

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

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.

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

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: INDEXSELECT CONSERVATIVE 2045 FUND
1b Three-digit plan number (PN): 313
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): 81-4532033
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) 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.
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For calendar plan year 2024 or fiscal plan year beginning <u>01/01/2024</u> and ending <u>12/31/2024</u>	
A Name of plan <u>INDEXSELECT CONSERVATIVE 2045 FUND</u>	B Three-digit plan number (PN) ▶ <u>313</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>81-4532033</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>COMMODITY INDEX DAILY FUND F</u>		
b Name of sponsor of entity listed in (a): <u>BLACKROCK INSTITUTIONAL TRUST COMPANY, N.A.</u>		
c EIN-PN <u>27-4616854-001</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>0</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>DEVELOPED REAL ESTATE INDEX FUND F</u>		
b Name of sponsor of entity listed in (a): <u>BLACKROCK INSTITUTIONAL TRUST COMPANY, N.A.</u>		
c EIN-PN <u>27-2659367-001</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>0</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>BR MSCI ACWI EX-US IMI INDEX FUND F</u>		
b Name of sponsor of entity listed in (a): <u>BLACKROCK INSTITUTIONAL TRUST COMPANY, N.A.</u>		
c EIN-PN <u>27-4955447-001</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>16670698</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>RUSSELL 1000 INDEX FUND F</u>		
b Name of sponsor of entity listed in (a): <u>BLACKROCK INSTITUTIONAL TRUST COMPANY, N.A.</u>		
c EIN-PN <u>94-3357216-001</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>30444912</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>RUSSELL 2000 INDEX FUND F</u>		
b Name of sponsor of entity listed in (a): <u>BLACKROCK INSTITUTIONAL TRUST COMPANY, N.A.</u>		
c EIN-PN <u>94-3318704-001</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>1472114</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>U.S. TIPS FUND F</u>		
b Name of sponsor of entity listed in (a): <u>BLACKROCK INSTITUTIONAL TRUST COMPANY, N.A.</u>		
c EIN-PN <u>36-4495972-001</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>0</u>
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>38-4065313-339</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>19376206</u>

a Name of MTIA, CCT, PSA, or 103-12 IE: LONG TERM CREDIT BOND INDEX FUND F

b Name of sponsor of entity listed in (a): BLACKROCK INSTITUTIONAL TRUST COMPANY, N.A.

c EIN-PN 87-1467186-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	3485330
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a Name of MTIA, CCT, PSA, or 103-12 IE: LONG TERM GOVT BOND INDEX FUND F

b Name of sponsor of entity listed in (a): BLACKROCK INSTITUTIONAL TRUST COMPANY, N.A.

c EIN-PN 83-3997809-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	4185579
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a Name of MTIA, CCT, PSA, or 103-12 IE: 0-5 YEAR U.S. TREASURY INFLATION PR

b Name of sponsor of entity listed in (a): BLACKROCK INSTITUTIONAL TRUST COMPANY, N.A.

c EIN-PN 47-3988722-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	190977
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a Name of MTIA, CCT, PSA, or 103-12 IE: FTSE NAREIT ALL EQUITY REITS INDEX

b Name of sponsor of entity listed in (a): BLACKROCK INSTITUTIONAL TRUST COMPANY, N.A.

c EIN-PN 99-3288435-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	2387212
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a Name of MTIA, CCT, PSA, or 103-12 IE: GLOBAL CORE INFRASTRUCTURE INDEX FU

b Name of sponsor of entity listed in (a): BLACKROCK INSTITUTIONAL TRUST COMPANY, N.A.

c EIN-PN 99-2814912-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	1360711
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a Name of MTIA, CCT, PSA, or 103-12 IE:

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

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
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a Name of MTIA, CCT, PSA, or 103-12 IE:

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

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
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a Name of MTIA, CCT, PSA, or 103-12 IE:

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

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
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a Name of MTIA, CCT, PSA, or 103-12 IE:

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

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
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a Name of MTIA, CCT, PSA, or 103-12 IE:

