

<p style="text-align: center;"><b>Form 5500</b></p> <p style="font-size: small;">Department of the Treasury Internal Revenue Service</p> <hr/> <p style="font-size: small;">Department of Labor Employee Benefits Security Administration</p> <hr/> <p style="font-size: x-small;">Pension Benefit Guaranty Corporation</p>	<p><b>Annual Return/Report of Employee Benefit Plan</b></p> <p style="font-size: small;">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).</p> <p style="text-align: center;"><b>▶ Complete all entries in accordance with the instructions to the Form 5500.</b></p>	<p style="font-size: x-small;">OMB Nos. 1210-0110 1210-0089</p> <hr/> <p style="font-size: large; text-align: center;"><b>2024</b></p> <hr/> <p style="text-align: center;"><b>This Form is Open to Public Inspection</b></p>
---	---	---

**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**

<p><b>1a</b> Name of plan <u>GALLIARD RETIREMENT INCOME FUND</u></p>	<p><b>1b</b> Three-digit plan number (PN) ▶ <u>082</u></p>
<p><b>2a</b> 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></p> <p><u>6725 VIA AUSTI PARKWAY, SUITE 260</u> <u>LAS VEGAS, NV 89119</u></p>	<p><b>1c</b> Effective date of plan</p> <hr/> <p><b>2b</b> Employer Identification Number (EIN) <u>20-5886387</u></p> <p><b>2c</b> Plan Sponsor's telephone number <u>866-427-6885</u></p> <p><b>2d</b> Business code (see instructions)</p>

**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.

<b>SIGN HERE</b>		Date	
	Signature of plan administrator		Enter name of individual signing as plan administrator
<b>SIGN HERE</b>		Date	
	Signature of employer/plan sponsor		Enter name of individual signing as employer or plan sponsor
<b>SIGN HERE</b>	<u>Filed with authorized/valid electronic signature.</u>	<u>09/22/2025</u>	<u>MATT FALCIANI</u>
	Signature of DFE	Date	Enter name of individual signing as DFE

<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
--	--

**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)
---	--

---

**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 \_\_\_\_\_

---

<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>
---	--	---

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>GALLIARD RETIREMENT INCOME FUND</u>	<b>B</b> Three-digit plan number (PN) ▶	<u>082</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>20-5886387</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)
---------------	--

<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>GALLIARD MANAGED INCOME FUND CORE</u>		
<b>b</b> Name of sponsor of entity listed in (a): <u>SEI TRUST COMPANY</u>		
<b>c</b> EIN-PN <u>52-2250939-001</u>	<b>d</b> Entity code <u>C</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>704015650</u>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

**c** EIN-PN

**d** Entity code

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

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

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

**c** EIN-PN

**d** Entity code

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

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

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

**c** EIN-PN

**d** Entity code

**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)

<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	401(K) PLAN OF WEBCO HAWAII, INC.	
<b>b</b>	Name of plan sponsor	WEBCO HAWAII, INC.	<b>c</b> EIN-PN 99-0115969-001
<b>a</b>	Plan name	A & I CORPORATION 401(K) PLAN	
<b>b</b>	Name of plan sponsor	A&I CORPORATION	<b>c</b> EIN-PN 57-0606128-001
<b>a</b>	Plan name	A-FRAME, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	A-FRAME, LLC	<b>c</b> EIN-PN 85-1017368-001
<b>a</b>	Plan name	ACCESSORIES UNLIMITED LLC 401K PLAN AND TRUST	
<b>b</b>	Name of plan sponsor	ACCESSORIES UNLIMITED LLC	<b>c</b> EIN-PN 20-4066018-001
<b>a</b>	Plan name	ACQ 401(K) PLAN	
<b>b</b>	Name of plan sponsor	INTEGRITE SALON ACQUISITION LLC	<b>c</b> EIN-PN 46-5426932-001
<b>a</b>	Plan name	ADAPTHEALTH 401(K) PROFIT SHARING PLAN AND TRUST	
<b>b</b>	Name of plan sponsor	ADAPTHEALTH, LLC	<b>c</b> EIN-PN 45-5553972-001
<b>a</b>	Plan name	ADC PHYSICIANS, P.A. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	ADC PHYSICIANS, P.A.	<b>c</b> EIN-PN 74-1625143-001
<b>a</b>	Plan name	ADVANCED DIGITAL, LLC RETIREMENT SAVINGS PLAN AND TRUST	
<b>b</b>	Name of plan sponsor	ADVANCED DIGITAL, LLC	<b>c</b> EIN-PN 47-5051851-001
<b>a</b>	Plan name	AGATE SOFTWARE, INC. 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	AGATE SOFTWARE, INC.	<b>c</b> EIN-PN 38-3161089-001
<b>a</b>	Plan name	AGY RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	AGY HOLDING CORP.	<b>c</b> EIN-PN 20-0420637-001
<b>a</b>	Plan name	ALLIANCE RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	ALLIANCE HOLDING INC.	<b>c</b> EIN-PN 47-4689420-001
<b>a</b>	Plan name	ALPS ALPINE NA 401K	
<b>b</b>	Name of plan sponsor	ALPS ALPINE	<b>c</b> EIN-PN 11-2404503-001

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 ALTERYX, INC. RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor ALTERYX, INC.	<b>c</b> EIN-PN 90-0673106-001
<b>a</b>	Plan name AMERICAN MICRO PRODUCTS, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor AMERICAN MICRO PRODUCTS, INC.	<b>c</b> EIN-PN 31-0681106-002
<b>a</b>	Plan name ANOPLATE CORPORATION EMPLOYEES' DEFERRED SAVINGS AND PROFIT SHARING PLAN AND TRUST	
<b>b</b>	Name of plan sponsor ANOPLATE CORPORATION	<b>c</b> EIN-PN 13-4204152-002
<b>a</b>	Plan name APS 401(K) PLAN	
<b>b</b>	Name of plan sponsor AUTOMOTIVE PARTS SOLUTIONS, INC.	<b>c</b> EIN-PN 41-1940380-001
<b>a</b>	Plan name AQUATIC 401(K) PLAN	
<b>b</b>	Name of plan sponsor AQUATIC CO.	<b>c</b> EIN-PN 36-4284100-001
<b>a</b>	Plan name ASSOCIATED NEPHROLOGY CONSULTANTS, P.A. 401(K) PLAN	
<b>b</b>	Name of plan sponsor ASSOCIATED NEPHROLOGY CONSULTANTS, P.A.	<b>c</b> EIN-PN 41-1391635-002
<b>a</b>	Plan name ATHLETICS INVESTMENT GROUP 401(K) PLAN	
<b>b</b>	Name of plan sponsor ATHLETICS INVESTMENT GROUP LLC DBA OAKLAND ATHLETICS BASEBALL COMPANY	<b>c</b> EIN-PN 94-3232189-002
<b>a</b>	Plan name ATKINSON, ANDELSON, LOYA, RUUD & ROMO PROFIT SHARING AND 401(K) PLANS	
<b>b</b>	Name of plan sponsor ATKINSON, ANDELSON, LOYA, RUUD & ROMO, A PROFESSIONAL CORPORATION	<b>c</b> EIN-PN 95-3378600-001
<b>a</b>	Plan name AVADIAN CREDIT UNION DEFINED BENEFIT PLAN	
<b>b</b>	Name of plan sponsor AVADIAN CREDIT UNION	<b>c</b> EIN-PN 63-0207315-001
<b>a</b>	Plan name AVALON CAPITAL GROUP II, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor AVALON CAPITAL GROUP II, LLC	<b>c</b> EIN-PN 81-4598761-001
<b>a</b>	Plan name AWARE EMPLOYEE 401(K) SAVINGS PLAN	
<b>b</b>	Name of plan sponsor AWARE, INC.	<b>c</b> EIN-PN 04-2911026-001
<b>a</b>	Plan name BABCOCK CENTER 401K PLAN	
<b>b</b>	Name of plan sponsor BABCOCK CENTER, INC.	<b>c</b> EIN-PN 57-0512733-001

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 BALL HORTICULTURAL COMPANY PROFIT SHARING RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor BALL HORTICULTURAL COMPANY	<b>c</b> EIN-PN 36-4031900-001
<b>a</b>	Plan name BARKMAN HONEY, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor BARKMAN HONEY, LLC	<b>c</b> EIN-PN 45-0467304-002
<b>a</b>	Plan name BATSON-COOK COMPANY 401(K) & PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor BATSON-COOK COMPANY	<b>c</b> EIN-PN 58-0156270-001
<b>a</b>	Plan name BAUER 401(K) PLAN	
<b>b</b>	Name of plan sponsor BAUER HOCKEY, INC.	<b>c</b> EIN-PN 03-0273094-002
<b>a</b>	Plan name BBI INTERNATIONAL INC 401(K) PROFIT SHARING PLAN & TRUST	
<b>b</b>	Name of plan sponsor BBI INTERNATIONAL INC	<b>c</b> EIN-PN 43-1717185-001
<b>a</b>	Plan name BITCO 401(K) PLAN	
<b>b</b>	Name of plan sponsor BRENNAN INDUSTRIAL TRUCK COMPANY	<b>c</b> EIN-PN 34-4472715-001
<b>a</b>	Plan name BLANKENSHIP CONTRACTING 401(K) PLAN	
<b>b</b>	Name of plan sponsor BLANKENSHIP CONTRACTING, INC.	<b>c</b> EIN-PN 63-1079994-001
<b>a</b>	Plan name BRANDYWINE REALTY TRUST 401K PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor BRANDYWINE REALTY TRUST	<b>c</b> EIN-PN 23-2413352-001
<b>a</b>	Plan name BRANN & ISAACSON, LLP PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor BRANN & ISAACSON, LLP	<b>c</b> EIN-PN 01-0034230-001
<b>a</b>	Plan name BRC EMPLOYEE RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor BUILDING RESTORATION CORPORATION	<b>c</b> EIN-PN 41-1518723-001
<b>a</b>	Plan name BRENT M. BOYCE MD PC 401K PLAN	
<b>b</b>	Name of plan sponsor BRENT M. BOYCE MD PC	<b>c</b> EIN-PN 20-0060755-001
<b>a</b>	Plan name BROWNING & ASSOCIATES SAVINGS PLAN	
<b>b</b>	Name of plan sponsor BROWNING	<b>c</b> EIN-PN 87-0340348-002

