

<b>Form 5500</b>  Department of the Treasury Internal Revenue Service  Department of Labor Employee Benefits Security Administration  Pension Benefit Guaranty Corporation	<b>Annual Return/Report of Employee Benefit Plan</b>  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).  <b>▶ Complete all entries in accordance with the instructions to the Form 5500.</b>	OMB Nos. 1210-0110 1210-0089  <h1 style="text-align: center;">2024</h1>  <b>This Form is Open to Public Inspection</b>
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<b>Part I</b>	<b>Annual Report Identification Information</b>
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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. . . . .

<b>Part II</b>	<b>Basic Plan Information—enter all requested information</b>
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<b>1a</b> Name of plan <u>LARGE CAP GROWTH MFS FUND (SALG5)</u>	<b>1b</b> Three-digit plan number (PN) ▶ <u>350</u>  <b>1c</b> Effective date of plan
<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>EMPOWER ANNUITY INSURANCE COMPANY</u>  <u>8525 E. ORCHARD RD., 9T3</u> <u>GREENWOOD VILLAGE, CO 80111</u>	<b>2b</b> Employer Identification Number (EIN) <u>06-1050034</u>  <b>2c</b> Plan Sponsor's telephone number <u>800-338-4015</u>  <b>2d</b> Business code (see instructions)
<u>280 TRUMBULL ST.</u> <u>HARTFORD, CT 06103</u>	

**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>09/26/2025</u>	<u>MICHAEL LEWIS</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  																				
<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>EMPOWER ANNUITY INSURANCE COMPANY</b> <b>c</b> Plan Name <b>INTERNATIONAL VALUE/LSV ASSET MGMT FUND - SAIV1</b>	<b>4b</b> EIN  <b>4d</b> PN <b>415</b>																				
<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.....	<table border="1" style="width:100%; border-collapse: collapse;"> <tr><td style="width:10%;"><b>6a(1)</b></td><td></td></tr> <tr><td><b>6a(2)</b></td><td></td></tr> <tr><td><b>6b</b></td><td></td></tr> <tr><td><b>6c</b></td><td></td></tr> <tr><td><b>6d</b></td><td style="text-align: right;">0</td></tr> <tr><td><b>6e</b></td><td></td></tr> <tr><td><b>6f</b></td><td></td></tr> <tr><td><b>6g(1)</b></td><td></td></tr> <tr><td><b>6g(2)</b></td><td></td></tr> <tr><td><b>6h</b></td><td></td></tr> </table>	<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>6a(1)</b>																					
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<b>6d</b>	0																				
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<b>6f</b>																					
<b>6g(1)</b>																					
<b>6g(2)</b>																					
<b>6h</b>																					
<b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) .....	<b>7</b>																				

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

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

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

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

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

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

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

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

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

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

<b>A</b> Name of plan <u>LARGE CAP GROWTH MFS FUND (SALG5)</u>	<b>B</b> Three-digit plan number (PN)	<u>350</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:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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**b** Name of sponsor of entity listed in (a):

**c** EIN-PN

**d** Entity code

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

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

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

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**d** Entity code

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

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
<b>a</b>	Plan name STRATA FOREST PRODUCTS 401(K) PROFIT SHARING PLAN AND TRUST	
<b>b</b>	Name of plan sponsor STRATA FOREST PRODUCTS 401(K) PROFIT SHARING PLAN AND TRUST	<b>c</b> EIN-PN 33-0486694-001
<b>a</b>	Plan name TROUGAL LLC 401K PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor TROUGAL LLC 401K PROFIT SHARING PLAN	<b>c</b> EIN-PN 87-1855636-001
<b>a</b>	Plan name PERSIUM ADVISORS, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor PERSIUM ADVISORS, LLC 401(K) PLAN	<b>c</b> EIN-PN 11-3695054-001
<b>a</b>	Plan name KENNERLY, LAMISHAW AND ROSSI LLP	
<b>b</b>	Name of plan sponsor KENNERLY, LAMISHAW AND ROSSI LLP	<b>c</b> EIN-PN 86-0529793-001
<b>a</b>	Plan name ASSOCIATED SERVICES CORPORATION 401(K) PLAN	
<b>b</b>	Name of plan sponsor ASSOCIATED SERVICES CORPORATION 401(K) PLAN	<b>c</b> EIN-PN 54-1519274-001
<b>a</b>	Plan name EAST BAY TIRE CO. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor EAST BAY TIRE CO. 401(K) PROFIT SHARING PLAN	<b>c</b> EIN-PN 94-2656190-001
<b>a</b>	Plan name SYSTEMS TECHNOLOGY, INC. 401(K) EMPLOYEE STOCK OWNERSHIP PLAN	
<b>b</b>	Name of plan sponsor SYSTEMS TECHNOLOGY, INC. 401(K) EMPLOYEE STOCK OWNERSHIP PLAN	<b>c</b> EIN-PN 95-1957989-001
<b>a</b>	Plan name COMPASS MORTGAGE, INC. 401K PLAN	
<b>b</b>	Name of plan sponsor COMPASS MORTGAGE, INC. 401K PLAN	<b>c</b> EIN-PN 36-4322204-001
<b>a</b>	Plan name MILLSTONE WEBER, LLC RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor MILLSTONE WEBER, LLC RETIREMENT SAVINGS PLAN	<b>c</b> EIN-PN 46-5342336-001
<b>a</b>	Plan name THE STEINBERG LAW FIRM, LLP RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor THE STEINBERG LAW FIRM, LLP RETIREMENT PLAN	<b>c</b> EIN-PN 57-0337686-001
<b>a</b>	Plan name CAROLINA ONE RETIREMENT PLAN O'SHAUGHNESSY REAL ESTATE, INC.	
<b>b</b>	Name of plan sponsor CAROLINA ONE RETIREMENT PLAN OSHAUGHNESSY REAL ESTATE, INC.	<b>c</b> EIN-PN 20-4997469-001
<b>a</b>	Plan name ROSEN HAGOOD, L L C 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor ROSEN HAGOOD, L L C 401(K) PROFIT SHARING PLAN	<b>c</b> EIN-PN 57-1066137-001

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 ANDERSON, MIKOS EMPLOYEES' 401(K) SAVINGS PLAN	
<b>b</b>	Name of plan sponsor ANDERSON, MIKOS EMPLOYEES 401(K) SAVINGS PLAN	<b>c</b> EIN-PN 36-3367188-001
<b>a</b>	Plan name WESTERN PACIFIC DISTRIBUTING, LLC 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor WESTERN PACIFIC DISTRIBUTING, LLC 401(K) PROFIT SHARING PLAN	<b>c</b> EIN-PN 33-0989706-001
<b>a</b>	Plan name WIESE RETIREMENT PLAN FOR CERTAIN UNION EMPLOYEES	
<b>b</b>	Name of plan sponsor WIESE RETIREMENT PLAN FOR CERTAIN UNION EMPLOYEES	<b>c</b> EIN-PN 43-0633084-001
<b>a</b>	Plan name WIESE PROFIT SHARING AND 401(K) PLAN ATLANTIC LIFT TRUCK, INC.	
<b>b</b>	Name of plan sponsor WIESE PROFIT SHARING AND 401(K) PLAN ATLANTIC LIFT TRUCK, INC.	<b>c</b> EIN-PN 43-0633084-001
<b>a</b>	Plan name WIESE PROFIT SHARING AND 401(K) PLAN MINNESOTA SUPPLY CO.	
<b>b</b>	Name of plan sponsor WIESE PROFIT SHARING AND 401(K) PLAN MINNESOTA SUPPLY CO.	<b>c</b> EIN-PN 43-0633084-001
<b>a</b>	Plan name WIESE PROFIT SHARING AND 401(K) PLAN HUBNETIC	
<b>b</b>	Name of plan sponsor WIESE PROFIT SHARING AND 401(K) PLAN HUBNETIC	<b>c</b> EIN-PN 43-0633084-001
<b>a</b>	Plan name WIESE PROFIT SHARING AND 401(K) PLAN DIRECT CONNEX, LLC	
<b>b</b>	Name of plan sponsor WIESE PROFIT SHARING AND 401(K) PLAN DIRECT CONNEX, LLC	<b>c</b> EIN-PN 43-0633084-001
<b>a</b>	Plan name WIESE PROFIT SHARING AND 401(K) PLAN JR AUTOMATION, INC.	
<b>b</b>	Name of plan sponsor WIESE PROFIT SHARING AND 401(K) PLAN JR AUTOMATION, INC.	<b>c</b> EIN-PN 43-0633084-001
<b>a</b>	Plan name WIESE PROFIT SHARING AND 401(K) PLAN MATERIALS MANAGEMENT COMPANY, INC.	
<b>b</b>	Name of plan sponsor WIESE PROFIT SHARING AND 401(K) PLAN MATERIALS MANAGEMENT COMPANY, INC	<b>c</b> EIN-PN 43-0633084-001
<b>a</b>	Plan name WIESE PROFIT SHARING AND 401(K) PLAN UNION 777	
<b>b</b>	Name of plan sponsor WIESE PROFIT SHARING AND 401(K) PLAN UNION 777	<b>c</b> EIN-PN 43-0633084-001
<b>a</b>	Plan name WIESE PROFIT SHARING AND 401(K) PLAN UNION LOCAL NO. 618	
<b>b</b>	Name of plan sponsor WIESE PROFIT SHARING AND 401(K) PLAN UNION LOCAL NO. 618	<b>c</b> EIN-PN 43-1904788-001
<b>a</b>	Plan name WIESE PROFIT SHARING AND 401(K) PLAN WIESE USA, INC.	
<b>b</b>	Name of plan sponsor WIESE PROFIT SHARING AND 401(K) PLAN WIESE USA, INC.	<b>c</b> EIN-PN 43-0633084-001

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 BRADLEY NIRENBLATT, DMD, PA PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor BRADLEY NIRENBLATT, DMD, PA PROFIT SHARING PLAN	<b>c</b> EIN-PN 57-1002386-001
<b>a</b>	Plan name GATCH ELECTRICAL CONTRACTORS, INC. PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor GATCH ELECTRICAL CONTRACTORS, INC. PROFIT SHARING PLAN	<b>c</b> EIN-PN 56-2086805-001
<b>a</b>	Plan name WE ARE SHARING HOPE SC RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor WE ARE SHARING HOPE SC RETIREMENT PLAN	<b>c</b> EIN-PN 57-0875658-001
<b>a</b>	Plan name COMMERCIAL CONTRACTING GROUP PS401K	
<b>b</b>	Name of plan sponsor COMMERCIAL CONTRACTING GROUP PS401K	<b>c</b> EIN-PN 38-1250507-001
<b>a</b>	Plan name GEORGIA NUT COMPANY 401(K) PS PLAN	
<b>b</b>	Name of plan sponsor GEORGIA NUT COMPANY 401(K) PS PLAN	<b>c</b> EIN-PN 36-2284619-001
<b>a</b>	Plan name EVS RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor EVS RETIREMENT PLAN	<b>c</b> EIN-PN 22-3264491-001
<b>a</b>	Plan name FIGLIA AND SONS INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor FIGLIA AND SONS INC. 401(K) PLAN	<b>c</b> EIN-PN 13-1917182-001
<b>a</b>	Plan name R AND J COMPONENTS CORP. PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor R AND J COMPONENTS CORP. PROFIT SHARING PLAN	<b>c</b> EIN-PN 13-1932425-001
<b>a</b>	Plan name SURGICAL SPECIALISTS OF GREATER NEW YORK LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor SURGICAL SPECIALISTS OF GREATER NEW YORK LLC 401(K) PLAN	<b>c</b> EIN-PN 27-4695026-001
<b>a</b>	Plan name B.H. 401(K) PLAN	
<b>b</b>	Name of plan sponsor B.H. 401(K) PLAN	<b>c</b> EIN-PN 13-3010860-001
<b>a</b>	Plan name COLLECTION B. INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor COLLECTION B. INC. 401(K) PLAN	<b>c</b> EIN-PN 90-0130436-001
<b>a</b>	Plan name B.H. MULTI COLOR CORP 401(K) PLAN	
<b>b</b>	Name of plan sponsor B.H. MULTI COLOR CORP 401(K) PLAN	<b>c</b> EIN-PN 13-3744251-001

<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	TEST 7.24 NY PRODMIMU	
<b>b</b>	Name of plan sponsor	TEST 7.24 NY PRODMIMU	<b>c</b> EIN-PN 11-1111158-001
<b>a</b>	Plan name	READY SELECT STARTUP NEW YORK 7.17MIMU EPS	
<b>b</b>	Name of plan sponsor	READY SELECT STARTUP NEW YORK 7.17MIMU EPS	<b>c</b> EIN-PN 11-1111151-001
<b>a</b>	Plan name	READY SELECT TRANSFER MIMU7.17 EPS NY	
<b>b</b>	Name of plan sponsor	READY SELECT TRANSFER MIMU7.17 EPS NY	<b>c</b> EIN-PN 11-1111250-001
<b>a</b>	Plan name	READY SELECT PEA TEST 7.10 NY STARTUPMIMU	
<b>b</b>	Name of plan sponsor	READY SELECT PEA TEST 7.10 NY STARTUPMIMU	<b>c</b> EIN-PN 11-1111145-001
<b>a</b>	Plan name	READY SELECT 7.8 STARTUP NYMIMU	
<b>b</b>	Name of plan sponsor	READY SELECT 7.8 STARTUP NYMIMU	<b>c</b> EIN-PN 11-1111148-001
<b>a</b>	Plan name	READY SELECT INV TEST 7.8 NY TRANSFER MIMU	
<b>b</b>	Name of plan sponsor	READY SELECT INV TEST 7.8 NY TRANSFER MIMU	<b>c</b> EIN-PN 11-1111141-001
<b>a</b>	Plan name	READY SELECT TEST STARTUP INV STARTUP 7.2MIMU	
<b>b</b>	Name of plan sponsor	READY SELECT TEST STARTUP INV STARTUP 7.2MIMU	<b>c</b> EIN-PN 11-1111135-001
<b>a</b>	Plan name	READY SELECT INV TEST 7.2 TRANSFER NYMIMU	
<b>b</b>	Name of plan sponsor	READY SELECT INV TEST 7.2 TRANSFER NYMIMU	<b>c</b> EIN-PN 11-1111134-001
<b>a</b>	Plan name	TEST SAFE HARBOR READY SELECT MIMU 6.26	
<b>b</b>	Name of plan sponsor	TEST SAFE HARBOR READY SELECT MIMU 6.26	<b>c</b> EIN-PN 56-4512121-001
<b>a</b>	Plan name	TEST PROD PLANVESTING MIMU 6.26	
<b>b</b>	Name of plan sponsor	TEST PROD PLANVESTING MIMU 6.26	<b>c</b> EIN-PN 11-1111122-001
<b>a</b>	Plan name	STARTUP 401K	
<b>b</b>	Name of plan sponsor	STARTUP 401K	<b>c</b> EIN-PN 99-9990009-001
<b>a</b>	Plan name	RS TEST 5/22 TRANSFER NY	
<b>b</b>	Name of plan sponsor	RS TEST 5/22 TRANSFER NY	<b>c</b> EIN-PN 99-9994400-001