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

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
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Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
a	Plan name A & H ELECTRIC CO. 401(K) PLAN	
b	Name of plan sponsor A & H ELECTRIC CO., LLC	c EIN-PN 74-2053998-001
a	Plan name AA TRANSPORTATION, INC. 401(K) PLAN	
b	Name of plan sponsor AA TRANSPORTATION, INC.	c EIN-PN 04-3323452-001
a	Plan name AAGEX FREIGHT GROUP 401(K) PLAN	
b	Name of plan sponsor AAGEX FREIGHT GROUP, LLC	c EIN-PN 81-1963398-001
a	Plan name AAKRON RULE CORP. 401K PROFIT SHARING PLAN	
b	Name of plan sponsor AAKRON RULE CORPORATION	c EIN-PN 16-0919851-001
a	Plan name AC FOODS WHOLESALE 401(K) PLAN	
b	Name of plan sponsor A.C. FAMILY, INC. DBA AC FOODS WHOLESALE	c EIN-PN 46-0494814-001
a	Plan name ACME TRUCK LINE 401(K) PLAN	
b	Name of plan sponsor ACME TRUCK LINE, INC.	c EIN-PN 72-0540787-001
a	Plan name ADVANCE PRINTING, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor ADVANCE PRINTING, INC.	c EIN-PN 52-1167653-001
a	Plan name AEROREPAIR CORP. 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor AEROREPAIR CORP.	c EIN-PN 02-0472860-001
a	Plan name AFFILIATED DERMATOLOGY 401(K) PLAN	
b	Name of plan sponsor RICHARD LEE AVERITTE, JR., PLLC DBA AFFILIATED DERMATOLOGY	c EIN-PN 74-3037351-001
a	Plan name AIR INDUSTRIES GROUP 401(K) PLAN	
b	Name of plan sponsor AIR INDUSTRIES GROUP	c EIN-PN 80-0948413-001
a	Plan name AIY PROPERTIES, INC. 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor AIY PROPERTIES, INC.	c EIN-PN 26-0378911-001
a	Plan name ALBRIGHT WELDING SUPPLY CO. INC. 401(K) RETIREMENT PLAN	
b	Name of plan sponsor ALBRIGHT WELDING SUPPLY CO. INC.	c EIN-PN 34-0691967-001

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 ALCORN INDUSTRIAL, INC. 401(K) P/S PLAN	
b	Name of plan sponsor ALCORN INDUSTRIAL, INC.	c EIN-PN 35-1359097-001
a	Plan name ALLERGY & ASTHMA ASSOCIATES PROFIT SHARING PLAN	
b	Name of plan sponsor ALLERGY & ASTHMA ASSOCIATES OF SANTA CLARA VALLEY	c EIN-PN 94-2288723-002
a	Plan name ALLERGY CLINIC OF TULSA 401(K) PLAN	
b	Name of plan sponsor ALLERGY CLINIC OF TULSA, INC.	c EIN-PN 73-0803441-002
a	Plan name ALLYN INTERNATIONAL SERVICES, INC. 401(K) PLAN	
b	Name of plan sponsor ALLYN INTERNATIONAL SERVICES, INC.	c EIN-PN 65-0313967-001
a	Plan name AMERICAN CRUISE LINES, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor THE AMERICAN CRUISE LINES, INC.	c EIN-PN 06-1324808-001
a	Plan name AMERICAN HYDRO 401(K) PLAN	
b	Name of plan sponsor AMERICAN HYDRO	c EIN-PN 23-2426636-001
a	Plan name AMERICAN INTEGRITY 401(K) PLAN	
b	Name of plan sponsor AMERICAN INTEGRITY INSURANCE COMPANY OF FLORIDA	c EIN-PN 20-5239410-002
a	Plan name AMERICAN STAFFING ASSOCIATION 401(K) PROFIT SHARIN	
b	Name of plan sponsor AMERICAN STAFFING ASSOCIATION	c EIN-PN 52-0854084-001
a	Plan name AMERICAN SURVEYING & ENGINEERING, LTD. RETIREMENT PLAN	
b	Name of plan sponsor AMERICAN SURVEYING & ENGINEERING, LTD.	c EIN-PN 36-3307274-001
a	Plan name ANDRE GRENIER, D.M.D., P.L.L.C. 401(K) PLAN	
b	Name of plan sponsor ANDRE GRENIER, D.M.D., P.L.L.C.	c EIN-PN 20-8214194-001
a	Plan name ANDY GUMP, INC. 401(K) SAVINGS & INVESTMENT PLAN	
b	Name of plan sponsor ANDY GUMP, INC.	c EIN-PN 95-2588604-001
a	Plan name ANESTHESIOLOGISTS ASSOC 401K PLAN	
b	Name of plan sponsor ANESTHESIOLOGISTS ASSOCIATED,P.C.	c EIN-PN 63-0577011-003

