

Form 5500

Annual Return/Report of Employee Benefit Plan

OMB Nos. 1210-0110 1210-0089

2024

This Form is Open to Public Inspection

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

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

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

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, 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, 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, E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here

Part II Basic Plan Information—enter all requested information

1a Name of plan: GREAT GRAY TRUST AMERICAN FUNDS 2015 FUND
1b Three-digit plan number (PN): 563
1c Effective date of plan
2a Plan sponsor's name (employer, if for a single-employer plan): GREAT GRAY TRUST COMPANY, LLC
2b Employer Identification Number (EIN): 38-4126259
2c Plan Sponsor's telephone number: 866-427-6885
2d Business code (see instructions)

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

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

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

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

Form 5500 (2024) v. 240311

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.	OMB No. 1210-0110 <hr/> 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 2015 FUND</u>	B Three-digit plan number (PN)	<u>563</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>38-4126259</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>32685771</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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d Entity code

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d Entity code

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d Entity code

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
a	Plan name 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&T SYSTEMS, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor A&T SYSTEMS, INC.	c EIN-PN 52-1360413-001
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 A.R. MACHINING, INC. RETIREMENT PLAN	
b	Name of plan sponsor A.R. MACHINING, INC.	c EIN-PN 41-2206781-001
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 ACCESS STRATEGIES LLC 401(K) PLAN	
b	Name of plan sponsor ACCESS STRATEGIES LLC	c EIN-PN 88-4317452-001
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

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 ADVANCED CONCRETE, INC. 401(K) PLAN	
b	Name of plan sponsor ADVANCED CONCRETE, INC.	c EIN-PN 39-1845663-001
a	Plan name ADVANCED COOLING TECHNOLOGIES, INC. 401(K) PLAN	
b	Name of plan sponsor ADVANCED COOLING TECHNOLOGIES, INC.	c EIN-PN 57-1146896-001
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
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 AEMETIS ADVANCED FUELS KEYES 401(K) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor AEMETIS ADVANCED FUELS KEYES, INC.	c EIN-PN 27-1414325-001
a	Plan name AFAAC 401(K) PLAN	
b	Name of plan sponsor AIR FORCE ACADEMY ATHLETIC CORPORATION	c EIN-PN 45-4331061-001
a	Plan name AILO LOGISTICS 401(K) PLAN	
b	Name of plan sponsor AILO LOGISTICS	c EIN-PN 95-4287933-001
a	Plan name ALAMO HOME HEALTHCARE, INC. DBA TOUCHSTONE HEALTH 401(K) PLAN	
b	Name of plan sponsor ALAMO HOME HEALTHCARE, INC. DBA TOUCHSTONE HEALTH	c EIN-PN 03-0606423-002
a	Plan name ALAN KROPP & ASSOCIATES 401(K) PLAN	
b	Name of plan sponsor ALAN KROPP & ASSOCIATES, INC.	c EIN-PN 94-3021963-002
a	Plan name ALL AMERICAN TURF BEAUTY, INC. EMPLOYEE STOCK OWNERSHIP PLAN	
b	Name of plan sponsor ALL AMERICAN TURF BEAUTY, INC	c EIN-PN 42-1052403-001
a	Plan name ALLAN TOOL AND MACHINE CO INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor ALLAN TOOL AND MACHINE CO INC.	c EIN-PN 38-1525522-001

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 ALLEGHENY SUPPLY & MAINTENANCE CO., INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor ALLEGHENY SUPPLY & MAINTENANCE CO. INC	c EIN-PN 25-1233780-001
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 EXPOSITION SERVICES 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor AMERICAN EXPOSITION SERVICES	c EIN-PN 26-0046250-001
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 ANCHOR PARTNERS 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor ANCHOR FABRICATION LLC	c EIN-PN 30-1117599-001
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 ARM GROUP ENTERPRISES 401(K) PLAN	
b	Name of plan sponsor ARM GROUP INC.	c EIN-PN 84-3909305-001
a	Plan name ARMACELL, LLC RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor ARMACELL, LLC	c EIN-PN 51-0392836-001
a	Plan name ASA NORTH TEXAS MULTIPLE EMPLOYER 401K	
b	Name of plan sponsor ASA NORTH TEXAS CHAPTER	c EIN-PN 75-1301699-001

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 ASC FIELD EMPLOYEE 401K PLAN	
b	Name of plan sponsor ALAN STONE COMPANY, INC	c EIN-PN 31-4444098-002
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 ASPIRE RURAL HEALTH SYSTEM 401(K) PLAN	
b	Name of plan sponsor ASPIRE RURAL HEALTH SYSTEM	c EIN-PN 46-5444203-001
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 ATLAS AEROSPACE, LLC 401(K) PLAN	
b	Name of plan sponsor ATLAS AEROSPACE, LLC	c EIN-PN 20-3592321-002
a	Plan name ATLAS BUTLER 401(K) PLAN	
b	Name of plan sponsor ATLAS CAPITAL SERVICES, INC.	c EIN-PN 31-1269810-001
a	Plan name AURORA RIDGE GROUP 401(K) PLAN	
b	Name of plan sponsor AURORA RIDGE GROUP	c EIN-PN 87-2322459-002
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 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)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	BEHAVIORAL HEALTH SERVICES 457 PLAN	
b	Name of plan sponsor	CSB GROUP	c EIN-PN 58-2107483-457
a	Plan name	BEHAVIORAL HEALTH SERVICES RETIREMENT PLAN	
b	Name of plan sponsor	CSB GROUP	c EIN-PN 58-2107483-001
a	Plan name	BEHRENS TOOL & DIE, INC. EMPLOYEE SAVINGS PLAN	
b	Name of plan sponsor	BEHRENS TOOL & DIE, INC.	c EIN-PN 39-1389249-001
a	Plan name	BEST BUSINESS STRATEGIES	
b	Name of plan sponsor	BEST BUSINESS STRATEGIES	c EIN-PN 73-1719093-001
a	Plan name	BLACK ELK , INC 401K PLAN	
b	Name of plan sponsor	BLACK ELK	c EIN-PN 87-3916124-001
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	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	BOWKER PINNACLE HOLDINGS 401(K) PLAN	
b	Name of plan sponsor	BOWKER PINNACLE HOLDINGS INC.	c EIN-PN 87-4177224-001
a	Plan name	BRETZ & COVEN, LLP PROFIT SHARING PLAN	
b	Name of plan sponsor	BRETZ & COVEN, LLP	c EIN-PN 13-4061173-001
a	Plan name	BROOKLYN BREWERY 401K PLAN	
b	Name of plan sponsor	BROOKLYN BREWERY CORP	c EIN-PN 11-3340913-001
a	Plan name	BULLDOG GROUP 401(K) PLAN	
b	Name of plan sponsor	HCI-BULLDOG, LLC	c EIN-PN 47-2589833-001
a	Plan name	BURGESS CONSTRUCTION CONSULTANTS, INC. 401(K) PLAN	
b	Name of plan sponsor	BURGESS CONSTRUCTION CONSULTANTS, INC.	c EIN-PN 75-2473224-001

