Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	<b>1d(1)</b>		
(2) Employer real property.....	<b>1d(2)</b>		
<b>e</b> Buildings and other property used in plan operation.....	<b>1e</b>		
<b>f</b> Total assets (add all amounts in lines 1a through 1e).....	<b>1f</b>	336837324	403174696
<b>Liabilities</b>			
<b>g</b> Benefit claims payable.....	<b>1g</b>		
<b>h</b> Operating payables.....	<b>1h</b>	0	252095
<b>i</b> Acquisition indebtedness.....	<b>1i</b>		
<b>j</b> Other liabilities.....	<b>1j</b>	1834378	1350855
<b>k</b> Total liabilities (add all amounts in lines 1g through 1j).....	<b>1k</b>	1834378	1602950
<b>Net Assets</b>			
<b>l</b> Net assets (subtract line 1k from line 1f).....	<b>1l</b>	335002946	401571746

**Part II Income and Expense Statement**

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

<b>Income</b>		(a) Amount	(b) Total
<b>a Contributions:</b>			
(1) Received or receivable in cash from: (A) Employers.....	<b>2a(1)(A)</b>		
(B) Participants.....	<b>2a(1)(B)</b>		
(C) Others (including rollovers).....	<b>2a(1)(C)</b>		
(2) Noncash contributions.....	<b>2a(2)</b>		
(3) Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> .....	<b>2a(3)</b>		0
<b>b Earnings on investments:</b>			
<b>(1) Interest:</b>			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	<b>2b(1)(A)</b>		
(B) U.S. Government securities.....	<b>2b(1)(B)</b>	6016453	
(C) Corporate debt instruments.....	<b>2b(1)(C)</b>	3852194	
(D) Loans (other than to participants).....	<b>2b(1)(D)</b>		
(E) Participant loans.....	<b>2b(1)(E)</b>		
(F) Other.....	<b>2b(1)(F)</b>		
(G) Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....	<b>2b(1)(G)</b>		9868647
<b>(2) Dividends:</b>			
(A) Preferred stock.....	<b>2b(2)(A)</b>		
(B) Common stock.....	<b>2b(2)(B)</b>		
(C) Registered investment company shares (e.g. mutual funds).....	<b>2b(2)(C)</b>	8427176	
(D) Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....	<b>2b(2)(D)</b>		8427176
(3) Rents.....	<b>2b(3)</b>		
<b>(4) Net gain (loss) on sale of assets:</b>			
(A) Aggregate proceeds.....	<b>2b(4)(A)</b>	214059561	
(B) Aggregate carrying amount (see instructions).....	<b>2b(4)(B)</b>	212432263	
(C) Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result.....	<b>2b(4)(C)</b>		
<b>(5) Unrealized appreciation (depreciation) of assets:</b>			
(A) Real estate.....	<b>2b(5)(A)</b>		
(B) Other.....	<b>2b(5)(B)</b>	-11942950	
(C) Total unrealized appreciation of assets. Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....	<b>2b(5)(C)</b>		

	(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts .....	2b(6)	218075
(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)	353771
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds) .....	2b(10)	
<b>c</b> Other income .....	2c	235
<b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total .....	2d	8552252

**Expenses**

<b>e</b> 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
<b>f</b> Corrective distributions (see instructions) .....	2f	
<b>g</b> Certain deemed distributions of participant loans (see instructions) .....	2g	
<b>h</b> Interest expense .....	2h	
<b>i</b> 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)	17784
(5) Investment advisory and investment management fees .....	2i(5)	
(6) Bank or trust company trustee/custodial fees .....	2i(6)	864585
(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)	882369
<b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total .....	2j	882369

**Net Income and Reconciliation**

<b>k</b> Net income (loss). Subtract line 2j from line 2d .....	2k	7669883
<b>l</b> Transfers of assets:		
(1) To this plan .....	2l(1)	153866015
(2) From this plan .....	2l(2)	94967098

**Part III Accountant's Opinion**

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

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

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

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

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

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

(1) Name:

(2) EIN:

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

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

**Part IV Compliance Questions**

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

During the plan year:

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

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

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

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

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

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