

<p style="text-align: center;"><b>Form 5500</b></p> <p style="font-size: small;">Department of the Treasury Internal Revenue Service</p> <hr/> <p style="font-size: small;">Department of Labor Employee Benefits Security Administration</p> <hr/> <p style="font-size: x-small;">Pension Benefit Guaranty Corporation</p>	<p><b>Annual Return/Report of Employee Benefit Plan</b></p> <p style="font-size: x-small;">This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).</p> <p style="text-align: center;"><b>▶ Complete all entries in accordance with the instructions to the Form 5500.</b></p>	<p style="font-size: x-small;">OMB Nos. 1210-0110 1210-0089</p> <hr/> <p style="font-size: large; text-align: center;"><b>2024</b></p> <hr/> <p style="text-align: center;"><b>This Form is Open to Public Inspection</b></p>
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**Part I Annual Report Identification Information**  
 For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

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

a single-employer plan  a DFE (specify) 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**

<p><b>1a</b> Name of plan <u>LARGE CAP GROWTH FUND IV</u></p>	<p><b>1b</b> Three-digit plan number (PN) ▶ <u>001</u></p>
<p><b>2a</b> Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>GREAT GRAY TRUST COMPANY, LLC</u></p> <p><u>6725 VIA AUSTI PARKWAY, SUITE 260</u> <u>LAS VEGAS, NV 89119</u></p>	<p><b>1c</b> Effective date of plan</p> <hr/> <p><b>2b</b> Employer Identification Number (EIN) <u>38-7289851</u></p> <p><b>2c</b> Plan Sponsor's telephone number <u>866-427-6885</u></p> <p><b>2d</b> Business code (see instructions)</p>

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

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

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

<b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	<b>3b</b> Administrator's EIN  <b>3c</b> Administrator's telephone number  <div style="background-color: #cccccc; height: 40px; width: 100%;"></div>
<b>4</b> If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: <b>a</b> Sponsor's name <b>c</b> Plan Name	<b>4b</b> EIN  <b>4d</b> PN
<b>5</b> Total number of participants at the beginning of the plan year	<b>5</b>
<b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ). <b>a(1)</b> Total number of active participants at the beginning of the plan year ..... <b>a(2)</b> Total number of active participants at the end of the plan year ..... <b>b</b> Retired or separated participants receiving benefits..... <b>c</b> Other retired or separated participants entitled to future benefits ..... <b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> ..... <b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. .... <b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> ..... <b>g(1)</b> Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) ..... <b>g(2)</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) ..... <b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	<div style="background-color: #cccccc; height: 20px; width: 100%;"></div> <b>6a(1)</b> <b>6a(2)</b> <b>6b</b> <b>6c</b> <b>6d</b> 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>LARGE CAP GROWTH FUND IV</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>38-7289851</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>AMERICAN CENTURY U.S. PREMIER LCG</u>	
<b>b</b> Name of sponsor of entity listed in (a):	<u>GLOBAL TRUST COMPANY</u>	
<b>c</b> EIN-PN <u>30-6406015-027</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>1281662060</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)
<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

**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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**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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**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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**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 401(K) PROFIT SHARING PLAN OF ELDERLY HOUSING MANA	
<b>b</b>	Name of plan sponsor ELDERLY HOUSING MANAGEMENT	<b>c</b> EIN-PN 06-6049011-002
<b>a</b>	Plan name 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor AFV PARTNERS, LLC	<b>c</b> EIN-PN 83-4544892-001
<b>a</b>	Plan name A.J. KIRKWOOD & ASSOCIATES, INC 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor A.J. KIRKWOOD & ASSOCIATES, INC.	<b>c</b> EIN-PN 33-0707710-001
<b>a</b>	Plan name ABALTA TECHNOLOGIES, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor ABALTA TECHNOLOGIES, INC	<b>c</b> EIN-PN 20-0367910-001
<b>a</b>	Plan name ABLE DISTRIBUTORS, INC. EMPLOYEES 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor ABLE DISTRIBUTORS, INC.	<b>c</b> EIN-PN 36-3068681-001
<b>a</b>	Plan name ACCERTIFY RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor ACCERTIFY RETIREMENT SAVINGS PLAN	<b>c</b> EIN-PN 26-2708428-001
<b>a</b>	Plan name ACENTEK 401(K) PLAN	
<b>b</b>	Name of plan sponsor ACENTEK.	<b>c</b> EIN-PN 41-0711571-002
<b>a</b>	Plan name ACUITY, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor ACUITY, INC.	<b>c</b> EIN-PN 33-1009009-001
<b>a</b>	Plan name ADAMS COUNTY NURSERY, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor ADAMS COUNTY NURSERY, INC.	<b>c</b> EIN-PN 23-2055347-001
<b>a</b>	Plan name ADAMSON FAMILY DENTISTRY 401K PLAN	
<b>b</b>	Name of plan sponsor ADAMSON FAMILY DENTISTRY LLC	<b>c</b> EIN-PN 46-4599645-001
<b>a</b>	Plan name ADRENALINE RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor ADRENALINE, LLC	<b>c</b> EIN-PN 43-1834321-001
<b>a</b>	Plan name ADVANCED CONCRETE, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor ADVANCED CONCRETE, INC.	<b>c</b> EIN-PN 39-1845663-001

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
<small>(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)</small>			
<b>a</b>	Plan name	AEMETIS ADVANCED FUELS KEYES 401(K) PROFIT SHARING PLAN & TRUST	
<b>b</b>	Name of plan sponsor	AEMETIS ADVANCED FUELS KEYES, INC.	<b>c</b> EIN-PN 27-1414325-001
<b>a</b>	Plan name	AFFORDABLE HOUSING ACCOUNTANTS LTD 401(K) PLAN	
<b>b</b>	Name of plan sponsor	AFFORDABLE HOUSING ACCOUNTANTS LTD	<b>c</b> EIN-PN 27-0036524-001
<b>a</b>	Plan name	AFIMAC AND SUBSIDIARIES 401(K) PLAN	
<b>b</b>	Name of plan sponsor	NS AFIMAC INTERMEDIATE LLC	<b>c</b> EIN-PN 84-4535684-001
<b>a</b>	Plan name	AGP E-GLASS 401(K) PLAN	
<b>b</b>	Name of plan sponsor	AGP E-GLASS CO.	<b>c</b> EIN-PN 45-3817255-001
<b>a</b>	Plan name	AHI SUPPLY, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	AHI SUPPLY, LLC	<b>c</b> EIN-PN 81-0620178-001
<b>a</b>	Plan name	AIR WISCONSIN AIRLINES SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	AIR WISCONSIN AIRLINES LLC	<b>c</b> EIN-PN 39-1767281-006
<b>a</b>	Plan name	ALBION ENGINEERING COMPANY 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ALBION ENGINEERING COMPANY	<b>c</b> EIN-PN 20-1965714-001
<b>a</b>	Plan name	ALCANZA CLINICAL RESEARCH 401 (K) PLAN	
<b>b</b>	Name of plan sponsor	ALCANZA CLINICAL RESEARCH	<b>c</b> EIN-PN 87-3867885-003
<b>a</b>	Plan name	ALCO FENCE COMPANY OF CENTRAL WEST VIRGINIA, INC 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	ALCO FENCE COMPANY OF CENTRAL WEST VIRGINIA, INC	<b>c</b> EIN-PN 55-0668479-001
<b>a</b>	Plan name	ALERA GROUP, INC. SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	ALERA GROUP, INC.	<b>c</b> EIN-PN 81-4473358-001
<b>a</b>	Plan name	ALEX'S MEAT DISTRIBUTORS CORP. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ALEXS MEAT DISTRIBUTORS CORPORATION	<b>c</b> EIN-PN 20-0678508-001
<b>a</b>	Plan name	ALFA SCIENTIFIC DESIGNS, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ALFA SCIENTIFIC DESIGNS INC.	<b>c</b> EIN-PN 33-0813944-002

<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	ALLEGO INC 401(K) PROFIT SHARING PLAN AND TRUST	
<b>b</b>	Name of plan sponsor	ALLEGO INC	<b>c</b> EIN-PN 37-1884196-001
<b>a</b>	Plan name	ALLEN EDWIN RESIDENTIAL BUILDERS 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	ALLEN EDWIN RESIDENTIAL BUILDER, LLC	<b>c</b> EIN-PN 87-3517408-001
<b>a</b>	Plan name	ALLMARK, INC. 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	ALLMARK, INC.	<b>c</b> EIN-PN 95-2684865-001
<b>a</b>	Plan name	ALTERNATIVE PATHS 401K P/S PLAN	
<b>b</b>	Name of plan sponsor	ALTERNATIVE PATHS, INC	<b>c</b> EIN-PN 34-1617525-002
<b>a</b>	Plan name	ALZHEIMER'S COMMUNITY CARE 401K	
<b>b</b>	Name of plan sponsor	ALZHEIMERS COMMUNITY CARE INC	<b>c</b> EIN-PN 31-1481653-001
<b>a</b>	Plan name	AM SKIER AGENCY INC 401K PROFIT SHARING	
<b>b</b>	Name of plan sponsor	AM SKIER AGENCY	<b>c</b> EIN-PN 24-0821287-002
<b>a</b>	Plan name	AMERICA'S THRIFT STORE 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	ATS OPERATING, LLC	<b>c</b> EIN-PN 63-0889019-001
<b>a</b>	Plan name	AMERICAN JETWAY CORPORATION 401(K) PROFIT SHARING PLAN AND TRUST	
<b>b</b>	Name of plan sponsor	AMERICAN JETWAY CORPORATION	<b>c</b> EIN-PN 38-1735811-001
<b>a</b>	Plan name	AMERICAN PLANT MAINTENANCE 401(K) PS PLAN	
<b>b</b>	Name of plan sponsor	AMERICAN PLANT MAINTENANCE LLC	<b>c</b> EIN-PN 81-2438516-002
<b>a</b>	Plan name	AMERICAN RESORT DEVELOPMENT ASSOCIATION EMPLOYEES 401(K) PLAN AND TRUST	
<b>b</b>	Name of plan sponsor	AMERICAN RESORT DEVELOPMENT ASSOCIATION	<b>c</b> EIN-PN 52-0895129-002
<b>a</b>	Plan name	AMN HEALTHCARE 401(K) RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	AMN HEALTHCARE, INC	<b>c</b> EIN-PN 88-0208006-002
<b>a</b>	Plan name	AMOY BEAUTY LLC 401K PLAN	
<b>b</b>	Name of plan sponsor	AMOY BEAUTY LLC	<b>c</b> EIN-PN 26-2445587-001

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>ANDERSON &amp; HOWARD ELECTRIC, INC. 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>ANDERSON &amp; HOWARD ELECTRIC, INC.</b>	<b>c</b> EIN-PN <b>95-2497870-002</b>
<b>a</b>	Plan name <b>ANESTHESIA PRACTICE CONSULTANTS, P.C. SAVINGS AND RETIREMENT PLAN</b>	
<b>b</b>	Name of plan sponsor <b>ANESTHESIA PRACTICE CONSULTANTS, P.C.</b>	<b>c</b> EIN-PN <b>27-5332559-001</b>
<b>a</b>	Plan name <b>ANTELOPE 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>ALPINE PET OPCO, LLC</b>	<b>c</b> EIN-PN <b>87-2682302-001</b>
<b>a</b>	Plan name <b>APPARENT LLC AE OF THE RETIREMENT SUCCESS SAVINGS PLAN</b>	
<b>b</b>	Name of plan sponsor <b>APPARENT LLC</b>	<b>c</b> EIN-PN <b>92-1325608-873</b>
<b>a</b>	Plan name <b>AR/WS 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>ASSOCIATED RIGHT OF WAY SERVICES, INC.</b>	<b>c</b> EIN-PN <b>94-3096127-001</b>
<b>a</b>	Plan name <b>ARANDELL CORPORATION 401(K) SAVINGS PLAN</b>	
<b>b</b>	Name of plan sponsor <b>ARANDELL HOLDINGS, INC.</b>	<b>c</b> EIN-PN <b>85-3986525-001</b>
<b>a</b>	Plan name <b>ARMADA CORP</b>	
<b>b</b>	Name of plan sponsor <b>ARMADA CORP</b>	<b>c</b> EIN-PN <b>93-0987232-004</b>
<b>a</b>	Plan name <b>ARNEL DEVELOPMENT COMPANY SAVINGS INCENTIVE PLAN</b>	
<b>b</b>	Name of plan sponsor <b>ARNEL DEVELOPMENT COMPANY</b>	<b>c</b> EIN-PN <b>95-2553658-001</b>
<b>a</b>	Plan name <b>ASK LLP PARTNERSHIP PROFIT SHARING 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>ASK LLP</b>	<b>c</b> EIN-PN <b>41-1916951-001</b>
<b>a</b>	Plan name <b>ASPEN GROUP, INC. 401(K) PROFIT SHARING PLAN AND TRUST</b>	
<b>b</b>	Name of plan sponsor <b>ASPEN GROUP, INC.</b>	<b>c</b> EIN-PN <b>27-1933597-001</b>
<b>a</b>	Plan name <b>ASSEMBLY INTERMEDIATE LLC 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>ASSEMBLY INTERMEDIATE LLC</b>	<b>c</b> EIN-PN <b>84-2986791-001</b>
<b>a</b>	Plan name <b>ASTRO CRAFT, INC. PROFIT SHARING 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>ASTRO CRAFT, INC.</b>	<b>c</b> EIN-PN <b>36-2643871-001</b>

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 AUGUST MACK ENVIRONMENTAL, INC. 401K PLAN	
<b>b</b>	Name of plan sponsor AUGUST MACK ENVIRONMENTAL, INC.	<b>c</b> EIN-PN 35-1741271-001
<b>a</b>	Plan name AUSTIN BIOASSAYS LLC 401K AND PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor AUSTIN BIOASSAYS LLC	<b>c</b> EIN-PN 74-3025171-001
<b>a</b>	Plan name AUTOMOTIVE ELEGANCE LLC 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor AUTOMOTIVE ELEGANCE LLC	<b>c</b> EIN-PN 20-0314996-001
<b>a</b>	Plan name AUTONOMIC ENTERPRISE, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor AUTONOMIC ENTERPRISE, INC.	<b>c</b> EIN-PN 45-5473941-001
<b>a</b>	Plan name AVAILITY, L.L.C. 401(K) RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor AVAILITY, L.L.C.	<b>c</b> EIN-PN 59-3715944-001
<b>a</b>	Plan name AXA ASSISTANCE USA, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor AXA ASSISTANCE USA, INC.	<b>c</b> EIN-PN 36-3235090-001
<b>a</b>	Plan name AXIOM MEMORY SOLUTIONS, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor AXIOM MEMORY SOLUTIONS, INC.	<b>c</b> EIN-PN 33-0869859-001
<b>a</b>	Plan name AZRIA HEALTH 401(K) PLAN	
<b>b</b>	Name of plan sponsor AZRIA HEALTH MANAGEMENT LLC	<b>c</b> EIN-PN 81-3162505-003
<b>a</b>	Plan name BACCELLIERI FAMILY DENTISTRY 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor BACCELLIERI FAMILY DENTISTRY	<b>c</b> EIN-PN 82-1754768-001
<b>a</b>	Plan name BADGER SCALE, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor BADGER SCALE, INC.	<b>c</b> EIN-PN 20-1549327-001
<b>a</b>	Plan name BARSTEEL CORPORATION 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor BARSTEEL CORPORATION	<b>c</b> EIN-PN 36-3972940-003
<b>a</b>	Plan name BAUER COMPRESSORS INC. EMPLOYEE RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor BAUER COMPRESSORS, INC.	<b>c</b> EIN-PN 54-1019520-003