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 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 CAMBRIDGE CONSULTANTS, INC. 401(K) PLAN	
b	Name of plan sponsor CAMBRIDGE CONSULTANTS, INC.	c EIN-PN 20-1180979-001
a	Plan name CAREY, DOUGLAS, KESSLER & RUBY, PLLC	
b	Name of plan sponsor CAREY, DOUGLAS, KESSLER & RUBY, PLLC	c EIN-PN 55-0770364-001
a	Plan name CARL F. STATZ AND SONS, INC. 401(K) SAVINGS PLAN	
b	Name of plan sponsor CARL F. STATZ AND SONS, INC.	c EIN-PN 39-6090024-001
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 CCRI 401(K) RETIREMENT PLAN	
b	Name of plan sponsor CCRI, INC.	c EIN-PN 41-1294489-001
a	Plan name CEDAR GATE TECHNOLOGIES 401(K) PLAN	
b	Name of plan sponsor CEDAR GATE TECHNOLOGIES, INC.	c EIN-PN 83-1798988-001
a	Plan name CENTRAL PLUMBING AND HEATING, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor CENTRAL PLUMBING AND HEATING, INC.	c EIN-PN 81-0285765-002
a	Plan name CHESTNUT LAND COMPANY 401 (K) PROFIT SHARING PLAN	
b	Name of plan sponsor CHESTNUT LAND COMPANY	c EIN-PN 34-1715570-001

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	CHILDREN'S WORLD LEARNING CENTER & WALTON ACADEMY 401(K) PLAN	
b	Name of plan sponsor	THE SABRE GROUP, INC.	c EIN-PN 56-1822958-001
a	Plan name	CINERGY TEXTILES, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	CINERGY TEXTILES, INC.	c EIN-PN 95-4668970-001
a	Plan name	CITY OF SPARTA RETIREMENT PLAN	
b	Name of plan sponsor	CITY OF SPARTA	c EIN-PN 58-6000667-001
a	Plan name	CLEARPOINT INTERNATIONAL GROUP 401(K) PLAN	
b	Name of plan sponsor	CLEARPOINT INTERNATIONAL GROUP, LLC	c EIN-PN 91-2111473-001
a	Plan name	CLIFFORD FUEL COMPANY, INC. EMPLOYEES' SAVINGS & PROFIT SHARING PLAN	
b	Name of plan sponsor	CLIFFORD FUEL COMPANY, INC.	c EIN-PN 15-0620960-005
a	Plan name	CLINIC 5C 401(K) PLAN	
b	Name of plan sponsor	CLINIC 5C	c EIN-PN 82-1592877-001
a	Plan name	COEUR D' ALENE BUILDERS SUPPLY, INC. 401K PLAN	
b	Name of plan sponsor	COEUR D ALENE BUILDERS SUPPLY, INC.	c EIN-PN 82-0326640-001
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	COMMUNITY FIRST SOLUTIONS 401(K) PLAN	
b	Name of plan sponsor	COMMUNITY FIRST SOLUTIONS	c EIN-PN 31-1150845-001
a	Plan name	COMMUNITY HERITAGE FINANCIAL 401(K) PLAN	
b	Name of plan sponsor	COMMUNITY HERITAGE FINANCIAL	c EIN-PN 83-1950225-001
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

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 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 CONTINENTAL FLOORING COMPANY 401(K) RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor CONTINENTAL FLOORING COMPANY	c EIN-PN 86-0369902-001
a	Plan name COVENANT COMMUNITY CARE 401(K) SPRING PLAN	
b	Name of plan sponsor COVENANT COMMUNITY CARE, INC.	c EIN-PN 38-3533998-002
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 CPM PR SAVINGS AND RETIREMENT PLAN	
b	Name of plan sponsor CPM PR, LLC	c EIN-PN 66-0532683-001
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
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 DAVIS MAIL SERVICES, INC. RETIREMENT PLAN	
b	Name of plan sponsor DAVIS MAIL SERVICES, INC.	c EIN-PN 26-2864093-001

