

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 <div style="font-size: 24pt; font-weight: bold; text-align: center;">2024</div> This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
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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) 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
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1a Name of plan <u>LARGE CAP GROWTH FUND</u>	1b Three-digit plan number (PN) ▶ <u>375</u> 1c Effective date of plan
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>GREAT GRAY TRUST COMPANY, LLC</u> <u>6725 VIA AUSTI PARKWAY, SUITE 260</u> <u>LAS VEGAS, NV 89119</u>	2b Employer Identification Number (EIN) <u>82-4435820</u> 2c Plan Sponsor's telephone number <u>866-427-6885</u> 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.

SIGN HERE		Date	
	Signature of plan administrator		Enter name of individual signing as plan administrator
SIGN HERE		Date	
	Signature of employer/plan sponsor		Enter name of individual signing as employer or plan sponsor
SIGN HERE	Filed with authorized/valid electronic signature.	09/26/2025	MATT FALCIANI
	Signature of DFE	Date	Enter name of individual signing as DFE

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

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:

9a 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	9b 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)

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

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

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

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

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

Receipt Confirmation Code _____

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

A Name of plan <u>LARGE CAP GROWTH FUND</u>	B Three-digit plan number (PN)	<u>375</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>GREAT GRAY TRUST COMPANY, LLC</u>	D Employer Identification Number (EIN) <u>82-4435820</u>	

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
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a Name of MTIA, CCT, PSA, or 103-12 IE:	<u>CLEARBRIDGE LARGE CAP GROWTH CIT</u>		
b Name of sponsor of entity listed in (a):	<u>GREAT GRAY TRUST COMPANY, LLC</u>		
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)	
<u>82-3106705-345</u>	<u>C</u>		<u>918482472</u>
a Name of MTIA, CCT, PSA, or 103-12 IE:			
b Name of sponsor of entity listed in (a):			
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:			
b Name of sponsor of entity listed in (a):			
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:			
b Name of sponsor of entity listed in (a):			
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:			
b Name of sponsor of entity listed in (a):			
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:			
b Name of sponsor of entity listed in (a):			
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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d Entity code

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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)

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)

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.)	
a	Plan name ABOVE THE TREELINE, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor ABOVE THE TREELINE, INC.	c EIN-PN 81-4841479-001
a	Plan name ACCUMYN. 401(K) PLAN	
b	Name of plan sponsor ACCUMYN, LLC	c EIN-PN 22-3968687-001
a	Plan name ACTION SAFETY SUPPLY CO. 401(K) PLAN	
b	Name of plan sponsor ACTION SAFETY SUPPLY CO.	c EIN-PN 73-1213020-001
a	Plan name ADVANCED PAYROLL SOLUTIONS, INC. 401(K) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor ADVANCED PAYROLL SOLUTIONS, INC.	c EIN-PN 56-2593567-001
a	Plan name AEROFAB 401K PLAN	
b	Name of plan sponsor AEROFAB INC	c EIN-PN 41-1936403-001
a	Plan name AMBIENT CONTROL 401(K) PLAN	
b	Name of plan sponsor AMBIENT CONTROL CO., INC.	c EIN-PN 91-1411259-001
a	Plan name AMERICOLD LOGISTICS EMPLOYEE SAVINGS AND INVESTMENT PLAN	
b	Name of plan sponsor AMERICOLD LOGISTICS EMPLOYEE SAVINGS AND INVEST	c EIN-PN 22-3631006-014
a	Plan name AMSTAR GROUP, LLC SAVINGS PLAN	
b	Name of plan sponsor M SHARED SERVICES, LLC	c EIN-PN 82-3594161-001
a	Plan name ANB BANCSHARES, INC. EMPLOYEE STOCK OWNERSHIP AND 401(K) PLAN	
b	Name of plan sponsor ANB BANCSHARES, INC.	c EIN-PN 74-2816808-001
a	Plan name ANCHOR CONSTRUCTION CORPORATION 401(K) RETIREMENT PLAN	
b	Name of plan sponsor ANCHOR CONSTRUCTION CORPORATION	c EIN-PN 52-1425303-001
a	Plan name ANTARES CCR ACQUISITION, LLC 401(K) PLAN	
b	Name of plan sponsor ANTARES CCR ACQUISITION, LLC	c EIN-PN 85-4038437-001
a	Plan name ARK CONTRACTING SERVICES LLC 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor ARK CONTRACTING SERVICES	c EIN-PN 20-1653953-001

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.)			
a	Plan name	ASCEND PARTNER SERVICES LLC 401(K) PLAN	
b	Name of plan sponsor	ASCEND PARTNER SERVICES, LLC	c EIN-PN 92-1373067-001
a	Plan name	AUER STEEL & HEATING SUPPLY COMPANY RETIREMENT PLAN	
b	Name of plan sponsor	AUER STEEL & HEATING SUPPLY CO.	c EIN-PN 39-0139306-002
a	Plan name	AXIA GROUP 401(K) PLAN	
b	Name of plan sponsor	AXIA INSURANCE SERVICES	c EIN-PN 04-3550592-001
a	Plan name	B & J GROUP RETIREMENT PLAN	
b	Name of plan sponsor	B&J SPECIALTY, INC.	c EIN-PN 35-1794553-001
a	Plan name	BABST CALLAND CLEMENTS & ZOMNIR, P.C. PROFIT SHARING 401(K) PLAN I	
b	Name of plan sponsor	BABST, CALLAND, CLEMENTS & ZOMNIR, P.C.	c EIN-PN 25-1523683-001
a	Plan name	BANNER ENVIRONMENTAL SERVICES, INC. 401(K) PLAN	
b	Name of plan sponsor	BANNER ENVIRONMENTAL SERVICES, INC.	c EIN-PN 47-2625434-001
a	Plan name	BARROW AGEE LABORATORIES RETIREMENT 401(K) PLAN	
b	Name of plan sponsor	BARROW AGEE LABORATORIES, LLC	c EIN-PN 20-8124792-001
a	Plan name	BATTA PEDIATRIC CLINIC, PA 401(K) PLAN	
b	Name of plan sponsor	BATTA PEDIATRIC CLINIC, PA	c EIN-PN 20-5139973-001
a	Plan name	BAUER UNDERGROUND, INC. SAFE HARBOR 401(K) PLAN	
b	Name of plan sponsor	BAUER UNDERGROUND, INC.	c EIN-PN 77-0591642-001
a	Plan name	BCDM, INC. RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	BERINGER, CIACCIO, DENNELL, MABREY	c EIN-PN 20-0466211-001
a	Plan name	BCI 401(K) PLAN	
b	Name of plan sponsor	BLENDED CLOTHING, INC.	c EIN-PN 46-5385454-001
a	Plan name	BEEMAC 401(K) PLAN	
b	Name of plan sponsor	BEEMAC DRIVERS MANAGEMENT, LLC	c EIN-PN 55-0848840-001

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.)	
a	Plan name BELCHER AND DENNIS CORP 401(K) PLAN	
b	Name of plan sponsor BELCHER AND DENNIS CORP DBA IDEAL TRANSPORTATION	c EIN-PN 20-2102004-001
a	Plan name BENEFITS MANAGEMENT GROUP, INC. 401(K) PLAN	
b	Name of plan sponsor BENEFITS MANAGEMENT GROUP, INC.	c EIN-PN 20-0188125-001
a	Plan name BETHEL HEIGHTS VINEYARD, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor BETHEL HEIGHTS VINEYARD, INC.	c EIN-PN 93-0719624-001
a	Plan name BFS SERVICES, INC. 401K PROFIT SHARING PLAN	
b	Name of plan sponsor BFS SERVICES, INC.	c EIN-PN 75-1567376-002
a	Plan name BGDC DISTRIBUTION LLC 401(K) PLAN	
b	Name of plan sponsor BGDC DISTRIBUTION LLC 401(K) PLAN	c EIN-PN 88-0739972-001
a	Plan name BLACK RIVER MANUFACTURING, INC. 401(K) RETIREMENT PLAN	
b	Name of plan sponsor BLACK RIVER MANUFACTURING, INC.	c EIN-PN 38-2152056-003
a	Plan name BLOCK CONSTRUCTION LLC SAFE HARBOR 401(K) PLAN	
b	Name of plan sponsor BLOCK CONSTRUCTION LLC	c EIN-PN 20-2824840-001
a	Plan name BLU DOT DESIGN & MANUFACTURING 401(K) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor BLU DOT DESIGN & MANUFACTURING, INC.	c EIN-PN 41-1860158-001
a	Plan name BMC HOLDCO, LLC 401(K) PLAN	
b	Name of plan sponsor BMC HOLDCO, LLC	c EIN-PN 92-1216638-001
a	Plan name BMT COMMERCIAL USA, INC. 401(K) PLAN	
b	Name of plan sponsor BMT COMMERCIAL USA INC	c EIN-PN 33-0516320-001
a	Plan name BOLD CONTROLS, INC. CASH BALANCE PLAN	
b	Name of plan sponsor BOLD CONTROLS, INC.	c EIN-PN 30-0081330-002
a	Plan name BREMBO NORTH AMERICA, INC. EMPLOYEES' 401(K) RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor BREMBO NORTH AMERICA, INC.	c EIN-PN 95-4190804-001

