

<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: x-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>
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**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) P

**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>CLEARBRIDGE SMALL CAP GROWTH</u></p>	<p><b>1b</b> Three-digit plan number (PN) ▶ <u>990</u></p> <p><b>1c</b> Effective date of plan</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>DFE RETURNS</u></p> <p><u>DIVERSIFIED INVESTMENT ADVISORS</u>  <u>4333 EDGEWOOD RD NE, MD 0009</u>  <u>CEDAR RAPIDS, IA 52499</u></p>	<p><b>2b</b> Employer Identification Number (EIN) <u>36-6071399</u></p> <p><b>2c</b> Plan Sponsor's telephone number <u>319-355-5357</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>09/23/2025</u>	<u>NEIL KOENCK</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> <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 _____ (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>CLEARBRIDGE SMALL CAP GROWTH</u>	<b>B</b> Three-digit plan number (PN)	<u>990</u>
<b>C</b> Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>DFE RETURNS</u>	<b>D</b> Employer Identification Number (EIN) <u>36-6071399</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:		
<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>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	CRAMERS' INC EMPLOYEE 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	CRAMERS' INC	<b>c</b> EIN-PN 34-0671662-001
<b>a</b>	Plan name	CTI CONTROLTECH, INC. RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	CTI CONTROLTECH, INC.	<b>c</b> EIN-PN 46-0470086-002
<b>a</b>	Plan name	GODLEY, GLAZER, & FUNK PLLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	GODLEY, GLAZER, & FUNK PLLC	<b>c</b> EIN-PN 84-4742362-001
<b>a</b>	Plan name	LONG ISLAND COMPREHENSIVE MEDICAL CARE, PLLC 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	LONG ISLAND COMPREHENSIVE MEDICAL CARE, PLLC	<b>c</b> EIN-PN 37-1654147-001
<b>a</b>	Plan name	NCA RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	NEVADA CARDIOLOGY ASSOCIATES	<b>c</b> EIN-PN 88-0293130-001
<b>a</b>	Plan name	TAG PEARL STREET AGGREGATE RETIREMENT PLAN EXCHANGE	
<b>b</b>	Name of plan sponsor	TAG PEARL STREET AGGREGATE RETIREMENT PLAN EXCHANGE	<b>c</b> EIN-PN 62-1874779-001
<b>a</b>	Plan name	TAG WEALTH ENHANCEMENT GROUP 401(K) RETIREMENT PLAN EXCHANGE	
<b>b</b>	Name of plan sponsor	TAG RESOURCES, LLC	<b>c</b> EIN-PN 62-1874774-012
<b>a</b>	Plan name	TURNER ENGINEERING CORPORATION 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	TURNER ENGINEERING CORPORATION	<b>c</b> EIN-PN 20-3882870-002
<b>a</b>	Plan name	UNIQUE PLUMBING 401(K) PLAN	
<b>b</b>	Name of plan sponsor	UNIQUE PLUMBING	<b>c</b> EIN-PN 82-1924329-001
<b>a</b>	Plan name	360 ELECTRICAL & ENGINEERING SERVICES, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	360 ELECTRICAL & ENGINEERING	<b>c</b> EIN-PN 84-1772949-001
<b>a</b>	Plan name	360 ENERGY SOLUTIONS, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	360 ENERGY SOLUTIONS	<b>c</b> EIN-PN 46-2459351-001
<b>a</b>	Plan name	CW LAW LLP 401(K) PLAN	
<b>b</b>	Name of plan sponsor	CW LAW LLP	<b>c</b> EIN-PN 85-3275179-001