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	DBS CORPORATION 401(K) PLAN
b	Name of plan sponsor	DBS CORPORATION
c	EIN-PN	62-1566212-001
a	Plan name	DCMP OF WESTERN PENNSYLVANIA 401(K) PLAN
b	Name of plan sponsor	DCMP OF WESTERN PENNSYLVANIA
c	EIN-PN	52-2438026-001
a	Plan name	DEALER OPERATING CONTROL SERVICE, INC. 401(K) PLAN
b	Name of plan sponsor	DEALER OPERATING CONTROL SERVICE, INC.
c	EIN-PN	95-1745764-001
a	Plan name	DECORATIVE PAINT, INC. 401(K) PLAN
b	Name of plan sponsor	DECORATIVE PAINT INC.
c	EIN-PN	27-3776137-001
a	Plan name	DENTAL HEALTH ASSOCIATES OF SYLVANIA, LTD 401(K) PLAN
b	Name of plan sponsor	DENTAL HEALTH ASSOCIATES OF SYLVANIA, LTD
c	EIN-PN	20-3042732-001
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	DIAMOND ENERGY SYSTEMS INC. SALARY SAVINGS PLAN
b	Name of plan sponsor	DIAMOND ENERGY SYSTEMS, INC.
c	EIN-PN	41-1596985-001
a	Plan name	DICK ANDERSON CONSTRUCTION, INC. PROFIT SHARING PLAN
b	Name of plan sponsor	DICK ANDERSON CONSTRUCTION
c	EIN-PN	81-0380463-001
a	Plan name	DICKMAN SUPPLY COMPANY 401(K) SAVINGS PLAN
b	Name of plan sponsor	DICKMAN SUPPLY COMPANY
c	EIN-PN	34-4466777-001
a	Plan name	DIMPLEX THERMAL SOLUTIONS RETIREMENT SAVINGS PLAN
b	Name of plan sponsor	DIMPLEX THERMAL SOLUTIONS, INC.
c	EIN-PN	95-2634230-001
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 DON R. FRUCHEY, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor DON R. FRUCHEY, INC.	c EIN-PN 35-0859100-001
a	Plan name DON RHYNE PAINTING CO. RETIREMENT PLAN	
b	Name of plan sponsor DON RHYNE PAINTING CO.	c EIN-PN 93-0956792-001
a	Plan name DOOLEY'S PETROLEUM, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor DOOLEYS PETROLEUM, INC.	c EIN-PN 41-1525242-001
a	Plan name DOUGLAS COUNTY COMMUNITY SERVICES BOARD 457 PLAN	
b	Name of plan sponsor CSB GROUP	c EIN-PN 58-2107033-457
a	Plan name DOUGLAS COUNTY COMMUNITY SERVICES RETIREMENT PLAN	
b	Name of plan sponsor CSB GROUP	c EIN-PN 58-2107033-003
a	Plan name DPJW MANAGEMENT, LLC PROFIT SHARING 401K PLAN	
b	Name of plan sponsor DPJW MANAGEMENT, LLC	c EIN-PN 27-2783153-002
a	Plan name DR. JEANNE LOMAS PLLC AND GREAT LAKES ALLERGY LLC 401(K) PLAN	
b	Name of plan sponsor DR. JEANNE LOMAS PLLC AND GREAT LAKES ALLERGY LLC	c EIN-PN 99-0386132-001
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.H.S. 401(K) PLAN	
b	Name of plan sponsor E.H. SCHWAB CO., INC.	c EIN-PN 25-0953903-001
a	Plan name E.K. FOX & ASSOCIATES, LTD. 401(K) PLAN	
b	Name of plan sponsor E.K. FOX & ASSOCIATES, LTD.	c EIN-PN 54-1137756-001
a	Plan name EICH MOTOR COMPANY, INC. 401(K) PLAN	
b	Name of plan sponsor EICH MOTOR COMPANY, INC.	c EIN-PN 41-0838247-002
a	Plan name ELCO MANUFACTURING 401(K) P/S PLAN	
b	Name of plan sponsor ELCO MANUFACTURING	c EIN-PN 83-2116385-001

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 ELLSWORTH CORPORATION 401(K) SAVINGS PLAN	
b	Name of plan sponsor ELLSWORTH CORPORATION	c EIN-PN 39-1225837-001
a	Plan name EMPLOYEE PROFIT SHARING PLAN OF THE BANK OF TESCOTT	
b	Name of plan sponsor THE BANK OF TESCOTT	c EIN-PN 48-0130470-001
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 ENERGY NORTHWEST 401(K) DEFERRED COMPENSATION PLAN	
b	Name of plan sponsor ENERGY NORTHWEST	c EIN-PN 91-6018049-001
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 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 ESTHETICA 401(K) PLAN	
b	Name of plan sponsor INSTITUTE OF ESTHETICS, INC.	c EIN-PN 02-2297901-001
a	Plan name EVERCOMMERCE SOLUTIONS, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor EVERCOMMERCE SOLUTIONS, INC.	c EIN-PN 26-2254146-001
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

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	FAMILY FORD, INC. DBA BRANDON FORD 401K PLAN	
b	Name of plan sponsor	FAMILY FORD, INC. DBA BRANDON FORD	c EIN-PN 59-3043050-001
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	FEDERAL DEFENDERS OF SAN DIEGO, INC. 401(K) PENSION PLAN	
b	Name of plan sponsor	FEDERAL DEFENDERS OF SAN DIEGO, INC.	c EIN-PN 95-2678506-001
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	FIRST SETTLEMENT PHYSICAL THERAPY 401(K) PLAN	
b	Name of plan sponsor	FIRST SETTLEMENT PHYSICAL THERAPY, INC	c EIN-PN 31-1677991-001
a	Plan name	FORCEY BIBLE CHURCH 403(B) PLAN	
b	Name of plan sponsor	FORCEY BIBLE CHURCH	c EIN-PN 53-0178404-001
a	Plan name	FORCHELLI DEEGAN TERRANA, LLP PROFIT SHARING PLAN II	
b	Name of plan sponsor	FORCHELLI DEEGAN TERRANA, LLP	c EIN-PN 11-2394890-003
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	FRANCISCO TAVARES 401(K) PLAN	
b	Name of plan sponsor	FRANCISICO TAVARES, INC.	c EIN-PN 04-2318951-001
a	Plan name	FRANKE SCHULTZ AND MULLEN PC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	FRANKE, SCHULTZ AND MULLEN, P.C.	c EIN-PN 43-3159973-001
a	Plan name	FRESCHÉ USA 401(K) PLAN	
b	Name of plan sponsor	FRESCHÉ SOLUTIONS USA CORPORATION	c EIN-PN 42-1770943-001
a	Plan name	FUNCTIONAL BUILDING SUPPLY, INC. 401(K) PLAN	
b	Name of plan sponsor	FUNCTIONAL BUILDING SUPPLY COMPANY	c EIN-PN 34-1929322-002

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	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	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	GARDNER STEEL CORP. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	GARDNER STEEL CORP	c EIN-PN 25-1004296-001
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	GEOTECH SERVICES, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	GEOTECH SERVICES, INC.	c EIN-PN 34-1633699-001
a	Plan name	GERSON, PRESTON, KLEIN, LIPS, EISENBERG & GELBER PA 401(K) PLAN	
b	Name of plan sponsor	GERSON, PRESTON, KLEIN, LIPS, EISENBERG & GELBER PA	c EIN-PN 59-1262947-002
a	Plan name	GILLIS & LANE, INC. 401(K) PLAN AND TRUST	
b	Name of plan sponsor	GILLIS & LANE INC	c EIN-PN 94-1144711-003
a	Plan name	GINNO'S APPLIANCE SYSTEMS, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	GINNOS KITCHEN & APPLIANCE SYSTEMS, INC.	c EIN-PN 68-0258550-001
a	Plan name	GOLDEN MESA CASINO 401(K) PLAN	
b	Name of plan sponsor	SHAWNEE DEVELOPMENT, LLC	c EIN-PN 74-3191737-001

