

Form 5500

Department of the Treasury  
Internal Revenue Service

Department of Labor  
Employee Benefits Security  
Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210-0110  
1210-0089

2024

This Form is Open to Public Inspection

Part I Annual Report Identification Information

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

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

1a Name of plan PRUDENTIAL DAY ONE INCOMEFLEX TARGET BALANCED FUND
1b Three-digit plan number (PN) 697
1c Effective date of plan
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) EMPOWER ANNUITY INSURANCE COMPANY
8525 E. ORCHARD RD., 9T3 GREENWOOD VILLAGE, CO 80111 280 TRUMBULL ST. HARTFORD, CT 06103
2b Employer Identification Number (EIN) 06-1050034
2c Plan Sponsor's telephone number 800-338-4015
2d Business code (see instructions)

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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<b>SCHEDULE D</b> <b>(Form 5500)</b>  Department of the Treasury Internal Revenue Service  Department of Labor Employee Benefits Security Administration	<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>	OMB No. 1210-0110  <hr/> <b>2024</b>  <hr/> <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>PRUDENTIAL DAY ONE INCOME FLEX TARGET BALANCED FUND</u>	<b>B</b> Three-digit plan number (PN) ▶	<u>697</u>
<b>C</b> Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>EMPOWER ANNUITY INSURANCE COMPANY</u>	<b>D</b> Employer Identification Number (EIN) <u>06-1050034</u>	

<b>Part I</b>	<b>Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)</b> (Complete as many entries as needed to report all interests in DFEs)
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<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>PGIM TIPS ENHANCED INDEX FUND</u>				
<b>b</b> Name of sponsor of entity listed in (a): <u>EMPOWER ANNUITY INSURANCE COMPANY</u>				
<b>c</b> EIN-PN <u>06-1050034-675</u>	<b>d</b> Entity code <u>P</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	<u>0</u>	
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>DRYDEN EMERGING MARKETS FUND SAEMG</u>				
<b>b</b> Name of sponsor of entity listed in (a): <u>EMPOWER ANNUITY INSURANCE COMPANY</u>				
<b>c</b> EIN-PN <u>06-1050034-030</u>	<b>d</b> Entity code <u>P</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	<u>0</u>	
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>JENNISON SMALL CAP CORE EQUITY SB3</u>				
<b>b</b> Name of sponsor of entity listed in (a): <u>EMPOWER ANNUITY INSURANCE COMPANY</u>				
<b>c</b> EIN-PN <u>06-1050034-718</u>	<b>d</b> Entity code <u>P</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	<u>0</u>	
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>PGIM QUANT MID CAP CORE EQUITY FUND</u>				
<b>b</b> Name of sponsor of entity listed in (a): <u>EMPOWER ANNUITY INSURANCE COMPANY</u>				
<b>c</b> EIN-PN <u>06-1050034-538</u>	<b>d</b> Entity code <u>P</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	<u>0</u>	
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>PGIM QUANT SOL COMM STR FD</u>				
<b>b</b> Name of sponsor of entity listed in (a): <u>EMPOWER ANNUITY INSURANCE COMPANY</u>				
<b>c</b> EIN-PN <u>06-1050034-777</u>	<b>d</b> Entity code <u>P</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	<u>0</u>	
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>PRUDENTIAL SHORTTERM BOND FUND</u>				
<b>b</b> Name of sponsor of entity listed in (a): <u>EMPOWER ANNUITY INSURANCE COMPANY</u>				
<b>c</b> EIN-PN <u>06-1050034-041</u>	<b>d</b> Entity code <u>P</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	<u>0</u>	
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>PRUDENTIAL RETIREMENT REAL ESTATE</u>				
<b>b</b> Name of sponsor of entity listed in (a): <u>EMPOWER ANNUITY INSURANCE COMPANY</u>				
<b>c</b> EIN-PN <u>06-1050034-001</u>	<b>d</b> Entity code <u>P</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	<u>0</u>	

**a** Name of MTIA, CCT, PSA, or 103-12 IE: CORE BOND ENHANCED INDEX PGIM FUND

**b** Name of sponsor of entity listed in (a): EMPOWER ANNUITY INSURANCE COMPANY

<b>c</b> EIN-PN 06-1050034-036	<b>d</b> Entity code P	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	0
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**a** Name of MTIA, CCT, PSA, or 103-12 IE: PGIM QUANT INTL DEVELOPED INDEX FND

**b** Name of sponsor of entity listed in (a): EMPOWER ANNUITY INSURANCE COMPANY

<b>c</b> EIN-PN 06-1050034-791	<b>d</b> Entity code P	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	0
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**a** Name of MTIA, CCT, PSA, or 103-12 IE: PGIM QUANT SOL US BRD MKT IDX

**b** Name of sponsor of entity listed in (a): EMPOWER ANNUITY INSURANCE COMPANY

<b>c</b> EIN-PN 06-1050034-671	<b>d</b> Entity code P	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	0
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**a** Name of MTIA, CCT, PSA, or 103-12 IE: PRU TOTAL RETURN BOND ISP

**b** Name of sponsor of entity listed in (a): EMPOWER ANNUITY INSURANCE COMPANY

<b>c</b> EIN-PN 06-1050034-814	<b>d</b> Entity code P	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	0
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**a** Name of MTIA, CCT, PSA, or 103-12 IE: PGIM TIPS ENHANCED INDEX FUND

**b** Name of sponsor of entity listed in (a): EMPOWER ANNUITY INSURANCE COMPANY

<b>c</b> EIN-PN 06-1050034-675	<b>d</b> Entity code P	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	0
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**a** Name of MTIA, CCT, PSA, or 103-12 IE: PGIM QUANT LARGE CAP CORE EQ FUND

**b** Name of sponsor of entity listed in (a): EMPOWER ANNUITY INSURANCE COMPANY

<b>c</b> EIN-PN 06-1050034-536	<b>d</b> Entity code P	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	0
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**a** Name of MTIA, CCT, PSA, or 103-12 IE:

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

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

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

**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)	
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<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	GAUSMAN AND MOORE ASSOC. PROF SH AR PL	
<b>b</b>	Name of plan sponsor	GAUSMAN AND MOORE ASSOC. PROF SH AR PL	<b>c</b> EIN-PN 41-0761165-001
<b>a</b>	Plan name	WOOD RODGERS 401K PLAN	
<b>b</b>	Name of plan sponsor	WOOD RODGERS 401K PLAN	<b>c</b> EIN-PN 91-1762478-001
<b>a</b>	Plan name	SANDME INC. PERSONAL RET. OPTION PLAN	
<b>b</b>	Name of plan sponsor	SANDME INC. PERSONAL RET. OPTION PLAN	<b>c</b> EIN-PN 56-0791580-001
<b>a</b>	Plan name	VODAFONE US RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	VODAFONE US RETIREMENT PLAN	<b>c</b> EIN-PN 98-0510742-001
<b>a</b>	Plan name	THE 401(K) PLAN	
<b>b</b>	Name of plan sponsor	THE 401(K) PLAN	<b>c</b> EIN-PN 36-1236610-001
<b>a</b>	Plan name	CARROLS CORPORATION	
<b>b</b>	Name of plan sponsor	CARROLS CORPORATION	<b>c</b> EIN-PN 16-0958146-001
<b>a</b>	Plan name	FUJIFILM DIOSYNTH BIOTECHNOLOGIES PLAN	
<b>b</b>	Name of plan sponsor	FUJIFILM DIOSYNTH BIOTECHNOLOGIES PLAN	<b>c</b> EIN-PN 45-1177477-001
<b>a</b>	Plan name	FUJIFILM WAKO CHEMICALS USA CORP EMPLOYEE SAVINGS AND INVEST PLAN	
<b>b</b>	Name of plan sponsor	FUJIFILM WAKO CHEMICALS USA CORP EMPLOYEE SAVINGS AND INVEST PLAN	<b>c</b> EIN-PN 45-5385256-001
<b>a</b>	Plan name	FUJIFILM LONG TERM SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	FUJIFILM LONG TERM SAVINGS PLAN	<b>c</b> EIN-PN 13-2550352-001
<b>a</b>	Plan name	SO MARYLAND ELECTRIC COOP INC	
<b>b</b>	Name of plan sponsor	SO MARYLAND ELECTRIC COOP INC	<b>c</b> EIN-PN 52-0492367-001
<b>a</b>	Plan name	SO MARYLAND ELECTRIC COOP INC 02	
<b>b</b>	Name of plan sponsor	SO MARYLAND ELECTRIC COOP INC 02	<b>c</b> EIN-PN 52-0492367-001
<b>a</b>	Plan name	MANNINGTON 401(K) RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	MANNINGTON 401(K) RETIREMENT SAVINGS PLAN	<b>c</b> EIN-PN 21-0506420-001