<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	BAUM REALTY GROUP, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	BAUM REALTY GROUP	<b>c</b> EIN-PN 20-8434409-002
<b>a</b>	Plan name	BAY ANESTHESIA ASSOCIATES, LLC 401K PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	BAY ANESTHESIA ASSOCIATES, LLC ATTN TAMMY PHILLIPS	<b>c</b> EIN-PN 20-8871650-001
<b>a</b>	Plan name	BAY AREA AIR QUALITY MGMT DISTRICT 457 DEF COMP	
<b>b</b>	Name of plan sponsor	BAY AREA AIR QUALITY MANAGEMENT DISTRICT	<b>c</b> EIN-PN 94-1622746-457
<b>a</b>	Plan name	BERESFORD BOOTH RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	BERESFORD BOOTH, PLLC	<b>c</b> EIN-PN 30-0008684-001
<b>a</b>	Plan name	BERNARD EGAN & COMPANY 401(K) PLAN	
<b>b</b>	Name of plan sponsor	BERNARD EGAN & COMPANY	<b>c</b> EIN-PN 22-1730979-003
<b>a</b>	Plan name	BEST VERSION MEDIA	
<b>b</b>	Name of plan sponsor	BEST VERSION MEDIA, LLC	<b>c</b> EIN-PN 20-8449037-001
<b>a</b>	Plan name	BLAIR RUBBER COMPANY 401K	
<b>b</b>	Name of plan sponsor	BLAIR RUBBER COMPANY	<b>c</b> EIN-PN 34-1351173-001
<b>a</b>	Plan name	BLAZE CONTRACTING 401(K) P/S PLAN	
<b>b</b>	Name of plan sponsor	BLAZE CONTRACTING, INC.	<b>c</b> EIN-PN 38-3545343-001
<b>a</b>	Plan name	BLOOM MANUFACTURING LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	BLOOM MANUFACTURING LLC	<b>c</b> EIN-PN 85-1379799-001
<b>a</b>	Plan name	BLUE HORIZONS POOLED EMPLOYER PLAN	
<b>b</b>	Name of plan sponsor	TRGF, INC.	<b>c</b> EIN-PN 82-3095168-001
<b>a</b>	Plan name	BLUE ROCK CONSTRUCTION, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	BLUE ROCK CONSTRUCTION, INC.	<b>c</b> EIN-PN 01-0548802-001
<b>a</b>	Plan name	BLUE STAR GAS ASSOCIATES 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	GARBERVILLE GAS CORPORATION	<b>c</b> EIN-PN 94-1113690-001

<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	BLUESCAPE 401K PLAN	
<b>b</b>	Name of plan sponsor	THOUGHT STREAM LLC	<b>c</b> EIN-PN 61-1685926-001
<b>a</b>	Plan name	BMD 401(K) PLAN	
<b>b</b>	Name of plan sponsor	BMD 401(K) PLAN	<b>c</b> EIN-PN 95-3926637-004
<b>a</b>	Plan name	BNK CONSTRUCTION, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	BNK CONSTRUCTION, INC.	<b>c</b> EIN-PN 93-1179120-001
<b>a</b>	Plan name	BORNTEC 401K PROFIT SHARING PLAN & TRUST	
<b>b</b>	Name of plan sponsor	BORN CAPITAL, LLC	<b>c</b> EIN-PN 33-1042175-001
<b>a</b>	Plan name	BOROUGH OF GETTYSBURG 457	
<b>b</b>	Name of plan sponsor	BOROUGH OF GETTYSBURG	<b>c</b> EIN-PN 23-6002866-457
<b>a</b>	Plan name	BOYS & GIRLS CLUBS OF DELAWARE INC. RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	BOYS & GIRLS CLUBS OF DELAWARE INC.	<b>c</b> EIN-PN 51-0068712-001
<b>a</b>	Plan name	BRASK, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	BRASK, INC.	<b>c</b> EIN-PN 72-1485569-001
<b>a</b>	Plan name	BRAUSE REALTY, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	BRAUSE REALTY, INC.	<b>c</b> EIN-PN 13-1985283-001
<b>a</b>	Plan name	BREVARD COUNTY CLERK OF COURT DEFERRED COMPENSATION PLAN	
<b>b</b>	Name of plan sponsor	BREVARD COUNTY CLERK OF COURT	<b>c</b> EIN-PN 59-6000524-001
<b>a</b>	Plan name	BRISTOL ID TECHNOLOGIES 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	BRISTOL GRAPHICS, INC. DBA BRISTOL ID TECHNOLOGIES, INC.	<b>c</b> EIN-PN 16-1423296-001
<b>a</b>	Plan name	BROADMEAD, INC. 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	BROADMEAD, INC.	<b>c</b> EIN-PN 52-1056690-001
<b>a</b>	Plan name	BROOKS BORG SKILES ARCHITECTURE ENGINEERING RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	BROOKS BORG SKILES ARCHITECTURE ENGINEERING LLP	<b>c</b> EIN-PN 42-0477630-001

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 BROWN & RIDING INSURANCE SERVICES, INC. EMPLOYEES' 401(K) PLAN	
<b>b</b>	Name of plan sponsor BROWN & RIDING INSURANCE SERVICES, INC.	<b>c</b> EIN-PN 94-2679254-003
<b>a</b>	Plan name BRYAN L. HEY BUILDER, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor BRYAN L. HEY BUILDER, INC.	<b>c</b> EIN-PN 25-1830568-001
<b>a</b>	Plan name BUREAU VERITAS INDUSTRIES & FACILITIES 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor BUREAU VERITAS HOLDINGS, INC.	<b>c</b> EIN-PN 13-3468812-001
<b>a</b>	Plan name BURRUS & MATTHEWS, INC. EMPLOYEES P/S PLAN	
<b>b</b>	Name of plan sponsor BURRUS & MATTHEWS, INC	<b>c</b> EIN-PN 74-1720472-001
<b>a</b>	Plan name BUSCH'S INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor BUSCHS, INC.	<b>c</b> EIN-PN 38-2075818-002
<b>a</b>	Plan name BUSCIGLIO ORTHODONTICS AND PED 401K	
<b>b</b>	Name of plan sponsor BUSCIGLIO ORTHODONTICS AND PED	<b>c</b> EIN-PN 02-7402712-001
<b>a</b>	Plan name C.E. WILLIAMS SONS, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor C.E. WILLIAMS SONS, INC.	<b>c</b> EIN-PN 23-1730373-002
<b>a</b>	Plan name C.T. GORHAM, INC. PROFIT SHARING 401(K) PLAN	
<b>b</b>	Name of plan sponsor C. T. GORHAM, INC.	<b>c</b> EIN-PN 39-1132631-001
<b>a</b>	Plan name CACHE VALLEY BANK EMPLOYEE 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor CACHE VALLEY BANK	<b>c</b> EIN-PN 87-0310100-001
<b>a</b>	Plan name CAESAR CREEK SOFTWARE 401(K) PLAN	
<b>b</b>	Name of plan sponsor CAESAR CREEK SOFTWARE 401(K) PLAN	<b>c</b> EIN-PN 31-1621508-001
<b>a</b>	Plan name CALEDONIA IMPLEMENT COMPANY INC SAFE HARBOR 401(K) PLAN	
<b>b</b>	Name of plan sponsor CALEDONIA IMPLEMENT COMPANY	<b>c</b> EIN-PN 41-0630941-001
<b>a</b>	Plan name CALVIN, EDDY & KAPPELMAN, INC. 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor CALVIN, EDDY & KAPPELMAN, INC.	<b>c</b> EIN-PN 48-0761468-001

<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	CANFIELD BUSINESS INTERIORS INC 401K	
<b>b</b>	Name of plan sponsor	CANFIELD BUSINESS INTERIORS INC	<b>c</b> EIN-PN 26-3958495-002
<b>a</b>	Plan name	CAPITAL PROJECT MANAGEMENT INC. 401K	
<b>b</b>	Name of plan sponsor	CAPITAL PROJECT MGMT INC	<b>c</b> EIN-PN 23-2827922-001
<b>a</b>	Plan name	CAPITOL FEDERAL FINANCIAL, INC. PARTNERS IN THRIFT 401K PLAN	
<b>b</b>	Name of plan sponsor	CAPITOL FEDERAL FINANCIAL, INC.	<b>c</b> EIN-PN 27-2631712-002
<b>a</b>	Plan name	CARE 4 U COMMUNITY HEALTH CENTER 401K	
<b>b</b>	Name of plan sponsor	CARE 4 U COMMUNITY HEALTH CENTER INC	<b>c</b> EIN-PN 46-2769097-001
<b>a</b>	Plan name	CAREY COLOR, INC. EMPLOYEES PROFIT SHARING & 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	CAREY COLOR, INC.	<b>c</b> EIN-PN 31-1000581-001
<b>a</b>	Plan name	CARRIX, INC. RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	CARRIX, INC.	<b>c</b> EIN-PN 91-1653735-002
<b>a</b>	Plan name	CARSON HELICOPTERS INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	CARSON HELICOPTERS INC	<b>c</b> EIN-PN 23-1538917-001
<b>a</b>	Plan name	CAUDALIE USA INC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	CAUDALIE USA, INC.	<b>c</b> EIN-PN 75-2968038-001
<b>a</b>	Plan name	CEC CONTROLS COMPANY 401(K) PLAN	
<b>b</b>	Name of plan sponsor	CEC CONTROLS COMPANY, INC.	<b>c</b> EIN-PN 38-1846671-003
<b>a</b>	Plan name	CENTER FOR CLIMATE INTEGRITY, AE OF THE RETIREMENT SUCCESS SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	CENTER FOR CLIMATE INTEGRITY	<b>c</b> EIN-PN 82-1659823-873
<b>a</b>	Plan name	CERELIA USA BAKERY INC 401K PLAN	
<b>b</b>	Name of plan sponsor	CERELIA USA BAKERY INC	<b>c</b> EIN-PN 85-1100898-001
<b>a</b>	Plan name	CERRIS, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	CERRIS, INC.	<b>c</b> EIN-PN 36-3740049-001

<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	CHAMPION CONTAINER 401(K)	
<b>b</b>	Name of plan sponsor	CHAMPION CONTAINER CORPORATION	<b>c</b> EIN-PN 36-2849377-002
<b>a</b>	Plan name	CHICO EYE CENTER 401K PROFIT SHARING	
<b>b</b>	Name of plan sponsor	CHICO EYE CENTER	<b>c</b> EIN-PN 91-1841310-001
<b>a</b>	Plan name	CHITIMACHA TRIBE OF LOUISIANA 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	CHITIMACHA TRIBE OF LOUISIANA	<b>c</b> EIN-PN 72-0705406-001
<b>a</b>	Plan name	CHITINA NATIVE CORPORATION AE OF ALERA PEP	
<b>b</b>	Name of plan sponsor	CHITINA NATIVE CORPORATION	<b>c</b> EIN-PN 92-0048302-876
<b>a</b>	Plan name	CHOICE SOLUTIONS, LLC EMPLOYEES SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	CHOICE SOLUTIONS, LLC	<b>c</b> EIN-PN 27-0385408-001
<b>a</b>	Plan name	CIELO, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	CIELO, INC.	<b>c</b> EIN-PN 76-0807472-001
<b>a</b>	Plan name	CIOX HEALTH 401(K) PLAN	
<b>b</b>	Name of plan sponsor	CIOX HEALTH, LLC	<b>c</b> EIN-PN 58-2659941-001
<b>a</b>	Plan name	CITY OF BURLINGAME DEFERRED COMPENSATION PLAN	
<b>b</b>	Name of plan sponsor	CITY OF BURLINGAME	<b>c</b> EIN-PN 94-6000304-001
<b>a</b>	Plan name	CITY OF SAN MATEO 401(A) GOVT PLAN FOR SAFETY MGMT	
<b>b</b>	Name of plan sponsor	CITY OF SAN MATEO	<b>c</b> EIN-PN 94-6000422-401
<b>a</b>	Plan name	CMS COMPANIES RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	CORPORATE MOVING SYSTEMS INC	<b>c</b> EIN-PN 91-1375836-001
<b>a</b>	Plan name	COGNOA RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	COGNOA, INC.	<b>c</b> EIN-PN 46-3191410-001
<b>a</b>	Plan name	COLLINS ELECTRICAL COMPANY, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	COLLINS ELECTRICAL COMPANY, INC.	<b>c</b> EIN-PN 94-1134154-002

<b>Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>		
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)		
<b>a</b>	Plan name	COMMONWEALTH CASUALTY COMPANY 401(K) PLAN
<b>b</b>	Name of plan sponsor	COMMONWEALTH CASUALTY COMPANY
<b>c</b>	EIN-PN	27-1967640-001
<b>a</b>	Plan name	COMMUNICATION DATA LINK 401(K) PLAN
<b>b</b>	Name of plan sponsor	COMMUNICATION DATA LINK
<b>c</b>	EIN-PN	39-1916526-001
<b>a</b>	Plan name	COMPASS YOUTH SERVICES, LLC 401(K) PLAN
<b>b</b>	Name of plan sponsor	COMPASS YOUTH SERVICES, LLC 401(K) PLAN
<b>c</b>	EIN-PN	20-0125300-001
<b>a</b>	Plan name	CONSOLIDATED ANALYTICS, INC. 401(K) PLAN
<b>b</b>	Name of plan sponsor	CONSOLIDATED ANALYTICS, INC.
<b>c</b>	EIN-PN	80-0324447-001
<b>a</b>	Plan name	CONSULTANT ANESTHESIOLOGISTS INC
<b>b</b>	Name of plan sponsor	CONSULTANT ANESTHESIOLOGISTS INC
<b>c</b>	EIN-PN	31-1422977-001
<b>a</b>	Plan name	COOPERATIVE OF AMERICAN PHYSICIANS, INC. - MUTUAL PROTECTION TRUST RETIREMENT PLAN
<b>b</b>	Name of plan sponsor	COOPERATIVE OF AMERICAN PHYSICIANS, INC.
<b>c</b>	EIN-PN	95-2988063-001
<b>a</b>	Plan name	COPPEDGE & ASSOCIATES PC PROFIT SHARING PLAN
<b>b</b>	Name of plan sponsor	COPPEDGE & ASSOCIATES
<b>c</b>	EIN-PN	58-2087218-002
<b>a</b>	Plan name	COUNTY NATIONAL BANK 401(K) PLAN
<b>b</b>	Name of plan sponsor	COUNTY NATIONAL BANK
<b>c</b>	EIN-PN	38-0650660-001
<b>a</b>	Plan name	COVENANT CARE 401(K) PLAN
<b>b</b>	Name of plan sponsor	COVENANT CARE CALIFORNIA, LLC
<b>c</b>	EIN-PN	33-0631540-001
<b>a</b>	Plan name	CRESA LLC 401K PLAN
<b>b</b>	Name of plan sponsor	CRESA, LLC
<b>c</b>	EIN-PN	81-4198347-001
<b>a</b>	Plan name	CROSSPOINT POWER AND REFRIGERATION LLC 401(K) PLAN
<b>b</b>	Name of plan sponsor	CROSSPOINT POWER AND REFRIGERATION LLC
<b>c</b>	EIN-PN	47-3620515-001
<b>a</b>	Plan name	CSW, INC. 401(K) PROFIT SHARING PLAN
<b>b</b>	Name of plan sponsor	CSW, INC.
<b>c</b>	EIN-PN	04-2226585-002