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 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 GOVERNMENT ACQUISITIONS, INC. 401(K) SAV PLAN	
b	Name of plan sponsor GOVERNMENT ACQUISITIONS, INC.	c EIN-PN 31-1269379-001
a	Plan name GRACE BIBLE CHURCH 403(B) PLAN	
b	Name of plan sponsor GRACE BIBLE CHURCH 403(B)(9) RETIREMENT INCOME CHURCH PLAN	c EIN-PN 27-2343832-001
a	Plan name GRAND BLANC PROCESSING, LLC 401(K) PLAN	
b	Name of plan sponsor GRAND BLANC PROCESSING, LLC	c EIN-PN 38-3276134-001
a	Plan name GRAYCO MGT LLC 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor GRAYCO MGT LLC	c EIN-PN 27-1055848-001
a	Plan name GREEN BRICK PARTNERS, INC. 401(K) SAVINGS PLAN	
b	Name of plan sponsor GREEN BRICK PARTNERS, INC.	c EIN-PN 20-5952523-001
a	Plan name GREENE GROUP INDUSTRIES 401(K) PLAN	
b	Name of plan sponsor GREENE GROUP INDUSTRIES	c EIN-PN 20-1651857-001
a	Plan name GRIFFIS RESIDENTIAL 401(K) PLAN	
b	Name of plan sponsor GRIFFIS GROUP OF COMPANIES LLC	c EIN-PN 43-2069525-001
a	Plan name GUERRY LUMBER COMPANY 401 K PROFIT SHARING PLAN	
b	Name of plan sponsor T. H. GUERRY LUMBER COMPANY, INC.	c EIN-PN 58-0801697-001
a	Plan name HANSON GARAGE, INC. 401(K) PLAN	
b	Name of plan sponsor HANSON GARAGE, INC.	c EIN-PN 82-0250176-001
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 HEALTHCARE STRATEGIES, INC. CBU 401(K) PLAN	
b	Name of plan sponsor HEALTHCARE STRATEGIES, INC.	c EIN-PN 23-2848954-001

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	HEHIR GROUP CUSTOM BUILDERS, INC. 401(K) PLAN	
b Name of plan sponsor	HEHIR GROUP CUSTOM BUILDERS, INC.	c EIN-PN 20-1002922-001
a Plan name	HHI CORPORATION 401(K) PLAN	
b Name of plan sponsor	HHI CORPORATION	c EIN-PN 87-0287722-001
a Plan name	HIGHLAND COMMUNITY SCHOOL 401 (K) PLAN	
b Name of plan sponsor	HIGHLAND COMMUNITY SCHOOL	c EIN-PN 39-1133108-001
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	HOMESALE REALTY SERVICES GROUP, INC. 401(K) PROFIT SHARING PLAN	
b Name of plan sponsor	HOMESALE REALTY SERVICES GROUP, INC.	c EIN-PN 20-1177338-001
a Plan name	HOP, LLC 401(K) PLAN	
b Name of plan sponsor	HOP, LLC	c EIN-PN 95-4620113-001
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	HRV CONFORMANCE VERIFICATION ASSOCIATES, INC. 401(K) PROFIT SHARING PLAN	
b Name of plan sponsor	HRV CONFORMANCE VERIFICATION ASSOCIATES, INC.	c EIN-PN 05-0564731-001
a Plan name	HUFF LUMBER COMPANY 401(K) PLAN	
b Name of plan sponsor	HUFF LUMBER COMPANY	c EIN-PN 95-0853810-001
a Plan name	HYPRO, INC. 401(K) PLAN	
b Name of plan sponsor	HYPRO, INC.	c EIN-PN 39-1125858-001
a Plan name	I.B.E.W. LOCAL #490 ANNUITY PLAN	
b Name of plan sponsor	BOARD OF TRUSTEES OF THE I.B.E.W LOCAL #490 ANNUITY PLAN	c EIN-PN 02-6075267-002
a Plan name	IBEW 648 PENSION PLAN	
b Name of plan sponsor	IBEW 648 PENSION PLAN	c EIN-PN 31-6134845-001

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	IDAHO FREEZ-PAK CORP. PROFIT SHARING 401(K) PLAN	
b	Name of plan sponsor	IDAHO FREEZ-PAK CORP.	c EIN-PN 11-2939988-001
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	INSULATION PRODUCTS CORPORATION 401(K) PLAN	
b	Name of plan sponsor	INSULATION PRODUCTS CORPORATION	c EIN-PN 36-2801255-001
a	Plan name	INTEC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	INTEGRATED NETWORKING TECHNOLOGIES, LLC, D/B/A INTEC	c EIN-PN 62-1721931-001
a	Plan name	INTEGRAL BLUE, LLC	
b	Name of plan sponsor	INTEGRAL BLUE	c EIN-PN 27-2970115-502
a	Plan name	ISENSIX INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	ISENSIX INC	c EIN-PN 33-0968515-001
a	Plan name	ISS, INC. 401(K) PLAN	
b	Name of plan sponsor	INTEGRATED SECURITY SOLUTIONS, INC.	c EIN-PN 20-0640573-001
a	Plan name	J&J MATERIAL HANDLING SYSTEMS 401(K) PLAN	
b	Name of plan sponsor	J & J MATERIAL HANDLING SYSTEMS, INC.	c EIN-PN 83-2411635-001
a	Plan name	J.D. CONSULTING PENSION PLAN	
b	Name of plan sponsor	J.D. CONSULTING, LLC DBA DONALDSON TRADITIONAL	c EIN-PN 11-3355596-001
a	Plan name	J.T. WIMSATT CONTRACTING CO., INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	JT WIMSATT CONTRACTING CO., INC	c EIN-PN 95-4557672-002
a	Plan name	JACK DEMMER FORD, INC. 401(K) PLAN JACK DEMMER FORD, INC.	
b	Name of plan sponsor	JACK DEMMER FORD, INC.	c EIN-PN 38-1559015-001
a	Plan name	JEFFERSON SOUTHERN 401(K) PLAN	
b	Name of plan sponsor	JEFFERSON SOUTHERN CORP	c EIN-PN 31-1722250-001