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
<small>(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)</small>			
<b>a</b>	Plan name	READY SELECT 5.20 TRANSFER MD	
<b>b</b>	Name of plan sponsor	READY SELECT 5.20 TRANSFER MD	<b>c</b> EIN-PN 57-0926523-001
<b>a</b>	Plan name	RS TEST PLAN 5/16 NY TRANSFER	
<b>b</b>	Name of plan sponsor	RS TEST PLAN 5/16 NY TRANSFER	<b>c</b> EIN-PN 99-9898989-001
<b>a</b>	Plan name	READY SELECT NY STARTUP 5.14	
<b>b</b>	Name of plan sponsor	READY SELECT NY STARTUP 5.14	<b>c</b> EIN-PN 52-2311741-001
<b>a</b>	Plan name	VALENTIN AND KALICH JEWELRY MFG LTD 401 (K) PLAN	
<b>b</b>	Name of plan sponsor	VALENTIN AND KALICH JEWELRY MFG LTD 401 (K) PLAN	<b>c</b> EIN-PN 13-2950583-001
<b>a</b>	Plan name	DAVID KORINS DESIGN, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	DAVID KORINS DESIGN, INC. 401(K) PROFIT SHARING PLAN	<b>c</b> EIN-PN 20-1135367-001
<b>a</b>	Plan name	OCEANIA PHARMACY, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	OCEANIA PHARMACY, INC. 401(K) PROFIT SHARING PLAN	<b>c</b> EIN-PN 11-3352033-001
<b>a</b>	Plan name	B. TODARO CUSTOM HOUSE BROKER INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	B. TODARO CUSTOM HOUSE BROKER INC. 401(K) PLAN	<b>c</b> EIN-PN 11-3028397-001
<b>a</b>	Plan name	MRN DENTAL, PC 401K PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	MRN DENTAL, PC 401K PROFIT SHARING PLAN	<b>c</b> EIN-PN 38-4084387-001
<b>a</b>	Plan name	KINDERKARE 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	KINDERKARE 401(K) PROFIT SHARING PLAN	<b>c</b> EIN-PN 38-4084387-001
<b>a</b>	Plan name	SAULIUS J. SKEIVYS MD PC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	SAULIUS J. SKEIVYS MD PC 401(K) PLAN	<b>c</b> EIN-PN 38-4084387-001
<b>a</b>	Plan name	MARIO TREGLIA CPA PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	MARIO TREGLIA CPA PROFIT SHARING PLAN	<b>c</b> EIN-PN 13-3412540-001
<b>a</b>	Plan name	CITY EVENTIONS USA LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	CITY EVENTIONS USA LLC 401(K) PLAN	<b>c</b> EIN-PN 38-4084387-001

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
<small>(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)</small>			
<b>a</b>	Plan name	DECERINA UY MD, PC 401(K) PROFIT SHARING PLAN AND TRUST	
<b>b</b>	Name of plan sponsor	DECERINA UY MD, PC 401(K) PROFIT SHARING PLAN AND TRUST	<b>c</b> EIN-PN 38-4084387-001
<b>a</b>	Plan name	ANTHONY BARATTA LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ANTHONY BARATTA LLC 401(K) PLAN	<b>c</b> EIN-PN 38-4084387-001
<b>a</b>	Plan name	CENTURION ANESTHESIA 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	CENTURION ANESTHESIA 401(K) PROFIT SHARING PLAN	<b>c</b> EIN-PN 81-4504190-001
<b>a</b>	Plan name	LAW OFFICES OF EDMOND C. CHAKMAKIAN, P.C.	
<b>b</b>	Name of plan sponsor	LAW OFFICES OF EDMOND C. CHAKMAKIAN, P.C.	<b>c</b> EIN-PN 11-3445781-001
<b>a</b>	Plan name	GEMOLOGICAL APPRAISAL LAB OF AMERICA, INC. 401K/PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	GEMOLOGICAL APPRAISAL LAB OF AMERICA, INC. 401K/PROFIT SHARING PLAN	<b>c</b> EIN-PN 13-1335655-001
<b>a</b>	Plan name	FAWN GALLI INTERIOR DESIGN, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	FAWN GALLI INTERIOR DESIGN, INC. 401(K) PROFIT SHARING PLAN	<b>c</b> EIN-PN 26-0517379-001
<b>a</b>	Plan name	AUTO EXPO 401K PLAN	
<b>b</b>	Name of plan sponsor	AUTO EXPO 401K PLAN	<b>c</b> EIN-PN 11-3530626-001
<b>a</b>	Plan name	ANDREW M. SCHWARTZ, LLC 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	ANDREW M. SCHWARTZ, LLC 401(K) PROFIT SHARING PLAN	<b>c</b> EIN-PN 47-5151584-001
<b>a</b>	Plan name	STUART L. DAITCH, DMD, P.C. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	STUART L. DAITCH, DMD, P.C. 401(K) PROFIT SHARING PLAN	<b>c</b> EIN-PN 13-3675213-001
<b>a</b>	Plan name	WOODMERE MEDICAL ASSOCIATES, P.C. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	WOODMERE MEDICAL ASSOCIATES, P.C. 401(K) PROFIT SHARING PLAN	<b>c</b> EIN-PN 11-2626984-001
<b>a</b>	Plan name	MC MANAGEMENT COMPANY 401(K) PLAN	
<b>b</b>	Name of plan sponsor	MC MANAGEMENT COMPANY 401(K) PLAN	<b>c</b> EIN-PN 06-1574152-001
<b>a</b>	Plan name	SOURCE ONE PACKAGING LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	SOURCE ONE PACKAGING LLC 401(K) PLAN	<b>c</b> EIN-PN 11-3499584-001

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 SCHEIMPFLUG PHOTO EQUIPMENT CO. 401(K)PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor SCHEIMPFLUG PHOTO EQUIPMENT CO. 401(K)PROFIT SHARING PLAN	<b>c</b> EIN-PN 20-1561809-001
<b>a</b>	Plan name REGAL HEALTHCARE MANAGEMENT, LLC 401(K)/PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor REGAL HEALTHCARE MANAGEMENT, LLC 401(K)/PROFIT SHARING PLAN	<b>c</b> EIN-PN 82-3326635-001
<b>a</b>	Plan name WILLOUGHBY REHABILITATION AND HEALTHCARE CENTER 401K PSP	
<b>b</b>	Name of plan sponsor WILLOUGHBY REHABILITATION AND HEALTHCARE CENTER 401K PSP	<b>c</b> EIN-PN 11-3597679-001
<b>a</b>	Plan name CAPITAL LOGISTICS 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor CAPITAL LOGISTICS 401(K) PROFIT SHARING PLAN	<b>c</b> EIN-PN 27-0917600-001
<b>a</b>	Plan name CAPITAL LOGISTICS INTERNATIONAL, LLC 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor CAPITAL LOGISTICS INTERNATIONAL, LLC 401(K) PROFIT SHARING PLAN	<b>c</b> EIN-PN 81-1558186-001
<b>a</b>	Plan name MANHATTAN MIDTOWN DENTAL, P.C. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor MANHATTAN MIDTOWN DENTAL, P.C. 401(K) PROFIT SHARING PLAN	<b>c</b> EIN-PN 46-4117967-001
<b>a</b>	Plan name RELIANT FUND SERVICES, LLC 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor RELIANT FUND SERVICES, LLC 401(K) PROFIT SHARING PLAN	<b>c</b> EIN-PN 85-0756268-001
<b>a</b>	Plan name ROSEWOOD REHABILITATION AND NURSING CENTER 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor ROSEWOOD REHABILITATION AND NURSING CENTER 401(K) PROFIT SHARING PLAN	<b>c</b> EIN-PN 45-4826038-001
<b>a</b>	Plan name CROSS COUNTRYCOMPUTER CORP. EMPLOYEES' PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor CROSS COUNTRYCOMPUTER CORP. EMPLOYEES PROFIT SHARING PLAN	<b>c</b> EIN-PN 11-2357829-001
<b>a</b>	Plan name COSMOPLASTIC SURGERY 401(K) PROFIT SHARING PLAN AND TRUST	
<b>b</b>	Name of plan sponsor COSMOPLASTIC SURGERY 401(K) PROFIT SHARING PLAN AND TRUST	<b>c</b> EIN-PN 46-3628489-001
<b>a</b>	Plan name CMI 401(K) PLAN	
<b>b</b>	Name of plan sponsor CMI 401(K) PLAN	<b>c</b> EIN-PN 41-2055499-001
<b>a</b>	Plan name ECONOMIC CYCLE RESEARCH INSTITUTE, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor ECONOMIC CYCLE RESEARCH INSTITUTE, INC. 401(K) PROFIT SHARING PLAN	<b>c</b> EIN-PN 13-3882792-001

<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	MORRELL INSTRUMENT CO., INC.	
<b>b</b>	Name of plan sponsor	MORRELL INSTRUMENT CO., INC.	<b>c</b> EIN-PN 11-2343150-001
<b>a</b>	Plan name	HUMAN CARE SERVICES FOR FAMILIES AND CHILDREN, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	HUMAN CARE SERVICES FOR FAMILIES AND CHILDREN, INC. 401(K) PROFIT SHAR	<b>c</b> EIN-PN 11-3338946-001
<b>a</b>	Plan name	THE ROTH LAW FIRM PLLC 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	THE ROTH LAW FIRM PLLC 401(K) PROFIT SHARING PLAN	<b>c</b> EIN-PN 33-1044281-001
<b>a</b>	Plan name	AFFILIATED NURSING AND REHABILITATION CENTERS 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	AFFILIATED NURSING AND REHABILITATION CENTERS 401(K) RETIREMENT PLAN	<b>c</b> EIN-PN 27-3075436-001
<b>a</b>	Plan name	HARRY JHO, LLC 401(K) P/S PLAN	
<b>b</b>	Name of plan sponsor	HARRY JHO, LLC 401(K) P/S PLAN	<b>c</b> EIN-PN 77-0684522-001
<b>a</b>	Plan name	SOCKEYE MEDIA 401(K) PLAN	
<b>b</b>	Name of plan sponsor	SOCKEYE MEDIA 401(K) PLAN	<b>c</b> EIN-PN 02-0573957-001
<b>a</b>	Plan name	CD NETWORK, LLC PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	CD NETWORK, LLC PROFIT SHARING PLAN	<b>c</b> EIN-PN 13-4116501-001
<b>a</b>	Plan name	INSITE SOFTWARE 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	INSITE SOFTWARE 401(K) PROFIT SHARING PLAN	<b>c</b> EIN-PN 16-1332881-001
<b>a</b>	Plan name	MJM FITCH INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	MJM FITCH INC. 401(K) PROFIT SHARING PLAN	<b>c</b> EIN-PN 26-1520063-001
<b>a</b>	Plan name	GENESEE PATRONS COOPERATIVE INSURANCE COMPANY 401(K) PLAN	
<b>b</b>	Name of plan sponsor	GENESEE PATRONS COOPERATIVE INSURANCE COMPANY 401(K) PLAN	<b>c</b> EIN-PN 16-0446095-001
<b>a</b>	Plan name	ACCUVEIN INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ACCUVEIN INC. 401(K) PLAN	<b>c</b> EIN-PN 76-0823560-001
<b>a</b>	Plan name	ANTON KERN GALLERY 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	ANTON KERN GALLERY 401(K) PROFIT SHARING PLAN	<b>c</b> EIN-PN 13-3896859-001

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 SWISSCO, LLC 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor SWISSCO, LLC 401(K) PROFIT SHARING PLAN	<b>c</b> EIN-PN 13-3953843-001
<b>a</b>	Plan name NYC CREDIT AND FUNDING INC. 401(K)/PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor NYC CREDIT AND FUNDING INC. 401(K)/PROFIT SHARING PLAN	<b>c</b> EIN-PN 02-0644649-001
<b>a</b>	Plan name HAMPTON PEDIATRIC DENTAL ASSOCIATES, P.C. 401(K) PLAN	
<b>b</b>	Name of plan sponsor HAMPTON PEDIATRIC DENTAL ASSOCIATES, P.C. 401(K) PLAN	<b>c</b> EIN-PN 11-3153636-001
<b>a</b>	Plan name BARBARA A. HESSEL MD PLLC RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor BARBARA A. HESSEL MD PLLC RETIREMENT PLAN	<b>c</b> EIN-PN 02-0562941-001
<b>a</b>	Plan name GUMUCHIAN FILS, LTD. 401(K) AND PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor GUMUCHIAN FILS, LTD. 401(K) AND PROFIT SHARING PLAN	<b>c</b> EIN-PN 13-2974396-001
<b>a</b>	Plan name OGEN AND SEDAGHATI, P.C. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor OGEN AND SEDAGHATI, P.C. 401(K) PROFIT SHARING PLAN	<b>c</b> EIN-PN 11-3582909-001
<b>a</b>	Plan name DOUGLAS C. WRIGHT ARCHITECTS 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor DOUGLAS C. WRIGHT ARCHITECTS 401(K) PROFIT SHARING PLAN	<b>c</b> EIN-PN 47-1500815-001
<b>a</b>	Plan name RACKET CLUB 401(K) / PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor RACKET CLUB 401(K) / PROFIT SHARING PLAN	<b>c</b> EIN-PN 83-4441388-001
<b>a</b>	Plan name UPPERCUT 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor UPPERCUT 401(K) PROFIT SHARING PLAN	<b>c</b> EIN-PN 36-4725558-001
<b>a</b>	Plan name PINNACLE MULTICARE NURSING AND REHABILITATION CENTER 401(K) PLAN	
<b>b</b>	Name of plan sponsor PINNACLE MULTICARE NURSING AND REHABILITATION CENTER 401(K) PLAN	<b>c</b> EIN-PN 20-3917285-001
<b>a</b>	Plan name ILONA GENIS, M.D., P.C. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor ILONA GENIS, M.D., P.C. 401(K) PROFIT SHARING PLAN	<b>c</b> EIN-PN 51-0435568-001
<b>a</b>	Plan name DAVIDOFF LAW, PC	
<b>b</b>	Name of plan sponsor DAVIDOFF LAW, PC	<b>c</b> EIN-PN 38-3877707-001

