

Form 5500

Department of the Treasury  
Internal Revenue Service

Department of Labor  
Employee Benefits Security  
Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210-0110  
1210-0089

2024

This Form is Open to Public Inspection

Part I Annual Report Identification Information

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

- A This return/report is for: [ ] a multiemployer plan [ ] a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.) [ ] a single-employer plan [X] a DFE (specify) C
B This return/report is: [ ] the first return/report [ ] the final return/report [ ] an amended return/report [ ] a short plan year return/report (less than 12 months)
C If the plan is a collectively-bargained plan, check here. [ ]
D Check box if filing under: [ ] Form 5558 [ ] automatic extension [ ] the DFVC program [ ] special extension (enter description)
E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. [ ]

Part II Basic Plan Information—enter all requested information

1a Name of plan: JANUS HENDERSON ENTERPRISE COLLECTIVE FUND
1b Three-digit plan number (PN): 001
1c Effective date of plan
2a Plan sponsor's name (employer, if for a single-employer plan): GREAT GRAY TRUST COMPANY, LLC
2b Employer Identification Number (EIN): 38-7289853
2c Plan Sponsor's telephone number: 866-427-6885
2d Business code (see instructions)

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

<b>A</b> Name of plan <u>JANUS HENDERSON ENTERPRISE COLLECTIVE FUND</u>	<b>B</b> Three-digit plan number (PN)	<u>001</u>
<b>C</b> Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>GREAT GRAY TRUST COMPANY, LLC</u>	<b>D</b> Employer Identification Number (EIN) <u>38-7289853</u>	

<b>Part I</b>	<b>Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)</b> (Complete as many entries as needed to report all interests in DFEs)
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<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>NT COLLECTIVE GOVERNMENT STIF</u>		
<b>b</b> Name of sponsor of entity listed in (a): <u>NORTHERN TRUST INVESTMENTS, INC.</u>		
<b>c</b> EIN-PN <u>45-6138589-068</u>	<b>d</b> Entity code <u>C</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>48164463</u>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

**c** EIN-PN

**d** Entity code

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

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

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

**c** EIN-PN

**d** Entity code

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

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

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

**c** EIN-PN

**d** Entity code

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

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**c** EIN-PN

**d** Entity code

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

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

**c** EIN-PN

**d** Entity code

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

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 457(B) DEFERRED COMPENSATION PLAN OF THE MASSACHUSETTS EDUCATIONAL FINANCING AUTHORITY	
<b>b</b>	Name of plan sponsor MASSACHUSETTS EDUCATIONAL FINANCING AUTHORITY	<b>c</b> EIN-PN 06-1063144-457
<b>a</b>	Plan name 457B DEFERRED COMPENSATION PLAN OF THE	
<b>b</b>	Name of plan sponsor MASSACHUSETTS EDUCATIONAL FINANCING AUTH	<b>c</b> EIN-PN 06-1063144-002
<b>a</b>	Plan name AERIN MEDICAL RETIREMENT TRUST	
<b>b</b>	Name of plan sponsor AERIN MEDICAL INC.	<b>c</b> EIN-PN 45-2572453-001
<b>a</b>	Plan name AFSCO, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor AFSCO, INC.	<b>c</b> EIN-PN 39-1197706-002
<b>a</b>	Plan name AG US GROUP SERVICES INC. EMPLOYEE RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor AG US GROUP SERVICES INC.	<b>c</b> EIN-PN 30-0953494-001
<b>a</b>	Plan name AIT WORLDWIDE LOGISTICS, INC. 401(K) SAVINGS PLAN	
<b>b</b>	Name of plan sponsor AIT WORLDWIDE LOGISTICS, INC.	<b>c</b> EIN-PN 36-3033973-001
<b>a</b>	Plan name AMERICAN COMMUNICATIONS SOLUTIONS, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor AMERICAN COMMUNICATIONS SOLUTIONS, LLC	<b>c</b> EIN-PN 82-2004371-001
<b>a</b>	Plan name AMERICAN EXPRESS TRANSPROTATION LLC	
<b>b</b>	Name of plan sponsor AMERICAN EXPRESS TRANSPORTATION LLC	<b>c</b> EIN-PN 39-1821881-001
<b>a</b>	Plan name AMERICAN OMNI TRADING COMPANY 401K PROFIT SHARING PLAN TRUST	
<b>b</b>	Name of plan sponsor AMERICAN OMNI TRADING COMPANY	<b>c</b> EIN-PN 58-1887081-001
<b>a</b>	Plan name AMERICAN RETIREMENT ASSOCIATION PROFIT SHARING 401(K) PLAN	
<b>b</b>	Name of plan sponsor AMERICAN RETIREMENT ASSOCIATION 401(K)	<b>c</b> EIN-PN 75-1247887-002
<b>a</b>	Plan name AMUNDSEN DAVIS LLC 401(K) SALARY SAVINGS PLAN	
<b>b</b>	Name of plan sponsor AMUNDSEN DAVIS LLC	<b>c</b> EIN-PN 36-4189382-001
<b>a</b>	Plan name ANDERSON HOLDINGS 401(K) SAVINGS PLAN	
<b>b</b>	Name of plan sponsor ANDERSON HOLDINGS	<b>c</b> EIN-PN 95-2407261-001

<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 AREA DENTAL CLINIC RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor AREA DENTAL ASSOCIATES, LLC	<b>c</b> EIN-PN 81-0947233-001
<b>a</b>	Plan name ARTISANS, INC. 401(K) PROFIT SHARING PLAN AND TRUST	
<b>b</b>	Name of plan sponsor ARTISANS, INC.	<b>c</b> EIN-PN 39-1183740-001
<b>a</b>	Plan name ARUP US RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor ARUP US, INC.	<b>c</b> EIN-PN 36-2711213-002
<b>a</b>	Plan name ASCENT 401(K) PLAN	
<b>b</b>	Name of plan sponsor ASCENT HOLDING CO.	<b>c</b> EIN-PN 83-2904110-001
<b>a</b>	Plan name ASGN INCORPORATED 401(K) RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor ASGN INCORPORATED.	<b>c</b> EIN-PN 95-4023433-001
<b>a</b>	Plan name ASSOCIATION MANAGEMENT STRATEGIES, INC. 401(K) PLAN & TRUST	
<b>b</b>	Name of plan sponsor ASSOCIATION MANAGEMENT STRATEGIES, INC.	<b>c</b> EIN-PN 52-2219264-001
<b>a</b>	Plan name AVALON BIOVENTURES 401K	
<b>b</b>	Name of plan sponsor AVALON BIOVENTURES INC	<b>c</b> EIN-PN 46-2769373-001
<b>a</b>	Plan name BANK OF SUN PRAIRIE PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor BANK OF SUN PRAIRIE	<b>c</b> EIN-PN 39-0148140-002
<b>a</b>	Plan name BAY LAKES CENTER FOR COMPLEX DENTISTRY, S. C. PROFIT SHARING 401(K) PLAN	
<b>b</b>	Name of plan sponsor BAY LAKES CENTER FOR COMPLEX DENTISTRY, S.C.	<b>c</b> EIN-PN 39-1345069-001
<b>a</b>	Plan name BCER ENGINEERING INC 401K RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor BCER ENGINEERING, INC 401(K) RETIREMENT PLAN	<b>c</b> EIN-PN 84-1284721-001
<b>a</b>	Plan name BELLANTI PLUMBING, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor BELLANTI PLUMBING, INC.	<b>c</b> EIN-PN 94-2303321-001
<b>a</b>	Plan name BOSTON BRUINS PLAYERS 401(K) SAVINGS AND INVESTMENT PLAN	
<b>b</b>	Name of plan sponsor BOSTON PROFESSIONAL HOCKEY ASSOCIATION, INC.	<b>c</b> EIN-PN 04-1106880-003