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	JENAVALVE TECHNOLOGY, INC. 401(K) PLAN	
b	Name of plan sponsor	JENAVALVE	c EIN-PN 26-0718945-001
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
a	Plan name	JVA MOBILITY, INC. 401(K) PLAN	
b	Name of plan sponsor	JVA MOBILITY, INC.	c EIN-PN 20-0138745-001
a	Plan name	KAH CARE 401(K) PLAN	
b	Name of plan sponsor	KAH CARE, LLC	c EIN-PN 46-4414176-001
a	Plan name	KARVID PARTNERS II 401(K) PLAN	
b	Name of plan sponsor	KARVID PARTNERS II LLC	c EIN-PN 83-3436581-001
a	Plan name	KBC EMPLOYEE RETIREMENT PLAN	
b	Name of plan sponsor	KBC NURSING AGENCY, INC.	c EIN-PN 52-2287709-001
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	KINETIC CARE GROUP 401(K) PLAN	
b	Name of plan sponsor	BACCI & GLINN PHYSICAL THERAPY, INC.	c EIN-PN 77-0571468-001
a	Plan name	KISSIMMEE OSCEOLA CHAMBER OF COMMERCE 401(K) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor	KISSIMMEE OSCEOLA CHAMBER OF COMMERCE	c EIN-PN 59-0319865-001
a	Plan name	KNIGHTS CALABASAS 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor	KNIGHT CALABASA	c EIN-PN 20-1082619-001
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

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	LAMBZANKEL, LLP 401(K) PLAN	
b Name of plan sponsor	LAMBZANKEL, LLP	c EIN-PN 41-2060301-001
a Plan name	LANE DERMATOLOGY & DERMATOLOGIC SURGERY 401(K) PLAN	
b Name of plan sponsor	LANE DERMATOLOGY &	c EIN-PN 20-8201015-001
a Plan name	LARKSFIELD PLACE 401(K) PLAN	
b Name of plan sponsor	LARKSFIELD PLACE RETIREMENT COMMUNITIES, INC.	c EIN-PN 48-0987497-008
a Plan name	LEADING SOLUTIONS LLC 401(K) PROFIT SHARING PLAN AND TRUST	
b Name of plan sponsor	LEADING SOLUTIONS LLC	c EIN-PN 26-0188418-001
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	LES OLSON COMPANY, INC. PROFIT SHARING PLAN	
b Name of plan sponsor	LES OLSON COMPANY, INC.	c EIN-PN 87-0324153-002
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	LOCUST STREET PERIODONTICS IMPLANT DENTISTRY, LLC PROFIT SHARING PLAN	
b Name of plan sponsor	LOCUST STREET PERIODONTICS IMPLANT DENTISTRY, LLC	c EIN-PN 20-5145207-001
a Plan name	LUMBER DEALERS SUPPLY, INC. PROFIT SHARING AND 401(K) PLAN	
b Name of plan sponsor	LUMBER DEALERS SUPPLY, INC.	c EIN-PN 82-0203521-001
a Plan name	MAIN STREET REAL ESTATE ADVISORS RETIREMENT PLAN	
b Name of plan sponsor	MAIN STREET REAL ESTATE ADVISORS	c EIN-PN 73-1700592-001
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

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 MAPLE GROVE COMPANIES 401(K) PLAN	
b	Name of plan sponsor M&B ASPHALT CO., INC	c EIN-PN 34-4471771-002
a	Plan name MARK MARTIN MOTORS 401(K) PLAN	
b	Name of plan sponsor NORTH STAR LOGISTICS DBA MARK MARTIN MOTORS	c EIN-PN 26-1719544-001
a	Plan name MARKL SUPPLY COMPANY, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor MARKL SUPPLY COMPANY, INC.	c EIN-PN 25-1599656-001
a	Plan name MCCARTER ELECTRICAL COMPANY 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor MCCARTER ELECTRICAL COMPANY	c EIN-PN 56-0729356-001
a	Plan name MCHENRY SMALL ENGINE INC 401(K) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor MCHENRY SMALL ENGINE INC	c EIN-PN 52-2102938-001
a	Plan name MCKEAN'S FLOOR COVERINGS & COUNTER TOPS, INC. RETIREMENT PLAN	
b	Name of plan sponsor MCKEANS FLOOR TO CEILING	c EIN-PN 47-0494041-001
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

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 METRO ACCOUNTING AND PROFESSIONAL - AWACS 401(K) PLAN	
b	Name of plan sponsor METRO ACCOUNTING AND PROFESSIONAL SERVICES, LLC	c EIN-PN 81-1857022-002
a	Plan name METRO ACCOUNTING AND PROFESSIONAL 401(K) PLAN	
b	Name of plan sponsor METRO ACCOUNTING AND PROFESSIONAL SERVICES, LLC	c EIN-PN 81-1857022-001
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 MICHAEL MORRIS & SON TRUCKING, INC. 401(K) PLAN	
b	Name of plan sponsor MICHAEL MORRIS & SON TRUCKING, INC.	c EIN-PN 86-1139725-001
a	Plan name MIDDLE FLINT AREA CSB 457(B) PLAN	
b	Name of plan sponsor CSB GROUP	c EIN-PN 58-2111079-457
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 MIRANDA CONSTRUCTION LLC 401(K) PLAN	
b	Name of plan sponsor MIRANDA CONSTRUCTION, LLC	c EIN-PN 81-1195345-001
a	Plan name MOBILE MEDICAL RESPONSE, INCORPORATED 401(K) PLAN	
b	Name of plan sponsor MOBILE MEDICAL RESPONSE, INCORPORATED	c EIN-PN 38-3198397-002
a	Plan name MOMENTUM TRANSPORTATION, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor MOMENTUM TRANSPORTATION, INC.	c EIN-PN 59-3743337-001
a	Plan name MOORE & ASSOCIATES, INC. 401(K) RETIREMENT PLAN	
b	Name of plan sponsor MOORE & ASSOCIATES, INC.	c EIN-PN 52-1604575-001
a	Plan name MORGAN ASPHALT INC. 401(K) RETIREMENT PLAN	
b	Name of plan sponsor MORGAN ASPHALT, INC.	c EIN-PN 87-0556185-001
a	Plan name MOULDAGRAPH CORPORATION 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor MOULDAGRAPH CORPORATION	c EIN-PN 55-0328078-001