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.)	
a	Plan name BRETT F. SPERBECK, D. D. S. 401(K) PLAN	
b	Name of plan sponsor BRETT F. SPERBECK, D. D. S.	c EIN-PN 86-1011108-001
a	Plan name BRIDGEFARMER & ASSOCIATES, INC. 401(K) PLAN	
b	Name of plan sponsor BRIDGEFARMER & ASSOCIATES, INC.	c EIN-PN 75-1571056-001
a	Plan name BRIGHTSTAR MC 401K PLAN	
b	Name of plan sponsor SWEET VIRGINIA CARE MONTGOMERY C	c EIN-PN 92-1188897-001
a	Plan name BROWN & STREZA RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor BROWN & STREZA, LLP	c EIN-PN 33-0734518-001
a	Plan name BROWN GRAHAM & COMPANY, P.C. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor BROWN GRAHAM & COMPANY, P.C.	c EIN-PN 75-1386677-001
a	Plan name BROWNSVILLE DENTAL ASSOCIATES RETIREMENT PLAN	
b	Name of plan sponsor MANUEL R VILLARREAL, II, DDS	c EIN-PN 20-3550583-001
a	Plan name BUCKEYE VET CLINIC 401(K) PLAN	
b	Name of plan sponsor BUCKEYE VETERINARY CLINIC LLC	c EIN-PN 27-2294734-001
a	Plan name BYRNA TECHNOLOGIES INC. 401(K) PLAN	
b	Name of plan sponsor BYRNA TECHNOLOGIES, INC.	c EIN-PN 71-1050654-001
a	Plan name C. HARPER CHEVROLET, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor C. HARPER CHEVROLET, INC.	c EIN-PN 25-1445527-001
a	Plan name C.J. DANNEMILLER CO., INC. PROFIT SHARING PLAN	
b	Name of plan sponsor C. J. DANNEMILLER CO., INC	c EIN-PN 34-1026251-001
a	Plan name CAESARS ENTERTAINMENT, INC. 401(K) PLAN	
b	Name of plan sponsor CAESARS ENTERTAINMENT INC.	c EIN-PN 46-3657681-002
a	Plan name CALDWELL CASSADY & CURRY 401(K) PLAN	
b	Name of plan sponsor CALDWELL CASSADY & CURRY	c EIN-PN 46-1738227-001

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.)	
a	Plan name CALIFORNIA INTERCONTINENTAL UNIVERSITY, INC.	
b	Name of plan sponsor CALIFORNIA INTERCONTINENTAL UNIVERSITY	c EIN-PN 02-0681380-001
a	Plan name CANYON CONSULTING 401(K) PLAN	
b	Name of plan sponsor CANYON CONSULTING	c EIN-PN 22-3943890-001
a	Plan name CARDIOVASCULAR INSTITUTE OF THE SOUTH 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor CARDIOVASCULAR INSTITUTE OF THE SOUTH	c EIN-PN 72-0993441-001
a	Plan name CARE DIMENSIONS, LLC 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor CARE DIMENSIONS, LLC	c EIN-PN 20-3580705-001
a	Plan name CARNEY ENGINEERING CONSTRUCTION, INC. RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor CARNEY ENGINEERING CONSTRUCTION, INC.	c EIN-PN 95-3945043-001
a	Plan name CAROLINA BEER COMPANY, INC. PROFIT SHARING PLAN	
b	Name of plan sponsor CAROLINA BEER COMPANY, INC.	c EIN-PN 57-0283056-002
a	Plan name CARR PROPERTY MANAGEMENT, INC. RETIREMENT READINESS 401K PLAN	
b	Name of plan sponsor CARR PROPERTY MANAGEMENT, INC.	c EIN-PN 04-2572222-001
a	Plan name CASA 401(K) PLAN	
b	Name of plan sponsor CASA NISSAN, INC.	c EIN-PN 74-2325378-001
a	Plan name CASCADE PRINT MEDIA, INC 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor CASCADE PRINT MEDIA, INC.	c EIN-PN 91-0777184-001
a	Plan name CASTRO COUNTY HOSP DCP	
b	Name of plan sponsor CASTRO COUNTY HOSP	c EIN-PN 75-6003939-001
a	Plan name CHARTER BANK 401(K) RETIREMENT PLAN	
b	Name of plan sponsor CHARTER BANK	c EIN-PN 42-1470586-001
a	Plan name CITY OF EUSTIS 401A PLAN	
b	Name of plan sponsor CITY OF EUSTIS	c EIN-PN 59-6000316-401

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.)	
a	Plan name CITY OF TIGARD 401 GENERAL AND NON-SWORN GOVERNMENTAL MONEY PURCHASE PLAN & TRUST	
b	Name of plan sponsor CITY OF TIGARD	c EIN-PN 93-0503940-002
a	Plan name CITY OF TIGARD 401 MANAGEMENT AND NON-REPRESENTED GOVERNMENTAL MONEY PURCHASE PLAN & TRUST	
b	Name of plan sponsor CITY OF TIGARD	c EIN-PN 93-0503940-003
a	Plan name CITY OF TIGARD 457 GOVERNMENTAL DEFERRED COMPENSATION PLAN & TRUST	
b	Name of plan sponsor CITY OF TIGARD	c EIN-PN 93-0503940-457
a	Plan name CITY TRANSFER, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor CITY TRANSFER, INC.	c EIN-PN 91-0828036-001
a	Plan name CLEAR SKY CAPITAL 401(K) PLAN	
b	Name of plan sponsor CLEAR SKY CAPITAL, INC.	c EIN-PN 80-0548496-001
a	Plan name CLEVELAND PUBLIC THEATRE 401(K) PLAN	
b	Name of plan sponsor CLEVELAND PUBLIC THEATRE	c EIN-PN 34-1359225-001
a	Plan name COLONIAL POWER GROUP 401(K) PLAN	
b	Name of plan sponsor COLONIAL POWER GROUP, INC.	c EIN-PN 16-1625665-001
a	Plan name COLUMBUS RUBBER & GASKET, INC., 401(K) PLAN	
b	Name of plan sponsor COLUMBUS RUBBER AND GASKET COMPANY, INC	c EIN-PN 64-0588011-001
a	Plan name CONNECTED-HR RETIREMENT PLAN	
b	Name of plan sponsor CONNECTED BUSINESS SERVICES, LLC	c EIN-PN 45-3734737-001
a	Plan name CONSILIO 401(K) PLAN	
b	Name of plan sponsor CONSILIO, LLC	c EIN-PN 54-2019342-001
a	Plan name CONSTRUCTION SUPPLY SPECIALISTS 401K PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor CONSTRUCTION SUPPLY SPECIALISTS,	c EIN-PN 54-2188350-001
a	Plan name COVERSTAR CENTRAL, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor COVERSTAR CENTRAL, INC.	c EIN-PN 35-1270947-001

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.)	
a	Plan name COWTOWN REDIMIX CONCRETE 401(K) PLAN	
b	Name of plan sponsor COWTOWN REDI-MIX, INC.	c EIN-PN 75-2918470-001
a	Plan name CPS TECHNOLOGY SOLUTIONS 401(K) PLAN	
b	Name of plan sponsor MID-NET SOLUTIONS, INC. DBA CP	c EIN-PN 94-3477778-001
a	Plan name CRAIL CAPITAL LLC 401(K) PLAN	
b	Name of plan sponsor CRAIL CAPITAL LLC	c EIN-PN 87-0790392-001
a	Plan name CRANDALL LAW, LLC DEFINED BENEFIT PENSION PLAN	
b	Name of plan sponsor CRANDALL LAW, LLC	c EIN-PN 27-5484072-002
a	Plan name CRITICALPOINT CAPITAL, LLC 401(K) PLAN	
b	Name of plan sponsor CRITICALPOINT PARTNERS	c EIN-PN 45-5416532-001
a	Plan name CRYSTAL CRUISES PENSION PLAN	
b	Name of plan sponsor CRYSTAL CRUISES LLC	c EIN-PN 95-4156825-001
a	Plan name CSI 401(K) PLAN	
b	Name of plan sponsor COMMERCIAL SERVICES, INC.	c EIN-PN 75-2844595-001
a	Plan name CSI UTILITY SALES 401(K) PLAN	
b	Name of plan sponsor CSI CO., INC.	c EIN-PN 38-2337734-001
a	Plan name D & W MECHANICAL 401(K) PLAN	
b	Name of plan sponsor GREAT LAKES MECHANICAL SYSTEMS, INC. DBA D & W MECHANICAL	c EIN-PN 38-2765947-001
a	Plan name DANIELS FUND 401(K) PLAN	
b	Name of plan sponsor DANIELS FUND	c EIN-PN 84-1393308-001
a	Plan name DASCO HME, LLC RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor DASCO HME, LLC	c EIN-PN 31-1441519-001
a	Plan name DE TECHNOLOGIES, INC. 401(K) RETIREMENT PLAN	
b	Name of plan sponsor DE TECHNOLOGIES, INC.	c EIN-PN 23-2728684-002

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.)			
a	Plan name	DECISIVEDGE, LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	DECISIVEDGE, LLC	c EIN-PN 26-1440851-001
a	Plan name	DEE CRAMER, INC. 401(K) PLAN	
b	Name of plan sponsor	DEE CRAMER, INC	c EIN-PN 38-1434878-002
a	Plan name	DELEK US 401(K) PLAN	
b	Name of plan sponsor	DELEK US HOLDINGS, INC.	c EIN-PN 52-2319066-001
a	Plan name	DELVAL EQUIPMENT CORPORATION 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	DELVAL EQUIPMENT CORPORATION	c EIN-PN 23-2435212-001
a	Plan name	DES MOINES FLYING SERVICE 401(K) PLAN	
b	Name of plan sponsor	DMFS ACQUISITION LLC	c EIN-PN 85-2668010-001
a	Plan name	DEWIND DEWATERING, INC. RETIREMENT PLAN	
b	Name of plan sponsor	DEWIND DEWATERING, INC.	c EIN-PN 38-3043827-001
a	Plan name	DEWYS MANUFACTURING, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	DEWYS MANUFACTURING, INC	c EIN-PN 38-3324858-001
a	Plan name	DI OVERNITE 401(K) PLAN	
b	Name of plan sponsor	DI OVERNIGHT, LLC	c EIN-PN 46-3551719-001
a	Plan name	DICKEY & CAMPBELL LAW FIRM P.L.C. PROFIT SHARING PLAN	
b	Name of plan sponsor	DICKEY & CAMPBELL LAW FIRM P. L.C.	c EIN-PN 68-0649557-001
a	Plan name	DIRECT SERVICES, INC. 401(K) PLAN	
b	Name of plan sponsor	DIRECT SERVICES, INC.	c EIN-PN 54-1017844-001
a	Plan name	DIVERSIFIED MAINTENANCE RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	DIVERSIFIED MAINTENANCE SYSTEMS, LLC	c EIN-PN 27-1978784-001
a	Plan name	DIVERSITEC LLC 401(K) SAVINGS PLAN	
b	Name of plan sponsor	DIVERSITEC LLC	c EIN-PN 75-3046086-001