<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	BULLARD CHILDRENS DENTISTRY LLC	
<b>b</b>	Name of plan sponsor	BULLARD CHILDRENS DENTISTRY LLC	<b>c</b> EIN-PN 34-2010911-001
<b>a</b>	Plan name	BURIAN & ASSOCIATES 401(K) PLAN	
<b>b</b>	Name of plan sponsor	BURIAN & ASSOCIATES LLC	<b>c</b> EIN-PN 84-2526801-001
<b>a</b>	Plan name	BWA UNION RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	BWA, INC.	<b>c</b> EIN-PN 52-1145433-001
<b>a</b>	Plan name	CAHILL GORDON & REINDEL LLP PENSION PLAN	
<b>b</b>	Name of plan sponsor	CAHILL GORDON & REINDEL LLP	<b>c</b> EIN-PN 13-5510029-001
<b>a</b>	Plan name	CALAMOS PROFIT SHARING 401(K) PLAN	
<b>b</b>	Name of plan sponsor	CALAMOS INVESTMENTS LLC	<b>c</b> EIN-PN 20-1768357-001
<b>a</b>	Plan name	CAMPUSWORKS INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	CAMPUSWORKS INC.	<b>c</b> EIN-PN 65-0878938-001
<b>a</b>	Plan name	CANVAS ENERGY LLC 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	CANVAS ENERGY LLC	<b>c</b> EIN-PN 73-1320941-002
<b>a</b>	Plan name	CAROLINA RHEUMATOLOGY AND NEUROLOGY 401(K) PLAN	
<b>b</b>	Name of plan sponsor	CAROLINA RHEUMATOLOGY AND NEUROLOGY ASSOC	<b>c</b> EIN-PN 56-2165138-002
<b>a</b>	Plan name	CARSON-DELLOSA PUBLISHING, LLC 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	CARSON-DELLOSA PUBLISHING, LLC	<b>c</b> EIN-PN 27-0645872-002
<b>a</b>	Plan name	CCDC, INC. 401(K) P/S PLAN	
<b>b</b>	Name of plan sponsor	CCDC, INC.	<b>c</b> EIN-PN 45-0404698-001
<b>a</b>	Plan name	CHARLES RIVER LABORATORIES, INC. SAVINGS/PLUS PLAN	
<b>b</b>	Name of plan sponsor	CHARLES RIVER LABORATORIES, INC.	<b>c</b> EIN-PN 76-0509980-004
<b>a</b>	Plan name	CHEMICAL DYNAMICS, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	CHEMICAL DYNAMICS, INC.	<b>c</b> EIN-PN 59-1518851-001

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 CHERRY MARKETING INSTITUTE, INC. 401K PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor CHERRY MARKETING INSTITUTE, INC.	<b>c</b> EIN-PN 38-2814494-001
<b>a</b>	Plan name CHIESI USA, INC. 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor CORNERSTONE BIOPHARMA, INC.	<b>c</b> EIN-PN 20-1008797-001
<b>a</b>	Plan name CIENA CORPORATION 401(K) PLAN	
<b>b</b>	Name of plan sponsor CIENA CORPORATION	<b>c</b> EIN-PN 23-2725311-001
<b>a</b>	Plan name CIRESI CONLIN LLP 401(K) AND PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor CIRESI CONLIN LLP	<b>c</b> EIN-PN 47-2711181-001
<b>a</b>	Plan name CIRRUS LOGIC, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor CIRRUS LOGIC, INC.	<b>c</b> EIN-PN 77-0024818-001
<b>a</b>	Plan name CITY OF FOREST PARK DEFERRED COMPENSATION PLAN	
<b>b</b>	Name of plan sponsor CITY OF FOREST PARK	<b>c</b> EIN-PN 58-6002562-001
<b>a</b>	Plan name CITY OF FOREST PARK RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor CITY OF FOREST PARK	<b>c</b> EIN-PN 58-6002562-010
<b>a</b>	Plan name CNOOC 401(K) SAVINGS AND PENSION PLAN	
<b>b</b>	Name of plan sponsor CNOOC PETROLEUM U.S.A. INC.	<b>c</b> EIN-PN 06-0944810-001
<b>a</b>	Plan name CO-DIAGNOSTICS, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor CO-DIAGNOSTICS, INC.	<b>c</b> EIN-PN 46-2609396-001
<b>a</b>	Plan name COLLECTORS EDITIONS 401(K) PLAN	
<b>b</b>	Name of plan sponsor COLLECTORS EDITIONS, INC.	<b>c</b> EIN-PN 95-4131881-002
<b>a</b>	Plan name COLLIER ENTERPRISES MANAGEMENT 401K	
<b>b</b>	Name of plan sponsor COLLIER ENTERPRISES	<b>c</b> EIN-PN 65-0368634-800
<b>a</b>	Plan name COLORADO HEALTH INSTITUTE 401(K) PLAN	
<b>b</b>	Name of plan sponsor COLORADO HEALTH INSTITUTE	<b>c</b> EIN-PN 74-3082235-001

<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	COLUMBUS MEDICAL ASSOCIATION 401K	
<b>b</b>	Name of plan sponsor	COLUMBUS MEDICAL ASSOC	<b>c</b> EIN-PN 31-4411074-003
<b>a</b>	Plan name	COMET TECHNOLOGIES USA INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	COMET TECHNOLOGIES USA INC.	<b>c</b> EIN-PN 13-3981124-002
<b>a</b>	Plan name	COMMUNITY CO-OP MARKET 401(K) PLAN AND TRUST	
<b>b</b>	Name of plan sponsor	COMMUNITY CO-OP MARKET LLC	<b>c</b> EIN-PN 84-4097528-001
<b>a</b>	Plan name	COMMUNITY CONTRACTORS, INC. PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	COMMUNITY CONTRACTORS, INC.	<b>c</b> EIN-PN 45-0382319-001
<b>a</b>	Plan name	COMMUNITY HEALTH CENTERS, INC. 403(B) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	COMMUNITY HEALTH CENTERS, INC.	<b>c</b> EIN-PN 59-1480970-001
<b>a</b>	Plan name	COMPASS CHILD CARE, LLC RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	COMPASS CHILD CARE, LLC	<b>c</b> EIN-PN 81-5109561-001
<b>a</b>	Plan name	COPPER DEVELOPMENT ASSOCIATION INC. 401(K) PROFIT SHARING PLAN & TRUST	
<b>b</b>	Name of plan sponsor	COPPER DEVELOPMENT ASSOCIATION INC.	<b>c</b> EIN-PN 13-1974706-003
<b>a</b>	Plan name	COSMOS CLUB 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	COSMOS CLUB	<b>c</b> EIN-PN 53-0052500-002
<b>a</b>	Plan name	COVALENT GROUP 401(K) PLAN	
<b>b</b>	Name of plan sponsor	COVALENT GROUP, INC.	<b>c</b> EIN-PN 83-2556861-001
<b>a</b>	Plan name	CPP, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	CPP, INC.	<b>c</b> EIN-PN 84-0855336-001
<b>a</b>	Plan name	CRA INTERNATIONAL 401(K) PLAN	
<b>b</b>	Name of plan sponsor	CRA INTERNATIONAL, INC.	<b>c</b> EIN-PN 04-2372210-001
<b>a</b>	Plan name	CRONIN AUTO, INC.	
<b>b</b>	Name of plan sponsor	RICHARD CRONIN	<b>c</b> EIN-PN 34-0977006-021

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 CROSSFIT, LLC 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor CROSSFIT, LLC	<b>c</b> EIN-PN 32-0116674-002
<b>a</b>	Plan name CUSACK'S MASONRY RESTORATION, INC. 401K PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor CUSACKS MASONRY RESTORATION, INC.	<b>c</b> EIN-PN 38-2798454-001
<b>a</b>	Plan name CYPRESS CAPITAL GROUP, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor CYPRESS CAPITAL GROUP, INC.	<b>c</b> EIN-PN 65-0579226-001
<b>a</b>	Plan name D.C. INDUSTRIES, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor D.C. INDUSTRIES, INC.	<b>c</b> EIN-PN 42-1418800-001
<b>a</b>	Plan name DALTON P. COE DDS, P.C. 401(K) PLAN	
<b>b</b>	Name of plan sponsor DALTON P. COE DDS, P.C.	<b>c</b> EIN-PN 38-2629094-001
<b>a</b>	Plan name DAVIS WRIGHT TREMAINE LLP 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor DAVIS WRIGHT TREMAINE LLP	<b>c</b> EIN-PN 91-0839480-001
<b>a</b>	Plan name DDD GROUP 1165(E) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor DDD GROUP, LLC	<b>c</b> EIN-PN 66-0559319-001
<b>a</b>	Plan name DEALERS SUPPLY & LUMBER COMPANY, LLC PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor DEALERS SUPPLY & LUMBER COMPANY, LLC	<b>c</b> EIN-PN 27-4283020-001
<b>a</b>	Plan name DECISIVEDGE, LLC 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor DECISIVEDGE, LLC	<b>c</b> EIN-PN 26-1440851-001
<b>a</b>	Plan name DEFERRED COMPENSATION PLAN FOR EMPLOYEE AT THE LUCKY PEAK POWER PLANT PROJECT	
<b>b</b>	Name of plan sponsor LUCKY PEAK POWER PLANT PROJECT	<b>c</b> EIN-PN 46-4157890-001
<b>a</b>	Plan name DEJONG OPERATIONS MANAGEMENT ANDCONSULTING LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor DEJONG OPERATIONS MANAGEMENT AND	<b>c</b> EIN-PN 82-4645384-001
<b>a</b>	Plan name DENVER WATER 457 DEFERRED COMPENSATION PLAN	
<b>b</b>	Name of plan sponsor DENVER WATER	<b>c</b> EIN-PN 84-6000581-001