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 BRAKEBUSH BROTHERS INC. EMPLOYEES	
<b>b</b>	Name of plan sponsor BRAKEBUSH BROTHERS INC	<b>c</b> EIN-PN 39-1625450-002
<b>a</b>	Plan name BROADWAY BANCSHARES, INC. PROFIT SHARING 401(K) PLAN	
<b>b</b>	Name of plan sponsor BROADWAY BANCSHARES, INC.	<b>c</b> EIN-PN 74-2209407-001
<b>a</b>	Plan name BUCHANAN INGERSOLL & ROONEY PC	
<b>b</b>	Name of plan sponsor BUCHANAN INGERSOLL AND ROONEY PC	<b>c</b> EIN-PN 25-1381032-003
<b>a</b>	Plan name BUESSER CONCRETE LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor BUESSER CONCRETE LLC	<b>c</b> EIN-PN 30-0720672-001
<b>a</b>	Plan name C&K CUSTARD, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor C&K CUSTARD, LLC	<b>c</b> EIN-PN 37-1489196-001
<b>a</b>	Plan name C&N MANUFACTURING, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor C&N MANUFACTURING, INC.	<b>c</b> EIN-PN 39-2040355-001
<b>a</b>	Plan name CALIFORNIA SIERRA EXPRESS, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor CALIFORNIA SIERRA EXPRESS INC	<b>c</b> EIN-PN 88-0250102-001
<b>a</b>	Plan name CARDIAC STUDY CENTER, INC. P.S. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor CARDIAC STUDY CENTER, INC. P.S.	<b>c</b> EIN-PN 91-0919306-001
<b>a</b>	Plan name CASCADE WOOD PRODUCTS INC. 401K PLAN	
<b>b</b>	Name of plan sponsor CASCADE WOOD PRODUCTS INC.	<b>c</b> EIN-PN 93-0718474-013
<b>a</b>	Plan name CEDAR CORPORATION SAVINGS PLAN	
<b>b</b>	Name of plan sponsor CEDAR CORPORATION	<b>c</b> EIN-PN 39-1216719-001
<b>a</b>	Plan name CENTRAL WISCONSIN RADIOLOGISTS, S.C. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor CENTRAL WISCONSIN RADIOLOGISTS, S.C.	<b>c</b> EIN-PN 39-1343596-002
<b>a</b>	Plan name CENTURY HELICOPTERS, INC. 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor CENTURY HELICOPTORS, INC.	<b>c</b> EIN-PN 84-0774403-002

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="#">CHIPPEWA VALLEY ANESTHESIA ASSOCIATES, S. C. 401(K) P/S PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">CHIPPEWA VALLEY ANESTHESIA ASSOCIATES, S.C.</a>	<b>c</b> EIN-PN <a href="#">85-2621750-001</a>
<b>a</b>	Plan name <a href="#">CHIPPEWA VALLEY EYE CLINIC, LTD. PROFIT SHARING PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">CHIPPEWA VALLEY EYE CLINIC, LTD.</a>	<b>c</b> EIN-PN <a href="#">39-1138126-001</a>
<b>a</b>	Plan name <a href="#">CHIPPEWA VALLEY GROWERS 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">CVG, LLC</a>	<b>c</b> EIN-PN <a href="#">82-1206334-001</a>
<b>a</b>	Plan name <a href="#">CHIPPEWA VALLEY ORTHOPEDICS &amp; SPORTS MEDICINE CLINIC, S.C. PROFIT SHARING PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">CHIPPEWA VALLEY ORTHOPEDICS &amp; SPORTS MEDICINE CLINIC, S.C.</a>	<b>c</b> EIN-PN <a href="#">20-0976275-001</a>
<b>a</b>	Plan name <a href="#">CITY ELECTRIC SUPPLY PR RETIREMENT PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">CITY ELECTRIC SUPPLY COMPANY</a>	<b>c</b> EIN-PN <a href="#">59-2279498-002</a>
<b>a</b>	Plan name <a href="#">CLAYCO, INC. 401(K) PROFIT SHARING PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">CLAYCO, INC.</a>	<b>c</b> EIN-PN <a href="#">43-1339079-001</a>
<b>a</b>	Plan name <a href="#">CMG FINANCIAL</a>	
<b>b</b>	Name of plan sponsor <a href="#">CMG FINANCIAL SERVICES</a>	<b>c</b> EIN-PN <a href="#">90-0156517-001</a>
<b>a</b>	Plan name <a href="#">COLBY METAL, INC. RETIREMENT &amp; SAVINGS PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">COLBY METAL, INC.</a>	<b>c</b> EIN-PN <a href="#">39-1550757-001</a>
<b>a</b>	Plan name <a href="#">COLOR IMAGE APPAREL, INC. 401(K) PROFIT SHARING PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">COLOR IMAGE APPAREL, INC.</a>	<b>c</b> EIN-PN <a href="#">77-0540132-001</a>
<b>a</b>	Plan name <a href="#">COMMUNITY VETERINARY PARTNERS 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">COMMUNITY VETERINARY PARTNERS</a>	<b>c</b> EIN-PN <a href="#">27-1126809-001</a>
<b>a</b>	Plan name <a href="#">CORRECT CRAFT HOLDING COMPANY RETIREMENT PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">CORRECT CRAFT HOLDING COMPANY, LLC</a>	<b>c</b> EIN-PN <a href="#">46-0635077-001</a>
<b>a</b>	Plan name <a href="#">CSSI, LLC EMPLOYEE 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">CSSI, INC.</a>	<b>c</b> EIN-PN <a href="#">52-1698546-002</a>