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 ANGELICA NURSERIES, INC. 401(K) PLAN	
b	Name of plan sponsor ANGELICA NURSERIES, INC.	c EIN-PN 23-1809386-003
a	Plan name APEX FAMILY LAW, P.C. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor APEX FAMILY LAW, P. C.	c EIN-PN 46-2866101-002
a	Plan name APG 401(K) PLAN	
b	Name of plan sponsor ALLIED POWER GROUP LLC	c EIN-PN 82-4355617-001
a	Plan name APPLIED SOFTWARE TECHNOLOGY, LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor APPLIED SOFTWARE TECHNOLOGY, LLC.	c EIN-PN 58-1484413-001
a	Plan name AQUA-TOTS 401(K) PLAN	
b	Name of plan sponsor AQUA-TOTS SWIM SCHOOL HOLDING, LLC	c EIN-PN 26-0233789-001
a	Plan name ARCTIC ICE 401(K) PLAN	
b	Name of plan sponsor ARCTIC ICE, INC.	c EIN-PN 43-0917192-001
a	Plan name ARIZONA TECHNOLOGY COUNCIL MULTIPLE EMPLOYER 401(K) PLAN	
b	Name of plan sponsor ARIZONA TECHNOLOGY COUNCIL	c EIN-PN 86-0684848-002
a	Plan name ARMSTRONG CRICKET FARM-GA 401(K) PLAN	
b	Name of plan sponsor ARMSTRONG CRICKET FARM-GA, LLC	c EIN-PN 27-2716995-001
a	Plan name ARMY NAVY COUNTRY CLUB 401(K) PLAN	
b	Name of plan sponsor ARMY NAVY COUNTRY CLUB	c EIN-PN 54-0126270-003
a	Plan name ASCEND ELEMENTS, INC. 401(K) PLAN	
b	Name of plan sponsor ASCEND ELEMENTS, INC.	c EIN-PN 82-2222893-001
a	Plan name ASHCOMBE FARM AND GREENHOUSES 401(K) SAVINGS PLAN	
b	Name of plan sponsor GRO-GREEN CORP T/A ASHCOMBE FARM & GREENHOUSES	c EIN-PN 23-2098159-001
a	Plan name ASPIRATION PARTNERS 401(K) PLAN	
b	Name of plan sponsor ASPIRATION PARTNERS, INC.	c EIN-PN 47-5059122-001