<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	RIEMER HESS LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	RIEMER HESS LLC 401(K) PLAN	<b>c</b> EIN-PN 20-1703578-001
<b>a</b>	Plan name	ROBIN S. WEINGAST AND ASSOCIATES, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	ROBIN S. WEINGAST AND ASSOCIATES, INC. 401(K) PROFIT SHARING PLAN	<b>c</b> EIN-PN 11-2859146-001
<b>a</b>	Plan name	OMNI ABSTRACT CORP. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	OMNI ABSTRACT CORP. 401(K) PLAN	<b>c</b> EIN-PN 11-2467566-001
<b>a</b>	Plan name	HELBRAUN AND LEVEY, LLP 401(K) PLAN	
<b>b</b>	Name of plan sponsor	HELBRAUN AND LEVEY, LLP 401(K) PLAN	<b>c</b> EIN-PN 27-1420384-001
<b>a</b>	Plan name	CMHCO EMPLOYEE PLAN	
<b>b</b>	Name of plan sponsor	CMHCO EMPLOYEE PLAN	<b>c</b> EIN-PN 13-3965594-001
<b>a</b>	Plan name	FKB 401(K) PLAN	
<b>b</b>	Name of plan sponsor	FKB 401(K) PLAN	<b>c</b> EIN-PN 26-2397045-001
<b>a</b>	Plan name	GROWTH CATALYST GROUP, ARCHWAY, ADVATIX, XPDEL 401(K) PLAN	
<b>b</b>	Name of plan sponsor	GROWTH CATALYST GROUP, ARCHWAY, ADVATIX, XPDEL 401(K) PLAN	<b>c</b> EIN-PN 20-3711602-001
<b>a</b>	Plan name	CONSOLIDATED PRECISION PRODUCTS CORP RET AND SAV PLAN	
<b>b</b>	Name of plan sponsor	CONSOLIDATED PRECISION PRODUCTS CORP RET AND SAV PLAN	<b>c</b> EIN-PN 34-1916104-001
<b>a</b>	Plan name	SUNPOWER CORPORATION 401(K) SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	SUNPOWER CORPORATION 401(K) SAVINGS PLAN	<b>c</b> EIN-PN 94-3008969-001
<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	PLASTIPAK PACKAGING, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	PLASTIPAK PACKAGING, INC. 401(K) PROFIT SHARING PLAN	<b>c</b> EIN-PN 38-2418014-001
<b>a</b>	Plan name	PLASTIPAK PACKAGING, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	PLASTIPAK PACKAGING, INC. 401(K) PROFIT SHARING PLAN	<b>c</b> EIN-PN 38-2418014-001

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 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 ACNA 401(K) PLAN	
<b>b</b>	Name of plan sponsor ACNA 401(K) PLAN	<b>c</b> EIN-PN 20-5071465-001
<b>a</b>	Plan name AMERICAN CAMPUS COMMUNITIES SERVICES, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor AMERICAN CAMPUS COMMUNITIES SERVICES, INC. 401(K) PLAN	<b>c</b> EIN-PN 20-1560940-001
<b>a</b>	Plan name REPSOL SERVICES COMPANY 401(K) PLAN	
<b>b</b>	Name of plan sponsor REPSOL SERVICES COMPANY 401(K) PLAN	<b>c</b> EIN-PN 20-3967665-001
<b>a</b>	Plan name THE SPECTRUM BRANDS 401(K) RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor THE SPECTRUM BRANDS 401(K) RETIREMENT SAVINGS PLAN	<b>c</b> EIN-PN 22-2423556-001
<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 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 PAUL SMITHEY'S CONSTRUCTION 401(K) PLAN	
<b>b</b>	Name of plan sponsor PAUL SMITHEYS CONSTRUCTION 401(K) PLAN	<b>c</b> EIN-PN 64-0727854-001
<b>a</b>	Plan name NEW HORIZON	
<b>b</b>	Name of plan sponsor NEW HORIZON	<b>c</b> EIN-PN 88-4360770-001
<b>a</b>	Plan name AGQ 401(K) PROFIT SHARING PLAN AND TRUST	
<b>b</b>	Name of plan sponsor AGQ 401(K) PROFIT SHARING PLAN AND TRUST	<b>c</b> EIN-PN 27-1769718-001
<b>a</b>	Plan name HOLCOMB COLLISION 401(K)	
<b>b</b>	Name of plan sponsor HOLCOMB COLLISION 401(K)	<b>c</b> EIN-PN 45-1635781-001
<b>a</b>	Plan name RS PROD TEST 1/29	
<b>b</b>	Name of plan sponsor RS PROD TEST 1/29	<b>c</b> EIN-PN 52-1776999-001

<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	TEST PROD API 1.18.25 MIMU	
<b>b</b>	Name of plan sponsor	TEST PROD API 1.18.25 MIMU	<b>c</b> EIN-PN 11-1111992-001
<b>a</b>	Plan name	RS PROD TEST 1/27 BC NEVADA DAY ONE FUNDS	
<b>b</b>	Name of plan sponsor	RS PROD TEST 1/27 BC NEVADA DAY ONE FUNDS	<b>c</b> EIN-PN 99-8408999-001
<b>a</b>	Plan name	RS PROD TEST 1/26	
<b>b</b>	Name of plan sponsor	RS PROD TEST 1/26	<b>c</b> EIN-PN 99-9923432-001
<b>a</b>	Plan name	TESTAWSPRODTEST226/01	
<b>b</b>	Name of plan sponsor	TESTAWSPRODTEST226/01	<b>c</b> EIN-PN 12-3456781-001
<b>a</b>	Plan name	TESTING PIXS2 1/24	
<b>b</b>	Name of plan sponsor	TESTING PIXS2 1/24	<b>c</b> EIN-PN 12-3456781-001
<b>a</b>	Plan name	RS PROD TEST 1/22 VALIDATION 1	
<b>b</b>	Name of plan sponsor	RS PROD TEST 1/22 VALIDATION 1	<b>c</b> EIN-PN 13-1731999-001
<b>a</b>	Plan name	RS PROD TEST 1/22	
<b>b</b>	Name of plan sponsor	RS PROD TEST 1/22	<b>c</b> EIN-PN 45-1625999-001
<b>a</b>	Plan name	OXY LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	OXY LLC 401(K) PLAN	<b>c</b> EIN-PN 85-2264344-001
<b>a</b>	Plan name	MOMAR INCORPORATED RETIREMENT PLAN AND TRUST	
<b>b</b>	Name of plan sponsor	MOMAR INCORPORATED RETIREMENT PLAN AND TRUST	<b>c</b> EIN-PN 58-0524461-001
<b>a</b>	Plan name	MID DAKOTA TRANSPORT INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	MID DAKOTA TRANSPORT INC. 401(K) PLAN	<b>c</b> EIN-PN 27-3330778-001
<b>a</b>	Plan name	DEEPNERD MEDIA LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	DEEPNERD MEDIA LLC 401(K) PLAN	<b>c</b> EIN-PN 85-2956991-001
<b>a</b>	Plan name	DANTZLER FARMS	
<b>b</b>	Name of plan sponsor	DANTZLER FARMS	<b>c</b> EIN-PN 83-0508392-001

<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	ESCOTO CUSTOMS BROKERS 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ESCOTO CUSTOMS BROKERS 401(K) PLAN	<b>c</b> EIN-PN 74-2982521-001
<b>a</b>	Plan name	DEUGEN DEVELOPMENT 401(K) PROFIT SHARING AND TRUST	
<b>b</b>	Name of plan sponsor	DEUGEN DEVELOPMENT 401(K) PROFIT SHARING AND TRUST	<b>c</b> EIN-PN 45-2493633-001
<b>a</b>	Plan name	JR GLOBAL 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	JR GLOBAL 401(K) PROFIT SHARING PLAN	<b>c</b> EIN-PN 99-2589391-001
<b>a</b>	Plan name	PROD TEST PLAN 1.13.25 NON NY TRANSFER MIMU	
<b>b</b>	Name of plan sponsor	PROD TEST PLAN 1.13.25 NON NY TRANSFER MIMU	<b>c</b> EIN-PN 11-1111100-001
<b>a</b>	Plan name	ESCANDON DIAGNOSTIC CLINIC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ESCANDON DIAGNOSTIC CLINIC 401(K) PLAN	<b>c</b> EIN-PN 47-3345905-001
<b>a</b>	Plan name	TEST PLAN 112 MIMU STARTUP PLAN	
<b>b</b>	Name of plan sponsor	TEST PLAN 112 MIMU STARTUP PLAN	<b>c</b> EIN-PN 11-1111191-001
<b>a</b>	Plan name	TEST PLAN 1.12 MIMU TRANSFER	
<b>b</b>	Name of plan sponsor	TEST PLAN 1.12 MIMU TRANSFER	<b>c</b> EIN-PN 11-1111192-001
<b>a</b>	Plan name	MONTROSE FAMILY CHIROPRACTIC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	MONTROSE FAMILY CHIROPRACTIC 401(K) PLAN	<b>c</b> EIN-PN 27-0191974-001
<b>a</b>	Plan name	RS PROD TEST 1/10 FFS	
<b>b</b>	Name of plan sponsor	RS PROD TEST 1/10 FFS	<b>c</b> EIN-PN 80-0279999-001
<b>a</b>	Plan name	CARR'S AIR MAINTENANCE 401 (K) PLAN	
<b>b</b>	Name of plan sponsor	CARRS AIR MAINTENANCE 401 (K) PLAN	<b>c</b> EIN-PN 36-3849281-001
<b>a</b>	Plan name	DELCID EROSION CONTROL 401K PLAN	
<b>b</b>	Name of plan sponsor	DELCID EROSION CONTROL 401K PLAN	<b>c</b> EIN-PN 84-2328870-001
<b>a</b>	Plan name	DEEPNERD MEDIA LLC	
<b>b</b>	Name of plan sponsor	DEEPNERD MEDIA LLC	<b>c</b> EIN-PN 85-2956991-001

<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	VANGOLD INDUSTRIES 401(K) PLAN	
<b>b</b>	Name of plan sponsor	VANGOLD INDUSTRIES 401(K) PLAN	<b>c</b> EIN-PN 84-1895554-001
<b>a</b>	Plan name	COLORS PRECISION PAINT AND BODY, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	COLORS PRECISION PAINT AND BODY, INC. 401(K) PLAN	<b>c</b> EIN-PN 63-1196883-001
<b>a</b>	Plan name	YURIY VERPUKHOVSKIY, M.D., INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	YURIY VERPUKHOVSKIY, M.D., INC. 401(K) PROFIT SHARING PLAN	<b>c</b> EIN-PN 26-0360511-001
<b>a</b>	Plan name	KURIEN OUELLETTE LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	KURIEN OUELLETTE LLC 401(K) PLAN	<b>c</b> EIN-PN 82-1815163-001
<b>a</b>	Plan name	POWERS TRUCK EQUIPMENT AND 401(K) PLAN	
<b>b</b>	Name of plan sponsor	POWERS TRUCK EQUIPMENT AND 401(K) PLAN	<b>c</b> EIN-PN 71-0806310-001
<b>a</b>	Plan name	MELISSA CHOWNING MEDIA LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	MELISSA CHOWNING MEDIA LLC 401(K) PLAN	<b>c</b> EIN-PN 82-2032856-001
<b>a</b>	Plan name	SUNDOWN WINDOW TINT, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	SUNDOWN WINDOW TINT, INC. 401(K) PLAN	<b>c</b> EIN-PN 87-3935800-001
<b>a</b>	Plan name	DAVIS TIRE GROUP 401K PLAN	
<b>b</b>	Name of plan sponsor	DAVIS TIRE GROUP 401K PLAN	<b>c</b> EIN-PN 82-3773442-001
<b>a</b>	Plan name	THREDPARTNERS 401(K) PLAN	
<b>b</b>	Name of plan sponsor	THREDPARTNERS 401(K) PLAN	<b>c</b> EIN-PN 20-3891107-001
<b>a</b>	Plan name	RS PROD TEST 12/19 FFS NONNY	
<b>b</b>	Name of plan sponsor	RS PROD TEST 12/19 FFS NONNY	<b>c</b> EIN-PN 31-1459999-001
<b>a</b>	Plan name	YURIY VERPUKHOVSKIY, M.D., INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	YURIY VERPUKHOVSKIY, M.D., INC. 401(K) PROFIT SHARING PLAN	<b>c</b> EIN-PN 26-0360511-001
<b>a</b>	Plan name	OPTIMAL WATER 401(K) PLAN	
<b>b</b>	Name of plan sponsor	OPTIMAL WATER 401(K) PLAN	<b>c</b> EIN-PN 47-4519049-001

<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	LMH QUALITY PRODUCTS 401(K) PLAN	
<b>b</b> Name of plan sponsor	LMH QUALITY PRODUCTS 401(K) PLAN	<b>c</b> EIN-PN 47-3840053-001
<b>a</b> Plan name	RS PROD 12/12 DAY ONE FUND TEST	
<b>b</b> Name of plan sponsor	RS PROD 12/12 DAY ONE FUND TEST	<b>c</b> EIN-PN 11-1111183-001
<b>a</b> Plan name	TEST SCENARIO 4	
<b>b</b> Name of plan sponsor	TEST SCENARIO 4	<b>c</b> EIN-PN 99-9848999-001
<b>a</b> Plan name	JOURNEY DENTAL LLC 401(K) PLAN	
<b>b</b> Name of plan sponsor	JOURNEY DENTAL LLC 401(K) PLAN	<b>c</b> EIN-PN 85-2859371-001
<b>a</b> Plan name	RS PROD TEST 12/12	
<b>b</b> Name of plan sponsor	RS PROD TEST 12/12	<b>c</b> EIN-PN 38-2030392-001
<b>a</b> Plan name	RS PROD TEST 12/11	
<b>b</b> Name of plan sponsor	RS PROD TEST 12/11	<b>c</b> EIN-PN 26-1623999-001
<b>a</b> Plan name	SORBOTICS 401(K) PLAN	
<b>b</b> Name of plan sponsor	SORBOTICS 401(K) PLAN	<b>c</b> EIN-PN 82-1465899-001
<b>a</b> Plan name	RS PROD TEST 12/8 NONNY FFS	
<b>b</b> Name of plan sponsor	RS PROD TEST 12/8 NONNY FFS	<b>c</b> EIN-PN 99-9799999-001
<b>a</b> Plan name	MAHANKE METHOD 401(K) PLAN	
<b>b</b> Name of plan sponsor	MAHANKE METHOD 401(K) PLAN	<b>c</b> EIN-PN 82-5390946-001
<b>a</b> Plan name	RS PROD TEST 12/6	
<b>b</b> Name of plan sponsor	RS PROD TEST 12/6	<b>c</b> EIN-PN 99-9991199-001
<b>a</b> Plan name	MARTINSBURG ANIMAL HOSPITAL 401(K) PLAN	
<b>b</b> Name of plan sponsor	MARTINSBURG ANIMAL HOSPITAL 401(K) PLAN	<b>c</b> EIN-PN 99-3930487-001
<b>a</b> Plan name	PUNGITORE IRRIGATION AND FERTILIZER, INC. 401(K) PLAN	
<b>b</b> Name of plan sponsor	PUNGITORE IRRIGATION AND FERTILIZER, INC. 401(K) PLAN	<b>c</b> EIN-PN 47-4954903-001