<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	DENVER WATER SUPPLEMENTAL RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	DENVER WATER	<b>c</b> EIN-PN 84-6000581-002
<b>a</b>	Plan name	DESTINATION MEDIA, INC. DBA GSTV 401(K) PLAN	
<b>b</b>	Name of plan sponsor	DESTINATION MEDIA DBA GAS STATION TV	<b>c</b> EIN-PN 20-3439357-001
<b>a</b>	Plan name	DEVELOPMENT SPECIALISTS, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	DEVELOPMENT SPECIALISTS, INC.	<b>c</b> EIN-PN 36-2967476-001
<b>a</b>	Plan name	DIRECTORS GUILD OF AMERICA, INC. EMPLOYEES' SAVINGS AND INVESTMENT PLAN	
<b>b</b>	Name of plan sponsor	DIRECTORS GUILD OF AMERICA, INC.	<b>c</b> EIN-PN 95-1202310-001
<b>a</b>	Plan name	DOBBS BROTHERS 401(K) PLAN	
<b>b</b>	Name of plan sponsor	DOBBS BROTHERS 401(K) PLAN	<b>c</b> EIN-PN 62-1336210-002
<b>a</b>	Plan name	DOMINION TERMINAL ASSOCIATES DEFERRED COMPENSATION AND SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	DOMINION TERMINAL ASSOCIATES, LLP	<b>c</b> EIN-PN 54-1212570-002
<b>a</b>	Plan name	DOW TECHNOLOGIES, DRS AND SMART TECHNOLOGY VENTURES 401(K) PLAN	
<b>b</b>	Name of plan sponsor	DEDC, INC.	<b>c</b> EIN-PN 59-3421838-001
<b>a</b>	Plan name	DUNHAM ASSOCIATES, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	DUNHAM ASSOCIATES, INC.	<b>c</b> EIN-PN 46-0282077-002
<b>a</b>	Plan name	EARTH SYSTEMS, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	EARTH SYSTEMS, INC.	<b>c</b> EIN-PN 94-1712756-001
<b>a</b>	Plan name	EAST JORDAN PLASTICS INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	EAST JORDAN PLASTICS	<b>c</b> EIN-PN 38-1859760-002
<b>a</b>	Plan name	EDGECONNEX INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	EDGECONNEX INC.	<b>c</b> EIN-PN 27-1401074-001
<b>a</b>	Plan name	EDUCATION CORPORATION OF AMERICA 401K P AN	
<b>b</b>	Name of plan sponsor	EDUCATION CORPORATION OF AMERICA	<b>c</b> EIN-PN 36-4282956-001

<b>Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>		
<small>(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)</small>		
<b>a</b>	Plan name	ELBOW LAKE CO-OP GRAIN COMPANY 401(K) PLAN AND TRUST
<b>b</b>	Name of plan sponsor	ELBOW LAKE CO-OP GRAIN CO.
<b>c</b>	EIN-PN	41-0234690-001
<b>a</b>	Plan name	ELK OPERATING SERVICES, LLC 401(K) PROFIT SHARING PLAN
<b>b</b>	Name of plan sponsor	ELK OPERATING SERVICES, LLC
<b>c</b>	EIN-PN	82-3513197-001
<b>a</b>	Plan name	EMERGENCY PHYSICIANS PROFESSIONAL ASSOCIATION PROFIT SHARING 401(K) PLAN
<b>b</b>	Name of plan sponsor	EMERGENCY PHYSICIANS PROFESSIONAL ASSOCIATION
<b>c</b>	EIN-PN	41-0949999-001
<b>a</b>	Plan name	EMI EQUITY MORTGAGE, INC. RETIREMENT PLAN
<b>b</b>	Name of plan sponsor	EMI EQUITY MORTGAGE, INC.
<b>c</b>	EIN-PN	66-0427030-001
<b>a</b>	Plan name	EMPLOYEE BENEFIT PLAN OF LAKE REGION CORPORATION
<b>b</b>	Name of plan sponsor	LAKE REGION CORPORATION
<b>c</b>	EIN-PN	45-0383900-001
<b>a</b>	Plan name	EMPLOYEE SAVINGS AND INVESTMENT PLAN OF COCHLEAR AMERICAS
<b>b</b>	Name of plan sponsor	COCHLEAR AMERICAS
<b>c</b>	EIN-PN	84-0945658-001
<b>a</b>	Plan name	EMPLOYEES PROFIT SHARING RETIREMENT PLAN OF SERVCO PACIFIC INC. AND SUBSIDIARIES
<b>b</b>	Name of plan sponsor	SERVCO PACIFIC INC.
<b>c</b>	EIN-PN	99-0057870-001
<b>a</b>	Plan name	EMPLOYEES RETIREMENT PLAN OF MOTHER MURPHYS LABORATORIES, INC.
<b>b</b>	Name of plan sponsor	MOTHER MURPHYS LABORATORIES, INC.
<b>c</b>	EIN-PN	56-0505027-001
<b>a</b>	Plan name	ENCORE ENERGY 401(K) PLAN
<b>b</b>	Name of plan sponsor	ENCORE ENERGY SERVICES, INC.
<b>c</b>	EIN-PN	27-2919976-001
<b>a</b>	Plan name	EPIC GAMES, INC. 401(K) PLAN AND TRUST
<b>b</b>	Name of plan sponsor	EPIC GAMES INC
<b>c</b>	EIN-PN	52-1853991-001
<b>a</b>	Plan name	EQUUS SOFTWARE LLC 401(K) PROFIT SHARING PLAN & TRUST
<b>b</b>	Name of plan sponsor	EQUUS SOFTWARE LLC
<b>c</b>	EIN-PN	84-1499245-001
<b>a</b>	Plan name	ETECO RETIREMENT PLAN
<b>b</b>	Name of plan sponsor	ETECO, INC.
<b>c</b>	EIN-PN	46-0477960-001

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 EVANS GRIFFITHS & HART, INC. PROFIT SHARING AND 401(K) PLAN AND TRUST	
<b>b</b>	Name of plan sponsor EVANS GRIFFITHS & HART, INC.	<b>c</b> EIN-PN 04-2460112-003
<b>a</b>	Plan name EXCEL ENGINEERING, INC. 401(K) RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor EXCEL ENGINEERING, INC.	<b>c</b> EIN-PN 39-1689347-001
<b>a</b>	Plan name EXPLORER PIPELINE COMPANY RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor EXPLORER PIPELINE COMPANY	<b>c</b> EIN-PN 73-0785982-001
<b>a</b>	Plan name EXPONENTIAL INTERACTIVE, INC. 401(K) SAVINGS PLAN	
<b>b</b>	Name of plan sponsor EXPONENTIAL INTERACTIVE, INC.	<b>c</b> EIN-PN 94-3370688-001
<b>a</b>	Plan name EXTRA SPACE MANAGEMENT, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor EXTRA SPACE MANAGEMENT, INC.	<b>c</b> EIN-PN 87-0405300-001
<b>a</b>	Plan name FANATICS 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor FANATICS HOLDINGS, INC.	<b>c</b> EIN-PN 45-4894304-002
<b>a</b>	Plan name FARMERS CO-OP OIL COMPANY OF RENVILLE 401(K) PLAN AND TRUST	
<b>b</b>	Name of plan sponsor FARMERS CO-OP OIL CO. OF RENVILLE	<b>c</b> EIN-PN 41-0248260-001
<b>a</b>	Plan name FCT RETIREMENT 401(K) PLAN	
<b>b</b>	Name of plan sponsor FRENCH CAMP TRANSPORT, INC.	<b>c</b> EIN-PN 68-0460347-001
<b>a</b>	Plan name FINANCIAL AVENUES 401(K) PLAN	
<b>b</b>	Name of plan sponsor FINANCIAL AVENUES LLC	<b>c</b> EIN-PN 27-1689560-001
<b>a</b>	Plan name FINANCIAL PLANNING AND INFORMATION SERVICES, INC. 401(K) RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor FINANCIAL PLANNING AND INFORMATION SERVICES, INC.	<b>c</b> EIN-PN 39-1560719-001
<b>a</b>	Plan name FORMALL, INC. EMPLOYEES 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor FORMALL, INC.	<b>c</b> EIN-PN 62-1458316-001
<b>a</b>	Plan name FOSTER, SWIFT, COLLINS & SMITH, P.C. EMPLOYEE PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor FOSTER, SWIFT, COLLINS & SMITH, P.C.	<b>c</b> EIN-PN 38-1904703-001

<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	FOURJAY, L.L.C. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	FOURJAY, L.L.C.	<b>c</b> EIN-PN 62-1620791-001
<b>a</b>	Plan name	FUNDACION PUERTORRIQUENA DE LAS HUMANIDADES RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	FUNDACION PUERTORRIQUENA DE LAS HUMANIDADES	<b>c</b> EIN-PN 66-0359285-001
<b>a</b>	Plan name	GARDINER SERVICE COMPANY PROFIT SHARING & SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	GARDINER SERVICE COMPANY	<b>c</b> EIN-PN 34-0901876-001
<b>a</b>	Plan name	GARDNER BUILDERS 401(K) PLAN	
<b>b</b>	Name of plan sponsor	GARDNER BUILDERS COMPANIES, LLC	<b>c</b> EIN-PN 83-0909115-001
<b>a</b>	Plan name	GARIUP CONSTRUCTION CO., INC.	
<b>b</b>	Name of plan sponsor	GARIUP CONSTRUCTION CO., INC.	<b>c</b> EIN-PN 35-1035122-001
<b>a</b>	Plan name	GARR TOOL CO., INC. EES' P/S SALARY REDUCTION 401(K) PLAN	
<b>b</b>	Name of plan sponsor	GARR TOOL COMPANY, INC.	<b>c</b> EIN-PN 38-1658615-001
<b>a</b>	Plan name	GENSCO PROFIT SHARING 401 K PLAN	
<b>b</b>	Name of plan sponsor	GENSCO	<b>c</b> EIN-PN 91-3149038-001
<b>a</b>	Plan name	GERALD H. PHIPPS, INC. EMPLOYEE'S 401(K) PLAN	
<b>b</b>	Name of plan sponsor	GERALD H. PHIPPS, INC.	<b>c</b> EIN-PN 84-0423359-011
<b>a</b>	Plan name	GISI 401(K) PLAN	
<b>b</b>	Name of plan sponsor	GRAPHIC INFORMATION SYSTEMS, INC.	<b>c</b> EIN-PN 93-0568981-002
<b>a</b>	Plan name	GMT CORPORATION 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	GMT LLC	<b>c</b> EIN-PN 42-1033414-001
<b>a</b>	Plan name	GRAND FORKS REGION ECONOMIC DEVELOPMENT CORPORATION 401(K) PLAN	
<b>b</b>	Name of plan sponsor	GRAND FORKS REGION ECONOMIC DEVELOPMENT CORPORATION	<b>c</b> EIN-PN 45-0410198-002
<b>a</b>	Plan name	GRAND FORKS SUBARU KIA 401(K) PLAN	
<b>b</b>	Name of plan sponsor	GRAND AUTO MART INC.	<b>c</b> EIN-PN 45-0433656-001