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.)			
a	Plan name	DORSKY YUE INTERNATIONAL, LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	DORSKY YUE INTERNATIONAL, LLC	c EIN-PN 27-1532615-001
a	Plan name	DOYLESTOWN COUNTRY CLUB 401K PLAN	
b	Name of plan sponsor	DOYLESTOWN COUNTRY CLUB	c EIN-PN 23-0535085-001
a	Plan name	DWA MANAGEMENT, LLC 401(K) PLAN	
b	Name of plan sponsor	DWA MANAGEMENT, LLC	c EIN-PN 46-3627105-001
a	Plan name	E. R. DISPOSAL INC. 401(K) PLAN	
b	Name of plan sponsor	E.R. DISPOSAL INC.	c EIN-PN 32-0020375-001
a	Plan name	EDGE CASE RESEARCH 401(K) PLAN	
b	Name of plan sponsor	EDGE CASE RESEARCH, INC.	c EIN-PN 36-4907680-001
a	Plan name	EDNEY DISTRIBUTING COMPANY, INC. EMPLOYEE STOCK OWNERSHIP PLAN	
b	Name of plan sponsor	EDNEY DISTRIBUTING COMPANY, INC.	c EIN-PN 46-0258826-002
a	Plan name	EL CLASIFICADO 401(K) PLAN	
b	Name of plan sponsor	EL CLASIFICADO	c EIN-PN 95-4145094-001
a	Plan name	ELECTRICAL CONNECTION, INC. RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	ELECTRICAL CONNECTION, INC.	c EIN-PN 20-0318636-001
a	Plan name	ELEXICON, INC. 401(K) PLAN	
b	Name of plan sponsor	ELEXICON, INC.	c EIN-PN 38-3499263-001
a	Plan name	ELITE ADMINISTRATION & INSURANCE GROUP INC. 401K PLAN	
b	Name of plan sponsor	ELITE ADMINISTRATION & INSURANCE GROUP, INC.	c EIN-PN 36-2238689-002
a	Plan name	EMERALD CREDIT UNION LNC 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor	EMERALD CREDIT UNION	c EIN-PN 34-0835818-001
a	Plan name	EMERGING MARKET SEPARATE ACCOUNT	
b	Name of plan sponsor	EMERGING MARKET SEPARATE ACCOUNT	c EIN-PN 46-3943208-001

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.)			
a	Plan name	EMSER TILE, LLC 401(K) PLAN	
b	Name of plan sponsor	EMSER TILE, LLC	c EIN-PN 91-2011487-001
a	Plan name	ENGINEERED PROTECTION SYSTEMS INC RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	ENGINEERED PROTECTION SYSTEMS INC	c EIN-PN 38-1844884-001
a	Plan name	EQUUS EMPLOYEE SAVINGS AND RETIREMENT PLAN	
b	Name of plan sponsor	EQUUS HOLDINGS, INC.	c EIN-PN 41-1827055-001
a	Plan name	ESTATE ADMINISTRATIVE SERVICES LLC	
b	Name of plan sponsor	ESTATE ADMINISTRATIVE SERVICES LLC	c EIN-PN 99-0350528-001
a	Plan name	EVANS DENTAL GROUP, LLC 401(K) PLAN	
b	Name of plan sponsor	EVANS DENTAL GROUP, LLC	c EIN-PN 45-1657663-001
a	Plan name	EXPLORER PIPELINE COMPANY RETIREMENT PLAN	
b	Name of plan sponsor	EXPLORER PIPELINE COMPANY	c EIN-PN 73-0785982-001
a	Plan name	F.I.T., INC. 401(K) PLAN	
b	Name of plan sponsor	FUSERASHI INTERNATIONAL TECHNOLOGY, INC.	c EIN-PN 34-1826205-001
a	Plan name	FAIRFIELD CHAIR COMPANY EMPLOYEES' SAVINGS PLUS RETIREMENT PLAN	
b	Name of plan sponsor	FAIRFIELD CHAIR COMPANY	c EIN-PN 56-6067109-002
a	Plan name	FALLS FABRICATING, LLC 401(K) PLAN	
b	Name of plan sponsor	FALLS FABRICATING, LLC	c EIN-PN 45-3324891-001
a	Plan name	FARWELL PROJECT ADVISORS, LLC 401(K) PS PLAN	
b	Name of plan sponsor	FARWELL PROJECT ADVISORS, LLC	c EIN-PN 46-2604294-001
a	Plan name	FB BANCORP 401K PLAN	
b	Name of plan sponsor	FB BANCORP	c EIN-PN 88-0392128-001
a	Plan name	FCC DESIGN BUILD 401(K) PLAN	
b	Name of plan sponsor	FCCDB CORP	c EIN-PN 85-1240424-001

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.)	
a	Plan name FDI 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor FINANCIAL DESIGNS, INC.	c EIN-PN 65-0647862-001
a	Plan name FEE, SMITH & SHARP, LLP 401(K) PLAN	
b	Name of plan sponsor FEE, SMITH & SHARP, LLP	c EIN-PN 68-0502076-001
a	Plan name FIRE PROTECTION SERVICE, INC. 401(K) AND PROFIT SHARING PLAN	
b	Name of plan sponsor FIRE PROTECTION SERVICE, INC.	c EIN-PN 74-1830878-002
a	Plan name FIRST IMPRESSION IRON WORKS, INC.	
b	Name of plan sponsor FIRST IMPRESSION IRON WORKS, INC.	c EIN-PN 82-1958555-001
a	Plan name FIRST MILLWORK INC. 401K	
b	Name of plan sponsor FOREMOST TRIM INC DBA FIRST MILLWORK	c EIN-PN 47-1688108-001
a	Plan name FITLAB 401(K) PLAN	
b	Name of plan sponsor FITLAB, INC.	c EIN-PN 83-2980335-001
a	Plan name FOOTHILL CARDIOLOGY PROFIT SHARING/401(K) AND HEALTH/DISABILITY PLAN AND TRUST	
b	Name of plan sponsor FOOTHILL CARDIOLOGY MEDICAL GROUP, INC.	c EIN-PN 95-3350882-001
a	Plan name FOUNDATION SOFTWARE, LLC 401(K) RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor FOUNDATION SOFTWARE, LLC	c EIN-PN 34-1474815-001
a	Plan name FPS - USA 401(K) AND PROFIT SHARING PLAN	
b	Name of plan sponsor FIRE PROTECTION SERVICE, INC.	c EIN-PN 74-1830878-003
a	Plan name FRANKLIN MADISON GROUP 401(K) PLAN	
b	Name of plan sponsor FRANKLIN MADISON GROUP LLC	c EIN-PN 26-0777961-001
a	Plan name FREEDMAN CLINIC PROFIT SHARING 401(K) PLAN	
b	Name of plan sponsor FREEDMAN CLINIC OF INTERNAL MEDICINE, LLP	c EIN-PN 72-0399647-001
a	Plan name FRONTIER COMPUTER CORP. EMPLOYEES 401(K) PLAN	
b	Name of plan sponsor FRONTIER COMPUTER CORP.	c EIN-PN 11-2800031-003

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.)			
a	Plan name	GAGE HOTEL 401(K) PLAN	
b	Name of plan sponsor	GAGE HOTEL	c EIN-PN 76-0373351-001
a	Plan name	GB CAPITAL HOLDINGS LLC	
b	Name of plan sponsor	PAYCHEX	c EIN-PN 20-5549396-001
a	Plan name	GEISLER BROTHERS, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	GEISLER BROTHERS INC	c EIN-PN 42-0920935-001
a	Plan name	GERMAIN AUTOMOTIVE PARTNERSHIP, INC. 401(K) PLAN	
b	Name of plan sponsor	GERMAIN AUTOMOTIVE PARTNERSHIP, INC.	c EIN-PN 27-4723638-001
a	Plan name	GERMAIN RETIREMENT SECURITY SAVINGS PLAN	
b	Name of plan sponsor	GERMAIN MOTOR COMPANY	c EIN-PN 31-4368856-001
a	Plan name	GIERTSEN COMPANIES EMPLOYEE SAVINGS PLAN	
b	Name of plan sponsor	GIERTSEN COMPANY	c EIN-PN 41-1803035-001
a	Plan name	GIPSON BEARING & SUPPLY COMPANY 401K PSP	
b	Name of plan sponsor	GIPSON BEARING SUPPLY CO	c EIN-PN 25-1054466-001
a	Plan name	GLOBAL AFFILIATES UNION 401(K) PLAN	
b	Name of plan sponsor	MAYCO INTERNATIONAL LLC	c EIN-PN 20-5663915-001
a	Plan name	GLOBAL PSYCHOLOGICAL 401(K) PLAN	
b	Name of plan sponsor	GLOBAL PSYCHOLOGICAL PLC	c EIN-PN 35-2210831-001
a	Plan name	GORDON INVESTMENTS, INC. EMPLOYEE PROFIT SHARING AND 401(K) PLAN	
b	Name of plan sponsor	GORDON INVESTMENTS, INC. D/B/A ORRS JEWELERS	c EIN-PN 75-3129140-001
a	Plan name	GPD GROUP 401K RETIREMENT ACCOUNTS	
b	Name of plan sponsor	GPD GROUP	c EIN-PN 34-1134715-003
a	Plan name	GRAY REED CASH BALANCE PLAN	
b	Name of plan sponsor	GRAY REED & MCGRAW LLP	c EIN-PN 81-4045088-003