<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	ATLANTA GLADIATORS 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ATLANTA GLADIATORS 401(K) PLAN	<b>c</b> EIN-PN 92-0418737-001
<b>a</b>	Plan name	DEFENSE PLANNING GROUP 401K PLAN	
<b>b</b>	Name of plan sponsor	DEFENSE PLANNING GROUP 401K PLAN	<b>c</b> EIN-PN 93-3427026-001
<b>a</b>	Plan name	WILKINS SERVICES L.L.C. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	WILKINS SERVICES L.L.C. 401(K) PLAN	<b>c</b> EIN-PN 82-4482512-001
<b>a</b>	Plan name	ALPINE CHIROPRACTIC AND DECOMPRESSION 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ALPINE CHIROPRACTIC AND DECOMPRESSION 401(K) PLAN	<b>c</b> EIN-PN 87-4637866-001
<b>a</b>	Plan name	ABC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ABC 401(K) PLAN	<b>c</b> EIN-PN 99-9876876-001
<b>a</b>	Plan name	NEWMARKET DENTISTRY 401(K)	
<b>b</b>	Name of plan sponsor	NEWMARKET DENTISTRY 401(K)	<b>c</b> EIN-PN 99-0434536-001
<b>a</b>	Plan name	SIGNATURE TITLE PROFESSIONALS 401(K) PLAN	
<b>b</b>	Name of plan sponsor	SIGNATURE TITLE PROFESSIONALS 401(K) PLAN	<b>c</b> EIN-PN 14-4705865-001
<b>a</b>	Plan name	FORGED FRAMING AND DRYWALL LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	FORGED FRAMING AND DRYWALL LLC 401(K) PLAN	<b>c</b> EIN-PN 84-2615431-001
<b>a</b>	Plan name	SD ELECTRICAL CONTRACTING 401K PLAN	
<b>b</b>	Name of plan sponsor	SD ELECTRICAL CONTRACTING 401K PLAN	<b>c</b> EIN-PN 46-2043751-001
<b>a</b>	Plan name	DUER CONSTRUCTION CO. INC. 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	DUER CONSTRUCTION CO. INC. 401(K) RETIREMENT PLAN	<b>c</b> EIN-PN 34-0843784-001
<b>a</b>	Plan name	RS PROD TEST 11/18	
<b>b</b>	Name of plan sponsor	RS PROD TEST 11/18	<b>c</b> EIN-PN 99-9516156-001
<b>a</b>	Plan name	MILLS ROOFING, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	MILLS ROOFING, INC. 401(K) PLAN	<b>c</b> EIN-PN 68-0103114-001

<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	FINANCIAL ESSENTIALS, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	FINANCIAL ESSENTIALS, LLC 401(K) PLAN	<b>c</b> EIN-PN 46-2621090-001
<b>a</b>	Plan name	VITAL AIR SYSTEMS 401(K) PLAN	
<b>b</b>	Name of plan sponsor	VITAL AIR SYSTEMS 401(K) PLAN	<b>c</b> EIN-PN 92-2621269-001
<b>a</b>	Plan name	RS PROD TEST 11/14 1	
<b>b</b>	Name of plan sponsor	RS PROD TEST 11/14 1	<b>c</b> EIN-PN 37-5847676-001
<b>a</b>	Plan name	WWANDS CONSTRUCTION 401(K) PLAN	
<b>b</b>	Name of plan sponsor	WWANDS CONSTRUCTION 401(K) PLAN	<b>c</b> EIN-PN 87-3984970-001
<b>a</b>	Plan name	COX HOSPITALITY CONSTRUCTION SERVICES 401(K) PLAN	
<b>b</b>	Name of plan sponsor	COX HOSPITALITY CONSTRUCTION SERVICES 401(K) PLAN	<b>c</b> EIN-PN 80-0548357-001
<b>a</b>	Plan name	COLORS BODY SHOP 401K PLAN	
<b>b</b>	Name of plan sponsor	COLORS BODY SHOP 401K PLAN	<b>c</b> EIN-PN 63-1196883-001
<b>a</b>	Plan name	JUDD PUMPS AND PLUMBING LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	JUDD PUMPS AND PLUMBING LLC 401(K) PLAN	<b>c</b> EIN-PN 42-1661512-001
<b>a</b>	Plan name	MANHATTAN PAIN MEDICINE, PLLC 401K PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	MANHATTAN PAIN MEDICINE, PLLC 401K PROFIT SHARING PLAN	<b>c</b> EIN-PN 46-4362827-001
<b>a</b>	Plan name	ALEA TRAINING AND CONSULTING 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ALEA TRAINING AND CONSULTING 401(K) PLAN	<b>c</b> EIN-PN 82-5223360-001
<b>a</b>	Plan name	ESCUELA VIVA 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ESCUELA VIVA 401(K) PLAN	<b>c</b> EIN-PN 20-1566393-001
<b>a</b>	Plan name	SEASIDE HELICOPTERS, LLC 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	SEASIDE HELICOPTERS, LLC 401(K) PROFIT SHARING PLAN	<b>c</b> EIN-PN 93-2429819-001
<b>a</b>	Plan name	COADY BUILT, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	COADY BUILT, INC. 401(K) PLAN	<b>c</b> EIN-PN 85-2472646-001

<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	EASTSIDE PHARMACY 401(K) PLAN	
<b>b</b>	Name of plan sponsor	EASTSIDE PHARMACY 401(K) PLAN	<b>c</b> EIN-PN 20-5487059-001
<b>a</b>	Plan name	GIBSON CORRUGATED 401K PLAN	
<b>b</b>	Name of plan sponsor	GIBSON CORRUGATED 401K PLAN	<b>c</b> EIN-PN 64-0908083-001
<b>a</b>	Plan name	BANDL PLUMBING 401(K) PLAN	
<b>b</b>	Name of plan sponsor	BANDL PLUMBING 401(K) PLAN	<b>c</b> EIN-PN 84-1496560-001
<b>a</b>	Plan name	CENTERPOINT LANDSCAPING SERVICES 401(K) PLAN	
<b>b</b>	Name of plan sponsor	CENTERPOINT LANDSCAPING SERVICES 401(K) PLAN	<b>c</b> EIN-PN 81-1057481-001
<b>a</b>	Plan name	EAGLE RIVER HEATING AND MECHANICAL 401K	
<b>b</b>	Name of plan sponsor	EAGLE RIVER HEATING AND MECHANICAL 401K	<b>c</b> EIN-PN 88-2260928-001
<b>a</b>	Plan name	G.T. WATER PRODUCTS, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	G.T. WATER PRODUCTS, INC. 401(K) PROFIT SHARING PLAN	<b>c</b> EIN-PN 95-2694264-001
<b>a</b>	Plan name	GAC TEST TX 10.31 MIMU	
<b>b</b>	Name of plan sponsor	GAC TEST TX 10.31 MIMU	<b>c</b> EIN-PN 11-1111181-001
<b>a</b>	Plan name	GAC TEST PROD CO PLAN 10.31 MIMU	
<b>b</b>	Name of plan sponsor	GAC TEST PROD CO PLAN 10.31 MIMU	<b>c</b> EIN-PN 11-1111180-001
<b>a</b>	Plan name	AUTO DR. LLC 401(K) PROFIT SHARING PLAN AND TRUST	
<b>b</b>	Name of plan sponsor	AUTO DR. LLC 401(K) PROFIT SHARING PLAN AND TRUST	<b>c</b> EIN-PN 45-5578371-001
<b>a</b>	Plan name	RS PROD TEST 10/16 NOTIFY TPA	
<b>b</b>	Name of plan sponsor	RS PROD TEST 10/16 NOTIFY TPA	<b>c</b> EIN-PN 80-0235999-001
<b>a</b>	Plan name	SPRUCE 401K PLAN	
<b>b</b>	Name of plan sponsor	SPRUCE 401K PLAN	<b>c</b> EIN-PN 46-5413004-001
<b>a</b>	Plan name	HARVEY ANIMAL HOSPITAL 401K SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	HARVEY ANIMAL HOSPITAL 401K SAVINGS PLAN	<b>c</b> EIN-PN 45-5393694-001

<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	PROCARE MMS RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	PROCARE MMS RETIREMENT PLAN	<b>c</b> EIN-PN 56-2289407-001
<b>a</b>	Plan name	LEGAL MONKEYS 401(K) PLAN	
<b>b</b>	Name of plan sponsor	LEGAL MONKEYS 401(K) PLAN	<b>c</b> EIN-PN 35-2826724-001
<b>a</b>	Plan name	SACRED ARMS 401K PROFIT SHARING	
<b>b</b>	Name of plan sponsor	SACRED ARMS 401K PROFIT SHARING	<b>c</b> EIN-PN 34-1955908-001
<b>a</b>	Plan name	MNRC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	MNRC 401(K) PLAN	<b>c</b> EIN-PN 27-3537392-001
<b>a</b>	Plan name	ENGAGE PSYCHOTHERAPY LCSW PLLC 401(K)	
<b>b</b>	Name of plan sponsor	ENGAGE PSYCHOTHERAPY LCSW PLLC 401(K)	<b>c</b> EIN-PN 85-4045715-001
<b>a</b>	Plan name	BANKERS TITLE AND ESCROW CORPORATION 401(K) PLAN	
<b>b</b>	Name of plan sponsor	BANKERS TITLE AND ESCROW CORPORATION 401(K) PLAN	<b>c</b> EIN-PN 62-1517234-001
<b>a</b>	Plan name	RS PROD TEST 10/16 3	
<b>b</b>	Name of plan sponsor	RS PROD TEST 10/16 3	<b>c</b> EIN-PN 52-1743999-001
<b>a</b>	Plan name	RS PROD TEST 10/16 1125	
<b>b</b>	Name of plan sponsor	RS PROD TEST 10/16 1125	<b>c</b> EIN-PN 45-2599999-001
<b>a</b>	Plan name	RS PROD TEST 10/16 DO NOT NOTIFY ADVISOR	
<b>b</b>	Name of plan sponsor	RS PROD TEST 10/16 DO NOT NOTIFY ADVISOR	<b>c</b> EIN-PN 48-0682999-001
<b>a</b>	Plan name	TESTING 10/16 INSTALL 3	
<b>b</b>	Name of plan sponsor	TESTING 10/16 INSTALL 3	<b>c</b> EIN-PN 12-3456781-001
<b>a</b>	Plan name	FISCHER TESTING, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	FISCHER TESTING, LLC 401(K) PLAN	<b>c</b> EIN-PN 47-2528974-001
<b>a</b>	Plan name	ANGLER'S COVEY 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ANGLERS COVEY 401(K) PLAN	<b>c</b> EIN-PN 84-0915634-001

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 2P PROCESSING, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor 2P PROCESSING, INC. 401(K) PLAN	<b>c</b> EIN-PN 82-2517667-001
<b>a</b>	Plan name FIVE IRON LOUISVILLE, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor FIVE IRON LOUISVILLE, LLC 401(K) PLAN	<b>c</b> EIN-PN 99-0508578-001
<b>a</b>	Plan name THE LINDSEY FIRM 401(K) PLAN	
<b>b</b>	Name of plan sponsor THE LINDSEY FIRM 401(K) PLAN	<b>c</b> EIN-PN 58-2585458-001
<b>a</b>	Plan name MERIDIAN COLLISION CENTER, INC. RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor MERIDIAN COLLISION CENTER, INC. RETIREMENT PLAN	<b>c</b> EIN-PN 91-1183560-001
<b>a</b>	Plan name CONTROLLED COMFORT HVAC 401(K) PLAN	
<b>b</b>	Name of plan sponsor CONTROLLED COMFORT HVAC 401(K) PLAN	<b>c</b> EIN-PN 45-1631992-001
<b>a</b>	Plan name LOUISIANA PAROLE PROJECT 401(K) PLAN	
<b>b</b>	Name of plan sponsor LOUISIANA PAROLE PROJECT 401(K) PLAN	<b>c</b> EIN-PN 81-3399508-001
<b>a</b>	Plan name NORTHERN HORIZONS SOLWAY 401(K) PLAN	
<b>b</b>	Name of plan sponsor NORTHERN HORIZONS SOLWAY 401(K) PLAN	<b>c</b> EIN-PN 82-3836576-001
<b>a</b>	Plan name HOME BASE COLLABORATIVE COUNSELING 401(K) PS PLAN	
<b>b</b>	Name of plan sponsor HOME BASE COLLABORATIVE COUNSELING 401(K) PS PLAN	<b>c</b> EIN-PN 45-4788473-001
<b>a</b>	Plan name WIRED UP ELECTRICAL, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor WIRED UP ELECTRICAL, LLC 401(K) PLAN	<b>c</b> EIN-PN 45-2967111-001
<b>a</b>	Plan name ROBB WETTA LLC 401(K) AND PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor ROBB WETTA LLC 401(K) AND PROFIT SHARING PLAN	<b>c</b> EIN-PN 93-2786380-001
<b>a</b>	Plan name CARBON REDUCTION CAPITAL, LLC	
<b>b</b>	Name of plan sponsor CARBON REDUCTION CAPITAL, LLC	<b>c</b> EIN-PN 27-4646060-001
<b>a</b>	Plan name RS PROD TEST 9/4 TEST	
<b>b</b>	Name of plan sponsor RS PROD TEST 9/4 TEST	<b>c</b> EIN-PN 27-4635576-001

<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	NEWCO MECHANICAL CONTRACTING 401K AND PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	NEWCO MECHANICAL CONTRACTING 401K AND PROFIT SHARING PLAN	<b>c</b> EIN-PN 99-4036406-001
<b>a</b>	Plan name	ID TEST PLAN NY MIMU 9.26	
<b>b</b>	Name of plan sponsor	ID TEST PLAN NY MIMU 9.26	<b>c</b> EIN-PN 11-1111173-001
<b>a</b>	Plan name	ID TEST PLAN 9.26 MIMUNON NY	
<b>b</b>	Name of plan sponsor	ID TEST PLAN 9.26 MIMUNON NY	<b>c</b> EIN-PN 11-1111172-001
<b>a</b>	Plan name	RS PROD TEST NY 9/25 PLAN # TEST	
<b>b</b>	Name of plan sponsor	RS PROD TEST NY 9/25 PLAN # TEST	<b>c</b> EIN-PN 99-9979678-001
<b>a</b>	Plan name	RS PROD TEST 9/25 TEST TEST	
<b>b</b>	Name of plan sponsor	RS PROD TEST 9/25 TEST TEST	<b>c</b> EIN-PN 99-9797876-001
<b>a</b>	Plan name	LIBERTY WEALTH MANAGEMENT, LLC PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	LIBERTY WEALTH MANAGEMENT, LLC PROFIT SHARING PLAN	<b>c</b> EIN-PN 38-4019328-001
<b>a</b>	Plan name	MEDINA AGRICULTURE PRODUCTS CO., INC. PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	MEDINA AGRICULTURE PRODUCTS CO., INC. PROFIT SHARING PLAN	<b>c</b> EIN-PN 74-1467506-001
<b>a</b>	Plan name	IMPACT ARCHITECTS 401(K) PLAN	
<b>b</b>	Name of plan sponsor	IMPACT ARCHITECTS 401(K) PLAN	<b>c</b> EIN-PN 82-4141495-001
<b>a</b>	Plan name	LEGACY SCHOOLS 401K PLAN	
<b>b</b>	Name of plan sponsor	LEGACY SCHOOLS 401K PLAN	<b>c</b> EIN-PN 81-2601194-001
<b>a</b>	Plan name	VALLEY HOSPITALITY GROUP, INC. 401K PROFIT SHARING PLAN AND TRUST	
<b>b</b>	Name of plan sponsor	VALLEY HOSPITALITY GROUP, INC. 401K PROFIT SHARING PLAN AND TRUST	<b>c</b> EIN-PN 46-4060076-001
<b>a</b>	Plan name	ALOK KRISHNA, M.D. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	ALOK KRISHNA, M.D. 401(K) PROFIT SHARING PLAN	<b>c</b> EIN-PN 46-0907936-001
<b>a</b>	Plan name	INTERNATIONAL BENEFITS ADMINISTRATORS, LLC 401 (K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	INTERNATIONAL BENEFITS ADMINISTRATORS, LLC 401 (K) PROFIT SHARING PLAN	<b>c</b> EIN-PN 11-3293162-001