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 GRAND STRAND PEDIATRICS & ADOLESCENT MEDICINE, P.A 401(K) PS PLAN	
<b>b</b>	Name of plan sponsor PLAN GRAND STRAND PEDIATRICS & ADOLESCENT	<b>c</b> EIN-PN 57-0783896-002
<b>a</b>	Plan name GROUP SERVICES INC RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor GROUP SERVICES INC	<b>c</b> EIN-PN 66-0619175-001
<b>a</b>	Plan name H2M 401(K) PLAN	
<b>b</b>	Name of plan sponsor H2M INC.	<b>c</b> EIN-PN 93-0922776-001
<b>a</b>	Plan name HARMONIC INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor HARMONIC INC.	<b>c</b> EIN-PN 77-0201147-001
<b>a</b>	Plan name HARRIS FARMS SAVINGS AND INVESTMENT PLAN	
<b>b</b>	Name of plan sponsor HARRIS FARMS, INC.	<b>c</b> EIN-PN 94-1272509-001
<b>a</b>	Plan name HARRIS-MCBURNEY COMPANY PROFIT SHARING AND SAVINGS PLAN	
<b>b</b>	Name of plan sponsor HARRIS-MCBURNEY COMPANY	<b>c</b> EIN-PN 38-2278214-001
<b>a</b>	Plan name HAWAIIAN DREDGING CONSTRUCTION COMPANY PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor HAWAIIAN DREDGING CONSTRUCTION COMPANY, INC.	<b>c</b> EIN-PN 99-0298759-002
<b>a</b>	Plan name HAWTHORNE RACE COURSE, INC. 401(K) PLAN & TRUST	
<b>b</b>	Name of plan sponsor HAWTHORNE RACE COURSE, INC.	<b>c</b> EIN-PN 36-3042284-001
<b>a</b>	Plan name HAXTON MASONRY, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor HAXTON MASONRY, INC.	<b>c</b> EIN-PN 20-4330418-001
<b>a</b>	Plan name HAYWARD COOPERATIVE 401(K) PLAN & TRUST	
<b>b</b>	Name of plan sponsor HAYWARD COOPERATIVE	<b>c</b> EIN-PN 41-0248760-002
<b>a</b>	Plan name HEALTH SERVICES ADVISORY GROUP 401(K) PLAN	
<b>b</b>	Name of plan sponsor HEALTH SERVICES HOLDINGS INC 401(K) PLAN	<b>c</b> EIN-PN 20-1121730-001
<b>a</b>	Plan name HEALTHCARE SPECIALISTS NW, P.C. 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor HEALTHCARE SPECIALISTS NW, P.C.	<b>c</b> EIN-PN 93-1162197-001

<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	HEIDEN INC 401 K PSP AND TRUST	
<b>b</b>	Name of plan sponsor	HEIDEN INC	<b>c</b> EIN-PN 93-1200065-001
<b>a</b>	Plan name	HEIDEN INC UNION 401 K	
<b>b</b>	Name of plan sponsor	HEIDEN INC	<b>c</b> EIN-PN 93-1600065-001
<b>a</b>	Plan name	HELM INSTRUMENT COMPANY, INC. PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	HELM INSTRUMENT COMPANY, INC.	<b>c</b> EIN-PN 34-1002687-001
<b>a</b>	Plan name	HENTGES TREE SERVICE RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	HENTGES TREE SERVICE, INC.	<b>c</b> EIN-PN 43-1581711-001
<b>a</b>	Plan name	HERAEUS MEDICAL COMPONENTS CARIBE RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	HERAEUS MEDICAL COMPONENTS CARIBE, INC.	<b>c</b> EIN-PN 66-0705662-001
<b>a</b>	Plan name	HGAC 401K PLAN	
<b>b</b>	Name of plan sponsor	HOUSTON-GALVESTON AREA COUNCIL	<b>c</b> EIN-PN 74-1557575-001
<b>a</b>	Plan name	HICKS HOLDINGS LLC 401(K) SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	HICKS HOLDINGS LLC	<b>c</b> EIN-PN 75-3188971-001
<b>a</b>	Plan name	HIGHMARK COMPANIES 401(K) PROFIT SHARING PLAN AND TRUST	
<b>b</b>	Name of plan sponsor	HIGHMARK COMPANIES	<b>c</b> EIN-PN 20-1838009-001
<b>a</b>	Plan name	HILL ELECTRIC COMPANY, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	HILL ELECTRIC COMPANY, INC.	<b>c</b> EIN-PN 57-0538925-001
<b>a</b>	Plan name	HILMAR CHEESE COMPANY PROFIT SHARING 401(K) PLAN	
<b>b</b>	Name of plan sponsor	HILMAR CHEESE COMPANY	<b>c</b> EIN-PN 77-0026482-001
<b>a</b>	Plan name	HOFFMAN & HOFFMAN, CPA, P.A. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	HOFFMAN & HOFFMAN, CPA, P.A.	<b>c</b> EIN-PN 57-0807406-001
<b>a</b>	Plan name	HOLLYWOOD TOW SERVICE, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	HOLLYWOOD TOW SERVICE, INC.	<b>c</b> EIN-PN 95-3064490-001

<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	HOLSTON MEDICAL GROUP RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	HOLSTON MEDICAL GROUP	<b>c</b> EIN-PN 62-1388079-003
<b>a</b>	Plan name	HONIGMAN LLP INCOME DEFERRAL AND PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	HONIGMAN LLP	<b>c</b> EIN-PN 38-1407377-003
<b>a</b>	Plan name	HUDSON HOUSING CAPITAL LLC 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	HUDSON HOUSING CAPITAL LLC	<b>c</b> EIN-PN 54-1884498-001
<b>a</b>	Plan name	ICS TAX, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ICS TAX, LLC	<b>c</b> EIN-PN 81-3485407-001
<b>a</b>	Plan name	IDEALIST 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	IDEALIST.ORG, INC.	<b>c</b> EIN-PN 13-3836763-001
<b>a</b>	Plan name	ILLINOIS CREDIT UNION SYSTEM RETIREMENT SECURITY 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ILLINOIS CREDIT UNION LEAGUE	<b>c</b> EIN-PN 36-1255150-003
<b>a</b>	Plan name	IMT CAPITAL, LLC 401(K) PROFIT SHARING PLAN AND TRUST	
<b>b</b>	Name of plan sponsor	IMT CAPITAL, LLC	<b>c</b> EIN-PN 20-4620312-001
<b>a</b>	Plan name	INFINITE ELECTRONICS 401(K) PLAN	
<b>b</b>	Name of plan sponsor	INFINITE ELECTRONICS, INC.	<b>c</b> EIN-PN 84-1725911-001
<b>a</b>	Plan name	INNOVATIONS HEALTH SYSTEMS, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	INNOVATIONS HEALTH SYSTEMS, LLC	<b>c</b> EIN-PN 45-5594841-001
<b>a</b>	Plan name	INSIGNIA TECHNOLOGY SERVICES LLC 401 (K) PLAN & TRUST	
<b>b</b>	Name of plan sponsor	INSIGNIA TECHNOLOGY SERVICES LLC	<b>c</b> EIN-PN 26-1593701-001
<b>a</b>	Plan name	INSTITUTE OF NUCLEAR POWER OPERATIONS 401(K) RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	INSTITUTE OF NUCLEAR POWER OPERATIONS	<b>c</b> EIN-PN 58-1382198-001
<b>a</b>	Plan name	INTEGRATED PROCESS SOLUTIONS, INC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	INTEGRATED PROCESS SOLUTIONS, INC.	<b>c</b> EIN-PN 01-0907021-001

<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	INTELLIBRIDGE 401K PLAN	
<b>b</b>	Name of plan sponsor	INTELLIBRIDGE, LLC	<b>c</b> EIN-PN 65-1313681-001
<b>a</b>	Plan name	J.S. HELD LLC 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	J.S. HELD LLC	<b>c</b> EIN-PN 47-3291463-001
<b>a</b>	Plan name	JADE LOGISTICS RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	JADE LOGISTICS	<b>c</b> EIN-PN 41-2234546-001
<b>a</b>	Plan name	JAPAN AIRLINES TAX ADVANTAGED SAVINGS ACCOUNT PLAN	
<b>b</b>	Name of plan sponsor	JAPAN AIRLINES CO., LTD.	<b>c</b> EIN-PN 94-1244522-004
<b>a</b>	Plan name	JDC MANAGEMENT, LLC 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	JDC HOLDINGS, INC.	<b>c</b> EIN-PN 47-2402680-001
<b>a</b>	Plan name	JENNISON CORPORATION EMPLOYEES SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	JENNISON CORPORATION	<b>c</b> EIN-PN 25-1437861-001
<b>a</b>	Plan name	JP ECOMMERCE 401(K) PLAN	
<b>b</b>	Name of plan sponsor	JP ECOMMERCE, INC.	<b>c</b> EIN-PN 46-2312238-001
<b>a</b>	Plan name	JUNIPER UNMANNED, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	JUNIPER UNMANNED, INC.	<b>c</b> EIN-PN 47-3486893-001
<b>a</b>	Plan name	K SOLV 401(K) PLAN	
<b>b</b>	Name of plan sponsor	K-SOLV, LP	<b>c</b> EIN-PN 41-2074808-001
<b>a</b>	Plan name	K2 PURE 401(K) PLAN	
<b>b</b>	Name of plan sponsor	K2 PURE SOLUTIONS NOCAL LP	<b>c</b> EIN-PN 83-0483752-001
<b>a</b>	Plan name	KAJIMA U.S.A. INC. 401(K) AND PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	KAJIMA U.S.A. INC.	<b>c</b> EIN-PN 13-3381982-001
<b>a</b>	Plan name	KAPNICK AND COMPANY, INC. PROFIT SHARING AND THRIFT SAVINGS PLAN AND TRUST	
<b>b</b>	Name of plan sponsor	KAPNICK AND COMPANY, INC. DBA KAPNICK INSURANCE GROUP	<b>c</b> EIN-PN 38-1902430-001

