

<p style="text-align: center;">Form 5500</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>Annual Return/Report of Employee Benefit Plan</p> <p style="font-size: 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>▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	<p style="font-size: x-small;">OMB Nos. 1210-0110 1210-0089</p> <hr/> <p style="font-size: large; font-weight: bold; text-align: center;">2024</p> <hr/> <p style="font-weight: bold; text-align: center;">This Form is Open to Public Inspection</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>1a Name of plan <u>GREAT GRAY TRUST AMERICAN FUNDS 2010 FUND</u></p>	<p>1b Three-digit plan number (PN) ▶ <u>593</u></p>
<p>2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>GREAT GRAY TRUST COMPANY, LLC</u></p> <p><u>6725 VIA AUSTI PARKWAY, SUITE 260</u> <u>LAS VEGAS, NV 89119</u></p>	<p>1c Effective date of plan</p> <hr/> <p>2b Employer Identification Number (EIN) <u>38-4126290</u></p> <p>2c Plan Sponsor's telephone number <u>866-427-6885</u></p> <p>2d 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.

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

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

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

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

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

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

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

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

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

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

Receipt Confirmation Code _____

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

A Name of plan <u>GREAT GRAY TRUST AMERICAN FUNDS 2010 FUND</u>	B Three-digit plan number (PN)	<u>593</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>GREAT GRAY TRUST COMPANY, LLC</u>	D Employer Identification Number (EIN) <u>38-4126290</u>	

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
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a Name of MTIA, CCT, PSA, or 103-12 IE:	<u>GREAT GRAY TRUST STABLE VALUE FUND</u>	
b Name of sponsor of entity listed in (a):	<u>GREAT GRAY TRUST COMPANY, LLC</u>	
c EIN-PN <u>38-4065313-399</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>22202782</u>
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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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)
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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)
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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)
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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)
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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)
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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)
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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)
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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)
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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)
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Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
a Plan name	401(K) PROFIT SHARING PLAN FOR EMPLOYEES OF FLORIDA OTOLARYNGOLOGY GROUP, PA	
b Name of plan sponsor	FLORIDA OTOLARYNGOLOGY GROUP, P. A.	c EIN-PN 59-2591108-001
a Plan name	5N PLUS SEMICONDUCTORS LLC 401(K) PLAN	
b Name of plan sponsor	5N SEMICONDUCTORS LLC	c EIN-PN 20-2891202-001
a Plan name	A-Z OFFICE RESOURCE 401(K) SAVINGS PLAN	
b Name of plan sponsor	A-Z OFFICE RESOURCE, INC.	c EIN-PN 62-1228539-001
a Plan name	AALBERTS SURFACE TECHNOLOGIES 401(K) PLAN	
b Name of plan sponsor	AALBERTS SURFACE TECHNOLOGIES - HIP BRAZE HEAT TREATMENT	c EIN-PN 38-2565630-001
a Plan name	AALBERTS SURFACE TREATMENT CORP. RETIREMENT SAVINGS PLAN	
b Name of plan sponsor	AALBERTS SURFACE TREATMENT CORP.	c EIN-PN 58-2086906-002
a Plan name	AALP, LLC 401(K) PLAN	
b Name of plan sponsor	ALL AMERICAN LABEL	c EIN-PN 68-0486771-001
a Plan name	ABC INDUSTRIES , INC 401K INCENTIVE SAVINGS PLAN	
b Name of plan sponsor	ABC INDUSTRIES. INC.	c EIN-PN 35-1783722-001
a Plan name	ABERDEEN ROAD COMPANY 401(K) PLAN	
b Name of plan sponsor	ABERDEEN ROAD COMPANY	c EIN-PN 23-3009384-001
a Plan name	ADAMS BANK & TRUST 401(K) PLAN	
b Name of plan sponsor	ADAMS BANK & TRUST	c EIN-PN 47-0467141-002
a Plan name	ADAMS FAIRACRE FARMS, INC. 401(K) PLAN	
b Name of plan sponsor	ADAMS FAIRACRE FARMS, INC.	c EIN-PN 14-1489189-001
a Plan name	ADVANTAGE HOME CARE, INC. 401(K) PROFIT SHARING PLAN	
b Name of plan sponsor	ADVANTAGE HOME CARE, INC.	c EIN-PN 20-0603118-001
a Plan name	ADVENT GLOBAL SOLUTIONS, INC. 401(K) PLAN	
b Name of plan sponsor	ADVENT GLOBAL SOLUTIONS, INC.	c EIN-PN 22-3532948-001

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
a	Plan name AEF 401(K) RETIREMENT PLAN	
b	Name of plan sponsor AMERICAN ENDOWMENT FOUNDATION	c EIN-PN 34-1747398-001
a	Plan name AILO LOGISTICS 401(K) PLAN	
b	Name of plan sponsor AILO LOGISTICS	c EIN-PN 95-4287933-001
a	Plan name ALFAB, INC. 401(K) PLAN	
b	Name of plan sponsor ALFAB, INC.	c EIN-PN 55-0517401-001
a	Plan name ALLEN EDWIN RESIDENTIAL BUILDERS 401(K) RETIREMENT PLAN	
b	Name of plan sponsor ALLEN EDWIN RESIDENTIAL BUILDER, LLC	c EIN-PN 87-3517408-001
a	Plan name ALT MARKETING GROUP 401(K) PLAN	
b	Name of plan sponsor ALT MARKETING GROUP, INC.	c EIN-PN 46-2845252-002
a	Plan name AMC, LLC 401(K) PLAN	
b	Name of plan sponsor APARTMENT MANAGEMENT CONSULTANTS, LLC	c EIN-PN 87-0659805-001
a	Plan name AMERICAN MEDICAL STAFFING 401(K) PLAN	
b	Name of plan sponsor AMERICAN MEDICAL STAFFING, INC.	c EIN-PN 82-3749902-001
a	Plan name ANDERS DERMATOLOGY, INC. 401(K) PLAN	
b	Name of plan sponsor ANDERS DERMATOLOGY, INC.	c EIN-PN 34-1041011-001
a	Plan name APOLLO, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor APOLLO, INC.	c EIN-PN 91-1636892-001
a	Plan name ARIZONA ASSOCIATION OF REALTORS 401(K) PLAN	
b	Name of plan sponsor ARIZONA ASSOCIATION OF REALTORS	c EIN-PN 86-0080497-001
a	Plan name ARTICA 401(K) PLAN	
b	Name of plan sponsor ARTICA INC.	c EIN-PN 87-1048751-001
a	Plan name ASC FIELD EMPLOYEE 401K PLAN	
b	Name of plan sponsor ALAN STONE COMPANY, INC	c EIN-PN 31-4444098-002

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	ASPIDA FINANCIAL SERVICES, LLC 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor	ASPIDA FINANCIAL SERVICES, LLC	c EIN-PN 47-4223393-001
a	Plan name	ATHENS INSURANCE AGENCY 401(K) PLAN	
b	Name of plan sponsor	P & C RISK SERVICES, LLC.	c EIN-PN 62-1798090-001
a	Plan name	ATLANTIC FEDERAL CREDIT UNION 401(K) PLAN AND TRUST	
b	Name of plan sponsor	ATLANTIC FEDERAL CREDIT UNION	c EIN-PN 22-1489896-003
a	Plan name	ATLANTIC LIFT SYSTEMS, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	ATLANTIC LIFT SYSTEMS, INC.	c EIN-PN 54-0902313-002
a	Plan name	ATLAS AEROSPACE, LLC 401(K) PLAN	
b	Name of plan sponsor	ATLAS AEROSPACE, LLC	c EIN-PN 20-3592321-002
a	Plan name	ATLAS VINEYARD MANAGEMENT, LLC 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor	ATLAS VINEYARD MANAGEMENT, LLC	c EIN-PN 45-3978870-001
a	Plan name	ATOMIC TATTOOS, LLC 401(K) PLAN	
b	Name of plan sponsor	ATOMIC TATTOOS, LLC	c EIN-PN 59-3740454-001
a	Plan name	B & F MACHINE CO., INC. 401(K) PLAN	
b	Name of plan sponsor	B&F MACHINE CO., INC.	c EIN-PN 06-0887143-001
a	Plan name	BAIRD, HAMPTON & BROWN SAVINGS & RETIREMENT PLAN	
b	Name of plan sponsor	BAIRD, HAMPTON & BROWN, INC.	c EIN-PN 75-2426876-001
a	Plan name	BANK OF MINGO 401 (K) PROFIT SHARING PLAN	
b	Name of plan sponsor	BANK OF MINGO	c EIN-PN 55-0552987-001
a	Plan name	BARNET PRODUCTS CO., INC. 401K PSP	
b	Name of plan sponsor	BARNET PRODUCTS CO., INC.	c EIN-PN 22-2846779-001
a	Plan name	BAUCOM'S NURSERY COMPANY RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	BAUCOMS NURSERY COMPANY	c EIN-PN 56-0751089-001