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 EVOLUTION MECHANICAL LLC 401K PROFIT SHARING PLAN & TRUST	
<b>b</b>	Name of plan sponsor EVOLUTION MECHANICAL LLC	<b>c</b> EIN-PN 81-4132663-001
<b>a</b>	Plan name EVOLVE TREATMENT CENTERS 401(K) PLAN	
<b>b</b>	Name of plan sponsor EVOLVE GROWTH INITIATIVE, LLC, DBA EVOLVE TREATMENT CENTERS	<b>c</b> EIN-PN 46-5716785-003
<b>a</b>	Plan name EXECUTIVE 1 HC LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor EXECUTIVE 1 HC LLC	<b>c</b> EIN-PN 82-3076130-001
<b>a</b>	Plan name GRAPHIC COMMUNICATIONS 401(K) PLAN	
<b>b</b>	Name of plan sponsor PRINTING INDUSTRIES ASSOCIATION, INC. OF SOUTHERN CALIFORNIA	<b>c</b> EIN-PN 95-1501502-001
<b>a</b>	Plan name ISOLVED 401-K PLAN	
<b>b</b>	Name of plan sponsor PLAN PROFESSIONALS, LLC D/B/A NPPG PLAN PROFESSIONALS	<b>c</b> EIN-PN 85-3213245-310
<b>a</b>	Plan name NEHAL CONTRACTING, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor NEHAL CONTRACTING, INC.	<b>c</b> EIN-PN 58-2587356-001
<b>a</b>	Plan name RPCS, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor RPCS, INC.	<b>c</b> EIN-PN 20-1751783-001
<b>a</b>	Plan name SACATE PELLET MILLS, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor SACATE PELLET MILLS, INC.	<b>c</b> EIN-PN 86-0509246-001
<b>a</b>	Plan name UPSHIFT HR 401(K) PLAN	
<b>b</b>	Name of plan sponsor UPSHIFT HR	<b>c</b> EIN-PN 87-4055304-001
<b>a</b>	Plan name FLEET DRIVER SERVICE, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor FLEET DRIVER SERVICE, INC.	<b>c</b> EIN-PN 45-3685803-333
<b>a</b>	Plan name SOLUTIONS HOME MORTGAGE 401(K) PLAN	
<b>b</b>	Name of plan sponsor SOLUTIONS HOME MORTGAGE, INC.	<b>c</b> EIN-PN 14-1837420-001
<b>a</b>	Plan name HAWAII HEALTH & HARM REDUCTION CENTER 401K PLAN	
<b>b</b>	Name of plan sponsor HAWAII HEALTH & HARM REDUCTION CENTER	<b>c</b> EIN-PN 99-0284222-001

<b>Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>		
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)		
<b>a</b>	Plan name	HELPSIDE INC. 401(K) RETIREMENT PLAN
<b>b</b>	Name of plan sponsor	HELPSIDE INC.
<b>c</b>	EIN-PN	87-0476353-333
<b>a</b>	Plan name	THE MASTER WALL, INC. 401(K) PROFIT SHARING PLAN AND TRUST
<b>b</b>	Name of plan sponsor	MASTER WALL, INC.
<b>c</b>	EIN-PN	58-1777823-002
<b>a</b>	Plan name	THE PARTNERS COMPANIES 401(K) PLAN
<b>b</b>	Name of plan sponsor	THE PARTNER COMPANIES LLC
<b>c</b>	EIN-PN	85-2379191-001
<b>a</b>	Plan name	A.M.E. INC. 401(K)
<b>b</b>	Name of plan sponsor	A.M.E. INC.
<b>c</b>	EIN-PN	22-3603962-001
<b>a</b>	Plan name	J & L WINES, INC. 401(K) PROFIT SHARING PLAN
<b>b</b>	Name of plan sponsor	J & L WINES, INC.
<b>c</b>	EIN-PN	25-1434953-001
<b>a</b>	Plan name	JA USA 401(K) PLAN
<b>b</b>	Name of plan sponsor	JUNIOR ACHIEVEMENT USA
<b>c</b>	EIN-PN	84-1267604-334
<b>a</b>	Plan name	UTAH MANUFACTURERS ASSOCIATION MEP 401(K) PLAN
<b>b</b>	Name of plan sponsor	UTAH MANUFACTURERS ASSOCIATION
<b>c</b>	EIN-PN	87-0187660-333
<b>a</b>	Plan name	VALENTI-HELD CONTRACTOR/DEVELOPER, INC. SAVINGS PLAN
<b>b</b>	Name of plan sponsor	VALENTI-HELD CONTRACTOR/DEVELOPER, INC.
<b>c</b>	EIN-PN	35-1457294-001
<b>a</b>	Plan name	ALCHEMY GLOBAL NETWORKS 401(K) PLAN
<b>b</b>	Name of plan sponsor	ALCHEMY GLOBAL NETWORKS, LLC
<b>c</b>	EIN-PN	81-0874754-001
<b>a</b>	Plan name	W. HUNTER SAUSSY, III, P.C. 401(K) PROFIT SHARING PLAN
<b>b</b>	Name of plan sponsor	SAUSSY ENGINEERING, VI, P.C. D/B/A SAUSSY ENGINEERING
<b>c</b>	EIN-PN	58-2352698-001
<b>a</b>	Plan name	MANASWIS ORTHOPEDIC & JOINT REPLACEMENT INSTITUTE 401(K) PLAN
<b>b</b>	Name of plan sponsor	MANASWIS ORTHOPEDIC AND JOINT REPLACEMENT INSTITUTE PLLC
<b>c</b>	EIN-PN	83-1463534-001
<b>a</b>	Plan name	MAP MARKETING & INCENTIVES LLC 401K PLAN
<b>b</b>	Name of plan sponsor	MAP MARKETING & INCENTIVES LLC
<b>c</b>	EIN-PN	13-4220408-001