<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	NITTO 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	NITTO 401(K) RETIREMENT PLAN	<b>c</b> EIN-PN 13-2623346-001
<b>a</b>	Plan name	MENASHA CORP 401(K) RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	MENASHA CORP 401(K) RETIREMENT SAVINGS PLAN	<b>c</b> EIN-PN 39-1367484-001
<b>a</b>	Plan name	MENASHA CORP 401(K) RETIREMENT SAVINGS PLAN FOR UNION EMPLOYEES	
<b>b</b>	Name of plan sponsor	MENASHA CORP 401(K) RETIREMENT SAVINGS PLAN FOR UNION EMPLOYEES	<b>c</b> EIN-PN 39-1367484-001
<b>a</b>	Plan name	VSP VENTURES OPTOMETRIC SOLUTIONS 401(K) PLAN	
<b>b</b>	Name of plan sponsor	VSP VENTURES OPTOMETRIC SOLUTIONS 401(K) PLAN	<b>c</b> EIN-PN 84-2383097-001
<b>a</b>	Plan name	VSP RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	VSP RETIREMENT PLAN	<b>c</b> EIN-PN 94-1632821-001
<b>a</b>	Plan name	VISIONWORKS OF AMERICA, INC. 401(K) SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	VISIONWORKS OF AMERICA, INC. 401(K) SAVINGS PLAN	<b>c</b> EIN-PN 74-2337775-001
<b>a</b>	Plan name	TOLL BROTHERS 401(K) SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	TOLL BROTHERS 401(K) SAVINGS PLAN	<b>c</b> EIN-PN 23-2417123-001
<b>a</b>	Plan name	TOLL MANUFACTURING	
<b>b</b>	Name of plan sponsor	TOLL MANUFACTURING	<b>c</b> EIN-PN 23-2417123-001
<b>a</b>	Plan name	SUNSWEET GROWERS INC, 401(K) PLAN	
<b>b</b>	Name of plan sponsor	SUNSWEET GROWERS INC, 401(K) PLAN	<b>c</b> EIN-PN 94-0360795-001
<b>a</b>	Plan name	SUNSWEET GROWERS INC. UNION EMPLOYEES 401(K) PLAN	
<b>b</b>	Name of plan sponsor	SUNSWEET GROWERS INC. UNION EMPLOYEES 401(K) PLAN	<b>c</b> EIN-PN 94-0360795-001
<b>a</b>	Plan name	DYNO NOBEL INC. AND SUBSIDIARIES TAXFAVORED RETIREMENT SVGS PLAN	
<b>b</b>	Name of plan sponsor	DYNO NOBEL INC. AND SUBSIDIARIES TAXFAVORED RETIREMENT SVGS PLAN	<b>c</b> EIN-PN 87-0409179-001
<b>a</b>	Plan name	DYNO NOBEL INC. EMPLOYEE SAVINGS AND INVESTMENT PLAN	
<b>b</b>	Name of plan sponsor	DYNO NOBEL INC. EMPLOYEE SAVINGS AND INVESTMENT PLAN	<b>c</b> EIN-PN 87-0409179-001

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)		
<b>a</b>	Plan name <a href="#">DYNO NOBEL INC. EMPLOYEE SAVINGS AND INVESTMENT PLAN 03</a>	
<b>b</b>	Name of plan sponsor <a href="#">DYNO NOBEL INC. EMPLOYEE SAVINGS AND INVESTMENT PLAN 03</a>	<b>c</b> EIN-PN <a href="#">87-0409179-001</a>
<b>a</b>	Plan name <a href="#">CRESCENT CROWN</a>	
<b>b</b>	Name of plan sponsor <a href="#">CRESCENT CROWN</a>	<b>c</b> EIN-PN <a href="#">72-1491835-001</a>
<b>a</b>	Plan name <a href="#">KANEKA 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">KANEKA 401(K) PLAN</a>	<b>c</b> EIN-PN <a href="#">45-4567068-001</a>
<b>a</b>	Plan name <a href="#">JACK HENRY AND ASSOCIATES, INC. 401(K) RETIREMENT SAVINGS PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">JACK HENRY AND ASSOCIATES, INC. 401(K) RETIREMENT SAVINGS PLAN</a>	<b>c</b> EIN-PN <a href="#">43-1128385-001</a>
<b>a</b>	Plan name <a href="#">JKUSA 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">JKUSA 401(K) PLAN</a>	<b>c</b> EIN-PN <a href="#">95-2948901-001</a>
<b>a</b>	Plan name <a href="#">FAURECIA USA HOLDINGS, INC UNION RETIREMENT SAVINGS PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">FAURECIA USA HOLDINGS, INC UNION RETIREMENT SAVINGS PLAN</a>	<b>c</b> EIN-PN <a href="#">06-1566311-001</a>
<b>a</b>	Plan name <a href="#">FAURECIA USA HOLDINGS, INC. RETIREMENT SAVINGS PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">FAURECIA USA HOLDINGS, INC. RETIREMENT SAVINGS PLAN</a>	<b>c</b> EIN-PN <a href="#">06-1566311-001</a>
<b>a</b>	Plan name <a href="#">DS SMITH NORTH AMERICA 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">DS SMITH NORTH AMERICA 401(K) PLAN</a>	<b>c</b> EIN-PN <a href="#">31-1042663-001</a>
<b>a</b>	Plan name <a href="#">MSX INTERNATIONAL 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">MSX INTERNATIONAL 401(K) PLAN</a>	<b>c</b> EIN-PN <a href="#">82-3432947-001</a>
<b>a</b>	Plan name <a href="#">COMFORT SYSTEMS USA, INC. 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">COMFORT SYSTEMS USA, INC. 401(K) PLAN</a>	<b>c</b> EIN-PN <a href="#">76-0526487-001</a>
<b>a</b>	Plan name <a href="#">MEDICAL ASSOCIATES CLINIC, P.C. 401(K) PROFIT SHARING PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">MEDICAL ASSOCIATES CLINIC, P.C. 401(K) PROFIT SHARING PLAN</a>	<b>c</b> EIN-PN <a href="#">42-1115442-001</a>
<b>a</b>	Plan name <a href="#">NORTHERN STAR (POGO) LLC 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">NORTHERN STAR (POGO) LLC 401(K) PLAN</a>	<b>c</b> EIN-PN <a href="#">92-0173618-001</a>