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
<small>(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)</small>			
a	Plan name	BEHAVIORAL HEALTH SERVICES RETIREMENT PLAN	
b	Name of plan sponsor	CSB GROUP	c EIN-PN 58-2107483-001
a	Plan name	BEST BUSINESS STRATEGIES	
b	Name of plan sponsor	BEST BUSINESS STRATEGIES	c EIN-PN 73-1719093-001
a	Plan name	BHBH OPERATING COMPANY LLC 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor	BHBH OPERATING COMPANY LLC	c EIN-PN 61-1665725-001
a	Plan name	BLAKE'S ORCHARD, INC. 401(K) PLAN	
b	Name of plan sponsor	BLAKES ORCHARD, INC.	c EIN-PN 38-2327128-001
a	Plan name	BLANTON TURNER RETIREMENT PLAN	
b	Name of plan sponsor	B-T WASHINGTON, LLC DBA BLANTON TURNER	c EIN-PN 80-0720012-001
a	Plan name	BLUE EAGLE CONTRACTING, INC. 401(K) PLAN	
b	Name of plan sponsor	BLUE EAGLE CONTRACTING, INC.	c EIN-PN 68-0292171-003
a	Plan name	BOOTH MANAGEMENT CONSULTING, LLC 401(K) PLAN	
b	Name of plan sponsor	BOOTH MANAGEMENT CONSULTING, LLC	c EIN-PN 52-2168025-001
a	Plan name	C & C TECHNOLOGIES, INC. 401(K) PLAN	
b	Name of plan sponsor	C & C TECHNOLOGIES, INC	c EIN-PN 56-2003347-001
a	Plan name	C. BLACKBURN INC. RETIREMENT PLAN	
b	Name of plan sponsor	C. BLACKBURN INC.	c EIN-PN 14-1803352-001
a	Plan name	CADENCE EDUCATION LLC 401(K) SAVINGS PLAN	
b	Name of plan sponsor	CADENCE EDUCATION LLC	c EIN-PN 86-0793666-001
a	Plan name	CAPE FEAR PROVISIONS 401(K) PLAN	
b	Name of plan sponsor	CAPE FEAR PROVISIONS	c EIN-PN 46-0784239-001
a	Plan name	CAPITOL BRIDGE HEALTH SERVICES 401(K) PLAN	
b	Name of plan sponsor	CAPITOL BRIDGE HEALTH SERVICES 401(K) PLAN	c EIN-PN 46-3114143-001

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
a	Plan name CAPITOL BRIDGE LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor CAPITOL BRIDGE LLC	c EIN-PN 37-1695438-001
a	Plan name CARLSON BLACK O'CALLAGHAN & BATTENBERG LLP 401(K) PLAN	
b	Name of plan sponsor CARLSON BLACK OCALLAGHAN & BATTENBERG LLP	c EIN-PN 82-3842588-001
a	Plan name CARPET CORNER EMPLOYEES 401(K) PLAN	
b	Name of plan sponsor CARPET CORNER, INC.	c EIN-PN 48-0777920-003
a	Plan name CASTLE AUTO GROUP 401(K) PLAN	
b	Name of plan sponsor CASTLE CHEVROLET, INC.	c EIN-PN 36-4392164-001
a	Plan name CAYCE COMPANY, INC. 401(K) PLAN	
b	Name of plan sponsor CAYCE COMPANY, INC.	c EIN-PN 57-0365841-004
a	Plan name CENTRIFUGE MEDIA, INC. 401(K) PLAN	
b	Name of plan sponsor CENTRIFUGE MEDIA, INC.	c EIN-PN 20-3023119-001
a	Plan name CHAPARRAL BUICK GMC TRUCK, INC. 401(K) PLAN	
b	Name of plan sponsor CHAPARRAL BUICK GMC TRUCK, INC.	c EIN-PN 62-1540153-001
a	Plan name CHARGE BEE 401(K) PLAN	
b	Name of plan sponsor CHARGE BEE, INC.	c EIN-PN 99-0362987-001
a	Plan name CHARLES E. WALLACE D.D.S., P.S. 401(K) RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor CHARLES E. WALLACE, D.D.S., P.S.	c EIN-PN 91-2014191-001
a	Plan name CHILDREN'S ADVOCACY CENTER OF SW FLORIDA, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor CHILDRENS ADVOCACY CENTER OF SW FLORIDA, INC.	c EIN-PN 65-0007620-002
a	Plan name CLARENCE NURSING HOME, INC. 401(K) PLAN	
b	Name of plan sponsor CLARENCE NURSING HOME, INC.	c EIN-PN 42-0934286-001
a	Plan name CLIMATE CONTROL 401(K) PLAN	
b	Name of plan sponsor CLIMATE CONTROL LLC	c EIN-PN 83-0297794-002

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
a	Plan name COASTAL EQUIPMENT CORP. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor COASTAL EQUIPMENT CORP.	c EIN-PN 54-0990869-002
a	Plan name COGIR MANAGEMENT USA, INC. 401(K) PLAN AND TRUST	
b	Name of plan sponsor COGIR MANAGEMENT USA, INC.	c EIN-PN 35-2639482-001
a	Plan name COIT SERVICES, INC. EMPLOYEE SAVINGS & RETIREMENT PLAN	
b	Name of plan sponsor COIT SERVICES, INC.	c EIN-PN 94-1635764-001
a	Plan name COLLECTION BUREAU SERVICES, INC. PROFIT SHARING PLAN	
b	Name of plan sponsor COLLECTION BUREAU SERVICES, INC.	c EIN-PN 81-0361156-001
a	Plan name COMMUNITY FIRST SOLUTIONS 401(K) PLAN	
b	Name of plan sponsor COMMUNITY FIRST SOLUTIONS	c EIN-PN 31-1150845-001
a	Plan name CONDON MEDICAL PRACTICE 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor EDWARD CONDON MEDICAL, P.C.	c EIN-PN 26-0799438-001
a	Plan name CONNEXUS RESOURCE GROUP 401(K) PLAN	
b	Name of plan sponsor CONNEXUS RESOURCE GROUP, INC.	c EIN-PN 83-1263291-001
a	Plan name CONSTRUCTION FORMS, INC. RETIREMENT SAVINGS AND THRIFT PLAN	
b	Name of plan sponsor CONSTRUCTION FORMS, INC.	c EIN-PN 39-1104344-002
a	Plan name CORVALLIS SPORT AND SPINE PHYSICAL THERAPY, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor CORVALLIS SPORT & SPINE PHYSICAL THERAPY, INC.	c EIN-PN 20-1631867-001
a	Plan name CPC LOGISTICS, INC. EMPLOYEES 401(K) RETIREMENT PLAN	
b	Name of plan sponsor CPC LOGISTICS, INC.	c EIN-PN 43-1412670-001
a	Plan name CREATA (USA) INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor CREATA (USA) INC.	c EIN-PN 36-3716363-001
a	Plan name CREATIVE KITCHENS, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor CREATIVE KITCHENS, INC.	c EIN-PN 55-0439919-002

