

<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: x-small;">This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).</p> <p style="text-align: center;">▶ 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; text-align: center;">2024</p> <hr/> <p style="text-align: center;">This Form is Open to Public Inspection</p>
---	---	---

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) P

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>PRUDENTIAL DAY ONE 2030 FUND</u></p>	<p>1b Three-digit plan number (PN) ▶ <u>681</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>EMPOWER ANNUITY INSURANCE COMPANY</u></p> <p><u>8525 E. ORCHARD RD., 9T3</u> <u>GREENWOOD VILLAGE, CO 80111</u></p> <p><u>280 TRUMBULL ST.</u> <u>HARTFORD, CT 06103</u></p>	<p>1c Effective date of plan</p> <hr/> <p>2b Employer Identification Number (EIN) <u>06-1050034</u></p> <p>2c Plan Sponsor's telephone number <u>800-338-4015</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>09/29/2025</u>	<u>MICHAEL LEWIS</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
--	--

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)
---	--

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) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration	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 <hr/> This Form is Open to Public Inspection.
---	--	--

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

A Name of plan <u>PRUDENTIAL DAY ONE 2030 FUND</u>	B Three-digit plan number (PN) ▶	<u>681</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>EMPOWER ANNUITY INSURANCE COMPANY</u>	D Employer Identification Number (EIN) <u>06-1050034</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)
---------------	--

a Name of MTIA, CCT, PSA, or 103-12 IE: <u>PRU ENHANCED TIPS INDEX FUND - 5TE</u>				
b Name of sponsor of entity listed in (a): <u>EMPOWER ANNUITY INSURANCE COMPANY</u>				
c EIN-PN <u>06-1050034-675</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	<u>0</u>	
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>DRYDEN EMERGING MARKETS FUND SAEMG</u>				
b Name of sponsor of entity listed in (a): <u>EMPOWER ANNUITY INSURANCE COMPANY</u>				
c EIN-PN <u>06-1050034-030</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	<u>0</u>	
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>JENNISON SMALL CAP CORE EQUITY SB3</u>				
b Name of sponsor of entity listed in (a): <u>EMPOWER ANNUITY INSURANCE COMPANY</u>				
c EIN-PN <u>06-1050034-718</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	<u>0</u>	
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>PGIM QUANT MID CAP CORE EQUITY FUND</u>				
b Name of sponsor of entity listed in (a): <u>EMPOWER ANNUITY INSURANCE COMPANY</u>				
c EIN-PN <u>06-1050034-538</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	<u>0</u>	
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>PGIM QUANT SOL COMM STR FD</u>				
b Name of sponsor of entity listed in (a): <u>EMPOWER ANNUITY INSURANCE COMPANY</u>				
c EIN-PN <u>06-1050034-777</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	<u>0</u>	
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>PRUDENTIAL RETIREMENT REAL ESTATE</u>				
b Name of sponsor of entity listed in (a): <u>EMPOWER ANNUITY INSURANCE COMPANY</u>				
c EIN-PN <u>06-1050034-001</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	<u>0</u>	
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>PRUDENTIAL SHORTTERM BOND FUND</u>				
b Name of sponsor of entity listed in (a): <u>EMPOWER ANNUITY INSURANCE COMPANY</u>				
c EIN-PN <u>06-1050034-041</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	<u>0</u>	

a Name of MTIA, CCT, PSA, or 103-12 IE: CORE BOND ENHANCED INDEX PGIM FUND

b Name of sponsor of entity listed in (a): EMPOWER ANNUITY INSURANCE COMPANY

c EIN-PN 06-1050034-036	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	0
--------------------------------	------------------------	---	---

a Name of MTIA, CCT, PSA, or 103-12 IE: PGIM QUANT SOL US BRD MKT IDX

b Name of sponsor of entity listed in (a): EMPOWER ANNUITY INSURANCE COMPANY

c EIN-PN 06-1050034-671	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	0
--------------------------------	------------------------	---	---

a Name of MTIA, CCT, PSA, or 103-12 IE: PGIM QUANT INTL DEVELOPED INDEX FND

b Name of sponsor of entity listed in (a): EMPOWER ANNUITY INSURANCE COMPANY

c EIN-PN 06-1050034-791	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	0
--------------------------------	------------------------	---	---

a Name of MTIA, CCT, PSA, or 103-12 IE: PRU TOTAL RETURN BOND ISP

b Name of sponsor of entity listed in (a): EMPOWER ANNUITY INSURANCE COMPANY

c EIN-PN 06-1050034-814	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	0
--------------------------------	------------------------	---	---

a Name of MTIA, CCT, PSA, or 103-12 IE: PRU ENHANCED TIPS INDEX FUND - 5TE

b Name of sponsor of entity listed in (a): EMPOWER ANNUITY INSURANCE COMPANY

c EIN-PN 06-1050034-675	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	0
--------------------------------	------------------------	---	---

a Name of MTIA, CCT, PSA, or 103-12 IE: PGIM QUANT LARGE CAP CORE EQ FUND

b Name of sponsor of entity listed in (a): EMPOWER ANNUITY INSURANCE COMPANY

c EIN-PN 06-1050034-536	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	0
--------------------------------	------------------------	---	---

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)	
-----------------	----------------------	---	--

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 HOUSING AND FINANCE ASSOCIATION 457(B) RETIREMENT PLAN	
b	Name of plan sponsor IDAHO HOUSING AND FINANCE ASSOCIATION 457(B) RETIREMENT PLAN	c EIN-PN 82-0302333-001
a	Plan name INDULOR AMERICA, LP 401(K) PLAN	
b	Name of plan sponsor INDULOR AMERICA, LP 401(K) PLAN	c EIN-PN 27-0150783-001
a	Plan name BECK, GOGOLSKI AND CO., INC. 401(K) PLAN	
b	Name of plan sponsor BECK, GOGOLSKI AND CO., INC. 401(K) PLAN	c EIN-PN 26-3397779-001
a	Plan name FAIRFIELD MANAGEMENT SERVICES, INC. 401(K) PLAN	
b	Name of plan sponsor FAIRFIELD MANAGEMENT SERVICES, INC. 401(K) PLAN	c EIN-PN 54-2098518-001
a	Plan name HUNTER METAL INDUSTRIES 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor HUNTER METAL INDUSTRIES 401(K) PROFIT SHARING PLAN	c EIN-PN 11-1672724-001
a	Plan name TUFIN SOFTWARE NORTH AMERICA, INC. 401(K) PLAN	
b	Name of plan sponsor TUFIN SOFTWARE NORTH AMERICA, INC. 401(K) PLAN	c EIN-PN 26-2112841-001
a	Plan name OMNILERT LLC 401(K) PROFIT SHARING PLAN TRUST	
b	Name of plan sponsor OMNILERT LLC 401(K) PROFIT SHARING PLAN TRUST	c EIN-PN 73-1719570-001
a	Plan name WHITLOCK CANTER LLC 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor WHITLOCK CANTER LLC 401(K) PROFIT SHARING PLAN AND TRUST	c EIN-PN 45-4029238-001
a	Plan name BRAND NU LABORATORIES, INC. PROFIT SHARING PLAN	
b	Name of plan sponsor BRAND NU LABORATORIES, INC. PROFIT SHARING PLAN	c EIN-PN 06-0702672-001
a	Plan name EVS, INC. 401(K) RETIREMENT PLAN	
b	Name of plan sponsor EVS, INC. 401(K) RETIREMENT PLAN	c EIN-PN 23-2858394-001
a	Plan name HOLLAND CHRISTIAN HOME ASSOCIATION 403(B) RETIREMENT PLAN	
b	Name of plan sponsor HOLLAND CHRISTIAN HOME ASSOCIATION 403(B) RETIREMENT PLAN	c EIN-PN 22-1529791-001
a	Plan name WELLINKS 401(K) PLAN	
b	Name of plan sponsor WELLINKS 401(K) PLAN	c EIN-PN 90-1254182-001