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="#">CUSTOM MOLDING SOLUTIONS, INC. 401(K) PROFIT SHARING PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">CUSTOM MOLDING SOLUTIONS</a>	<b>c</b> EIN-PN <a href="#">01-0646199-001</a>
<b>a</b>	Plan name <a href="#">CYPRESS POINTE SURGICAL HOSPITAL 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">HAMMOND SURGICAL HOSPITAL, LLC</a>	<b>c</b> EIN-PN <a href="#">27-2765802-001</a>
<b>a</b>	Plan name <a href="#">D.M. TOOL &amp; PLASTICS, INC. 401(K) PROFIT SHARING PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">DM TOOL &amp; PLASTICS, INC.</a>	<b>c</b> EIN-PN <a href="#">31-0929643-001</a>
<b>a</b>	Plan name <a href="#">DAI SCIENTIFIC EQUIPMENT 401(K) PROFIT SHARING PLAN &amp; TRUST</a>	
<b>b</b>	Name of plan sponsor <a href="#">DAI SCIENTIFIC EQUIPMENT</a>	<b>c</b> EIN-PN <a href="#">36-3360761-001</a>
<b>a</b>	Plan name <a href="#">DALE POE REAL ESTATE GROUP 401(K) RETIREMENT SAVINGS PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">DALE POE REAL ESTATE GROUP</a>	<b>c</b> EIN-PN <a href="#">95-4605976-001</a>
<b>a</b>	Plan name <a href="#">DANZIG GROUP PROFIT SHARING 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">DANZIG GROUP</a>	<b>c</b> EIN-PN <a href="#">42-1647391-001</a>
<b>a</b>	Plan name <a href="#">DATASSENTIAL, INC. 401K PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">DATASSENTIAL, INC. 401K PLAN</a>	<b>c</b> EIN-PN <a href="#">95-4876363-001</a>
<b>a</b>	Plan name <a href="#">DAVID A. BRESLER DDS PC 401(K) PROFIT SHARING PLAN AND TRUST</a>	
<b>b</b>	Name of plan sponsor <a href="#">DAVID A. BRESLER DDS PC</a>	<b>c</b> EIN-PN <a href="#">23-2708126-001</a>
<b>a</b>	Plan name <a href="#">DAVIS MAIL SERVICES, INC. RETIREMENT PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">DAVIS MAIL SERVICES, INC.</a>	<b>c</b> EIN-PN <a href="#">26-2864093-001</a>
<b>a</b>	Plan name <a href="#">DEACONESS HEALTH SYSTEM, INC. 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">DEACONESS HEALTH SYSTEM, INC.</a>	<b>c</b> EIN-PN <a href="#">35-1532889-010</a>
<b>a</b>	Plan name <a href="#">DEBAUCHE TRUCK &amp; DIESEL, INC. 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">DEBAUCHE TRUCK &amp; DIESEL, INC.</a>	<b>c</b> EIN-PN <a href="#">39-1143384-002</a>
<b>a</b>	Plan name <a href="#">DECISIVEDGE, LLC 401(K) PROFIT SHARING PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">DECISIVEDGE, LLC</a>	<b>c</b> EIN-PN <a href="#">26-1440851-001</a>

<b>Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>		
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)		
<b>a</b>	Plan name	DEEPHOW 401K PLAN
<b>b</b>	Name of plan sponsor	DEEPHOW CORP.
<b>c</b>	EIN-PN	83-1195467-001
<b>a</b>	Plan name	DEERFIELD PATISSERIE LLC 401K PLAN
<b>b</b>	Name of plan sponsor	DEERFIELD PATISSERIE LLC
<b>c</b>	EIN-PN	83-2321851-001
<b>a</b>	Plan name	DEGY BOOKING INTERNATIONAL, INC. PROFIT SHARING PLAN
<b>b</b>	Name of plan sponsor	DEGY BOOKING INTERNATIONAL, INC.
<b>c</b>	EIN-PN	52-2336593-001
<b>a</b>	Plan name	DELAWARE ORAL & MAXILLOFACIAL SURGERY
<b>b</b>	Name of plan sponsor	DELAWARE ORAL MAXILLOFACIAL SURGERY L
<b>c</b>	EIN-PN	45-5628355-001
<b>a</b>	Plan name	DELTA DENTAL OF CALIFORNIA 401K PLAN
<b>b</b>	Name of plan sponsor	DELTA DENTAL OF CALIFORNIA
<b>c</b>	EIN-PN	94-1461312-002
<b>a</b>	Plan name	DELTA DENTAL OF PENNSYLVANIA 401K
<b>b</b>	Name of plan sponsor	DELTA DENTAL OF PENNSYLVANIA
<b>c</b>	EIN-PN	23-1667011-002
<b>a</b>	Plan name	DELUXE ATHLETICS, LLC 401K PLAN
<b>b</b>	Name of plan sponsor	DELUXE ATHLETICS LLC
<b>c</b>	EIN-PN	20-1893278-001
<b>a</b>	Plan name	DEN-COL SUPPLY CO. 401(K) PLAN
<b>b</b>	Name of plan sponsor	DEN-COL SUPPLY COMPANY/D-C ORNAMENTAL SUPPLY
<b>c</b>	EIN-PN	84-0529526-003
<b>a</b>	Plan name	DENSO TEN AMERICA LIMITED 401(K) SHARED SAVINGS PLAN
<b>b</b>	Name of plan sponsor	DENSO TEN AMERICA LIMITED
<b>c</b>	EIN-PN	95-3047171-001
<b>a</b>	Plan name	DENTAL ASSOCIATES OF DELAWARE 401(K) PROFIT SHARING PLAN
<b>b</b>	Name of plan sponsor	DENTAL MANAGEMENT STRATEGIES, LLC
<b>c</b>	EIN-PN	51-0562439-002
<b>a</b>	Plan name	DENTAL ASSOCIATES, PC 401(K) RETIREMENT PLAN
<b>b</b>	Name of plan sponsor	DENTAL ASSOCIATES, PC
<b>c</b>	EIN-PN	42-1009913-001
<b>a</b>	Plan name	DENTISTRY AT VICKERY CREEK
<b>b</b>	Name of plan sponsor	DENTISTRY AT VICKERY CREEK
<b>c</b>	EIN-PN	75-3201454-001

<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	DESIGN ELECTRIC, INC. 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	DESIGN ELECTRIC INC.	<b>c</b> EIN-PN 41-1223438-001
<b>a</b>	Plan name	DIAGNOSTICA STAGO, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	DIAGNOSTICA STAGO, INC.	<b>c</b> EIN-PN 22-2586618-001
<b>a</b>	Plan name	DIEBOLD 401(K) SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	TTEE FBO DIEBOLD INCORPORATED	<b>c</b> EIN-PN 34-0183970-012
<b>a</b>	Plan name	DIEBOLD, INCORPORATED SAVINGS PLAN FOR PUERTO RICO ASSOCIATES	
<b>b</b>	Name of plan sponsor	CUST FBO DIEBOLD 401(K)SAVINGS	<b>c</b> EIN-PN 34-0183970-015
<b>a</b>	Plan name	DOBER CHEMICAL CORPORATION EMPLOYEES' 401(K) PLAN	
<b>b</b>	Name of plan sponsor	DOBER CHEMICAL CORP.	<b>c</b> EIN-PN 36-2360676-002
<b>a</b>	Plan name	DONALDSON DENTAL PRACTICE RETIREMENT	
<b>b</b>	Name of plan sponsor	DONALDSON DENTAL PRACTICE	<b>c</b> EIN-PN 46-1776812-001
<b>a</b>	Plan name	DOUBLE H PLASTICS, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	DOUBLE H PLASTICS, INC.	<b>c</b> EIN-PN 23-1923686-001
<b>a</b>	Plan name	DOUGLAS DYNAMICS, L.L.C. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	DOUGLAS DYNAMICS, L.L.C.	<b>c</b> EIN-PN 42-1623692-006
<b>a</b>	Plan name	DOVER TOWNSHIP 457B PLAN	
<b>b</b>	Name of plan sponsor	DOVER TOWNSHIP	<b>c</b> EIN-PN 23-6000295-457
<b>a</b>	Plan name	DOWNEY, SMITH & FIER 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	DOWNEY, SMITH & FIER	<b>c</b> EIN-PN 46-0479115-001
<b>a</b>	Plan name	DR. JASON SORENSEN, DDS 401(K) P/S PLAN	
<b>b</b>	Name of plan sponsor	DR. JASON SORENSEN, DDS, INC.	<b>c</b> EIN-PN 61-1433293-002
<b>a</b>	Plan name	DSI DISTRIBUTING, INC. DEFINED CONTRIBUTION PLAN AND TRUST	
<b>b</b>	Name of plan sponsor	DSI DISTRIBUTING, INC.	<b>c</b> EIN-PN 35-2034369-001

<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	DSRV, INC. RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	DSRV, INC.	<b>c</b> EIN-PN 22-0248055-001
<b>a</b>	Plan name	DUNNAGE ENGINEERING, INC. EMPLOYEES' RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	DUNNAGE ENGINEERING, INC.	<b>c</b> EIN-PN 38-2478941-001
<b>a</b>	Plan name	DWM, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	DWM, INC.	<b>c</b> EIN-PN 14-1788965-001
<b>a</b>	Plan name	DXU LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	DXU LLC	<b>c</b> EIN-PN 46-2519461-001
<b>a</b>	Plan name	E.C. BABBERT, INC. EMPLOYEES' PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	E.C. BABBERT, INC.	<b>c</b> EIN-PN 31-0724966-002
<b>a</b>	Plan name	EASTERN ENGINEERING SUPPLY, INC, 401K PLAN	
<b>b</b>	Name of plan sponsor	EASTERN ENGINEERING SUPPLY, INC,	<b>c</b> EIN-PN 35-1280621-001
<b>a</b>	Plan name	EASTERSEALS OF SOUTHEASTERN PENNSYLVANIA DEFINED CONTRIBUTION & 401(K) PLAN	
<b>b</b>	Name of plan sponsor	EASTERSEALS OF SOUTHEASTERN PENNSYLVANIA	<b>c</b> EIN-PN 23-1352293-003
<b>a</b>	Plan name	EDWIN V. LONG, D.D.S., P.C. 401K PLAN	
<b>b</b>	Name of plan sponsor	EDWIN V. LONG, D.D.S., P.C.	<b>c</b> EIN-PN 26-4128121-001
<b>a</b>	Plan name	EFI LOGISTICS INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	EFI LOGISTICS INC.	<b>c</b> EIN-PN 77-0619667-001
<b>a</b>	Plan name	EIBACH, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	EIBACH, INC.	<b>c</b> EIN-PN 33-0276266-001
<b>a</b>	Plan name	EMCO 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ELECTRONIC MAINTENANCE COMPANY, INC.	<b>c</b> EIN-PN 72-0820982-003
<b>a</b>	Plan name	ENT AND ALLERGY SPECIALISTS 401K PLAN	
<b>b</b>	Name of plan sponsor	BROKER AND CRAMER ENT	<b>c</b> EIN-PN 23-3009190-002

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="#">ENVIROTECH SERVICES, INC. 401(K) RETIREMENT PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">ENVIROTECH SERVICES, INC.</a>	<b>c</b> EIN-PN <a href="#">84-1102950-001</a>
<b>a</b>	Plan name <a href="#">EQUITY HR, INC. 401(K) MULTIPLE EMPLOYER PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">EQUITY HR, INC.</a>	<b>c</b> EIN-PN <a href="#">27-0037153-001</a>
<b>a</b>	Plan name <a href="#">ESSENTIAL INDUSTRIES, INC. 401(K) PROFIT SHARING PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">ESSENTIAL INDUSTRIES, INC.</a>	<b>c</b> EIN-PN <a href="#">39-1021170-001</a>
<b>a</b>	Plan name <a href="#">ESSENTIAL PRODUCTS CORPORATION EMPLOYEES</a>	
<b>b</b>	Name of plan sponsor <a href="#">ESSENTIAL PRODUCTS CORPORATION</a>	<b>c</b> EIN-PN <a href="#">39-0196011-001</a>
<b>a</b>	Plan name <a href="#">EUROTRANCIATURA USA LLC 401(K) PROFIT SHARING PLAN &amp; TRUST</a>	
<b>b</b>	Name of plan sponsor <a href="#">EUROTRANCIATURA USA LLC</a>	<b>c</b> EIN-PN <a href="#">46-4657373-001</a>
<b>a</b>	Plan name <a href="#">EVANS MANUFACTURING, INC. 401(K) RETIREMENT PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">EVANS MANUFACTURING, LLC</a>	<b>c</b> EIN-PN <a href="#">33-0427106-001</a>
<b>a</b>	Plan name <a href="#">EVEREST CARE GROUP, LLC 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">EVEREST CARE GROUP LLC</a>	<b>c</b> EIN-PN <a href="#">81-5141294-001</a>
<b>a</b>	Plan name <a href="#">FACTOR INC. 401K PROFIT SHARING PL &amp; TR</a>	
<b>b</b>	Name of plan sponsor <a href="#">FACTOR INC</a>	<b>c</b> EIN-PN <a href="#">62-1725705-003</a>
<b>a</b>	Plan name <a href="#">FAMILY VISION 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">FAMILY VISION CENTER OF LA CROSSE, LLC</a>	<b>c</b> EIN-PN <a href="#">81-4895832-001</a>
<b>a</b>	Plan name <a href="#">FAVIA PRIMARY CARE, SC 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">FAVIA PRIMARY CARE, SC</a>	<b>c</b> EIN-PN <a href="#">82-5074133-001</a>
<b>a</b>	Plan name <a href="#">FERGUSON CASE ORR PATERSON LLP 401K PSP</a>	
<b>b</b>	Name of plan sponsor <a href="#">FERGUSON CASE ORR PATERSON LLP</a>	<b>c</b> EIN-PN <a href="#">95-3764264-001</a>
<b>a</b>	Plan name <a href="#">FINNIN EMPLOYEES' 401(K) PROFIT SHARING PLAN AND TRUST</a>	
<b>b</b>	Name of plan sponsor <a href="#">MIKE FINNIN, INC.</a>	<b>c</b> EIN-PN <a href="#">42-1074463-001</a>

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	FLIGHT CHECK 401(K) PLAN	
<b>b</b>	Name of plan sponsor	FLIGHT CHECK, LLC	<b>c</b> EIN-PN 36-4569600-001
<b>a</b>	Plan name	FLO NETWORKS 401(K) PLAN	
<b>b</b>	Name of plan sponsor	TRANSTELCO, INC.	<b>c</b> EIN-PN 20-8066819-001
<b>a</b>	Plan name	FLORIDA REALTORS 401(K) PLAN	
<b>b</b>	Name of plan sponsor	FLORIDA REALTORS	<b>c</b> EIN-PN 59-0245475-001
<b>a</b>	Plan name	FOD ASSET MANAGEMENT LLC 401K&PS PLAN	
<b>b</b>	Name of plan sponsor	FOD ASSET MANAGEMENT LLC	<b>c</b> EIN-PN 27-3783070-003
<b>a</b>	Plan name	FOLEY & JUDELL 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	FOLEY & JUDELL, LLP	<b>c</b> EIN-PN 72-0423911-003
<b>a</b>	Plan name	FREEDMAN SEATING COMPANY 401(K) PLAN	
<b>b</b>	Name of plan sponsor	FREEDMAN SEATING COMPANY	<b>c</b> EIN-PN 36-2276977-001
<b>a</b>	Plan name	FROEHLING & ROBERTSON, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	FROEHLING & ROBERTSON, INC.	<b>c</b> EIN-PN 54-0217380-003
<b>a</b>	Plan name	FST LOGISTICS INC 401K RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	FST LOGISTICS INC	<b>c</b> EIN-PN 31-1584793-001
<b>a</b>	Plan name	GARY MIHM FARMS 401(K) PLAN	
<b>b</b>	Name of plan sponsor	GARY MIHM FARMS	<b>c</b> EIN-PN 42-1017293-001
<b>a</b>	Plan name	GASKETS, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	GASKETS, INC.	<b>c</b> EIN-PN 39-0981229-001
<b>a</b>	Plan name	GBS EMPLOYEE 401K	
<b>b</b>	Name of plan sponsor	GENERAL BUSINESS SERVICES, INC	<b>c</b> EIN-PN 92-1118773-002
<b>a</b>	Plan name	GELLERT SCALI BUSENKELL & BROWN, LLC 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	GELLERT SCALI BUSENKELL & BROWN, LLC	<b>c</b> EIN-PN 46-0997626-001