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	CREATIVE PAINTS EMPLOYEES' PROFIT SHARING PLAN	
b	Name of plan sponsor	VICKERS BROTHERS, INC. DBA CREATIVE PAINTS DISTRIBUTORS	c EIN-PN 31-1041323-001
a	Plan name	CRESCENT INDUSTRIES, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	CRESCENT INDUSTRIES, INC.	c EIN-PN 23-1497579-001
a	Plan name	CREVISTON TRUCKING, INC. 401(K) PLAN	
b	Name of plan sponsor	CREVISTON TRUCKING, INC.	c EIN-PN 35-1480921-001
a	Plan name	CRITICAL ENERGY INFRASTRUCTURE SERVICES, LLC 401(K) PLAN	
b	Name of plan sponsor	CRITICAL ENERGY INFRASTRUCTURE SERVICES, LLC	c EIN-PN 88-3984260-001
a	Plan name	CROSS TRAILS MEDICAL CENTER 401K PLAN	
b	Name of plan sponsor	CROSS TRAILS MEDICAL CENTER	c EIN-PN 43-1679687-003
a	Plan name	CULPEPER FARMERS' COOPERATIVE, INC. RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	CULPEPER FARMERS COOPERATIVE, INC.	c EIN-PN 54-0185700-005
a	Plan name	DAILY PRINTING INC PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor	DAILY PRINTING INC	c EIN-PN 41-0681502-001
a	Plan name	DAVIS MAIL SERVICES, INC. RETIREMENT PLAN	
b	Name of plan sponsor	DAVIS MAIL SERVICES, INC.	c EIN-PN 26-2864093-001
a	Plan name	DETROIT CRISTO REY HIGH SCHOOL 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor	DETROIT CRISTO REY HIGH SCHOOL INC	c EIN-PN 26-3176934-001
a	Plan name	DIGITALPRO, INC. 401(K) PROFIT SHARING PLAN AND T	
b	Name of plan sponsor	DIGITALPRO, INC.	c EIN-PN 33-1037204-001
a	Plan name	DISCOVER LANCASTER 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	DISCOVER LANCASTER	c EIN-PN 23-1610907-002
a	Plan name	DODGE INSURANCE SERVICES, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	DODGE INSURANCE SERVICES, INC.	c EIN-PN 20-4200742-001

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	DOUGLAS FRUIT COMPANY SALARY REDUCTION AND SAVINGS PLAN	
b	Name of plan sponsor	WESTERN MATERIALS, INC.	c EIN-PN 91-0158860-001
a	Plan name	DRY BULK & LIQUID TANK SERVICES, INC. 401(K) & PROFIT SHARING PLAN	
b	Name of plan sponsor	DRY BULK & LIQUID TANK SERVICES, INC	c EIN-PN 23-2246949-001
a	Plan name	DUTCH VALLEY FOOD DISTRIBUTORS, INC. 401(K) PLAN	
b	Name of plan sponsor	DUTCH VALLEY FOOD DISTRIBUTORS, INC.	c EIN-PN 23-2172539-001
a	Plan name	E. SAM JONES DISTRIBUTOR, INC. 401(K) PLAN	
b	Name of plan sponsor	E. SAM JONES DISTRIBUTORS, INC	c EIN-PN 58-1135560-001
a	Plan name	EMPLOYINDY 401(K) PLAN	
b	Name of plan sponsor	INDIANAPOLIS PRIVATE INDUSTRY COUNCIL, INC.	c EIN-PN 35-1569069-002
a	Plan name	ENDAGRAPH, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	ENDAGRAPH INC.	c EIN-PN 25-1723873-001
a	Plan name	ENDODONTIC ASSOCIATES OF GREATER WATERBURY, P.C.	
b	Name of plan sponsor	ENDODONTIC ASSOCIATES OF GREATER WATERBURY, P.C.	c EIN-PN 06-0944056-002
a	Plan name	ENTEC SERVICES, INC. 401(K) PLAN	
b	Name of plan sponsor	ENTEC SERVICES, INC.	c EIN-PN 37-1094677-001
a	Plan name	ENTISYS SOLUTIONS, INC. 401(K) PLAN	
b	Name of plan sponsor	ENTISYS SOLUTIONS, INC.	c EIN-PN 68-0422147-001
a	Plan name	ERIE PLATING COMPANY INCENTIVE SAVINGS PLAN	
b	Name of plan sponsor	ERIE PLATING COMPANY	c EIN-PN 25-0466350-001
a	Plan name	ESI/ELI 401(K) RETIREMENT TRUST	
b	Name of plan sponsor	ENERGY SCIENCES INC.	c EIN-PN 04-3020938-001
a	Plan name	ESSEX401(K) PLAN	
b	Name of plan sponsor	ESSEX PLAZA MANAGEMENT II, LLC	c EIN-PN 22-3412583-001

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	EVERGOOD SAUSAGE COMPANY PROFIT SHARING PLAN	
b	Name of plan sponsor	EVERGOOD SAUSAGE COMPANY	c EIN-PN 94-2749546-002
a	Plan name	EYECARE MEDICAL GROUP EMPLOYEE STOCK OWNERSHIP 401(K) PLAN	
b	Name of plan sponsor	EYECARE MEDICAL GROUP PA	c EIN-PN 01-0358257-002
a	Plan name	F & M PLASTICS, INC. 401(K) PLAN	
b	Name of plan sponsor	F & M PLASTICS, INC.	c EIN-PN 41-1245076-001
a	Plan name	FALL CREEK CAPITAL 401(K) PLAN	
b	Name of plan sponsor	FALL CREEK CAPITAL	c EIN-PN 84-2627742-001
a	Plan name	FANN CONTRACTING, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	FANN CONTRACTING, INC.	c EIN-PN 86-0213861-001
a	Plan name	FG PROPERTY MANAGEMENT 401(K) PLAN	
b	Name of plan sponsor	FG PROPERTY MANAGEMENT, INC.	c EIN-PN 95-4587127-001
a	Plan name	FILGER MFG. 401(K) PLAN	
b	Name of plan sponsor	FILGER MFG.	c EIN-PN 95-2106072-001
a	Plan name	FILLMORE CONTAINER 401(K) PLAN	
b	Name of plan sponsor	FILLMORE CONTAINER, INC.	c EIN-PN 23-2957888-001
a	Plan name	FLANAGAN BILTON RETIREMENT PLAN	
b	Name of plan sponsor	FLANAGAN BILTON	c EIN-PN 36-2797010-001
a	Plan name	FPI MANAGEMENT, INC. 401(K) PLAN	
b	Name of plan sponsor	FPI MANAGEMENT, INC.	c EIN-PN 68-0217638-002
a	Plan name	FRANK SAHD SALVAGE CENTER, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	FRANK SAHD SALVAGE CENTER INC.	c EIN-PN 23-1697962-001
a	Plan name	FRESCHÉ USA 401(K) PLAN	
b	Name of plan sponsor	FRESCHÉ SOLUTIONS USA CORPORATION	c EIN-PN 42-1770943-001

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
<small>(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)</small>			
a	Plan name	FREYSINGER PONTIAC GMC BUICK, INC. 401(K) PLAN	
b	Name of plan sponsor	FREYSINGER PONTIAC GMC BUICK INC.	c EIN-PN 23-1491072-001
a	Plan name	FUSION 401(K) PLAN	
b	Name of plan sponsor	FUSION MANAGEMENT SERVICES LLC	c EIN-PN 48-1195597-001
a	Plan name	FUYAO AUTOMOTIVE NORTH AMERICA 401(K) PLAN	
b	Name of plan sponsor	FUYAO AUTOMOTIVE NORTH AMERICA	c EIN-PN 36-4636034-001
a	Plan name	FYI TELEVISION INC. 401(K) PLAN	
b	Name of plan sponsor	FYI TELEVISION INC.	c EIN-PN 75-2923372-001
a	Plan name	G&A MANAGERS, LLC RETIREMENT PLAN	
b	Name of plan sponsor	NATIONAL CUSTOM CORPORATE SERVICES, INC.	c EIN-PN 27-0594306-001
a	Plan name	G&A STRATEGY AND DESIGN LLC 401(K) PLAN	
b	Name of plan sponsor	G&A STRATEGY AND DESIGN LLC	c EIN-PN 52-2185723-001
a	Plan name	GARDEN CITY TREATMENT CENTER, INC. PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor	GARDEN CITY TREATMENT CENTER, INC.	c EIN-PN 05-0423525-001
a	Plan name	GATEWAY BEHAVIORAL HEALTH SERVICES 401(A) PLAN	
b	Name of plan sponsor	GATEWAY COMMUNITY SERVICE BOARD	c EIN-PN 58-2109306-401
a	Plan name	GATEWAY BEHAVIORAL HEALTH SERVICES 457(B) PLAN	
b	Name of plan sponsor	GATEWAY COMMUNITY SERVICE BOARD	c EIN-PN 58-2109306-457
a	Plan name	GELERMAN AND CABRAL, LLC RETIREMENT PLAN	
b	Name of plan sponsor	GELERMAN AND CABRAL, LLC	c EIN-PN 45-4038971-001
a	Plan name	GENCOM 401(K) SAFE HARBOR PLAN	
b	Name of plan sponsor	HSR, LLC	c EIN-PN 35-2515625-001
a	Plan name	GEOTECH SERVICES, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	GEOTECH SERVICES, INC.	c EIN-PN 34-1633699-001