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 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 MUESING MANAGEMENT COMPANY, INC. 401(K) PLAN	
b	Name of plan sponsor MUESING MANAGEMENT COMPANY, INC.	c EIN-PN 35-1902975-001
a	Plan name MULTI-SOUTH MANAGEMENT SERVICES, LLC 401(K) PLAN	
b	Name of plan sponsor MULTI-SOUTH MANAGEMENT SERVICES, LLC	c EIN-PN 62-1872616-001
a	Plan name MUSCATELL SAVINGS AND RETIREMENT 401(K) PLAN	
b	Name of plan sponsor WARD MUSCATELL AUTOMOTIVE GROUP, INC.	c EIN-PN 41-1701221-001
a	Plan name MX TECHNOLOGIES, INC. 401(K) PLAN	
b	Name of plan sponsor MX TECHNOLOGIES, INC.	c EIN-PN 27-2207054-001
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 NATIONAL SIGN 401(K) PLAN	
b	Name of plan sponsor NATIONAL SIGN CORPORATION	c EIN-PN 91-0721247-001
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 NETWORK TWENTYONE INTERNATIONAL, INC. 401(K) SAVINGS PLAN	
b	Name of plan sponsor NETWORK TWENTYONE INTERNATIONAL, INC.	c EIN-PN 88-0159904-002
a	Plan name NEVADA READY MIX CORP	
b	Name of plan sponsor NEVADA READY MIX CORP.	c EIN-PN 33-0321512-001
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 NIECE TRUCKING, INC. 401(K) PLAN	
b	Name of plan sponsor NIECE TRUCKING, INC.	c EIN-PN 42-1429152-001

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	<small>(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)</small>	
a	Plan name NORTH BRANCH CONSTRUCTION, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor NORTH BRANCH CONSTRUCTION, INC.	c EIN-PN 02-0243469-001
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 NT LAKIS, LLP SECTION 401K PROFIT SHARING PLAN	
b	Name of plan sponsor NT LAKIS, LLP	c EIN-PN 52-1236342-001
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 O BEE CREDIT UNION 401(K) PLAN	
b	Name of plan sponsor O BEE CREDIT UNION	c EIN-PN 91-0639210-002
a	Plan name OBRICH BOTANICAL SOCIETY RETIREMENT PLAN	
b	Name of plan sponsor OLBRICH BOTANICAL SOCIETY	c EIN-PN 39-1357247-001
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 OEC GRAPHICS, INC. RETIREMENT PLAN	
b	Name of plan sponsor OEC GRAPHICS, INC.	c EIN-PN 39-1300300-002
a	Plan name OHIO STAR FORGE COMPANY RETIREMENT PLAN FOR SALARIED EMPLOYEES	
b	Name of plan sponsor OHIO STAR FORGE COMPANY	c EIN-PN 34-1599642-002
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

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 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 P & S AND RELATED ENTITIES 401(K) PLAN	
b	Name of plan sponsor P & S INVESTMENT COMPANY, INC.	c EIN-PN 39-1372431-002
a	Plan name PACIFIC COAST HOME FURNISHINGS, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor PACIFIC COAST HOME FURNISHINGS, INC.	c EIN-PN 95-4196428-001
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 PALA GROUP LLC SAVINGS PLAN AND TRUST	
b	Name of plan sponsor PALA GROUP INC.	c EIN-PN 72-0932277-001
a	Plan name PALMYRA BOWL/SINKHOLE SALOON 401(K) PLAN	
b	Name of plan sponsor SUE-N-DOUG, INC.	c EIN-PN 25-1740333-001
a	Plan name PARKER CONCRETE, INC. RETIREMENT PLAN	
b	Name of plan sponsor PARKER CONCRETE, INC.	c EIN-PN 93-0913858-001
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 PEAK FINANCIAL PARTNERS, INC. 401(K) PLAN	
b	Name of plan sponsor PEAK FINANCIAL PARTNERS, INC.	c EIN-PN 95-4836537-001
a	Plan name PENNSYLVANIA FUNERAL DIRECTORS ASSOCIATION 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor PENNSYLVANIA FUNERAL DIRECTORS ASSOCIATION	c EIN-PN 23-0607055-334
a	Plan name PHB, INC. EMPLOYEES PROFIT SHARING PLAN	
b	Name of plan sponsor PHB, INC.	c EIN-PN 25-1490822-001
a	Plan name PHOENIX SOLUTIONS CO. 401(K) PLAN	
b	Name of plan sponsor FLUIDYNE ENGINEERING CORP. DBA PHOENIX SOLUTIONS CO.	c EIN-PN 41-0724317-003

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 PILLAR RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor APPLE PATCH COMMUNITY, INC. (DBA PILLAR)	c EIN-PN 61-1159539-001
a	Plan name PIPELINE STRATEGIES & INTEGRITY, LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor PSI, LLC DBA PIPELINE STRATEGIES AND INTEGRITY, LLC	c EIN-PN 84-1602840-001
a	Plan name PISTOL CREEK DEVELOPMENT CORP., INC 401(K) PLAN	
b	Name of plan sponsor PISTOL CREEK DEVELOPMENT CORP., INC	c EIN-PN 91-1068818-001
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 PORTER KIAKONA KOPPER, LLP 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor PORTER KIAKONA KOPPER, LLP	c EIN-PN 99-0210947-001
a	Plan name POWERS BUSINESS MACHINES, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor POWERS BUSINESS MACHINES, INC.	c EIN-PN 54-0950405-001
a	Plan name PROCESS AND STORAGE SOLUTIONS RETIREMENT PLAN	
b	Name of plan sponsor PROCESS AND STORAGE SOLUTIONS	c EIN-PN 20-4087551-001
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
a	Plan name PROFESSIONAL PLACEMENT SERVICES, LLC 401K PROFIT SHARING PLAN	
b	Name of plan sponsor PROFESSIONAL PLACEMENT SERVICES, LLC	c EIN-PN 55-0792332-001

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 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 R & G EXCAVATING RETIREMENT PLAN	
b	Name of plan sponsor R & G EXCAVATING, INC.	c EIN-PN 93-0954235-001
a	Plan name R & R MILLWORKS, INC. RETIREMENT PLAN	
b	Name of plan sponsor R & R MILLWORK, INC.	c EIN-PN 75-2678575-001
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 R.L. CRAIG, INC 401(K) RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor R.L. CRAIG, INC.	c EIN-PN 34-1748391-001
a	Plan name RAMONA REHAB 401(K) PLAN	
b	Name of plan sponsor RAMONA REHABILITATION AND POST ACUTE CARE, INC.	c EIN-PN 33-0643195-001
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 REEBIE STORAGE & MOVING CO., INC. 401(K) PLAN	
b	Name of plan sponsor REEBIE STORAGE & MOVING CO., INC.	c EIN-PN 36-1671764-001
a	Plan name REHAB EMPLOYEE SERVICES 401(K) PLAN	
b	Name of plan sponsor REHAB EMPLOYEE SERVICES LLC	c EIN-PN 26-1209748-001
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 RETIREMINT PEP	
b	Name of plan sponsor THE FINWAY GROUP, LLC	c EIN-PN 42-1468222-012