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 MAPLE LEAF CHEESEMAKERS, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor MAPLE LEAF CHEESEMAKERS, INC.	<b>c</b> EIN-PN 39-1895024-001
<b>a</b>	Plan name MARPAC CONSTRUCTION, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor MARPAC CONSTRUCTION LLC	<b>c</b> EIN-PN 91-1678599-001
<b>a</b>	Plan name BAYSHORE HEALTH & HOMEMAKER SERVICES, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor BAYSHORE HEALTH & HOMEMAKER SERVICES, INC.	<b>c</b> EIN-PN 59-2833315-001
<b>a</b>	Plan name CALCAGNI & KANEFSKY LLP 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor CALCAGNI & KANEFSKY LLP	<b>c</b> EIN-PN 81-2712035-001
<b>a</b>	Plan name NEXT RETIREMENT PLAN - EMERGING MARKET	
<b>b</b>	Name of plan sponsor NEXT RETIREMENT PLAN - EMERGING	<b>c</b> EIN-PN 26-2480211-001
<b>a</b>	Plan name NEXT RETIREMENT PLAN - ENTERPRISE	
<b>b</b>	Name of plan sponsor NEXT RETIREMENT PLAN - ENTERPRISE	<b>c</b> EIN-PN 26-2480212-001
<b>a</b>	Plan name OKLAHOMA HOME BUILDERS MEP 401(K)	
<b>b</b>	Name of plan sponsor OKLAHOMA HOME BUILDERS ASSOCIATION	<b>c</b> EIN-PN 73-0683222-333
<b>a</b>	Plan name ONESOURCE PROS 401(K) PLAN	
<b>b</b>	Name of plan sponsor ONESOURCE PROFESSIONAL SEARCH, LLC	<b>c</b> EIN-PN 13-4301164-001
<b>a</b>	Plan name CENTRAL PAPER STOCK CO., INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor CENTRAL PAPER STOCK CO., INC	<b>c</b> EIN-PN 43-1234352-001
<b>a</b>	Plan name CHARLES A. EVANS, M.D. 401(K) PLAN	
<b>b</b>	Name of plan sponsor CHARLES A. EVANS, M.D.	<b>c</b> EIN-PN 20-4257821-001
<b>a</b>	Plan name DAVID RESTAURANT GROUP PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor DAVID RESTAURANT GROUP, INC.	<b>c</b> EIN-PN 47-4444126-001
<b>a</b>	Plan name DE MATTEI CONSTRUCTION INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor DE MATTEI CONSTRUCTION INC.	<b>c</b> EIN-PN 77-0210774-001