<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	KAVA CONSTRUCTION, INC. SAFE HARBOR 401(K) PLAN	
<b>b</b>	Name of plan sponsor	KAVA CONSTRUCTION, INC.	<b>c</b> EIN-PN 45-0334275-001
<b>a</b>	Plan name	KENESIS HOLDINGS, LLC 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	KENESIS HOLDINGS, LLC	<b>c</b> EIN-PN 20-5127202-001
<b>a</b>	Plan name	KING & SPALDING LLP PROFIT SHARING - 401(K) PLAN	
<b>b</b>	Name of plan sponsor	KING & SPALDING LLP	<b>c</b> EIN-PN 58-0520153-001
<b>a</b>	Plan name	KING COMPANY PROFIT SHARING 401(K) PLAN	
<b>b</b>	Name of plan sponsor	KING COMPANY, LLC	<b>c</b> EIN-PN 72-1514235-003
<b>a</b>	Plan name	KISER HARRISS CHEMICAL DISTRIBUTION CENTERS, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	KISER HARRISS CHEMICAL DISTRIBUTION CENTERS, INC.	<b>c</b> EIN-PN 56-0850454-001
<b>a</b>	Plan name	KLOTER FARMS 401(K) PLAN	
<b>b</b>	Name of plan sponsor	KLOTER FARMS	<b>c</b> EIN-PN 06-1135178-001
<b>a</b>	Plan name	KUA LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	KUA LLC	<b>c</b> EIN-PN 85-0308777-001
<b>a</b>	Plan name	KYO-YA MANAGEMENT COMPANY, LTD. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	KYO-YA MANAGEMENT COMPANY, LTD.	<b>c</b> EIN-PN 20-2514876-005
<b>a</b>	Plan name	LAKE CHAMPLAIN TRANSPORTATION CO. 401(K) SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	LAKE CHAMPLAIN TRANSPORTATION CO.	<b>c</b> EIN-PN 03-0259960-002
<b>a</b>	Plan name	LAKESHORE BUSINESS INTERIORS INC 401K PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	LAKESHORE BUSINESS INTERIORS INC	<b>c</b> EIN-PN 39-1623968-001
<b>a</b>	Plan name	LANDPLAN ENGINEERING, P.A. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	LANDPLAN ENGINEERING, P.A.	<b>c</b> EIN-PN 48-0998936-001
<b>a</b>	Plan name	LANEYS, MECHANICAL, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	LANEYS MECHANICAL, INC.	<b>c</b> EIN-PN 41-1729060-001

<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	LASERTEC, INC. EMPLOYEE RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	LASERTEC, INC.	<b>c</b> EIN-PN 38-3237554-001
<b>a</b>	Plan name	LEE H. COLONY, M.D., P.C. 401K PLAN	
<b>b</b>	Name of plan sponsor	LEE H. COLONY, M.D., P.C.	<b>c</b> EIN-PN 38-3233091-001
<b>a</b>	Plan name	LEGACY EARLY COLLEGE 401(K) PLAN	
<b>b</b>	Name of plan sponsor	LEGACY ADVANCEMENT	<b>c</b> EIN-PN 46-5664419-001
<b>a</b>	Plan name	LEGENDS 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	LEGENDS HOSPITALITY, LLC	<b>c</b> EIN-PN 26-3393272-001
<b>a</b>	Plan name	LERCH BATES 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	LERCH BATES 401(K) RETIREMENT PLAN	<b>c</b> EIN-PN 36-2285171-001
<b>a</b>	Plan name	LIFESHARE NETWORK, INC. 401(K) PROFIT SHARING	
<b>b</b>	Name of plan sponsor	LIFESHARE NETWORK, INC.	<b>c</b> EIN-PN 88-2584105-001
<b>a</b>	Plan name	LINK & ASSOCIATES 401(K) PLAN	
<b>b</b>	Name of plan sponsor	LINK & ASSOCIATES	<b>c</b> EIN-PN 83-3354304-001
<b>a</b>	Plan name	LINN COUNTY ANESTHESIOLOGISTS, P.C. AND AFFILIATES RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	LINN COUNTY ANESTHESIOLOGISTS, P.C.	<b>c</b> EIN-PN 42-1267637-003
<b>a</b>	Plan name	LOCAL UNION 825 SALARY SAVINGS PLAN & TRUST	
<b>b</b>	Name of plan sponsor	INTERNATIONAL UNION OF OPERATING ENGINEERS LOCAL 825	<b>c</b> EIN-PN 22-1010985-001
<b>a</b>	Plan name	LONG HAUL SALOON, LLP SAFE HARBOR 401(K) PLAN	
<b>b</b>	Name of plan sponsor	LONG HAUL SALOON, LLP	<b>c</b> EIN-PN 45-0453403-001
<b>a</b>	Plan name	LOOPER GOODWINE P. C. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	LOOPER GOODWINE P.C.	<b>c</b> EIN-PN 46-4406469-001
<b>a</b>	Plan name	LOUIS SHANKS OF TEXAS, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	LOUIS SHANKS OF TEXAS, INC.	<b>c</b> EIN-PN 74-1101150-001

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 LUNDE AUTOMOTIVE, INC. 401(K) PROFIT SHARING PLAN & TRUST	
<b>b</b>	Name of plan sponsor LUNDE AUTOMOTIVE, INC.	<b>c</b> EIN-PN 72-1569222-001
<b>a</b>	Plan name MACLACHLAN, CORNELIUS & FILONI, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor MACLACHLAN, CORNELIUS & FILONI, INC.	<b>c</b> EIN-PN 25-1450966-001
<b>a</b>	Plan name MADISON / STANDARD ELECTRIC 401(K) PLAN	
<b>b</b>	Name of plan sponsor MADISON ELECTRIC COMPANY	<b>c</b> EIN-PN 38-0783210-003
<b>a</b>	Plan name MANSFIELD SALES AND REPAIR, INC. 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor MANSFIELD SALES AND REPAIR, INC.	<b>c</b> EIN-PN 56-1562545-001
<b>a</b>	Plan name MARKIT COUNTY GRAIN, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor MARKIT COUNTY GRAIN, LLC	<b>c</b> EIN-PN 32-0157193-001
<b>a</b>	Plan name MARY'S SHELTER 403 B RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor MARYS SHELTER	<b>c</b> EIN-PN 32-0203768-001
<b>a</b>	Plan name MASTER CONSTRUCTION PRODUCTS, INC. 401(K) SAVINGS PLAN	
<b>b</b>	Name of plan sponsor MASTER CONSTRUCTION PRODUCTS, INC.	<b>c</b> EIN-PN 02-0531408-001
<b>a</b>	Plan name MATHEW GREENWALD & ASSOCIATES, INC 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor MATHEW GREENWALD & ASSOCIATES, INC.	<b>c</b> EIN-PN 52-1407743-001
<b>a</b>	Plan name MCGINNIS LOCHRIDGE LLP SAVINGS PLUS PLAN	
<b>b</b>	Name of plan sponsor MCGINNIS LOCHRIDGE LLP	<b>c</b> EIN-PN 74-1196349-002
<b>a</b>	Plan name MEADEN & MOORE EMPLOYEES' 401K RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor MEADEN & MOORE, LLP	<b>c</b> EIN-PN 54-2084609-001
<b>a</b>	Plan name MED EX DIRECT 401(K) PLAN	
<b>b</b>	Name of plan sponsor MED EX DIRECT	<b>c</b> EIN-PN 38-3612308-001
<b>a</b>	Plan name MEDALIST GOLF CLUB, INC. 401(K) PROFIT SHARING PLAN AND TRUST	
<b>b</b>	Name of plan sponsor MEDALIST GOLF CLUB, INC.	<b>c</b> EIN-PN 65-0530877-001

<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	MERCY EMS, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	MERCY EMS, INC.	<b>c</b> EIN-PN 26-0185773-001
<b>a</b>	Plan name	METRO MOULDED PARTS, INC. 401(K)/PROFIT SHARING PLAN AND TRUST	
<b>b</b>	Name of plan sponsor	METRO MOULDED PARTS, INC.	<b>c</b> EIN-PN 41-1412555-001
<b>a</b>	Plan name	MIDWEST INDUSTRIAL SUPPLY, INC. 401K PLAN	
<b>b</b>	Name of plan sponsor	MIDWEST INDUSTRIAL SUPPLY, INC.	<b>c</b> EIN-PN 34-1176605-001
<b>a</b>	Plan name	MIFM MANAGER 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	MIFM MANAGER INC	<b>c</b> EIN-PN 20-4437990-001
<b>a</b>	Plan name	MIKE ALBERT LEASING, INC. RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	MIKE ALBERT LEASING, INC.	<b>c</b> EIN-PN 31-0604321-001
<b>a</b>	Plan name	MINN-KOTA AG PRODUCTS, INC. 401K PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	MINN-KOTA AG PRODUCTS	<b>c</b> EIN-PN 45-0393881-001
<b>a</b>	Plan name	MOFFATT & NICHOL 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	MOFFATT & NICHOL	<b>c</b> EIN-PN 95-1951343-001
<b>a</b>	Plan name	MOMENTUM EMPLOYER GROUP POOLED	
<b>b</b>	Name of plan sponsor	UNITED 401K PLANS INC DBA ELEVATE 401K	<b>c</b> EIN-PN 20-5321813-004
<b>a</b>	Plan name	MONROE ENERGY RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	MONROE ENERGY, LLC	<b>c</b> EIN-PN 45-5201144-001
<b>a</b>	Plan name	MONSTER WORLDWIDE INC. 401(K) SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	MONSTER WORLDWIDE INC	<b>c</b> EIN-PN 13-3906555-002
<b>a</b>	Plan name	MONTERREY TILE AZ LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	MONTERREY TILE AZ LLC	<b>c</b> EIN-PN 82-2439868-002
<b>a</b>	Plan name	MONTGOMERY VASCULAR SURGERY 401K PLAN	
<b>b</b>	Name of plan sponsor	MONTGOMERY VASCULAR SURGERY	<b>c</b> EIN-PN 63-1046994-001

<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	MSEA 401(K) PLAN	
<b>b</b>	Name of plan sponsor	MARYLAND STATE EDUCATION ASSOCIATION, INC.	<b>c</b> EIN-PN 52-0607919-005
<b>a</b>	Plan name	NATIONAL ASSOCIATION FOR GUN RIGHTS RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	NATIONAL ASSOCIATION FOR GUN RIGHTS, INC.	<b>c</b> EIN-PN 54-2015951-001
<b>a</b>	Plan name	NATIONAL VISION, INC. 401(K) RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	NATIONAL VISION, INC.	<b>c</b> EIN-PN 58-1910859-001
<b>a</b>	Plan name	NEBRASKA HEALTH NETWORK 401 K PLAN	
<b>b</b>	Name of plan sponsor	NEBRASKA HEALTH NETWORK	<b>c</b> EIN-PN 27-1784907-001
<b>a</b>	Plan name	NELSON IRRIGATION CORPORATION 401(K) AND PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	NELSON IRRIGATION CORPORATION	<b>c</b> EIN-PN 37-0963413-001
<b>a</b>	Plan name	NESTEGGS MASTER POOLED 401K PLAN	
<b>b</b>	Name of plan sponsor	NESTEGGS RETIREMENT PLAN SERVICES INC	<b>c</b> EIN-PN 59-3664112-337
<b>a</b>	Plan name	NETSERTIVE, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	NETSERTIVE, INC.	<b>c</b> EIN-PN 27-3004203-001
<b>a</b>	Plan name	NEXTIVA 401(K) PLAN	
<b>b</b>	Name of plan sponsor	NEXTIVA, INC.	<b>c</b> EIN-PN 20-8820926-001
<b>a</b>	Plan name	NIES ENGINEERING, INC. 401(K) PLAN & TRUST	
<b>b</b>	Name of plan sponsor	NIES ENGINEERING, INC.	<b>c</b> EIN-PN 35-1835294-001
<b>a</b>	Plan name	NORTH SKY CAPITAL 401(K) PLAN	
<b>b</b>	Name of plan sponsor	NORTH SKY CAPITAL, LLC	<b>c</b> EIN-PN 20-2249684-001
<b>a</b>	Plan name	NORTHWEST IMAGING PC 401 K0 PROFIT SHAR IG PLAN	
<b>b</b>	Name of plan sponsor	NORTHWEST IMAGING PC	<b>c</b> EIN-PN 36-3796279-003
<b>a</b>	Plan name	NOSSAMAN LLP PROFIT SHARING & RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	NOSSAMAN LLP	<b>c</b> EIN-PN 95-2219542-001