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
<small>(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)</small>			
a	Plan name	GREEN VALLEY DAIRY 401(K) PLAN	
b	Name of plan sponsor	GREEN VALLEY DAIRY, LLC	c EIN-PN 39-1970472-001
a	Plan name	GREENBERG, GRANT & RICHARDS, INC. SEC 401(K) PLAN	
b	Name of plan sponsor	GREENBERG, GRANT & RICHARDS, INC	c EIN-PN 76-0421279-001
a	Plan name	GREENMARK EQUIPMENT, LLC RETIREMENT PLAN	
b	Name of plan sponsor	GREENMARK EQUIPMENT, LLC	c EIN-PN 38-2221695-001
a	Plan name	GREENVILLE HEALTH SYSTEM 457(B) PLAN	
b	Name of plan sponsor	PRISMA HEALTH	c EIN-PN 81-1723202-002
a	Plan name	GRIFFIS RESIDENTIAL 401(K) PLAN	
b	Name of plan sponsor	GRIFFIS GROUP OF COMPANIES LLC	c EIN-PN 43-2069525-001
a	Plan name	GROWING OPPORTUNITIES 401(K) PLAN	
b	Name of plan sponsor	GROWING OPPORTUNITIES, LLC	c EIN-PN 22-3734618-001
a	Plan name	HANTZ GROUP RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	HANTZ GROUP INC.	c EIN-PN 38-3439679-001
a	Plan name	HARD MILLING SOLUTIONS RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	HARD MILLING SOLUTIONS	c EIN-PN 20-1260321-001
a	Plan name	HARTMAN INSURANCE AGENCY, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	HARTMAN INSURANCE AGENCY, INC.	c EIN-PN 38-2100539-001
a	Plan name	HARVARD FAMILY PHYSICIANS PC 401(K) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor	HARVARD FAMILY PHYSICIANS PC	c EIN-PN 73-1333199-001
a	Plan name	HEALTHNET, INC. 401(K) PLAN	
b	Name of plan sponsor	HEALTHNET, INC.	c EIN-PN 35-1579827-001
a	Plan name	HENRY ADAMS, LLC 401(K) SAVINGS PLAN	
b	Name of plan sponsor	HENRY ADAMS, LLC	c EIN-PN 20-0060224-004

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.)		
a Plan name	HFS 401(K) SAVINGS PLAN	
b Name of plan sponsor	HALLMARK FINANCIAL SERVICES, INC	c EIN-PN 87-0447375-001
a Plan name	HM PRODUCT SOLUTIONS, LTD. 401(K) PROFIT SHARING PLAN	
b Name of plan sponsor	HM PRODUCT SOLUTIONS, LTD	c EIN-PN 39-2018751-001
a Plan name	HOLTON & MAYBERRY, P.C. 401K PROFIT SHARING PLAN	
b Name of plan sponsor	HOLTON & MAYBERRY, P.C.	c EIN-PN 26-2836142-002
a Plan name	HPC, LLC	
b Name of plan sponsor	HPC, LLC	c EIN-PN 42-1449124-001
a Plan name	HSC CENTRAL OHIO LLC 401K PS PLAN	
b Name of plan sponsor	HSC CENTRAL OHIO LLC	c EIN-PN 27-4265926-001
a Plan name	I-HEALTH/REVO HEALTH RETIREMENT PLAN	
b Name of plan sponsor	INFINITE HEALTH COLLABORATIVE, P.A.	c EIN-PN 41-1861374-007
a Plan name	I.H.S. DISTRIBUTING COMPANY, INC. PROFIT SHARING AND 401(K) PLAN	
b Name of plan sponsor	I.H.S. DISTRIBUTING COMPANY, INC.	c EIN-PN 38-1301232-001
a Plan name	IFP ADVISORS, LLC FINANCIAL INDEPENDENCE PLATFORM	
b Name of plan sponsor	IFP ADVISORS, LLC	c EIN-PN 59-3331424-001
a Plan name	INCENTIVE SAVINGS PLAN AND TRUST FOR EMPLOYEES OF THE KWS SEEDS GROUP	
b Name of plan sponsor	KWS-SEEDS, INC. (DELAWARE)	c EIN-PN 57-0676870-003
a Plan name	INFLUENCELOGIC, LLC 401(K) PROFIT SHARING PLAN	
b Name of plan sponsor	INFLUENCELOGIC, LLC	c EIN-PN 84-3881021-001
a Plan name	INLAND LAKES MANAGEMENT, INC. 401(K) RETIREMENT PLAN	
b Name of plan sponsor	INLAND LAKES MANAGEMENT, INC.	c EIN-PN 38-2733182-001
a Plan name	INNOVATIVE CARE MANAGEMENT INC. 401K	
b Name of plan sponsor	INNOVATIVE CARE MANAGEMENT INC	c EIN-PN 93-1087669-001

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
<small>(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)</small>			
a	Plan name	INNOVATIVE INJECTION TECHNOLOGIES, INC. 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	INNOVATIVE INJECTION TECHNOLOGIES, INC.	c EIN-PN 16-1668785-001
a	Plan name	INSURANCE RESOURCES INTERNATIONAL, INC. 401(K) PLAN	
b	Name of plan sponsor	INSURANCE RESOURCES INTERNATIONAL, INC.	c EIN-PN 46-3509307-003
a	Plan name	INTERIOR REMOVAL SPECIALIST, INC RETIREMENT PLAN	
b	Name of plan sponsor	INTERIOR REMOVAL SPECIALIST INC	c EIN-PN 95-4462657-001
a	Plan name	IVIM HEALTH 401K PLAN	
b	Name of plan sponsor	IVIM HEALTH	c EIN-PN 88-1771542-001
a	Plan name	JAMES G. DAVIS CONSTRUCTION CORPORATION PROFIT SHARING, STOCK OWNERSHIP, AND 401(K) PLAN	
b	Name of plan sponsor	JAMES G. DAVIS CONSTRUCTION CORPORATION	c EIN-PN 54-0799423-001
a	Plan name	JET LINX AVIATION, LLC 401(K) PLAN	
b	Name of plan sponsor	JET LINX AVIATION, LLC	c EIN-PN 26-3984455-001
a	Plan name	JOINING METALS 401K PLAN	
b	Name of plan sponsor	JOINING METALS LLC	c EIN-PN 87-3358183-001
a	Plan name	JOSEPH H. HUEMANN & SONS, INC. 401(K) PLAN	
b	Name of plan sponsor	JOSEPH H. HUEMANN & SONS, INC.	c EIN-PN 36-2528180-001
a	Plan name	K & I SHEET METAL, INC. PROFIT SHARING PLAN	
b	Name of plan sponsor	K & I SHEET METAL, INC.	c EIN-PN 25-1258671-001
a	Plan name	K FRIESE & ASSOCIATES, INC. 401(K) PLAN	
b	Name of plan sponsor	K FRIESE & ASSOCIATES, INC.	c EIN-PN 48-1304687-001
a	Plan name	K. EDWARD SAFIR, CHAPTER 13 TRUSTEE 401(K) PLAN	
b	Name of plan sponsor	K. EDWARD SAFIR, CHAPTER 13 TRUSTEE	c EIN-PN 87-2607743-001
a	Plan name	KCG 401(K) PLAN	
b	Name of plan sponsor	KINLEY CONSTRUCTION GROUP, LTD	c EIN-PN 75-2961608-001

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.)			
a	Plan name	KERN HEALTH SYSTEMS RETIREMENT PLAN 457B	
b	Name of plan sponsor	KERN HEALTH SYSTEMS	c EIN-PN 77-0392231-457
a	Plan name	KERN-LIEBERS 401(K) PLAN	
b	Name of plan sponsor	KERN-LIEBERS USA, INC.	c EIN-PN 34-1210887-001
a	Plan name	KEYTH SECURITY SYSTEMS 401(K) SAVINGS PLAN	
b	Name of plan sponsor	KEYTH SECURITY SYSTEMS, INC.	c EIN-PN 36-3694248-001
a	Plan name	KINDER ELECTRIC CO., INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	KINDER ELECTRIC CO., INC.	c EIN-PN 35-1642894-002
a	Plan name	KINGDOM ENTERPRISES INC. 401K PLAN	
b	Name of plan sponsor	KINGDOM ENTERPRISES INC	c EIN-PN 80-0965423-002
a	Plan name	KINLEY CORPORATION 401(K) PLAN	
b	Name of plan sponsor	KINLEY CORPORATION	c EIN-PN 16-0872851-001
a	Plan name	KIRK & HUTH PC 401(K) AND PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor	KIRK & HUTH PC	c EIN-PN 38-2971011-001
a	Plan name	KISLING, NESTICO & REDICK, LLC 401(K) PLAN	
b	Name of plan sponsor	KISLING, NESTICO & REDICK, LLC	c EIN-PN 20-2016534-001
a	Plan name	KMM GROUP LTD 401K PLAN	
b	Name of plan sponsor	KMM GROUP LTD	c EIN-PN 84-4109846-001
a	Plan name	KMS VENTURES, INC. 401(K) PLAN	
b	Name of plan sponsor	KMS VENTURES, INC.	c EIN-PN 74-1930193-001
a	Plan name	KODAK ALARIS RETIREMENT	
b	Name of plan sponsor	KODAK ALARIS INC	c EIN-PN 46-2969770-001
a	Plan name	KOZMETSKY FAMILY FOUNDATION 401(K) PLAN	
b	Name of plan sponsor	KOZMETSKY FAMILY FOUNDATION	c EIN-PN 47-2082155-001

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.)			
a	Plan name	KREBS MOTORS NORTH, INC. 401(K) PLAN	
b	Name of plan sponsor	KREBS MOTORS NORTH, INC.	c EIN-PN 25-1773401-001
a	Plan name	KURTIS MANUFACTURING & DISTRIBUTING CORP. 401(K) PLAN	
b	Name of plan sponsor	KURTIS MANUFACTURING & DISTRIBUTING CORP.	c EIN-PN 38-1894625-001
a	Plan name	LA PERLA NORTH AMERICA INC 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor	LA PERLA NORTH AMERICA INC	c EIN-PN 13-3622358-001
a	Plan name	LAMBERT BUICK PONTIAC-GMC TRUCK, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	LAMBERT BUICK PONTIAC-GMC TRUCK, INC.	c EIN-PN 34-1153081-001
a	Plan name	LANAK & HANNA, P.C. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	LANAK & HANNA, P.C.	c EIN-PN 33-0648194-001
a	Plan name	LANCASTER COLONY CORPORATION MASTER PENSION TRUST	
b	Name of plan sponsor	CHARLES SCHWAB TRUST BANK TRUSTEE OF LANCASTER COLONY CORPORATION	c EIN-PN 82-3967259-001
a	Plan name	LARSON CONSTRUCTION COMPANY, INC. 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	LARSON CONSTRUCTION	c EIN-PN 42-1022004-001
a	Plan name	LAW OFFICES OF AARON D. COX PLLC RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	LAW OFFICES OF AARON D. COX, P.L.L.C.	c EIN-PN 74-3181080-001
a	Plan name	LE SUEUR, INCORPORATED PROFIT SHARING AND RETIREMENT PLAN	
b	Name of plan sponsor	LE SUEUR, INCORPORATED	c EIN-PN 41-0643307-001
a	Plan name	LIFECORE BIOMEDICAL 401K PLAN	
b	Name of plan sponsor	LIFECORE BIOMEDICAL INC.	c EIN-PN 94-3025618-001
a	Plan name	LOTIC.AI INC. 401K PLAN	
b	Name of plan sponsor	LOTICAI INC	c EIN-PN 85-0620270-001
a	Plan name	LUMOS PHARMA, INC. 401K PLAN	
b	Name of plan sponsor	LUMOS PHARMA, INC.	c EIN-PN 42-1491350-001