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	GIFFORD-HEIDEN SAVINGS PLAN	
b	Name of plan sponsor	GIFFORD-HEIDEN INSURANCE, INC.	c EIN-PN 65-0795930-001
a	Plan name	GOLDEN MESA CASINO 401(K) PLAN	
b	Name of plan sponsor	SHAWNEE DEVELOPMENT, LLC	c EIN-PN 74-3191737-001
a	Plan name	GOOD CHEVROLET, INC. SALARY DEFERRAL 401(K) PLAN	
b	Name of plan sponsor	GOOD CHEVROLET, INC.	c EIN-PN 91-0883323-002
a	Plan name	GOOD DOG MOBILE GROOMING 401(K) PLAN	
b	Name of plan sponsor	GOOD DOG LLC	c EIN-PN 46-3277225-001
a	Plan name	GOODWILL INDUSTRIES OF SOUTH CENTRAL WI, INC. 401(K) PLAN	
b	Name of plan sponsor	GOODWILL INDUSTRIES OF SOUTH CENTRAL WI, INC.	c EIN-PN 39-1147571-002
a	Plan name	GOODWIN & GOODWIN, LLP 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	GOODWIN & GOODWIN, LLP	c EIN-PN 55-0519853-001
a	Plan name	GRANT GENERAL CONTRACTORS 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	GRANT GENERAL CONTRACTORS	c EIN-PN 84-2578287-001
a	Plan name	GULFSPAN INDUSTRIAL PLAN	
b	Name of plan sponsor	GULFSPAN INDUSTRIAL, LLC	c EIN-PN 45-0910052-001
a	Plan name	HANSON MAVES & CO., INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	HANSON MAVES & CO., INC.	c EIN-PN 41-0916741-001
a	Plan name	HARRY GREEN CHEVROLET, INC., 401(K) PLAN	
b	Name of plan sponsor	HARRY GREEN CHEVROLET, INC.	c EIN-PN 55-0437804-001
a	Plan name	HATCHETT CORPORATE, LLC 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	HATCHETT CORPORATE, LLC	c EIN-PN 87-3188109-001
a	Plan name	HAYES TRANSPORT 401(K) SAVINGS PLAN	
b	Name of plan sponsor	HAYES TRANSPORT	c EIN-PN 39-1761906-001

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)		
a	Plan name HIGH POINT FINANCIAL SERVICES, INC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor SOLUTIONS BANK	c EIN-PN 36-3752737-002
a	Plan name HISTORIC HOTELS 401(K) PLAN	
b	Name of plan sponsor HISTORIC HOTELS OF NASHVILLE, LLC	c EIN-PN 54-1991824-001
a	Plan name HOLDEN FARMS, INC. 401(K) PSP TRUST	
b	Name of plan sponsor HOLDEN FARMS, INC.	c EIN-PN 41-0979973-001
a	Plan name HORN MEMORIAL HOSPITAL 401(K) PLAN	
b	Name of plan sponsor IDA COUNTY, IOWA COMMUNITY HOSPITAL DBA HORN MEMORIAL HOSPITAL	c EIN-PN 42-0843389-002
a	Plan name HUBERGROUP USA, INC. 401(K) THRIFT PLAN	
b	Name of plan sponsor HUBERGROUP USA, INC.	c EIN-PN 36-4345757-001
a	Plan name HUTTO, PRESTON & ASSOCIATES, LLC 401(K) PLAN	
b	Name of plan sponsor HUTTO, PRESTON & ASSOCIATES, LLC	c EIN-PN 57-1013298-001
a	Plan name IBEW 648 PENSION PLAN	
b	Name of plan sponsor IBEW 648 PENSION PLAN	c EIN-PN 31-6134845-001
a	Plan name IDEAL IMAGE DEVELOPMENT 401(K) PLAN	
b	Name of plan sponsor IDEAL IMAGE GROUP INC.	c EIN-PN 20-4852227-004
a	Plan name IDIQ 401(K) PLAN	
b	Name of plan sponsor IDENTITY INTELLIGENCE GROUP, LLC DBA IDIQ	c EIN-PN 27-3510891-001
a	Plan name INTELAGREE 401(K) PLAN	
b	Name of plan sponsor INTELAGREE, LLC	c EIN-PN 82-4244116-001
a	Plan name JMAC CORPORATE SERVICES, LLC PROFIT SHARING/401(K) PLAN	
b	Name of plan sponsor JMAC CORPORATE SERVICES, LLC	c EIN-PN 35-2534002-001
a	Plan name JOHN SCHMIDT & SONS, INC. 401(K) PLAN	
b	Name of plan sponsor JOHN SCHMIDT AND SONS INC.	c EIN-PN 48-0777353-001

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
<small>(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)</small>			
a	Plan name	JOHNSTON CASUALS FURNITURE, INC. 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	JOHNSTON CASUALS FURNITURE, INC.	c EIN-PN 56-0626549-001
a	Plan name	KARMAN'S LINE 401(K) PLAN	
b	Name of plan sponsor	KARMANS LINE LLC	c EIN-PN 84-4594348-001
a	Plan name	KEPCO, INC. 401(K) SAVINGS AND RETIREMENT PLAN	
b	Name of plan sponsor	KEPCO, INC.	c EIN-PN 11-1799526-002
a	Plan name	KERR CENTER FOR SUSTAINABLE AGRICULTURE AG-401(K) PLAN	
b	Name of plan sponsor	KERR CENTER FOR SUSTAINABLE AGRICULTURE	c EIN-PN 73-1256120-002
a	Plan name	KROEHLE-FODOR, INC. DBA LOUIS F. LEEPER COMPANY 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	KROEHLE-FODOR, INC. DBA LOUIS F. LEEPER COMPANY	c EIN-PN 34-0341920-001
a	Plan name	KUALOA RANCH HAWAII, INC. 401(K) SAVINGS PLAN	
b	Name of plan sponsor	KUALOA RANCH HAWAII, INC.	c EIN-PN 99-0238054-002
a	Plan name	LANDMARK BUILDERS, INC. 401(K) INVESTMENT PLAN	
b	Name of plan sponsor	LANDMARK BUILDERS, INC.	c EIN-PN 23-2947812-001
a	Plan name	LAWRENCE COUNTY MEMORIAL HOSPITAL RETIREMENT PLAN	
b	Name of plan sponsor	LAWRENCE COUNTY MEMORIAL HOSPITAL	c EIN-PN 80-0618988-001
a	Plan name	LEHMER'S CONCORD BUICK GMC 401K PLAN	
b	Name of plan sponsor	LEHMERS DBA LEHMERS CONCORD BUICK GMC	c EIN-PN 94-1534399-002
a	Plan name	LEONARD S. FIORE, INC. SAVINGS AND PREVAILING WAGE PLAN	
b	Name of plan sponsor	LEONARD S. FIORE, INC.	c EIN-PN 25-1182956-002
a	Plan name	LEXINGTON TECHNOLOGIES COMPANY LLC 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	LEXINGTON TECHNOLOGIES COMPANY, LLC	c EIN-PN 92-2429081-001
a	Plan name	LIONS MEDICAL EYE BANK 401(K) PLAN	
b	Name of plan sponsor	LIONS MEDICAL EYE BANK & RESEARCH CENTER OF EASTERN VIRGINIA, INC.	c EIN-PN 54-1116569-002