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 NOSSAMAN LLP PROFIT SHARING & RETIREMENT SAVINGS PLAN II	
<b>b</b>	Name of plan sponsor NOSSAMAN LLP	<b>c</b> EIN-PN 95-2219542-002
<b>a</b>	Plan name NTT GLOBAL NETWORKS, INCORPORATED 401K INVESTMENT PLAN	
<b>b</b>	Name of plan sponsor NTT GLOBAL NETWORKS INCORPORATED	<b>c</b> EIN-PN 84-1539247-001
<b>a</b>	Plan name NW INDIANA TELCO 401(K) PLAN	
<b>b</b>	Name of plan sponsor NORTHWESTERN INDIANA TELEPHONE COMPANY	<b>c</b> EIN-PN 35-0797332-001
<b>a</b>	Plan name OAKBRIDGE INSURANCE AGENCY LLC	
<b>b</b>	Name of plan sponsor LEA WHARTON	<b>c</b> EIN-PN 85-3995724-002
<b>a</b>	Plan name OMBUD, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor OMBUD, INC.	<b>c</b> EIN-PN 27-4718857-001
<b>a</b>	Plan name OPFER, CAMPBELL, BECK P. C. 401(K) PLAN	
<b>b</b>	Name of plan sponsor OPFER, CAMPBELL, BECK P.C.	<b>c</b> EIN-PN 84-1483859-001
<b>a</b>	Plan name OREGON LABORERS-EMPLOYERS PENSION PLAN	
<b>b</b>	Name of plan sponsor TRUSTEES OREGON LABORERS - EMPLOYER PENSION PLAN	<b>c</b> EIN-PN 93-6075363-001
<b>a</b>	Plan name OTSUKA AMERICA 401(K) SAVINGS PLAN	
<b>b</b>	Name of plan sponsor OTSUKA AMERICA PHARMACEUTICAL INC.	<b>c</b> EIN-PN 52-1630683-001
<b>a</b>	Plan name OVERSTOCK.COM 401(K) PLAN	
<b>b</b>	Name of plan sponsor OVERSTOCK.COM, INC.	<b>c</b> EIN-PN 87-0634302-001
<b>a</b>	Plan name PALAY DISPLAY INDUSTRIES, INC. SAFE HARBOR 401(K) PLAN	
<b>b</b>	Name of plan sponsor PALAY DISPLAY INDUSTRIES, INC.	<b>c</b> EIN-PN 45-0322238-001
<b>a</b>	Plan name PARTITIONS, INC. RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor PARTITIONS, INC.	<b>c</b> EIN-PN 06-0813351-001
<b>a</b>	Plan name PAW COMPANIES 401(K) PLAN	
<b>b</b>	Name of plan sponsor P.A.W. TRUCKING, INC.	<b>c</b> EIN-PN 59-2555618-001

<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	PEAK UTAHS POOLED EMPLOYER 401K PLAN	
<b>b</b>	Name of plan sponsor	UNITED 401K PLANS DBA ELEVATE 401K	<b>c</b> EIN-PN 20-5321813-001
<b>a</b>	Plan name	PEDIATRIC SUBSPECIALTY FACULTY, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	PEDIATRIC SUBSPECIALTY FACULTY, INC.	<b>c</b> EIN-PN 33-0930025-001
<b>a</b>	Plan name	PEG STAFFING AND RECRUITING INC 401K	
<b>b</b>	Name of plan sponsor	PEG STAFFING AND RECRUITING INC	<b>c</b> EIN-PN 43-1340308-001
<b>a</b>	Plan name	PERKINS&WILL, INC. RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	PERKINS&WILL, INC.	<b>c</b> EIN-PN 36-2690384-001
<b>a</b>	Plan name	PERRY ELLIS INTERNATIONAL 401K	
<b>b</b>	Name of plan sponsor	PERRY ELLIS INTERNATIONAL, INC.	<b>c</b> EIN-PN 59-1162998-002
<b>a</b>	Plan name	PLASTIKON INDUSTRIES, INC. 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	PLASTIKON INDUSTRIES, INC.	<b>c</b> EIN-PN 94-2582387-001
<b>a</b>	Plan name	POSITIVE BEGINNINGS, INC. PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	POSITIVE BEGINNINGS, INC.	<b>c</b> EIN-PN 11-3420515-001
<b>a</b>	Plan name	PRAIRIE HOLDING COMPANY SAFE HARBOR 401(K) PLAN	
<b>b</b>	Name of plan sponsor	PRAIRIE HOLDING COMPANY	<b>c</b> EIN-PN 45-0460074-001
<b>a</b>	Plan name	PRAIRIE SCALE SYSTEMS, INC.SAFE HARBOR 401(K) PLAN	
<b>b</b>	Name of plan sponsor	PRAIRIE SCALE SYSTEMS, INC.	<b>c</b> EIN-PN 45-0433043-001
<b>a</b>	Plan name	PRECISION SCIENCE, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	PRECISION SCIENCE, INC.	<b>c</b> EIN-PN 20-5426683-002
<b>a</b>	Plan name	PREMIER MAGNESIA LLC SAVINGS AND PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	PREMIER MAGNESIA LLC	<b>c</b> EIN-PN 52-2295483-001
<b>a</b>	Plan name	PRODUCTION SHEET METAL WORKERS' LOCAL 10 RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	BOARD OF TRUSTEES OF PRODUCTION SHEET METAL WORKERS LOCAL 10 RETIRE	<b>c</b> EIN-PN 51-6052134-001

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 PROMEX 401K SAVINGS PLAN	
<b>b</b>	Name of plan sponsor PROMEX INDUSTRIES INC	<b>c</b> EIN-PN 77-0409193-001
<b>a</b>	Plan name PRORETIRE SAVINGS PLAN FOR CALIFORNIA GRAND CASINO	
<b>b</b>	Name of plan sponsor CALIFORNIA GRAND CASINO	<b>c</b> EIN-PN 80-0480485-001
<b>a</b>	Plan name PROSOURCE TECHNOLOGIES RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor PROSOURCE TECHNOLOGIES, LLC	<b>c</b> EIN-PN 46-1431472-001
<b>a</b>	Plan name PROTECTION AND CONTROL SOLUTIONS, LLC 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor PROTECTION AND CONTROL SOLUTIONS, LLC	<b>c</b> EIN-PN 27-1698616-001
<b>a</b>	Plan name PROTECTIVE PACKAGING 401(K) PLAN	
<b>b</b>	Name of plan sponsor PROTECTIVE PACKAGING, INC.	<b>c</b> EIN-PN 57-0863038-001
<b>a</b>	Plan name PUBLISHERS CIRCULATION FULFILLMENT, INC. RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor PUBLISHERS CIRCULATION FULFILLMENT, INC.	<b>c</b> EIN-PN 52-1318059-001
<b>a</b>	Plan name R. B. WHITE, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor R.B. WHITE, INC.	<b>c</b> EIN-PN 56-1485418-001
<b>a</b>	Plan name RECURSION PHARMACEUTICALS 401(K) PLAN	
<b>b</b>	Name of plan sponsor RECURSION PHARMACEUTICALS INC.	<b>c</b> EIN-PN 46-4099738-001
<b>a</b>	Plan name REECE ALBERT, INC. 401(K) SAVINGS PLAN	
<b>b</b>	Name of plan sponsor REECE ALBERT, INC.	<b>c</b> EIN-PN 75-1285072-001
<b>a</b>	Plan name REEL FX 401(K) AND PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor REEL FX, INC.	<b>c</b> EIN-PN 75-2509932-001
<b>a</b>	Plan name REHOBOTH BEACH COUNTRY CLUB 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor REHOBOTH BEACH COUNTRY CLUB	<b>c</b> EIN-PN 51-0042264-001
<b>a</b>	Plan name RENEWABLE ENERGY SYSTEMS AMERICAS INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor RENEWABLE ENERGY SYSTEMS AMERICAS INC.	<b>c</b> EIN-PN 95-4683730-001

<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	RESOURCING EDGE	
<b>b</b>	Name of plan sponsor	TIM KINNEAR	<b>c</b> EIN-PN 46-3045894-001
<b>a</b>	Plan name	RETIREMENT PLAN FOR EMPLOYEES AT THE LU KY PEAK POWER PLANT PROJECT	
<b>b</b>	Name of plan sponsor	LUCKY PEAK POWER PLANT PROJECT	<b>c</b> EIN-PN 82-6000447-001
<b>a</b>	Plan name	RHEUMATOLOGY ASSOCIATES P.A. 401K	
<b>b</b>	Name of plan sponsor	RHEUMATOLOGY ASSOCIATES PA	<b>c</b> EIN-PN 01-0321993-003
<b>a</b>	Plan name	RUSHTON, STAKELY, JOHNSTON & GARRETT, P.A. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	RUSHTON, STAKELY, JOHNSTON & GARRETT, P.A.	<b>c</b> EIN-PN 63-0659075-001
<b>a</b>	Plan name	RYAN RETIREMENT PLAN AND TRUST	
<b>b</b>	Name of plan sponsor	RYAN, SWANSON & CLEVELAND, PLLC	<b>c</b> EIN-PN 91-0392954-001
<b>a</b>	Plan name	S & S LANDSCAPING CO. , INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	S & S LANDSCAPING CO., INC.	<b>c</b> EIN-PN 45-0349893-002
<b>a</b>	Plan name	S1L, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	S1L, INC.	<b>c</b> EIN-PN 84-2764875-001
<b>a</b>	Plan name	SARASOTA FILM SOCIETY 401(K) PLAN	
<b>b</b>	Name of plan sponsor	SARASOTA FILM SOCIETY, INC.	<b>c</b> EIN-PN 59-2400811-001
<b>a</b>	Plan name	SAVINGS PLAN FOR EMPLOYEES OF THE GERRESHEIMER COMPANIES	
<b>b</b>	Name of plan sponsor	GERRESHEIMER GLASS INC.	<b>c</b> EIN-PN 22-2784102-003
<b>a</b>	Plan name	SCOTT'S LIQUID GOLD, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	SLG CHEMICALS, INC.	<b>c</b> EIN-PN 84-0430276-002
<b>a</b>	Plan name	SEABORNE PR RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	SEABORNE VIRGIN ISLANDS	<b>c</b> EIN-PN 66-0555458-002
<b>a</b>	Plan name	SEABORNE VIRGIN ISLANDS, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	SEABORNE VIRGIN ISLAND, INC.	<b>c</b> EIN-PN 66-0891130-001