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	STATER BROS. MARKETS 401K	
<b>b</b>	Name of plan sponsor	STATER BROS. MARKETS 401K	<b>c</b> EIN-PN 95-2586175-001
<b>a</b>	Plan name	LISI COMPANIES 401(K) PLAN	
<b>b</b>	Name of plan sponsor	LISI COMPANIES 401(K) PLAN	<b>c</b> EIN-PN 82-3162973-001
<b>a</b>	Plan name	FRANKENMUTH INSURANCE 401(K) SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	FRANKENMUTH INSURANCE 401(K) SAVINGS PLAN	<b>c</b> EIN-PN 38-0555290-001
<b>a</b>	Plan name	OSI SYSTEMS, INC. 401(K) SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	OSI SYSTEMS, INC. 401(K) SAVINGS PLAN	<b>c</b> EIN-PN 33-0238801-001
<b>a</b>	Plan name	STIFEL FINANCIAL PROFIT SHARING 401(K) PLAN	
<b>b</b>	Name of plan sponsor	STIFEL FINANCIAL PROFIT SHARING 401(K) PLAN	<b>c</b> EIN-PN 43-1273600-001
<b>a</b>	Plan name	DAWN FOODS RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	DAWN FOODS RETIREMENT SAVINGS PLAN	<b>c</b> EIN-PN 38-0467200-001
<b>a</b>	Plan name	DAWN FOODS UNION RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	DAWN FOODS UNION RETIREMENT SAVINGS PLAN	<b>c</b> EIN-PN 38-0467200-001
<b>a</b>	Plan name	RAMBOLL US RETIREMENT AND SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	RAMBOLL US RETIREMENT AND SAVINGS PLAN	<b>c</b> EIN-PN 16-1284512-001
<b>a</b>	Plan name	KONICA MINOLTA 401(K) PLAN	
<b>b</b>	Name of plan sponsor	KONICA MINOLTA 401(K) PLAN	<b>c</b> EIN-PN 13-1921089-001
<b>a</b>	Plan name	AMADEUS NORTH AMERICA, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	AMADEUS NORTH AMERICA, INC. 401(K) PLAN	<b>c</b> EIN-PN 76-0544614-001
<b>a</b>	Plan name	LOZIER CORPORATION 401(K) SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	LOZIER CORPORATION 401(K) SAVINGS PLAN	<b>c</b> EIN-PN 47-0463247-001
<b>a</b>	Plan name	ACTIVE INTERNATIONAL 401(K) SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	ACTIVE INTERNATIONAL 401(K) SAVINGS PLAN	<b>c</b> EIN-PN 13-3242591-001

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 TEICHERT, INC. RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor TEICHERT, INC. RETIREMENT SAVINGS PLAN	<b>c</b> EIN-PN 94-0919260-001
<b>a</b>	Plan name COLAS INC. AND SUBSIDIARIES 401(K) SAVINGS PLAN	
<b>b</b>	Name of plan sponsor COLAS INC. AND SUBSIDIARIES 401(K) SAVINGS PLAN	<b>c</b> EIN-PN 22-2979907-001
<b>a</b>	Plan name GEODIS USA RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor GEODIS USA RETIREMENT PLAN	<b>c</b> EIN-PN 62-1628798-001
<b>a</b>	Plan name ASSOCIATION AMERICAN RAILROADS	
<b>b</b>	Name of plan sponsor ASSOCIATION AMERICAN RAILROADS	<b>c</b> EIN-PN 53-6000125-001
<b>a</b>	Plan name STILLWATER MINING COMPANY BARGAINING UNIT 401(K) PLAN	
<b>b</b>	Name of plan sponsor STILLWATER MINING COMPANY BARGAINING UNIT 401(K) PLAN	<b>c</b> EIN-PN 81-0480654-001
<b>a</b>	Plan name STILLWATER MINING COMPANY 401(K) PLAN	
<b>b</b>	Name of plan sponsor STILLWATER MINING COMPANY 401(K) PLAN	<b>c</b> EIN-PN 81-0480654-001
<b>a</b>	Plan name HUNTER ENGINEERING COMPANY 401(K) SAVINGS PLAN	
<b>b</b>	Name of plan sponsor HUNTER ENGINEERING COMPANY 401(K) SAVINGS PLAN	<b>c</b> EIN-PN 43-0636684-001
<b>a</b>	Plan name GLOBALFOUNDRIES U.S. INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor GLOBALFOUNDRIES U.S. INC. 401(K) PLAN	<b>c</b> EIN-PN 26-3122131-001
<b>a</b>	Plan name JONESTRADING INSTITUTIONAL SERVICES LLC 401	
<b>b</b>	Name of plan sponsor JONESTRADING INSTITUTIONAL SERVICES LLC 401	<b>c</b> EIN-PN 51-0484896-001
<b>a</b>	Plan name AIR FRANCE 401K PLAN	
<b>b</b>	Name of plan sponsor AIR FRANCE 401K PLAN	<b>c</b> EIN-PN 13-1595913-001
<b>a</b>	Plan name SMR AUTOMOTIVE SYSTEMS USA, INC. EMPLOYEES 401(K) PLAN	
<b>b</b>	Name of plan sponsor SMR AUTOMOTIVE SYSTEMS USA, INC. EMPLOYEES 401(K) PLAN	<b>c</b> EIN-PN 38-2898513-001
<b>a</b>	Plan name JENNISON ASSOCIATES SAVINGS PLAN	
<b>b</b>	Name of plan sponsor JENNISON ASSOCIATES SAVINGS PLAN	<b>c</b> EIN-PN 52-2069785-001

<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	AFSCME	
<b>b</b>	Name of plan sponsor	AFSCME	<b>c</b> EIN-PN 53-0237789-001
<b>a</b>	Plan name	PENN COLOR, INC. INCENTIVE SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	PENN COLOR, INC. INCENTIVE SAVINGS PLAN	<b>c</b> EIN-PN 22-1661347-001
<b>a</b>	Plan name	SCHWEBEL BAKING COMPANY 401(K)	
<b>b</b>	Name of plan sponsor	SCHWEBEL BAKING COMPANY 401(K)	<b>c</b> EIN-PN 34-0516340-001
<b>a</b>	Plan name	THE PETERSON COMPANIES	
<b>b</b>	Name of plan sponsor	THE PETERSON COMPANIES	<b>c</b> EIN-PN 54-1160244-001
<b>a</b>	Plan name	UNITED REFRIGERATION INC	
<b>b</b>	Name of plan sponsor	UNITED REFRIGERATION INC	<b>c</b> EIN-PN 23-1307731-001
<b>a</b>	Plan name	LIBERTY DIVERSIFIED INT'L, INC. RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	LIBERTY DIVERSIFIED INTL, INC. RETIREMENT PLAN	<b>c</b> EIN-PN 41-0989362-001
<b>a</b>	Plan name	ELMHURST CLINIC	
<b>b</b>	Name of plan sponsor	ELMHURST CLINIC	<b>c</b> EIN-PN 36-4266808-001
<b>a</b>	Plan name	MUNTERS CORPORATION	
<b>b</b>	Name of plan sponsor	MUNTERS CORPORATION	<b>c</b> EIN-PN 84-0830599-001
<b>a</b>	Plan name	PRECISION RESOURCE 401(K) RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	PRECISION RESOURCE 401(K) RETIREMENT SAVINGS PLAN	<b>c</b> EIN-PN 06-0855976-001
<b>a</b>	Plan name	ISMIE MUTUAL INSURANCE COMPANY 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ISMIE MUTUAL INSURANCE COMPANY 401(K) PLAN	<b>c</b> EIN-PN 36-2883612-001
<b>a</b>	Plan name	AVON PROTECTION AND TEAM WENDY RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	AVON PROTECTION AND TEAM WENDY RETIREMENT PLAN	<b>c</b> EIN-PN 36-3366161-001
<b>a</b>	Plan name	MITSUBISHI INTERNATIONAL CORP	
<b>b</b>	Name of plan sponsor	MITSUBISHI INTERNATIONAL CORP	<b>c</b> EIN-PN 13-5630301-001