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 PURPLE USA INC. 401(K) SAVINGS PLAN	
<b>b</b>	Name of plan sponsor PURPLE USA, INC.	<b>c</b> EIN-PN 46-4128782-001
<b>a</b>	Plan name DNJ ENGINE COMPONENTS, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor DNJ ENGINE COMPONENTS, INC.	<b>c</b> EIN-PN 95-4637381-001
<b>a</b>	Plan name DRIVEN TECHNOLOGIES 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor AEROSPACE DRIVEN TECHNOLOGIES, INC. DBA DRIVEN TECHNOLOGIES	<b>c</b> EIN-PN 72-1541186-001
<b>a</b>	Plan name SANFORD'S SERVICE CENTER, INC. 401(K) RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor SANFORD'S SERVICE CENTER, INC.	<b>c</b> EIN-PN 99-0209901-001
<b>a</b>	Plan name FACTORY DIRECT SUPPLY WPB, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor FACTORY DIRECT SUPPLY WPB LLC	<b>c</b> EIN-PN 46-2159293-001
<b>a</b>	Plan name AVMA LIFE TRUST, LLC MEP 401(K) PS PLAN	
<b>b</b>	Name of plan sponsor AVMA LIFE TRUST, LLC	<b>c</b> EIN-PN 84-2685033-001
<b>a</b>	Plan name MARSHALL RADIO TELEMETRY 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor MARSHALL RADIO TELEMETRY INC.	<b>c</b> EIN-PN 84-1377195-001
<b>a</b>	Plan name MASTER SERVICE COMPANIES, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor MASTER SERVICE COMPANIES, LLC	<b>c</b> EIN-PN 26-2874958-001
<b>a</b>	Plan name MERCER THOMPSON LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor MERCER THOMPSON LLC	<b>c</b> EIN-PN 27-0253380-222
<b>a</b>	Plan name MERCER THOMPSON LLC ATTORNEYS 401(K) PLAN	
<b>b</b>	Name of plan sponsor MERCER THOMPSON LLC	<b>c</b> EIN-PN 27-0253380-777
<b>a</b>	Plan name MERRELL LLC EMPLOYEE 401(K) PLAN	
<b>b</b>	Name of plan sponsor MERRELL LLC	<b>c</b> EIN-PN 81-2931810-001
<b>a</b>	Plan name BETMGM 401(K) PLAN	
<b>b</b>	Name of plan sponsor BETMGM, LLC	<b>c</b> EIN-PN 83-1679867-001

**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	BIAERO, LLC 401(K) PROFIT SHARING PLAN	
<b>b</b> Name of plan sponsor	BIAERO, LLC	<b>c</b> EIN-PN 20-1990837-001
<b>a</b> Plan name	NOBEL CARGO SYSTEMS, INC. 401(K) PLAN	
<b>b</b> Name of plan sponsor	NOBEL CARGO SYSTEMS, INC.	<b>c</b> EIN-PN 65-0911588-001
<b>a</b> Plan name	OPSPRO 401(K) PLAN	
<b>b</b> Name of plan sponsor	TDI OPERATIONS LLC DBA OPSPRO	<b>c</b> EIN-PN 45-5597348-001
<b>a</b> Plan name	ORAL & MAXILLOFACIAL SURGERY ASSOCIATES OF MICHIGAN, PC PROFIT SHARING PLAN	
<b>b</b> Name of plan sponsor	ORAL & MAXILLOFACIAL SURGERY ASSOCIATES OF MICHIGAN, PC	<b>c</b> EIN-PN 38-2076543-001
<b>a</b> Plan name	CINGULAR HR 401(K) PLAN	
<b>b</b> Name of plan sponsor	CINGULAR HR	<b>c</b> EIN-PN 46-1128124-001
<b>a</b> Plan name	DELSIGNORE COMPANIES PROFIT SHARING/401(K) PLAN	
<b>b</b> Name of plan sponsor	DELSIGNORE BLACKTOP PAVING, INC.	<b>c</b> EIN-PN 14-1657140-001
<b>a</b> Plan name	DYNAMIC RESEARCH, INC. RETIREMENT PLAN	
<b>b</b> Name of plan sponsor	DYNAMIC RESEARCH	<b>c</b> EIN-PN 95-3385947-001
<b>a</b> Plan name	SCULLY SPORTSWEAR 401(K) PLAN	
<b>b</b> Name of plan sponsor	SCULLY SPORTSWEAR, INC.	<b>c</b> EIN-PN 95-2240766-001
<b>a</b> Plan name	SESSUMS LAW GROUP, PA 401(K) SAVINGS PLAN	
<b>b</b> Name of plan sponsor	SESSUMS LAW GROUP, PA	<b>c</b> EIN-PN 26-2276482-001
<b>a</b> Plan name	FORT WORTH EYE ASSOCIATES 401(K) PLAN	
<b>b</b> Name of plan sponsor	FORT WORTH EYE ASSOCIATES	<b>c</b> EIN-PN 75-1645994-001
<b>a</b> Plan name	FPE 401(K)	
<b>b</b> Name of plan sponsor	FORKLIFT PARTS AND EQUIPMENT IMPORT & EXPORT, INC.	<b>c</b> EIN-PN 65-0130280-001
<b>a</b> Plan name	HARDIN CONSTRUCTION COMPANY 401(K) PLAN	
<b>b</b> Name of plan sponsor	HARDIN CONSTRUCTION COMPANY	<b>c</b> EIN-PN 72-1279212-001