<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	GENUINE HOSPITALITY GROUP 401K PLAN	
<b>b</b>	Name of plan sponsor	THE GENUINE HOSPITALITY GROUP LLC	<b>c</b> EIN-PN 30-1104121-001
<b>a</b>	Plan name	GERMIN8 VENTURES, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	GERMIN8 VENTURES, LLC	<b>c</b> EIN-PN 82-1347164-001
<b>a</b>	Plan name	GILBERT LLP 401K PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	GILBERT LLP	<b>c</b> EIN-PN 52-2283869-001
<b>a</b>	Plan name	GLOBALIZATION PARTNERS 401K PLAN	
<b>b</b>	Name of plan sponsor	GLOBALIZATION PARTNERS	<b>c</b> EIN-PN 47-5511100-001
<b>a</b>	Plan name	GOLDEN COAST CONSTRUCTION 401(K) PLAN	
<b>b</b>	Name of plan sponsor	GOLDEN COAST CONSTRUCTION AND RESTORATION	<b>c</b> EIN-PN 52-2449794-001
<b>a</b>	Plan name	GOLDEN GATE BRIDGE, HWY & TRANSPORTATION DIST 457B	
<b>b</b>	Name of plan sponsor	GOLDEN GATE BRIDGE, HWY & TRANSPORTATION DIST	<b>c</b> EIN-PN 94-6000696-457
<b>a</b>	Plan name	GOLDEN TECHNOLOGY, INC.401(K) PLAN	
<b>b</b>	Name of plan sponsor	GOLDEN TECHNOLOGY, INC.	<b>c</b> EIN-PN 41-2113894-001
<b>a</b>	Plan name	GOULD & RATNER LLP RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	GOULD & RATNER	<b>c</b> EIN-PN 36-2130566-001
<b>a</b>	Plan name	GOURMET CULINARY PARTNERS 401(K) RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	GOURMET CULINARY PARTNERS, LLC	<b>c</b> EIN-PN 83-3649071-001
<b>a</b>	Plan name	GRAND TRAVERSE PATHOLOGY PLLC EMPLOYEES	
<b>b</b>	Name of plan sponsor	GRAND TRAVERSE PATHOLOGY PLLC	<b>c</b> EIN-PN 38-1903826-001
<b>a</b>	Plan name	GREERWALKER LLP 401K PROFIT SHARING	
<b>b</b>	Name of plan sponsor	GREERWALKER LLP	<b>c</b> EIN-PN 56-1434747-001
<b>a</b>	Plan name	GUESS?, INC. 401(K) PLAN AND TRUST	
<b>b</b>	Name of plan sponsor	GUESS , INC.	<b>c</b> EIN-PN 95-3679695-001

<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 <b>GUSTI RESTAURANT EQUIPMENT</b>	
<b>b</b>	Name of plan sponsor <b>GUSTI RESTAURANT EQUIPMENT</b>	<b>c</b> EIN-PN <b>54-1629810-001</b>
<b>a</b>	Plan name <b>GWYNN'S OF MT. PLEASANT 401(K) PROFIT SHARING PLAN</b>	
<b>b</b>	Name of plan sponsor <b>GWYNN'S OF MT. PLEASANT</b>	<b>c</b> EIN-PN <b>57-0710179-001</b>
<b>a</b>	Plan name <b>HAAS AUTOMATION INC. 401K PROFIT</b>	
<b>b</b>	Name of plan sponsor <b>HAAS AUTOMATION INC</b>	<b>c</b> EIN-PN <b>95-3883244-001</b>
<b>a</b>	Plan name <b>HASKELL &amp; WHITE 401(K) TAX-SHELTERED SAVINGS PLAN</b>	
<b>b</b>	Name of plan sponsor <b>HASKELL &amp; WHITE, LLP</b>	<b>c</b> EIN-PN <b>33-0310569-001</b>
<b>a</b>	Plan name <b>HAWAIIAN GARDENS CASINO 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>HAWAIIAN GARDENS CASINO</b>	<b>c</b> EIN-PN <b>33-0691298-001</b>
<b>a</b>	Plan name <b>HAWKINS ASH CPAS, LLP RETIREMENT PLAN</b>	
<b>b</b>	Name of plan sponsor <b>HAWKINS ASH CPAS, LLP</b>	<b>c</b> EIN-PN <b>39-0912608-001</b>
<b>a</b>	Plan name <b>HAYNES DOWNARD LLP 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>HAYNES DOWNARD LLP</b>	<b>c</b> EIN-PN <b>63-1133963-002</b>
<b>a</b>	Plan name <b>HAZEL HEALTH SERVICES 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>TELEHEALTH SERVICES USA</b>	<b>c</b> EIN-PN <b>38-4054409-001</b>
<b>a</b>	Plan name <b>HEALTHWISE INCORPORATED 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>HEALTHWISE INCORPORATED</b>	<b>c</b> EIN-PN <b>23-7455145-002</b>
<b>a</b>	Plan name <b>HELLER MACHINE TOOLS, L.P. 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>HELLER MACHINE TOOLS, L.P.</b>	<b>c</b> EIN-PN <b>36-3451874-001</b>
<b>a</b>	Plan name <b>HERCULES MACHINERY CORPORATION, LLC 401(K) RETIREMENT PLAN</b>	
<b>b</b>	Name of plan sponsor <b>HERCULES MACHINERY CORPORATION, LLC</b>	<b>c</b> EIN-PN <b>35-1095415-002</b>
<b>a</b>	Plan name <b>HIELAN RESTAURANT GROUP 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>HIELAN PAYROLL, LLC</b>	<b>c</b> EIN-PN <b>45-5631630-001</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	HIGGINBOTHAM PEP	
<b>b</b>	Name of plan sponsor	THE FINWAY GROUP	<b>c</b> EIN-PN 42-1468222-011
<b>a</b>	Plan name	HIGGINBOTHAM RET. SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	HIGGINBOTHAM INSURANCE AGENCY, INC.	<b>c</b> EIN-PN 75-1732559-003
<b>a</b>	Plan name	HINER & PARTNERS INC. 401K PLAN	
<b>b</b>	Name of plan sponsor	HINER AND PARTNERS INC	<b>c</b> EIN-PN 20-2477228-001
<b>a</b>	Plan name	HM HOLDINGS, LLC AN AE OF THE ALERA PEP	
<b>b</b>	Name of plan sponsor	HM HOLDINGS, LLC	<b>c</b> EIN-PN 81-0735873-876
<b>a</b>	Plan name	HOOVER SLOVACEK LLP 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	HOOVER SLOVACEK LLP	<b>c</b> EIN-PN 76-0381346-002
<b>a</b>	Plan name	HOSPITAL HOUSEKEEPING SYSTEMS 401(K) PLAN	
<b>b</b>	Name of plan sponsor	HOSPITAL HOUSEKEEPING SYSTEMS, LLC	<b>c</b> EIN-PN 74-2983259-001
<b>a</b>	Plan name	HOWARD, WERSHBALE & CO. PROFIT SHARING & 401(K) PLAN AND TRUST	
<b>b</b>	Name of plan sponsor	HOWARD, WERSHBALE & CO.	<b>c</b> EIN-PN 34-1663157-001
<b>a</b>	Plan name	HUKARIASCENDENT, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	HUKARIASCENDENT, INC.	<b>c</b> EIN-PN 84-1500382-001
<b>a</b>	Plan name	HUTCHINSON & WALTER LLC 401K PROFIT	
<b>b</b>	Name of plan sponsor	HUTCHINSON AND WALTER CPAS	<b>c</b> EIN-PN 91-1004812-001
<b>a</b>	Plan name	HUTCHINSON CLINIC P A EMPLOYEES' 401 K	
<b>b</b>	Name of plan sponsor	HUTCHINSON CLINIC PA	<b>c</b> EIN-PN 48-0734011-002
<b>a</b>	Plan name	I.C. SYSTEM, INC. SAVINGS PLUS PLAN	
<b>b</b>	Name of plan sponsor	I.C. SYSTEM, INC.	<b>c</b> EIN-PN 41-0739183-001
<b>a</b>	Plan name	IAMAW LOCAL NO. 2575 - AIR WISCONSIN	
<b>b</b>	Name of plan sponsor	AIR WISCONSIN AIRLINES LLC	<b>c</b> EIN-PN 39-1767281-008

<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	IBC ENGINEERING 401(K) PLAN	
<b>b</b>	Name of plan sponsor	IBC ENGINEERING SERVICES, INC.	<b>c</b> EIN-PN 39-1678340-001
<b>a</b>	Plan name	IBIS 401K RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	IBIS GOLF COUNTRY CLUB INC	<b>c</b> EIN-PN 27-2090966-001
<b>a</b>	Plan name	ICARE SERVICES 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ICARE SERVICES	<b>c</b> EIN-PN 27-2323090-001
<b>a</b>	Plan name	IKO HOURLY EMPLOYEE SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	IKO INDUSTRIES INC	<b>c</b> EIN-PN 16-1007213-002
<b>a</b>	Plan name	IKO SALARIED EMPLOYEE SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	IKO INDUSTRIES INC	<b>c</b> EIN-PN 16-1007213-001
<b>a</b>	Plan name	IMAGINE ENTERTAINMENT 401(K) PLAN	
<b>b</b>	Name of plan sponsor	IMAGINE ENTERTAINMENT	<b>c</b> EIN-PN 95-4394439-001
<b>a</b>	Plan name	INDUSTRIAL LADDER & SUPPLY CO. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	INDUSTRIAL LADDER & SUPPLY CO.	<b>c</b> EIN-PN 36-2829930-001
<b>a</b>	Plan name	INDUSTRIAL TELEVISION SERVICES 401K	
<b>b</b>	Name of plan sponsor	INDUSTRIAL TELEVISION SERVICES INC	<b>c</b> EIN-PN 36-2439434-001
<b>a</b>	Plan name	INDUSTRIAL TURNAROUND CORPORATION 401(K) PLAN	
<b>b</b>	Name of plan sponsor	INDUSTRIAL TURNAROUND CORPORATION	<b>c</b> EIN-PN 54-1453225-001
<b>a</b>	Plan name	INSIDER INC 401K PLAN	
<b>b</b>	Name of plan sponsor	INSIDER INC	<b>c</b> EIN-PN 20-8996388-002
<b>a</b>	Plan name	INSIGHT COMPANIES, INC. 401 K BENEFIT PLAN	
<b>b</b>	Name of plan sponsor	INSIGHT COMPANIES, INC.	<b>c</b> EIN-PN 11-1853049-001
<b>a</b>	Plan name	INSPIRE VETERINARY PARTNERS AE OF ALERA PEP	
<b>b</b>	Name of plan sponsor	INSPIRE VETERINARY PARTNERS INC.	<b>c</b> EIN-PN 85-4359258-876

<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	INTEGRITY EXPRESS 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	INTEGRITY EXPRESS LOGISTICS, LLC	<b>c</b> EIN-PN 20-8583331-001
<b>a</b>	Plan name	INTEGRITY REBAR PLACERS 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	INTEGRITY REBAR PLACERS	<b>c</b> EIN-PN 20-2200208-001
<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	INTERNATIONAL SERVICES, INC.	
<b>b</b>	Name of plan sponsor	INTERNATIONAL SERVICES, INC.	<b>c</b> EIN-PN 36-3788558-001
<b>a</b>	Plan name	INTRADIEM, INC. RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	INTRADIEM, INC	<b>c</b> EIN-PN 58-2190364-002
<b>a</b>	Plan name	INTTERRA 401(K) PLAN	
<b>b</b>	Name of plan sponsor	INTTERRA LLC	<b>c</b> EIN-PN 27-2436869-002
<b>a</b>	Plan name	IVECO	
<b>b</b>	Name of plan sponsor	FIAT POWERTRAIN TECHNOLOGIES OF NORTH AM	<b>c</b> EIN-PN 23-2808268-002
<b>a</b>	Plan name	JACKSON SPALDING, INC. PROFIT SHARING 401(K) PLAN	
<b>b</b>	Name of plan sponsor	JACKSON SPALDING, INC.	<b>c</b> EIN-PN 58-2180530-001
<b>a</b>	Plan name	JAE SAVINGS AND RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	JAE ELECTRONICS INC	<b>c</b> EIN-PN 95-3107706-001
<b>a</b>	Plan name	JAMESTOWN PAINTING AND DECORATING, INC. RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	JAMESTOWN PAINTING AND DECORATING, INC.	<b>c</b> EIN-PN 51-0306000-002
<b>a</b>	Plan name	JIM AND DUDE'S 401(K) PLAN	
<b>b</b>	Name of plan sponsor	JIM & DUDES PLUMBING &	<b>c</b> EIN-PN 41-1427600-001
<b>a</b>	Plan name	JLN ENTERPRISES, LP 401(K) PLAN	
<b>b</b>	Name of plan sponsor	JLN ENTERPRISES, LP	<b>c</b> EIN-PN 87-3171092-001

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	JOERIS GENERAL CONTRACTORS, LTD. 401(K) RETIREMENT PLAN	
<b>b</b> Name of plan sponsor	JOERIS GENERAL CONTRACTORS, LTD.	<b>c</b> EIN-PN 74-2277946-001
<b>a</b> Plan name	JOHN A OVERTON DDS PA 401K PLAN	
<b>b</b> Name of plan sponsor	JOHN A. OVERTON, DDS	<b>c</b> EIN-PN 85-1430060-001
<b>a</b> Plan name	JORDANO'S, INC. 401(K) PLAN	
<b>b</b> Name of plan sponsor	JORDANOS INC.	<b>c</b> EIN-PN 95-1519497-002
<b>a</b> Plan name	JUMPSTART INC. RETIREMENT PLAN	
<b>b</b> Name of plan sponsor	JUMPSTART INC	<b>c</b> EIN-PN 34-1398522-001
<b>a</b> Plan name	JUPITER ALUMINUM CORPORATION 401(K) PLAN	
<b>b</b> Name of plan sponsor	JUPITER ALUMINUM CORPORATION	<b>c</b> EIN-PN 36-3805478-001
<b>a</b> Plan name	KARL CHEVROLET, INC. 401(K) PLAN	
<b>b</b> Name of plan sponsor	KARL CHEVROLET, INC.	<b>c</b> EIN-PN 42-1092272-001
<b>a</b> Plan name	KARVID PARTNERS II 401(K) PLAN	
<b>b</b> Name of plan sponsor	KARVID PARTNERS II LLC	<b>c</b> EIN-PN 83-3436581-001
<b>a</b> Plan name	KAY MANUFACTURING COMPANY, LLC 401(K) PROFIT SHARING PLAN	
<b>b</b> Name of plan sponsor	KAY MANUFACTURING COMPANY, LLC	<b>c</b> EIN-PN 36-2643474-001
<b>a</b> Plan name	KCE LTD 401K PROFIT SHARING PLAN AND TRUST	
<b>b</b> Name of plan sponsor	KCE LTD	<b>c</b> EIN-PN 35-2181540-001
<b>a</b> Plan name	KEZAR LIFE SCIENCES RETIREMENT PLAN	
<b>b</b> Name of plan sponsor	KEZAR LIFE SCIENCES, INC.	<b>c</b> EIN-PN 47-3366145-002
<b>a</b> Plan name	KG RETIREMENT PLAN	
<b>b</b> Name of plan sponsor	KARSTEN GROUP, LLC	<b>c</b> EIN-PN 82-1425379-001
<b>a</b> Plan name	KING SCHOOLS, INC. SAVINGS PLAN	
<b>b</b> Name of plan sponsor	KING SCHOOLS, INC.	<b>c</b> EIN-PN 33-0492638-001