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 SWISSPORT NORTH AMERICA HOLDINGS , INC. 401K SAVINGS AND RETIREMENT	
<b>b</b>	Name of plan sponsor SWISSPORT NORTH AMERICA HOLDINGS , INC. 401K SAVINGS AND RETIREMENT	<b>c</b> EIN-PN 27-4181087-001
<b>a</b>	Plan name BENCHMARK ELECTRONICS, INC. 401(K) EMPLOYEE SAVINGS PLAN	
<b>b</b>	Name of plan sponsor BENCHMARK ELECTRONICS, INC. 401(K) EMPLOYEE SAVINGS PLAN	<b>c</b> EIN-PN 74-2211011-001
<b>a</b>	Plan name AMERICAN DENTAL ASSOCIATION EMPLOYEES SAVINGS AND THRIFT PLAN	
<b>b</b>	Name of plan sponsor AMERICAN DENTAL ASSOCIATION EMPLOYEES SAVINGS AND THRIFT PLAN	<b>c</b> EIN-PN 36-0724690-001
<b>a</b>	Plan name BRACCO DIAGNOSTICS INC.	
<b>b</b>	Name of plan sponsor BRACCO DIAGNOSTICS INC.	<b>c</b> EIN-PN 22-3303691-001
<b>a</b>	Plan name AMDOCS, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor AMDOCS, INC. 401(K) PLAN	<b>c</b> EIN-PN 43-1339487-001
<b>a</b>	Plan name AMDOCS AITS 401(K) PLAN	
<b>b</b>	Name of plan sponsor AMDOCS AITS 401(K) PLAN	<b>c</b> EIN-PN 43-1339487-001
<b>a</b>	Plan name HEALTHCARE ASS'N/CALIFORNIA	
<b>b</b>	Name of plan sponsor HEALTHCARE ASSN/CALIFORNIA	<b>c</b> EIN-PN 94-1205908-001
<b>a</b>	Plan name ARENTFOX SCHIFF 401(K) PLAN	
<b>b</b>	Name of plan sponsor ARENTFOX SCHIFF 401(K) PLAN	<b>c</b> EIN-PN 53-0214923-001
<b>a</b>	Plan name ARENTFOX SCHIFF PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor ARENTFOX SCHIFF PROFIT SHARING PLAN	<b>c</b> EIN-PN 53-0214923-001
<b>a</b>	Plan name ATLANTIC UNION BANKSHARES CORPORATION 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor ATLANTIC UNION BANKSHARES CORPORATION 401(K) PROFIT SHARING PLAN	<b>c</b> EIN-PN 54-1598552-001
<b>a</b>	Plan name VICOR CORPORATION	
<b>b</b>	Name of plan sponsor VICOR CORPORATION	<b>c</b> EIN-PN 04-2742817-001
<b>a</b>	Plan name RETIREMENT PLAN FOR EMPLOYEES OF MOLNLYCKE HEALTH CARE US, LLC	
<b>b</b>	Name of plan sponsor RETIREMENT PLAN FOR EMPLOYEES OF MOLNLYCKE HEALTH CARE US, LLC	<b>c</b> EIN-PN 54-2153401-001

<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	WYOMING MACHINERY COMPANY
<b>b</b>	Name of plan sponsor	WYOMING MACHINERY COMPANY
<b>c</b>	EIN-PN	87-0217645-001
<b>a</b>	Plan name	AMALGAMATED SUGAR COMPANY SALARIED 401(K) PLAN
<b>b</b>	Name of plan sponsor	AMALGAMATED SUGAR COMPANY SALARIED 401(K) PLAN
<b>c</b>	EIN-PN	87-0568755-001
<b>a</b>	Plan name	AMALGAMATED SUGAR COMPANY HOURLY 401(K) PLAN
<b>b</b>	Name of plan sponsor	AMALGAMATED SUGAR COMPANY HOURLY 401(K) PLAN
<b>c</b>	EIN-PN	87-0568755-001
<b>a</b>	Plan name	NSM 401(K) PLAN
<b>b</b>	Name of plan sponsor	NSM 401(K) PLAN
<b>c</b>	EIN-PN	45-2517774-001
<b>a</b>	Plan name	REVERE HEALTH 401(K) PROFIT SHARING PLAN
<b>b</b>	Name of plan sponsor	REVERE HEALTH 401(K) PROFIT SHARING PLAN
<b>c</b>	EIN-PN	87-0281028-001
<b>a</b>	Plan name	NTN RETIREMENT SAVINGS PLAN
<b>b</b>	Name of plan sponsor	NTN RETIREMENT SAVINGS PLAN
<b>c</b>	EIN-PN	36-3726692-001
<b>a</b>	Plan name	NTK/NTA PRECISION AXLE CORPORATIONS RETIREMENT SVGS PLN
<b>b</b>	Name of plan sponsor	NTK/NTA PRECISION AXLE CORPORATIONS RETIREMENT SVGS PLN
<b>c</b>	EIN-PN	27-4096665-001
<b>a</b>	Plan name	REED COMPANIES PROFIT SHARING PLAN AND TRUST
<b>b</b>	Name of plan sponsor	REED COMPANIES PROFIT SHARING PLAN AND TRUST
<b>c</b>	EIN-PN	74-1899182-001
<b>a</b>	Plan name	RUSH COPLEY MEDICAL CENTER EMPLOYEES' SAVINGS PLAN
<b>b</b>	Name of plan sponsor	RUSH COPLEY MEDICAL CENTER EMPLOYEES SAVINGS PLAN
<b>c</b>	EIN-PN	36-3193787-001
<b>a</b>	Plan name	MAROTTA CONTROLS, INC. EMPLOYEES 401(K) PLAN
<b>b</b>	Name of plan sponsor	MAROTTA CONTROLS, INC. EMPLOYEES 401(K) PLAN
<b>c</b>	EIN-PN	22-1528122-001
<b>a</b>	Plan name	AGRI BEEF CO. 401(K) PROFIT SHARING PLAN
<b>b</b>	Name of plan sponsor	AGRI BEEF CO. 401(K) PROFIT SHARING PLAN
<b>c</b>	EIN-PN	82-0314694-001
<b>a</b>	Plan name	THE UNITED DISTRIBUTION GROUP 401(K) PLAN
<b>b</b>	Name of plan sponsor	THE UNITED DISTRIBUTION GROUP 401(K) PLAN
<b>c</b>	EIN-PN	20-4686712-001

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 JTEKT NORTH AMERICA 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor JTEKT NORTH AMERICA 401(K) RETIREMENT PLAN	<b>c</b> EIN-PN 57-0570962-001
<b>a</b>	Plan name AJINOMOTO HEALTH AND NUTRITION NORTH AMERICA INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor AJINOMOTO HEALTH AND NUTRITION NORTH AMERICA INC. 401(K) PLAN	<b>c</b> EIN-PN 47-2979265-001
<b>a</b>	Plan name SAFT AMERICA INC. SAVINGS AND RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor SAFT AMERICA INC. SAVINGS AND RETIREMENT PLAN	<b>c</b> EIN-PN 58-2209171-001
<b>a</b>	Plan name CAMPBELL COMPANIES 401(K) PROFIT SHARING PLAN AND TRUST	
<b>b</b>	Name of plan sponsor CAMPBELL COMPANIES 401(K) PROFIT SHARING PLAN AND TRUST	<b>c</b> EIN-PN 84-3055712-001
<b>a</b>	Plan name CAMPBELL COMPANIES BARGAINING UNIT 401(K) PLAN	
<b>b</b>	Name of plan sponsor CAMPBELL COMPANIES BARGAINING UNIT 401(K) PLAN	<b>c</b> EIN-PN 84-3055712-001
<b>a</b>	Plan name THE HERB CHAMBERS COMPANIES SECTION 401(K) PLAN	
<b>b</b>	Name of plan sponsor THE HERB CHAMBERS COMPANIES SECTION 401(K) PLAN	<b>c</b> EIN-PN 06-1169004-001
<b>a</b>	Plan name TGSNOPEC GEOPHYSICAL COMPANY 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor TGSNOPEC GEOPHYSICAL COMPANY 401(K) PROFIT SHARING PLAN	<b>c</b> EIN-PN 76-0170405-001
<b>a</b>	Plan name PHYSICIANS' CLINIC OF IOWA, P.C. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor PHYSICIANS CLINIC OF IOWA, P.C. 401(K) PROFIT SHARING PLAN	<b>c</b> EIN-PN 42-1462899-001
<b>a</b>	Plan name ORGILL, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor ORGILL, INC. 401(K) PLAN	<b>c</b> EIN-PN 62-0314720-001
<b>a</b>	Plan name WORD AND BROWN 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor WORD AND BROWN 401(K) RETIREMENT PLAN	<b>c</b> EIN-PN 95-3161239-001
<b>a</b>	Plan name MHI GROUP 401(K) PLAN	
<b>b</b>	Name of plan sponsor MHI GROUP 401(K) PLAN	<b>c</b> EIN-PN 36-3031033-001
<b>a</b>	Plan name RICOH ELECTRONICS,INC.EMPLOYEES' SAVINGS AND RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor RICOH ELECTRONICS,INC.EMPLOYEES SAVINGS AND RETIREMENT PLAN	<b>c</b> EIN-PN 95-2816466-001