<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	ACTECH RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	ADVANCED CRUSHER TECHNOLOGIES, INC. DBA ACTECH, INC.	<b>c</b> EIN-PN 91-1910674-001
<b>a</b>	Plan name	VALLE MAKOFF LLP 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	VALLE MAKOFF LLP	<b>c</b> EIN-PN 27-1587480-001
<b>a</b>	Plan name	VETERINARY PHARMACEUTICALS, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	VETERINARY PHARMACEUTICALS, INC.	<b>c</b> EIN-PN 94-2185252-001
<b>a</b>	Plan name	ALH 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ALEXANDER LANKFORD & HIERS, INC.	<b>c</b> EIN-PN 75-1407510-001
<b>a</b>	Plan name	WALL TO WALL FLOOR COVERING, LLC 401(K) PROFIT AND SHARING PLAN	
<b>b</b>	Name of plan sponsor	WALL TO WALL FLOOR COVERING, LLC	<b>c</b> EIN-PN 23-2904050-001
<b>a</b>	Plan name	WALLER SALES CORPORATION 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	WALLER SALES CORPORATION	<b>c</b> EIN-PN 62-1624316-001
<b>a</b>	Plan name	ADVANCED TEXTILES ASSOCIATION	
<b>b</b>	Name of plan sponsor	ADVANCED TEXTILES ASSOCIATION	<b>c</b> EIN-PN 41-0434683-001
<b>a</b>	Plan name	AGILEX BUSINESS SOLUTIONS 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	AGILEX BUSINESS SOLUTIONS, LLC	<b>c</b> EIN-PN 81-1011017-001
<b>a</b>	Plan name	AGRITEK INDUSTRIES, INC. PROFIT SHARING 401(K) PLAN	
<b>b</b>	Name of plan sponsor	AGRITEK INDUSTRIES, INC.	<b>c</b> EIN-PN 38-2742197-001
<b>a</b>	Plan name	ALPHA BROKERS CORPORATION 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ALPHA BROKERS CORPORATION	<b>c</b> EIN-PN 65-0140528-001
<b>a</b>	Plan name	AYKO GROUP, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	AYKO GROUP LLC	<b>c</b> EIN-PN 47-4533642-001
<b>a</b>	Plan name	B&R MOLL, INC. 401(K) PROFIT SHARING PLAN & TRUST	
<b>b</b>	Name of plan sponsor	B&R MOLL, INC.	<b>c</b> EIN-PN 20-0026172-001

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 CEDAR RAPIDS OB-GYN SPECIALISTS, PC 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor CEDAR RAPIDS OB-GYN SPECIALISTS, PC	<b>c</b> EIN-PN 42-1232291-001
<b>a</b>	Plan name DIXIE SEAL AND STAMP COMPANY 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor DIXIE SEAL AND STAMP COMPANY, INC.	<b>c</b> EIN-PN 58-0222270-001
<b>a</b>	Plan name JOBSOURCE NORTH AMERICA, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor JOBSOURCE NORTH AMERICA, INC.	<b>c</b> EIN-PN 81-5133458-001
<b>a</b>	Plan name KINGSTON AUTOMOTIVE, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor KINGSTON AUTOMOTIVE, LLC	<b>c</b> EIN-PN 20-2954547-001
<b>a</b>	Plan name MAX SALES GROUP, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor MAX SALES GROUP, INC.	<b>c</b> EIN-PN 20-3694079-001
<b>a</b>	Plan name MICLEE MANAGEMENT GROUP, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor MICLEE MANAGEMENT GROUP, LLC	<b>c</b> EIN-PN 27-1717856-001
<b>a</b>	Plan name P&L AUTOMOTIVE 401(K) PLAN	
<b>b</b>	Name of plan sponsor P&L AUTOMOTIVE	<b>c</b> EIN-PN 41-1437177-001
<b>a</b>	Plan name P.A. THOMPSON ENGINEERING 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor P.A. THOMPSON ENGINEERING	<b>c</b> EIN-PN 33-0541883-001
<b>a</b>	Plan name RAPTOR PETROLEUM 401(K) PLAN	
<b>b</b>	Name of plan sponsor RAPTOR PETROLEUM	<b>c</b> EIN-PN 20-5877086-001
<b>a</b>	Plan name RED RIVER MANAGEMENT 401(K) & PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor RED RIVER MANAGEMENT	<b>c</b> EIN-PN 30-0220873-001
<b>a</b>	Plan name SHRIKANT TAMHANE DO INC 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor SHRIKANT TAMHANE DO INC	<b>c</b> EIN-PN 81-4413278-001
<b>a</b>	Plan name THE KENWOOD 401(K) PLAN	
<b>b</b>	Name of plan sponsor THE KENWOOD CONGREGATE ASSOCIATES	<b>c</b> EIN-PN 36-3382337-001