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	LMC ENTERPRISES MONEY PURCHASE PENSION PLAN	
b	Name of plan sponsor	LMC ENTERPRISES	c EIN-PN 95-3093555-001
a	Plan name	LOCKHEED ARCHITECTURAL SOLUTIONS, INC. 401(K) PLAN	
b	Name of plan sponsor	LOCKHEED ARCHITECTURAL SOLUTIONS,	c EIN-PN 05-0410280-001
a	Plan name	LOWCOUNTRY EYE CARE 401(K) PLAN	
b	Name of plan sponsor	LOWCOUNTRY EYE CARE	c EIN-PN 27-3706111-001
a	Plan name	MAKE-A-WISH FOUNDATION OF AMERICA 401(K) SAVINGS PLAN	
b	Name of plan sponsor	MAKE-A-WISH FOUNDATION	c EIN-PN 86-0481941-002
a	Plan name	MCRAE'S U.S. MAIL SERVICE, INC. 401(K) PLAN	
b	Name of plan sponsor	MCRAES U.S. MAIL SERVICE, INC.	c EIN-PN 39-1745087-001
a	Plan name	MCT GROUP RETIREMENT PLAN	
b	Name of plan sponsor	MCT GROUP, LLC	c EIN-PN 83-3509680-001
a	Plan name	MEDPOINT MANAGEMENT, INC. 401(K) PLAN	
b	Name of plan sponsor	MEDPOINT MANAGEMENT, INC.	c EIN-PN 95-4559299-001
a	Plan name	MERITUS SOLUTIONS GROUP, LLC UNION 401(K) PLAN	
b	Name of plan sponsor	MERITUS SOLUTIONS GROUP LLC	c EIN-PN 81-2608731-002
a	Plan name	METAFORMERS INC 401K PS PLAN	
b	Name of plan sponsor	METAFORMERS INC.	c EIN-PN 54-1972666-001
a	Plan name	METRIC ENGINEERING SAVINGS AND RETIREMENT PLAN	
b	Name of plan sponsor	METRIC ENGINEERING, INC.	c EIN-PN 59-1685550-001
a	Plan name	MFPE 401(K) RETIREMENT PLAN & TRUST	
b	Name of plan sponsor	MONTANA FEDERATION OF PUBLIC EMPLOYEES	c EIN-PN 81-0169635-001
a	Plan name	MGD QUIPTECH 401 (K) PLAN	
b	Name of plan sponsor	MGD QUIPTECH, INC.	c EIN-PN 25-1887119-001

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	MI'KMAQ NATION 401(K) PLAN	
b	Name of plan sponsor	MIKMAQ NATION	c EIN-PN 01-0472707-001
a	Plan name	MID COUNTRY MACHINERY LLC 401(K) PLAN	
b	Name of plan sponsor	MID COUNTRY MACHINERY LLC	c EIN-PN 93-4708043-001
a	Plan name	MIDDLE FLINT AREA CSB RETIREMENT PLAN	
b	Name of plan sponsor	CSB GROUP	c EIN-PN 58-2111079-001
a	Plan name	MILL CREEK LUMBER & SUPPLY CO. EMPLOYEE SAVINGS 401(K) PLAN	
b	Name of plan sponsor	MILL CREEK LUMBER & SUPPLY	c EIN-PN 73-0541869-002
a	Plan name	MILLER-STEPHENSON & ASSOCIATES, P.C. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	MILLER-STEPHENSON & ASSOCIATES, P.C.	c EIN-PN 54-1109225-001
a	Plan name	MINN-DAK GROWERS 401(K) PLAN	
b	Name of plan sponsor	MINN DAK AG LLC	c EIN-PN 45-0345419-002
a	Plan name	MIRANDA CONSTRUCTION LLC 401(K) PLAN	
b	Name of plan sponsor	MIRANDA CONSTRUCTION, LLC	c EIN-PN 81-1195345-001
a	Plan name	MMPS RETIREMENT PLAN	
b	Name of plan sponsor	MOUNTAIN MEDICAL PHYSICIAN SPECIALISTS, P.C.	c EIN-PN 87-0565773-001
a	Plan name	MOUNTAIN VIEW HOSPITAL LLC 401(K) PLAN	
b	Name of plan sponsor	MOUNTAIN VIEW HOSPITAL LLC	c EIN-PN 82-0516012-001
a	Plan name	MOUNTAIN WEST TRUCK CENTER 401(K) PLAN	
b	Name of plan sponsor	MOUNTAIN WEST TRUCK CENTER	c EIN-PN 87-0467435-002
a	Plan name	MR. FENCE, INC. 401(K) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor	MR. FENCE, INC.	c EIN-PN 04-3184274-001
a	Plan name	MX TECHNOLOGIES, INC. 401(K) PLAN	
b	Name of plan sponsor	MX TECHNOLOGIES, INC.	c EIN-PN 27-2207054-001

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
a	Plan name NATION SAFE DRIVERS EMPLOYEE STOCK OWNERSHIP PLAN	
b	Name of plan sponsor NSD HOLDINGS, INC.	c EIN-PN 47-1943291-001
a	Plan name NATURAL RETREATS 401(K) PLAN	
b	Name of plan sponsor NATURAL RETREATS US LLC	c EIN-PN 32-0511930-001
a	Plan name NEALE MARINE TRANSPORTATION & FLEETING SERVICE, LLC 401(K) PLAN	
b	Name of plan sponsor NEALE MARINE TRANSPORTATION & FLEETING SERVICE, LLC	c EIN-PN 20-4312367-001
a	Plan name NESHOBA COUNTY GENERAL HOSPITAL 401(A) PLAN	
b	Name of plan sponsor NESHOBA COUNTY GENERAL HOSPITAL	c EIN-PN 64-6000892-001
a	Plan name NETWORK ENHANCED TELECOM, LLP 401(K) PLAN	
b	Name of plan sponsor NETWORK ENHANCED TELECOM, LLP	c EIN-PN 75-2738728-001
a	Plan name NEWSTEAD/KREHER FARMS 401(K) PLAN	
b	Name of plan sponsor NEWSTEAD FARMS, INC.	c EIN-PN 16-1350390-001
a	Plan name NORTH DAKOTA SURGERY CENTER, LLP SAFE HARBOR PROFIT SHARING 401(K) PLAN	
b	Name of plan sponsor NORTH DAKOTA SURGERY CENTER, LLP	c EIN-PN 45-0447267-001
a	Plan name NORTH STATE GROCERY, INC. 401(K) PLAN	
b	Name of plan sponsor NORTH STATE GROCERY, INC.	c EIN-PN 68-0173691-001
a	Plan name NORTHERN CONTAINER CORPORATION 401(K) RETIREMENT PLAN	
b	Name of plan sponsor NORTHERN CONTAINER CORPORATION	c EIN-PN 04-3362247-001
a	Plan name NWT 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor NEWWAVE TELECOM & TECHNOLOGIES	c EIN-PN 20-1439479-001
a	Plan name NYLA TECHNOLOGY SOLUTIONS INC. 401(K) PLAN	
b	Name of plan sponsor NYLA TECHNOLOGY SOLUTIONS, INC.	c EIN-PN 46-2433533-001
a	Plan name OASYS, INC. 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor OASYS, INC.	c EIN-PN 27-3847584-001

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	OCCUSCREEN, LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	OCCUSCREEN LLC	c EIN-PN 90-0247324-001
a	Plan name	OCEANAIR FEDERAL CREDIT UNION	
b	Name of plan sponsor	CBC FEDERAL CREDIT UNION	c EIN-PN 95-1767367-001
a	Plan name	ONEDIGITAL OPEN POOLED EMPLOYER PLAN	
b	Name of plan sponsor	PLAN FIDUCIARY SERVICES, INC.	c EIN-PN 27-3523833-003
a	Plan name	OPENDOOR SERVICES, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	OPENDOOR SERVICES, INC.	c EIN-PN 77-0585007-001
a	Plan name	OPTICAL ASSOCIATES, INC. 401(K) PLAN AND TRUST	
b	Name of plan sponsor	OPTICAL ASSOCIATES, INC.	c EIN-PN 94-2201014-001
a	Plan name	ORLANDO SPORTS HOLDINGS, LLC 401(K) PLAN	
b	Name of plan sponsor	ORLANDO SPORTS HOLDINGS LLC	c EIN-PN 26-1550157-001
a	Plan name	OTTO CADILLAC, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	OTTO CADILLAC, INC.	c EIN-PN 14-1584806-001
a	Plan name	PACIFIC HYDROTECH CORPORATION 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	PACIFIC HYDROTECH CORPORATION	c EIN-PN 95-4107601-001
a	Plan name	PACIFIC NORTHERN ENVIRONMENTAL 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	PACIFIC NORTHERN ENVIRONMENTAL, LLC	c EIN-PN 91-1458581-001
a	Plan name	PAS REFORM NORTH AMERICA LLC 401(K) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor	PAS REFORM NORTH AMERICA LLC	c EIN-PN 46-4253583-002
a	Plan name	PERFORMANCE MANAGEMENT GROUP 401(K) PLAN	
b	Name of plan sponsor	PERFORMANCE MANAGEMENT GROUP, LLC	c EIN-PN 20-0246040-001
a	Plan name	PHARUS ENTERPRISES, LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	PHARUS ENTERPRISES, LLC	c EIN-PN 56-1787788-001