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.)	
a	Plan name LYRA THERAPEUTICS, INC. 401(K) PLAN	
b	Name of plan sponsor LYRA THERAPEUTICS, INC.	c EIN-PN 84-1700838-001
a	Plan name M.S.D., INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor M.S.D., INC.	c EIN-PN 95-3447698-001
a	Plan name MADISON HEALTH EMPLOYEES' 401(K) PENSION PLAN	
b	Name of plan sponsor MADISON HEALTH	c EIN-PN 31-1657206-002
a	Plan name MAHLUM ARCHITECTS INC. RETIREMENT PLAN	
b	Name of plan sponsor MAHLUM ARCHITECTS INC	c EIN-PN 91-0939210-001
a	Plan name MAIN BEVERAGE COMPANY 401(K) PLAN	
b	Name of plan sponsor MAIN BEVERAGE COMPANY	c EIN-PN 38-2084541-002
a	Plan name MAIN BEVERAGE COMPANY UNION 401(K) PLAN	
b	Name of plan sponsor MAIN BEVERAGE COMPANY	c EIN-PN 38-2084541-003
a	Plan name MAIN DIGITAL 401(K) PLAN	
b	Name of plan sponsor MAIN DIGITAL LLC	c EIN-PN 83-1802037-001
a	Plan name MARK PORTER AUTO GROUP, INC. 401(K) PLAN	
b	Name of plan sponsor MARK PORTER AUTO GROUP, INC.	c EIN-PN 31-0970288-001
a	Plan name MARONDA INC	
b	Name of plan sponsor MARONDA INC	c EIN-PN 25-1230205-001
a	Plan name MARQUEE EVENT GROUP, INC 401K PLAN	
b	Name of plan sponsor MARQUEE EVENT GROUP, INC.	c EIN-PN 81-1350224-001
a	Plan name MCCLYMONDS SUPPLY & TRANSIT COMPANY, INC. 401(K) PLAN	
b	Name of plan sponsor MCCLYMONDS SUPPLY & TRANSIT COMPANY, INC.	c EIN-PN 25-1437635-001
a	Plan name MCLAUGHLIN ASSET MANAGEMENT, INC. 401(K) PLAN	
b	Name of plan sponsor MCLAUGHLIN ASSET MANAGEMENT, INC.	c EIN-PN 22-3118895-001

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.)			
a	Plan name	MCMILLAN STUDY GUIDES, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	MCMILLAN STUDY GUIDES, INC	c EIN-PN 77-0362459-001
a	Plan name	MDS ASSOCIATED COMPANIES, INC. 401(K) PLAN	
b	Name of plan sponsor	MDS ASSOCIATED COMPANIES, INC.	c EIN-PN 26-1745795-001
a	Plan name	MEDZED, LLC 401(K) PS PLAN	
b	Name of plan sponsor	MEDZED, LLC.	c EIN-PN 47-5386891-001
a	Plan name	MENARD USA EMPLOYEE PROFIT SHARING PLAN	
b	Name of plan sponsor	DGIMENARD INC	c EIN-PN 54-2031153-001
a	Plan name	METROPOLITAN ANESTHESIA NETWORK PROFIT SHARING PLAN	
b	Name of plan sponsor	METROPOLITAN ANESTHESIA NETWORK	c EIN-PN 41-1524692-001
a	Plan name	MFOC HOLDCO, INC. 401(K) RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	MFOC HOLDCO, INC.	c EIN-PN 45-4078144-001
a	Plan name	MICHIGAN BEER & WINE WHOLESALERS ASSOCIATION 401(K) PLAN	
b	Name of plan sponsor	MICHIGAN BEER & WINE WHOLESALERS ASSOCIATION	c EIN-PN 38-0832060-001
a	Plan name	MICHIGAN BRAND MEATS 401(K) PLAN	
b	Name of plan sponsor	MICHIGAN BRAND, INC.	c EIN-PN 38-3235717-001
a	Plan name	MID-OHIO FOODBANK SUPPLEMENTAL RETIREMENT PLAN	
b	Name of plan sponsor	MID-OHIO FOODBANK	c EIN-PN 31-0865343-001
a	Plan name	MIDLAND PODIATRY ASSOCIATES, PLLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	MIDLAND PODIATRY ASSOCIATES, PLLC	c EIN-PN 27-0852348-001
a	Plan name	MIDSTATE SPRING, INC. 401(K) PLAN	
b	Name of plan sponsor	MIDSTATE SPRING, INC.	c EIN-PN 15-0465789-002
a	Plan name	MIDWEST CARDIOVASCULAR INSTITUTE 401(K)PROFIT SHARING PLAN	
b	Name of plan sponsor	MIDWEST CARDIOVASCULAR INSTITUTE, S.C.	c EIN-PN 86-1664195-001

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
<small>(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)</small>			
a	Plan name	MILLARD ELECTRIC COMPANY, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	MILLARD ELECTRIC COMPANY, INC.	c EIN-PN 47-0494470-001
a	Plan name	MILLENNIUM SALES 401(K) PLAN	
b	Name of plan sponsor	MILLENNIUM SALES, INC.	c EIN-PN 31-1394426-001
a	Plan name	MILLER EQUIPMENT COMPANY, INC. 401(K) PLAN	
b	Name of plan sponsor	MILLER EQUIPMENT COMPANY	c EIN-PN 20-0017568-001
a	Plan name	MILLER PRODUCTS COMPANY 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	MILLER PRODUCTS COMPANY	c EIN-PN 42-0822333-001
a	Plan name	MILLS IP LAW, PLLC 401K PLAN	
b	Name of plan sponsor	AMBROSE, MILLS & LAZAROW, PLLC	c EIN-PN 88-4011802-001
a	Plan name	MORGAN/HARBOUR CONSTRUCTION, L.L.C. 401(K) PLAN & TRUST	
b	Name of plan sponsor	MORGAN/HARBOUR CONSTRUCTION, L.L.C.	c EIN-PN 36-4316142-001
a	Plan name	MP GLOBAL PRODUCTS, LLC 401(K) PLAN	
b	Name of plan sponsor	MP GLOBAL PRODUCTS LLC	c EIN-PN 91-1838266-001
a	Plan name	MYCARE HEALTH CENTER 401(K) PROFIT SHARING PLAN TRUST	
b	Name of plan sponsor	MYCARE HEALTH CENTER	c EIN-PN 37-1593312-001
a	Plan name	MYWORKPLACE, INC. 401(K) PLAN	
b	Name of plan sponsor	MYWORKPLACE, INC.	c EIN-PN 83-8465321-001
a	Plan name	NAI WISINSKI OF WEST MICHIGAN 401(K) PLAN	
b	Name of plan sponsor	NAI WISINSKI OF WEST MICHIGAN	c EIN-PN 20-4744321-001
a	Plan name	NAPA VALLEY TOURS & TRANSPORTATION 401(K) PLAN	
b	Name of plan sponsor	NAPA VALLEY TOURS & TRANSPORTATION	c EIN-PN 94-3331771-001
a	Plan name	NAPCO, INC. EMPLOYEES 401(K) PLAN	
b	Name of plan sponsor	NAPCO INC.	c EIN-PN 56-1212136-001

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.)	
a Plan name	NASBA EMPLOYEE 401(K) PLAN	
b Name of plan sponsor	NATIONAL ASSOCIATION OF STATE BOARDS OF ACCOUNTANCY, INC.	c EIN-PN 13-3448166-002
a Plan name	NASCENT TECHNOLOGY, LLC RETIREMENT PLAN	
b Name of plan sponsor	NASCENT TECHNOLOGY, LLC	c EIN-PN 47-0892023-001
a Plan name	NASHUA CENTER 401(K) PLAN	
b Name of plan sponsor	NASHUA CENTER	c EIN-PN 02-0329407-002
a Plan name	NATIONAL DESIGN MART 401(K) & PROFIT SHARING PLAN	
b Name of plan sponsor	NATIONAL CARPET MILL OUTLET DBA NATIONAL DESIGN MART	c EIN-PN 34-1865728-001
a Plan name	NATIONAL YOUTH ADVOCATE PROGRAM 401(K) SAFE HARBOR PLAN	
b Name of plan sponsor	NATIONAL YOUTH ADVOCATE PROGRAM	c EIN-PN 31-1404302-001
a Plan name	NATIONWIDE SEPARATE ACCOUNT	
b Name of plan sponsor	NATIONWIDE TRUST COMPANY	c EIN-PN 31-1592130-001
a Plan name	NBA HOLDINGS, INC. 401(K) PLAN	
b Name of plan sponsor	NBA HOLDINGS, INC.	c EIN-PN 83-3824797-001
a Plan name	NEON ELECTRIC CORPORATION RETIREMENT PLAN	
b Name of plan sponsor	NEON ELECTRIC CORPORATION	c EIN-PN 74-1079811-002
a Plan name	NEW WORLD VAN LINES RETIREMENT SAVINGS PLAN	
b Name of plan sponsor	NEW WORLD VAN LINES, INC.	c EIN-PN 36-3189568-001
a Plan name	NEWBRIDGE RETIREMENT SAVINGS PLAN	
b Name of plan sponsor	CLEVELAND CENTER FOR ARTS AND TECHNOLOGY DBA NEWBRIDGE CLEVELAND	c EIN-PN 27-1193704-001
a Plan name	NFP CORP. 401(K) PLAN	
b Name of plan sponsor	NFP CORP.	c EIN-PN 13-4029115-001
a Plan name	NIE FUNERAL HOME INC 401(K) PROFIT SHARING PLAN AND TRUST	
b Name of plan sponsor	NIE FUNERAL HOME INC	c EIN-PN 38-3530402-001