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 KING & SOMMER, PLLC 401(K) AND PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor KING & SOMMER, PLLC	<b>c</b> EIN-PN 26-0673255-001
<b>a</b>	Plan name THS 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor TSCHETTER, HAMRICK, SULZER PC	<b>c</b> EIN-PN 84-1330276-001
<b>a</b>	Plan name COLUMBIA PAINT CORPORATION PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor COLUMBIA PAINT CORPORATION	<b>c</b> EIN-PN 55-0380524-001
<b>a</b>	Plan name ELEVATED TECHNOLOGIES, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor ELEVATED TECHNOLOGIES INC.	<b>c</b> EIN-PN 38-3146138-001
<b>a</b>	Plan name HOUSTON CRITICAL CARE 401(K) PLAN	
<b>b</b>	Name of plan sponsor WAEL ASI M.D. P.A DBA HOUSTON CRITICAL CARE	<b>c</b> EIN-PN 76-0567380-001
<b>a</b>	Plan name HOWARD & ASSOCIATES INTERNATIONAL, INC 401(K) PLAN	
<b>b</b>	Name of plan sponsor HOWARD & ASSOCIATES INTERNATIONAL, INC	<b>c</b> EIN-PN 72-1290834-001
<b>a</b>	Plan name LA MADE CREATIVE 401(K) PLAN	
<b>b</b>	Name of plan sponsor LA MADE CREATIVE, INC.	<b>c</b> EIN-PN 47-1699482-001
<b>a</b>	Plan name MIRCI DENTAL, PLLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor MIRCI DENTAL	<b>c</b> EIN-PN 84-2985731-001
<b>a</b>	Plan name MISSISSIPPI CENTER FOR PLASTIC SURGERY 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor MISSISSIPPI CENTER FOR PLASTIC SURGERY, PLLC	<b>c</b> EIN-PN 47-1243565-001
<b>a</b>	Plan name MLA 401(K) PLAN	
<b>b</b>	Name of plan sponsor MIKE LOVE & ASSOCIATES, LLC	<b>c</b> EIN-PN 46-5678839-001
<b>a</b>	Plan name RETIRE READY 401(K) & PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor RETIRE READY	<b>c</b> EIN-PN 20-1826963-333
<b>a</b>	Plan name STONE INSURANCE, INC. 401(K) PROFIT SHARING PLAN AND TRUST	
<b>b</b>	Name of plan sponsor STONE INSURANCE, INC.	<b>c</b> EIN-PN 72-0799511-001