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 SEIDEL, INC. 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor SEIDEL, INC.	<b>c</b> EIN-PN 22-2678460-001
<b>a</b>	Plan name SEPS, INC. 401(K) RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor SEATTLE EMERGENCY PHYSICIANS SERVICES, INC., P.S.	<b>c</b> EIN-PN 91-1170922-002
<b>a</b>	Plan name SERVICE THREAD MFG. CO. RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor SAM M. BUTLER INC.	<b>c</b> EIN-PN 56-0512655-002
<b>a</b>	Plan name SIGNIANT, INC. RETIREMENT TRUST	
<b>b</b>	Name of plan sponsor SIGNIANT, INC.	<b>c</b> EIN-PN 04-3528053-001
<b>a</b>	Plan name SILVER KEY SENIOR SERVICES 401(K) PROFIT SHARING PLAN & TRUST	
<b>b</b>	Name of plan sponsor SILVER KEY SENIOR SERVICES	<b>c</b> EIN-PN 23-7109922-002
<b>a</b>	Plan name SKELTON, TAINTOR & ABBOTT, P.A. PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor SKELTON, TAINTOR & ABBOTT, P.A.	<b>c</b> EIN-PN 01-0314235-001
<b>a</b>	Plan name SLAKEY BROTHERS, INC. PROFIT SHARING 401(K) PLAN	
<b>b</b>	Name of plan sponsor SLAKEY BROTHERS, INC.	<b>c</b> EIN-PN 94-2192959-004
<b>a</b>	Plan name SMG 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor SMITH MONROE GRAY ENGINEERS, INC.	<b>c</b> EIN-PN 93-0593065-001
<b>a</b>	Plan name SOCIEDAD PARA ASISTENCIA LEGAL PENSION PLAN	
<b>b</b>	Name of plan sponsor SOCIEDAD PARA LA ASISTENCIA LEGAL DE PR, INC.	<b>c</b> EIN-PN 66-0217275-001
<b>a</b>	Plan name SOUTH CAROLINA PEDIATRIC ALLIANCE, LLC 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor SOUTH CAROLINA PEDIATRIC ALLIANCE, LLC	<b>c</b> EIN-PN 47-2428281-001
<b>a</b>	Plan name SOUTHEASTERN INSURANCE CONSULTANTS 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor SOUTHEASTERN INSURANCE CONSULTANTS, LLC	<b>c</b> EIN-PN 57-1106780-002
<b>a</b>	Plan name SOUTHERN WINE & SPIRITS OF ILLINOIS, INC. PENSION PLAN FOR MEMBERS OF TEAMSTERS LOCAL UNION NO. 710	
<b>b</b>	Name of plan sponsor SOUTHERN WINE & SPIRITS OF ILLINOIS INC.	<b>c</b> EIN-PN 65-1158658-002

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 SPARTAN COMPANIES, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor SPARTAN COMPANIES, LLC	<b>c</b> EIN-PN 27-0372547-001
<b>a</b>	Plan name SPENCER'S TV & APPLIANCE 401K PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor SPENCERS TV AND APPLIANCE	<b>c</b> EIN-PN 86-0292380-002
<b>a</b>	Plan name SPICE INVESTMENT GROUP, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor SPICE INVESTMENT GROUP, INC.	<b>c</b> EIN-PN 41-1706041-001
<b>a</b>	Plan name STATE VOLUNTEER MUTUAL INSURANCE COMPANY THRIFT PLAN	
<b>b</b>	Name of plan sponsor STATE VOLUNTEER MUTUAL INSURANCE COMPANY	<b>c</b> EIN-PN 62-0965320-002
<b>a</b>	Plan name STATES MANUFACTURING CORPORATION 401(K) AND PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor STATES MANUFACTURING CORPORATION	<b>c</b> EIN-PN 41-0809080-001
<b>a</b>	Plan name STATETRUST RETIREMENT PLAN PR	
<b>b</b>	Name of plan sponsor STATETRUST INTERNATIONAL BANK & TRUST, LLC	<b>c</b> EIN-PN 66-0795854-002
<b>a</b>	Plan name STOCKMAN, KAST, RYAN 401(K) PLAN	
<b>b</b>	Name of plan sponsor STOCKMAN, KAST, RYAN & COMPANY, LLP	<b>c</b> EIN-PN 84-1509584-001
<b>a</b>	Plan name STORAGE EQUIPMENT SYSTEMS 401(K) PLAN	
<b>b</b>	Name of plan sponsor STORAGE EQUIPMENT SYSTEMS, INC.	<b>c</b> EIN-PN 86-0665270-001
<b>a</b>	Plan name STYLE CREST ENTERPRISES, INC. 401K PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor STYLE CREST ENTERPRISES, INC.	<b>c</b> EIN-PN 34-1839276-001
<b>a</b>	Plan name SUITE SHOTS 401(K) PLAN	
<b>b</b>	Name of plan sponsor FARGO TS, LLC DBA SUITE SHOTS	<b>c</b> EIN-PN 84-2520766-001
<b>a</b>	Plan name SUPER STORE INDUSTRIES 401(K) PLAN	
<b>b</b>	Name of plan sponsor SUPER STORE INDUSTRIES	<b>c</b> EIN-PN 94-2693940-001
<b>a</b>	Plan name SUPERIOR, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor SUPERIOR, INC.	<b>c</b> EIN-PN 45-0407543-001

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 T. BRUCE SALES, INC. UNION EMPLOYEES 401(K) PLAN	
<b>b</b>	Name of plan sponsor T. BRUCE SALES, INC.	<b>c</b> EIN-PN 23-1936152-003
<b>a</b>	Plan name T.R.S. INDUSTRIES, INC. SAFE HARBOR 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor T.R.S. INDUSTRIES, INC.	<b>c</b> EIN-PN 45-0431345-001
<b>a</b>	Plan name TALENT GROUPS 401(K) PLAN	
<b>b</b>	Name of plan sponsor OSCEOLA STAFFING HOLDINGS, LLC DBA TALENT GROUPS	<b>c</b> EIN-PN 82-4930209-001
<b>a</b>	Plan name TEAM, INC. 401K PLAN	
<b>b</b>	Name of plan sponsor TEAM, INC.	<b>c</b> EIN-PN 36-4544993-001
<b>a</b>	Plan name TEBRA 401(K) PLAN	
<b>b</b>	Name of plan sponsor TEBRA TECHNOLOGIES, INC.	<b>c</b> EIN-PN 20-0739220-002
<b>a</b>	Plan name TECHNOLOGY, ENGINEERING AND CONSTRUCTION, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor TECHNOLOGY, ENGINEERING AND CONSTRUCTION, INC.	<b>c</b> EIN-PN 94-3315374-001
<b>a</b>	Plan name TECUMSEH PRODUCTS COMPANY RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor TECUMSEH PRODUCTS COMPANY	<b>c</b> EIN-PN 38-1093240-009
<b>a</b>	Plan name TERPHANE 401K RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor TERPHANE LLC	<b>c</b> EIN-PN 16-1550495-002
<b>a</b>	Plan name THE BLACK BOX CORPORATION	
<b>b</b>	Name of plan sponsor BLACK BOX CORPORATION	<b>c</b> EIN-PN 25-1272662-001
<b>a</b>	Plan name THE BOUDREAUX GROUP, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor THE BOUDREAUX GROUP, INC.	<b>c</b> EIN-PN 57-0648643-001
<b>a</b>	Plan name THE CHIOFARO COMPANY 401(K) AND PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor THE CHIOFARO COMPANY	<b>c</b> EIN-PN 04-2715125-001
<b>a</b>	Plan name THE CIANBRO TEAM EQUITY PLAN	
<b>b</b>	Name of plan sponsor THE CIANBRO COMPANIES	<b>c</b> EIN-PN 10-0000909-001

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
<b>a</b>	Plan name THE COMMUNICARE EMPLOYEE'S 401(K) PLAN	
<b>b</b>	Name of plan sponsor HEALTH CARE FACILITIES STAFFING, LLC	<b>c</b> EIN-PN 26-3322066-001
<b>a</b>	Plan name THE ERGO BABY 401(K) PLAN	
<b>b</b>	Name of plan sponsor THE ERGO BABY CARRIER, INC.	<b>c</b> EIN-PN 68-0581582-003
<b>a</b>	Plan name THE GREENERY EMPLOYEE STOCK OWNERSHIP AND 401(K) PLAN	
<b>b</b>	Name of plan sponsor THE GREENERY, INC.	<b>c</b> EIN-PN 56-1027469-002
<b>a</b>	Plan name THE MATHWORKS 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor THE MATHWORKS, INC.	<b>c</b> EIN-PN 94-2960235-001
<b>a</b>	Plan name THE PRINT MACHINE, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor TPM, INC.	<b>c</b> EIN-PN 57-0606156-001
<b>a</b>	Plan name THE TEACHING COMPANY 401(K) PLAN	
<b>b</b>	Name of plan sponsor THE TEACHING COMPANY, LLC	<b>c</b> EIN-PN 20-5770942-001
<b>a</b>	Plan name THE WORLD GROUP SAVINGS AND INVESTMENT PLAN	
<b>b</b>	Name of plan sponsor WORLD SHIPPING, INC.	<b>c</b> EIN-PN 34-0895033-002
<b>a</b>	Plan name THEODORE ROOSEVELT PRESIDENTIAL LIBRARY FOUNDATION 403(B) PLAN	
<b>b</b>	Name of plan sponsor THEODORE ROOSEVELT PRESIDENTIAL LIBRARY FOUNDATION	<b>c</b> EIN-PN 47-1324043-001
<b>a</b>	Plan name THIRD ROCK 401(K) PLAN	
<b>b</b>	Name of plan sponsor THIRD ROCK VENTURES, LLC	<b>c</b> EIN-PN 20-8667706-001
<b>a</b>	Plan name THOMPSON HINE LLP RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor THOMPSON HINE LLP	<b>c</b> EIN-PN 34-0575300-001
<b>a</b>	Plan name TITAN PHARMACEUTICALS, INC. SAVINGS & RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor TITAN PHARMACEUTICALS, INC.	<b>c</b> EIN-PN 94-3171940-001
<b>a</b>	Plan name TL STROH ARCHITECTS 401K PLAN	
<b>b</b>	Name of plan sponsor TL STROH ARCHITECTS	<b>c</b> EIN-PN 45-0424710-001