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 STOREFRONT LENDERS 401(K) PLAN	
b	Name of plan sponsor STOREFRONT LENDERS 401(K) PLAN	c EIN-PN 45-4022835-001
a	Plan name BUCKEYE HOME HEALTH CARE 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor BUCKEYE HOME HEALTH CARE 401(K) PROFIT SHARING PLAN AND TRUST	c EIN-PN 27-0800878-001
a	Plan name EXHIBITUS, INC. 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor EXHIBITUS, INC. 401(K) PROFIT SHARING PLAN AND TRUST	c EIN-PN 26-1101415-001
a	Plan name THE LANDL RETIREMENT PLAN	
b	Name of plan sponsor THE LANDL RETIREMENT PLAN	c EIN-PN 46-3071539-001
a	Plan name NAVSYS CORPORATION	
b	Name of plan sponsor NAVSYS CORPORATION	c EIN-PN 84-1093326-001
a	Plan name FELLOWSHIP HOMES 401K	
b	Name of plan sponsor FELLOWSHIP HOMES 401K	c EIN-PN 20-8032690-001
a	Plan name FOUNDATION SOURCE 401(K) PLAN	
b	Name of plan sponsor FOUNDATION SOURCE 401(K) PLAN	c EIN-PN 51-0398347-001
a	Plan name MONUMENT ROW 401(K) PLAN	
b	Name of plan sponsor MONUMENT ROW 401(K) PLAN	c EIN-PN 83-1525252-001
a	Plan name JOHN ORTHODONTICS, INC. 401(K) PLAN	
b	Name of plan sponsor JOHN ORTHODONTICS, INC. 401(K) PLAN	c EIN-PN 45-3446575-001
a	Plan name FLORIDA FINANCIAL AND INSURANCE AGENCY 401K AND PS PLAN	
b	Name of plan sponsor FLORIDA FINANCIAL AND INSURANCE AGENCY 401K AND PS PLAN	c EIN-PN 88-3203788-001
a	Plan name DIRECT EDGE MEDIA, INC. 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor DIRECT EDGE MEDIA, INC. 401(K) PROFIT SHARING PLAN AND TRUST	c EIN-PN 20-1296975-001
a	Plan name SK SIGNET AMERICA INC. 401(K) RETIREMENT PLAN AND TRUST	
b	Name of plan sponsor SK SIGNET AMERICA INC. 401(K) RETIREMENT PLAN AND TRUST	c EIN-PN 85-0863488-001

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	RELIABLE HOME IMPROVEMENT 401(K) PROFIT SHARING	
b	Name of plan sponsor	RELIABLE HOME IMPROVEMENT 401(K) PROFIT SHARING	c EIN-PN 46-4543174-001
a	Plan name	SPUD SOFTWARE 401(K) PLAN	
b	Name of plan sponsor	SPUD SOFTWARE 401(K) PLAN	c EIN-PN 38-3344039-001
a	Plan name	BENN, HARO AND ISAACS PLLC 401(K) PLAN	
b	Name of plan sponsor	BENN, HARO AND ISAACS PLLC 401(K) PLAN	c EIN-PN 46-5297321-001
a	Plan name	LANCIANO AND ASSOCIATES, L.L.C. 401(K) PLAN	
b	Name of plan sponsor	LANCIANO AND ASSOCIATES, L.L.C. 401(K) PLAN	c EIN-PN 20-1486975-001
a	Plan name	UP THAI 401(K) PLAN	
b	Name of plan sponsor	UP THAI 401(K) PLAN	c EIN-PN 82-2885382-001
a	Plan name	AMMO INC. 401(K) PLAN	
b	Name of plan sponsor	AMMO INC. 401(K) PLAN	c EIN-PN 30-0957912-001
a	Plan name	CMC OF PA, PC 401K AND PROFIT SHARING PLAN	
b	Name of plan sponsor	CMC OF PA, PC 401K AND PROFIT SHARING PLAN	c EIN-PN 88-2999888-001
a	Plan name	FAROPOINT HC LLC 401(K) PLAN	
b	Name of plan sponsor	FAROPOINT HC LLC 401(K) PLAN	c EIN-PN 93-3992631-001
a	Plan name	P AND M REIS TRUCKING, INC. PROFIT SHARING RETIREMENT PLAN	
b	Name of plan sponsor	P AND M REIS TRUCKING, INC. PROFIT SHARING RETIREMENT PLAN	c EIN-PN 04-2693761-001
a	Plan name	W.G. HAMIL, LLC RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	W.G. HAMIL, LLC RETIREMENT SAVINGS PLAN	c EIN-PN 26-1244691-001
a	Plan name	GROSCH IRRIGATION CO., INC. 401(K) PLAN	
b	Name of plan sponsor	GROSCH IRRIGATION CO., INC. 401(K) PLAN	c EIN-PN 47-0431105-001
a	Plan name	PECK AND TUNESKI, P.C. COMPARABILITY 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor	PECK AND TUNESKI, P.C. COMPARABILITY 401(K) PROFIT SHARING PLAN AND TR	c EIN-PN 06-1095138-001

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 EXECUTIVE MENTAL HEALTH PROFIT SHARING 401(K) PLAN	
b	Name of plan sponsor EXECUTIVE MENTAL HEALTH PROFIT SHARING 401(K) PLAN	c EIN-PN 95-4797181-001
a	Plan name PYRAMID HEALTHCARE, INC. 401(K) RETIREMENT PLAN	
b	Name of plan sponsor PYRAMID HEALTHCARE, INC. 401(K) RETIREMENT PLAN	c EIN-PN 23-3006202-001
a	Plan name HOBAN'S PLUMBING AND HEATING 401(K) PLAN	
b	Name of plan sponsor HOBANS PLUMBING AND HEATING 401(K) PLAN	c EIN-PN 26-3951299-001
a	Plan name NEW ROAD CM 401(K) PLAN	
b	Name of plan sponsor NEW ROAD CM 401(K) PLAN	c EIN-PN 22-2319966-001
a	Plan name FOOT HEALTHCARE ASSOCIATES PC 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor FOOT HEALTHCARE ASSOCIATES PC 401(K) PROFIT SHARING PLAN AND TRUST	c EIN-PN 38-2777871-001
a	Plan name PRIME LINE COMMUNICATIONS 401(K) PLAN	
b	Name of plan sponsor PRIME LINE COMMUNICATIONS 401(K) PLAN	c EIN-PN 57-0903582-001
a	Plan name INSPIRE ENERGY HOLDINGS 401(K) RETIREMENT PLAN	
b	Name of plan sponsor INSPIRE ENERGY HOLDINGS 401(K) RETIREMENT PLAN	c EIN-PN 46-2729472-001
a	Plan name ALLEGRO INTERNATIONAL SERVICE INC. RETIREMENT PLAN	
b	Name of plan sponsor ALLEGRO INTERNATIONAL SERVICE INC. RETIREMENT PLAN	c EIN-PN 95-4332711-001
a	Plan name ARCTIC BLAST OF GRAND FORKS, INC. RETIREMENT PLAN	
b	Name of plan sponsor ARCTIC BLAST OF GRAND FORKS, INC. RETIREMENT PLAN	c EIN-PN 91-1849515-001
a	Plan name HERA SOLUTIONS 401(K) PLAN	
b	Name of plan sponsor HERA SOLUTIONS 401(K) PLAN	c EIN-PN 85-2001515-001
a	Plan name BROOKS AND ASSOCIATES, CPAS, INC.	
b	Name of plan sponsor BROOKS AND ASSOCIATES, CPAS, INC.	c EIN-PN 82-3915786-001
a	Plan name NETWORK TECHNOLOGY SOLUTIONS, L.L.C. RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor NETWORK TECHNOLOGY SOLUTIONS, L.L.C. RETIREMENT SAVINGS PLAN	c EIN-PN 58-2439531-001