<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	STORMS DWORAK LLC 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	STORMS DWORAK, LLC	<b>c</b> EIN-PN 46-2104644-001
<b>a</b>	Plan name	AMI DISTRIBUTORS 401(K) PLAN	
<b>b</b>	Name of plan sponsor	AMI DISTRIBUTORS	<b>c</b> EIN-PN 46-5048256-001
<b>a</b>	Plan name	ANGELIC HEALTH 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ANGELIC PRACTICE MANAGEMENT, LLC	<b>c</b> EIN-PN 82-5301108-001
<b>a</b>	Plan name	BRAD PEASLEY TRUCKING LLC 401(K) PROFIT SHARING PLAN AND TRUST	
<b>b</b>	Name of plan sponsor	BRAD PEASLEY TRUCKING LLC	<b>c</b> EIN-PN 20-3853328-001
<b>a</b>	Plan name	BRAND FUEL CO. LLC SAFE HARBOR 401(K) PLAN	
<b>b</b>	Name of plan sponsor	BRAND FUEL CO. LLC	<b>c</b> EIN-PN 46-4597317-001
<b>a</b>	Plan name	CONSTITUTION PARTNERS 401(K) PLAN	
<b>b</b>	Name of plan sponsor	CONSTITUTION PARTNERS LLC	<b>c</b> EIN-PN 92-2099552-001
<b>a</b>	Plan name	CONSTRUCTION INDUSTRY 401(K) PLAN	
<b>b</b>	Name of plan sponsor	BUILDERS EXCHANGE OF SOUTHERN TIER, INC.	<b>c</b> EIN-PN 16-0820649-333
<b>a</b>	Plan name	ELM MANAGEMENT SERVICES, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ELM MANAGEMENT SERVICES, LLC	<b>c</b> EIN-PN 82-2104879-001
<b>a</b>	Plan name	ELSIE DELI PROVISIONS, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ELSIE DELI PROVISIONS, LLC	<b>c</b> EIN-PN 47-1408009-001
<b>a</b>	Plan name	GATEWAY 401(K) RETIREMENT PLAN EXCHANGE I	
<b>b</b>	Name of plan sponsor	ADMINISTRATIVE GROUP, LLC DBA TAG RESOURCES	<b>c</b> EIN-PN 62-1874769-301
<b>a</b>	Plan name	GATEWAY 401(K) RETIREMENT PLAN EXCHANGE II	
<b>b</b>	Name of plan sponsor	ADMINISTRATIVE GROUP, LLC DBA TAG RESOURCES	<b>c</b> EIN-PN 62-1874769-302
<b>a</b>	Plan name	GATEWAY 401(K) RETIREMENT PLAN EXCHANGE IV	
<b>b</b>	Name of plan sponsor	ADMINISTRATIVE GROUP, LLC DBA TAG RESOURCES	<b>c</b> EIN-PN 62-1874769-304

<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	GATEWAY AMP RETIREMENT PLAN EXCHANGE - ACTIVE	
<b>b</b>	Name of plan sponsor	AMP	<b>c</b> EIN-PN 85-4019239-002
<b>a</b>	Plan name	IMPERIAL RUBBER PRODUCTS, INC. RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	IMPERIAL RUBBER	<b>c</b> EIN-PN 33-0350283-001
<b>a</b>	Plan name	LAW OFFICES OF FRED C COHEN PA 401(K) PLAN	
<b>b</b>	Name of plan sponsor	LAW OFFICES OF FRED C. COHEN P.A.	<b>c</b> EIN-PN 65-0219025-001
<b>a</b>	Plan name	MORAN INDUSTRIES INC 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	MORAN INDUSTRIES INC	<b>c</b> EIN-PN 23-2711171-001
<b>a</b>	Plan name	RETIREMENT PLAN FOR THE EMPLOYEES OF BUFFALO VALLEY, INC.	
<b>b</b>	Name of plan sponsor	BUFFALO VALLEY, INC.	<b>c</b> EIN-PN 58-1374964-001
<b>a</b>	Plan name	RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	TAG RESOURCES, LLC	<b>c</b> EIN-PN 62-1874774-013
<b>a</b>	Plan name	TOURON LAW 401(K) PLAN	
<b>b</b>	Name of plan sponsor	FRANCISCO TOURON III, LLC DBA TOURON LAW	<b>c</b> EIN-PN 26-3442183-001
<b>a</b>	Plan name	TOYOTA TSUSHO AMERICA, INC. ENTERPRISE MULTIPLE EMPLOYER PLAN	
<b>b</b>	Name of plan sponsor	TOYOTA TSUSHO AMERICA, INC.	<b>c</b> EIN-PN 13-1943519-001
<b>a</b>	Plan name	WINTER PARK IMPORTS, INC. 401K PLAN	
<b>b</b>	Name of plan sponsor	WINTER PARK IMPORTS, INC.	<b>c</b> EIN-PN 59-2955009-001
<b>a</b>	Plan name	NAMDHARI USAGRISEEDS, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	NAMDHARI USAGRISEEDS, INC.	<b>c</b> EIN-PN 26-4558159-001
<b>a</b>	Plan name	T & D MACHINE HANDLING, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	T & D MACHINE HANDLING, INC.	<b>c</b> EIN-PN 58-1630426-001
<b>a</b>	Plan name	T-KAT, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	T-KAT, INC.	<b>c</b> EIN-PN 37-1415260-001