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 KINGSTON RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor KINGSTON TECHNOLOGY GROUP INC	<b>c</b> EIN-PN 33-0883440-002
<b>a</b>	Plan name KIRBY ELECTRIC, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor KIRBY ELECTRIC, INC.	<b>c</b> EIN-PN 25-1057177-001
<b>a</b>	Plan name KKW TRUCKING, INC. 401(K) PROFIT SHARING AND RETIREMENT TRUST	
<b>b</b>	Name of plan sponsor KKW TRUCKING, INC.	<b>c</b> EIN-PN 95-2234403-002
<b>a</b>	Plan name L.A. FINANCIAL CREDIT UNION 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor L.A. FINANCIAL FEDERAL CREDIT UNION	<b>c</b> EIN-PN 95-1644513-001
<b>a</b>	Plan name LA CROSSE CPAS LLC 401(K) P/S PLAN	
<b>b</b>	Name of plan sponsor LA CROSSE CPAS LLC	<b>c</b> EIN-PN 46-1410019-001
<b>a</b>	Plan name LAKEWOOD FAMILY MEDICINE, PLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor LAKEWOOD FAMILY MEDICINE, PLC	<b>c</b> EIN-PN 38-2314636-001
<b>a</b>	Plan name LAMINATORS INCORPORATED EMPLOYEES 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor LAMINATORS INCORPORATED	<b>c</b> EIN-PN 23-1636067-002
<b>a</b>	Plan name LANDIS RATH & COBB LLP 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor LANDIS RATH & COBB LLP	<b>c</b> EIN-PN 04-3762200-001
<b>a</b>	Plan name LANDSCAPE GARDEN CENTERS INC 401K PLAN	
<b>b</b>	Name of plan sponsor LANDSCAPE GARDEN CENTERS INC	<b>c</b> EIN-PN 46-0405301-001
<b>a</b>	Plan name LANDSMAN SALDINGER CARROLL, PLLC AE OF ALERA PEP	
<b>b</b>	Name of plan sponsor LANDSMAN SALDINGER CARROLL, PLLC	<b>c</b> EIN-PN 87-4638731-876
<b>a</b>	Plan name LARRY ROESCH FAMILY AUTO GROUP 401(K) PLAN	
<b>b</b>	Name of plan sponsor LARRY ROESCH FAMILY AUTO GROUP	<b>c</b> EIN-PN 36-2894859-001
<b>a</b>	Plan name LATIMER LEVAY FYOCK, LLC 401(K) PROFIT SHARING PLAN & TRUST	
<b>b</b>	Name of plan sponsor LATIMER LEVAY FYOCK, LLC	<b>c</b> EIN-PN 01-0793587-001

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 LATITUDE SERVICE COMPANY INC	
<b>b</b>	Name of plan sponsor LATITUDE SERVICE COMPANY INC	<b>c</b> EIN-PN 82-1371994-001
<b>a</b>	Plan name LAVIE HOLDCO 401K PLAN	
<b>b</b>	Name of plan sponsor LAVIE HOLDCO LLC	<b>c</b> EIN-PN 87-3131400-002
<b>a</b>	Plan name LAWRENCE J BEARDSLEY CPA 401K PLAN	
<b>b</b>	Name of plan sponsor LAWRENCE J BEARDSLEY CPA PLLC	<b>c</b> EIN-PN 86-3194203-001
<b>a</b>	Plan name LAWRY'S RESTAURANT, INC. PROFIT SHARING AND 401(K) PLAN	
<b>b</b>	Name of plan sponsor LAWRY'S RESTAURANT, INC.	<b>c</b> EIN-PN 95-0925915-001
<b>a</b>	Plan name LCM INVESTMENTS HOLDINGS II, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor LCM INVESTMENTS II, LLC	<b>c</b> EIN-PN 20-4587299-001
<b>a</b>	Plan name LEGACY HEALTHCARE 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor LEGACY HEALTHCARE	<b>c</b> EIN-PN 36-3151856-001
<b>a</b>	Plan name LEGAT ARCHITECTS, INC. PROFIT SHARING/401(K)	
<b>b</b>	Name of plan sponsor LEGAT ARCHITECTS, INC.	<b>c</b> EIN-PN 36-3003268-002
<b>a</b>	Plan name LEIF JOHNSON FORD II LTD 401K SALARY	
<b>b</b>	Name of plan sponsor LEIF JOHNSON FORD II LTD	<b>c</b> EIN-PN 74-2922240-002
<b>a</b>	Plan name LENK & KUNA ORTHODONTICS, PLLC CB PLAN	
<b>b</b>	Name of plan sponsor LENK & KUNA ORTHODONTICS, PLLC	<b>c</b> EIN-PN 93-2542681-401
<b>a</b>	Plan name LIBERTY ROOFING CENTER INC 401K PLAN	
<b>b</b>	Name of plan sponsor LIBERTY ROOFING CENTER INC	<b>c</b> EIN-PN 13-4350807-001
<b>a</b>	Plan name LIEBERT CASSIDY WHITMORE PROFIT SHARING/401K PLAN AND TRUST	
<b>b</b>	Name of plan sponsor LIEBERT CASSIDY WHITMORE	<b>c</b> EIN-PN 95-3658973-002
<b>a</b>	Plan name LIFELENS TECHNOLOGIES, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor LIFELENS TECHNOLOGIES, INC	<b>c</b> EIN-PN 47-4416879-001

<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	LINK COMPUTER CORPORATION 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	LINK COMPUTER CORPORATION	<b>c</b> EIN-PN 25-1502407-001
<b>a</b>	Plan name	LIVINSTION BUILDERS INC 401K PLAN	
<b>b</b>	Name of plan sponsor	LIVINGSTON BUILDERS INC	<b>c</b> EIN-PN 65-0498577-001
<b>a</b>	Plan name	LMT ONSRUD LP RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	LMT ONSRUD LP	<b>c</b> EIN-PN 52-2136091-002
<b>a</b>	Plan name	LMT TOOLS USA, LP 401(K) PLAN	
<b>b</b>	Name of plan sponsor	LMT TOOLS USA, LP	<b>c</b> EIN-PN 82-3262544-001
<b>a</b>	Plan name	LOUISIANA SUGAR REFINING, LLC 401(K) SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	LOUISIANA SUGAR REFINING, LLC	<b>c</b> EIN-PN 80-0489077-001
<b>a</b>	Plan name	LOWE, BROCKENBROUGH & COMPANY 401(K) PLAN	
<b>b</b>	Name of plan sponsor	LOWE BROCKENBROUGH & CO. INC	<b>c</b> EIN-PN 54-0859081-003
<b>a</b>	Plan name	LTD MANAGEMENT COMPANY, LLC 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	LTD MANAGEMENT COMPANY, LLC	<b>c</b> EIN-PN 87-0698993-002
<b>a</b>	Plan name	MABUCHI MOTOR AMERICA CORPORATION RETIRMENT PLAN	
<b>b</b>	Name of plan sponsor	MABUCHI MOTOR AMERICA CORPORATION	<b>c</b> EIN-PN 13-2881841-001
<b>a</b>	Plan name	MACBEATH HARDWOOD COMPANY, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	MACBEATH HARDWOOD COMPANY, INC.	<b>c</b> EIN-PN 94-1459178-002
<b>a</b>	Plan name	MACF 401K PLAN	
<b>b</b>	Name of plan sponsor	MACF LLC DBA MISSOURI ALLIANCE FOR CHILD	<b>c</b> EIN-PN 43-1773643-001
<b>a</b>	Plan name	MAGIS ADVISORY GROUP RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	MAGIS ADVISORY GROUP	<b>c</b> EIN-PN 84-3510647-001
<b>a</b>	Plan name	MAGNEY CONSTRUCTION, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	MAGNEY CONSTRUCTION, INC.	<b>c</b> EIN-PN 41-1780718-002

<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	MAKJOHN QUALIFIED PLAN	
<b>b</b>	Name of plan sponsor	BONNEVILLE MACHINE	<b>c</b> EIN-PN 87-0524448-001
<b>a</b>	Plan name	MANAGEMENT CONSULTING, INC. PROFIT SHARING 401(K) PLAN	
<b>b</b>	Name of plan sponsor	MANAGEMENT CONSULTING, INC. PS 401(K) PLAN	<b>c</b> EIN-PN 54-1244651-001
<b>a</b>	Plan name	MANGROVE MEDICAL GROUP 401K	
<b>b</b>	Name of plan sponsor	MANGROVE MEDICAL GROUP	<b>c</b> EIN-PN 94-6195952-002
<b>a</b>	Plan name	MAR-JAC POULTRY, INC. 401(K) AND PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	MAR-JAC POULTRY, INC.	<b>c</b> EIN-PN 58-0828569-002
<b>a</b>	Plan name	MARCO TECHNOLOGIES, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	MARCO, INC.	<b>c</b> EIN-PN 41-0991721-001
<b>a</b>	Plan name	MARIN COUNTY TRANSIT DISTRICT 457 GOVERNMENTAL	
<b>b</b>	Name of plan sponsor	MARIN COUNTY TRANSIT DISTRICT 457	<b>c</b> EIN-PN 38-3835348-001
<b>a</b>	Plan name	MARIN COUNTY TRANSIT DISTRICT GOVERNMENTAL 401(A) PLAN	
<b>b</b>	Name of plan sponsor	MARIN COUNTY TRANSIT DISTRICT 401A	<b>c</b> EIN-PN 38-3835348-002
<b>a</b>	Plan name	MARQUEE EVENT GROUP, INC 401K PLAN	
<b>b</b>	Name of plan sponsor	MARQUEE EVENT GROUP, INC.	<b>c</b> EIN-PN 81-1350224-001
<b>a</b>	Plan name	MAST HEATING RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	MAST HEATING & COMMERCIAL REFRIGERATION, INC.	<b>c</b> EIN-PN 38-2263878-001
<b>a</b>	Plan name	MATHIS BROTHERS 401(K) PLAN	
<b>b</b>	Name of plan sponsor	MATHIS BROS. OKLAHOMA CITY, LLC	<b>c</b> EIN-PN 20-0509563-003
<b>a</b>	Plan name	MATTHEWS DENTAL ASSOCIATES, P.A. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	MATTHEWS DENTAL ASSOCIATES, P.A.	<b>c</b> EIN-PN 27-2053073-001
<b>a</b>	Plan name	MCNAUGHTON BROS. INC. RETIREMENT SAVINGS	
<b>b</b>	Name of plan sponsor	MCNAUGHTON BROS INC	<b>c</b> EIN-PN 25-1026905-001

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
<small>(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)</small>			
<b>a</b>	Plan name	MEDICAL DEVELOPMENT MANAGEMENT, L.L.C. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	MEDICAL DEVELOPMENT MANAGEMENT, L.L.C.	<b>c</b> EIN-PN 48-1308416-001
<b>a</b>	Plan name	MEDPOINT MANAGEMENT, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	MEDPOINT MANAGEMENT, INC.	<b>c</b> EIN-PN 95-4559299-001
<b>a</b>	Plan name	MEDSPEED, LLC 401(K) PROFIT SHARING PLAN & TRUST	
<b>b</b>	Name of plan sponsor	MEDSPEED LLC	<b>c</b> EIN-PN 36-4279497-001
<b>a</b>	Plan name	METAFOODS, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	METAFOODS, LLC	<b>c</b> EIN-PN 58-2317952-001
<b>a</b>	Plan name	METAGENICS LLC 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	METAGENICS LLC	<b>c</b> EIN-PN 95-3841881-002
<b>a</b>	Plan name	MGROUP ARCHITECTS, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	MGROUP ARCHITECTS, INC.	<b>c</b> EIN-PN 20-1428623-001
<b>a</b>	Plan name	MIDWEST MACHINERY CO. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	MINNESOTA AG POWER, INC. DBA MIDWEST MACHINERY CO.	<b>c</b> EIN-PN 20-0145525-001
<b>a</b>	Plan name	MIG 401(K) PLAN	
<b>b</b>	Name of plan sponsor	MOORE IACOFANO GOLTSMAN, INC	<b>c</b> EIN-PN 94-3116998-001
<b>a</b>	Plan name	MIHM BROS., INC. 401(K) & PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	MIHM BROS., INC.	<b>c</b> EIN-PN 54-2087120-001
<b>a</b>	Plan name	MIKLOSCPA INC. 401K PLAN	
<b>b</b>	Name of plan sponsor	MIKLOSCPA INC	<b>c</b> EIN-PN 81-4814625-001
<b>a</b>	Plan name	MILK SPECIALTIES COMPANY RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	MILK SPECIALTIES COMPANY	<b>c</b> EIN-PN 36-3452006-002
<b>a</b>	Plan name	MILLENNIUM LOGISTICS MANAGEMENT LLC	
<b>b</b>	Name of plan sponsor	MILLENNIUM LOGISTICS MGMT LLC	<b>c</b> EIN-PN 27-5527952-001

<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	MIRKOVICH AND ASSOCIATES, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	MIRKOVICH AND ASSOCIATES, INC.	<b>c</b> EIN-PN 36-3550291-001
<b>a</b>	Plan name	MITCHELL ASSOCIATES TAX DEFERRED & SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	SABER GROUP, LLC	<b>c</b> EIN-PN 88-4404678-001
<b>a</b>	Plan name	MITSUBISHI POLYSILICON SAVINGS AND INVESTMENT PLAN	
<b>b</b>	Name of plan sponsor	MITSUBISHI POLYSILICON AMERICA CORP.	<b>c</b> EIN-PN 63-1174563-001
<b>a</b>	Plan name	MIXER SYSTEMS, INC. 401K PLAN	
<b>b</b>	Name of plan sponsor	MIXER SYSTEMS, INC.	<b>c</b> EIN-PN 39-1322266-001
<b>a</b>	Plan name	MODERNISTIC CLEANING SERVICES 401(K) PLAN	
<b>b</b>	Name of plan sponsor	MODERNISTIC, LLC	<b>c</b> EIN-PN 26-0132234-001
<b>a</b>	Plan name	MONAGHAN AND ASSOCIATES, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	MONAGHAN AND ASSOCIATES, INC.	<b>c</b> EIN-PN 31-1192973-001
<b>a</b>	Plan name	MORRIS ASSOCIATES, INC. PROFIT SHARING 401(K) TRUST	
<b>b</b>	Name of plan sponsor	MORRIS ASSOCIATES, INC.	<b>c</b> EIN-PN 38-1675733-001
<b>a</b>	Plan name	MORRISON COMPANY 401(K) PLAN	
<b>b</b>	Name of plan sponsor	MORRISON COMPANY	<b>c</b> EIN-PN 34-0678312-004
<b>a</b>	Plan name	MOTHE FUNERAL HOMES, LLC PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	MOTHE FUNERAL HOMES, LLC	<b>c</b> EIN-PN 72-0464319-001
<b>a</b>	Plan name	MUNDET INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	MUNDET INC.	<b>c</b> EIN-PN 54-1397696-009
<b>a</b>	Plan name	MUTUAL OF OMAHA MORTGAGE 401(K) PLAN	
<b>b</b>	Name of plan sponsor	MUTUAL OF OMAHA MORTGAGE, INC.	<b>c</b> EIN-PN 46-1728831-002
<b>a</b>	Plan name	MW METALS GROUP 401(K) PLAN	
<b>b</b>	Name of plan sponsor	MW METALS GROUP, LLC	<b>c</b> EIN-PN 31-0572547-001