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 SHREWSBURY PEDIATRIC DENTISTRY LLC 401K	
b	Name of plan sponsor SHREWSBURY PEDIATRIC DENTISTRY LLC 401K	c EIN-PN 46-0897425-001
a	Plan name MAD HATTER SERVICES	
b	Name of plan sponsor MAD HATTER SERVICES	c EIN-PN 58-2215931-001
a	Plan name MINDTOOLS LLC 401(K) PLAN	
b	Name of plan sponsor MINDTOOLS LLC 401(K) PLAN	c EIN-PN 92-3631816-001
a	Plan name ATLAS PRESSED METALS RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor ATLAS PRESSED METALS RETIREMENT SAVINGS PLAN	c EIN-PN 25-1372569-001
a	Plan name THE WADSWORTH COMPANY 401(K) PLAN	
b	Name of plan sponsor THE WADSWORTH COMPANY 401(K) PLAN	c EIN-PN 26-3934570-001
a	Plan name SAFETIVA LABS 401(K) PLAN	
b	Name of plan sponsor SAFETIVA LABS 401(K) PLAN	c EIN-PN 85-2250327-001
a	Plan name WILCOX TREE EXPERTS, LLC 401(K) PLAN	
b	Name of plan sponsor WILCOX TREE EXPERTS, LLC 401(K) PLAN	c EIN-PN 20-1382148-001
a	Plan name THOMASVILLE ORTHOPEDIC CENTER, P.C. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor THOMASVILLE ORTHOPEDIC CENTER, P.C. 401(K) PROFIT SHARING PLAN	c EIN-PN 58-1967194-001
a	Plan name GUARANTY ESCROW, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor GUARANTY ESCROW, INC. 401(K) PROFIT SHARING PLAN	c EIN-PN 20-1402320-001
a	Plan name KIDS FIRST PEDIATRIC DENTISTRY, P.C. SAFE HARBOR 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor KIDS FIRST PEDIATRIC DENTISTRY, P.C. SAFE HARBOR 401(K) PROFIT SHARING	c EIN-PN 26-2846825-001
a	Plan name KENNEDY JOHNSON SCHWAB AND ROBERGE, P.C. RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor KENNEDY JOHNSON SCHWAB AND ROBERGE, P.C. RETIREMENT SAVINGS PLAN	c EIN-PN 06-1250924-001
a	Plan name JAMUL INDIAN VILLAGE DEVELOPMENT CORPORATION 401(K) RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor JAMUL INDIAN VILLAGE DEVELOPMENT CORPORATION 401(K) RETIREMENT SAVINGS	c EIN-PN 47-5387551-001

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 IPG AUTOMOTIVE USA, INC. 401(K) PLAN	
b	Name of plan sponsor IPG AUTOMOTIVE USA, INC. 401(K) PLAN	c EIN-PN 36-4813731-001
a	Plan name EWELL CONSTRUCTION, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor EWELL CONSTRUCTION, INC. 401(K) PROFIT SHARING PLAN	c EIN-PN 95-3986841-001
a	Plan name TCS ACQUISITIONS LLC 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor TCS ACQUISITIONS LLC 401(K) PROFIT SHARING PLAN AND TRUST	c EIN-PN 82-2687946-001
a	Plan name BRICK HOUSE CONSULTING AND INVESTING, INC 401(K) PLAN	
b	Name of plan sponsor BRICK HOUSE CONSULTING AND INVESTING, INC 401(K) PLAN	c EIN-PN 93-3856235-001
a	Plan name PRIME HOME HEALTH AND COMPANION CARE, INC. 401(K) PLAN	
b	Name of plan sponsor PRIME HOME HEALTH AND COMPANION CARE, INC. 401(K) PLAN	c EIN-PN 47-4710008-001
a	Plan name SEGUE HEALTH MANAGEMENT CORP 401(K) PLAN	
b	Name of plan sponsor SEGUE HEALTH MANAGEMENT CORP 401(K) PLAN	c EIN-PN 37-1870580-001
a	Plan name CARDIOLOGY CONSULTANTS OF SOUTH GA, P.C. 401(K) PLAN	
b	Name of plan sponsor CARDIOLOGY CONSULTANTS OF SOUTH GA, P.C. 401(K) PLAN	c EIN-PN 55-0815377-001
a	Plan name NORTH ATLANTIC TRADERS, LTD 401(K) PLAN	
b	Name of plan sponsor NORTH ATLANTIC TRADERS, LTD 401(K) PLAN	c EIN-PN 04-3235764-001
a	Plan name BRYER ENTERPRISES, INC. 401(K) PLAN	
b	Name of plan sponsor BRYER ENTERPRISES, INC. 401(K) PLAN	c EIN-PN 04-2593260-001
a	Plan name MAYSER USA, INC. 401(K) SALARY SAVINGS PLAN AND TRUST	
b	Name of plan sponsor MAYSER USA, INC. 401(K) SALARY SAVINGS PLAN AND TRUST	c EIN-PN 26-3237361-001
a	Plan name LIFELENS TECHNOLOGIES, INC. 401(K) PLAN	
b	Name of plan sponsor LIFELENS TECHNOLOGIES, INC. 401(K) PLAN	c EIN-PN 47-4416879-001
a	Plan name PBS LEARNING INSTITUTE INC. DBA CENTER FOR IMPROVING YOUTH JUSTICE 401(K) PLAN	
b	Name of plan sponsor PBS LEARNING INSTITUTE INC. DBA CENTER FOR IMPROVING YOUTH JUSTICE 401	c EIN-PN 35-2226280-001

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	UNIFIED DEFENSE HOLDINGS, LLC 401(K) PLAN	
b	Name of plan sponsor	UNIFIED DEFENSE HOLDINGS, LLC 401(K) PLAN	c EIN-PN 88-2296782-001
a	Plan name	WALTER, BERLINGO AND CO. 401(K) PLAN	
b	Name of plan sponsor	WALTER, BERLINGO AND CO. 401(K) PLAN	c EIN-PN 06-0947821-001
a	Plan name	EMH PSYCHIATRY, INC 401(K) PLAN	
b	Name of plan sponsor	EMH PSYCHIATRY, INC 401(K) PLAN	c EIN-PN 87-0885943-001
a	Plan name	NORTHWEST SUPPORTED LIVING, INC. 401(K) PLAN	
b	Name of plan sponsor	NORTHWEST SUPPORTED LIVING, INC. 401(K) PLAN	c EIN-PN 84-5100896-001
a	Plan name	WICHITA COUNTRY CLUB 401(K) PLAN	
b	Name of plan sponsor	WICHITA COUNTRY CLUB 401(K) PLAN	c EIN-PN 48-0477370-001
a	Plan name	MOUNTAIN VALLEY LIVESTOCK, INC.	
b	Name of plan sponsor	MOUNTAIN VALLEY LIVESTOCK, INC.	c EIN-PN 83-0220671-001
a	Plan name	TRYCO INC. 401(K) PLAN	
b	Name of plan sponsor	TRYCO INC. 401(K) PLAN	c EIN-PN 54-1416179-001
a	Plan name	RS TEST PROD PLAN 5/14	
b	Name of plan sponsor	RS TEST PROD PLAN 5/14	c EIN-PN 91-0927987-001
a	Plan name	READY SELECT STARTUP CO 5.16 MIMU	
b	Name of plan sponsor	READY SELECT STARTUP CO 5.16 MIMU	c EIN-PN 38-1617113-001
a	Plan name	READY SELECT TX 5.20 MIMU TRANSFER	
b	Name of plan sponsor	READY SELECT TX 5.20 MIMU TRANSFER	c EIN-PN 20-3238380-001
a	Plan name	RS PROD 6/5 WITH SAP	
b	Name of plan sponsor	RS PROD 6/5 WITH SAP	c EIN-PN 20-6714741-001
a	Plan name	SAVANNAH BEE COMPANY, INC 401K PLAN	
b	Name of plan sponsor	SAVANNAH BEE COMPANY, INC 401K PLAN	c EIN-PN 01-0665652-001