<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	CW OHIO INC. 401K PLAN	
<b>b</b>	Name of plan sponsor	CASCADE OHIO INC.	<b>c</b> EIN-PN 93-1062984-001
<b>a</b>	Plan name	DEFATTA ENT AND FACIAL PLASTIC SURGERY 401(K) PLAN	
<b>b</b>	Name of plan sponsor	DEFATTA ENT AND FACIAL PLASTIC SURGERY	<b>c</b> EIN-PN 46-4196442-001
<b>a</b>	Plan name	DELAWARE NORTH COMPANIES 401(K) PLAN	
<b>b</b>	Name of plan sponsor	DELAWARE NORTH COMPANIES, INCORPORATED	<b>c</b> EIN-PN 16-0994528-004
<b>a</b>	Plan name	DELAWARE NORTH COMPANIES 401(K) UNION PLAN	
<b>b</b>	Name of plan sponsor	DELAWARE NORTH COMPANIES, INCORPORATED	<b>c</b> EIN-PN 16-0994528-007
<b>a</b>	Plan name	DELAWARE NORTH COMPANIES GAMING AND ENTERTAINMENT INC. WEST VIRGINIA RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	WHEELING ISLAND GAMING, INC.	<b>c</b> EIN-PN 16-1333214-009
<b>a</b>	Plan name	DENTAL CRAFTERS, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	DENTAL CRAFTERS, INC.	<b>c</b> EIN-PN 39-1658718-001
<b>a</b>	Plan name	DIAMOND FOODS, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	DIAMOND FOODS, LLC	<b>c</b> EIN-PN 81-4577932-010
<b>a</b>	Plan name	DIAMOND MANUFACTURING 401(K) PLAN	
<b>b</b>	Name of plan sponsor	DIAMOND MFG	<b>c</b> EIN-PN 81-4577932-013
<b>a</b>	Plan name	DIESEL LAPTOPS 401(K) PLAN	
<b>b</b>	Name of plan sponsor	DIESEL LAPTOPS, LLC	<b>c</b> EIN-PN 26-0571017-001
<b>a</b>	Plan name	DISCOUNT TIRE / AMERICA'S TIRE RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	REINALT-THOMAS CORP	<b>c</b> EIN-PN 38-1889682-001
<b>a</b>	Plan name	DIVERSIFIED MANAGEMENT GROUP 401K PLAN	
<b>b</b>	Name of plan sponsor	DIVERSIFIED MANAGEMENT GROUP, INC.	<b>c</b> EIN-PN 27-3524206-002
<b>a</b>	Plan name	DURAND BUILDERS SERVICE, INC. 401(K) SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	DURAND BUILDERS SERVICE, INC.	<b>c</b> EIN-PN 39-1035175-001

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	DYKEMA GOSSETT PLLC RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	DYKEMA GOSSETT PLLC	<b>c</b> EIN-PN 38-1446628-001
<b>a</b>	Plan name	DYNAMIC FABRICATION 401(K) PLAN	
<b>b</b>	Name of plan sponsor	DYNAMIC FABRICATION & FINISHING, LL	<b>c</b> EIN-PN 27-5297900-001
<b>a</b>	Plan name	ECR/CJ/RM	
<b>b</b>	Name of plan sponsor	TRADESMAN, INC.	<b>c</b> EIN-PN 39-1974348-001
<b>a</b>	Plan name	ECS 401K	
<b>b</b>	Name of plan sponsor	ENGINEERED CUSTOM SOLUTIONS LLC	<b>c</b> EIN-PN 82-3163744-001
<b>a</b>	Plan name	ECWI GF HOSPITALITY LLC RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	ECWI GF HOSPITALITY LLC	<b>c</b> EIN-PN 93-3424144-001
<b>a</b>	Plan name	EDISON ENERGY GROUP 401(K) SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	EDISON ENERGY GROUP, INC.	<b>c</b> EIN-PN 45-5489020-002
<b>a</b>	Plan name	EMHART GLASS RETIREMENT AND SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	EMHART GLASS MANUFACTURING INC.	<b>c</b> EIN-PN 06-1314679-005
<b>a</b>	Plan name	ENDODONTIC SPECIALISTS OF LA CROSSE LTD. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ENDODONTIC SPECIALISTS, LLC	<b>c</b> EIN-PN 61-1809924-001
<b>a</b>	Plan name	EPSON PORTLAND INC. 401(K) SAVINGS AND RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	EPSON PORTLAND INC.	<b>c</b> EIN-PN 93-0882588-001
<b>a</b>	Plan name	FAMILIES UNITED NETWORK 401(K) PLAN	
<b>b</b>	Name of plan sponsor	FAMILIES UNITED NETWORK	<b>c</b> EIN-PN 23-2857929-002
<b>a</b>	Plan name	FARRELL EQUIPMENT & SUPPLY CO., INC. PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	FARRELL EQUIPMENT & SUPPLY CO., INC	<b>c</b> EIN-PN 39-1100073-002
<b>a</b>	Plan name	FIRST REALTY MANAGEMENT INC 401(K) PROFIT SHARING PLAN & TRUST	
<b>b</b>	Name of plan sponsor	FIRST REALTY MANAGEMENT INC	<b>c</b> EIN-PN 26-4328600-001

<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	FIVE STAR PLASTICS RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	FIVE STAR PLASTICS, INC.	<b>c</b> EIN-PN 41-2034333-001
<b>a</b>	Plan name	FLASTER/GREENBERG P.C. PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	FLASTER/GREENBERG P.C.	<b>c</b> EIN-PN 22-1913711-002
<b>a</b>	Plan name	FRANK KENT CADILLAC, LLC EMPLOYEES' 401(K) SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	FRANK KENT CADILLAC, LLC	<b>c</b> EIN-PN 75-1235317-002
<b>a</b>	Plan name	FURNISH 123 401(K) PLAN	
<b>b</b>	Name of plan sponsor	KUHN FURNITURE AND MATTRESSES, INC. DBA FURNISH 123	<b>c</b> EIN-PN 46-4363074-001
<b>a</b>	Plan name	GAI CONSULTANTS INC. 401K PLAN	
<b>b</b>	Name of plan sponsor	GAI CONSULTANTS INC	<b>c</b> EIN-PN 25-1260999-002
<b>a</b>	Plan name	GALE BANKS ENGINEERING EMPLOYEE SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	GALE BANKS ENGINEERING	<b>c</b> EIN-PN 95-2687960-001
<b>a</b>	Plan name	GALOOSHIAN MEDICAL PRACTICE 401(K) PLAN	
<b>b</b>	Name of plan sponsor	LIYA GALOOSHIAN, MD, PC	<b>c</b> EIN-PN 83-2714176-001
<b>a</b>	Plan name	GOAL & SUBSIDIARIES 401(K) PLAN	
<b>b</b>	Name of plan sponsor	GOAL INVESTMENT GROUP INC	<b>c</b> EIN-PN 85-1815415-002
<b>a</b>	Plan name	GPM HOME OFFICE EMPLOYEES' RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	GOVERNMENT PERSONNEL MUTUAL LIFE INSURANCE COMPANY	<b>c</b> EIN-PN 74-0651020-004
<b>a</b>	Plan name	GRIMMWAY ENTERPRISES 401(K) PLAN	
<b>b</b>	Name of plan sponsor	GRIMMWAY ENTERPRISES 401(K) PLAN	<b>c</b> EIN-PN 77-0325482-002
<b>a</b>	Plan name	GYL FINANCIAL SYNERGIES, LLC 401K PLAN	
<b>b</b>	Name of plan sponsor	GYL FINANCIAL SYNERGIES, LLC	<b>c</b> EIN-PN 81-3263476-001
<b>a</b>	Plan name	HART SAVER - 401(K) PLAN	
<b>b</b>	Name of plan sponsor	J. C. HART COMPANY, INC.	<b>c</b> EIN-PN 35-1361239-001