<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	MYTHICS, LLC. RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	MYTHICS, LLC	<b>c</b> EIN-PN 54-1987871-001
<b>a</b>	Plan name	N.S. INTERNATIONAL, LTD. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	N.S. INTERNATIONAL, LTD.	<b>c</b> EIN-PN 95-2811138-003
<b>a</b>	Plan name	NATIONAL SHOOTING SPORTS FOUNDATION SECTION 401(K) PLAN	
<b>b</b>	Name of plan sponsor	NATIONAL SHOOTING SPORTS FOUNDATION, INC.	<b>c</b> EIN-PN 06-0860132-003
<b>a</b>	Plan name	NATIONWIDE SEPARATE ACCOUNT	
<b>b</b>	Name of plan sponsor	NATIONWIDE TRUST COMPANY	<b>c</b> EIN-PN 31-1592130-001
<b>a</b>	Plan name	NEILL CORPORATION 401(K) PROFIT SHARING PLAN & TRUST	
<b>b</b>	Name of plan sponsor	NEILL CORPORATION	<b>c</b> EIN-PN 72-0649784-001
<b>a</b>	Plan name	NEPHROLOGY ASSOCIATES, P.A. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	NEPHROLOGY ASSOCIATES, P.A.	<b>c</b> EIN-PN 51-0123099-001
<b>a</b>	Plan name	NEUROCRINE BIOSCIENCES, INC. 401(K) SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	NEUROCRINE BIOSCIENCES	<b>c</b> EIN-PN 33-0525145-001
<b>a</b>	Plan name	NEW ENGLAND ACADEMY LLC 401K PLAN	
<b>b</b>	Name of plan sponsor	NEW ENGLAND ACADEMY LLC	<b>c</b> EIN-PN 16-1748440-001
<b>a</b>	Plan name	NEW STORY RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	SALISBURY HOUSE, LLC	<b>c</b> EIN-PN 52-2085789-001
<b>a</b>	Plan name	NEW WATERLOO 401(K) PLAN	
<b>b</b>	Name of plan sponsor	6H MANAGEMENT LLC	<b>c</b> EIN-PN 30-0913137-001
<b>a</b>	Plan name	NEWGEN NORTH AMERICA, INC. 401K PLAN AND TRUST	
<b>b</b>	Name of plan sponsor	NEWGEN NORTH AMERICA, INC.	<b>c</b> EIN-PN 74-1792222-001
<b>a</b>	Plan name	NICOLAS E KRAVANYA, DMD DBA KRAVANYA AND BOENTE FAMILY DENTISTRY	
<b>b</b>	Name of plan sponsor	KRAVANYA & BOENTE FAMILY DENTISTRY	<b>c</b> EIN-PN 36-4680991-001

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 NORTH COAST OCCUPATIONAL, PHYSICAL AND SPEEACH THERAPY, LLC 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor NORTH COAST OCCUPATIONAL, PHYSICAL AND SPEECH THERAPY, LLC	<b>c</b> EIN-PN 16-1466479-001
<b>a</b>	Plan name NORTH STATE GROCERY, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor NORTH STATE GROCERY, INC.	<b>c</b> EIN-PN 68-0173691-001
<b>a</b>	Plan name NORTHBOUND TRAIN ENTERPRISES LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor NORTHBOUND TRAIN ENTERPRISES LLC	<b>c</b> EIN-PN 90-1078400-001
<b>a</b>	Plan name NORTHGATE ENVIRONMENTAL MANAGEMENT, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor NORTHGATE ENVIRONMENTAL MANAGEMENT, INC.	<b>c</b> EIN-PN 94-3350317-001
<b>a</b>	Plan name NORTHLAND RESIDENTIAL LLC 401(K) PROFIT SHARING PLAN & TRUST	
<b>b</b>	Name of plan sponsor NORTHLAND RESIDENTIAL LLC	<b>c</b> EIN-PN 04-3280612-001
<b>a</b>	Plan name NORTHWEST SUPPORTED LIVING, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor NORTHWEST SUPPORTED LIVING, INC.	<b>c</b> EIN-PN 84-5100896-001
<b>a</b>	Plan name OCTAPharma PLASMA, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor OCTAPharma PLASMA, INC.	<b>c</b> EIN-PN 20-0561852-001
<b>a</b>	Plan name OCTAPharma USA, INC. RETIREMENT 401(K) PLAN	
<b>b</b>	Name of plan sponsor OCTAPharma USA, INC.	<b>c</b> EIN-PN 75-3113527-001
<b>a</b>	Plan name OMI INDUSTRIES, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor OMI INDUSTRIES, INC.	<b>c</b> EIN-PN 41-1681053-001
<b>a</b>	Plan name ONDA LABUHN ERNSBERGER & BOGGS CO., LPA 401(K) PLAN	
<b>b</b>	Name of plan sponsor ONDA LABUHN ERNSBERGER & BOGGS CO., LPA	<b>c</b> EIN-PN 31-1328166-001
<b>a</b>	Plan name ONEAMERICA SEPARATE ACCOUNT	
<b>b</b>	Name of plan sponsor AMERICAN UNITED LIFE INSURANCE COMPANY	<b>c</b> EIN-PN 35-0145825-100
<b>a</b>	Plan name ONESOURCE SUPPLY SOLUTIONS, LLC 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor ONESOURCE SUPPLY SOLUTIONS, LLC	<b>c</b> EIN-PN 27-2577202-001

<b>Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>		
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)		
<b>a</b> Plan name	ONTELLUS 401(K) PLAN	
<b>b</b> Name of plan sponsor	RECORDXTECHNOLGIES DBA ONTELLUS	<b>c</b> EIN-PN 47-2853876-002
<b>a</b> Plan name	OPEN DOOR CHRISTIAN SCHOOLS, INC. 401(K) RETIREMENT PLAN	
<b>b</b> Name of plan sponsor	OPEN DOOR CHRISTIAN SCHOOLS, INC.	<b>c</b> EIN-PN 34-1196802-001
<b>a</b> Plan name	OPTION CARE HEALTH 401(K) PLAN	
<b>b</b> Name of plan sponsor	OPTION CARE HEALTH 401(K) PLAN	<b>c</b> EIN-PN 68-0208702-001
<b>a</b> Plan name	OVINTIV U.S. RETIREMENT PLAN	
<b>b</b> Name of plan sponsor	OVINTIV USA, INC.	<b>c</b> EIN-PN 98-0087558-001
<b>a</b> Plan name	P1 GROUP PROFIT SHARING PLAN	
<b>b</b> Name of plan sponsor	P1 GROUP	<b>c</b> EIN-PN 43-1801918-001
<b>a</b> Plan name	P1 SERVICE, LLC PROFIT SHARING PLAN	
<b>b</b> Name of plan sponsor	P1 SERVICE, LLC	<b>c</b> EIN-PN 85-3173634-001
<b>a</b> Plan name	PA CENTER FOR DENTAL IMPLANTS &	
<b>b</b> Name of plan sponsor	PHILIP L FAVA	<b>c</b> EIN-PN 81-0983143-002
<b>a</b> Plan name	PACIFIC VALLEY BANK 401(K) PLAN	
<b>b</b> Name of plan sponsor	PACIFIC VALLEY BANK	<b>c</b> EIN-PN 41-2138340-001
<b>a</b> Plan name	PARK HOME 401K PLAN	
<b>b</b> Name of plan sponsor	PARK AUDIO AND VIDEO II INC	<b>c</b> EIN-PN 25-1860913-001
<b>a</b> Plan name	PARKER INTEGRATIVE HEALTH AN AE OF THE ALERA PEP	
<b>b</b> Name of plan sponsor	PARKER INTEGRATIVE HEALTH	<b>c</b> EIN-PN 01-0851518-876
<b>a</b> Plan name	PAT CLEMONS, INC. RETIREMENT PLAN	
<b>b</b> Name of plan sponsor	PAT CLEMONS, INC.	<b>c</b> EIN-PN 42-1034041-001
<b>a</b> Plan name	PEA GROUP 401(K) & PROFIT SHARING PLAN	
<b>b</b> Name of plan sponsor	PEA GROUP	<b>c</b> EIN-PN 38-1813731-002

<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	PEMBER COMPANIES, INC. RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	PEMBER COMPANIES, INC.	<b>c</b> EIN-PN 39-1216720-001
<b>a</b>	Plan name	PENNOCK COMPANY 401(K) PLAN	
<b>b</b>	Name of plan sponsor	PENNOCK COMPANY 401(K) PLAN	<b>c</b> EIN-PN 23-0954578-004
<b>a</b>	Plan name	PETE FOWLER CONSTRUC	
<b>b</b>	Name of plan sponsor	PETE FOWLER CONSTRUCTION SERVICES, INC.	<b>c</b> EIN-PN 33-0690564-001
<b>a</b>	Plan name	PETROSPECS 401(K) PLAN	
<b>b</b>	Name of plan sponsor	MACELBERT, INC., DBA PETROSPECS, INC.	<b>c</b> EIN-PN 85-3217377-001
<b>a</b>	Plan name	PH HOSPITALITY GROUP, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	PH HOSPITALITY GROUP, LLC 401(K) PLAN	<b>c</b> EIN-PN 39-1968379-001
<b>a</b>	Plan name	PHARMACY FIRST 401(K) PLAN	
<b>b</b>	Name of plan sponsor	WHOLESALE ALLIANCE, LLC DBA PHARMACY FIRST	<b>c</b> EIN-PN 36-4104587-001
<b>a</b>	Plan name	PIONEERS MEMORIAL HEALTHCARE DISTRICT	
<b>b</b>	Name of plan sponsor	PIONEERS MEMORIAL HEALTHCARE DISTRICT	<b>c</b> EIN-PN 95-6002430-001
<b>a</b>	Plan name	PIONEERS MEMORIAL HEALTHCARE DISTRICT DCP	
<b>b</b>	Name of plan sponsor	PIONEERS MEMORIAL HEALTHCARE DISTRICT	<b>c</b> EIN-PN 95-6002430-457
<b>a</b>	Plan name	PLASTER & WALD CONSULTING CORP. 401(K) PROFIT SHARING PLAN AND TRUST	
<b>b</b>	Name of plan sponsor	PLASTER & WALD CONSULTING CORP.	<b>c</b> EIN-PN 73-1519602-001
<b>a</b>	Plan name	PLEASANT VALLEY CORPORATION 401(K) PLAN	
<b>b</b>	Name of plan sponsor	PLEASANT VALLEY CORPORATION	<b>c</b> EIN-PN 27-0901655-001
<b>a</b>	Plan name	PLSI 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	PYRAMID LOGISTICS SERVICES, INC.	<b>c</b> EIN-PN 33-0794075-001
<b>a</b>	Plan name	PLUMBING ENTERPRISES 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	LEK ENTERPRISES, INC. DBA PLUMBING ENTERPRISES	<b>c</b> EIN-PN 80-0249349-001

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>PODS ENTERPRISES, LLC NON-UNION 401(K) SAVINGS PLAN</b>	
<b>b</b>	Name of plan sponsor <b>PODS ENTERPRISES, LLC</b>	<b>c</b> EIN-PN <b>20-2759417-002</b>
<b>a</b>	Plan name <b>POINT C RETIREMENT SAVINGS PLAN</b>	
<b>b</b>	Name of plan sponsor <b>BENEFIT PLAN ADMINISTRATORS OF EAU CLAIRE</b>	<b>c</b> EIN-PN <b>39-0819344-002</b>
<b>a</b>	Plan name <b>POOLE BROOKE PLUMLEE PC 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>POOLE BROOKE PLUMLEE PC</b>	<b>c</b> EIN-PN <b>54-1414013-001</b>
<b>a</b>	Plan name <b>POTATO KING, INC. 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>THE POTATO KING, INC.</b>	<b>c</b> EIN-PN <b>39-1166637-001</b>
<b>a</b>	Plan name <b>PRACTICE FIRM MANAGEMENT GROUP RETIREMENT PLAN</b>	
<b>b</b>	Name of plan sponsor <b>PRACTICE FIRM MNGMT GROUP PC</b>	<b>c</b> EIN-PN <b>82-4264391-001</b>
<b>a</b>	Plan name <b>PRE HOLDING, INC. 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>PRE HOLDING, INC.</b>	<b>c</b> EIN-PN <b>54-1982832-001</b>
<b>a</b>	Plan name <b>PRIMARY FINANCIAL COMPANY LLC 401K</b>	
<b>b</b>	Name of plan sponsor <b>PRIMARY FINANCIAL COMPANY LLC</b>	<b>c</b> EIN-PN <b>31-1682720-001</b>
<b>a</b>	Plan name <b>PROFESSIONAL RETAIL SERVICES, INC. 401(K) PROFIT SHARING PLAN</b>	
<b>b</b>	Name of plan sponsor <b>PROFESSIONAL RETAIL SERVICES INC.</b>	<b>c</b> EIN-PN <b>11-3568901-001</b>
<b>a</b>	Plan name <b>PROXIMA 401K PLAN</b>	
<b>b</b>	Name of plan sponsor <b>PROXIMA 401(K) PLAN</b>	<b>c</b> EIN-PN <b>45-2785636-001</b>
<b>a</b>	Plan name <b>PURA SCENTS, INC. 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>PURA SCENTS, INC.</b>	<b>c</b> EIN-PN <b>47-4157710-001</b>
<b>a</b>	Plan name <b>PVE CONSULTING ENGINEERS, LLC. 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>PVE CONSULTING ENGINEERS, LLC.</b>	<b>c</b> EIN-PN <b>84-3753263-001</b>
<b>a</b>	Plan name <b>PYXIS ONCOLOGY RETIREMENT PLAN</b>	
<b>b</b>	Name of plan sponsor <b>PYXIS ONCOLOGY, INC.</b>	<b>c</b> EIN-PN <b>83-1160910-001</b>

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 QK4 401K SAVINGS PLAN	
<b>b</b>	Name of plan sponsor GEORGIANNE MCCAIN	<b>c</b> EIN-PN 61-0865261-001
<b>a</b>	Plan name QUANDEL ENTERPRISES, LLC AND SUBSIDIARIES RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor QUANDEL ENTERPRISES, LLC	<b>c</b> EIN-PN 86-1059248-001
<b>a</b>	Plan name QUESTPRO CONSULTANTS, L.P. 401(K) RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor QUESTPRO CONSULTANTS, LP	<b>c</b> EIN-PN 75-2757054-001
<b>a</b>	Plan name R.E. WARNER & ASSOCIATES EMPLOYEES' RETIREMENT TRUST AND PLAN	
<b>b</b>	Name of plan sponsor R.E. WARNER & ASSOCIATES EMPLOYEES RETIREMENT TRUST AND PLA	<b>c</b> EIN-PN 34-1860815-002
<b>a</b>	Plan name REACH, INC. RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor REGIONAL ENTERPRISES FOR ADULTS & CHILDREN, INC	<b>c</b> EIN-PN 23-7433428-001
<b>a</b>	Plan name READY PAC FOODS, INC. 401(K) RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor READY PAC PRODUCE, INC.	<b>c</b> EIN-PN 95-2628613-001
<b>a</b>	Plan name RED BULL NORTH AMERICA, INC. RETIREMENT INCOME PLAN	
<b>b</b>	Name of plan sponsor RED BULL N AMERICA INC. RET INCOME PLAN	<b>c</b> EIN-PN 95-4552870-001
<b>a</b>	Plan name REDSTONE PAYMENT SOLUTIONS, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor REDSTONE PAYMENT SOLUTIONS, LLC	<b>c</b> EIN-PN 90-0486928-001
<b>a</b>	Plan name RENAISSANCE EMPLOYEE SAVINGS TRUST	
<b>b</b>	Name of plan sponsor RENAISSANCE ACQUISITION COMPANY LLC	<b>c</b> EIN-PN 20-0235398-001
<b>a</b>	Plan name RENDEVOR RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor RENDEVOR - CORPORATE SERVICES LL	<b>c</b> EIN-PN 83-2485428-001
<b>a</b>	Plan name REPUBLIC BANK 401(K) & PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor REPUBLIC FIRST BANK	<b>c</b> EIN-PN 23-2479933-001
<b>a</b>	Plan name REPUBLIC ELECTRONICS CORPORATION 401(K) PLAN	
<b>b</b>	Name of plan sponsor REPUBLIC ELECTRONICS CORPORATION	<b>c</b> EIN-PN 54-0833654-001