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 NEIGHBORWORKS AMERICA RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor NEIGHBORWORKS AMERICA RETIREMENT PLAN	<b>c</b> EIN-PN 52-1148078-001
<b>a</b>	Plan name SUMCO PHOENIX CORPORATION SAVINGS AND RETIREMENT PLAN.	
<b>b</b>	Name of plan sponsor SUMCO PHOENIX CORPORATION SAVINGS AND RETIREMENT PLAN.	<b>c</b> EIN-PN 22-3014284-001
<b>a</b>	Plan name AMADA NORTH AMERICA GROUP PROFIT SHARING AND 401(K) SAVING	
<b>b</b>	Name of plan sponsor AMADA NORTH AMERICA GROUP PROFIT SHARING AND 401(K) SAVING	<b>c</b> EIN-PN 91-0862945-001
<b>a</b>	Plan name ANRITSU COMPANY SALARY DEFERRAL PLAN	
<b>b</b>	Name of plan sponsor ANRITSU COMPANY SALARY DEFERRAL PLAN	<b>c</b> EIN-PN 94-1481926-001
<b>a</b>	Plan name GALPIN MOTORS, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor GALPIN MOTORS, INC. 401(K) PROFIT SHARING PLAN	<b>c</b> EIN-PN 95-1472486-001
<b>a</b>	Plan name PROFIT SHARING PLAN OF CADES SCHUTTE (003)	
<b>b</b>	Name of plan sponsor PROFIT SHARING PLAN OF CADES SCHUTTE (003)	<b>c</b> EIN-PN 99-0055190-001
<b>a</b>	Plan name ZONES, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor ZONES, LLC 401(K) PLAN	<b>c</b> EIN-PN 91-1431894-001
<b>a</b>	Plan name WRIGHT BEVERAGE DISTRIBUTING 401(K) PLAN TRUST	
<b>b</b>	Name of plan sponsor WRIGHT BEVERAGE DISTRIBUTING 401(K) PLAN TRUST	<b>c</b> EIN-PN 16-0775330-001
<b>a</b>	Plan name HENDERSON COMPANIES, INC. 401(K) PLAN AND TRUST	
<b>b</b>	Name of plan sponsor HENDERSON COMPANIES, INC. 401(K) PLAN AND TRUST	<b>c</b> EIN-PN 87-3096160-001
<b>a</b>	Plan name BURR OAK TOOL INC. EMPLOYEES' PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor BURR OAK TOOL INC. EMPLOYEES PROFIT SHARING PLAN	<b>c</b> EIN-PN 38-1218471-001
<b>a</b>	Plan name OVERHEAD DOOR CORPORATION RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor OVERHEAD DOOR CORPORATION RETIREMENT SAVINGS PLAN	<b>c</b> EIN-PN 35-0564120-001
<b>a</b>	Plan name OVERHEAD DOOR CORPORATION RETIREMENT PLANHOURLY EMPLOYEES	
<b>b</b>	Name of plan sponsor OVERHEAD DOOR CORPORATION RETIREMENT PLANHOURLY EMPLOYEES	<b>c</b> EIN-PN 35-0564120-001

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 MITCHELL INTERNATIONAL, INC. 401(K) SAVINGS PLAN	
<b>b</b>	Name of plan sponsor MITCHELL INTERNATIONAL, INC. 401(K) SAVINGS PLAN	<b>c</b> EIN-PN 94-3355101-001
<b>a</b>	Plan name WALDEMAR S. NELSON AND COMPANY INC 401(K) RETIREMENT PLAN AND TRUST	
<b>b</b>	Name of plan sponsor WALDEMAR S. NELSON AND COMPANY INC 401(K) RETIREMENT PLAN AND TRUST	<b>c</b> EIN-PN 72-0488863-001
<b>a</b>	Plan name VOPAK NORTH AMERICA INC, INCENTIVE SAVINGS PLAN	
<b>b</b>	Name of plan sponsor VOPAK NORTH AMERICA INC, INCENTIVE SAVINGS PLAN	<b>c</b> EIN-PN 59-1730241-001
<b>a</b>	Plan name FRESENIUS KABI USA, LLC SAVINGS AND RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor FRESENIUS KABI USA, LLC SAVINGS AND RETIREMENT PLAN	<b>c</b> EIN-PN 30-0431740-001
<b>a</b>	Plan name VSE CORPORATION 401(K) PLAN	
<b>b</b>	Name of plan sponsor VSE CORPORATION 401(K) PLAN	<b>c</b> EIN-PN 54-0649263-001
<b>a</b>	Plan name COLLIERS ENGINEERING AND DESIGN 401K SAVINGS AND RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor COLLIERS ENGINEERING AND DESIGN 401K SAVINGS AND RETIREMENT PLAN	<b>c</b> EIN-PN 22-2651610-001
<b>a</b>	Plan name FIRSTSOURCE 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor FIRSTSOURCE 401(K) RETIREMENT PLAN	<b>c</b> EIN-PN 27-1422188-001
<b>a</b>	Plan name MAPEI CORPORATION 401(K) PLAN	
<b>b</b>	Name of plan sponsor MAPEI CORPORATION 401(K) PLAN	<b>c</b> EIN-PN 36-3369327-001
<b>a</b>	Plan name PLUG POWER INC. SAVINGS AND RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor PLUG POWER INC. SAVINGS AND RETIREMENT PLAN	<b>c</b> EIN-PN 22-3672377-001
<b>a</b>	Plan name CARDWORKS, INC. 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor CARDWORKS, INC. 401(K) RETIREMENT PLAN	<b>c</b> EIN-PN 11-3604755-001
<b>a</b>	Plan name MITAC 401(K) PLAN	
<b>b</b>	Name of plan sponsor MITAC 401(K) PLAN	<b>c</b> EIN-PN 68-0193975-001
<b>a</b>	Plan name METAL COMPANIES 401K PLAN METAL COMPANIES PAYROLL AND INSURANCE GROUP, INC.	
<b>b</b>	Name of plan sponsor METAL COMPANIES 401K PLAN METAL COMPANIES PAYROLL AND INSURANCE GROUP,	<b>c</b> EIN-PN 01-0606601-001