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 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 ROCK SOLID TECHNOLOGIES, INC. RETIREMENT PLAN FOR EMPLOYEES OF ROCK SOLID	
b	Name of plan sponsor ROCK SOLID TECHNOLOGIES, INC.	c EIN-PN 66-0548938-001
a	Plan name ROHRERS QUARRY, INC. PROFIT SHARING PLAN	
b	Name of plan sponsor ROHRERS QUARRY, INC.	c EIN-PN 23-1605869-002
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 ROUSE CONSULTING, LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor ROUSE CONSULTING, LLC	c EIN-PN 27-3466055-001
a	Plan name RRA HOLDCO RETIREMENT PLAN	
b	Name of plan sponsor ROOFED RIGHT AMERICA LLC	c EIN-PN 93-3752713-002
a	Plan name RSCI RETIREMENT PLAN.	
b	Name of plan sponsor RSCI, INC.	c EIN-PN 82-0421355-001
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 SCHREINER & WESKAMP, LLC 401(K) PLAN	
b	Name of plan sponsor SCHREINER, WESKAMP & SCHMERGE LLC	c EIN-PN 20-2874955-001
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 SEV-REND CORPORATION 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor SEV-REND CORPORATION	c EIN-PN 43-1786523-001

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 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 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 SIRI WIRE 401(K) RETIREMENT PLAN	
b	Name of plan sponsor HITCHCOCK ENTERPRISES, LLC DBA, SIRI WIRE	c EIN-PN 81-3880373-001
a	Plan name SJOBERG'S, INC. 401(K) PLAN	
b	Name of plan sponsor SJOBERGS, INC.	c EIN-PN 41-1444794-002
a	Plan name SKI SUNDOWN INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor SKI SUNDOWN, INC.	c EIN-PN 06-0856709-001
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 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 AUTO RET. PLAN	
b	Name of plan sponsor SOUTHERN AUTO	c EIN-PN 06-0705740-001
a	Plan name SOUTHERN CONTROLS, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor SOUTHERN CONTROLS, INC.	c EIN-PN 63-0681781-001
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 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 SPECIALTY PRODUCTS RESOURCES INC. 401(K) P/S PLAN	
b	Name of plan sponsor SPECIALTY PRODUCTS RESOURCES 401K	c EIN-PN 74-3071816-001
a	Plan name SPINCO METAL PRODUCTS INC 401(K) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor SPINCO METAL PRODUCTS INC	c EIN-PN 16-1289375-001
a	Plan name SPORTSMANS CONCRETE 401(K) PLAN	
b	Name of plan sponsor SPORTSMANS CONCRETE, INC.	c EIN-PN 27-0465572-001
a	Plan name SPRING MEADOW RESOURCES, INC. 401(K) PLAN	
b	Name of plan sponsor SPRING MEADOW RESOURCES	c EIN-PN 81-0352330-002
a	Plan name SSG HOSPITALITY CORP. 401 (K) PLAN	
b	Name of plan sponsor SSG HOSPITALITY CORP.	c EIN-PN 04-3571954-001
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 STAR PARK 401(K) PLAN	
b	Name of plan sponsor STAR PARK LLC	c EIN-PN 93-0553955-001
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

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	SUN AUTO TIRE & SERVICE, INC. 401(K) PLAN	
b	Name of plan sponsor	SUN AUTO TIRE & SERVICE, INC.	c EIN-PN 82-3087766-001
a	Plan name	SURGICAL EYE ASSOCIATES OF DELAWARE, LLC 401(K) PLAN	
b	Name of plan sponsor	SURGICAL EYE ASSOCIATES OF DELAWARE, LLC	c EIN-PN 46-1610722-001
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	T.J. SNOW COMPANY, INC. 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor	T.J. SNOW COMPANY, INC.	c EIN-PN 62-0728055-001
a	Plan name	TASCO SECURITY 401(K) PLAN	
b	Name of plan sponsor	TASCO SECURITY, INC.	c EIN-PN 02-0462127-001
a	Plan name	TAYLOR POSTAL CONTRACTING, INC. 401(K) PLAN	
b	Name of plan sponsor	TAYLOR POSTAL CONTRACTING, INC.	c EIN-PN 38-2839510-001
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 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 EARTH GENOME 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	THE EARTH GENOME	c EIN-PN 47-2935807-001
a	Plan name	THE GRATITUDE PEP	
b	Name of plan sponsor	PENTEGRA SERVICES, INC	c EIN-PN 13-3745616-007
a	Plan name	THE LEWER AGENCY 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	THE LEWER AGENCY 401(K) PROFIT SHARING PLAN	c EIN-PN 44-0666212-001

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 NASON COMPANY 401(K) PLAN	
b	Name of plan sponsor	THE NASON COMPANY	c EIN-PN 34-1557971-001
a	Plan name	THE PILOT, LLC 401(K) EMPLOYEE RETIREMENT PLAN	
b	Name of plan sponsor	THE PILOT, LLC	c EIN-PN 56-1977890-001
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 WITHAM FAMILY, LLC 401(K) PLAN	
b	Name of plan sponsor	THE WITHAM FAMILY LLC	c EIN-PN 83-3254849-001
a	Plan name	THERMAL MANAGEMENT TECHNOLOGIES, LLC 401(K) PLAN	
b	Name of plan sponsor	THERMAL MANAGEMENT TECHNOLOGIES, LLC	c EIN-PN 26-2943521-001
a	Plan name	THORNHILL AUTOMOTIVE GROUP 401(K) PLAN	
b	Name of plan sponsor	THORNHILL AUTOMOTIVE GROUP	c EIN-PN 55-0382031-001
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	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)		
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)		
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	US CHITA CO., LTD 401(K) PLAN	
b Name of plan sponsor	US CHITA CO., LTD	c EIN-PN 47-0923497-001
a Plan name	USA WATER 401(K) PLAN	
b Name of plan sponsor	USA WATER, LLC	c EIN-PN 85-2959665-001
a Plan name	VANGUARD 401(K) PLAN	
b Name of plan sponsor	VANGUARD VACUUM TRUCKS, LLC	c EIN-PN 72-0881738-001
a Plan name	VANGUARD IDENTIFICATION SYSTEMS, INC. 401(K) PLAN	
b Name of plan sponsor	VANGUARD IDENTIFICATION SYSTEMS, INC.	c EIN-PN 23-2851464-001
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	VGSC SAVINGS PLAN	
b Name of plan sponsor	VISITGREENVILLESC	c EIN-PN 57-0777611-001
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	VIGEN CONSTRUCTION, INC. RETIREMENT & 401(K) PLAN	
b Name of plan sponsor	VIGEN CONSTRUCTION, INC.	c EIN-PN 41-0946854-001