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 RESINTECH, INC. PROFIT SHARING 401(K) PLAN	
<b>b</b>	Name of plan sponsor RESINTECH, INC.	<b>c</b> EIN-PN 22-2755823-001
<b>a</b>	Plan name RETIREMENT PLAN FOR FLIGHT ATTENDANTS IN	
<b>b</b>	Name of plan sponsor AIR WISONSIN AIRLINES LLC	<b>c</b> EIN-PN 39-1767281-010
<b>a</b>	Plan name RINGLER MANAGEMENT SERVICES, INC. EMPLOYEES' PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor RINGLER MANAGEMENT SERVICES, INC.	<b>c</b> EIN-PN 95-3862316-005
<b>a</b>	Plan name RIPLEY ENTERTAINMENT 401(K) PLAN RIPLEY ENTERTAINMENT, INC.	
<b>b</b>	Name of plan sponsor RIPLEY ENTERTAINMENT, INC.	<b>c</b> EIN-PN 98-0111791-002
<b>a</b>	Plan name RJE INTERNATIONAL, INC. 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor RJE INTERNATIONAL, INC.	<b>c</b> EIN-PN 95-3456415-001
<b>a</b>	Plan name RMH SYSTEMS INC 401K PLAN	
<b>b</b>	Name of plan sponsor RMH SYSTEMS INC	<b>c</b> EIN-PN 42-1376228-001
<b>a</b>	Plan name ROBERT J. KACMARCIK, JR., D.D.S., P.A. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor ROBERT J. KACMARCIK, JR., D.D.S., P.A.	<b>c</b> EIN-PN 02-0637461-001
<b>a</b>	Plan name ROCHE BROS. 401(K) AND PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor ROCHE BROS. MIDCO, LLC	<b>c</b> EIN-PN 04-2264124-001
<b>a</b>	Plan name ROTH TRUCKING, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor ROTH TRUCKING, INC.	<b>c</b> EIN-PN 43-1989232-001
<b>a</b>	Plan name RT&T ENTERPRISES 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor RT & T ENTERPRISES, INC.	<b>c</b> EIN-PN 36-3942614-001
<b>a</b>	Plan name RUTLEDGE ECENIA, P.A. 401(K) PLAN	
<b>b</b>	Name of plan sponsor RUTLEDGE ECENIA, P.A.	<b>c</b> EIN-PN 59-3142223-001
<b>a</b>	Plan name S&B USA / ASN / BPC 401(K) PLAN	
<b>b</b>	Name of plan sponsor S&B USA CONSTRUCTION	<b>c</b> EIN-PN 90-0882359-001

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 SABA FINANCIAL 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor SABA HEALTHCARE, LLC	<b>c</b> EIN-PN 47-3902336-001
<b>a</b>	Plan name SAGE PUBLICATIONS, INC. 401(K) PROFIT SHARING PLAN AND TRUST	
<b>b</b>	Name of plan sponsor SAGE PUBLICATIONS, INC.	<b>c</b> EIN-PN 95-2454902-002
<b>a</b>	Plan name SALON DAMOLARIS, INC 401K PLAN	
<b>b</b>	Name of plan sponsor SALON DAMOLARIS, INC.	<b>c</b> EIN-PN 36-3884078-001
<b>a</b>	Plan name SAN MATEO CONSOLIDATED FIRE DEPARTMENT	
<b>b</b>	Name of plan sponsor SAN MATEO CONSOLIDATED FIRE DEPARTMENT	<b>c</b> EIN-PN 83-1986577-457
<b>a</b>	Plan name SAXCO INTERNATIONAL, LLC SAVINGS AND INVESTMENT PLAN	
<b>b</b>	Name of plan sponsor SAXCO INTERNATIONAL, LLC	<b>c</b> EIN-PN 27-3989735-002
<b>a</b>	Plan name SCHWAB-EATON, PA 401(K) PLAN	
<b>b</b>	Name of plan sponsor SCHWAB-EATON, P.A.	<b>c</b> EIN-PN 48-0880169-001
<b>a</b>	Plan name SCOOTER BAY 401(K) PLAN	
<b>b</b>	Name of plan sponsor SCOOTER BAY SEAFOOD SALES CO.	<b>c</b> EIN-PN 36-4064069-001
<b>a</b>	Plan name SEAMON, WHITESIDE AND ASSOCIATES, INC. PROFIT SHARING 401(K) PLAN	
<b>b</b>	Name of plan sponsor SEAMON WHITESIDE & ASSOCIATES, INC.	<b>c</b> EIN-PN 57-0807412-001
<b>a</b>	Plan name SECURITY CONTRACTOR SERVICES, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor SECURITY CONTRACTOR SERVICES, INC.	<b>c</b> EIN-PN 94-1552441-001
<b>a</b>	Plan name SEI 401(K) PLAN	
<b>b</b>	Name of plan sponsor SYNERGY ENTERPRISES, INCORPORATED	<b>c</b> EIN-PN 04-3755253-001
<b>a</b>	Plan name SENDIK'S FINE FOODS, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor SENDIKS FINE FOODS, INC.	<b>c</b> EIN-PN 39-1981482-001
<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>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	SERVE ELECTRIC 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	SERVE ELECTRIC LLC	<b>c</b> EIN-PN 83-1897614-001
<b>a</b>	Plan name	SHANAHAN & ASSOCIATES, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	SHANAHAN & ASSOCIATES, INC.	<b>c</b> EIN-PN 23-2970161-001
<b>a</b>	Plan name	SHARP BUSINESS MANAGEMENT INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	SHARP BUSINESS MANAGEMENT INC.	<b>c</b> EIN-PN 83-1490683-001
<b>a</b>	Plan name	SHINE BROS. CORP. PROFIT SHARING 401(K) PLAN	
<b>b</b>	Name of plan sponsor	SHINE BROS. CORP.	<b>c</b> EIN-PN 42-1155461-002
<b>a</b>	Plan name	SHOE CORPORATIONS 401(K) PLAN	
<b>b</b>	Name of plan sponsor	SHOE ORTHODONTICS	<b>c</b> EIN-PN 45-4895341-001
<b>a</b>	Plan name	SIERRA NEVADA CHEESE COMPANY 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	SIERRA NEVADA CHEESE COMPANY	<b>c</b> EIN-PN 91-1770621-001
<b>a</b>	Plan name	SILOTECH GROUP, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	SILOTECH GROUP, INC.	<b>c</b> EIN-PN 26-3512026-002
<b>a</b>	Plan name	SKJODT-BARRETT 401K PLAN	
<b>b</b>	Name of plan sponsor	SKJODT-BARRETT CONTRACT PACKAGING	<b>c</b> EIN-PN 99-0363116-001
<b>a</b>	Plan name	SLOAN INDUSTRIES 401(K) PLAN	
<b>b</b>	Name of plan sponsor	SLOAN INDUSTRIES, INC.	<b>c</b> EIN-PN 36-3376088-001
<b>a</b>	Plan name	SMALLEY USA 401K RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	SMALLEY STEEL RING CO	<b>c</b> EIN-PN 36-2517995-002
<b>a</b>	Plan name	SMILE SOLUTIONS OF DELAWARE, P.A. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	SMILE SOLUTIONS OF DELAWARE, P.A.	<b>c</b> EIN-PN 51-0233332-001
<b>a</b>	Plan name	SMITH BROTHERS CONTRACTING EQUIPMENT INC	
<b>b</b>	Name of plan sponsor	SMITH BROS CONTRACTING EQUIPMENT INC	<b>c</b> EIN-PN 59-1855739-001

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 SOUNDVIEW HEATING & AIR CONDITIONING, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor SOUNDVIEW HEATING & AIR CONDITIONING INC	<b>c</b> EIN-PN 80-0004498-001
<b>a</b>	Plan name SOUTHERN CAROLINA REGIONAL DEVELOPMENT 401(K) PLAN	
<b>b</b>	Name of plan sponsor SOUTHERN CAROLINA REGIONAL DEVELOPMENT	<b>c</b> EIN-PN 57-1006531-003
<b>a</b>	Plan name SPECIALTY ORTHOPEDIC GROUP OF MS, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor SPECIALTY ORTHOPEDIC GROUP OF MS, LLC	<b>c</b> EIN-PN 47-4372269-001
<b>a</b>	Plan name SPOTLIGHT LLC 401(K) PROFIT SHARING PLAN AND TRUST	
<b>b</b>	Name of plan sponsor SPOTLIGHT LLC	<b>c</b> EIN-PN 45-3060308-001
<b>a</b>	Plan name SPOTTS FAIN PC PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor SPOTTS FAIN PC	<b>c</b> EIN-PN 54-1510051-001
<b>a</b>	Plan name STANLEY MACHINING AND TOOL CORPORATION RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor STANLEY MACHINING AND TOOL CORPORATION	<b>c</b> EIN-PN 36-2895468-001
<b>a</b>	Plan name STARK RFID 401(K) PLAN	
<b>b</b>	Name of plan sponsor STARK EM LLC	<b>c</b> EIN-PN 27-4289634-001
<b>a</b>	Plan name STRAVOS EDUCATION, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor STRAVOS EDUCATION, LLC	<b>c</b> EIN-PN 87-3558636-002
<b>a</b>	Plan name STUDIO M 401K PLAN	
<b>b</b>	Name of plan sponsor STUDIO M ARCHITECTURE AND PLANNING, LLC	<b>c</b> EIN-PN 46-3813609-002
<b>a</b>	Plan name STURM FINANCIAL GROUP 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor STURM FINANCIAL GROUP INC.	<b>c</b> EIN-PN 84-1564498-001
<b>a</b>	Plan name STYLE CRAFT HOMES INC 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor STYLE CRAFT HOMES INC	<b>c</b> EIN-PN 31-1648625-001
<b>a</b>	Plan name SUN GARDEN - GANGI CANNING CO. LLC 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor SUN GARDEN - GANGI CANNING CO., LLC	<b>c</b> EIN-PN 77-0489522-001

<b>Part II 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	SUNSONG HOLDINGS, INC. 401K PLAN
<b>b</b>	Name of plan sponsor	SUNSONG HOLDINGS, INC.
<b>c</b>	EIN-PN	47-3876141-001
<b>a</b>	Plan name	SURECOMP SERVICES INC
<b>b</b>	Name of plan sponsor	SURECOMP SERVICES INC
<b>c</b>	EIN-PN	22-3452518-001
<b>a</b>	Plan name	SUSAN MAGRINO AGENCY 401K PROFIT SHARING PLAN AND TRUST
<b>b</b>	Name of plan sponsor	SUSAN MAGRINO AGENCY
<b>c</b>	EIN-PN	13-3675581-001
<b>a</b>	Plan name	TAG RESOURCES, LLC
<b>b</b>	Name of plan sponsor	TAG RESOURCES, LLC
<b>c</b>	EIN-PN	88-1526902-402
<b>a</b>	Plan name	TARIAN 401K PLAN
<b>b</b>	Name of plan sponsor	TARIAN GROUP, LLC
<b>c</b>	EIN-PN	84-1098613-002
<b>a</b>	Plan name	TEALIUM INC 401K PLAN
<b>b</b>	Name of plan sponsor	TEALIUM INC
<b>c</b>	EIN-PN	26-2099687-001
<b>a</b>	Plan name	TEIJIN AUTOMOTIVE TECHNOLOGIES 401(K) PLAN
<b>b</b>	Name of plan sponsor	TEIJIN AUTOMOTIVE TECHNOLOGIES
<b>c</b>	EIN-PN	52-2108862-001
<b>a</b>	Plan name	THE ACT 1 GROUP OF COMPANIES 401(K) PLAN FOR HOURLY ASSOCIATES
<b>b</b>	Name of plan sponsor	APPLEONE, INC.
<b>c</b>	EIN-PN	95-2580864-004
<b>a</b>	Plan name	THE ACT 1 GROUP OF COMPANIES 401(K) PLAN FOR STAFF EMPLOYEES
<b>b</b>	Name of plan sponsor	APPLEONE, INC.
<b>c</b>	EIN-PN	95-2580864-003
<b>a</b>	Plan name	THE DOALL GROUP PROFIT SHARING PLAN
<b>b</b>	Name of plan sponsor	DOALL COMPANY
<b>c</b>	EIN-PN	36-2058122-008
<b>a</b>	Plan name	THE GEMOLOGICAL INSTITUTE OF AMERICA INC
<b>b</b>	Name of plan sponsor	GEMOLOGICAL INSTITUE OF AMERICA INC
<b>c</b>	EIN-PN	95-3797687-003
<b>a</b>	Plan name	THE GREENTREE GROUP INC.
<b>b</b>	Name of plan sponsor	THE GREENTREE GROUP INC
<b>c</b>	EIN-PN	31-1369924-001

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
<b>a</b>	Plan name THE HOFSTETTER COMPANY EMPLOYEES' 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor THE HOFSTETTER COMPANY	<b>c</b> EIN-PN 31-1447022-001
<b>a</b>	Plan name THE KNOX COMPANY RETIREMENT	
<b>b</b>	Name of plan sponsor KNOX ASSOCIATES INC	<b>c</b> EIN-PN 95-3617858-003
<b>a</b>	Plan name THE MARINA LIMITED PARTNERSHIP 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor THE MARINA LIMITED PARTNERSHIP	<b>c</b> EIN-PN 35-1689930-001
<b>a</b>	Plan name THE PLOTE COMPANIES 401(K) PLAN	
<b>b</b>	Name of plan sponsor PLOTE CONSTRUCTION, INC.	<b>c</b> EIN-PN 36-2814492-001
<b>a</b>	Plan name THE PRICE ORGANIZATION 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor THE PRICE ORGANIZATION	<b>c</b> EIN-PN 51-0294525-003
<b>a</b>	Plan name THE SUCCESS GROUP, LTD. 401(K) PS PLAN	
<b>b</b>	Name of plan sponsor THE SUCCESS GROUP, LTD.	<b>c</b> EIN-PN 31-1749514-001
<b>a</b>	Plan name THE WASHINGTON TIMES 401K SAVINGS PLAN	
<b>b</b>	Name of plan sponsor THE WASHINGTON TIMES LLC	<b>c</b> EIN-PN 11-3748516-002
<b>a</b>	Plan name THOMPSON ENVIRONMENTAL SURVEYS	
<b>b</b>	Name of plan sponsor THOMPSON ENVIRONMENTAL SURVERYS AND PERM	<b>c</b> EIN-PN 83-0716297-001
<b>a</b>	Plan name THOMPSON, LEDDEN & BRADLEY, LLC 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor THOMPSON, LEDDEN & BRADLEY, LLC	<b>c</b> EIN-PN 52-2067980-001
<b>a</b>	Plan name TILE ROOFS, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor TILE ROOFS, INC	<b>c</b> EIN-PN 36-3821542-001
<b>a</b>	Plan name TIMOTHY, STEWART AND LEKOS SEED COMPANY 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor TIMOTHY, STEWART AND LEKOS SEED COMPANY	<b>c</b> EIN-PN 68-0009651-001
<b>a</b>	Plan name TITLEVENTURES, LLC 401K & PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor TITLEVENTURES, LLC	<b>c</b> EIN-PN 54-2043069-001