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 HEALTHPRO-HERITAGE 401(K) PLAN	
<b>b</b>	Name of plan sponsor HEALTH PRO MANAGEMENT SERVICES, LLC	<b>c</b> EIN-PN 26-1167226-001
<b>a</b>	Plan name HELLO ADORN, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor HELLO ADORN, INC.	<b>c</b> EIN-PN 84-4322729-001
<b>a</b>	Plan name HOFFMAN SABBAN AND WATENMAKER A	
<b>b</b>	Name of plan sponsor HOFFMAN SABBAN AND WATENMAKER A PROFESSI	<b>c</b> EIN-PN 95-3862725-001
<b>a</b>	Plan name HOLMEN CHEESE LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor HOLMEN CHEESE LLC	<b>c</b> EIN-PN 83-2441982-001
<b>a</b>	Plan name HOM FAMILY DENTISTRY 401 (K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor HOM FAMILY DENTISTRY, S.C.	<b>c</b> EIN-PN 39-1996041-001
<b>a</b>	Plan name HOPE GOSPEL MISSION, INC. 401(K) SAVINGS PLAN	
<b>b</b>	Name of plan sponsor HOPE GOSPEL MISSION, INC.	<b>c</b> EIN-PN 39-1948605-002
<b>a</b>	Plan name HUDDL3 GROUP 401(K) PLAN	
<b>b</b>	Name of plan sponsor HUDDL3 GROUP	<b>c</b> EIN-PN 85-2208820-001
<b>a</b>	Plan name HUNTER FAN COMPANY RETIREMENT SAVINGS PL	
<b>b</b>	Name of plan sponsor HUNTER FAN COMPANY	<b>c</b> EIN-PN 62-1218702-003
<b>a</b>	Plan name ICON ENGINEERING, INC. RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor ICON ENGINEERING, INC.	<b>c</b> EIN-PN 84-1377508-001
<b>a</b>	Plan name IMEG 401(K) PLAN	
<b>b</b>	Name of plan sponsor IMEG CONSULTANTS CORP.	<b>c</b> EIN-PN 15-0284110-001
<b>a</b>	Plan name INNAGREEN INVESTMENTS 401K PLAN	
<b>b</b>	Name of plan sponsor INNAGREEN INVESTMENTS 401K PLAN	<b>c</b> EIN-PN 87-2301491-001
<b>a</b>	Plan name INSULATION MATERIALS CORPORATION 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor INSULATION MATERIALS CORPORATION	<b>c</b> EIN-PN 22-1930127-001

<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	INTERFOODS OF AMERICA, INC. EMPLOYEES SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	INTERFOODS OF AMERICA, INC.	<b>c</b> EIN-PN 59-3356011-001
<b>a</b>	Plan name	INTERIOR SUPPLY, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	INTERIOR SUPPLY, INC.	<b>c</b> EIN-PN 31-1248412-001
<b>a</b>	Plan name	ITERIS, INC 401(K) AND STOCK OWNERSHIP PLAN	
<b>b</b>	Name of plan sponsor	ITERIS, INC.	<b>c</b> EIN-PN 95-2588496-005
<b>a</b>	Plan name	J & D 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	JONES & DEMILLE ENGINEERING, INC.	<b>c</b> EIN-PN 87-0377962-001
<b>a</b>	Plan name	JEFFER MANGELS BUTLER & MITCHELL LLP	
<b>b</b>	Name of plan sponsor	JEFFER MANGELS BUTLER MITCHELL LLP	<b>c</b> EIN-PN 95-3669194-003
<b>a</b>	Plan name	JEFFER MANGELS BUTLER & MITCHELL LLP	
<b>b</b>	Name of plan sponsor	JEFFER MANGELS BUTLER MITCHELL LLP	<b>c</b> EIN-PN 95-3669194-008
<b>a</b>	Plan name	JELD-WEN, INC. KSOP	
<b>b</b>	Name of plan sponsor	JELD-WEN HOLDING, INC.	<b>c</b> EIN-PN 93-1273278-006
<b>a</b>	Plan name	JENNERJAHN MACHINE, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	JENNERJAHN MACHINE, INC.	<b>c</b> EIN-PN 35-1464626-001
<b>a</b>	Plan name	JONES SIMKINS LLC 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	JONES SIMKINS LLC	<b>c</b> EIN-PN 46-1592906-002
<b>a</b>	Plan name	JONES WALKER LLP PROFIT SHARING RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	JONES WALKER LLP	<b>c</b> EIN-PN 72-0445111-001
<b>a</b>	Plan name	K. T. FABRICATION, INC. PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	K. T. FABRICATION, INC.	<b>c</b> EIN-PN 86-0697267-003
<b>a</b>	Plan name	KELLEY SUPPLY 401(K) PLAN	
<b>b</b>	Name of plan sponsor	KELLEY SUPPLY, INC.	<b>c</b> EIN-PN 39-1380558-001

<b>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	KINTZINGER LAW FIRM 401(K) PLAN	
<b>b</b>	Name of plan sponsor	KINTZINGER LAW FIRM, P.L.C.	<b>c</b> EIN-PN 42-0699231-001
<b>a</b>	Plan name	KLINEDINST P.C. 401K PLAN I	
<b>b</b>	Name of plan sponsor	KLINEDINST PC	<b>c</b> EIN-PN 33-0075004-001
<b>a</b>	Plan name	KLINEDINST P.C. 401K PLAN II	
<b>b</b>	Name of plan sponsor	KLINEDINST PC	<b>c</b> EIN-PN 33-0075004-002
<b>a</b>	Plan name	KNUTSON FAMILY DENTAL RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	KNUTSON FAMILY DENTAL LLC	<b>c</b> EIN-PN 86-2532413-001
<b>a</b>	Plan name	KOVA INTERNATIONAL, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	KOVA INTERNATIONAL, INC.	<b>c</b> EIN-PN 30-0760624-001
<b>a</b>	Plan name	KURTH SHEET METAL, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	KURTH SHEET METAL	<b>c</b> EIN-PN 39-0970802-001
<b>a</b>	Plan name	LA CROSSE GRAPHICS, INC. 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	LA CROSSE GRAPHICS, INC.	<b>c</b> EIN-PN 39-1566750-001
<b>a</b>	Plan name	LA CROSSE SIGN COMPANY INC. SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	LA CROSSE SIGN COMPANY INC.	<b>c</b> EIN-PN 39-1623770-001
<b>a</b>	Plan name	LANGAN FINANCIAL GROUP 401(K) PLAN	
<b>b</b>	Name of plan sponsor	LANGAN FINANCIAL GROUP	<b>c</b> EIN-PN 47-2651320-001
<b>a</b>	Plan name	LASKERS, INC. PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	LASKERS, INC.	<b>c</b> EIN-PN 39-0422165-001
<b>a</b>	Plan name	LEARNING.COM 401(K) PLAN	
<b>b</b>	Name of plan sponsor	THE LEARNING INTERNET, INC.	<b>c</b> EIN-PN 93-1276706-001
<b>a</b>	Plan name	LESCO PAPER & BOX COMPANY, INC. 401(K)AND PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	LESCO PAPER & BOX COMPANY, INC.	<b>c</b> EIN-PN 23-1596579-001