<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	ACRYLTECH, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b> Name of plan sponsor	ACRYLTECH, INC. 401(K) PROFIT SHARING PLAN	<b>c</b> EIN-PN 13-4105837-001
<b>a</b> Plan name	GEORGE HILDEBRANDT 401(K) PLAN	
<b>b</b> Name of plan sponsor	GEORGE HILDEBRANDT 401(K) PLAN	<b>c</b> EIN-PN 14-1422092-001
<b>a</b> Plan name	BENIACH CONSTRUCTION COMPANY, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b> Name of plan sponsor	BENIACH CONSTRUCTION COMPANY, INC. 401(K) PROFIT SHARING PLAN	<b>c</b> EIN-PN 37-1321233-001
<b>a</b> Plan name	OILFIELD INDUSTRIAL SUPPLY OF LOUISIANA 401(K) PLAN	
<b>b</b> Name of plan sponsor	OILFIELD INDUSTRIAL SUPPLY OF LOUISIANA 401(K) PLAN	<b>c</b> EIN-PN 20-2140560-001
<b>a</b> Plan name	THE U.S. PETROLEUM PARTNERS 401(K) PLAN	
<b>b</b> Name of plan sponsor	THE U.S. PETROLEUM PARTNERS 401(K) PLAN	<b>c</b> EIN-PN 83-1469067-001
<b>a</b> Plan name	SADDLE RIVER MEDICAL GROUP LLC 401(K) PROFIT SHARING PLAN AND TRUST	
<b>b</b> Name of plan sponsor	SADDLE RIVER MEDICAL GROUP LLC 401(K) PROFIT SHARING PLAN AND TRUST	<b>c</b> EIN-PN 47-5249441-001
<b>a</b> Plan name	AG SOURCING LLC	
<b>b</b> Name of plan sponsor	AG SOURCING LLC	<b>c</b> EIN-PN 82-4637853-001
<b>a</b> Plan name	CUDJOE SALES PROFIT SHARING PLAN	
<b>b</b> Name of plan sponsor	CUDJOE SALES PROFIT SHARING PLAN	<b>c</b> EIN-PN 65-0899731-001
<b>a</b> Plan name	THE GALVESTON DIET 401(K) PLAN	
<b>b</b> Name of plan sponsor	THE GALVESTON DIET 401(K) PLAN	<b>c</b> EIN-PN 84-4499981-001
<b>a</b> Plan name	DENTAL ASSOCIATES EMPLOYEE SAVINGS PLAN	
<b>b</b> Name of plan sponsor	DENTAL ASSOCIATES EMPLOYEE SAVINGS PLAN	<b>c</b> EIN-PN 06-0889382-001
<b>a</b> Plan name	NEW JERSEY GRAVEL AND SAND CO., INC. 401(K) PLAN	
<b>b</b> Name of plan sponsor	NEW JERSEY GRAVEL AND SAND CO., INC. 401(K) PLAN	<b>c</b> EIN-PN 21-0524185-001
<b>a</b> Plan name	PAGNOTTI ENTERPRISES, INC. TAXFAVORED SAVINGS PLAN	
<b>b</b> Name of plan sponsor	PAGNOTTI ENTERPRISES, INC. TAXFAVORED SAVINGS PLAN	<b>c</b> EIN-PN 23-2716071-001

<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	MCS GROUP RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	MCS GROUP RETIREMENT SAVINGS PLAN	<b>c</b> EIN-PN 11-2159714-001
<b>a</b>	Plan name	TAMPA BAY RAYS 401(K) PLAN	
<b>b</b>	Name of plan sponsor	TAMPA BAY RAYS 401(K) PLAN	<b>c</b> EIN-PN 83-3282181-001
<b>a</b>	Plan name	TANGRAM INTERIORS EMPLOYEES RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	TANGRAM INTERIORS EMPLOYEES RETIREMENT PLAN	<b>c</b> EIN-PN 37-1428740-001
<b>a</b>	Plan name	FORTNEY AND WEYGANDT, INC. 401(K) PROFIT SHARING PLAN AND TRUST	
<b>b</b>	Name of plan sponsor	FORTNEY AND WEYGANDT, INC. 401(K) PROFIT SHARING PLAN AND TRUST	<b>c</b> EIN-PN 34-1264200-001
<b>a</b>	Plan name	SWIMUSA 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	SWIMUSA 401(K) RETIREMENT PLAN	<b>c</b> EIN-PN 23-1663062-001
<b>a</b>	Plan name	BYRNE DAIRY, INC. AND SONBYRNE SALES, INC 401K PROFIT SHARING	
<b>b</b>	Name of plan sponsor	BYRNE DAIRY, INC. AND SONBYRNE SALES, INC 401K PROFIT SHARING	<b>c</b> EIN-PN 15-0258780-001
<b>a</b>	Plan name	PROVIDERS MANAGEMENT INC. 401(K) PROFIT SHARING PLAN AND TRUST	
<b>b</b>	Name of plan sponsor	PROVIDERS MANAGEMENT INC. 401(K) PROFIT SHARING PLAN AND TRUST	<b>c</b> EIN-PN 26-2247681-001
<b>a</b>	Plan name	GENESYS PHO, L.L.C. 401(K) PROFIT SHARING PLAN AND TRUST	
<b>b</b>	Name of plan sponsor	GENESYS PHO, L.L.C. 401(K) PROFIT SHARING PLAN AND TRUST	<b>c</b> EIN-PN 38-3209828-001
<b>a</b>	Plan name	MONTGOMERY HARDWARE COMPANY 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	MONTGOMERY HARDWARE COMPANY 401(K) PROFIT SHARING PLAN	<b>c</b> EIN-PN 95-1626208-001
<b>a</b>	Plan name	MPP UNL VSL EMP WH,MVANDN STMSHP AUTH	
<b>b</b>	Name of plan sponsor	MPP UNL VSL EMP WH,MVANDN STMSHP AUTH	<b>c</b> EIN-PN 04-2103221-001
<b>a</b>	Plan name	IHP CAPITAL PARTNERS CASH OR DEFERRED PROFIT SHARING 401(K)	
<b>b</b>	Name of plan sponsor	IHP CAPITAL PARTNERS CASH OR DEFERRED PROFIT SHARING 401(K)	<b>c</b> EIN-PN 33-0514171-001
<b>a</b>	Plan name	PULIZ COMPANIES CO., INC. PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	PULIZ COMPANIES CO., INC. PROFIT SHARING PLAN	<b>c</b> EIN-PN 88-0146146-001

<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	PACIFIC WESTERN TECHNOLOGIES	
<b>b</b>	Name of plan sponsor	PACIFIC WESTERN TECHNOLOGIES	<b>c</b> EIN-PN 84-1087476-001
<b>a</b>	Plan name	SHEET METAL WORKERS ANNUITY FUND OF LOCAL UNION 19	
<b>b</b>	Name of plan sponsor	SHEET METAL WORKERS ANNUITY FUND OF LOCAL UNION 19	<b>c</b> EIN-PN 23-2245696-001
<b>a</b>	Plan name	U.A. LOCAL 322	
<b>b</b>	Name of plan sponsor	U.A. LOCAL 322	<b>c</b> EIN-PN 22-2708962-001
<b>a</b>	Plan name	CHATSWORTH PRODUCTS, INC.	
<b>b</b>	Name of plan sponsor	CHATSWORTH PRODUCTS, INC.	<b>c</b> EIN-PN 95-4287760-001
<b>a</b>	Plan name	SOUTHEAST UTILITY TRAILER, LLC 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	SOUTHEAST UTILITY TRAILER, LLC 401(K) PROFIT SHARING PLAN	<b>c</b> EIN-PN 02-0793499-001
<b>a</b>	Plan name	IATSE LOCAL #48	
<b>b</b>	Name of plan sponsor	IATSE LOCAL #48	<b>c</b> EIN-PN 34-9999999-001
<b>a</b>	Plan name	PRECISION ROLL GRINDERS SAVINGS AND INVESTMENT PLAN	
<b>b</b>	Name of plan sponsor	PRECISION ROLL GRINDERS SAVINGS AND INVESTMENT PLAN	<b>c</b> EIN-PN 23-1720790-001
<b>a</b>	Plan name	NATIONAL FISHERIES INST, INC. EMPLOYEES RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	NATIONAL FISHERIES INST, INC. EMPLOYEES RETIREMENT PLAN	<b>c</b> EIN-PN 53-0175414-001
<b>a</b>	Plan name	NYLEVESCHULTZ	
<b>b</b>	Name of plan sponsor	NYLEVESCHULTZ	<b>c</b> EIN-PN 23-1493728-001
<b>a</b>	Plan name	MOTOR TREND GROUP 401(K) RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	MOTOR TREND GROUP 401(K) RETIREMENT SAVINGS PLAN	<b>c</b> EIN-PN 82-2026468-001
<b>a</b>	Plan name	ROLAND DGA CORPORATION	
<b>b</b>	Name of plan sponsor	ROLAND DGA CORPORATION	<b>c</b> EIN-PN 95-2896659-001
<b>a</b>	Plan name	GINART LAW FIRM 401(K) PLAN	
<b>b</b>	Name of plan sponsor	GINART LAW FIRM 401(K) PLAN	<b>c</b> EIN-PN 47-2599991-001

<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	SADDLERIDGE SOLUTIONS LLC, 401K PLAN	
<b>b</b>	Name of plan sponsor	SADDLERIDGE SOLUTIONS LLC, 401K PLAN	<b>c</b> EIN-PN 85-3817919-001
<b>a</b>	Plan name	THE NEW YORK BUTCHER SHOPPE 401(K) PLAN	
<b>b</b>	Name of plan sponsor	THE NEW YORK BUTCHER SHOPPE 401(K) PLAN	<b>c</b> EIN-PN 88-0568029-001
<b>a</b>	Plan name	RS PROD PLAN 9/11 2	
<b>b</b>	Name of plan sponsor	RS PROD PLAN 9/11 2	<b>c</b> EIN-PN 99-9874848-001
<b>a</b>	Plan name	TEST PEGA PLAN MIMU NON NY TRANSFER	
<b>b</b>	Name of plan sponsor	TEST PEGA PLAN MIMU NON NY TRANSFER	<b>c</b> EIN-PN 11-1111170-001
<b>a</b>	Plan name	TEST 9.10 TRANSFER MIMU	
<b>b</b>	Name of plan sponsor	TEST 9.10 TRANSFER MIMU	<b>c</b> EIN-PN 11-1111168-001
<b>a</b>	Plan name	ENCOUNTER LOGISTICS 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ENCOUNTER LOGISTICS 401(K) PLAN	<b>c</b> EIN-PN 36-4659301-001
<b>a</b>	Plan name	GUETTLER AND GUETTLER, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	GUETTLER AND GUETTLER, INC. 401(K) PLAN	<b>c</b> EIN-PN 59-2000711-001
<b>a</b>	Plan name	BILL MELENDEZ PRODUCTIONS INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	BILL MELENDEZ PRODUCTIONS INC. 401(K) PLAN	<b>c</b> EIN-PN 95-2319431-001
<b>a</b>	Plan name	PROD TEST 8.28 MIMU STARTUP	
<b>b</b>	Name of plan sponsor	PROD TEST 8.28 MIMU STARTUP	<b>c</b> EIN-PN 11-1111167-001
<b>a</b>	Plan name	PRESTIGE WORLDWIDE 401(K) PLAN	
<b>b</b>	Name of plan sponsor	PRESTIGE WORLDWIDE 401(K) PLAN	<b>c</b> EIN-PN 46-2070507-001
<b>a</b>	Plan name	NEWBURY PARK PHYSICAL THERAPY, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	NEWBURY PARK PHYSICAL THERAPY, INC. 401(K) PROFIT SHARING PLAN	<b>c</b> EIN-PN 80-0015375-001
<b>a</b>	Plan name	SHEBAZ, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	SHEBAZ, INC. 401(K) PLAN	<b>c</b> EIN-PN 46-2131942-001

<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	KKR, INC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	KKR, INC 401(K) PLAN	<b>c</b> EIN-PN 72-1220814-001
<b>a</b>	Plan name	SERENITY LIVING CENTER, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	SERENITY LIVING CENTER, INC. 401(K) PLAN	<b>c</b> EIN-PN 46-1128000-001
<b>a</b>	Plan name	YODER'S MEATS, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	YODERS MEATS, INC. 401(K) PROFIT SHARING PLAN	<b>c</b> EIN-PN 23-1925665-001
<b>a</b>	Plan name	PROD TEST RS 8/6 1	
<b>b</b>	Name of plan sponsor	PROD TEST RS 8/6 1	<b>c</b> EIN-PN 33-0490437-001
<b>a</b>	Plan name	CRIBBS CONSTRUCTION COMPANY 401(K) PLAN	
<b>b</b>	Name of plan sponsor	CRIBBS CONSTRUCTION COMPANY 401(K) PLAN	<b>c</b> EIN-PN 26-1108159-001
<b>a</b>	Plan name	WOOD WORKS, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	WOOD WORKS, LLC 401(K) PLAN	<b>c</b> EIN-PN 84-3763564-001
<b>a</b>	Plan name	RS PLAN PROD TEST 8/18	
<b>b</b>	Name of plan sponsor	RS PLAN PROD TEST 8/18	<b>c</b> EIN-PN 99-9876886-001
<b>a</b>	Plan name	BELLA'S BURRITO SHOP	
<b>b</b>	Name of plan sponsor	BELLAS BURRITO SHOP	<b>c</b> EIN-PN 11-1111166-001
<b>a</b>	Plan name	PALADIN BUSINESS SERVICES 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	PALADIN BUSINESS SERVICES 401(K) PROFIT SHARING PLAN	<b>c</b> EIN-PN 88-4422929-001
<b>a</b>	Plan name	NORTHERN DIVERSIFIED SOLUTIONS 401(K) PLAN	
<b>b</b>	Name of plan sponsor	NORTHERN DIVERSIFIED SOLUTIONS 401(K) PLAN	<b>c</b> EIN-PN 84-3817226-001
<b>a</b>	Plan name	DATUM MANUFACTURING LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	DATUM MANUFACTURING LLC 401(K) PLAN	<b>c</b> EIN-PN 87-1430865-001
<b>a</b>	Plan name	M* FEED TEST NON NY TRANSFERMIMU 8.14	
<b>b</b>	Name of plan sponsor	M* FEED TEST NON NY TRANSFERMIMU 8.14	<b>c</b> EIN-PN 11-1111161-001