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 METAL COMPANIES 401K PLAN METAL COMPANIES PALISADES HOLDINGS, INC.	
<b>b</b>	Name of plan sponsor METAL COMPANIES 401K PLAN METAL COMPANIES PALISADES HOLDINGS, INC.	<b>c</b> EIN-PN 01-0606601-001
<b>a</b>	Plan name METAL COMPANIES 401K PLAN METAL COMPANIES CINCINNATI THERMAL SPRAY, INC.	
<b>b</b>	Name of plan sponsor METAL COMPANIES 401K PLAN METAL COMPANIES CINCINNATI THERMAL SPRAY, IN	<b>c</b> EIN-PN 01-0606601-001
<b>a</b>	Plan name METAL COMPANIES 401K PLAN METAL COMPANIES POLYMET CORPORATION	
<b>b</b>	Name of plan sponsor METAL COMPANIES 401K PLAN METAL COMPANIES POLYMET CORPORATION	<b>c</b> EIN-PN 01-0606601-001
<b>a</b>	Plan name METAL COMPANIES 401K PLAN METAL COMPANIES ROLLED ALLOYS, INC.	
<b>b</b>	Name of plan sponsor METAL COMPANIES 401K PLAN METAL COMPANIES ROLLED ALLOYS, INC.	<b>c</b> EIN-PN 01-0606601-001
<b>a</b>	Plan name METAL COMPANIES 401K PLAN METAL COMPANIES CMI, INC.	
<b>b</b>	Name of plan sponsor METAL COMPANIES 401K PLAN METAL COMPANIES CMI, INC.	<b>c</b> EIN-PN 01-0606601-001
<b>a</b>	Plan name METAL COMPANIES 401K PLAN METAL COMPANIES DOUBLE EAGLE ALLOYS, INC.	
<b>b</b>	Name of plan sponsor METAL COMPANIES 401K PLAN METAL COMPANIES DOUBLE EAGLE ALLOYS, INC.	<b>c</b> EIN-PN 01-0606601-001
<b>a</b>	Plan name METAL COMPANIES 401K PLAN METAL COMPANIES TEK STAINLESS PIPING PRODUCTS	
<b>b</b>	Name of plan sponsor METAL COMPANIES 401K PLAN METAL COMPANIES TEK STAINLESS PIPING PRODUCT	<b>c</b> EIN-PN 01-0606601-001
<b>a</b>	Plan name METAL COMPANIES 401K PLAN METAL COMPANIES ROLLED METAL PRODUCTS, INC.	
<b>b</b>	Name of plan sponsor METAL COMPANIES 401K PLAN METAL COMPANIES ROLLED METAL PRODUCTS, INC.	<b>c</b> EIN-PN 01-0606601-001
<b>a</b>	Plan name METAL COMPANIES 401K PLAN METAL COMPANIES SUNSHINE METALS, INC	
<b>b</b>	Name of plan sponsor METAL COMPANIES 401K PLAN METAL COMPANIES SUNSHINE METALS, INC	<b>c</b> EIN-PN 01-0606601-001
<b>a</b>	Plan name METAL COMPANIES 401K PLAN METAL COMPANIES PROGRESSIVE ALLOY STEELS	
<b>b</b>	Name of plan sponsor METAL COMPANIES 401K PLAN METAL COMPANIES PROGRESSIVE ALLOY STEELS	<b>c</b> EIN-PN 01-0606601-001
<b>a</b>	Plan name METAL COMPANIES 401K PLAN METAL COMPANIES DENISON INDUSTRIES	
<b>b</b>	Name of plan sponsor METAL COMPANIES 401K PLAN METAL COMPANIES DENISON INDUSTRIES	<b>c</b> EIN-PN 01-0606601-001
<b>a</b>	Plan name METAL COMPANIES 401K PLAN METAL COMPANIES METALWERKS INC.	
<b>b</b>	Name of plan sponsor METAL COMPANIES 401K PLAN METAL COMPANIES METALWERKS INC.	<b>c</b> EIN-PN 01-0606601-001

<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	METAL COMPANIES 401K PLAN METAL COMPANIES PROCESS SUPPLY, INC.	
<b>b</b>	Name of plan sponsor	METAL COMPANIES 401K PLAN METAL COMPANIES PROCESS SUPPLY, INC.	<b>c</b> EIN-PN 01-0606601-001
<b>a</b>	Plan name	METAL COMPANIES 401K PLAN METAL COMPANIES AERO METALS ALLIANCE INC	
<b>b</b>	Name of plan sponsor	METAL COMPANIES 401K PLAN METAL COMPANIES AERO METALS ALLIANCE INC	<b>c</b> EIN-PN 01-0606601-001
<b>a</b>	Plan name	METAL COMPANIES 401K PLAN METAL COMPANIES PEAK MACHINING GROUP INC.	
<b>b</b>	Name of plan sponsor	METAL COMPANIES 401K PLAN METAL COMPANIES PEAK MACHINING GROUP INC.	<b>c</b> EIN-PN 01-0606601-001
<b>a</b>	Plan name	FIVE POINT 401(K) PLAN	
<b>b</b>	Name of plan sponsor	FIVE POINT 401(K) PLAN	<b>c</b> EIN-PN 27-0179123-001
<b>a</b>	Plan name	KALERIS 401(K) PLAN	
<b>b</b>	Name of plan sponsor	KALERIS 401(K) PLAN	<b>c</b> EIN-PN 94-3314201-001
<b>a</b>	Plan name	ENDEAVOR 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ENDEAVOR 401(K) PLAN	<b>c</b> EIN-PN 80-0967078-001
<b>a</b>	Plan name	ZUFFA LLC 401(K) PROFIT SHARING PLAN AND TRUST	
<b>b</b>	Name of plan sponsor	ZUFFA LLC 401(K) PROFIT SHARING PLAN AND TRUST	<b>c</b> EIN-PN 88-0482750-001
<b>a</b>	Plan name	WESTMORELAND MINING EMPLOYEES' SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	WESTMORELAND MINING EMPLOYEES SAVINGS PLAN	<b>c</b> EIN-PN 83-3555130-001
<b>a</b>	Plan name	FEHR AND PEERS 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	FEHR AND PEERS 401(K) PROFIT SHARING PLAN	<b>c</b> EIN-PN 68-0065540-001
<b>a</b>	Plan name	HUNSAKER AND ASSOCIATES IRVINE, INC. PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	HUNSAKER AND ASSOCIATES IRVINE, INC. PROFIT SHARING PLAN	<b>c</b> EIN-PN 95-3123103-001
<b>a</b>	Plan name	HAWAII STATE FEDERAL CREDIT UNION 401(K) PLAN	
<b>b</b>	Name of plan sponsor	HAWAII STATE FEDERAL CREDIT UNION 401(K) PLAN	<b>c</b> EIN-PN 99-0073431-001
<b>a</b>	Plan name	MESTEK, INC. 401(K) PLAN FOR UNION EMPLOYEES	
<b>b</b>	Name of plan sponsor	MESTEK, INC. 401(K) PLAN FOR UNION EMPLOYEES	<b>c</b> EIN-PN 25-0661650-001