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	ATLSS-ASH 401(K) PLAN
b	Name of plan sponsor	ATLANTIC SELF STORAGE, LLC
c	EIN-PN	46-5543216-001
a	Plan name	AVID BIOSERVICES, INC. 401(K) PLAN
b	Name of plan sponsor	AVID BIOSERVICES, INC.
c	EIN-PN	95-3698422-001
a	Plan name	AXA ASSISTANCE USA, INC. 401(K) PLAN
b	Name of plan sponsor	AXA ASSISTANCE USA, INC.
c	EIN-PN	36-3235090-001
a	Plan name	BARFIELD, INC. 401(K) SAVINGS PLAN
b	Name of plan sponsor	BARFIELD, INC.
c	EIN-PN	59-0556588-001
a	Plan name	BASE CONSULTANTS INC. 401(K) PLAN
b	Name of plan sponsor	BASE CONSULTANTS INC.
c	EIN-PN	20-5884517-001
a	Plan name	BAY LINEN, INC. 401(K) PLAN
b	Name of plan sponsor	BAY LINEN, INC.
c	EIN-PN	59-3047014-001
a	Plan name	BAY SURGICAL SPECIALISTS, P.A. 401K PROFIT SHARING PLAN
b	Name of plan sponsor	BAY SURGICAL SPECIALISTS, P.A.
c	EIN-PN	59-3159954-003
a	Plan name	BDG ARCHITECTS, LLP 401(K) PLAN
b	Name of plan sponsor	BDG ARCHITECTS, LLP
c	EIN-PN	59-3730398-001
a	Plan name	BELLEAIR COUNTRY CLUB 401K PLAN
b	Name of plan sponsor	BELLEVIEW BILTMORE COUNTRY CLUB CORP.
c	EIN-PN	25-1235483-001
a	Plan name	BEYOND HEALTH MANAGEMENT SOLUTIONS 401(K) PLAN
b	Name of plan sponsor	BEYOND HEALTH MANAGEMENT SOLUTIONS, LLC
c	EIN-PN	83-0800233-001
a	Plan name	BFCC RETIREMENT PLAN
b	Name of plan sponsor	BIG FOOT COUNTRY CLUB
c	EIN-PN	39-0165735-003
a	Plan name	BLUEGRASS INGREDIENTS, INC 401(K) PLAN
b	Name of plan sponsor	BLUEGRASS INGREDIENTS INC
c	EIN-PN	27-2854599-001

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	BMC HOLDCO, LLC 401(K) PLAN	
b	Name of plan sponsor	BMC HOLDCO, LLC	c EIN-PN 92-1216638-001
a	Plan name	BMT COMMERCIAL USA, INC. 401(K) PLAN	
b	Name of plan sponsor	BMT COMMERCIAL USA INC	c EIN-PN 33-0516320-001
a	Plan name	BORDENTOWN DRIVER TRAINING SCHOOL 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor	BORDENTOWN DRIVER TRAINING SCHOOL LLC D/B/A SMITH AND SOLOMON	c EIN-PN 22-3658271-001
a	Plan name	BRANDON DERMATOLOGY, PA 401K PLAN	
b	Name of plan sponsor	BRANDON DERMATOLOGY, PA	c EIN-PN 05-0548764-001
a	Plan name	BRIGHTPET 401(K) PLAN	
b	Name of plan sponsor	BRIGHTPET NUTRITION GROUP, LLC	c EIN-PN 81-2276321-001
a	Plan name	BROYLES KIGHT & RICAFORT, PC 401(K) PLAN	
b	Name of plan sponsor	BROYLES KIGHT & RICAFORT, PC	c EIN-PN 30-0034923-001
a	Plan name	BUCKEYE HEALTH & RESEARCH 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	BUCKEYE HEALTH AND RESEARCH	c EIN-PN 46-3758258-001
a	Plan name	BUG DOCTOR LLC 401(K) PLAN	
b	Name of plan sponsor	BUG DOCTOR LLC	c EIN-PN 20-8121809-001
a	Plan name	BURNS HONDA & AVALON HONDA 401(K) PLAN	
b	Name of plan sponsor	BURNS KULL, INC. DBA BURNS HONDA	c EIN-PN 22-2491857-001
a	Plan name	C & E CONCRETE, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	C & E CONCRETE, INC.	c EIN-PN 85-0231718-001
a	Plan name	C.C. CREATIONS, LTD. RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	C.C. CREATIONS, LTD.	c EIN-PN 20-2419975-001
a	Plan name	CABIN CREEK HEALTH SYSTEMS, INC., 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	CABIN CREEK HEALTH SYSTEMS, INC.	c EIN-PN 55-0709223-001