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
<small>(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)</small>			
<b>a</b>	Plan name	MANCOR INDUSTRIES, INC. 401(K) RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	MANCOR INDUSTRIES, INC. 401(K) RETIREMENT SAVINGS PLAN	<b>c</b> EIN-PN 88-0328678-001
<b>a</b>	Plan name	DAPRILE INSURANCE GROUP LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	DAPRILE INSURANCE GROUP LLC 401(K) PLAN	<b>c</b> EIN-PN 45-4244862-001
<b>a</b>	Plan name	GLENDALE ENTERPRISES 401(K) PLAN	
<b>b</b>	Name of plan sponsor	GLENDALE ENTERPRISES 401(K) PLAN	<b>c</b> EIN-PN 72-1367234-001
<b>a</b>	Plan name	SUNCOAST ELEVATOR 401K PLAN	
<b>b</b>	Name of plan sponsor	SUNCOAST ELEVATOR 401K PLAN	<b>c</b> EIN-PN 45-3862137-001
<b>a</b>	Plan name	RS PROD TEST 8/6	
<b>b</b>	Name of plan sponsor	RS PROD TEST 8/6	<b>c</b> EIN-PN 93-0755313-001
<b>a</b>	Plan name	RS PROD TEST 7/31 TEST	
<b>b</b>	Name of plan sponsor	RS PROD TEST 7/31 TEST	<b>c</b> EIN-PN 47-3919706-001
<b>a</b>	Plan name	WEALTHNEST PLANNERS 401(K) PLAN	
<b>b</b>	Name of plan sponsor	WEALTHNEST PLANNERS 401(K) PLAN	<b>c</b> EIN-PN 26-3868233-001
<b>a</b>	Plan name	RS PRODUCTION TEST 7/24	
<b>b</b>	Name of plan sponsor	RS PRODUCTION TEST 7/24	<b>c</b> EIN-PN 99-9898988-001
<b>a</b>	Plan name	SPONSOR ID TEST 7.24MIMU	
<b>b</b>	Name of plan sponsor	SPONSOR ID TEST 7.24MIMU	<b>c</b> EIN-PN 11-1111155-001
<b>a</b>	Plan name	JOTUL NORTH AMERICA INC 401(K) PROFIT SHARING PLAN AND TRUST	
<b>b</b>	Name of plan sponsor	JOTUL NORTH AMERICA INC 401(K) PROFIT SHARING PLAN AND TRUST	<b>c</b> EIN-PN 01-0371493-001
<b>a</b>	Plan name	EDGE NEW JERSEY, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	EDGE NEW JERSEY, INC. 401(K) PLAN	<b>c</b> EIN-PN 22-3184794-001
<b>a</b>	Plan name	RS PROD 7/21 2	
<b>b</b>	Name of plan sponsor	RS PROD 7/21 2	<b>c</b> EIN-PN 23-0000001-001

<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	THE FINAL COUNTDOWN 401K	
<b>b</b>	Name of plan sponsor	THE FINAL COUNTDOWN 401K	<b>c</b> EIN-PN 90-2333333-001
<b>a</b>	Plan name	RS PROD PLAN 7/21 2	
<b>b</b>	Name of plan sponsor	RS PROD PLAN 7/21 2	<b>c</b> EIN-PN 77-0159033-001
<b>a</b>	Plan name	LIVERPOOL 401K	
<b>b</b>	Name of plan sponsor	LIVERPOOL 401K	<b>c</b> EIN-PN 83-8383838-001
<b>a</b>	Plan name	RS PROD PLAN TEST 7/19 5	
<b>b</b>	Name of plan sponsor	RS PROD PLAN TEST 7/19 5	<b>c</b> EIN-PN 99-9238979-001
<b>a</b>	Plan name	RS PLAN PROD TEST 7/19 0	
<b>b</b>	Name of plan sponsor	RS PLAN PROD TEST 7/19 0	<b>c</b> EIN-PN 99-9848998-001
<b>a</b>	Plan name	RS PROD PLAN TEST 7/18 AR	
<b>b</b>	Name of plan sponsor	RS PROD PLAN TEST 7/18 AR	<b>c</b> EIN-PN 99-9948484-001
<b>a</b>	Plan name	TESTING AIS READY SELECT 7.17 MIMU NON NY	
<b>b</b>	Name of plan sponsor	TESTING AIS READY SELECT 7.17 MIMU NON NY	<b>c</b> EIN-PN 11-1111152-001
<b>a</b>	Plan name	READY SELECT NON NY STARTUP EPS 7.17MIMU	
<b>b</b>	Name of plan sponsor	READY SELECT NON NY STARTUP EPS 7.17MIMU	<b>c</b> EIN-PN 26-4403335-001
<b>a</b>	Plan name	COOKIE MONSTER 401K TEST	
<b>b</b>	Name of plan sponsor	COOKIE MONSTER 401K TEST	<b>c</b> EIN-PN 01-8921901-001
<b>a</b>	Plan name	RS PROD TEST 5/29 4	
<b>b</b>	Name of plan sponsor	RS PROD TEST 5/29 4	<b>c</b> EIN-PN 22-2437399-001
<b>a</b>	Plan name	OUTDOOR LIFESTYLE STRATEGIES 401(K) PLAN	
<b>b</b>	Name of plan sponsor	OUTDOOR LIFESTYLE STRATEGIES 401(K) PLAN	<b>c</b> EIN-PN 84-4914946-001
<b>a</b>	Plan name	DIACOM 401(K) SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	DIACOM 401(K) SAVINGS PLAN	<b>c</b> EIN-PN 58-2540182-001

<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	RS PROD TEST PLAN 6/18	
<b>b</b>	Name of plan sponsor	RS PROD TEST PLAN 6/18	<b>c</b> EIN-PN 99-9898988-001
<b>a</b>	Plan name	READY SELECT PEA TEST 7.10 NON NY STARTUPMIMU	
<b>b</b>	Name of plan sponsor	READY SELECT PEA TEST 7.10 NON NY STARTUPMIMU	<b>c</b> EIN-PN 11-1111150-001
<b>a</b>	Plan name	READY SELECT PEA TEST 7.10 NY TRANSFERMIMU	
<b>b</b>	Name of plan sponsor	READY SELECT PEA TEST 7.10 NY TRANSFERMIMU	<b>c</b> EIN-PN 11-1111149-001
<b>a</b>	Plan name	READY SELECT INV TEST 7.8 NONNY TRANSFER MIMU	
<b>b</b>	Name of plan sponsor	READY SELECT INV TEST 7.8 NONNY TRANSFER MIMU	<b>c</b> EIN-PN 11-1111147-001
<b>a</b>	Plan name	READY SELECT STARTUP NEW YORK	
<b>b</b>	Name of plan sponsor	READY SELECT STARTUP NEW YORK	<b>c</b> EIN-PN 11-1111140-001
<b>a</b>	Plan name	READY SELECT NY TRANSFER 7.3 MIMU	
<b>b</b>	Name of plan sponsor	READY SELECT NY TRANSFER 7.3 MIMU	<b>c</b> EIN-PN 11-1111139-001
<b>a</b>	Plan name	READY SELECT TRANSFER NON NY 7.2 MIMU	
<b>b</b>	Name of plan sponsor	READY SELECT TRANSFER NON NY 7.2 MIMU	<b>c</b> EIN-PN 11-1111138-001
<b>a</b>	Plan name	READY SELECT NONNY MIMU 7.2 TRANSFER	
<b>b</b>	Name of plan sponsor	READY SELECT NONNY MIMU 7.2 TRANSFER	<b>c</b> EIN-PN 11-1111136-001
<b>a</b>	Plan name	READY SELECT NONNY MIMU 7.2 STARTUP	
<b>b</b>	Name of plan sponsor	READY SELECT NONNY MIMU 7.2 STARTUP	<b>c</b> EIN-PN 11-1111137-001
<b>a</b>	Plan name	READY SELECT TEST PLAN 6.27 MIMU	
<b>b</b>	Name of plan sponsor	READY SELECT TEST PLAN 6.27 MIMU	<b>c</b> EIN-PN 11-1111133-001
<b>a</b>	Plan name	TEST READY SELECT 6.26 RELEASE TESTING MIMU	
<b>b</b>	Name of plan sponsor	TEST READY SELECT 6.26 RELEASE TESTING MIMU	<b>c</b> EIN-PN 41-1976680-001
<b>a</b>	Plan name	FG PROPERTY MANAGEMENT 401(K) PLAN	
<b>b</b>	Name of plan sponsor	FG PROPERTY MANAGEMENT 401(K) PLAN	<b>c</b> EIN-PN 95-4587127-001

<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	ABC 123 DENTAL, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ABC 123 DENTAL, LLC 401(K) PLAN	<b>c</b> EIN-PN 27-2145951-001
<b>a</b>	Plan name	SAMPLE ABC CORP	
<b>b</b>	Name of plan sponsor	SAMPLE ABC CORP	<b>c</b> EIN-PN 13-3484990-001
<b>a</b>	Plan name	SAMPLE SAVINGS PLUS	
<b>b</b>	Name of plan sponsor	SAMPLE SAVINGS PLUS	<b>c</b> EIN-PN 99-8990012-001
<b>a</b>	Plan name	RS PROD TEST SAP NY 2	
<b>b</b>	Name of plan sponsor	RS PROD TEST SAP NY 2	<b>c</b> EIN-PN 59-1427677-001
<b>a</b>	Plan name	MAIGEN'S CANDY SHOP SAMPLE 401(K)	
<b>b</b>	Name of plan sponsor	MAIGENS CANDY SHOP SAMPLE 401(K)	<b>c</b> EIN-PN 99-9990003-001
<b>a</b>	Plan name	RS PROD TEST 6/19	
<b>b</b>	Name of plan sponsor	RS PROD TEST 6/19	<b>c</b> EIN-PN 99-9998864-001
<b>a</b>	Plan name	SAMPLE 401K PLAN	
<b>b</b>	Name of plan sponsor	SAMPLE 401K PLAN	<b>c</b> EIN-PN 99-9990011-001
<b>a</b>	Plan name	THE BARNS 401(K) PLAN SAMPLE	
<b>b</b>	Name of plan sponsor	THE BARNS 401(K) PLAN SAMPLE	<b>c</b> EIN-PN 99-9990007-001
<b>a</b>	Plan name	SAMPLE 007 401K PLAN	
<b>b</b>	Name of plan sponsor	SAMPLE 007 401K PLAN	<b>c</b> EIN-PN 99-9990006-001
<b>a</b>	Plan name	CHEYENNE RADIOLOGY GROUP SAMPLE 401(K) PLAN	
<b>b</b>	Name of plan sponsor	CHEYENNE RADIOLOGY GROUP SAMPLE 401(K) PLAN	<b>c</b> EIN-PN 83-0215517-001
<b>a</b>	Plan name	ACME FIREWORKS, LLC SAMPLE PLAN	
<b>b</b>	Name of plan sponsor	ACME FIREWORKS, LLC SAMPLE PLAN	<b>c</b> EIN-PN 99-9990010-001
<b>a</b>	Plan name	READY SELECT STARTUP NONNYMIMU 6.13 PROD	
<b>b</b>	Name of plan sponsor	READY SELECT STARTUP NONNYMIMU 6.13 PROD	<b>c</b> EIN-PN 45-4233482-001

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
<small>(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)</small>			
<b>a</b>	Plan name	READY SELECT STARTUP NY 6.13PROD MIMU	
<b>b</b>	Name of plan sponsor	READY SELECT STARTUP NY 6.13PROD MIMU	<b>c</b> EIN-PN 46-1730030-001
<b>a</b>	Plan name	READY SELECT PROD TRANSFER NY6.13 MIMU	
<b>b</b>	Name of plan sponsor	READY SELECT PROD TRANSFER NY6.13 MIMU	<b>c</b> EIN-PN 68-0067337-001
<b>a</b>	Plan name	READY SELECT PROD TRANSFER PLAN 6.13MIMU	
<b>b</b>	Name of plan sponsor	READY SELECT PROD TRANSFER PLAN 6.13MIMU	<b>c</b> EIN-PN 22-2272332-001
<b>a</b>	Plan name	SAMPLE CUSTOM INSULATION COMPANY, INC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	SAMPLE CUSTOM INSULATION COMPANY, INC 401(K) PLAN	<b>c</b> EIN-PN 04-2994918-001
<b>a</b>	Plan name	RS PROD TEST SAP NY	
<b>b</b>	Name of plan sponsor	RS PROD TEST SAP NY	<b>c</b> EIN-PN 31-0996865-001
<b>a</b>	Plan name	READY SELECT PROD TEST 6.12 MIMU	
<b>b</b>	Name of plan sponsor	READY SELECT PROD TEST 6.12 MIMU	<b>c</b> EIN-PN 35-1439290-001
<b>a</b>	Plan name	READY SELECT 6.10 MIMU TRANSFER CA	
<b>b</b>	Name of plan sponsor	READY SELECT 6.10 MIMU TRANSFER CA	<b>c</b> EIN-PN 95-4467063-001
<b>a</b>	Plan name	READY SELECT 6.9 PROD TEST MIMU TRANSFER	
<b>b</b>	Name of plan sponsor	READY SELECT 6.9 PROD TEST MIMU TRANSFER	<b>c</b> EIN-PN 27-1238088-001
<b>a</b>	Plan name	RS 6/5	
<b>b</b>	Name of plan sponsor	RS 6/5	<b>c</b> EIN-PN 12-3456781-001
<b>a</b>	Plan name	READY SELECT LONG PLAN NAME OF EMPOWER FOR TESTING AT ABOUT 80 CHARACTERS	
<b>b</b>	Name of plan sponsor	READY SELECT LONG PLAN NAME OF EMPOWER FOR TESTING AT ABOUT 80 CHARACT	<b>c</b> EIN-PN 99-9998010-001
<b>a</b>	Plan name	RS PROD 6/5 WITH SAP	
<b>b</b>	Name of plan sponsor	RS PROD 6/5 WITH SAP	<b>c</b> EIN-PN 20-6714741-001
<b>a</b>	Plan name	READY SELECT 6.5 MIMU TRANSFER PLAN	
<b>b</b>	Name of plan sponsor	READY SELECT 6.5 MIMU TRANSFER PLAN	<b>c</b> EIN-PN 12-3456787-001

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 RS 6.4 MIMU TRANSFER PLAN LA	
<b>b</b>	Name of plan sponsor RS 6.4 MIMU TRANSFER PLAN LA	<b>c</b> EIN-PN 81-0799921-001
<b>a</b>	Plan name READY SELECT 6.3 STARTUP NY	
<b>b</b>	Name of plan sponsor READY SELECT 6.3 STARTUP NY	<b>c</b> EIN-PN 95-3646362-001
<b>a</b>	Plan name READY SELECT STARTUP 6.3 MIMU IL	
<b>b</b>	Name of plan sponsor READY SELECT STARTUP 6.3 MIMU IL	<b>c</b> EIN-PN 37-0580723-001
<b>a</b>	Plan name READY SELECT MIMU 6.3 TRANSFER ME	
<b>b</b>	Name of plan sponsor READY SELECT MIMU 6.3 TRANSFER ME	<b>c</b> EIN-PN 94-3053151-001
<b>a</b>	Plan name READY SELECT MIMU 6.3 TRANSFER NY	
<b>b</b>	Name of plan sponsor READY SELECT MIMU 6.3 TRANSFER NY	<b>c</b> EIN-PN 45-2703848-001
<b>a</b>	Plan name UPSON REGIONAL MEDICAL CENTER 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor UPSON REGIONAL MEDICAL CENTER 401(K) RETIREMENT PLAN	<b>c</b> EIN-PN 58-1734026-001
<b>a</b>	Plan name RS 5.31 MIMU MT TRANSFER	
<b>b</b>	Name of plan sponsor RS 5.31 MIMU MT TRANSFER	<b>c</b> EIN-PN 45-3094688-001
<b>a</b>	Plan name RS PROD TEST 5/30	
<b>b</b>	Name of plan sponsor RS PROD TEST 5/30	<b>c</b> EIN-PN 94-2264775-001
<b>a</b>	Plan name RS PROD TEST PLAN SAP TEST 5/23 2	
<b>b</b>	Name of plan sponsor RS PROD TEST PLAN SAP TEST 5/23 2	<b>c</b> EIN-PN 99-9988555-001
<b>a</b>	Plan name READY SELECT 5.23 TRANSFER CAMIMU	
<b>b</b>	Name of plan sponsor READY SELECT 5.23 TRANSFER CAMIMU	<b>c</b> EIN-PN 95-3877798-001
<b>a</b>	Plan name READY SELECT TRANSFER 5.22 MIMU IL	
<b>b</b>	Name of plan sponsor READY SELECT TRANSFER 5.22 MIMU IL	<b>c</b> EIN-PN 47-2247746-001
<b>a</b>	Plan name RS PROD TEST PLAN 5/22 TRANSFER NONNY	
<b>b</b>	Name of plan sponsor RS PROD TEST PLAN 5/22 TRANSFER NONNY	<b>c</b> EIN-PN 77-0284133-001