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	PHG RETIREMENT PLAN	
b	Name of plan sponsor	PRIME HOSPITALITY GROUP	c EIN-PN 26-3187444-002
a	Plan name	PHIHONG USA CORPORATION 401(K) PLAN	
b	Name of plan sponsor	PHIHONG USA CORPORATION	c EIN-PN 77-0451666-001
a	Plan name	PILIEROMAZZA PLLC 401K PROFIT SHARING PLAN	
b	Name of plan sponsor	PILIEROMAZZA, PLLC	c EIN-PN 52-1731636-001
a	Plan name	PILLAR RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	APPLE PATCH COMMUNITY, INC. (DBA PILLAR)	c EIN-PN 61-1159539-001
a	Plan name	PLAN DE RETIRO UDEM-PRSSA UNION DE EMPLEADOS DE MUELLES	
b	Name of plan sponsor	SINDICATURA FONDO DE BIENESTAR DUEM-PRSSA	c EIN-PN 66-0193764-001
a	Plan name	PLC PARTNERSHIP 40K PLAN	
b	Name of plan sponsor	PLC PARTNERSHIP DBA COLDWELL BANKER BROKERS OF THE VALLEY	c EIN-PN 68-0343518-101
a	Plan name	POLYTAINERS, INC. PROFIT SHARING 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	POLYTAINERS, INC.	c EIN-PN 43-1532377-001
a	Plan name	PORT CITY LOGISTICS, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	PORT CITY LOGISTICS, INC.	c EIN-PN 83-0420209-001
a	Plan name	PORTERVILLE SHELTERED WORKSHOP 401(K) SALARY SAVINGS PLAN	
b	Name of plan sponsor	PORTERVILLE SHELTERED WORKSHOP, INC.	c EIN-PN 94-1676464-002
a	Plan name	PRECISION WORK, INC. 401(K) PLAN	
b	Name of plan sponsor	PRECISION WORK, INC.	c EIN-PN 11-2075941-001
a	Plan name	PROFESSIONAL BILLING, INC. PROFIT SHARING PLAN	
b	Name of plan sponsor	PROFESSIONAL BILLING, INC.	c EIN-PN 63-0942496-001
a	Plan name	PROFESSIONAL PACKAGING SYSTEMS, LLC 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor	PROFESSIONAL PACKAGING SYSTEMS, INC.	c EIN-PN 75-1728943-002

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	PROSEGUR SIS USA, INC. 401(K) PLAN.	
b	Name of plan sponsor	PROSEGUR SIS USA, INC.	c EIN-PN 14-1626307-001
a	Plan name	QC AUTO SALES, INC. 401(K) PS PLAN	
b	Name of plan sponsor	QC AUTO SALES, INC. DBA BYRIDER	c EIN-PN 20-1144812-002
a	Plan name	QUALITY STONE VENEER, INC. 401(K) PLAN	
b	Name of plan sponsor	QUALITY STONE VENEER, INC.	c EIN-PN 23-2939746-001
a	Plan name	R. ZABALLOS & SONS, INC. 401(K) PLAN	
b	Name of plan sponsor	R. ZABALLOS & SONS, INC.	c EIN-PN 94-1678847-001
a	Plan name	RANCHO SANTA FE FIRE PROTECTION DISTRICT 457B PLAN	
b	Name of plan sponsor	RANCHO SANTA FE FIRE PROTECTION DISTRICT	c EIN-PN 95-6004231-001
a	Plan name	RDG PLANNING & DESIGN, INC. 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	RDG PLANNING & DESIGN, INC.	c EIN-PN 42-1338016-001
a	Plan name	RETINA CONSULTANTS, P.C. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	RETINA CONSULTANTS P.C.	c EIN-PN 06-0968937-001
a	Plan name	RETIREMENT PLAN FOR EMPLOYEES OF STEP BY STEP, INC.	
b	Name of plan sponsor	STEP BY STEP, INC.	c EIN-PN 23-2053563-001
a	Plan name	RHETSON COMPANIES, INC. EMPLOYEES' RETIREMENT PLAN	
b	Name of plan sponsor	RHETSON COMPANIES, INC.	c EIN-PN 20-1034440-001
a	Plan name	RICHWOOD INDUSTRIES, INC. RETIREMENT & 401K PLAN	
b	Name of plan sponsor	RICHWOOD INDUSTRIES, INC.	c EIN-PN 55-0569466-001
a	Plan name	ROCKAWAY VALLEY SUPPLY, INC. 401(K) PLAN	
b	Name of plan sponsor	ROCKAWAY VALLEY SUPPLY, INC.	c EIN-PN 20-8042889-001
a	Plan name	ROHRERS CONCRETE 401(K) PLAN	
b	Name of plan sponsor	ROHRERS QUARRY, INC.	c EIN-PN 23-1605869-003

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)		
a	Plan name ROTH TRUCKING, INC. 401(K) RETIREMENT PLAN	
b	Name of plan sponsor ROTH TRUCKING, INC.	c EIN-PN 38-2079555-002
a	Plan name RTC SOUTHERN NEVADA 401(A) PLAN	
b	Name of plan sponsor REGIONAL TRANSPORTATION COMMISSION OF SOUTHERN NEVADA	c EIN-PN 90-0036752-002
a	Plan name RWC, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor RWC, INC.	c EIN-PN 04-2455972-003
a	Plan name S & W TELEVISION AND APPLIANCE 401(K) PLAN	
b	Name of plan sponsor S & W TELEVISION CO., INC.	c EIN-PN 05-0399485-001
a	Plan name S.R. FREEMAN, INC. PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor S.R. FREEMAN, INC.	c EIN-PN 77-0489144-001
a	Plan name SAUNDERS & COMPANY INCOME PRESERVATION PLAN	
b	Name of plan sponsor SAUNDERS & COMPANY, INC.	c EIN-PN 59-1911903-002
a	Plan name SBA MANAGEMENT SERVICES, INC. 401(K) PLAN	
b	Name of plan sponsor SBA MANAGEMENT SERVICES, INC.	c EIN-PN 20-2008648-001
a	Plan name SCHAMBER ELECTRIC, INC. 401(K) PLAN	
b	Name of plan sponsor SCHAMBER ELECTRIC, INC	c EIN-PN 20-2903781-001
a	Plan name SCOTT L. WIDDISON, DMD PA 401(K) PLAN	
b	Name of plan sponsor SCOTT L. WIDDISON, DMD PA	c EIN-PN 82-0480190-001
a	Plan name SENIOR RESOURCE GROUP 401(K) RETIREMENT PLAN	
b	Name of plan sponsor SRG OPERATING, INC.	c EIN-PN 91-2160583-001
a	Plan name SENSOSCIENTIFIC, INC. 401(K) PLAN	
b	Name of plan sponsor SESNOSCIENTIFIC INC.	c EIN-PN 59-3805370-001
a	Plan name SHEA AUTOMOTIVE GROUP 401(K) PLAN	
b	Name of plan sponsor SHEA AUTOMOTIVE GROUP	c EIN-PN 83-4226217-002