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
a	Plan name CALIFORNIA BANK OF COMMERCE, NA 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor CALIFORNIA BANK OF COMMERCE, N.A.	c EIN-PN 33-0956417-002
a	Plan name CAPITOL IMAGING, LLC RETIREMENT PLAN	
b	Name of plan sponsor CAPITOL IMAGING, LLC	c EIN-PN 47-4549323-001
a	Plan name CARE DIMENSIONS, LLC 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor CARE DIMENSIONS, LLC	c EIN-PN 20-3580705-001
a	Plan name CARLSON MEISSNER HART & HAYSLETT, PA 401(K) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor CARLSON MEISSNER HART & HAYSLETT, PA	c EIN-PN 59-1547838-001
a	Plan name CAROLINA DERMATOLOGY OF GREENVILLE 401(K) PLAN	
b	Name of plan sponsor CAROLINA DERMATOLOGY OF GREENVILLE	c EIN-PN 99-2276464-001
a	Plan name CAROLINA TIME EQUIPMENT CO., INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor CAROLINA TIME EQUIPMENT CO., INC.	c EIN-PN 56-0787285-001
a	Plan name CASCADE FLOORING AMERICA 401(K) PLAN	
b	Name of plan sponsor CASCADE FLOORING AMERICA, LLC	c EIN-PN 54-2077601-001
a	Plan name CHAMPIONS FOR CHILDREN 401K PLAN	
b	Name of plan sponsor CHAMPIONS FOR CHILDREN, INC.	c EIN-PN 59-1807551-001
a	Plan name CHC TECHNOLOGY, LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor CHC TECHNOLOGY, LLC	c EIN-PN 27-4015120-001
a	Plan name CHEMGLASS 401(K) SAVINGS & INVESTMENT PLAN	
b	Name of plan sponsor CHEMGLASS, INC	c EIN-PN 21-0672397-001
a	Plan name CHILD-PARENT CENTERS, INC. RETIREMENT PLAN	
b	Name of plan sponsor CHILD-PARENT CENTERS INC.	c EIN-PN 86-0204557-001
a	Plan name CHOCTAW REGIONAL MEDICAL CENTER 457(B) PLAN	
b	Name of plan sponsor CHOCTAW REGIONAL MEDICAL CENTER	c EIN-PN 47-1298267-004

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
a	Plan name CHRISTIAN COUNTY DEVELOPMENT CORPORATION SAVINGS PLAN	
b	Name of plan sponsor CHRISTIAN COUNTY DEVELOPMENT CORPORATION	c EIN-PN 36-4548312-001
a	Plan name CINCINNATI CATHOLIC GROUP TRUST 401(K) PLAN	
b	Name of plan sponsor CINCINNATI CATHOLIC GROUP TRUST	c EIN-PN 92-6050273-001
a	Plan name CITIZENS BANK 401(K) PLAN	
b	Name of plan sponsor CITIZENS BANK	c EIN-PN 63-0808871-001
a	Plan name CLAWSON COMMUNICATIONS, INC. PLAN	
b	Name of plan sponsor CLAWSONS COMMUNICATIONS	c EIN-PN 35-1608918-001
a	Plan name CLEAR LAKE SPECIALTIES, P.A. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor CLS HEALTH PLLC	c EIN-PN 20-2798379-001
a	Plan name CLEMENT & MURPHY, PLLC 401(K) PLAN	
b	Name of plan sponsor CLEMENT & MURPHY, PLLC	c EIN-PN 88-2935780-001
a	Plan name CLYM ENVIRONMENTAL SERVICES, LLC 401(K) PLAN	
b	Name of plan sponsor CLYM ENVIRONMENTAL SERVICES, LLC	c EIN-PN 52-2083176-001
a	Plan name COGAN AND GEORGE ORTHODONTICS LLC 401(K) PLAN	
b	Name of plan sponsor COGAN AND GEORGE ORTHODONTICS LLC	c EIN-PN 54-2148445-001
a	Plan name COLLETTE HEALTH LLC RETIREMENT READINESS 401(K) PLAN	
b	Name of plan sponsor COLLETTE HEALTH LLC	c EIN-PN 86-3939564-001
a	Plan name COLLINS ELECTRICAL COMPANY, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor COLLINS ELECTRICAL COMPANY, INC.	c EIN-PN 94-1134154-002
a	Plan name COLORADO SLEEP INSTITUTE PROFESSIONAL SERVICES 401(K) PLAN	
b	Name of plan sponsor ELAN SLEEP LLC	c EIN-PN 45-5453170-001
a	Plan name COMMERCIAL COLLECTION CORPORATION OF NY, 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor COMMERCIAL COLLECTION CORPORATION OF NY, INC	c EIN-PN 16-0864226-001