<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	READY SELECT TX 5.20 MIMU TRANSFER	
<b>b</b>	Name of plan sponsor	READY SELECT TX 5.20 MIMU TRANSFER	<b>c</b> EIN-PN 20-3238380-001
<b>a</b>	Plan name	READY SELECT 5.20 TRANSFER	
<b>b</b>	Name of plan sponsor	READY SELECT 5.20 TRANSFER	<b>c</b> EIN-PN 52-1375898-001
<b>a</b>	Plan name	READY SELECT STARTUP NON NY 5.17 MIMU	
<b>b</b>	Name of plan sponsor	READY SELECT STARTUP NON NY 5.17 MIMU	<b>c</b> EIN-PN 94-3389602-001
<b>a</b>	Plan name	READY SELECT 5.17 TRANSFER NYMIMU	
<b>b</b>	Name of plan sponsor	READY SELECT 5.17 TRANSFER NYMIMU	<b>c</b> EIN-PN 23-2984519-001
<b>a</b>	Plan name	READY SELECT 5.16 FL MIMU TRANSFER	
<b>b</b>	Name of plan sponsor	READY SELECT 5.16 FL MIMU TRANSFER	<b>c</b> EIN-PN 27-3058507-001
<b>a</b>	Plan name	READY SELECT 5.16 TRANSFER LA	
<b>b</b>	Name of plan sponsor	READY SELECT 5.16 TRANSFER LA	<b>c</b> EIN-PN 75-2122095-001
<b>a</b>	Plan name	READY SELECT TRANSFER KS 5.16 MIMU	
<b>b</b>	Name of plan sponsor	READY SELECT TRANSFER KS 5.16 MIMU	<b>c</b> EIN-PN 43-2718844-001
<b>a</b>	Plan name	READY SELECT STARTUP CO 5.16 MIMU	
<b>b</b>	Name of plan sponsor	READY SELECT STARTUP CO 5.16 MIMU	<b>c</b> EIN-PN 38-1617113-001
<b>a</b>	Plan name	RS TEST PLAN 5/16 NH STARTUP	
<b>b</b>	Name of plan sponsor	RS TEST PLAN 5/16 NH STARTUP	<b>c</b> EIN-PN 42-7262620-001
<b>a</b>	Plan name	READY SELECT	
<b>b</b>	Name of plan sponsor	READY SELECT	<b>c</b> EIN-PN 33-1084908-001
<b>a</b>	Plan name	READY SELECT TRANSFER 5.16 IL MIMU	
<b>b</b>	Name of plan sponsor	READY SELECT TRANSFER 5.16 IL MIMU	<b>c</b> EIN-PN 31-0795034-001
<b>a</b>	Plan name	READY SELECT CA STARTUP 5.16 MIMU	
<b>b</b>	Name of plan sponsor	READY SELECT CA STARTUP 5.16 MIMU	<b>c</b> EIN-PN 20-5632174-001

<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	READY SELECT STARTUP CALIFORNIA 5/14	
<b>b</b>	Name of plan sponsor	READY SELECT STARTUP CALIFORNIA 5/14	<b>c</b> EIN-PN 56-1245400-001
<b>a</b>	Plan name	RS TEST PROD PLAN 5/14	
<b>b</b>	Name of plan sponsor	RS TEST PROD PLAN 5/14	<b>c</b> EIN-PN 91-0927987-001
<b>a</b>	Plan name	READY SELECT PROD HI 5.14 MIMU	
<b>b</b>	Name of plan sponsor	READY SELECT PROD HI 5.14 MIMU	<b>c</b> EIN-PN 20-8548344-001
<b>a</b>	Plan name	RS TEST PLAN 5/13 TRANSFER PLAN	
<b>b</b>	Name of plan sponsor	RS TEST PLAN 5/13 TRANSFER PLAN	<b>c</b> EIN-PN 94-2593611-001
<b>a</b>	Plan name	AFA INDUSTRIES, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	AFA INDUSTRIES, INC. 401(K) PLAN	<b>c</b> EIN-PN 38-2738992-001
<b>a</b>	Plan name	BLOUNTSTOWN HEALTH AND REHAB 401(K) PLAN	
<b>b</b>	Name of plan sponsor	BLOUNTSTOWN HEALTH AND REHAB 401(K) PLAN	<b>c</b> EIN-PN 87-3508681-001
<b>a</b>	Plan name	EVANS GENERAL CONTRACTORS, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	EVANS GENERAL CONTRACTORS, LLC 401(K) PLAN	<b>c</b> EIN-PN 58-2602425-001
<b>a</b>	Plan name	VALSOURCE, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	VALSOURCE, INC. 401(K) PLAN	<b>c</b> EIN-PN 23-2855010-001
<b>a</b>	Plan name	ACTIVE FOOT AND ANKLE CARE CENTER 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ACTIVE FOOT AND ANKLE CARE CENTER 401(K) PLAN	<b>c</b> EIN-PN 22-2886826-001
<b>a</b>	Plan name	SUNCOAST HEALTH PARTNERS 401(K) PLAN	
<b>b</b>	Name of plan sponsor	SUNCOAST HEALTH PARTNERS 401(K) PLAN	<b>c</b> EIN-PN 88-3948133-001
<b>a</b>	Plan name	FIX MEDIA	
<b>b</b>	Name of plan sponsor	FIX MEDIA	<b>c</b> EIN-PN 26-3311903-001
<b>a</b>	Plan name	PIONEER DESIGN GROUP, INC. 401K PLAN	
<b>b</b>	Name of plan sponsor	PIONEER DESIGN GROUP, INC. 401K PLAN	<b>c</b> EIN-PN 16-1678832-001

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 PENSACOLA HEALTH PARTNERS 401K PLAN	
<b>b</b>	Name of plan sponsor PENSACOLA HEALTH PARTNERS 401K PLAN	<b>c</b> EIN-PN 88-0867677-001
<b>a</b>	Plan name BLACKSTONE INDUSTRIES, LLC 401(K) PROFIT SHARING PLAN AND TRUST	
<b>b</b>	Name of plan sponsor BLACKSTONE INDUSTRIES, LLC 401(K) PROFIT SHARING PLAN AND TRUST	<b>c</b> EIN-PN 46-3082747-001
<b>a</b>	Plan name SQUILLACE AND ASSOCIATES, P.C. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor SQUILLACE AND ASSOCIATES, P.C. 401(K) PROFIT SHARING PLAN	<b>c</b> EIN-PN 20-8557934-001
<b>a</b>	Plan name THE ROSENBLUM LAW FIRM, P.C. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor THE ROSENBLUM LAW FIRM, P.C. 401(K) PROFIT SHARING PLAN	<b>c</b> EIN-PN 26-3348718-001
<b>a</b>	Plan name CARERITE CENTERS, LLC CORPORATE 401K PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor CARERITE CENTERS, LLC CORPORATE 401K PROFIT SHARING PLAN	<b>c</b> EIN-PN 45-2505538-001
<b>a</b>	Plan name BURKES MECHANICAL, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor BURKES MECHANICAL, INC. 401(K) PLAN	<b>c</b> EIN-PN 63-0934099-001
<b>a</b>	Plan name ATLANTIC SURGICAL ASSOCIATES 401(K) PLAN	
<b>b</b>	Name of plan sponsor ATLANTIC SURGICAL ASSOCIATES 401(K) PLAN	<b>c</b> EIN-PN 46-0676836-001
<b>a</b>	Plan name FLYWHEEL DATA, LLC 401(K)PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor FLYWHEEL DATA, LLC 401(K)PROFIT SHARING PLAN	<b>c</b> EIN-PN 46-4289264-001
<b>a</b>	Plan name P.K.M.M. INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor P.K.M.M. INC. 401(K) PLAN	<b>c</b> EIN-PN 22-2873648-001
<b>a</b>	Plan name PYURE BRANDS LLC 401(K) PROFIT SHARING PLAN AND TRUST	
<b>b</b>	Name of plan sponsor PYURE BRANDS LLC 401(K) PROFIT SHARING PLAN AND TRUST	<b>c</b> EIN-PN 26-3156379-001
<b>a</b>	Plan name AMBERWOODS 401K PLAN	
<b>b</b>	Name of plan sponsor AMBERWOODS 401K PLAN	<b>c</b> EIN-PN 88-4396084-001
<b>a</b>	Plan name MB HEALTHCARE 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor MB HEALTHCARE 401(K) PROFIT SHARING PLAN	<b>c</b> EIN-PN 47-2351628-001

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="#">KAM MARKETING, INC. 401(K) PROFIT SHARING PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">KAM MARKETING, INC. 401(K) PROFIT SHARING PLAN</a>	<b>c</b> EIN-PN <a href="#">22-3346916-001</a>
<b>a</b>	Plan name <a href="#">PRIME MEDICAL CARE, LLC 401K PROFIT SHARING PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">PRIME MEDICAL CARE, LLC 401K PROFIT SHARING PLAN</a>	<b>c</b> EIN-PN <a href="#">32-0080987-001</a>
<b>a</b>	Plan name <a href="#">MORGAN, BROWN AND JOY PROFIT SHARING PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">MORGAN, BROWN AND JOY PROFIT SHARING PLAN</a>	<b>c</b> EIN-PN <a href="#">04-2264216-001</a>
<b>a</b>	Plan name <a href="#">BANKERS BANCORP OF OKLAHOMA, INC 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">BANKERS BANCORP OF OKLAHOMA, INC 401(K) PLAN</a>	<b>c</b> EIN-PN <a href="#">73-1252684-001</a>
<b>a</b>	Plan name <a href="#">STEVEN PHILLIPS M.D., P.C. 401(K) PROFIT SHARING PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">STEVEN PHILLIPS M.D., P.C. 401(K) PROFIT SHARING PLAN</a>	<b>c</b> EIN-PN <a href="#">20-0119118-001</a>
<b>a</b>	Plan name <a href="#">JOHN J. MALM AND ASSOCIATES, P.C. 401(K) PROFIT SHARING PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">JOHN J. MALM AND ASSOCIATES, P.C. 401(K) PROFIT SHARING PLAN</a>	<b>c</b> EIN-PN <a href="#">36-4458554-001</a>
<b>a</b>	Plan name <a href="#">LAW OFFICES OF MATHYS AND SCHNEID 401K PROFIT SHARING PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">LAW OFFICES OF MATHYS AND SCHNEID 401K PROFIT SHARING PLAN</a>	<b>c</b> EIN-PN <a href="#">20-4240446-001</a>
<b>a</b>	Plan name <a href="#">CARERITE CENTERS, LLC 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">CARERITE CENTERS, LLC 401(K) PLAN</a>	<b>c</b> EIN-PN <a href="#">45-2505538-001</a>
<b>a</b>	Plan name <a href="#">PHOENIX WAREHOUSE 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">PHOENIX WAREHOUSE 401(K) PLAN</a>	<b>c</b> EIN-PN <a href="#">22-3499090-001</a>
<b>a</b>	Plan name <a href="#">ALL CITY LEASING AND WAREHOUSING, INC. 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">ALL CITY LEASING AND WAREHOUSING, INC. 401(K) PLAN</a>	<b>c</b> EIN-PN <a href="#">11-2393081-001</a>
<b>a</b>	Plan name <a href="#">KILLMER ELECTRIC, INC. PROFIT SHARING PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">KILLMER ELECTRIC, INC. PROFIT SHARING PLAN</a>	<b>c</b> EIN-PN <a href="#">41-1250710-001</a>
<b>a</b>	Plan name <a href="#">WIRELESS EXPERIENCE GROUP INC. 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">WIRELESS EXPERIENCE GROUP INC. 401(K) PLAN</a>	<b>c</b> EIN-PN <a href="#">45-4166124-001</a>

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 JOHNSTONE SUPPLY OF DETROIT 401(K) PLAN	
<b>b</b>	Name of plan sponsor JOHNSTONE SUPPLY OF DETROIT 401(K) PLAN	<b>c</b> EIN-PN 38-3336773-001
<b>a</b>	Plan name OPEN DEALER EXCHANGE LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor OPEN DEALER EXCHANGE LLC 401(K) PLAN	<b>c</b> EIN-PN 26-3331512-001
<b>a</b>	Plan name ARMACELL, LLC RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor ARMACELL, LLC RETIREMENT SAVINGS PLAN	<b>c</b> EIN-PN 51-0392836-001
<b>a</b>	Plan name ABPRO 401(K) PROFIT SHARING PLAN AND TRUST	
<b>b</b>	Name of plan sponsor ABPRO 401(K) PROFIT SHARING PLAN AND TRUST	<b>c</b> EIN-PN 58-1053759-001
<b>a</b>	Plan name WARING OIL COMPANY, LLC RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor WARING OIL COMPANY, LLC RETIREMENT SAVINGS PLAN	<b>c</b> EIN-PN 20-1752080-001
<b>a</b>	Plan name MARINES' MEMORIAL 401(K) PLAN	
<b>b</b>	Name of plan sponsor MARINES MEMORIAL 401(K) PLAN	<b>c</b> EIN-PN 94-1055967-001
<b>a</b>	Plan name COLTENE/WHALEDENT, INC. PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor COLTENE/WHALEDENT, INC. PROFIT SHARING PLAN	<b>c</b> EIN-PN 13-3568101-001
<b>a</b>	Plan name COLTENE/WHALEDENT, INC. PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor COLTENE/WHALEDENT, INC. PROFIT SHARING PLAN	<b>c</b> EIN-PN 13-3568101-001
<b>a</b>	Plan name HUNTER METAL INDUSTRIES 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor HUNTER METAL INDUSTRIES 401(K) PROFIT SHARING PLAN	<b>c</b> EIN-PN 11-1672724-001
<b>a</b>	Plan name TOTAL QUALITY LOGISTICS, LLC RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor TOTAL QUALITY LOGISTICS, LLC RETIREMENT PLAN	<b>c</b> EIN-PN 20-5152109-001
<b>a</b>	Plan name ZAZZLE INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor ZAZZLE INC. 401(K) PLAN	<b>c</b> EIN-PN 77-0519796-001
<b>a</b>	Plan name ASCOM (US), INC. RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor ASCOM (US), INC. RETIREMENT PLAN	<b>c</b> EIN-PN 52-2228503-001