<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	MESTEK, INC. 401(K) AND PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	MESTEK, INC. 401(K) AND PROFIT SHARING PLAN	<b>c</b> EIN-PN 25-0661650-001
<b>a</b>	Plan name	THE AAFP 401(K) PLAN	
<b>b</b>	Name of plan sponsor	THE AAFP 401(K) PLAN	<b>c</b> EIN-PN 44-0536051-001
<b>a</b>	Plan name	MITSUBISHI CHEMICAL AMERICA EMPLOYEES' SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	MITSUBISHI CHEMICAL AMERICA EMPLOYEES SAVINGS PLAN	<b>c</b> EIN-PN 52-2196843-001
<b>a</b>	Plan name	MITSUBISHI CHEMICAL AMERICA EMPLOYEES' SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	MITSUBISHI CHEMICAL AMERICA EMPLOYEES SAVINGS PLAN	<b>c</b> EIN-PN 52-2196843-001
<b>a</b>	Plan name	MITSUBISHI CHEMICAL AMERICA EMPLOYEE'S SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	MITSUBISHI CHEMICAL AMERICA EMPLOYEES SAVINGS PLAN	<b>c</b> EIN-PN 52-2196843-001
<b>a</b>	Plan name	HITT CONTRACTING INC. 401(K) SAVINGS AND PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	HITT CONTRACTING INC. 401(K) SAVINGS AND PROFIT SHARING PLAN	<b>c</b> EIN-PN 54-0248192-001
<b>a</b>	Plan name	KALMAR SOLUTIONS 401(K) PLAN FOR IBT LOCAL 838 UNION MEMBERS	
<b>b</b>	Name of plan sponsor	KALMAR SOLUTIONS 401(K) PLAN FOR IBT LOCAL 838 UNION MEMBERS	<b>c</b> EIN-PN 71-0891083-001
<b>a</b>	Plan name	CARGOTEC HOLDING, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	CARGOTEC HOLDING, INC. 401(K) PLAN	<b>c</b> EIN-PN 58-1730881-001
<b>a</b>	Plan name	KALMAR USA HOLDING, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	KALMAR USA HOLDING, INC. 401(K) PLAN	<b>c</b> EIN-PN 93-3129004-001
<b>a</b>	Plan name	CONSTRUCTION EMPLOYEES GROUP MAYO CONSTRUCTION CO.	
<b>b</b>	Name of plan sponsor	CONSTRUCTION EMPLOYEES GROUP MAYO CONSTRUCTION CO.	<b>c</b> EIN-PN 45-6029203-001
<b>a</b>	Plan name	CONSTRUCTION EMPLOYEES GROUP ORRIN A. HOLEN CONSTRUCTION	
<b>b</b>	Name of plan sponsor	CONSTRUCTION EMPLOYEES GROUP ORRIN A. HOLEN CONSTRUCTION	<b>c</b> EIN-PN 45-6029203-001
<b>a</b>	Plan name	CONSTRUCTION EMPLOYEES GROUP GRATECH COMPANY	
<b>b</b>	Name of plan sponsor	CONSTRUCTION EMPLOYEES GROUP GRATECH COMPANY	<b>c</b> EIN-PN 45-6029203-001

<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	CONSTRUCTION EMPLOYEES GROUP BORDER STATES PAVING	
<b>b</b>	Name of plan sponsor	CONSTRUCTION EMPLOYEES GROUP BORDER STATES PAVING	<b>c</b> EIN-PN 45-6029203-001
<b>a</b>	Plan name	CONSTRUCTION EMPLOYEES GROUP WANZEK CONSTRUCTION, INC.	
<b>b</b>	Name of plan sponsor	CONSTRUCTION EMPLOYEES GROUP WANZEK CONSTRUCTION, INC.	<b>c</b> EIN-PN 45-6029203-001
<b>a</b>	Plan name	CONSTRUCTION EMPLOYEES GROUP AGGREGATE INDUSTRIES MWR, INC	
<b>b</b>	Name of plan sponsor	CONSTRUCTION EMPLOYEES GROUP AGGREGATE INDUSTRIES MWR, INC	<b>c</b> EIN-PN 45-6029203-001
<b>a</b>	Plan name	CONSTRUCTION EMPLOYEES GROUP INDUSTRIAL BUILDERS, INC.,	
<b>b</b>	Name of plan sponsor	CONSTRUCTION EMPLOYEES GROUP INDUSTRIAL BUILDERS, INC.,	<b>c</b> EIN-PN 45-6029203-001
<b>a</b>	Plan name	CONSTRUCTION EMPLOYEES GROUP ZIMMERMAN CONTRACTING	
<b>b</b>	Name of plan sponsor	CONSTRUCTION EMPLOYEES GROUP ZIMMERMAN CONTRACTING	<b>c</b> EIN-PN 45-6029203-001
<b>a</b>	Plan name	CONSTRUCTION EMPLOYEES GROUP EDWARD SCHWARTZ CONSTRUCTION	
<b>b</b>	Name of plan sponsor	CONSTRUCTION EMPLOYEES GROUP EDWARD SCHWARTZ CONSTRUCTION	<b>c</b> EIN-PN 45-6029203-001
<b>a</b>	Plan name	CONSTRUCTION EMPLOYEES GROUP BECHTOLD PAVING, INC.	
<b>b</b>	Name of plan sponsor	CONSTRUCTION EMPLOYEES GROUP BECHTOLD PAVING, INC.	<b>c</b> EIN-PN 45-6029203-001
<b>a</b>	Plan name	CONSTRUCTION EMPLOYEES GROUP GRAVEL PRODUCTS, INC.	
<b>b</b>	Name of plan sponsor	CONSTRUCTION EMPLOYEES GROUP GRAVEL PRODUCTS, INC.	<b>c</b> EIN-PN 45-6029203-001
<b>a</b>	Plan name	CONSTRUCTION EMPLOYEE GROUP RED RIVER EXCAVATING, INC.	
<b>b</b>	Name of plan sponsor	CONSTRUCTION EMPLOYEE GROUP RED RIVER EXCAVATING, INC.	<b>c</b> EIN-PN 45-6029203-001
<b>a</b>	Plan name	CONSTRUCTION EMPLOYEES GROUP STRATA CORPORATION	
<b>b</b>	Name of plan sponsor	CONSTRUCTION EMPLOYEES GROUP STRATA CORPORATION	<b>c</b> EIN-PN 45-6029203-001
<b>a</b>	Plan name	CONSTRUCTION EMPLOYEES GROUP FORMER SUBPLAN PPTS	
<b>b</b>	Name of plan sponsor	CONSTRUCTION EMPLOYEES GROUP FORMER SUBPLAN PPTS	<b>c</b> EIN-PN 45-6029203-001
<b>a</b>	Plan name	CONSTRUCTION EMPLOYEES GROUP PRAIRIE ST. JOHN'S	
<b>b</b>	Name of plan sponsor	CONSTRUCTION EMPLOYEES GROUP PRAIRIE ST. JOHNS	<b>c</b> EIN-PN 45-6029203-001