**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	TRINITY DESIGN BUILD, INC. 401(K) PLAN	
<b>b</b> Name of plan sponsor	TRINITY DESIGN BUILD, INC.	<b>c</b> EIN-PN 74-3111479-001
<b>a</b> Plan name	ZYNERGIA HR 401(K) PLAN	
<b>b</b> Name of plan sponsor	SYNERGY HR LLC	<b>c</b> EIN-PN 81-3943870-002
<b>a</b> Plan name	ANTEZANA & ANTEZANA LLC PROFIT SHARING PLAN	
<b>b</b> Name of plan sponsor	ANTEZANA & ANTEZANA LLC	<b>c</b> EIN-PN 52-2318393-001
<b>a</b> Plan name	APERION CARE 401(K) & PROFIT SHARING PLAN	
<b>b</b> Name of plan sponsor	APERION CARE, INC.	<b>c</b> EIN-PN 46-5646073-002
<b>a</b> Plan name	BROADWAY SMILES 401(K) PLAN	
<b>b</b> Name of plan sponsor	BROADWAY SMILES	<b>c</b> EIN-PN 84-1525882-777
<b>a</b> Plan name	CORE SOLUTIONS LLC 401(K) PLAN	
<b>b</b> Name of plan sponsor	CORE SOLUTIONS LLC	<b>c</b> EIN-PN 72-1401158-001
<b>a</b> Plan name	INNOVATIVE PAYROLL PROCESSING, INC. 401(K) PLAN	
<b>b</b> Name of plan sponsor	INNOVATIVE PAYROLL PROCESSING, INC.	<b>c</b> EIN-PN 20-3907861-001
<b>a</b> Plan name	INNOVATIVE WATER CONSULTANTS PROFIT SHARING AND 401(K) PLAN	
<b>b</b> Name of plan sponsor	INNOVATIVE WATER CONSULTANTS	<b>c</b> EIN-PN 81-4303138-001
<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>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>CLEARBRIDGE SMALL CAP GROWTH</b>	<b>B</b> Three-digit plan number (PN) ▶ <b>990</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>DFE RETURNS</b>	<b>D</b> Employer Identification Number (EIN) <b>36-6071399</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>Assets</b>			
<b>a</b> Total noninterest-bearing cash .....	<b>1a</b>		
<b>b</b> Receivables (less allowance for doubtful accounts):			
<b>(1)</b> Employer contributions .....	<b>1b(1)</b>		
<b>(2)</b> Participant contributions .....	<b>1b(2)</b>		
<b>(3)</b> Other .....	<b>1b(3)</b>		
<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>		
<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>	12747166	10922103
<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>		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)		
(2) Employer real property.....	1d(2)		
e Buildings and other property used in plan operation.....	1e		
f Total assets (add all amounts in lines 1a through 1e).....	1f	12747166	10922103
<b>Liabilities</b>			
g Benefit claims payable.....	1g		
h Operating payables.....	1h		
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j		
k Total liabilities (add all amounts in lines 1g through 1j).....	1k		
<b>Net Assets</b>			
l Net assets (subtract line 1k from line 1f).....	1l	12747166	10922103

**Part II Income and Expense Statement**

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

Income		(a) Amount	(b) Total
<b>a Contributions:</b>			
(1) Received or receivable in cash from: (A) Employers.....	2a(1)(A)		
(B) Participants.....	2a(1)(B)		
(C) Others (including rollovers).....	2a(1)(C)		
(2) Noncash contributions.....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A), (B), (C), and line 2a(2).....	2a(3)		
<b>b Earnings on investments:</b>			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)		
(B) U.S. Government securities.....	2b(1)(B)		
(C) Corporate debt instruments.....	2b(1)(C)		
(D) Loans (other than to participants).....	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)		
(F) Other.....	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F).....	2b(1)(G)		
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)		
(B) Common stock.....	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)		
(D) Total dividends. Add lines 2b(2)(A), (B), and (C).....	2b(2)(D)		
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)		
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)	731860	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B).....	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts .....	<b>2b(6)</b>		
(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>		731860

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

**Net Income and Reconciliation**

<b>k</b> Net income (loss). Subtract line <b>2j</b> from line <b>2d</b> .....	<b>2k</b>		731860
<b>l</b> Transfers of assets:			
(1) To this plan.....	<b>2l(1)</b>		2542387
(2) From this plan .....	<b>2l(2)</b>		5099310

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