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 LEWIS & HAWN 401(K) PLAN	
<b>b</b>	Name of plan sponsor LEWIS & HAWN EXCELLENCE IN DENTISTRY, PLLC	<b>c</b> EIN-PN 82-3872990-001
<b>a</b>	Plan name LINTERN CORPORATION 401(K) SAVINGS PLAN	
<b>b</b>	Name of plan sponsor LINTERN CORPORATION	<b>c</b> EIN-PN 34-0361330-003
<b>a</b>	Plan name LOGAN PASS CONSTRUCTION, LLC 401(K) SAVINGS PLAN	
<b>b</b>	Name of plan sponsor LOGAN PASS CONSTRUCTION, LLC	<b>c</b> EIN-PN 81-5093261-001
<b>a</b>	Plan name M1 SUPPORT SERVICES, L.P. 401(K) PLAN	
<b>b</b>	Name of plan sponsor M1 SUPPORT SERVICES, L.P.	<b>c</b> EIN-PN 20-0288988-005
<b>a</b>	Plan name MACDONALD & OWEN VENEER & LUMBER CO., INC. PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor MACDONALD & OWEN VENEER & LUMBER CO., INC.	<b>c</b> EIN-PN 41-0964059-001
<b>a</b>	Plan name MADISON ORAL AND MAXILLOFACIAL SURGEONS S.C. 401(K) PROFIT SHARING PLAN AND TRUST	
<b>b</b>	Name of plan sponsor MADISON ORAL AND MAXILLOFACIAL SURGEONS S.C	<b>c</b> EIN-PN 39-1154110-001
<b>a</b>	Plan name MAGNOLIA CAPITAL MANAGEMENT COMPANY, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor MAGNOLIA CAPITAL MANAGEMENT COMPANY, INC.	<b>c</b> EIN-PN 81-3604920-001
<b>a</b>	Plan name MARATHON CHEESE EMPLOYEE'S 401K	
<b>b</b>	Name of plan sponsor MARATHON CHEESE CORPORATION	<b>c</b> EIN-PN 39-0873270-001
<b>a</b>	Plan name MARAWOOD CONSTRUCTION SERVICES, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor MARAWOOD CONSTRUCTION SERVICES, INC	<b>c</b> EIN-PN 39-1368294-001
<b>a</b>	Plan name MARKET & JOHNSON, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor MARKET & JOHNSON, INC.	<b>c</b> EIN-PN 39-1095048-001
<b>a</b>	Plan name MATHEWS ARCHERY, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor MATHEWS ARCHERY, INC.	<b>c</b> EIN-PN 39-1837798-001
<b>a</b>	Plan name MDS REMODELING, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor MDS REMODELING, LLC	<b>c</b> EIN-PN 56-2621829-001

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 MEMORIAL HEALTH SYSTEM DEFINED CONTRIBUTION RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor MEMORIAL HEALTH SYSTEM	<b>c</b> EIN-PN 37-1110690-002
<b>a</b>	Plan name MENOMONIE STREET DENTAL 401(K) EMPLOYEE RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor MENOMONIE STREET DENTAL, LLC	<b>c</b> EIN-PN 39-1593706-001
<b>a</b>	Plan name MESA AIR GROUP INC. 401K PLAN	
<b>b</b>	Name of plan sponsor MESA AIR GROUP INC	<b>c</b> EIN-PN 85-0302351-001
<b>a</b>	Plan name METHODIST HEALTHCARE MINISTRIES 401K PLAN	
<b>b</b>	Name of plan sponsor METHODIST HEALTHCARE MINISTRIES	<b>c</b> EIN-PN 74-1287016-001
<b>a</b>	Plan name MID CAP GROWTH FUND II	
<b>b</b>	Name of plan sponsor GREAT GRAY TRUST COMPANY, LLC	<b>c</b> EIN-PN 38-7304118-003
<b>a</b>	Plan name MIDWEST ENDODONTICS, LLC 401(K) & PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor MIDWEST ENDODONTICS, LLC	<b>c</b> EIN-PN 20-4243686-001
<b>a</b>	Plan name MOUNTAIN WEST ANESTHESIA, L. L. C. RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor MOUNTAIN WEST ANESTHESIA, L.L.C.	<b>c</b> EIN-PN 87-0545614-003
<b>a</b>	Plan name MS ULTRASONIC TECHNOLOGY LLC 401K PLAN	
<b>b</b>	Name of plan sponsor MS ULTRASONIC TECHNOLOGY LLC	<b>c</b> EIN-PN 37-1539400-001
<b>a</b>	Plan name NAVIENT 401(K) SAVINGS PLAN	
<b>b</b>	Name of plan sponsor NAVIENT CORPORATION	<b>c</b> EIN-PN 46-4054283-001
<b>a</b>	Plan name NEBRASKA PUBLIC POWER DISTRICT 401(K) PLAN	
<b>b</b>	Name of plan sponsor NEBRASKA PUBLIC POWER DISTRICT	<b>c</b> EIN-PN 46-3202447-001
<b>a</b>	Plan name NET HEALTH SYSTEMS INC PROFIT	
<b>b</b>	Name of plan sponsor NET HEALTH SYSTEMS INC	<b>c</b> EIN-PN 25-1711380-001
<b>a</b>	Plan name NEW DIRECTIONS BEHAVIORAL HEALTH 401(K) PROFIT SHARING PLAN AND TRUST	
<b>b</b>	Name of plan sponsor NEW DIRECTIONS BEHAVIORAL HEALTH, LLC	<b>c</b> EIN-PN 43-1698690-001