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	READY SELECT 6.9 PROD TEST MIMU TRANSFER	
b	Name of plan sponsor	READY SELECT 6.9 PROD TEST MIMU TRANSFER	c EIN-PN 27-1238088-001
a	Plan name	RS PROD TEST SAP NY	
b	Name of plan sponsor	RS PROD TEST SAP NY	c EIN-PN 31-0996865-001
a	Plan name	ACME FIREWORKS, LLC SAMPLE PLAN	
b	Name of plan sponsor	ACME FIREWORKS, LLC SAMPLE PLAN	c EIN-PN 99-9990010-001
a	Plan name	SAMPLE SAVINGS PLUS	
b	Name of plan sponsor	SAMPLE SAVINGS PLUS	c EIN-PN 99-8990012-001
a	Plan name	WHITEHARDT 401(K) PLAN	
b	Name of plan sponsor	WHITEHARDT 401(K) PLAN	c EIN-PN 02-0631016-001
a	Plan name	LIVERPOOL 401K	
b	Name of plan sponsor	LIVERPOOL 401K	c EIN-PN 83-8383838-001
a	Plan name	RS PROD 7/21 2	
b	Name of plan sponsor	RS PROD 7/21 2	c EIN-PN 23-0000001-001
a	Plan name	RS PRODUCTION TEST 7/24	
b	Name of plan sponsor	RS PRODUCTION TEST 7/24	c EIN-PN 99-9898988-001
a	Plan name	RS PLAN PROD TEST 8/18	
b	Name of plan sponsor	RS PLAN PROD TEST 8/18	c EIN-PN 99-9876886-001
a	Plan name	RS PROD PLAN 9/11 2	
b	Name of plan sponsor	RS PROD PLAN 9/11 2	c EIN-PN 99-9874848-001
a	Plan name	EZCORP, INC. 401(K) PLAN AND TRUST	
b	Name of plan sponsor	EZCORP, INC. 401(K) PLAN AND TRUST	c EIN-PN 74-2540145-001
a	Plan name	CP KELCO 401(K) RETIREMENT SAVINGS PLAN.	
b	Name of plan sponsor	CP KELCO 401(K) RETIREMENT SAVINGS PLAN.	c EIN-PN 51-0400757-001

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	GENTHERM RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	GENTHERM RETIREMENT SAVINGS PLAN	c EIN-PN 95-4318554-001
a	Plan name	MICROPAC INDUSTRIES, INC. EMPLOYEES' PROFIT SHARING PLAN	
b	Name of plan sponsor	MICROPAC INDUSTRIES, INC. EMPLOYEES PROFIT SHARING PLAN	c EIN-PN 75-1225149-001
a	Plan name	THE AKRON PORCELAIN AND PLASTICS CO. MONEYPURCHASE PENSION PLAN	
b	Name of plan sponsor	THE AKRON PORCELAIN AND PLASTICS CO. MONEYPURCHASE PENSION PLAN	c EIN-PN 34-0058570-001
a	Plan name	ELIZABETH CARBIDE DIE CO INC	
b	Name of plan sponsor	ELIZABETH CARBIDE DIE CO INC	c EIN-PN 25-1011428-001
a	Plan name	THE CLAMPITT COMPANIES, LLC PROFIT SHARING/401(K) PLAN	
b	Name of plan sponsor	THE CLAMPITT COMPANIES, LLC PROFIT SHARING/401(K) PLAN	c EIN-PN 75-0834975-001
a	Plan name	FLAT ROCK METAL, INC. 401(K) RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	FLAT ROCK METAL, INC. 401(K) RETIREMENT SAVINGS PLAN	c EIN-PN 38-2372307-001
a	Plan name	METERS INDUSTRIES, INC.	
b	Name of plan sponsor	METERS INDUSTRIES, INC.	c EIN-PN 52-1242561-001
a	Plan name	GEORGE E DELALLO COMPANY INC	
b	Name of plan sponsor	GEORGE E DELALLO COMPANY INC	c EIN-PN 25-1127339-001
a	Plan name	MSSNY/ESMSEF 401(K) PLAN	
b	Name of plan sponsor	MSSNY/ESMSEF 401(K) PLAN	c EIN-PN 13-1030760-001
a	Plan name	CREATIVE FOAM 401(K) PLAN	
b	Name of plan sponsor	CREATIVE FOAM 401(K) PLAN	c EIN-PN 38-1905349-001
a	Plan name	I.U.O.E. LOCAL 825 PROFIT SHARING PLAN	
b	Name of plan sponsor	I.U.O.E. LOCAL 825 PROFIT SHARING PLAN	c EIN-PN 22-2507282-001
a	Plan name	U.A. LOCAL 322	
b	Name of plan sponsor	U.A. LOCAL 322	c EIN-PN 22-2708962-001

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	AMERICAN INCORPORATED 401(K) PLAN	
b	Name of plan sponsor	AMERICAN INCORPORATED 401(K) PLAN	c EIN-PN 94-2233668-001
a	Plan name	SHEET METAL WORKERS ANNUITY FUND OF LOCAL UNION 19	
b	Name of plan sponsor	SHEET METAL WORKERS ANNUITY FUND OF LOCAL UNION 19	c EIN-PN 23-2245696-001
a	Plan name	MOBILE LIFE SUPPORT SERVICES, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	MOBILE LIFE SUPPORT SERVICES, INC. 401(K) PROFIT SHARING PLAN	c EIN-PN 14-1627069-001
a	Plan name	EIGHTH DISTRICT ELECTRICAL PENSION FUND ANNUITY PLAN	
b	Name of plan sponsor	EIGHTH DISTRICT ELECTRICAL PENSION FUND ANNUITY PLAN	c EIN-PN 84-6100393-001
a	Plan name	ASBESTOS WORKERS LOCAL 24	
b	Name of plan sponsor	ASBESTOS WORKERS LOCAL 24	c EIN-PN 52-6117923-001
a	Plan name	UNIVERSAL BEARINGS LLC PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor	UNIVERSAL BEARINGS LLC PROFIT SHARING PLAN AND TRUST	c EIN-PN 26-0762205-001
a	Plan name	THE BRIGANTINE 401(K) PLAN	
b	Name of plan sponsor	THE BRIGANTINE 401(K) PLAN	c EIN-PN 94-2212278-001
a	Plan name	J E M AMERICA RETIREMENT PLAN	
b	Name of plan sponsor	J E M AMERICA RETIREMENT PLAN	c EIN-PN 94-3048725-001
a	Plan name	UA LOCAL 190 DEFINED CONTRIBUTION PLAN	
b	Name of plan sponsor	UA LOCAL 190 DEFINED CONTRIBUTION PLAN	c EIN-PN 38-3316535-001
a	Plan name	AKWESASNE MOHAWK CASINO 401(K) PLAN	
b	Name of plan sponsor	AKWESASNE MOHAWK CASINO 401(K) PLAN	c EIN-PN 16-1558843-001
a	Plan name	PLUMBERS AND STEAMFITTERS LOCAL 60 401(K) PLAN	
b	Name of plan sponsor	PLUMBERS AND STEAMFITTERS LOCAL 60 401(K) PLAN	c EIN-PN 72-1504171-001
a	Plan name	BHA/WES 401(K) PLAN	
b	Name of plan sponsor	BHA/WES 401(K) PLAN	c EIN-PN 47-4473515-001