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	SHEET METAL WORKERS' LOCAL 88 401(K) PLAN	
b	Name of plan sponsor	BOARD OF TRUSTEES	c EIN-PN 88-0288318-001
a	Plan name	SHERIDAN HILLS BAPTIST CHURCH 403(B) PLAN	
b	Name of plan sponsor	SHERIDAN HILLS BAPTIST CHURCH	c EIN-PN 59-1111743-001
a	Plan name	SIERRA HEALTH CARE CENTER 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	SIERRA HEALTH CARE CENTER	c EIN-PN 62-1147405-001
a	Plan name	SIMON LEVER LLC 401(K) PLAN	
b	Name of plan sponsor	SIMON LEVER LLC	c EIN-PN 23-1692578-002
a	Plan name	SIMPLY NUC, INC. 401(K) PLAN	
b	Name of plan sponsor	SIMPLY NUC, INC	c EIN-PN 81-1461387-001
a	Plan name	SLAB MASTERS RETIREMENT PLAN	
b	Name of plan sponsor	SLAB MASTERS, INC.	c EIN-PN 37-1303237-001
a	Plan name	SMITH INDUSTRIES, INC. 401(K) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor	SMITH INDUSTRIES, INC.	c EIN-PN 59-1743161-001
a	Plan name	SODASTREAM USA INC 401 K PROFIT SHARING PLAN TRUST	
b	Name of plan sponsor	SODA STREAM USA	c EIN-PN 52-2186584-001
a	Plan name	SOUNDCLOUD 401(K) PLAN	
b	Name of plan sponsor	SOUNDCLOUD, INC.	c EIN-PN 45-2038370-001
a	Plan name	SOUTH TEXAS ONCOLOGY & HEMATOLOGY, PLLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	SOUTH TEXAS ONCOLOGY & HEMATOLOGY, PLLC	c EIN-PN 74-2915297-001
a	Plan name	SOUTHERN GROUTS AND MORTARS, INC. 401(K) PLAN	
b	Name of plan sponsor	SOUTHERN GROUTS & MORTARS, INC.	c EIN-PN 59-1821674-001
a	Plan name	SOUTHERN MAIL SERVICE, INC. RETIREMENT PLAN	
b	Name of plan sponsor	SOUTHERN MAIL SERVICE, INC.	c EIN-PN 75-1482649-002

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	SOUTHLAND ELECTRIC INC. 401(K) P/S PLAN	
b	Name of plan sponsor	SOUTHLAND ELECTRIC INC.	c EIN-PN 95-3198115-001
a	Plan name	SOUTHWOODS HEALTH 401(K) PLAN	
b	Name of plan sponsor	THE SURGICAL HOSPITAL AT SOUTHWOODS, LLC	c EIN-PN 42-1562638-001
a	Plan name	SOVANA GLOBAL LOGISTICS LLC 401(K) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor	SOVANA GLOBAL LOGISTICS, LLC	c EIN-PN 20-3019542-001
a	Plan name	SPENCER AND SPENCER, P.A. EMPLOYEES PENSION TRUST PLAN	
b	Name of plan sponsor	SPENCER & SPENCER, P.A.	c EIN-PN 57-0555232-002
a	Plan name	ST. ANN'S 403(B) RETIREMENT PLAN	
b	Name of plan sponsor	ST. ANNS HOME, INC.	c EIN-PN 38-1872660-001
a	Plan name	STEAMFITTERS AND PLUMBERS LOCAL UNION 464 401(K) PLAN	
b	Name of plan sponsor	BOARD OF TRUSTEES OF THE STEAMFITTERS AND PLUMBERS LOCAL UNION 464	c EIN-PN 47-0799180-002
a	Plan name	STONEMOR RETIREMENT AND SAVINGS PLAN	
b	Name of plan sponsor	STONEMOR, INC.	c EIN-PN 80-0103152-001
a	Plan name	SUCCESS REHABILITATION, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	SUCCESS REHABILITATION, INC.	c EIN-PN 23-2590923-002
a	Plan name	SUDEKUM, CASSIDY & SHULRUFF, CHTD. PROFIT SHARING PLAN	
b	Name of plan sponsor	SUDEKUM, CASSIDY & SHULRUFF, CHARTERED	c EIN-PN 36-3866178-001
a	Plan name	SUMMIT BRANDS PRO PRODUCTS 401(K) PLAN	
b	Name of plan sponsor	SUMMIT BRANDS	c EIN-PN 35-1047383-001
a	Plan name	SUMMIT CONSTRUCTION 401(K) PLAN	
b	Name of plan sponsor	SUMMIT CONSTRUCTION	c EIN-PN 85-0239237-001
a	Plan name	SUN AUTO TIRE & SERVICE, INC. 401(K) PLAN	
b	Name of plan sponsor	SUN AUTO TIRE & SERVICE, INC.	c EIN-PN 82-3087766-001

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
a	Plan name SUPERIOR AUTO CARE GROUP 401(K) RETIREMENT PLAN	
b	Name of plan sponsor SUPERIOR AUTO CARE GROUP, INC.	c EIN-PN 54-1937430-001
a	Plan name SURRY CHEMICALS INC EMPLOYEES PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor SURRY CHEMICALS INC.	c EIN-PN 56-1170790-001
a	Plan name SURTECO NORTH AMERICA 401(K) PLAN	
b	Name of plan sponsor SURECTO NORTH AMERICA	c EIN-PN 46-5019366-001
a	Plan name SYSTEL BUSINESS EQUIPMENT CO., INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor SYSTEL BUSINESS EQUIPMENT CO., INC.	c EIN-PN 56-1313968-001
a	Plan name TAM INTERNATIONAL, INC. 401(K) PLAN	
b	Name of plan sponsor TAM INTERNATIONAL, INC.	c EIN-PN 74-1604281-002
a	Plan name TEAM TEN, LLC 401(K) PLAN	
b	Name of plan sponsor TEAM TEN, LLC	c EIN-PN 43-1973467-001
a	Plan name TECNO POULTRY SYSTEMS, LLC 401(K) PLAN	
b	Name of plan sponsor TECNO POULTRY SYSTEMS, LLC	c EIN-PN 20-5752712-001
a	Plan name TERRA MILLENNIUM CORPORATION 401(K) PLAN	
b	Name of plan sponsor TERRA MILLENNIUM CORPORATION	c EIN-PN 94-2994452-015
a	Plan name THE APPLE CREEK BANKING COMPANY RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor THE APPLE CREEK BANKING COMPANY	c EIN-PN 34-0070435-002
a	Plan name THE AUTOMATED BUILDING SYSTEMS, INC. PROFIT SHARING AND 401(K) PLAN	
b	Name of plan sponsor AUTOMATED BUILDING SYSTEMS, INC	c EIN-PN 06-1173852-002
a	Plan name THE BENECON GROUP, LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor THE BENECON GROUP, LLC	c EIN-PN 23-1315351-001
a	Plan name THE GATEWAY ENGINEERS, INC. PROFIT SHARING RETIREMENT & 401(K) PLAN	
b	Name of plan sponsor THE GATEWAY ENGINEERS, INC.	c EIN-PN 25-1006946-001

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
a	Plan name THE GRATITUDE PEP	
b	Name of plan sponsor PENTEGRA SERVICES, INC	c EIN-PN 13-3745616-007
a	Plan name THE NASON COMPANY 401(K) PLAN	
b	Name of plan sponsor THE NASON COMPANY	c EIN-PN 34-1557971-001
a	Plan name THE ROBERTS COMPANY 401(K) RETIREMENT PLAN	
b	Name of plan sponsor THE ROBERTS COMPANY	c EIN-PN 26-2311706-001
a	Plan name THE SAUL ZAENTZ COMPANY RETIREMENT PLAN	
b	Name of plan sponsor THE SAUL ZAENTZ COMPANY	c EIN-PN 36-2925899-001
a	Plan name TJ & DC INC. 401(K) PLAN	
b	Name of plan sponsor TJ & DC INC.	c EIN-PN 37-1453381-001
a	Plan name TOM FUJI, DDS, PC PROFIT SHARING PLAN	
b	Name of plan sponsor TOM FUJI, DDS, PC	c EIN-PN 23-2076122-002
a	Plan name TOUCHTUNES MUSIC COMPANY 401(K) PLAN	
b	Name of plan sponsor TOUCHTUNES MUSIC COMPANY, LLC	c EIN-PN 98-0580104-001
a	Plan name TRAX INTERNATIONAL CORPORATION SAVINGS AND RETIREMENT PLAN	
b	Name of plan sponsor TRAX INTERNATIONAL CORPORATION	c EIN-PN 85-0277228-001
a	Plan name TRI-CITY ELECTRIC COMPANY OF IOWA PROFIT SHARING 401(K) PLAN	
b	Name of plan sponsor TRI-CITY ELECTRIC COMPANY OF IOWA	c EIN-PN 42-0569050-005
a	Plan name TRI-STATE TRAILER SALES, INC. 401(K) PLAN	
b	Name of plan sponsor TRI-STATE TRAILER SALERS, INC	c EIN-PN 25-1723987-002
a	Plan name TWIN CITY BANK 401(K) PLAN	
b	Name of plan sponsor TWIN CITY BANK	c EIN-PN 91-1924167-001
a	Plan name U.S. TOOL GRINDING, INC. EMPLOYEES PROFIT SHARING PLAN	
b	Name of plan sponsor U.S. TOOL GRINDING, INC.	c EIN-PN 43-0760175-001

Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)		
<small>(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)</small>		
a	Plan name	UNISON BEHAVIORAL HEALTH 457 PLAN
b	Name of plan sponsor	CSB GROUP
c	EIN-PN	58-2107877-457
a	Plan name	UNISON BEHAVIORAL HEALTH RETIREMENT PLAN
b	Name of plan sponsor	CSB GROUP
c	EIN-PN	58-2107877-001
a	Plan name	UNITED COMMUNITY & FAMILY SERVICES, INC. 401(K) PLAN
b	Name of plan sponsor	UNITED COMMUNITY & FAMILY SERV
c	EIN-PN	06-0653142-003
a	Plan name	VALLECITOS WATER DISTRICT DEFERRED COMPENSATION PLAN
b	Name of plan sponsor	VALLECITOS WATER DISTRICT
c	EIN-PN	95-6005624-002
a	Plan name	VALLEY PRIDE AG COMPANY 401(K) PLAN
b	Name of plan sponsor	VALLEY PRIDE AG COMPANY, INC.
c	EIN-PN	46-4323784-001
a	Plan name	VBS, INC. 401(K) RETIREMENT PLAN
b	Name of plan sponsor	VBS, INC.
c	EIN-PN	42-1432674-001
a	Plan name	VCBO ARCHITECTURE, LLC 401(K) PROFIT SHARING PLAN
b	Name of plan sponsor	VCBO ARCHITECTURE, LLC
c	EIN-PN	87-0556360-001
a	Plan name	VIEWPOINT HEALTH 457 PLAN
b	Name of plan sponsor	CSB GROUP
c	EIN-PN	58-2103187-457
a	Plan name	VIEWPOINT HEALTH RETIREMENT PLAN
b	Name of plan sponsor	CSB GROUP
c	EIN-PN	58-2103187-001
a	Plan name	VIPUL PATEL M.D., P.A. 401(K) PROFIT SHARING PLAN
b	Name of plan sponsor	VIPUL PATEL, M.D., P.A.
c	EIN-PN	76-0631017-001
a	Plan name	W&L MAIL SERVICE, INC. RETIREMENT PLAN
b	Name of plan sponsor	W&L MAIL SERVICE, INC.
c	EIN-PN	26-4077437-001
a	Plan name	WADMAN CORPORATION 401(K) PROFIT SHARING PLAN
b	Name of plan sponsor	WADMAN CORPORATION
c	EIN-PN	87-0391113-001

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)		
a	Plan name WALKER AUTOMOTIVE SUPPLY, INC. EMPLOYEE SAVINGS & RETIREMENT PLAN	
b	Name of plan sponsor WALKER AUTOMOTIVE SUPPLY, INC.	c EIN-PN 56-0611127-001
a	Plan name WENGERS OF MYERSTOWN 401(K) PLAN	
b	Name of plan sponsor WENGERS OF MYERSTOWN, INC.	c EIN-PN 23-1527622-001
a	Plan name WILKINSON, WILLIAMS, BOSIO & SESSOMS, PLLC 401(K) RETIREMENT PLAN	
b	Name of plan sponsor WILKINSON, WILLIAMS, BOSIO & SESSOMS, PLLC	c EIN-PN 64-0860360-001
a	Plan name WILSON OIL, INC. 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor WILSON OIL, INC. DBA WILCOX & FLEGEL OIL COMPANY	c EIN-PN 91-0873302-002
a	Plan name WOODS SUPER MARKETS, INC.	
b	Name of plan sponsor WOODS SUPER MARKETS, INC.	c EIN-PN 43-0955307-501
a	Plan name WORMALD CORPORATION 401(K) PLAN	
b	Name of plan sponsor WORMALD CORPORATION	c EIN-PN 82-3133669-001
a	Plan name XERIMIS INC. 401(K) RETIREMENT PLAN	
b	Name of plan sponsor XERIMIS INC.	c EIN-PN 52-2159342-001
a	Plan name ZAP ENGINEERING & CONSTRUCTION SERVICES, INC. 401(K) PLAN	
b	Name of plan sponsor ZAP ENGINEERING & CONSTRUCTION SERVICES, INC.	c EIN-PN 84-1591845-001
a	Plan name	
b	Name of plan sponsor	c EIN-PN
a	Plan name	
b	Name of plan sponsor	c EIN-PN
a	Plan name	
b	Name of plan sponsor	c EIN-PN
a	Plan name	
b	Name of plan sponsor	c EIN-PN

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
A Name of plan GREAT GRAY TRUST AMERICAN FUNDS 2010 FUND	B Three-digit plan number (PN) ▶ 593
C Plan sponsor's name as shown on line 2a of Form 5500 GREAT GRAY TRUST COMPANY, LLC	D Employer Identification Number (EIN) 38-4126290

Part I	Asset and Liability Statement
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1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. **Round off amounts to the nearest dollar.** MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.

		(a) Beginning of Year	(b) End of Year
Assets			
a Total noninterest-bearing cash	1a	0	264
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	600146	630973
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)	21067728	22202782
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	21579496	23109368
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)		
(2) Employer real property.....	1d(2)		
e Buildings and other property used in plan operation.....	1e		
f Total assets (add all amounts in lines 1a through 1e).....	1f	43247370	45943387
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h	0	6964
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j	606058	629195
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	606058	636159
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	42641312	45307228

Part II Income and Expense Statement

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

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers.....	2a(1)(A)		
(B) Participants.....	2a(1)(B)		
(C) Others (including rollovers).....	2a(1)(C)		
(2) Noncash contributions.....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		0
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)		
(B) U.S. Government securities.....	2b(1)(B)		
(C) Corporate debt instruments.....	2b(1)(C)		
(D) Loans (other than to participants).....	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)		
(F) Other.....	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		0
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)		
(B) Common stock.....	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)	692938	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)		
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		381057
(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)		2295100
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		3369095

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)		
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		0
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)	2152	
(5) Investment advisory and investment management fees	2i(5)	13174	
(6) Bank or trust company trustee/custodial fees	2i(6)	13174	
(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)		28500
j Total expenses. Add all expense amounts in column (b) and enter total	2j		28500

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		3340595
l Transfers of assets:			
(1) To this plan	2l(1)		25492859
(2) From this plan	2l(2)		26167538

Part III Accountant's Opinion

3 Complete lines 3a through 3c if the opinion of an independent qualified public accountant is attached to this Form 5500. Complete line 3d if an opinion is not attached.

a The attached opinion of an independent qualified public accountant for this plan is (see instructions):

(1) Unmodified (2) Qualified (3) Disclaimer (4) Adverse

b Check the appropriate box(es) to indicate whether the IQPA performed an ERISA section 103(a)(3)(C) audit. Check both boxes (1) and (2) if the audit was performed pursuant to both 29 CFR 2520.103-8 and 29 CFR 2520.103-12(d). Check box (3) if pursuant to neither.

(1) DOL Regulation 2520.103-8 (2) DOL Regulation 2520.103-12(d) (3) neither DOL Regulation 2520.103-8 nor DOL Regulation 2520.103-12(d).

c Enter the name and EIN of the accountant (or accounting firm) below:

(1) Name:

(2) EIN:

d The opinion of an independent qualified public accountant is **not attached** as part of Schedule H because:

(1) This form is filed for a CCT, PSA, DCG or MTIA. (2) It will be attached to the next Form 5500 pursuant to 29 CFR 2520.104-50.

Part IV Compliance Questions

4 CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete lines 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete lines 4j and 4l. MTIAs also do not complete line 4l. DCGs do not complete lines 4e, 4f, 4k, 4l, and 5, and DCGs generally complete the rest of Part IV collectively for all plans in the DCG, except as otherwise provided (see instructions).

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)			
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)			
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)			
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)			
e Was this plan covered by a fidelity bond?			
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?			
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?			
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?			
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)			
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)			
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?			
l Has the plan failed to provide any benefit when due under the plan?			
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? Yes No
If "Yes," enter the amount of any plan assets that reverted to the employer this year _____.

5b If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)

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

5c Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) Yes No Not determined

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year _____.