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 <b>NODOLF FLORY, LLP 401(K) PROFIT SHARING PLAN</b>	
<b>b</b>	Name of plan sponsor <b>NODOLF FLORY, LLP</b>	<b>c</b> EIN-PN <b>27-4664643-001</b>
<b>a</b>	Plan name <b>NORTHERN CONSTRUCTION SERVICE, LLC 401(K) PLAN AND TRUST</b>	
<b>b</b>	Name of plan sponsor <b>NORTHERN CONSTRUCTION SERVICE, LLC</b>	<b>c</b> EIN-PN <b>04-3298009-002</b>
<b>a</b>	Plan name <b>NORTHERN MICHIGAN MEDICINE &amp; PEDIATRICS, PLLC 401(K) PROFIT SHARING PLAN</b>	
<b>b</b>	Name of plan sponsor <b>NORTHERN MICHIGAN MEDICINE &amp; PEDIATRICS, PLLC</b>	<b>c</b> EIN-PN <b>20-0663368-001</b>
<b>a</b>	Plan name <b>NORTHWOODS DENTISTRY 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>NORTHWOODS DENTISTRY</b>	<b>c</b> EIN-PN <b>46-2822219-001</b>
<b>a</b>	Plan name <b>NORTHWOODS THERAPY ASSOCIATES PROFIT SHARING PLAN</b>	
<b>b</b>	Name of plan sponsor <b>NORTHWOODS SPORT &amp; HAND, INC.</b>	<b>c</b> EIN-PN <b>27-3821935-001</b>
<b>a</b>	Plan name <b>OAKLEAF CLINICS, INC. PROFIT SHARING PLAN</b>	
<b>b</b>	Name of plan sponsor <b>OAKLEAF CLINICS, INC.</b>	<b>c</b> EIN-PN <b>27-4563392-001</b>
<b>a</b>	Plan name <b>ORAL &amp; MAXILLOFACIAL SURGERY ASSOCIATES OF EAU CLAIRE, S.C. 401(K) PROFIT SHARING PLAN</b>	
<b>b</b>	Name of plan sponsor <b>ORAL &amp; MAXILLOFACIAL SURGERY ASSOCIATES OF EAU CLAIRE, S.C.</b>	<b>c</b> EIN-PN <b>39-1148730-003</b>
<b>a</b>	Plan name <b>ORGEL WEALTH MANGEMENT EMPLOYEE RETIREMENT PLAN</b>	
<b>b</b>	Name of plan sponsor <b>ORGEL WEALTH MANAGEMENT, LLC</b>	<b>c</b> EIN-PN <b>46-2793932-001</b>
<b>a</b>	Plan name <b>ORTHOPAEDIC ASSOCIATES OF WISCONSIN, S. C. PROFIT SHARING PLAN</b>	
<b>b</b>	Name of plan sponsor <b>ORTHOPAEDIC ASSOCIATES OF WISCONSIN, S.C.</b>	<b>c</b> EIN-PN <b>39-1101566-001</b>
<b>a</b>	Plan name <b>PACIFIC AG RENTALS, LLC 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>PACIFIC AG RENTALS, LLC</b>	<b>c</b> EIN-PN <b>77-0559618-001</b>
<b>a</b>	Plan name <b>PANDI CAPITAL LLC 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>PANDI CAPITAL LLC</b>	<b>c</b> EIN-PN <b>27-1779970-001</b>
<b>a</b>	Plan name <b>PARK STATE BANK &amp; TRUST EMPLOYEE PROFIT SHARING PLAN</b>	
<b>b</b>	Name of plan sponsor <b>PARK STATE BANK &amp; TRUST</b>	<b>c</b> EIN-PN <b>84-0532259-001</b>

<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	PEAKSTONE REALTY TRUST 401(K) PLAN	
<b>b</b>	Name of plan sponsor	PKST MANAGEMENT COMPANY, LLC	<b>c</b> EIN-PN 32-0479517-001
<b>a</b>	Plan name	PENTECH HOLDINGS RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	PENTEC HEALTH, INC.	<b>c</b> EIN-PN 51-0269822-001
<b>a</b>	Plan name	PLA-FIT FRANCHISE, LLC	
<b>b</b>	Name of plan sponsor	PLA-FIT FRANCHISE, LLC	<b>c</b> EIN-PN 59-3764075-001
<b>a</b>	Plan name	PLASTIC SURGERY CLINIC OF EC 401(K) SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	PLASTIC SURGERY CLINIC OF EC, S.C.	<b>c</b> EIN-PN 85-3119099-001
<b>a</b>	Plan name	PMC GLOBAL INC. AND SUBSIDIARIES	
<b>b</b>	Name of plan sponsor	PMC GLOBAL INC	<b>c</b> EIN-PN 95-4605938-001
<b>a</b>	Plan name	PRESTIGE AUTO CORPORATION 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	PRESTIGE AUTO CORPORATION - EAU CLAIRE	<b>c</b> EIN-PN 39-1897510-001
<b>a</b>	Plan name	PRODUCTOPS, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	PRODUCTOPS, INC.	<b>c</b> EIN-PN 26-2920333-001
<b>a</b>	Plan name	QANTAS AIRWAYS LIMITED CAPITAL ACCUMULATION PLAN	
<b>b</b>	Name of plan sponsor	QANTAS AIRWAYS LIMITED	<b>c</b> EIN-PN 94-1096229-002
<b>a</b>	Plan name	QUAD/GRAPHICS DIVERSIFIED PLAN	
<b>b</b>	Name of plan sponsor	QUAD/GRAPHICS, INC.	<b>c</b> EIN-PN 39-1152983-003
<b>a</b>	Plan name	RALEY'S 401(K) RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	RALEYS 401(K) RETIREMENT SAVINGS PLAN	<b>c</b> EIN-PN 94-1316611-012
<b>a</b>	Plan name	RANDS TRUCKING, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	RANDS TRUCKING, INC.	<b>c</b> EIN-PN 39-1563798-001
<b>a</b>	Plan name	RB SCOTT COMPANY, INC. PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	RB SCOTT COMPANY, INC.	<b>c</b> EIN-PN 39-1279498-001

<b>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	REALTY INCOME RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	REALTY INCOME CORPORATION	<b>c</b> EIN-PN 33-0580106-002
<b>a</b>	Plan name	RED GOLD, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	RED GOLD, INC.	<b>c</b> EIN-PN 35-0307660-001
<b>a</b>	Plan name	RETIREMENT PATH POOLED EMPLOYER PLAN	
<b>b</b>	Name of plan sponsor	PLAN PROFESSIONALS, LLC	<b>c</b> EIN-PN 85-3213245-304
<b>a</b>	Plan name	RETIREMENT PLAN OF GOODSILL ANDERSON	
<b>b</b>	Name of plan sponsor	GOODSILL ANDERSON QUINN AND STIFEL A LLP	<b>c</b> EIN-PN 99-0087157-001
<b>a</b>	Plan name	ROGUE WASTE SYSTEMS, LLC 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	ROGUE WASTE SYSTEMS, LLC	<b>c</b> EIN-PN 93-1236945-003
<b>a</b>	Plan name	ROYAL CREDIT UNION 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ROYAL CREDIT UNION	<b>c</b> EIN-PN 39-6072970-011
<b>a</b>	Plan name	SCRIBE AMERICA 401(K) PLAN	
<b>b</b>	Name of plan sponsor	SCRIBeamERICA, LLC	<b>c</b> EIN-PN 20-2190415-001
<b>a</b>	Plan name	SECURITY FINANCIAL BANK 401(K) SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	SECURITY FINANCIAL BANK	<b>c</b> EIN-PN 39-0605225-002
<b>a</b>	Plan name	SEIBOLD SECURITY INC 401K PLAN	
<b>b</b>	Name of plan sponsor	SEIBOLD SECURITY INC	<b>c</b> EIN-PN 16-1121332-002
<b>a</b>	Plan name	SENN BLACKTOP, INC. PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	SENN BLACKTOP, INC.	<b>c</b> EIN-PN 39-0607310-001
<b>a</b>	Plan name	SEPARATE ACCOUNT A	
<b>b</b>	Name of plan sponsor	STANDARD INSURANCE COMPANY	<b>c</b> EIN-PN 93-0242990-005
<b>a</b>	Plan name	SERA PROGNOSTICS, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	SERA PROGNOSTICS, INC.	<b>c</b> EIN-PN 26-1911522-001