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 PLUMBERS AND STEAMFITTERS UNION LOCAL NO.10 INDIVIDUAL ACCT PLAN	
b	Name of plan sponsor PLUMBERS AND STEAMFITTERS UNION LOCAL NO.10 INDIVIDUAL ACCT PLAN	c EIN-PN 54-1739199-001
a	Plan name TOUCHSTONE COMMUNITIES 401(K) PLAN	
b	Name of plan sponsor TOUCHSTONE COMMUNITIES 401(K) PLAN	c EIN-PN 90-0282359-001
a	Plan name EF JOHNSON COMPANY 401K PROFIT SHARING PLAN	
b	Name of plan sponsor EF JOHNSON COMPANY 401K PROFIT SHARING PLAN	c EIN-PN 41-0736849-001
a	Plan name MERIDIAN ADHESIVES GROUP RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor MERIDIAN ADHESIVES GROUP RETIREMENT SAVINGS PLAN	c EIN-PN 83-0572533-001
a	Plan name SOUTHWEST CARPENTERS ANNUITY FUND	
b	Name of plan sponsor SOUTHWEST CARPENTERS ANNUITY FUND	c EIN-PN 31-1809923-001
a	Plan name PLASTERERS' LOCAL 8 ANNUITY PLAN	
b	Name of plan sponsor PLASTERERS LOCAL 8 ANNUITY PLAN	c EIN-PN 23-6929739-001
a	Plan name UNDERBERG AND KESSLER LLP SALARY REDUCTION PROFITSHARING PLAN	
b	Name of plan sponsor UNDERBERG AND KESSLER LLP SALARY REDUCTION PROFITSHARING PLAN	c EIN-PN 16-0869081-001
a	Plan name ARROW PNEUMATICS, INC. PROFIT SHARING PLAN	
b	Name of plan sponsor ARROW PNEUMATICS, INC. PROFIT SHARING PLAN	c EIN-PN 36-2123891-001
a	Plan name ARROW PNEUMATICS INC PROFIT SHARING PLAN	
b	Name of plan sponsor ARROW PNEUMATICS INC PROFIT SHARING PLAN	c EIN-PN 36-2123891-001
a	Plan name PVM FAMILY MANAGEMENT, LLC 401K PLAN	
b	Name of plan sponsor PVM FAMILY MANAGEMENT, LLC 401K PLAN	c EIN-PN 92-2767787-001
a	Plan name EAST TENNESSEE PATHOLOGY, PLLC 401(K) PLAN	
b	Name of plan sponsor EAST TENNESSEE PATHOLOGY, PLLC 401(K) PLAN	c EIN-PN 45-2235203-001
a	Plan name BRECKA WELLNESS LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor BRECKA WELLNESS LLC 401(K) PROFIT SHARING PLAN	c EIN-PN 93-1371306-001

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	PETER ROSENSTEIN, DMD 401(K) PLAN	
b	Name of plan sponsor	PETER ROSENSTEIN, DMD 401(K) PLAN	c EIN-PN 27-3828144-001
a	Plan name	NEEL, ROBINSON AND STAFFORD, LLC 401(K) PLAN	
b	Name of plan sponsor	NEEL, ROBINSON AND STAFFORD, LLC 401(K) PLAN	c EIN-PN 58-2377359-001
a	Plan name	GOIDEL LAW GROUP PLLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	GOIDEL LAW GROUP PLLC 401(K) PROFIT SHARING PLAN	c EIN-PN 45-3690725-001
a	Plan name	CUDJOE SALES PROFIT SHARING PLAN	
b	Name of plan sponsor	CUDJOE SALES PROFIT SHARING PLAN	c EIN-PN 65-0899731-001
a	Plan name	AG SOURCING LLC	
b	Name of plan sponsor	AG SOURCING LLC	c EIN-PN 82-4637853-001
a	Plan name	HARBORFIELDS ELECTRICAL CONTRACTING, INC. 401(K) PLAN	
b	Name of plan sponsor	HARBORFIELDS ELECTRICAL CONTRACTING, INC. 401(K) PLAN	c EIN-PN 75-3130962-001
a	Plan name	PARADIGM PARACHUTE AND DEFENSE 401(K) PLAN	
b	Name of plan sponsor	PARADIGM PARACHUTE AND DEFENSE 401(K) PLAN	c EIN-PN 84-2756399-001
a	Plan name	LAMB PLASTIC SURGERY CENTER, PC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	LAMB PLASTIC SURGERY CENTER, PC 401(K) PROFIT SHARING PLAN	c EIN-PN 45-0335533-001
a	Plan name	HIPOWER SOLAR, LLC 401(K) PLAN	
b	Name of plan sponsor	HIPOWER SOLAR, LLC 401(K) PLAN	c EIN-PN 27-2359242-001
a	Plan name	MOUNTAIN PODIATRY, LTD. 401(K) P/S PLAN	
b	Name of plan sponsor	MOUNTAIN PODIATRY, LTD. 401(K) P/S PLAN	c EIN-PN 88-0475400-001
a	Plan name	LA S BEST 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor	LA S BEST 401(K) PROFIT SHARING PLAN AND TRUST	c EIN-PN 95-4311058-001
a	Plan name	GO ROOF TUNE UP INC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	GO ROOF TUNE UP INC 401(K) PROFIT SHARING PLAN	c EIN-PN 26-3736572-001

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 BELLIS STEEL COMPANY, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor BELLIS STEEL COMPANY, INC. 401(K) PROFIT SHARING PLAN	c EIN-PN 95-3853572-001
a	Plan name CROSSROADS APPRAISAL GROUP, INC. 401(K) PLAN	
b	Name of plan sponsor CROSSROADS APPRAISAL GROUP, INC. 401(K) PLAN	c EIN-PN 47-4010369-001
a	Plan name DIAMOND MECHANICAL 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor DIAMOND MECHANICAL 401(K) PROFIT SHARING PLAN	c EIN-PN 93-4874283-001
a	Plan name APRC INC 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor APRC INC 401(K) PROFIT SHARING PLAN AND TRUST	c EIN-PN 45-4708946-001
a	Plan name E2 VALUE, INC. 401(K) PROFIT SHARING	
b	Name of plan sponsor E2 VALUE, INC. 401(K) PROFIT SHARING	c EIN-PN 22-3734823-001
a	Plan name INFORMED MORTGAGE LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor INFORMED MORTGAGE LLC 401(K) PROFIT SHARING PLAN	c EIN-PN 93-2775691-001
a	Plan name KNUCKLEHEAD RETIREMENT	
b	Name of plan sponsor KNUCKLEHEAD RETIREMENT	c EIN-PN 74-3059934-001
a	Plan name AVENA PSYCHOLOGICAL SERVICES PLLC 401(K) PSP	
b	Name of plan sponsor AVENA PSYCHOLOGICAL SERVICES PLLC 401(K) PSP	c EIN-PN 86-2710540-001
a	Plan name DOUGLAS INTERNAL MEDICINE P.C. RETIREMENT PLAN	
b	Name of plan sponsor DOUGLAS INTERNAL MEDICINE P.C. RETIREMENT PLAN	c EIN-PN 58-2211582-001
a	Plan name R2P INNOVATIONS, LLC 401(K) PLAN	
b	Name of plan sponsor R2P INNOVATIONS, LLC 401(K) PLAN	c EIN-PN 81-3078993-001
a	Plan name COMMUNITY HOUSING MANAGEMENT CORPORATION 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor COMMUNITY HOUSING MANAGEMENT CORPORATION 401(K) PROFIT SHARING PLAN	c EIN-PN 13-3913285-001
a	Plan name BRIAN CLINIC, LLP 401(K) PLAN	
b	Name of plan sponsor BRIAN CLINIC, LLP 401(K) PLAN	c EIN-PN 72-0477182-001