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 TJN PROFIT SHARING 401(K) PLAN	
<b>b</b>	Name of plan sponsor TJN ENTERPRISES, INC.	<b>c</b> EIN-PN 42-1325452-001
<b>a</b>	Plan name TOBEY KARG SERVICE AGENCY, INC. PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor TOBEY KARG SERVICE AGENCY, INC.	<b>c</b> EIN-PN 25-1089937-001
<b>a</b>	Plan name TRIPLE S PROFIT SHARING 401(K) PLAN	
<b>b</b>	Name of plan sponsor STATE STEEL SUPPLY CO.	<b>c</b> EIN-PN 42-0872471-001
<b>a</b>	Plan name TURNPOINT	
<b>b</b>	Name of plan sponsor ESSENTIAL SERVICES INTERMEDIATE HOLDING	<b>c</b> EIN-PN 81-3502817-001
<b>a</b>	Plan name UNASOURCE SURGERY CENTER 401(K) PLAN	
<b>b</b>	Name of plan sponsor USC, LLC	<b>c</b> EIN-PN 35-2175811-001
<b>a</b>	Plan name UNIPHORE TECHNOLOGIES INC. RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor UNIPHORE TECHNOLOGIES INC.	<b>c</b> EIN-PN 86-2836913-002
<b>a</b>	Plan name UNITED EXCHANGE CORP. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor UNITED EXCHANGE CORP.	<b>c</b> EIN-PN 33-0574628-001
<b>a</b>	Plan name UNITED METHODIST HOMES 401(K) PLAN	
<b>b</b>	Name of plan sponsor UNITED METHODIST HOMES, INC.	<b>c</b> EIN-PN 06-0987394-002
<b>a</b>	Plan name UNITED MIDWEST SAVINGS BANK	
<b>b</b>	Name of plan sponsor UNITED MIDWEST SAVINGS BANK	<b>c</b> EIN-PN 34-1499160-001
<b>a</b>	Plan name UNIVERSAL CARD, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor UNIVERSAL CARD, INC	<b>c</b> EIN-PN 33-0928911-001
<b>a</b>	Plan name UNMANNED SYSTEMS INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor UNMANNED SYSTEMS INCORPORATED DBA ALBERS AEROSPACE	<b>c</b> EIN-PN 27-0056512-001
<b>a</b>	Plan name UPSTATE FOREVER 401K PLAN	
<b>b</b>	Name of plan sponsor UPSTATE FOREVER	<b>c</b> EIN-PN 57-1070433-001

<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	USN OPCO, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	USN OPCO, LLC	<b>c</b> EIN-PN 85-3975194-001
<b>a</b>	Plan name	UTAH IMAGING ASSOCIATES INC 401K	
<b>b</b>	Name of plan sponsor	UTAH IMAGING ASSOCIATES INC	<b>c</b> EIN-PN 87-0622942-002
<b>a</b>	Plan name	VALLE REINIS BUILDERS INC. 401K PLAN	
<b>b</b>	Name of plan sponsor	VALLE REINIS BUILDERS INC	<b>c</b> EIN-PN 46-2884593-001
<b>a</b>	Plan name	VALLEY VIEW CASINO 401(K) PLAN & TRUST SAN PASQUAL CASINO DEV GROUP	
<b>b</b>	Name of plan sponsor	SAN PASQUAL CASINO DEV GROUP DBA VALLEY VIEW CASINO & HOTEL	<b>c</b> EIN-PN 33-0926655-001
<b>a</b>	Plan name	VEHICLE RECYCLING SERVICES 401(K) PLAN	
<b>b</b>	Name of plan sponsor	VEHICLE RECYCLING SERVICES DBA IPULL-UPULL AUTO PARTS	<b>c</b> EIN-PN 81-1664725-001
<b>a</b>	Plan name	VERN LEWIS WELDING SUPPLY, INC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	VERN LEWIS WELDING SUPPLY INC	<b>c</b> EIN-PN 86-0553095-001
<b>a</b>	Plan name	VERUNA INC 401K PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	VERUNA INC	<b>c</b> EIN-PN 83-4401239-001
<b>a</b>	Plan name	VESTRA RESOURCES 401K PROFIT SHARING	
<b>b</b>	Name of plan sponsor	KIMBERLY WILKES	<b>c</b> EIN-PN 68-0150306-001
<b>a</b>	Plan name	VINEYARD GAZETTE LLC 401K PLAN	
<b>b</b>	Name of plan sponsor	VINEYARD GAZETTE LLC	<b>c</b> EIN-PN 27-3913681-001
<b>a</b>	Plan name	VIPAR HEAVY DUTY INC 401K PLAN	
<b>b</b>	Name of plan sponsor	VIPAR HEAVY DUTY INC	<b>c</b> EIN-PN 52-1630371-001
<b>a</b>	Plan name	VIRGIN ATLANTIC AIRWAYS, LTD. 401(K) RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	VIRGIN ATLANTIC AIRWAYS, LTD.	<b>c</b> EIN-PN 13-3213123-001
<b>a</b>	Plan name	VISUAL DATA MEDIA SERVICES LLC 401K PLAN	
<b>b</b>	Name of plan sponsor	VISUAL DATA MEDIA SERVICES LLC	<b>c</b> EIN-PN 95-4606661-001

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
<small>(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)</small>			
<b>a</b>	Plan name	VSI, LLC VSI, LLC RETIREMENT PLAN AND TRUST	
<b>b</b>	Name of plan sponsor	VSI, LLC	<b>c</b> EIN-PN 20-3175733-001
<b>a</b>	Plan name	VULCAN WIRELESS RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	VULCAN WIRELESS	<b>c</b> EIN-PN 33-0857061-001
<b>a</b>	Plan name	WATER QUALITY ASSOCIATION 401(K) PLAN	
<b>b</b>	Name of plan sponsor	WATER QUALITY ASSOCIATION, INC.	<b>c</b> EIN-PN 36-2784319-001
<b>a</b>	Plan name	WATERMARK SOLUTIONS, LLC 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	WATERMARK SOLUTIONS, LLC	<b>c</b> EIN-PN 33-1070746-001
<b>a</b>	Plan name	WELLER POOLS LLC EMPLOYEE PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	WELLER POOLS LLC	<b>c</b> EIN-PN 20-1749040-001
<b>a</b>	Plan name	WEST-MARK RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	WEST-MARK RETIREMENT PLAN	<b>c</b> EIN-PN 94-1683335-001
<b>a</b>	Plan name	WESTERN INDUSTRIAL RESOURCES CORP RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	WESTERN INDUSTRIAL RESOURCES CORPORATION	<b>c</b> EIN-PN 86-1007205-001
<b>a</b>	Plan name	WHITING SYSTEMS, INC. 401(K) PROFIT SHARING PLAN AND TRUST	
<b>b</b>	Name of plan sponsor	WHITING SYSTEMS, INC.	<b>c</b> EIN-PN 71-0453145-001
<b>a</b>	Plan name	WILLIAMSBURG DENTAL, P.C. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	WILLIAMSBURG DENTAL, P.C.	<b>c</b> EIN-PN 23-2156206-002
<b>a</b>	Plan name	WILSON TRAILER COMPANY RETIREMENT PLAN FOR OFFICE EMPLOYEES	
<b>b</b>	Name of plan sponsor	WILSON TRAILER COMPANY	<b>c</b> EIN-PN 42-0603090-001
<b>a</b>	Plan name	WINDSET FARMS INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	WINDSET FARMS (CALIFORNIA) INC.	<b>c</b> EIN-PN 42-1771013-001
<b>a</b>	Plan name	WINLAND FOODS, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	WINLAND FOODS, INC.	<b>c</b> EIN-PN 88-2401878-001

**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	WOODS SUPER MARKETS, INC.	
<b>b</b> Name of plan sponsor	WOODS SUPER MARKETS, INC.	<b>c</b> EIN-PN 43-0955307-501
<b>a</b> Plan name	WPF MANAGEMENT LLC 401(K) PLAN	
<b>b</b> Name of plan sponsor	WPF MANAGEMENT LLC	<b>c</b> EIN-PN 35-2563020-001
<b>a</b> Plan name	WYNN RESORTS, LIMITED 401(K) PLAN	
<b>b</b> Name of plan sponsor	WYNN RESORTS, LIMITED	<b>c</b> EIN-PN 46-0484987-001
<b>a</b> Plan name	YOKOHAMA OFF HIGHWAY TIRES AMERICA, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b> Name of plan sponsor	YOKOHAMA OFF HIGHWAY TIRES AMERICA, INC	<b>c</b> EIN-PN 13-3697279-001
<b>a</b> Plan name	ZEP INC 401K PLAN	
<b>b</b> Name of plan sponsor	ZEP INC	<b>c</b> EIN-PN 26-0783366-007
<b>a</b> Plan name	ZWANGER & PESIRI RADIOLOGY GROUP 401(K) PLAN	
<b>b</b> Name of plan sponsor	ZWANGER & PESIRI RADIOLOGY GROUP	<b>c</b> EIN-PN 11-1980085-001
<b>a</b> Plan name	ZYMET 401K PLAN	
<b>b</b> Name of plan sponsor	ZYMET INC	<b>c</b> EIN-PN 22-2787271-001
<b>a</b> Plan name		
<b>b</b> Name of plan sponsor		<b>c</b> EIN-PN
<b>a</b> Plan name		
<b>b</b> Name of plan sponsor		<b>c</b> EIN-PN
<b>a</b> Plan name		
<b>b</b> Name of plan sponsor		<b>c</b> EIN-PN
<b>a</b> Plan name		
<b>b</b> Name of plan sponsor		<b>c</b> EIN-PN
<b>a</b> Plan name		
<b>b</b> Name of plan sponsor		<b>c</b> EIN-PN

<b>SCHEDULE H</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Financial Information</b>  This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).  <b>▶ File as an attachment to Form 5500.</b>	OMB No. 1210-0110  <b>2024</b>  <b>This Form is Open to Public Inspection</b>
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For calendar plan year 2024 or fiscal plan year beginning <b>01/01/2024</b> and ending <b>12/31/2024</b>	
<b>A</b> Name of plan <b>LARGE CAP GROWTH FUND IV</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>38-7289851</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>	146888	0
<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>	7088746	2281359
<b>c</b> General investments:			
<b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....	<b>1c(1)</b>		
<b>(2)</b> U.S. Government securities .....	<b>1c(2)</b>		
<b>(3)</b> Corporate debt instruments (other than employer securities):			
<b>(A)</b> Preferred .....	<b>1c(3)(A)</b>		
<b>(B)</b> All other .....	<b>1c(3)(B)</b>		
<b>(4)</b> Corporate stocks (other than employer securities):			
<b>(A)</b> Preferred .....	<b>1c(4)(A)</b>		
<b>(B)</b> Common .....	<b>1c(4)(B)</b>		
<b>(5)</b> Partnership/joint venture interests .....	<b>1c(5)</b>		
<b>(6)</b> Real estate (other than employer real property) .....	<b>1c(6)</b>		
<b>(7)</b> Loans (other than to participants) .....	<b>1c(7)</b>		
<b>(8)</b> Participant loans .....	<b>1c(8)</b>		
<b>(9)</b> Value of interest in common/collective trusts .....	<b>1c(9)</b>	776132513	1281662060
<b>(10)</b> Value of interest in pooled separate accounts .....	<b>1c(10)</b>		
<b>(11)</b> Value of interest in master trust investment accounts .....	<b>1c(11)</b>		
<b>(12)</b> Value of interest in 103-12 investment entities .....	<b>1c(12)</b>		
<b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds) .....	<b>1c(13)</b>		
<b>(14)</b> Value of funds held in insurance company general account (unallocated contracts) .....	<b>1c(14)</b>		
<b>(15)</b> Other .....	<b>1c(15)</b>		

<b>1d</b> Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	<b>1d(1)</b>		
(2) Employer real property.....	<b>1d(2)</b>		
<b>e</b> Buildings and other property used in plan operation.....	<b>1e</b>		
<b>f</b> Total assets (add all amounts in lines 1a through 1e).....	<b>1f</b>	783368147	1283943419
<b>Liabilities</b>			
<b>g</b> Benefit claims payable.....	<b>1g</b>		
<b>h</b> Operating payables.....	<b>1h</b>	0	790916
<b>i</b> Acquisition indebtedness.....	<b>1i</b>		
<b>j</b> Other liabilities.....	<b>1j</b>	7384122	2281360
<b>k</b> Total liabilities (add all amounts in lines 1g through 1j).....	<b>1k</b>	7384122	3072276
<b>Net Assets</b>			
<b>l</b> Net assets (subtract line 1k from line 1f).....	<b>1l</b>	775984025	1280871143

**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: (A) Employers.....	<b>2a(1)(A)</b>		
(B) Participants.....	<b>2a(1)(B)</b>		
(C) 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>			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	<b>2b(1)(A)</b>		
(B) U.S. Government securities.....	<b>2b(1)(B)</b>		
(C) Corporate debt instruments.....	<b>2b(1)(C)</b>		
(D) Loans (other than to participants).....	<b>2b(1)(D)</b>		
(E) Participant loans.....	<b>2b(1)(E)</b>		
(F) Other.....	<b>2b(1)(F)</b>		
(G) Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....	<b>2b(1)(G)</b>		0
<b>(2) Dividends:</b>			
(A) Preferred stock.....	<b>2b(2)(A)</b>		
(B) Common stock.....	<b>2b(2)(B)</b>		
(C) Registered investment company shares (e.g. mutual funds).....	<b>2b(2)(C)</b>		
(D) Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....	<b>2b(2)(D)</b>		0
(3) Rents.....	<b>2b(3)</b>		
<b>(4) Net gain (loss) on sale of assets:</b>			
(A) Aggregate proceeds.....	<b>2b(4)(A)</b>		
(B) Aggregate carrying amount (see instructions).....	<b>2b(4)(B)</b>		
(C) 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>			
(A) Real estate.....	<b>2b(5)(A)</b>		
(B) Other.....	<b>2b(5)(B)</b>		
(C) Total unrealized appreciation of assets. Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....	<b>2b(5)(C)</b>		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts .....	2b(6)		267223624
(7) Net investment gain (loss) from pooled separate accounts .....	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts .....	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities .....	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds) .....	2b(10)		
<b>c</b> Other income .....	2c		
<b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total.....	2d		267223624

**Expenses**

<b>e</b> Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)		
(2) To insurance carriers for the provision of benefits .....	2e(2)		
(3) Other.....	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3) .....	2e(4)		0
<b>f</b> Corrective distributions (see instructions) .....	2f		
<b>g</b> Certain deemed distributions of participant loans (see instructions).....	2g		
<b>h</b> Interest expense.....	2h		
<b>i</b> Administrative expenses:			
(1) Salaries and allowances .....	2i(1)		
(2) Contract administrator fees .....	2i(2)		
(3) Recordkeeping fees .....	2i(3)		
(4) IQPA audit fees .....	2i(4)	50921	
(5) Investment advisory and investment management fees .....	2i(5)	3031610	
(6) Bank or trust company trustee/custodial fees .....	2i(6)	519598	
(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)		3602129
<b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total.....	2j		3602129

**Net Income and Reconciliation**

<b>k</b> Net income (loss). Subtract line 2j from line 2d.....	2k		263621495
<b>l</b> Transfers of assets:			
(1) To this plan.....	2l(1)		469719297
(2) From this plan .....	2l(2)		228453674

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