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	COMMUNICATION DATA LINK 401(K) PLAN	
b	Name of plan sponsor	COMMUNICATION DATA LINK	c EIN-PN 39-1916526-001
a	Plan name	COMMUNITY FOUNDATION OF GREATER FLINT RETIREMENT PLAN	
b	Name of plan sponsor	COMMUNITY FOUNDATION OF GREATER FLINT	c EIN-PN 38-2190667-001
a	Plan name	COMPASS MORTGAGE, INC. 401K PLAN	
b	Name of plan sponsor	COMPASS MORTGAGE, INC.	c EIN-PN 36-4322204-001
a	Plan name	COOKSON ENTERPRISES, INC. EMPLOYEES PROFIT SHARING/401(K) PLAN	
b	Name of plan sponsor	COOKSON ENTERPRISES, INC.	c EIN-PN 26-3742889-001
a	Plan name	CORE X GROUP 401(K) PLAN	
b	Name of plan sponsor	CORE X PARTNERS LLC	c EIN-PN 85-2497082-002
a	Plan name	COURTYARD MIRAMAR UNION EMPLOYEES RETIREMENT PLAN	
b	Name of plan sponsor	AXTMAYER ENTERPRISES, INC.	c EIN-PN 66-0265087-001
a	Plan name	CPS INSURANCE SERVICES 401(K) PLAN	
b	Name of plan sponsor	CPS INSURANCE SERVICES	c EIN-PN 95-3339518-001
a	Plan name	CRAIG & LANDRETH CARS, INC. 401(K) AND PROFIT SHARING PLAN	
b	Name of plan sponsor	CRAIG & LANDRETH CARS, INC.	c EIN-PN 61-1382413-001
a	Plan name	CREATIVE MANAGER, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	CREATIVE MANAGER, INC.	c EIN-PN 35-2194813-001
a	Plan name	CRITICALPOINT CAPITAL, LLC 401(K) PLAN	
b	Name of plan sponsor	CRITICALPOINT PARTNERS	c EIN-PN 45-5416532-001
a	Plan name	D & W NAMEPLATE SERVICE, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	D & W NAMEPLATE SERVICE, INC.	c EIN-PN 74-1559567-001
a	Plan name	D.C. EQUIPMENT, INC. 401(K) PLAN	
b	Name of plan sponsor	D.C. EQUIPMENT, INC.	c EIN-PN 63-1210078-001

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	DANIEL ARSHAM, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	DANIEL ARSHAM, INC.	c EIN-PN 27-5033199-001
a	Plan name	DAVIDSON HOSPITALITY GROUP 401(K) PLAN	
b	Name of plan sponsor	DAVIDSON HOSPITALITY GROUP	c EIN-PN 20-3747936-002
a	Plan name	DAYTON/MONTGOMERY COUNTY CONVENTION AND VISITORS BUREAU, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	DAYTON/MONTGOMERY COUNTY CONVENTION AND VISITORS BUREAU, INC.	c EIN-PN 31-1408432-001
a	Plan name	DEEPWATCH INC 401(K) PLAN	
b	Name of plan sponsor	DEEPWATCH, INC	c EIN-PN 38-4056947-001
a	Plan name	DEERFIELD AGENCY LLC 401(K) PLAN	
b	Name of plan sponsor	DEERFIELD AGENCY LLC	c EIN-PN 47-3931876-001
a	Plan name	DEMAND SCIENCE GROUP 401(K) PLAN	
b	Name of plan sponsor	DEMAND SCIENCE GROUP	c EIN-PN 82-5063011-001
a	Plan name	DENTAL SOLUTIONS OF ENCINITAS 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	DENTAL SOLUTIONS OF ENCINITAS	c EIN-PN 81-4418745-001
a	Plan name	DESIGN ELECTRIC, INC. 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	DESIGN ELECTRIC INC.	c EIN-PN 41-1223438-001
a	Plan name	DI OVERNITE 401(K) PLAN	
b	Name of plan sponsor	DI OVERNIGHT, LLC	c EIN-PN 46-3551719-001
a	Plan name	DIAGNOSTIC IMAGING CENTERS, P.A. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	DIAGNOSTIC IMAGING CENTERS, P.A.	c EIN-PN 43-0913846-002
a	Plan name	DIAGNOSTIC SOLUTIONS LABORATORY, LLC EMPLOYEES RETIREMENT PLAN	
b	Name of plan sponsor	DIAGNOSTIC SOLUTIONS LABORATORY, LLC	c EIN-PN 47-3208084-001
a	Plan name	DIAL PROPERTIES 401(K) PLAN	
b	Name of plan sponsor	DIAL PROPERTIES	c EIN-PN 47-0526923-001