<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	TMF GROUP HOLDINGS, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	TMF GROUP HOLDINGS, INC.	<b>c</b> EIN-PN 83-1496046-002
<b>a</b>	Plan name	TOTAL BALANCE PHYSICAL THERAPY AND FITNESS 401(K) PLAN	
<b>b</b>	Name of plan sponsor	TOTAL BALANCE PHYSICAL THERAPY AND FITNESS, LLC	<b>c</b> EIN-PN 82-3097936-001
<b>a</b>	Plan name	TREDEGAR CORPORATION RETIREMENT INCOME PLAN	
<b>b</b>	Name of plan sponsor	TREDEGAR CORPORATION	<b>c</b> EIN-PN 54-1497771-001
<b>a</b>	Plan name	TRUST COMPANY OF THE WEST PROFIT SHARING & SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	TRUST COMPANY OF THE WEST	<b>c</b> EIN-PN 95-2749628-001
<b>a</b>	Plan name	TZERO GROUP, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	TZERO GROUP, INC.	<b>c</b> EIN-PN 47-2409269-001
<b>a</b>	Plan name	UNIVERSITY STUDIES ABROAD CONSORTIUM 401(K) PLAN	
<b>b</b>	Name of plan sponsor	UNIVERSITY STUDIES ABROAD CONSORTIUM	<b>c</b> EIN-PN 46-4884633-001
<b>a</b>	Plan name	USED-A-BIT, INC. RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	USED-A-BIT, INC.	<b>c</b> EIN-PN 45-0430123-001
<b>a</b>	Plan name	USVP SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	USVP MANAGEMENT COMPANY LLC	<b>c</b> EIN-PN 32-0118385-001
<b>a</b>	Plan name	VAN WERT COUNTY HOSPITAL - TAX DEFERRED 403(B) PLAN	
<b>b</b>	Name of plan sponsor	VAN WERT COUNTY HOSPITAL ASSOCIATION	<b>c</b> EIN-PN 34-4429514-008
<b>a</b>	Plan name	VAN WERT COUNTY HOSPITAL PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	VAN WERT COUNTY HOSPITAL ASSOCIATION	<b>c</b> EIN-PN 34-4429514-002
<b>a</b>	Plan name	VAN WERT HOSPITAL ASSOCIATION 457(B) TOP HAT PLAN	
<b>b</b>	Name of plan sponsor	VAN WERT COUNTY HOSPITAL ASSOCIATION	<b>c</b> EIN-PN 34-4429514-457
<b>a</b>	Plan name	VENTURE ACADEMY 401(K) PLAN	
<b>b</b>	Name of plan sponsor	VENTURE ACADEMY INC.	<b>c</b> EIN-PN 92-1602819-001

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 VENTURE INC OF BEAUFORT 401(K) PLAN	
<b>b</b>	Name of plan sponsor VENTURE INC OF BEAUFORT	<b>c</b> EIN-PN 59-3763767-001
<b>a</b>	Plan name VERUS ADVISORY, INC. RETIREMENT & SAVINGS PLAN	
<b>b</b>	Name of plan sponsor VERUS ADVISORY, INC.	<b>c</b> EIN-PN 91-1320111-001
<b>a</b>	Plan name VIRTUALCFO, INC. RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor VIRTUALCFO, INC.	<b>c</b> EIN-PN 74-2891117-001
<b>a</b>	Plan name VIVELY BODY SCIENCE RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor VIVELY BODY SCIENCE, LLC	<b>c</b> EIN-PN 84-2353914-001
<b>a</b>	Plan name WAGSTAFF, INC. 401(K) SAVINGS AND RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor WAGSTAFF, INC.	<b>c</b> EIN-PN 91-0722578-002
<b>a</b>	Plan name WATSON'S OF CINCINNATI PROFIT SHARING 401(K) PLAN	
<b>b</b>	Name of plan sponsor AMERICAN RETAIL CORPORATION	<b>c</b> EIN-PN 20-5614230-003
<b>a</b>	Plan name WAYNE BANK AND TRUST CO. EMPLOYEE SAVINGS PLAN	
<b>b</b>	Name of plan sponsor WAYNE BANK AND TRUST CO.	<b>c</b> EIN-PN 35-0744110-002
<b>a</b>	Plan name WILLIAM B FEDERMAN PC 401(K) RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor WILLIAM B FEDERMAN PC	<b>c</b> EIN-PN 73-1584591-002
<b>a</b>	Plan name WINTERPAST ASSOCIATES, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor WINTERPAST ASSOCIATES, LLC	<b>c</b> EIN-PN 02-0744578-002
<b>a</b>	Plan name WISCONSIN SERVICES & MANAGEMENT COMPANY AND AFFILIATES 401(K) PLAN	
<b>b</b>	Name of plan sponsor WISCONSIN SERVICES & MANAGEMENT COMPANY	<b>c</b> EIN-PN 20-0558272-001
<b>a</b>	Plan name WOOD GOODS INDUSTRIES, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor WOOD GOODS INDUSTRIES, INC.	<b>c</b> EIN-PN 41-1447073-001
<b>a</b>	Plan name WOOD SPECIALISTS, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor WOOD SPECIALISTS, INC.	<b>c</b> EIN-PN 45-0424792-002

**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	ZIMMER GUNSUL FRASCA ARCHITECTS LLP 401(K) SAVINGS PLAN	
<b>b</b> Name of plan sponsor	ZIMMER GUNSUL FRASCA ARCHITECTS LLP	<b>c</b> EIN-PN 93-0677469-001

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

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

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

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

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

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

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

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

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

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

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

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

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>GALLIARD RETIREMENT INCOME FUND</b>	<b>B</b> Three-digit plan number (PN) ▶ <b>082</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>20-5886387</b>

<b>Part I</b>	<b>Asset and Liability Statement</b>
---------------	--------------------------------------

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

Assets	(a) Beginning of Year	(b) End of Year
<b>a</b> Total noninterest-bearing cash .....	<b>1a</b> 22	0
<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> 2538900	1927440
<b>c</b> General investments:		
<b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....	<b>1c(1)</b>	
<b>(2)</b> U.S. Government securities .....	<b>1c(2)</b>	
<b>(3)</b> Corporate debt instruments (other than employer securities):		
<b>(A)</b> Preferred .....	<b>1c(3)(A)</b>	
<b>(B)</b> All other .....	<b>1c(3)(B)</b>	
<b>(4)</b> Corporate stocks (other than employer securities):		
<b>(A)</b> Preferred .....	<b>1c(4)(A)</b>	
<b>(B)</b> Common .....	<b>1c(4)(B)</b>	
<b>(5)</b> Partnership/joint venture interests .....	<b>1c(5)</b>	
<b>(6)</b> Real estate (other than employer real property) .....	<b>1c(6)</b>	
<b>(7)</b> Loans (other than to participants) .....	<b>1c(7)</b>	
<b>(8)</b> Participant loans .....	<b>1c(8)</b>	
<b>(9)</b> Value of interest in common/collective trusts .....	<b>1c(9)</b> 838544192	704015650
<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>	
<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>	

<b>1d</b> Employer-related investments:		<b>(a)</b> Beginning of Year	<b>(b)</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>	841083114	705943090
<b>Liabilities</b>			
<b>g</b> Benefit claims payable.....	<b>1g</b>		
<b>h</b> Operating payables.....	<b>1h</b>	0	587083
<b>i</b> Acquisition indebtedness.....	<b>1i</b>		
<b>j</b> Other liabilities.....	<b>1j</b>	3232390	1927440
<b>k</b> Total liabilities (add all amounts in lines 1g through 1j).....	<b>1k</b>	3232390	2514523
<b>Net Assets</b>			
<b>l</b> Net assets (subtract line 1k from line 1f).....	<b>1l</b>	837850724	703428567

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

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts .....	<b>2b(6)</b>		23045342
(7) Net investment gain (loss) from pooled separate accounts .....	<b>2b(7)</b>		
(8) Net investment gain (loss) from master trust investment accounts .....	<b>2b(8)</b>		
(9) Net investment gain (loss) from 103-12 investment entities .....	<b>2b(9)</b>		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds) .....	<b>2b(10)</b>		
<b>c</b> Other income .....	<b>2c</b>		
<b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total .....	<b>2d</b>		23045342

**Expenses**

<b>e</b> Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers .....	<b>2e(1)</b>		
(2) To insurance carriers for the provision of benefits .....	<b>2e(2)</b>		
(3) Other .....	<b>2e(3)</b>		
(4) Total benefit payments. Add lines <b>2e(1)</b> through <b>(3)</b> .....	<b>2e(4)</b>		0
<b>f</b> Corrective distributions (see instructions) .....	<b>2f</b>		
<b>g</b> Certain deemed distributions of participant loans (see instructions) .....	<b>2g</b>		
<b>h</b> Interest expense .....	<b>2h</b>		
<b>i</b> Administrative expenses:			
(1) Salaries and allowances .....	<b>2i(1)</b>		
(2) Contract administrator fees .....	<b>2i(2)</b>		
(3) Recordkeeping fees .....	<b>2i(3)</b>		
(4) IQPA audit fees .....	<b>2i(4)</b>	37225	
(5) Investment advisory and investment management fees .....	<b>2i(5)</b>	1653985	
(6) Bank or trust company trustee/custodial fees .....	<b>2i(6)</b>	759698	
(7) Actuarial fees .....	<b>2i(7)</b>		
(8) Legal fees .....	<b>2i(8)</b>		
(9) Valuation/appraisal fees .....	<b>2i(9)</b>		
(10) Other trustee fees and expenses .....	<b>2i(10)</b>		
(11) Other expenses .....	<b>2i(11)</b>		
(12) Total administrative expenses. Add lines <b>2i(1)</b> through <b>(11)</b> .....	<b>2i(12)</b>		2450908
<b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total .....	<b>2j</b>		2450908

**Net Income and Reconciliation**

<b>k</b> Net income (loss). Subtract line <b>2j</b> from line <b>2d</b> .....	<b>2k</b>		20594434
<b>l</b> Transfers of assets:			
(1) To this plan .....	<b>2l(1)</b>		199617022
(2) From this plan .....	<b>2l(2)</b>		354633613

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