<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	SHUTTERFLY, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	SHUTTERFLY, LLC	<b>c</b> EIN-PN 94-3330068-001
<b>a</b>	Plan name	SILVER ASSOCIATES' SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	SILVER VENTURES, INC.	<b>c</b> EIN-PN 74-2638247-001
<b>a</b>	Plan name	SIMKO SUPPORT CENTER LLC 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	SIMKO SUPPORT CENTER LLC	<b>c</b> EIN-PN 81-3450427-004
<b>a</b>	Plan name	SPECTRUM INSURANCE GROUP, LLC 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	SPECTRUM INSURANCE GROUP, LLC	<b>c</b> EIN-PN 20-8656116-001
<b>a</b>	Plan name	SPINAL ELEMENTS 401(K) AND PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	SPINAL ELEMENTS, INC.	<b>c</b> EIN-PN 26-0894757-002
<b>a</b>	Plan name	SPREADTRUM COMMUNICATIONS USA, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	SPREADTRUM COMMUNICATIONS USA, I	<b>c</b> EIN-PN 86-1050326-001
<b>a</b>	Plan name	STATION CASINOS LLC & AFFILIATES 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	STATION CASINOS LLC	<b>c</b> EIN-PN 27-3312261-001
<b>a</b>	Plan name	STERLING WATER, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	STERLING WATER, INC.	<b>c</b> EIN-PN 20-1997124-001
<b>a</b>	Plan name	STUDIO 483, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	STUDIO 483, LLC	<b>c</b> EIN-PN 47-5456392-001
<b>a</b>	Plan name	SURGERY PARTNERS 401K PLAN	
<b>b</b>	Name of plan sponsor	SP MANAGEMENT SERVICES	<b>c</b> EIN-PN 62-1736048-001
<b>a</b>	Plan name	SUZOR IT 401(K) PLAN	
<b>b</b>	Name of plan sponsor	SUZOR IT	<b>c</b> EIN-PN 82-3896431-001
<b>a</b>	Plan name	SWBG, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	SWBG, LLC	<b>c</b> EIN-PN 38-3958040-001

<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	SWEED MACHINERY INC. 401K PLAN	
<b>b</b>	Name of plan sponsor	SWEED MACHINERY INC.	<b>c</b> EIN-PN 93-0926443-001
<b>a</b>	Plan name	T.M. COBB AND HALEY BROTHERS 401(K) PLAN	
<b>b</b>	Name of plan sponsor	T.M. COBB COMPANY	<b>c</b> EIN-PN 95-1528565-001
<b>a</b>	Plan name	TANGOE US, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	TANGOE US INC.	<b>c</b> EIN-PN 06-1571143-001
<b>a</b>	Plan name	TECHMER PM LLC 401K PROFIT SHARING PL	
<b>b</b>	Name of plan sponsor	TEHMER PM LLC	<b>c</b> EIN-PN 31-1566487-001
<b>a</b>	Plan name	TEICHERT, INC. RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	TEICHERT, INC.	<b>c</b> EIN-PN 94-0919260-040
<b>a</b>	Plan name	TELESIGN CORPORATION 401(K) PLAN	
<b>b</b>	Name of plan sponsor	TELESIGN CORPORATION	<b>c</b> EIN-PN 20-2235187-001
<b>a</b>	Plan name	TELUS INTERNATIONAL (US) CORP. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	TELUS INTERNATIONAL (US) CORP.	<b>c</b> EIN-PN 98-0226610-001
<b>a</b>	Plan name	TEXAS PARTNERS BANK 401K PLAN	
<b>b</b>	Name of plan sponsor	TEXAS PARTNERS BANK	<b>c</b> EIN-PN 20-8922476-001
<b>a</b>	Plan name	THE 401(K) SAVINGS AND PROFIT SHARING PLAN OF S&P GLOBAL INC. AND ITS SUBSIDIARIES	
<b>b</b>	Name of plan sponsor	S&P GLOBAL INC.	<b>c</b> EIN-PN 13-1026995-002
<b>a</b>	Plan name	THE PLASTEK GROUP 401(K) SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	PLASTEK INDUSTRIES, INC.	<b>c</b> EIN-PN 25-1219548-002
<b>a</b>	Plan name	THE ROBERT D. OLSON CORPORATION 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	THE ROBERT D. OLSON CORPORATION	<b>c</b> EIN-PN 33-0054711-001
<b>a</b>	Plan name	THE WELD TRUST 401(K) PLAN	
<b>b</b>	Name of plan sponsor	THE WELD TRUST 401(K) PLAN	<b>c</b> EIN-PN 74-2358522-002

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	TIMEX GROUP USA INC SAVINGS PLAN FOR	
<b>b</b>	Name of plan sponsor	TIMEX GROUP USA INC	<b>c</b> EIN-PN 06-0581310-013
<b>a</b>	Plan name	TJC REAL ESTATE TRANSACTIONS GROUP, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	TJC REAL ESTATE TRANSACTIONS GROUP, LLC	<b>c</b> EIN-PN 61-1777831-001
<b>a</b>	Plan name	TRAVERE THERAPEUTICS, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	TRAVERE THERAPEUTICS, INC.	<b>c</b> EIN-PN 27-4842691-001
<b>a</b>	Plan name	TRI-STATE 401K PLAN AND TRUST	
<b>b</b>	Name of plan sponsor	TRI-STATE GENERATION AND TRANSMISSION ASSOCIATION INC.	<b>c</b> EIN-PN 84-0464189-003
<b>a</b>	Plan name	UST GLOBAL INC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	UST GLOBAL INC	<b>c</b> EIN-PN 26-1539797-001
<b>a</b>	Plan name	VECTOR SECURITY, INC. RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	VECTOR SECURITY, INC	<b>c</b> EIN-PN 23-1734719-001
<b>a</b>	Plan name	VERVE RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	VERVE, A CREDIT UNION	<b>c</b> EIN-PN 39-0711674-033
<b>a</b>	Plan name	VITAS HEALTHCARE CORPORATION	
<b>b</b>	Name of plan sponsor	VITAS HEALTHCARE CORPORATION	<b>c</b> EIN-PN 59-2318357-002
<b>a</b>	Plan name	WASTE CONNECTIONS, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	WASTE CONNECTIONS, INC.	<b>c</b> EIN-PN 68-0400286-001
<b>a</b>	Plan name	WATLOW GROUP 401(K) PLAN	
<b>b</b>	Name of plan sponsor	WATLOW ELECTRIC MANUFACTURING COMPANY	<b>c</b> EIN-PN 43-0574450-003
<b>a</b>	Plan name	WAUSAU SURGERY CENTER, L.P. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	WAUSAU SURGERY CENTER, L.P.	<b>c</b> EIN-PN 62-1525773-001
<b>a</b>	Plan name	WESTERN ENGINEERING CONTRACTORS, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	WESTERN ENGINEERING CONTRACTORS, INC.	<b>c</b> EIN-PN 94-2901297-001