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	DIAMOND DENTAL, DDS, PA 401(K) PROFIT SHARING PLAN	
b Name of plan sponsor	DIAMOND DENTAL DDS, P.A.	c EIN-PN 46-3597659-001
a Plan name	DIFFSTRAT COMPANIES, INC. 401(K) PLAN	
b Name of plan sponsor	DIFFSTRAT COMPANIES, INC.	c EIN-PN 42-1437161-001
a Plan name	DIN TAI FUNG RETIREMENT PLAN	
b Name of plan sponsor	DTF MANAGEMENT AND CONSULTING, LLC	c EIN-PN 47-4678058-001
a Plan name	DIPLOMA HOLDINGS, INC 401(K) PLAN	
b Name of plan sponsor	DIPLOMA HOLDINGS, INC	c EIN-PN 25-1817924-001
a Plan name	DOCTORS COUNCIL ANNUITY FUND	
b Name of plan sponsor	DOCTORS COUNCIL ANNUITY FUND	c EIN-PN 13-4087091-001
a Plan name	DOLCE LUSSO LLC 401(K) PLAN	
b Name of plan sponsor	DOLCE LUSSO LLC	c EIN-PN 57-1238524-001
a Plan name	DOW LEWIS INC 401K PROFIT SHARING PLAN	
b Name of plan sponsor	DOW LEWIS INC	c EIN-PN 68-0226109-001
a Plan name	DPI 401K SAVINGS PLAN	
b Name of plan sponsor	DIVERSIFIED PLASTICS, INC.	c EIN-PN 81-0428980-001
a Plan name	DRAKE EMPLOYEE SAVINGS PLAN	
b Name of plan sponsor	DRAKE OFFICE OVERLOAD, INC.	c EIN-PN 95-4555406-002
a Plan name	DWS, LLC 401(K) PLAN	
b Name of plan sponsor	DWS, LLC	c EIN-PN 47-1899588-001
a Plan name	E.L. ROBINSON ENGINEERING 401(K) PLAN	
b Name of plan sponsor	E.L. ROBINSON ENGINEERING CO.	c EIN-PN 55-0594633-001
a Plan name	EAST SIDE MACHINE, INC. 401(K) PROFIT SHARING PLAN	
b Name of plan sponsor	EAST SIDE MACHINE, INC.	c EIN-PN 16-1232652-001

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 EASTERN SHORE CHILDREN'S CLINIC 401(K) TRUST	
b	Name of plan sponsor EASTERN SHORE CHILDRENS CLINIC, PC	c EIN-PN 63-0878625-001
a	Plan name EMCEE ELECTRONICS, INC. 401(K) PROFIT SHARING PLA	
b	Name of plan sponsor EMCEE ELECTRONICS, INC.	c EIN-PN 51-0084017-001
a	Plan name EMERALD TEXTILES, SAN DIEGO, 401K	
b	Name of plan sponsor EMERALD TEXTILES, SAN DIEGO. LLC	c EIN-PN 27-1167089-001
a	Plan name EMPLOYEE RETIREMENT PLAN	
b	Name of plan sponsor HAWKEYE ELECTRICAL CONTRACTORS OF CR LTD	c EIN-PN 56-2198687-001
a	Plan name EMX (USA) SERVICES CORP. 401(K) PLAN	
b	Name of plan sponsor EMX (USA) SERVICES CORP.	c EIN-PN 32-0316332-001
a	Plan name EXCEPTIONAL HEALTH CARE 401(K) PLAN	
b	Name of plan sponsor EXCEPTIONAL HEALTHCARE, INC.	c EIN-PN 81-1433461-001
a	Plan name F.B. WRIGHT 401(K) PLAN	
b	Name of plan sponsor F.B. WRIGHT COMPANY	c EIN-PN 38-1334932-001
a	Plan name FAMILY DRUG CENTER 401(K) RETIREMENT PLAN	
b	Name of plan sponsor APOTHECARY ENTERPRISES, LTD.	c EIN-PN 54-1201381-001
a	Plan name FASTCO INDUSTRIES, INC. 401(K) PLAN	
b	Name of plan sponsor FASTCO INDUSTRIES, INC.	c EIN-PN 38-2253225-001
a	Plan name FEDERAL REALTY INVESTMENT TRUST SAVINGS AND RETIREMENT 401(K) PLAN	
b	Name of plan sponsor FEDERAL REALTY OP LP	c EIN-PN 52-0782497-001
a	Plan name FINANCE OF AMERICA COMPANIES 401(K) PLAN	
b	Name of plan sponsor FINANCE OF AMERICA EQUITY CAPITAL LLC	c EIN-PN 80-0948242-001
a	Plan name FIRE-DEX, LLC 401K PLAN	
b	Name of plan sponsor FIRE-DEX, LLC	c EIN-PN 20-8033614-001