<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	CONSTRUCTION EMPLOYEES GROUP GOWAN CONSTRUCTION, INC.	
<b>b</b>	Name of plan sponsor	CONSTRUCTION EMPLOYEES GROUP GOWAN CONSTRUCTION, INC.	<b>c</b> EIN-PN 45-6029203-001
<b>a</b>	Plan name	CONSTRUCTION EMPLOYEES GROUP GRATECH COMPANY, LLC.	
<b>b</b>	Name of plan sponsor	CONSTRUCTION EMPLOYEES GROUP GRATECH COMPANY, LLC.	<b>c</b> EIN-PN 45-6029203-001
<b>a</b>	Plan name	CONSTRUCTION EMPLOYEES GROUP GEORGE E HAGGART INC	
<b>b</b>	Name of plan sponsor	CONSTRUCTION EMPLOYEES GROUP GEORGE E HAGGART INC	<b>c</b> EIN-PN 45-6029203-001
<b>a</b>	Plan name	CONSTRUCTION EMPLOYEES GROUP ANDERSON WESTERN, INC.	
<b>b</b>	Name of plan sponsor	CONSTRUCTION EMPLOYEES GROUP ANDERSON WESTERN, INC.	<b>c</b> EIN-PN 45-6029203-001
<b>a</b>	Plan name	CONSTRUCTION EMPLOYEES GROUP ASSOCIATED GENERAL CONTRACTORS	
<b>b</b>	Name of plan sponsor	CONSTRUCTION EMPLOYEES GROUP ASSOCIATED GENERAL CONTRACTORS	<b>c</b> EIN-PN 45-6029203-001
<b>a</b>	Plan name	CONSTRUCTION EMPLOYEES GROUP CLINT FELAND INC.	
<b>b</b>	Name of plan sponsor	CONSTRUCTION EMPLOYEES GROUP CLINT FELAND INC.	<b>c</b> EIN-PN 45-6029203-001
<b>a</b>	Plan name	CONSTRUCTION EMPLOYEES GROUP EXCAVATING INC.	
<b>b</b>	Name of plan sponsor	CONSTRUCTION EMPLOYEES GROUP EXCAVATING INC.	<b>c</b> EIN-PN 45-6029203-001
<b>a</b>	Plan name	CONSTRUCTION EMPLOYEES GROUP SURFACE PREPARATION TECHNOLOGY	
<b>b</b>	Name of plan sponsor	CONSTRUCTION EMPLOYEES GROUP SURFACE PREPARATION TECHNOLOGY	<b>c</b> EIN-PN 45-6029203-001
<b>a</b>	Plan name	CONSTRUCTION EMPLOYEES GROUP EXCAVATING INC	
<b>b</b>	Name of plan sponsor	CONSTRUCTION EMPLOYEES GROUP EXCAVATING INC	<b>c</b> EIN-PN 45-6029203-001
<b>a</b>	Plan name	CONSTRUCTION EMPLOYEES GROUP NORTHSTAR SAFETY, INC.	
<b>b</b>	Name of plan sponsor	CONSTRUCTION EMPLOYEES GROUP NORTHSTAR SAFETY, INC.	<b>c</b> EIN-PN 45-6029203-001
<b>a</b>	Plan name	CONSTRUCTION EMPLOYEES GROUP REAL BUILDERS	
<b>b</b>	Name of plan sponsor	CONSTRUCTION EMPLOYEES GROUP REAL BUILDERS	<b>c</b> EIN-PN 45-6029203-001
<b>a</b>	Plan name	CONSTRUCTION EMPLOYEES GROUP PRO SWEEP INC.	
<b>b</b>	Name of plan sponsor	CONSTRUCTION EMPLOYEES GROUP PRO SWEEP INC.	<b>c</b> EIN-PN 45-6029203-001

<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	CONSTRUCTION EMPLOYEES GROUP COLBY TRANSPORTATION	
<b>b</b>	Name of plan sponsor	CONSTRUCTION EMPLOYEES GROUP COLBY TRANSPORTATION	<b>c</b> EIN-PN 45-6029203-001
<b>a</b>	Plan name	CONSTRUCTION EMPLOYEES GROUP KPH, INC.	
<b>b</b>	Name of plan sponsor	CONSTRUCTION EMPLOYEES GROUP KPH, INC.	<b>c</b> EIN-PN 45-6029203-001
<b>a</b>	Plan name	CONSTRUCTION EMPLOYEES GROUP KOST MATERIALS LLC	
<b>b</b>	Name of plan sponsor	CONSTRUCTION EMPLOYEES GROUP KOST MATERIALS LLC	<b>c</b> EIN-PN 45-6029203-001
<b>a</b>	Plan name	CONSTRUCTION EMPLOYEES GROUP REVOLUTIONS POWER SPORTS INC.	
<b>b</b>	Name of plan sponsor	CONSTRUCTION EMPLOYEES GROUP REVOLUTIONS POWER SPORTS INC.	<b>c</b> EIN-PN 45-6029203-001
<b>a</b>	Plan name	CONSTRUCTION EMPLOYEES GROUP PRODUCERS FINANCIAL GROUP	
<b>b</b>	Name of plan sponsor	CONSTRUCTION EMPLOYEES GROUP PRODUCERS FINANCIAL GROUP	<b>c</b> EIN-PN 45-6029203-001
<b>a</b>	Plan name	CONSTRUCTION EMPLOYEES GROUP CRM/IANDI	
<b>b</b>	Name of plan sponsor	CONSTRUCTION EMPLOYEES GROUP CRM/IANDI	<b>c</b> EIN-PN 45-6029203-001
<b>a</b>	Plan name	CONSTRUCTION EMPLOYEES GROUP FM ASPHALT	
<b>b</b>	Name of plan sponsor	CONSTRUCTION EMPLOYEES GROUP FM ASPHALT	<b>c</b> EIN-PN 45-6029203-001
<b>a</b>	Plan name	CONSTRUCTION EMPLOYEES GROUP RICARD PLUMBING AND HEATING	
<b>b</b>	Name of plan sponsor	CONSTRUCTION EMPLOYEES GROUP RICARD PLUMBING AND HEATING	<b>c</b> EIN-PN 45-6029203-001
<b>a</b>	Plan name	CONSTRUCTION EMPLOYEES GROUP PFG WEST II	
<b>b</b>	Name of plan sponsor	CONSTRUCTION EMPLOYEES GROUP PFG WEST II	<b>c</b> EIN-PN 45-6029203-001
<b>a</b>	Plan name	CONSTRUCTION EMPLOYEES GROUP BORDER STATES PAVING	
<b>b</b>	Name of plan sponsor	CONSTRUCTION EMPLOYEES GROUP BORDER STATES PAVING	<b>c</b> EIN-PN 45-6029203-001
<b>a</b>	Plan name	CONSTRUCTION EMPLOYEES GROUP PFG WEST	
<b>b</b>	Name of plan sponsor	CONSTRUCTION EMPLOYEES GROUP PFG WEST	<b>c</b> EIN-PN 45-6029203-001
<b>a</b>	Plan name	GENESIS PHYSICIANS 401(K) PLAN	
<b>b</b>	Name of plan sponsor	GENESIS PHYSICIANS 401(K) PLAN	<b>c</b> EIN-PN 31-1480941-001

**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	GENESIS HEALTHCARE SYSTEM 401(K) RETIREMENT PLAN	
<b>b</b> Name of plan sponsor	GENESIS HEALTHCARE SYSTEM 401(K) RETIREMENT PLAN	<b>c</b> EIN-PN 31-1480941-001

<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>
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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>PRUDENTIAL DAY ONE INCOME FLEX TARGET BALANCED FUND</b>	<b>B</b> Three-digit plan number (PN) ▶ <b>697</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>EMPOWER ANNUITY INSURANCE COMPANY</b>	<b>D</b> Employer Identification Number (EIN) <b>06-1050034</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>	0 7
<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>	883577238 0
<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>	0 854479900

<b>1d</b> Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	<b>1d(1)</b>		
(2) Employer real property.....	<b>1d(2)</b>		
<b>e</b> Buildings and other property used in plan operation.....	<b>1e</b>		
<b>f</b> Total assets (add all amounts in lines 1a through 1e).....	<b>1f</b>	883577238	854479907
<b>Liabilities</b>			
<b>g</b> Benefit claims payable.....	<b>1g</b>		
<b>h</b> Operating payables.....	<b>1h</b>		
<b>i</b> Acquisition indebtedness.....	<b>1i</b>		
<b>j</b> Other liabilities.....	<b>1j</b>		
<b>k</b> Total liabilities (add all amounts in lines 1g through 1j).....	<b>1k</b>	0	0
<b>Net Assets</b>			
<b>l</b> Net assets (subtract line 1k from line 1f).....	<b>1l</b>	883577238	854479907

**Part II Income and Expense Statement**

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

<b>Income</b>		(a) Amount	(b) Total
<b>a Contributions:</b>			
(1) Received or receivable in cash from: <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
(3) 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>		
(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>		64068522
<b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total .....	<b>2d</b>		64068522

**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>		
(5) Investment advisory and investment management fees .....	<b>2i(5)</b>	7787932	
(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>		7787932
<b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total .....	<b>2j</b>		7787932

**Net Income and Reconciliation**

<b>k</b> Net income (loss). Subtract line <b>2j</b> from line <b>2d</b> .....	<b>2k</b>		56280590
<b>l</b> Transfers of assets:			
(1) To this plan .....	<b>2l(1)</b>		39070599
(2) From this plan .....	<b>2l(2)</b>		124448520

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