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	WESTERN INDUSTRIAL RESOURCES CORP RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	WESTERN INDUSTRIAL RESOURCES CORP RETIREMENT SAVINGS PLAN	c EIN-PN 86-1007205-001
a	Plan name	AMPLIFYNOW 401(K) PLAN	
b	Name of plan sponsor	AMPLIFYNOW 401(K) PLAN	c EIN-PN 61-1928960-001
a	Plan name	SAINT FRANCIS CROMO, INC. RETIREMENT PLAN	
b	Name of plan sponsor	SAINT FRANCIS CROMO, INC. RETIREMENT PLAN	c EIN-PN 82-3388094-001
a	Plan name	MR. ROOTER 401(K) PLAN	
b	Name of plan sponsor	MR. ROOTER 401(K) PLAN	c EIN-PN 20-1910560-001
a	Plan name	RUSSELL FABRICATION 401(K) RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	RUSSELL FABRICATION 401(K) RETIREMENT SAVINGS PLAN	c EIN-PN 77-0512908-001
a	Plan name	KITZ, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	KITZ, INC. 401(K) PROFIT SHARING PLAN	c EIN-PN 81-4866327-001
a	Plan name	EYAS GROUP 401(K) PLAN	
b	Name of plan sponsor	EYAS GROUP 401(K) PLAN	c EIN-PN 86-3128348-001
a	Plan name	COLUMBIA INSURANCE 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	COLUMBIA INSURANCE 401(K) PROFIT SHARING PLAN	c EIN-PN 04-2456114-001
a	Plan name	MEXAM INC PR SHR PLAN	
b	Name of plan sponsor	MEXAM INC PR SHR PLAN	c EIN-PN 01-0579462-001
a	Plan name	DILANCHIAN CHIROPRACTIC CORPORATION 401(K) PLAN	
b	Name of plan sponsor	DILANCHIAN CHIROPRACTIC CORPORATION 401(K) PLAN	c EIN-PN 95-4860912-001
a	Plan name	DUBOIS DERMATOLOGY AND COSMETICS, LLC 401(K) PLAN	
b	Name of plan sponsor	DUBOIS DERMATOLOGY AND COSMETICS, LLC 401(K) PLAN	c EIN-PN 47-2569791-001
a	Plan name	WESTERN STATES COLLEGE OF CONSTRUCTION 401(K) PLAN	
b	Name of plan sponsor	WESTERN STATES COLLEGE OF CONSTRUCTION 401(K) PLAN	c EIN-PN 85-0695313-001

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	RS PROD TEST 9/25 TEST TEST	
b	Name of plan sponsor	RS PROD TEST 9/25 TEST TEST	c EIN-PN 99-9797876-001
a	Plan name	FMS BANK EMPLOYEE STOCK OWNERSHIP AND 401(K) PLAN	
b	Name of plan sponsor	FMS BANK EMPLOYEE STOCK OWNERSHIP AND 401(K) PLAN	c EIN-PN 84-0882445-001
a	Plan name	HOME BASE COLLABORATIVE COUNSELING 401(K) PS PLAN	
b	Name of plan sponsor	HOME BASE COLLABORATIVE COUNSELING 401(K) PS PLAN	c EIN-PN 45-4788473-001
a	Plan name	MOSS CONSTRUCTION COMPANY 401(K) PLAN	
b	Name of plan sponsor	MOSS CONSTRUCTION COMPANY 401(K) PLAN	c EIN-PN 54-2021239-001
a	Plan name	MORRISON'S AUTORITE 401(K) PLAN	
b	Name of plan sponsor	MORRISON'S AUTORITE 401(K) PLAN	c EIN-PN 04-2732365-001
a	Plan name	A PARENT MEDIA CO. USA INC. 401(K) PLAN	
b	Name of plan sponsor	A PARENT MEDIA CO. USA INC. 401(K) PLAN	c EIN-PN 37-1992263-001
a	Plan name	RS PROD TEST 10/16 1125	
b	Name of plan sponsor	RS PROD TEST 10/16 1125	c EIN-PN 45-2599999-001
a	Plan name	THRIFT STORE CITY EMPLOYEE RETIREMENT PLAN	
b	Name of plan sponsor	THRIFT STORE CITY EMPLOYEE RETIREMENT PLAN	c EIN-PN 54-1645207-001
a	Plan name	ORGANIC OLIVIA LLC 401(K) PLAN	
b	Name of plan sponsor	ORGANIC OLIVIA LLC 401(K) PLAN	c EIN-PN 46-5768437-001
a	Plan name	DR. BARRETT PLASTIC SURGERY, PC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	DR. BARRETT PLASTIC SURGERY, PC 401(K) PROFIT SHARING PLAN	c EIN-PN 47-1365338-001
a	Plan name	HAWAII HIGH SCHOOL ATHLETIC ASSOCIATION 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	HAWAII HIGH SCHOOL ATHLETIC ASSOCIATION 401(K) PROFIT SHARING PLAN	c EIN-PN 99-0330769-001
a	Plan name	BLITSTEIN, YOUNG AND BLINDER, APC 401(K) AND PROFIT SHARING PLAN	
b	Name of plan sponsor	BLITSTEIN, YOUNG AND BLINDER, APC 401(K) AND PROFIT SHARING PLAN	c EIN-PN 99-0772348-001

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	ALLIANCE GLOBAL SOLUTIONS 401(K) PLAN	
b	Name of plan sponsor	ALLIANCE GLOBAL SOLUTIONS 401(K) PLAN	c EIN-PN 93-2763736-001
a	Plan name	RS PROD TEST 11/14 1	
b	Name of plan sponsor	RS PROD TEST 11/14 1	c EIN-PN 37-5847676-001
a	Plan name	CAZES FAMILY DENTISTRY, LLC 401(K) PLAN	
b	Name of plan sponsor	CAZES FAMILY DENTISTRY, LLC 401(K) PLAN	c EIN-PN 22-3697881-001
a	Plan name	MULLIKIN GROUP, INC.	
b	Name of plan sponsor	MULLIKIN GROUP, INC.	c EIN-PN 83-3036963-001
a	Plan name	TERRIO THERAPYFITNESS, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	TERRIO THERAPYFITNESS, INC. 401(K) PROFIT SHARING PLAN	c EIN-PN 91-2073074-001
a	Plan name	GREEN MOUNTAIN COMMUNICATIONS EMPLOYEE STOCK OWNERSHIP 401(K) PLAN	
b	Name of plan sponsor	GREEN MOUNTAIN COMMUNICATIONS EMPLOYEE STOCK OWNERSHIP 401(K) PLAN	c EIN-PN 02-0479029-001
a	Plan name	FREEDOM FOREVER LLC 401(K) PLAN	
b	Name of plan sponsor	FREEDOM FOREVER LLC 401(K) PLAN	c EIN-PN 81-3208857-001
a	Plan name	THOMASVILLE DENTAL CENTER, LLC RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	THOMASVILLE DENTAL CENTER, LLC RETIREMENT SAVINGS PLAN	c EIN-PN 87-4717423-001
a	Plan name	RS PROD TEST 12/12	
b	Name of plan sponsor	RS PROD TEST 12/12	c EIN-PN 38-2030392-001
a	Plan name	YURIY VERPUKHOVSKIY, M.D., INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	YURIY VERPUKHOVSKIY, M.D., INC. 401(K) PROFIT SHARING PLAN	c EIN-PN 26-0360511-001
a	Plan name	COLUMBUS FARMERS MARKET 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor	COLUMBUS FARMERS MARKET 401(K) PROFIT SHARING PLAN AND TRUST	c EIN-PN 22-2864269-001
a	Plan name	BERLIN FARMERS MARKET II LLC 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor	BERLIN FARMERS MARKET II LLC 401(K) PROFIT SHARING PLAN AND TRUST	c EIN-PN 47-4479339-001