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
<small>(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)</small>			
a	Plan name	NORTH TEXAS DENTAL CARE RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	NORTH TEXAS DENTAL CARE	c EIN-PN 20-0498931-001
a	Plan name	NORTHERN CONTOURS, INC. 401(K) PLAN	
b	Name of plan sponsor	NORTHERN CONTOURS, INC.	c EIN-PN 41-1735466-001
a	Plan name	NOVO BUILDING PRODUCTS	
b	Name of plan sponsor	NOVO DISTRIBUTION, LLC	c EIN-PN 38-3135188-001
a	Plan name	OCULOPLASTIC SURGEONS OF OKLAHOMA, PLLC PROFIT SHARING & THRIFT PLAN	
b	Name of plan sponsor	OCULOPLASTIC SURGEONS OF OKLAHOMA, PLLC	c EIN-PN 20-2637128-001
a	Plan name	ONEAMERICA SEPARATE ACCOUNT	
b	Name of plan sponsor	AMERICAN UNITED LIFE INSURANCE COMPANY	c EIN-PN 35-0145825-100
a	Plan name	ONPOINT WEALTH PARTNERS 401(K) PLAN	
b	Name of plan sponsor	ONPOINT WEALTH PARTNERS	c EIN-PN 85-4026670-001
a	Plan name	ORANGE COUNTY BANCORP, INC. 401(K) PLAN	
b	Name of plan sponsor	ORANGE COUNTY BANCORP, INC	c EIN-PN 26-1135778-004
a	Plan name	PACIFIC RIM CAPITAL, INC.	
b	Name of plan sponsor	PACIFIC RIM CAPITAL, INC.	c EIN-PN 33-0426801-001
a	Plan name	PACIFIC RIM FINANCIAL GROUP, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	PACIFIC RIM FINANCIAL GROUP, INC	c EIN-PN 91-1506658-001
a	Plan name	PACIFIC SERVICE CREDIT UNION 401(K) PLAN	
b	Name of plan sponsor	PACIFIC SERVICE CREDIT UNION	c EIN-PN 94-6061277-001
a	Plan name	PALM BEACH TAN INC. 401K PLAN	
b	Name of plan sponsor	PALM BEACH TAN INC.	c EIN-PN 75-2338010-001
a	Plan name	PATIENT-PHYSICIAN NETWORK HOLDING COMPANY, LLC 401(K) PROF	
b	Name of plan sponsor	PATIENT-PHYSICIAN NETWORK HOLDIN	c EIN-PN 90-0141144-001

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.)	
a	Plan name PAUL DAIKER LAW, LLC 401K PSP	
b	Name of plan sponsor PAUL DAIKER	c EIN-PN 83-2595738-001
a	Plan name PEDIATRIC & ADOLESCENT MEDICINE 401(K) PLAN AND TRUST	
b	Name of plan sponsor P & A MEDICINE, P.C.	c EIN-PN 04-3402361-001
a	Plan name PENNENERGY RESOURCES, LLC 401(K) PLAN	
b	Name of plan sponsor PENNENERGY RESOURCES, LLC	c EIN-PN 45-2673440-002
a	Plan name PENSKE VEHICLE SERVICES, INC. 401(K) PLAN	
b	Name of plan sponsor PENSKE VEHICLE SERVICES, INC.	c EIN-PN 51-0395686-001
a	Plan name PEPPERL + FUCHS, INC. PROFIT SHARING RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor PEPPERL + FUCHS, INC.	c EIN-PN 34-1384534-001
a	Plan name PERRY ENGINEERING COMPANY, INC. 401(K) PLAN	
b	Name of plan sponsor PERRY ENGINEERING COMPANY, INC.	c EIN-PN 54-0568466-001
a	Plan name PETROLEUM CLUB OF SHREVEPORT, INC. 401(K) PLAN	
b	Name of plan sponsor PETROLEUM CLUB OF SHREVEPORT, INC.	c EIN-PN 72-0417455-002
a	Plan name PINSTRIPES 401K PLAN	
b	Name of plan sponsor PINSTRIPES, INC.	c EIN-PN 20-4618608-001
a	Plan name PLAZA VETERINARY HOSPITAL RETIREMENT PLAN	
b	Name of plan sponsor PLAZA VETERINARY HOSPITAL, P.C.	c EIN-PN 38-2025783-001
a	Plan name PRECISE TOOL & DIE CO., INC. 401(K) RETIREMENT PLAN	
b	Name of plan sponsor PRECISE TOOL & DIE CO., INC.	c EIN-PN 34-1037240-001
a	Plan name PREMIER ELECTRICAL CORPORATION 401(K) PSP	
b	Name of plan sponsor PREMIER ELECTRICAL CORPORATION	c EIN-PN 41-1588248-001
a	Plan name PRO-VISION	
b	Name of plan sponsor PRO-VISION SOLUTIONS, LLC	c EIN-PN 81-0623979-001

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.)	
a	Plan name PROFESSIONAL ELECTRICAL CONTRACTORS OF CT, INC. 401(K) PLAN	
b	Name of plan sponsor PROFESSIONAL ELECTRICAL CONTRACTORS OF CT, INC.	c EIN-PN 06-1321754-001
a	Plan name PURVIS SYSTEMS, INC. RETIREMENT PLAN	
b	Name of plan sponsor PURVIS SYSTEMS, INC.	c EIN-PN 11-2299301-002
a	Plan name RADON MEDICAL IMAGING LLC 401K PLAN	
b	Name of plan sponsor RADON MEDICAL IMAGING LLC	c EIN-PN 56-2143971-001
a	Plan name RETIREMENT INCOME PLAN FOR EMPLOYEES OF THE KWS SEEDS GROUP	
b	Name of plan sponsor KWS SEEDS, INC. (DELAWARE)	c EIN-PN 57-0676870-001
a	Plan name RHODE ISLAND BLACK BUSINESS ASSOCIATION 401(K) PLAN	
b	Name of plan sponsor RHODE ISLAND BLACK BUSINESS ASSOCIATION (RIBBA)	c EIN-PN 45-1454867-001
a	Plan name RISK INTERNATIONAL HOLDINGS, LLC 401(K) RETIREMENT PLAN AND TRUST	
b	Name of plan sponsor RISK INTERNATIONAL HOLDINGS, LLC	c EIN-PN 80-0752336-001
a	Plan name RMB PRODUCTS, INC. 401(K) PLAN	
b	Name of plan sponsor RMB PRODUCTS, INC.	c EIN-PN 95-2402223-001
a	Plan name ROHRICH AUTOMOTIVE GROUP 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor ROHRICH AUTOMOTIVE GROUP	c EIN-PN 25-0921544-001
a	Plan name ROTAREX NORTH AMERICA, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor ROTAREX NORTH AMERICA, INC.	c EIN-PN 25-1693512-001
a	Plan name ROYAL HYDRAULIC SERVICE & MFG. INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor ROYAL HYDRAULIC SERVICE & MFG. INC.	c EIN-PN 25-1193822-001
a	Plan name RUSCOE 401(K) PLAN	
b	Name of plan sponsor TRC BUYER CO.	c EIN-PN 85-2177394-001
a	Plan name S & H REALTY MANAGEMENT, LLP 401(K) PLAN	
b	Name of plan sponsor S & H REALTY MANAGEMENT, LLP	c EIN-PN 41-1797774-001

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
<small>(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)</small>			
a	Plan name	SALA ARCHITECTS, INC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	SALA ARCHITECTS, INC.	c EIN-PN 41-1567053-001
a	Plan name	SALTCHUK 401(K) PLAN	
b	Name of plan sponsor	SALTCHUK	c EIN-PN 91-1186367-001
a	Plan name	SANTA CLARA COUNTY FEDERAL CREDIT UNION 401(K) PLAN	
b	Name of plan sponsor	SANTA CLARA COUNTY FEDERAL CREDIT UNION	c EIN-PN 94-1509091-001
a	Plan name	SANTA FE RECOVERY CENTER 401(K) PLAN	
b	Name of plan sponsor	SANTA FE RECOVERY CENTER	c EIN-PN 85-0216976-001
a	Plan name	SCHNACKEL ENGINEERS 401(K) PLAN & TRUST	
b	Name of plan sponsor	SCHNACKEL ENGINEERS, INC.	c EIN-PN 47-0827291-003
a	Plan name	SCHNEIDER DOWNS RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	SCHNEIDER DOWNS & CO., INC.	c EIN-PN 25-1408703-001
a	Plan name	SCHULER BOOKS, INC. 401(K) PLAN	
b	Name of plan sponsor	SCHULER BOOKS, INC.	c EIN-PN 38-2419916-001
a	Plan name	SCHULTZ-LEVIN 401(K) PLAN	
b	Name of plan sponsor	LEVIN FURNITURE, LLC	c EIN-PN 84-5051605-001
a	Plan name	SEASONS EVOO HOLDINGS LLC RETIREMENT SAVINGS PLAN 401(K)	
b	Name of plan sponsor	SEASONS EVOO HOLDINGS, LLC	c EIN-PN 47-1946111-001
a	Plan name	SELIGMAN GROUP RETIREMENT PLAN	
b	Name of plan sponsor	PENTEGRA SERVICES, INC.	c EIN-PN 13-3745616-008
a	Plan name	SHAMIEH LAW 401(K) PLAN	
b	Name of plan sponsor	SHAMIEH LAW, PLLC	c EIN-PN 81-2754808-001
a	Plan name	SHEA LAW, PLLC RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	SHEA LAW, PLLC	c EIN-PN 20-4684335-001

Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)		
<small>(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)</small>		
a	Plan name	SHELLY ORTHODONTICS, PC 401(K) PROFIT SHARING PLAN
b	Name of plan sponsor	DOCTORS SHELLY & SHELLY P.C.
c	EIN-PN	42-1168708-002
a	Plan name	SHILOH SERVICE, INC. 401K RETIREMENT PLAN
b	Name of plan sponsor	SHILOH SERVICE, INC.
c	EIN-PN	25-1340534-001
a	Plan name	SHIVVERS MANUFACTURING, INC. 401(K) RETIREMENT PLAN
b	Name of plan sponsor	SHIVVERS MANUFACTURING, INC
c	EIN-PN	42-1414147-001
a	Plan name	SHUSTER'S EMPLOYEES' PROFIT SHARING AND 401(K) PLAN
b	Name of plan sponsor	SHUSTERS BUILDERS SUPPLIES, INC.
c	EIN-PN	25-1087252-001
a	Plan name	SIERRA CANYON FOUNDATION 401(K) PLAN
b	Name of plan sponsor	SIERRA CANYON HIGH SCHOOL FOUNDATION
c	EIN-PN	95-4823704-001
a	Plan name	SIETE FAMILY FOODS 401(K) RETIREMENT PLAN
b	Name of plan sponsor	SIETE FAMILY FOODS
c	EIN-PN	46-5012862-001
a	Plan name	SIGNET ELECTRONIC SYSTEMS 401(K) PLAN
b	Name of plan sponsor	SIGNET ELECTRONICS SYSTEMS 401(K) PLAN
c	EIN-PN	88-3464347-001
a	Plan name	SKALNEK FORD, INC. 401(K) PLAN & TRUST
b	Name of plan sponsor	SKALNEK FORD, INC.
c	EIN-PN	38-1740366-001
a	Plan name	SKS SAFE HARBOR 401(K) PLAN
b	Name of plan sponsor	SKS DEVELOPMENT LLC
c	EIN-PN	82-4466679-001
a	Plan name	SKYLINE PAINTING COMPANY, INC. RETIREMENT SAVINGS PLAN
b	Name of plan sponsor	SKYLINE PAINTING COMPANY, INC.
c	EIN-PN	38-2831439-001
a	Plan name	SNAP INC. 401(K) RETIREMENT SAVINGS PLAN
b	Name of plan sponsor	SNAP INC.
c	EIN-PN	45-5452795-001
a	Plan name	SNM LLC 401(K) PLAN
b	Name of plan sponsor	SNM LLC
c	EIN-PN	27-2799751-001

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.)	
a	Plan name SOROS FUND MANAGEMENT LLC PROFIT SHARING PLAN	
b	Name of plan sponsor SOROS FUND MANAGEMENT LLC	c EIN-PN 13-3914976-001
a	Plan name SOUTH BAY HEALTH & INSURANCE SERVICES, INC. 401(K) PLAN	
b	Name of plan sponsor SOUTH BAY HEALTH & INSURANCE SER	c EIN-PN 26-0485597-002
a	Plan name SOUTH DES MOINES DENTAL PRACTICE, INC PROFIT SHARING PLAN	
b	Name of plan sponsor SOUTH DES MOINES DENTAL PRACTICE, INC	c EIN-PN 47-5526998-001
a	Plan name SPENCER CONSTRUCTION 401(K) PLAN	
b	Name of plan sponsor SPENCER CONSTRUCTION, LLC	c EIN-PN 82-4089972-001
a	Plan name SPENCER HODNETT, DDS, MS, PA 401(K) PLAN	
b	Name of plan sponsor SPENCER HODNETT, DDS, MS, PA	c EIN-PN 26-0432804-001
a	Plan name SPIRE HOSPITALITY, LLC 401(K) PLAN	
b	Name of plan sponsor SPIRE HOSPITALITY, LLC	c EIN-PN 36-3087906-001
a	Plan name SPORTSMITH LLC 401K	
b	Name of plan sponsor SPORTSMITH LLC	c EIN-PN 73-1473897-001
a	Plan name SPRINGFIELD INDUSTRIAL SERVICES 401(K) RETIREMENT PLAN	
b	Name of plan sponsor THE CHAMPION COMPANY	c EIN-PN 31-1253370-001
a	Plan name SPRINGVILLE CITY CORP K - 107165	
b	Name of plan sponsor SPRINGVILLE CITY CORP	c EIN-PN 87-6000285-001
a	Plan name STA-WARM ELECTRIC COMPANY 401(K) PLAN	
b	Name of plan sponsor STA-WARM ELECTRIC COMPANY	c EIN-PN 31-1439596-001
a	Plan name STANLEY STEEMER GREAT LAKES IN 401(K) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor STANLEY STEEMER GREAT LAKES IN	c EIN-PN 61-1472187-001
a	Plan name STRAHAN ADVERTISING, INC. 401(K) PLAN	
b	Name of plan sponsor STRAHAN ADVERTISING, INC.	c EIN-PN 95-3379790-002

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.)	
a	Plan name STUDIO M 401K PLAN	
b	Name of plan sponsor STUDIO M ARCHITECTURE AND PLANNING, LLC	c EIN-PN 46-3813609-002
a	Plan name SUGAR SPRINGS PROPERTY OWNERS ASSOCIATION, INC. 401(K) PLAN	
b	Name of plan sponsor SUGAR SPRINGS PROPERTY OWNERS ASSOCIATION, INC.	c EIN-PN 51-0135724-001
a	Plan name SULLY TRANSPORT, INC. 401(K) PLAN	
b	Name of plan sponsor SULLY TRANSPORT, INC.	c EIN-PN 42-0836723-001
a	Plan name SUNCREST HEALTH SERVICES LLC 401(K) PLAN	
b	Name of plan sponsor SUNCREST HEALTH SERVICES LLC	c EIN-PN 46-1848782-001
a	Plan name SWEET VIRGINIA CARE, LLC	
b	Name of plan sponsor SWEET VIRGINIA CARE, LLC	c EIN-PN 47-5548875-001
a	Plan name SYMPHONY TALENT 401(K) SAVINGS RETIREMENT PLAN	
b	Name of plan sponsor SYMPHONY TALENT, LLC	c EIN-PN 26-0214960-001
a	Plan name SYSTEMS MANAGEMENT & BALANCING, INC. 401(K) RETIREMENT PLAN	
b	Name of plan sponsor SYSTEMS MANAGEMENT & BALANCING, INC.	c EIN-PN 86-3237083-001
a	Plan name TALERICO GROUP LLC 401K PLAN	
b	Name of plan sponsor TALERICO GROUP LLC	c EIN-PN 27-4497493-001
a	Plan name TECOLOTE RESEARCH, INC. MONEY PURCHASE PENSION PLAN	
b	Name of plan sponsor TECOLOTE RESEARCH, INC.	c EIN-PN 95-2834773-002
a	Plan name TEXAS EYE & LASER CENTER PROFIT SHARING PLAN	
b	Name of plan sponsor TEXAS EYE & LASER CENTER, P.A.	c EIN-PN 75-6250103-001
a	Plan name TEXAS INSTITUTE OF DIGESTIVE HEALTH 401(K) PLAN	
b	Name of plan sponsor TEXAS INSTITUTE OF DIGESTIVE HEALTH, PLLC	c EIN-PN 81-5302826-001
a	Plan name TEXAS STATE ALARM RETIREMENT PLAN	
b	Name of plan sponsor TEXAS STATE ALARM, LLC	c EIN-PN 26-1983130-001

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.)			
a	Plan name	THE BUCKEYE RANCH 401(K) PLAN	
b	Name of plan sponsor	THE BUCKEYE RANCH	c EIN-PN 31-0642111-002
a	Plan name	THE C E GROUP 401(K) PLAN	
b	Name of plan sponsor	THE CONSULTING ENGINEERING GROUP, LLC	c EIN-PN 84-1483963-001
a	Plan name	THE FAMILY 401(K) PLAN	
b	Name of plan sponsor	DENCO FAMILY, INC.	c EIN-PN 46-1731629-002
a	Plan name	THE FLAGSHIP TECHNOLOGIES 401(K) PLAN	
b	Name of plan sponsor	FLAGSHIP TECHNOLOGIES, INC.	c EIN-PN 41-1821997-001
a	Plan name	THE FREDRICKSON COMMUNICATIONS RETIREMENT PLAN AND TRUST	
b	Name of plan sponsor	FREDRICKSON COMMUNICATIONS, INC.	c EIN-PN 41-1603136-001
a	Plan name	THE GOODMAN GROUP, ITS MEMBERS & AFFIL. RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	THE GOODMAN GROUP, INC.	c EIN-PN 41-1914496-001
a	Plan name	THE IMAGE GROUP, INC. 401(K) PLAN	
b	Name of plan sponsor	THE IMAGE GROUP, INC.	c EIN-PN 34-1629768-001
a	Plan name	THE LAWRENCE COMMUNITY MANAGEMENT GROUP, INC. 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	THE LAWRENCE COMMUNITY MANAGEMENT GROUP, INC.	c EIN-PN 31-1504597-001
a	Plan name	THE MARKESBERY & RICHARDSON 401K PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor	VICTORY PKWY	c EIN-PN 31-1256938-002
a	Plan name	THE MILLS GROUP EMPLOYEE RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	THE MILLS GROUP	c EIN-PN 42-1574355-001
a	Plan name	THE NICKLAS AGENCY, INC. 401K PROFIT SHARING PLAN	
b	Name of plan sponsor	THE NICKLAS AGENCY, INC.	c EIN-PN 43-1095098-001
a	Plan name	THE RENFREW CENTERS, INC. 401(K) PLAN	
b	Name of plan sponsor	THE RENFREW CENTERS, INC.	c EIN-PN 23-2274278-001