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 <u>W&L MAIL SERVICE, INC. RETIREMENT PLAN</u>	
b	Name of plan sponsor <u>W&L MAIL SERVICE, INC.</u>	c EIN-PN <u>26-4077437-001</u>
a	Plan name <u>W.K.W. CONSTRUCTION, LLC 401(K) PROFIT SHARING PLAN</u>	
b	Name of plan sponsor <u>WKW CONSTRUCTION, LLC</u>	c EIN-PN <u>54-1921743-001</u>
a	Plan name <u>WADENA STATE BANK PROFIT SHARING PLAN</u>	
b	Name of plan sponsor <u>WADENA STATE BANK</u>	c EIN-PN <u>41-0596160-001</u>
a	Plan name <u>WALKER AUTOMOTIVE SUPPLY, INC. EMPLOYEE SAVINGS & RETIREMENT PLAN</u>	
b	Name of plan sponsor <u>WALKER AUTOMOTIVE SUPPLY, INC.</u>	c EIN-PN <u>56-0611127-001</u>
a	Plan name <u>WALL 2 WALL 401K PROFIT SHARING PLAN & TRUST</u>	
b	Name of plan sponsor <u>TOWN & COUNTRY FLOORING CO., INC.</u>	c EIN-PN <u>82-0432936-001</u>
a	Plan name <u>WATSON & MACHADO, LLP 401(K) PROFIT SHARING PLAN & TRUST</u>	
b	Name of plan sponsor <u>WATSON & MACHADO, LLP</u>	c EIN-PN <u>94-1176937-002</u>
a	Plan name <u>WEISGRAM METAL FAB, INC. 401(K) PLAN</u>	
b	Name of plan sponsor <u>WEISGRAM METAL FAB, INC.</u>	c EIN-PN <u>45-0426106-001</u>
a	Plan name <u>WELD TOOLING CORPORATION SAVINGS AND RETIREMENT PLAN</u>	
b	Name of plan sponsor <u>WELD TOOLING CORPORATION</u>	c EIN-PN <u>25-0938384-003</u>
a	Plan name <u>WENGERS OF MYERSTOWN 401(K) PLAN</u>	
b	Name of plan sponsor <u>WENGERS OF MYERSTOWN, INC.</u>	c EIN-PN <u>23-1527622-001</u>
a	Plan name <u>WESTMINSTER COMPANY RETIREMENT SAVINGS PLAN</u>	
b	Name of plan sponsor <u>WESTMINSTER COMPANY</u>	c EIN-PN <u>56-0086520-001</u>
a	Plan name <u>WHITMAN HOMES, INC. 401(K) RETIREMENT PLAN</u>	
b	Name of plan sponsor <u>WHITMAN HOMES, INC.</u>	c EIN-PN <u>04-3193150-001</u>
a	Plan name <u>WILKINSON, WILLIAMS, BOSIO & SESSOMS, PLLC 401(K) RETIREMENT PLAN</u>	
b	Name of plan sponsor <u>WILKINSON, WILLIAMS, BOSIO & SESSOMS, PLLC</u>	c EIN-PN <u>64-0860360-001</u>

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	WILKS BROTHERS, LLC 401(K) PLAN WILKS BROTHERS, LLC	
b	Name of plan sponsor	WILKS BROTHERS, LLC	c EIN-PN 45-2388948-001
a	Plan name	WILLIAM J. WHITE EDUCATIONAL & BEHAVIORAL CONSULTING SERVICES, INC 401(K) PLAN	
b	Name of plan sponsor	WILLIAM J. WHITE EDUCATIONAL & BEHAVIORAL CONSULTING SERVICES, INC.	c EIN-PN 02-0495095-002
a	Plan name	WINEGAR INC 401K PROFIT SHARING PLAN	
b	Name of plan sponsor	WINEGAR INC	c EIN-PN 41-1348098-001
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	ZAINO HALL & FARRIN LLC 401(K) PLAN & TRUST	
b	Name of plan sponsor	ZAINO HALL & FARRIN LLC	c EIN-PN 46-1589630-001
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	ZEROVA TECHNOLOGIES USA 401(K) PLAN	
b	Name of plan sponsor	ZEROVA TECHNOLOGIES USA LLC	c EIN-PN 88-3208101-001
a	Plan name	ZUMBRO VALLEY HEALTH CENTER 401(K) SAVINGS PLAN	
b	Name of plan sponsor	ZUMBRO VALLEY HEALTH CENTER	c EIN-PN 41-6052022-002
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.	OMB No. 1210-0110 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 2015 FUND	B Three-digit plan number (PN) ▶ 563
C Plan sponsor's name as shown on line 2a of Form 5500 GREAT GRAY TRUST COMPANY, LLC	D Employer Identification Number (EIN) 38-4126259

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
a Total noninterest-bearing cash	1a	0	548
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	1443261	811053
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)	26981449	32685771
(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)	31673876	39009823
(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	60098586	72507195
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h	0	11647
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j	1441963	795468
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	1441963	807115
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	58656623	71700080

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)	1086997	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		1086997
(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)		190935
(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)		3871987
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		5149919

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)	3219	
(5) Investment advisory and investment management fees	2i(5)	19709	
(6) Bank or trust company trustee/custodial fees	2i(6)	19708	
(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)		42636
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		42636

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		5107283
l Transfers of assets:			
(1) To this plan.....	2l(1)		37232918
(2) From this plan	2l(2)		29296744

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 _____.