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 RS PROD TEST 12/19 FFS NONNY	
b	Name of plan sponsor RS PROD TEST 12/19 FFS NONNY	c EIN-PN 31-1459999-001
a	Plan name YURIY VERPUKHOVSKIY, M.D., INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor YURIY VERPUKHOVSKIY, M.D., INC. 401(K) PROFIT SHARING PLAN	c EIN-PN 26-0360511-001
a	Plan name FLANDERS FISH 401(K) PLAN	
b	Name of plan sponsor FLANDERS FISH 401(K) PLAN	c EIN-PN 06-1233304-001
a	Plan name 374 KITCHEN AND COCKTAILS 401(K) PLAN	
b	Name of plan sponsor 374 KITCHEN AND COCKTAILS 401(K) PLAN	c EIN-PN 93-3690498-001
a	Plan name NARRATIVE MEDIA 401(K) PLAN	
b	Name of plan sponsor NARRATIVE MEDIA 401(K) PLAN	c EIN-PN 48-1304650-001
a	Plan name STEVE RICH AND ASSOCIATES INC 401K PLAN	
b	Name of plan sponsor STEVE RICH AND ASSOCIATES INC 401K PLAN	c EIN-PN 22-3536789-001
a	Plan name SOMERSET SMILES 401(K) PLAN	
b	Name of plan sponsor SOMERSET SMILES 401(K) PLAN	c EIN-PN 85-3619444-001
a	Plan name NEW BRUNSWICK CARDIOLOGY GROUP, P.A. EMPLOYEES PROFIT SHARING PLAN	
b	Name of plan sponsor NEW BRUNSWICK CARDIOLOGY GROUP, P.A. EMPLOYEES PROFIT SHARING PLAN	c EIN-PN 22-1945420-001
a	Plan name CHARLES P. LEACH AGENCY, INC. 401(K) PLAN	
b	Name of plan sponsor CHARLES P. LEACH AGENCY, INC. 401(K) PLAN	c EIN-PN 25-1184827-001
a	Plan name 401(K) PROFIT SHARING PLAN FOR EMPLOYEES OF SPECIAL OLYMPICS NORTH DAKOTA	
b	Name of plan sponsor 401(K) PROFIT SHARING PLAN FOR EMPLOYEES OF SPECIAL OLYMPICS NORTH DAK	c EIN-PN 45-0355704-001
a	Plan name LONGLEY KITCHEN RETIREMENT PLAN	
b	Name of plan sponsor LONGLEY KITCHEN RETIREMENT PLAN	c EIN-PN 33-2048642-001
a	Plan name RS PROD TEST 1/26	
b	Name of plan sponsor RS PROD TEST 1/26	c EIN-PN 99-9923432-001

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	RS PROD TEST 1/27 BC NEVADA DAY ONE FUNDS	
b	Name of plan sponsor	RS PROD TEST 1/27 BC NEVADA DAY ONE FUNDS	c EIN-PN 99-8408999-001
a	Plan name	RM TUIT PAVING AND TRUCKING CO 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor	RM TUIT PAVING AND TRUCKING CO 401(K) PROFIT SHARING PLAN AND TRUST	c EIN-PN 20-2318494-001
a	Plan name	FAURECIA USA HOLDINGS, INC UNION RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	FAURECIA USA HOLDINGS, INC UNION RETIREMENT SAVINGS PLAN	c EIN-PN 06-1566311-001
a	Plan name	FAURECIA USA HOLDINGS, INC. RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	FAURECIA USA HOLDINGS, INC. RETIREMENT SAVINGS PLAN	c EIN-PN 06-1566311-001
a	Plan name	UC HEALTH 401(K) RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	UC HEALTH 401(K) RETIREMENT SAVINGS PLAN	c EIN-PN 31-1435820-001
a	Plan name	LENDMARK 401K PLAN	
b	Name of plan sponsor	LENDMARK 401K PLAN	c EIN-PN 58-2257419-001
a	Plan name	HUNTER ENGINEERING COMPANY 401(K) SAVINGS PLAN	
b	Name of plan sponsor	HUNTER ENGINEERING COMPANY 401(K) SAVINGS PLAN	c EIN-PN 43-0636684-001
a	Plan name	AIRLINES FOR AMERICA EMPLOYEE SAVINGS PLAN	
b	Name of plan sponsor	AIRLINES FOR AMERICA EMPLOYEE SAVINGS PLAN	c EIN-PN 52-2113962-001
a	Plan name	SWISSPORT NORTH AMERICA HOLDINGS , INC. 401K SAVINGS AND RETIREMENT	
b	Name of plan sponsor	SWISSPORT NORTH AMERICA HOLDINGS , INC. 401K SAVINGS AND RETIREMENT	c EIN-PN 27-4181087-001
a	Plan name	BUFFALO MEDICAL GROUP, P.C 401K PROFIT SHARING AND PENSION PLAN	
b	Name of plan sponsor	BUFFALO MEDICAL GROUP, P.C 401K PROFIT SHARING AND PENSION PLAN	c EIN-PN 16-1000580-001
a	Plan name	MAROTTA CONTROLS, INC. EMPLOYEES 401(K) PLAN	
b	Name of plan sponsor	MAROTTA CONTROLS, INC. EMPLOYEES 401(K) PLAN	c EIN-PN 22-1528122-001
a	Plan name	BURR OAK TOOL INC. EMPLOYEES' PROFIT SHARING PLAN	
b	Name of plan sponsor	BURR OAK TOOL INC. EMPLOYEES PROFIT SHARING PLAN	c EIN-PN 38-1218471-001

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	VSE CORPORATION 401(K) PLAN	
b	Name of plan sponsor	VSE CORPORATION 401(K) PLAN	c EIN-PN 54-0649263-001
a	Plan name	PFM 401(K) PLAN	
b	Name of plan sponsor	PFM 401(K) PLAN	c EIN-PN 81-1642787-001
a	Plan name	AGUSTAWESTLAND PHILADELPHIA CORPORATION 401(K) SAVINGS PLAN	
b	Name of plan sponsor	AGUSTAWESTLAND PHILADELPHIA CORPORATION 401(K) SAVINGS PLAN	c EIN-PN 23-2143130-001
a	Plan name	METAL COMPANIES 401K PLAN METAL COMPANIES PAYROLL AND INSURANCE GROUP, INC.	
b	Name of plan sponsor	METAL COMPANIES 401K PLAN METAL COMPANIES PAYROLL AND INSURANCE GROUP,	c EIN-PN 01-0606601-001
a	Plan name	METAL COMPANIES 401K PLAN METAL COMPANIES PALISADES HOLDINGS, INC.	
b	Name of plan sponsor	METAL COMPANIES 401K PLAN METAL COMPANIES PALISADES HOLDINGS, INC.	c EIN-PN 01-0606601-001
a	Plan name	METAL COMPANIES 401K PLAN METAL COMPANIES CINCINNATI THERMAL SPRAY, INC.	
b	Name of plan sponsor	METAL COMPANIES 401K PLAN METAL COMPANIES CINCINNATI THERMAL SPRAY, IN	c EIN-PN 01-0606601-001
a	Plan name	METAL COMPANIES 401K PLAN METAL COMPANIES POLYMET CORPORATION	
b	Name of plan sponsor	METAL COMPANIES 401K PLAN METAL COMPANIES POLYMET CORPORATION	c EIN-PN 01-0606601-001
a	Plan name	METAL COMPANIES 401K PLAN METAL COMPANIES ROLLED ALLOYS, INC.	
b	Name of plan sponsor	METAL COMPANIES 401K PLAN METAL COMPANIES ROLLED ALLOYS, INC.	c EIN-PN 01-0606601-001
a	Plan name	METAL COMPANIES 401K PLAN METAL COMPANIES CMI, INC.	
b	Name of plan sponsor	METAL COMPANIES 401K PLAN METAL COMPANIES CMI, INC.	c EIN-PN 01-0606601-001
a	Plan name	METAL COMPANIES 401K PLAN METAL COMPANIES DOUBLE EAGLE ALLOYS, INC.	
b	Name of plan sponsor	METAL COMPANIES 401K PLAN METAL COMPANIES DOUBLE EAGLE ALLOYS, INC.	c EIN-PN 01-0606601-001
a	Plan name	METAL COMPANIES 401K PLAN METAL COMPANIES TEK STAINLESS PIPING PRODUCTS	
b	Name of plan sponsor	METAL COMPANIES 401K PLAN METAL COMPANIES TEK STAINLESS PIPING PRODUCT	c EIN-PN 01-0606601-001
a	Plan name	METAL COMPANIES 401K PLAN METAL COMPANIES ROLLED METAL PRODUCTS, INC.	
b	Name of plan sponsor	METAL COMPANIES 401K PLAN METAL COMPANIES ROLLED METAL PRODUCTS, INC.	c EIN-PN 01-0606601-001