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 DELTA ASSOCIATED IMPLEMENT COMPANIES GENERAL RETIREMENT PLAN AND TRUST	
<b>b</b>	Name of plan sponsor DELTA ASSOCIATED IMPLEMENT COMPANIES GENERAL RETIREMENT PLAN AND TRUST	<b>c</b> EIN-PN 64-0146450-001
<b>a</b>	Plan name BLOAPCO 401(K) DISCRETIONARY RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor BLOAPCO 401(K) DISCRETIONARY RETIREMENT PLAN	<b>c</b> EIN-PN 39-1624006-001
<b>a</b>	Plan name HGLLBM HOLDINGS LLC PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor HGLLBM HOLDINGS LLC PROFIT SHARING PLAN	<b>c</b> EIN-PN 02-0264791-001
<b>a</b>	Plan name TROON GOLF, L.L.C. 401(K) PLAN	
<b>b</b>	Name of plan sponsor TROON GOLF, L.L.C. 401(K) PLAN	<b>c</b> EIN-PN 86-0832529-001
<b>a</b>	Plan name ARMSTRONG BANK 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor ARMSTRONG BANK 401(K) PROFIT SHARING PLAN	<b>c</b> EIN-PN 73-0496410-001
<b>a</b>	Plan name EDF TRADING, N.A. 401(K) PLAN	
<b>b</b>	Name of plan sponsor EDF TRADING, N.A. 401(K) PLAN	<b>c</b> EIN-PN 86-1065045-001
<b>a</b>	Plan name SOUTHWEST ELECTRIC CO. CORPORATE 401(K) PLAN	
<b>b</b>	Name of plan sponsor SOUTHWEST ELECTRIC CO. CORPORATE 401(K) PLAN	<b>c</b> EIN-PN 73-0558653-001
<b>a</b>	Plan name MICHIANA AREA ELECTRICAL WORKERS' MONEY PURCHASE PLAN	
<b>b</b>	Name of plan sponsor MICHIANA AREA ELECTRICAL WORKERS MONEY PURCHASE PLAN	<b>c</b> EIN-PN 35-1861971-001
<b>a</b>	Plan name BABCOCK POWER SAVINGS PLAN	
<b>b</b>	Name of plan sponsor BABCOCK POWER SAVINGS PLAN	<b>c</b> EIN-PN 04-3719625-001
<b>a</b>	Plan name COBORN'S INCORPORATED EMPLOYEES PROFIT SHARING 401(K) PLAN	
<b>b</b>	Name of plan sponsor COBORNS INCORPORATED EMPLOYEES PROFIT SHARING 401(K) PLAN	<b>c</b> EIN-PN 41-0824910-001
<b>a</b>	Plan name URBAN SCIENCE APPLICATIONS, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor URBAN SCIENCE APPLICATIONS, INC. 401(K) PROFIT SHARING PLAN	<b>c</b> EIN-PN 38-2134622-001
<b>a</b>	Plan name JANNEY MONTGOMERY SCOTT LLC PROFIT SHARING AND SAVINGS PLAN	
<b>b</b>	Name of plan sponsor JANNEY MONTGOMERY SCOTT LLC PROFIT SHARING AND SAVINGS PLAN	<b>c</b> EIN-PN 23-0731260-001

<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	AAR PENSION PLAN	
<b>b</b>	Name of plan sponsor	AAR PENSION PLAN	<b>c</b> EIN-PN 53-6000125-001
<b>a</b>	Plan name	AMADEUS NORTH AMERICA INC PENSION	
<b>b</b>	Name of plan sponsor	AMADEUS NORTH AMERICA INC PENSION	<b>c</b> EIN-PN 76-0544614-001
<b>a</b>	Plan name	CECIL COUNTY PENSION PLAN	
<b>b</b>	Name of plan sponsor	CECIL COUNTY PENSION PLAN	<b>c</b> EIN-PN 52-6000919-001
<b>a</b>	Plan name	CECIL COUNTY PENSION PLAN	
<b>b</b>	Name of plan sponsor	CECIL COUNTY PENSION PLAN	<b>c</b> EIN-PN 52-6000919-001
<b>a</b>	Plan name	CHARLES COUNTY GOVERNMENT	
<b>b</b>	Name of plan sponsor	CHARLES COUNTY GOVERNMENT	<b>c</b> EIN-PN 52-6000925-001
<b>a</b>	Plan name	COBRE VALLEY COMMUNITY HOSPITAL 1	
<b>b</b>	Name of plan sponsor	COBRE VALLEY COMMUNITY HOSPITAL 1	<b>c</b> EIN-PN 86-0732836-002
<b>a</b>	Plan name	COBRE VALLEY COMMUNITY HOSPITAL 2	
<b>b</b>	Name of plan sponsor	COBRE VALLEY COMMUNITY HOSPITAL 2	<b>c</b> EIN-PN 86-0732836-002
<b>a</b>	Plan name	ELIZABETH CARBIDE DIE CO INC	
<b>b</b>	Name of plan sponsor	ELIZABETH CARBIDE DIE CO INC	<b>c</b> EIN-PN 25-1011428-001
<b>a</b>	Plan name	EMC INS COMPANIES PENSION PLAN	
<b>b</b>	Name of plan sponsor	EMC INS COMPANIES PENSION PLAN	<b>c</b> EIN-PN 42-0234980-001
<b>a</b>	Plan name	EMC INS COMPANIES PENSION PLAN	
<b>b</b>	Name of plan sponsor	EMC INS COMPANIES PENSION PLAN	<b>c</b> EIN-PN 42-0234980-001
<b>a</b>	Plan name	EMC LIFE PENSION PLAN	
<b>b</b>	Name of plan sponsor	EMC LIFE PENSION PLAN	<b>c</b> EIN-PN 42-0234980-001
<b>a</b>	Plan name	EMC LIFE PENSION PLAN	
<b>b</b>	Name of plan sponsor	EMC LIFE PENSION PLAN	<b>c</b> EIN-PN 42-0234980-001

<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	FAURECIA EXHAUST SYS UAWANDSAL PEN PLAN	
<b>b</b>	Name of plan sponsor	FAURECIA EXHAUST SYS UAWANDSAL PEN PLAN	<b>c</b> EIN-PN 06-1566311-001
<b>a</b>	Plan name	FUJIFILM GROUP PENSION PLAN	
<b>b</b>	Name of plan sponsor	FUJIFILM GROUP PENSION PLAN	<b>c</b> EIN-PN 11-3757275-001
<b>a</b>	Plan name	INTERMOUNTAIN POWER SER CORP	
<b>b</b>	Name of plan sponsor	INTERMOUNTAIN POWER SER CORP	<b>c</b> EIN-PN 87-0407566-001
<b>a</b>	Plan name	LEGRAND NORTH AMERICA RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	LEGRAND NORTH AMERICA RETIREMENT PLAN	<b>c</b> EIN-PN 06-0593670-001
<b>a</b>	Plan name	LITTLE DIX BAY HOTEL RET INCOME PLAN	
<b>b</b>	Name of plan sponsor	LITTLE DIX BAY HOTEL RET INCOME PLAN	<b>c</b> EIN-PN 52-0898393-001
<b>a</b>	Plan name	MADISON GAS AND ELECTRIC CO 401 H BARGAIN	
<b>b</b>	Name of plan sponsor	MADISON GAS AND ELECTRIC CO 401 H BARGAIN	<b>c</b> EIN-PN 39-0444025-001
<b>a</b>	Plan name	MADISON GAS AND ELECTRIC CO 401 H BARGAIN	
<b>b</b>	Name of plan sponsor	MADISON GAS AND ELECTRIC CO 401 H BARGAIN	<b>c</b> EIN-PN 39-0444025-001
<b>a</b>	Plan name	MADISON GAS AND ELECTRIC CO 401 H SALARY	
<b>b</b>	Name of plan sponsor	MADISON GAS AND ELECTRIC CO 401 H SALARY	<b>c</b> EIN-PN 39-0444025-001
<b>a</b>	Plan name	MADISON GAS AND ELECTRIC CO 401 H SALARY	
<b>b</b>	Name of plan sponsor	MADISON GAS AND ELECTRIC CO 401 H SALARY	<b>c</b> EIN-PN 39-0444025-001
<b>a</b>	Plan name	MADISON GAS AND ELECTRIC CO BARG E	
<b>b</b>	Name of plan sponsor	MADISON GAS AND ELECTRIC CO BARG E	<b>c</b> EIN-PN 39-0444025-001
<b>a</b>	Plan name	MADISON GAS AND ELECTRIC CO BARG E	
<b>b</b>	Name of plan sponsor	MADISON GAS AND ELECTRIC CO BARG E	<b>c</b> EIN-PN 39-0444025-001
<b>a</b>	Plan name	MADISON GAS AND ELECTRIC CO RETIRE	
<b>b</b>	Name of plan sponsor	MADISON GAS AND ELECTRIC CO RETIRE	<b>c</b> EIN-PN 39-0444025-001

<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	MADISON GAS AND ELECTRIC CO RETIRE	
<b>b</b>	Name of plan sponsor	MADISON GAS AND ELECTRIC CO RETIRE	<b>c</b> EIN-PN 39-0444025-001
<b>a</b>	Plan name	MGE RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	MGE RETIREMENT PLAN	<b>c</b> EIN-PN 39-0444025-002
<b>a</b>	Plan name	MGE RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	MGE RETIREMENT PLAN	<b>c</b> EIN-PN 39-0444025-002
<b>a</b>	Plan name	MGE RETIREMENT PLAN FOR BARGAIN EES	
<b>b</b>	Name of plan sponsor	MGE RETIREMENT PLAN FOR BARGAIN EES	<b>c</b> EIN-PN 39-0444025-001
<b>a</b>	Plan name	MGE RETIREMENT PLAN FOR BARGAIN EES	
<b>b</b>	Name of plan sponsor	MGE RETIREMENT PLAN FOR BARGAIN EES	<b>c</b> EIN-PN 39-0444025-001
<b>a</b>	Plan name	NTN EMPLOYEES PENSION PLAN	
<b>b</b>	Name of plan sponsor	NTN EMPLOYEES PENSION PLAN	<b>c</b> EIN-PN 36-3726692-001
<b>a</b>	Plan name	NTNBCA CORP PENSION PL HRLYGREENSBURG	
<b>b</b>	Name of plan sponsor	NTNBCA CORP PENSION PL HRLYGREENSBURG	<b>c</b> EIN-PN 36-3726692-001
<b>a</b>	Plan name	NTNBOWER CORP PENSION PL HRLYHAMILTON	
<b>b</b>	Name of plan sponsor	NTNBOWER CORP PENSION PL HRLYHAMILTON	<b>c</b> EIN-PN 36-3726692-001
<b>a</b>	Plan name	PATELCO CREDIT UNION PENSION PLAN	
<b>b</b>	Name of plan sponsor	PATELCO CREDIT UNION PENSION PLAN	<b>c</b> EIN-PN 94-0755684-001
<b>a</b>	Plan name	RETIREMENT PLAN FOR EES OF SMECO	
<b>b</b>	Name of plan sponsor	RETIREMENT PLAN FOR EES OF SMECO	<b>c</b> EIN-PN 52-0492367-001
<b>a</b>	Plan name	TOWN OF WETHERSFIELD DB PLAN	
<b>b</b>	Name of plan sponsor	TOWN OF WETHERSFIELD DB PLAN	<b>c</b> EIN-PN 06-6002130-001
<b>a</b>	Plan name	WIREMOLD LEGRAND	
<b>b</b>	Name of plan sponsor	WIREMOLD LEGRAND	<b>c</b> EIN-PN 06-0593670-001



<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>	OMB No. 1210-0110  <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>LARGE CAP GROWTH MFS FUND (SALG5)</b>	<b>B</b> Three-digit plan number (PN) ▶ <b>350</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>	621254      464182
<b>c</b> General investments:		
<b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....	<b>1c(1)</b>	11300674      10548208
<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>	1401999140      1646258033
<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>	
<b>(14)</b> Value of funds held in insurance company general account (unallocated contracts) .....	<b>1c(14)</b>	
<b>(15)</b> Other .....	<b>1c(15)</b>	

<b>1d</b> Employer-related investments:		(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>	1413921068	1657270423
<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>	595052	297846
<b>k</b> Total liabilities (add all amounts in lines 1g through 1j).....	<b>1k</b>	595052	297846
<b>Net Assets</b>			
<b>l</b> Net assets (subtract line 1k from line 1f).....	<b>1l</b>	1413326016	1656972577

**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>	939575	
<b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....	<b>2b(1)(G)</b>		939575
<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>	7896078	
<b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....	<b>2b(2)(D)</b>		7896078
<b>(3)</b> Rents.....	<b>2b(3)</b>		
<b>(4) Net gain (loss) on sale of assets:</b>			
<b>(A)</b> Aggregate proceeds.....	<b>2b(4)(A)</b>	189009931	
<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>		
<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>	236211938	
<b>(C)</b> Total unrealized appreciation of assets. Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....	<b>2b(5)(C)</b>		

	(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts .....	2b(6)	
(7) Net investment gain (loss) from pooled separate accounts .....	2b(7)	
(8) Net investment gain (loss) from master trust investment accounts .....	2b(8)	
(9) Net investment gain (loss) from 103-12 investment entities .....	2b(9)	
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds) .....	2b(10)	
<b>c</b> Other income .....	2c	-82380
<b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total .....	2d	433975142

**Expenses**

<b>e</b> Benefit payment and payments to provide benefits:		
(1) Directly to participants or beneficiaries, including direct rollovers .....	2e(1)	
(2) To insurance carriers for the provision of benefits .....	2e(2)	
(3) Other .....	2e(3)	
(4) Total benefit payments. Add lines 2e(1) through (3) .....	2e(4)	0
<b>f</b> Corrective distributions (see instructions) .....	2f	
<b>g</b> Certain deemed distributions of participant loans (see instructions) .....	2g	
<b>h</b> Interest expense .....	2h	
<b>i</b> Administrative expenses:		
(1) Salaries and allowances .....	2i(1)	
(2) Contract administrator fees .....	2i(2)	
(3) Recordkeeping fees .....	2i(3)	175975
(4) IQPA audit fees .....	2i(4)	
(5) Investment advisory and investment management fees .....	2i(5)	6445420
(6) Bank or trust company trustee/custodial fees .....	2i(6)	
(7) Actuarial fees .....	2i(7)	
(8) Legal fees .....	2i(8)	
(9) Valuation/appraisal fees .....	2i(9)	
(10) Other trustee fees and expenses .....	2i(10)	
(11) Other expenses .....	2i(11)	43380
(12) Total administrative expenses. Add lines 2i(1) through (11) .....	2i(12)	6664775
<b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total .....	2j	6664775

**Net Income and Reconciliation**

<b>k</b> Net income (loss). Subtract line 2j from line 2d .....	2k	427310367
<b>l</b> Transfers of assets:		
(1) To this plan .....	2l(1)	435761802
(2) From this plan .....	2l(2)	619425608

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