<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>	<small>OMB No. 1210-0110</small>  <b>2024</b>  <b>This Form is Open to Public Inspection</b>
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For calendar plan year 2024 or fiscal plan year beginning <b>01/01/2024</b> and ending <b>12/31/2024</b>	
<b>A</b> Name of plan <b>JANUS HENDERSON ENTERPRISE COLLECTIVE FUND</b>	<b>B</b> Three-digit plan number (PN) ▶ <b>001</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>GREAT GRAY TRUST COMPANY, LLC</b>	<b>D</b> Employer Identification Number (EIN) <b>38-7289853</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>	0	164342
<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>	13348418	1540155
<b>c</b> General investments:			
<b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....	<b>1c(1)</b>		
<b>(2)</b> U.S. Government securities .....	<b>1c(2)</b>		
<b>(3)</b> Corporate debt instruments (other than employer securities):			
<b>(A)</b> Preferred .....	<b>1c(3)(A)</b>		
<b>(B)</b> All other .....	<b>1c(3)(B)</b>		
<b>(4)</b> Corporate stocks (other than employer securities):			
<b>(A)</b> Preferred .....	<b>1c(4)(A)</b>		
<b>(B)</b> Common .....	<b>1c(4)(B)</b>	543200105	1412031457
<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>	11835584	48164463
<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>	8102454	0

<b>1d</b> Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	<b>1d(1)</b>		
(2) Employer real property.....	<b>1d(2)</b>		
<b>e</b> Buildings and other property used in plan operation.....	<b>1e</b>		
<b>f</b> Total assets (add all amounts in lines 1a through 1e).....	<b>1f</b>	576486561	1461900417
<b>Liabilities</b>			
<b>g</b> Benefit claims payable.....	<b>1g</b>		
<b>h</b> Operating payables.....	<b>1h</b>	0	732853
<b>i</b> Acquisition indebtedness.....	<b>1i</b>		
<b>j</b> Other liabilities.....	<b>1j</b>	483599	1751779
<b>k</b> Total liabilities (add all amounts in lines 1g through 1j).....	<b>1k</b>	483599	2484632
<b>Net Assets</b>			
<b>l</b> Net assets (subtract line 1k from line 1f).....	<b>1l</b>	576002962	1459415785

**Part II Income and Expense Statement**

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

<b>Income</b>		(a) Amount	(b) Total
<b>a Contributions:</b>			
(1) Received or receivable in cash from: <b>(A)</b> Employers.....	<b>2a(1)(A)</b>		
<b>(B)</b> Participants.....	<b>2a(1)(B)</b>		
<b>(C)</b> Others (including rollovers).....	<b>2a(1)(C)</b>		
(2) Noncash contributions.....	<b>2a(2)</b>		
(3) Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> .....	<b>2a(3)</b>		0
<b>b Earnings on investments:</b>			
<b>(1) Interest:</b>			
<b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit).....	<b>2b(1)(A)</b>		
<b>(B)</b> U.S. Government securities.....	<b>2b(1)(B)</b>		
<b>(C)</b> Corporate debt instruments.....	<b>2b(1)(C)</b>		
<b>(D)</b> Loans (other than to participants).....	<b>2b(1)(D)</b>		
<b>(E)</b> Participant loans.....	<b>2b(1)(E)</b>		
<b>(F)</b> Other.....	<b>2b(1)(F)</b>		
<b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....	<b>2b(1)(G)</b>		0
<b>(2) Dividends:</b>			
<b>(A)</b> Preferred stock.....	<b>2b(2)(A)</b>		
<b>(B)</b> Common stock.....	<b>2b(2)(B)</b>	8924470	
<b>(C)</b> Registered investment company shares (e.g. mutual funds).....	<b>2b(2)(C)</b>		
<b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....	<b>2b(2)(D)</b>		8924470
(3) Rents.....	<b>2b(3)</b>		
<b>(4) Net gain (loss) on sale of assets:</b>			
<b>(A)</b> Aggregate proceeds.....	<b>2b(4)(A)</b>	159185236	
<b>(B)</b> Aggregate carrying amount (see instructions).....	<b>2b(4)(B)</b>	127824939	
<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>	83314410	
<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 .....	<b>2b(6)</b>		1829918
(7) Net investment gain (loss) from pooled separate accounts .....	<b>2b(7)</b>		
(8) Net investment gain (loss) from master trust investment accounts .....	<b>2b(8)</b>		
(9) Net investment gain (loss) from 103-12 investment entities .....	<b>2b(9)</b>		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds) .....	<b>2b(10)</b>		
<b>c</b> Other income .....	<b>2c</b>		
<b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total .....	<b>2d</b>		125429095

**Expenses**

<b>e</b> Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers .....	<b>2e(1)</b>		
(2) To insurance carriers for the provision of benefits .....	<b>2e(2)</b>		
(3) Other .....	<b>2e(3)</b>		
(4) Total benefit payments. Add lines <b>2e(1)</b> through <b>(3)</b> .....	<b>2e(4)</b>		0
<b>f</b> Corrective distributions (see instructions) .....	<b>2f</b>		
<b>g</b> Certain deemed distributions of participant loans (see instructions) .....	<b>2g</b>		
<b>h</b> Interest expense .....	<b>2h</b>		
<b>i</b> Administrative expenses:			
(1) Salaries and allowances .....	<b>2i(1)</b>		
(2) Contract administrator fees .....	<b>2i(2)</b>		
(3) Recordkeeping fees .....	<b>2i(3)</b>		
(4) IQPA audit fees .....	<b>2i(4)</b>	47966	
(5) Investment advisory and investment management fees .....	<b>2i(5)</b>	1698300	
(6) Bank or trust company trustee/custodial fees .....	<b>2i(6)</b>	277756	
(7) Actuarial fees .....	<b>2i(7)</b>		
(8) Legal fees .....	<b>2i(8)</b>		
(9) Valuation/appraisal fees .....	<b>2i(9)</b>		
(10) Other trustee fees and expenses .....	<b>2i(10)</b>		
(11) Other expenses .....	<b>2i(11)</b>		
(12) Total administrative expenses. Add lines <b>2i(1)</b> through <b>(11)</b> .....	<b>2i(12)</b>		2024022
<b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total .....	<b>2j</b>		2024022

**Net Income and Reconciliation**

<b>k</b> Net income (loss). Subtract line <b>2j</b> from line <b>2d</b> .....	<b>2k</b>		123405073
<b>l</b> Transfers of assets:			
(1) To this plan .....	<b>2l(1)</b>		914853085
(2) From this plan .....	<b>2l(2)</b>		154845335

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