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.)	
a	Plan name THE SUN LIGHT & POWER 401(K) PLAN	
b	Name of plan sponsor SUN LIGHT & POWER	c EIN-PN 94-2357077-001
a	Plan name THE TRANZONIC COMPANIES SALARY SAVINGS AND PROFIT SHARING PLAN	
b	Name of plan sponsor THE TRANZONIC COMPANIES	c EIN-PN 34-0664235-006
a	Plan name THE TSG PEP	
b	Name of plan sponsor PENTEGRA SERVICES, INC.	c EIN-PN 13-3745616-014
a	Plan name THE WIDEWATERS GROUP INC. RETIREMENT	
b	Name of plan sponsor THE WIDEWATERS GROUP INC	c EIN-PN 16-1239842-001
a	Plan name TIARA AUTOMOTIVE, LLC 401(K) PLAN	
b	Name of plan sponsor TIARA AUTOMOTIVE, LLC	c EIN-PN 47-5267057-001
a	Plan name TIPP DISTRIBUTORS, INC. DBA NOVAMEX 401(K) PLAN	
b	Name of plan sponsor TIPP DISTRIBUTORS, INC. DBA NOVAMEX	c EIN-PN 74-2444846-002
a	Plan name TIPPERARY SALES, INC. PROFIT SHARING PLAN	
b	Name of plan sponsor TIPPERARY SALES, INC.	c EIN-PN 58-1933151-001
a	Plan name TLHIGA 401(K) PLAN	
b	Name of plan sponsor TX LIFE & HEALTH INS. GUAR. ASSOCIATION	c EIN-PN 74-6252674-003
a	Plan name TOTAL SOLUTIONS, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor TOTAL SOLUTIONS, INC.	c EIN-PN 38-3254202-001
a	Plan name TRAVERSE CITY EYE CONSULTANTS 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor TRAVERSE CITY EYE CONSULTANTS	c EIN-PN 73-1699747-001
a	Plan name TREALITY SVS, LLC 401(K) PLAN	
b	Name of plan sponsor TREALITY SVS, LLC	c EIN-PN 47-2056482-001
a	Plan name TRI-STATE ELECTRIC 401(K) PLAN	
b	Name of plan sponsor TRI-STATE ELECTRIC, LTD	c EIN-PN 74-3022814-002

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.)		
a	Plan name TRIO SUPPLY CHAIN SOLUTIONS LLC 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor TRIO SUPPLY CHAIN SOLUTIONS, LLC	c EIN-PN 46-1741870-001
a	Plan name TRIONETICS, INC. 401K PLAN	
b	Name of plan sponsor TRIONETICS, INC.	c EIN-PN 34-1621817-001
a	Plan name TUBACEX AMERICA, INC 401(K) PLAN	
b	Name of plan sponsor TUBACEX AMERICA, INC.	c EIN-PN 76-0466037-001
a	Plan name TUBACEX US HOLDING SALARIED RETIREMENT PLAN	
b	Name of plan sponsor SALEM TUBE, INC.	c EIN-PN 25-1651664-001
a	Plan name TUBE PROCESSING CORP. EMPLOYEES' 401(K) SAVINGS PLAN	
b	Name of plan sponsor TUBE PROCESSING CORP.	c EIN-PN 35-1005124-002
a	Plan name UBC 401(K) PLAN	
b	Name of plan sponsor UNIVERSAL BUILDING CONTROLS, INC.	c EIN-PN 03-0509738-001
a	Plan name UNIVERSAL INDUSTRIES EMPLOYEES' PROFIT SHARING AND 401(K) PLAN	
b	Name of plan sponsor PGT TRUCKING, INC.	c EIN-PN 25-1338962-002
a	Plan name UNIVERSITY OTOLARYNGOLOGISTS, INC. 401(K) PLAN	
b	Name of plan sponsor UNIVERSITY OTOLARYNGOLOGISTS, INC.	c EIN-PN 31-0682633-001
a	Plan name UNIVERSITY PEDIATRICIANS 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor UNIVERSITY PEDIATRICIANS	c EIN-PN 38-3336414-002
a	Plan name UNIVERSITY PEDIATRICIANS 457 B PLAN	
b	Name of plan sponsor UNIVERSITY PEDIATRICIANS	c EIN-PN 38-3336414-457
a	Plan name UPLAND SOFTWARE INC. 401K	
b	Name of plan sponsor UPLAND SOFTWARE, INC.	c EIN-PN 27-2992077-001
a	Plan name V1 SPORTS 401(K) PLAN	
b	Name of plan sponsor INTERACTIVE FRONTIERS	c EIN-PN 38-3262903-001

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
<small>(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)</small>			
a	Plan name	VALLEY OAK CHILDREN'S SERVICES 401(K) PLAN	
b	Name of plan sponsor	VALLEY OAK CHILDRENS SERVICES	c EIN-PN 68-0058359-001
a	Plan name	VALLESTAR CREDIT UNION 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	VALLESTAR CREDIT UNION	c EIN-PN 54-6040482-001
a	Plan name	VAN DAM ENTERPRISES, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	VAN DAM ENTERPRISES, INC.	c EIN-PN 46-2784874-001
a	Plan name	VANDALIA REHAB, LLC 401(K) PLAN	
b	Name of plan sponsor	VANDALIA REHAB, LLC	c EIN-PN 88-1291851-001
a	Plan name	VENUS INVESTMENTS, INC. DBA THE CASH EXCHANGE 401K/PROFIT SHARING PLAN	
b	Name of plan sponsor	VENUS INVESTMENTS, INC. DBA THE CASH EXCHANGE	c EIN-PN 38-3262760-001
a	Plan name	VERENIA LLC 401(K) PLAN	
b	Name of plan sponsor	VERENIA, LLC	c EIN-PN 45-3207883-001
a	Plan name	VERSATERM PUBLIC SAFETY 401(K) PLAN	
b	Name of plan sponsor	JUSTICETRAX INC.	c EIN-PN 86-0960454-001
a	Plan name	VIRGINIA CENTER FOR POLICING INNOVATION	
b	Name of plan sponsor	VIRGINIA CENTER FOR POLICING INNOVATION	c EIN-PN 54-2026154-001
a	Plan name	VITORI HEALTH, LLC 401(K) PLAN	
b	Name of plan sponsor	VITORI HEALTH, LLC	c EIN-PN 85-4262795-001
a	Plan name	VOGEL RETIREMENT PLAN	
b	Name of plan sponsor	VOGEL HOLDING, INC.	c EIN-PN 25-1657389-003
a	Plan name	VPNE PARKING SOLUTIONS, LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	VPNE PARKING SOLUTIONS, LLC	c EIN-PN 20-2086409-001
a	Plan name	VULCAN SPRING 401(K) PLAN	
b	Name of plan sponsor	VULCAN SPRING & MANUFACTURING COMPANY	c EIN-PN 23-1726315-001

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.)		
a	Plan name W.A. O'LEARY & SONS, INC. 401(K) PLAN	
b	Name of plan sponsor W. A. OLEARY & SONS, INC.	c EIN-PN 26-1761759-001
a	Plan name WASHINGTON FEDERAL BANK 401(K) PLAN	
b	Name of plan sponsor WASHINGTON FEDERAL BANK	c EIN-PN 91-0135860-001
a	Plan name WATER STREET FINANCIAL LLC 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor WATER STREET FINANCIAL, LLC	c EIN-PN 47-5379622-001
a	Plan name WATERFORD CONSULTANTS, LLC 401(K) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor WATERFORD CONSULTANTS, LLC	c EIN-PN 68-0585939-001
a	Plan name WATSONVILLE COMMUNITY HOSPITAL 401(A) PLAN	
b	Name of plan sponsor 401(A) EMPLOYER CONTRIBUTION PLAN-PVHCDHC	c EIN-PN 91-1894113-005
a	Plan name WATSONVILLE COMMUNITY HOSPITAL 457(B) PLAN	
b	Name of plan sponsor 457(B) EMPLOYEE CONTRIBUTION PLAN-PVHCDHC	c EIN-PN 88-2447284-001
a	Plan name WAYNE PERRY, INC. AND FUELING & SERVICE TECHNOLOGIES, INC. 401(K) PLAN	
b	Name of plan sponsor WAYNE PERRY, INC.	c EIN-PN 95-2880827-002
a	Plan name WEALTH MANAGING PARTNERS, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor WEALTH MANAGING PARTNERS, INC.	c EIN-PN 26-1170223-001
a	Plan name WEISBART SPRINGER HAYES, LLP 401(K) PLAN	
b	Name of plan sponsor WEISBART SPRINGER HAYES, LLP	c EIN-PN 45-4404922-001
a	Plan name WILLIAM D. BISHOP, PC 401(K) PLAN	
b	Name of plan sponsor WILLIAM D. BISHOP, PC	c EIN-PN 86-0842043-001
a	Plan name WILLIAM M. AERNI, DDS RETIREMENT PLAN	
b	Name of plan sponsor WILLIAM M, AERNI, DDS LLC	c EIN-PN 26-3907707-001
a	Plan name WILLIAM R. KANINE, P.C. EMPLOYEE 401(K) PLAN	
b	Name of plan sponsor WILLIAM R. KANINE, P.C.	c EIN-PN 38-3300148-001

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information 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). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
A Name of plan LARGE CAP GROWTH FUND	B Three-digit plan number (PN) ▶ 375
C Plan sponsor's name as shown on line 2a of Form 5500 GREAT GRAY TRUST COMPANY, LLC	D Employer Identification Number (EIN) 82-4435820

Part I	Asset and Liability Statement
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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
Assets			
a Total noninterest-bearing cash	1a	746	0
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	21104585	2238579
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)	916238560	918482472
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)		
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)		
(2) Employer real property.....	1d(2)		
e Buildings and other property used in plan operation.....	1e		
f Total assets (add all amounts in lines 1a through 1e).....	1f	937343891	920721051
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h	0	766730
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j	21807709	2238579
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	21807709	3005309
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	915536182	917715742

Part II Income and Expense Statement

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

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

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		248377747
(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)		
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		248377747

Expenses

e 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
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)	48553	
(5) Investment advisory and investment management fees	2i(5)	2492003	
(6) Bank or trust company trustee/custodial fees	2i(6)	495437	
(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)		
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		3035993
j Total expenses. Add all expense amounts in column (b) and enter total	2j		3035993

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		245341754
l Transfers of assets:			
(1) To this plan	2l(1)		154732963
(2) From this plan	2l(2)		397895157

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
a 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 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.)			
c 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.)			
d 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.)			
e Was this plan covered by a fidelity bond?			
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?			
g 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?			
h 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?			
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)			
j 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.)			
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?			
l Has the plan failed to provide any benefit when due under the plan?			
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
n 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.)

5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) 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 _____.