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 METAL COMPANIES 401K PLAN METAL COMPANIES SUNSHINE METALS, INC	
b	Name of plan sponsor METAL COMPANIES 401K PLAN METAL COMPANIES SUNSHINE METALS, INC	c EIN-PN 01-0606601-001
a	Plan name METAL COMPANIES 401K PLAN METAL COMPANIES PROGRESSIVE ALLOY STEELS	
b	Name of plan sponsor METAL COMPANIES 401K PLAN METAL COMPANIES PROGRESSIVE ALLOY STEELS	c EIN-PN 01-0606601-001
a	Plan name METAL COMPANIES 401K PLAN METAL COMPANIES DENISON INDUSTRIES	
b	Name of plan sponsor METAL COMPANIES 401K PLAN METAL COMPANIES DENISON INDUSTRIES	c EIN-PN 01-0606601-001
a	Plan name METAL COMPANIES 401K PLAN METAL COMPANIES METALWERKS INC.	
b	Name of plan sponsor METAL COMPANIES 401K PLAN METAL COMPANIES METALWERKS INC.	c EIN-PN 01-0606601-001
a	Plan name METAL COMPANIES 401K PLAN METAL COMPANIES PROCESS SUPPLY, INC.	
b	Name of plan sponsor METAL COMPANIES 401K PLAN METAL COMPANIES PROCESS SUPPLY, INC.	c EIN-PN 01-0606601-001
a	Plan name METAL COMPANIES 401K PLAN METAL COMPANIES AERO METALS ALLIANCE INC	
b	Name of plan sponsor METAL COMPANIES 401K PLAN METAL COMPANIES AERO METALS ALLIANCE INC	c EIN-PN 01-0606601-001
a	Plan name METAL COMPANIES 401K PLAN METAL COMPANIES PEAK MACHINING GROUP INC.	
b	Name of plan sponsor METAL COMPANIES 401K PLAN METAL COMPANIES PEAK MACHINING GROUP INC.	c EIN-PN 01-0606601-001
a	Plan name INOVALON, INC. 401(K) RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor INOVALON, INC. 401(K) RETIREMENT SAVINGS PLAN	c EIN-PN 71-1017974-001
a	Plan name HAWAII STATE FEDERAL CREDIT UNION 401(K) PLAN	
b	Name of plan sponsor HAWAII STATE FEDERAL CREDIT UNION 401(K) PLAN	c EIN-PN 99-0073431-001
a	Plan name PYRROS AND SERRES, LLP 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor PYRROS AND SERRES, LLP 401(K) PROFIT SHARING PLAN	c EIN-PN 11-3522677-001
a	Plan name NEW DIRECTIONS PUBLISHING CORP. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor NEW DIRECTIONS PUBLISHING CORP. 401(K) PROFIT SHARING PLAN	c EIN-PN 13-2508376-001
a	Plan name P.I.E. FACILITIES OF NEW YORK, INC. 401(K) PLAN	
b	Name of plan sponsor P.I.E. FACILITIES OF NEW YORK, INC. 401(K) PLAN	c EIN-PN 13-3271193-001

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 SOUTH POLE USA INC. 401(K) PLAN AND TRUST	
b	Name of plan sponsor SOUTH POLE USA INC. 401(K) PLAN AND TRUST	c EIN-PN 38-4084387-001
a	Plan name NICHOLSON AND GALLOWAY, INC. PROFIT SHARING PLAN	
b	Name of plan sponsor NICHOLSON AND GALLOWAY, INC. PROFIT SHARING PLAN	c EIN-PN 13-1335655-001
a	Plan name BOHRER, PLLC PROFIT SHARING PLAN	
b	Name of plan sponsor BOHRER, PLLC PROFIT SHARING PLAN	c EIN-PN 82-1983556-001
a	Plan name WECARE TRANSPORT SERVICE, LLC EMPLOYEE SAVINGS PLAN AND TRUST	
b	Name of plan sponsor WECARE TRANSPORT SERVICE, LLC EMPLOYEE SAVINGS PLAN AND TRUST	c EIN-PN 46-0642045-001
a	Plan name ONTRACK CONSTRUCTION INC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor ONTRACK CONSTRUCTION INC 401(K) PROFIT SHARING PLAN	c EIN-PN 13-1335655-001
a	Plan name DECERINA UY MD, PC 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor DECERINA UY MD, PC 401(K) PROFIT SHARING PLAN AND TRUST	c EIN-PN 38-4084387-001
a	Plan name MARIO TREGLIA CPA PROFIT SHARING PLAN	
b	Name of plan sponsor MARIO TREGLIA CPA PROFIT SHARING PLAN	c EIN-PN 13-3412540-001
a	Plan name SAULIUS J. SKEIVYS MD PC 401(K) PLAN	
b	Name of plan sponsor SAULIUS J. SKEIVYS MD PC 401(K) PLAN	c EIN-PN 38-4084387-001
a	Plan name B. TODARO CUSTOM HOUSE BROKER INC. 401(K) PLAN	
b	Name of plan sponsor B. TODARO CUSTOM HOUSE BROKER INC. 401(K) PLAN	c EIN-PN 11-3028397-001
a	Plan name GOUVERNEUR SAVINGS AND LOAN ASSOCIATION EMPLOYEES' SAVINGS TRUST	
b	Name of plan sponsor GOUVERNEUR SAVINGS AND LOAN ASSOCIATION EMPLOYEES SAVINGS TRUST	c EIN-PN 15-0321200-001
a	Plan name FIXLER AND LAGATTUTA, LLP 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor FIXLER AND LAGATTUTA, LLP 401(K) PROFIT SHARING PLAN AND TRUST	c EIN-PN 20-0726956-001
a	Plan name RS TEST 5/22 TRANSFER NY	
b	Name of plan sponsor RS TEST 5/22 TRANSFER NY	c EIN-PN 99-9994400-001

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection
--	--	--

For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
A Name of plan PRUDENTIAL DAY ONE 2030 FUND	B Three-digit plan number (PN) ▶ 681
C Plan sponsor's name as shown on line 2a of Form 5500 EMPOWER ANNUITY INSURANCE COMPANY	D Employer Identification Number (EIN) 06-1050034

Part I	Asset and Liability Statement
---------------	--------------------------------------

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	
b Receivables (less allowance for doubtful accounts):		
(1) Employer contributions	1b(1)	
(2) Participant contributions	1b(2)	
(3) Other	1b(3)	
c General investments:		
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	0 9
(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)	
(10) Value of interest in pooled separate accounts	1c(10)	813762917 0
(11) Value of interest in master trust investment accounts	1c(11)	
(12) Value of interest in 103-12 investment entities	1c(12)	
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	
(15) Other	1c(15)	0 911434204

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	813762917	911434213
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h		
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j		
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	0	0
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	813762917	911434213

Part II Income and Expense Statement

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

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

	(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)	
(7) Net investment gain (loss) from pooled separate accounts	2b(7)	
(8) Net investment gain (loss) from master trust investment accounts	2b(8)	
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)	
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)	
c Other income	2c	59310678
d Total income. Add all income amounts in column (b) and enter total	2d	59310678

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)	
(5) Investment advisory and investment management fees	2i(5)	1375785
(6) Bank or trust company trustee/custodial fees	2i(6)	
(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)	1375785
j Total expenses. Add all expense amounts in column (b) and enter total	2j	1375785

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k	57934893
l Transfers of assets:		
(1) To this plan	2l(1)	60358172
(2) From this plan	2l(2)	20621769

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 _____.