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	FIRST MAINSTREET INSURANCE, L.C. 401(K) PLAN	
b	Name of plan sponsor	FIRST MAINSTREET INSURANCE, L.C.	c EIN-PN 82-3143872-001
a	Plan name	FIRST VISION BANK 401K PLAN	
b	Name of plan sponsor	FIRST VISION BANK OF TENNESSEE	c EIN-PN 20-3376201-001
a	Plan name	FLORIDA COAST EQUIPMENT, INC. 401(K) PLAN	
b	Name of plan sponsor	FLORIDA COAST EQUIPMENT, INC.	c EIN-PN 59-2490149-002
a	Plan name	FORT ROBOTICS, INC 401(K) PLAN	
b	Name of plan sponsor	FORT ROBOTICS, INC.	c EIN-PN 83-2052977-001
a	Plan name	FOULGER-PRATT COMPANIES 401(K) PLAN	
b	Name of plan sponsor	FOULGER-PRATT COMPANIES LLC	c EIN-PN 45-0463021-001
a	Plan name	FRIEDLAND VINING, P.A. 401(K) PLAN	
b	Name of plan sponsor	FRIEDLAND VINING, P.A.	c EIN-PN 45-1155271-001
a	Plan name	G.M. 401(K) PLAN	
b	Name of plan sponsor	GLENMORE INDUSTRIES, LLC	c EIN-PN 45-4715653-001
a	Plan name	GABLES RESIDENTIAL SERVICES, INC. 401(K) PLAN	
b	Name of plan sponsor	GABLES RESIDENTIAL SERVICES, INC.	c EIN-PN 75-2517913-001
a	Plan name	GABRIEL ORTHODONTICS, LLC 401K PROFIT SHARING PLAN	
b	Name of plan sponsor	GABRIEL ORTHODONTICS LLC	c EIN-PN 87-2454317-002
a	Plan name	GAMIE LLC DBA C3 RISK AND INSURANCE SERVICES 401(K) PLAN	
b	Name of plan sponsor	GAMIE LLC	c EIN-PN 81-4114130-001
a	Plan name	GEORGE HILDEBRANDT 401(K) PLAN	
b	Name of plan sponsor	GEORGE HILDEBRANDT, INC.	c EIN-PN 14-1422092-001
a	Plan name	GEORGIA NUT COMPANY 401(K) PS PLAN	
b	Name of plan sponsor	GEORGIA NUT CO.	c EIN-PN 36-2284619-001

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-MANASOTA, INC. RETIREMENT PLAN	
b	Name of plan sponsor GOODWILL INDUSTRIES-MANASOTA, INC.	c EIN-PN 59-2074391-002
a	Plan name GOOSENECK IMPLEMENT COMPANY RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor GOOSENECK IMPLEMENT COMPANY	c EIN-PN 11-3690698-001
a	Plan name GOURMET CULINARY PARTNERS 401(K) RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor GOURMET CULINARY PARTNERS, LLC	c EIN-PN 83-3649071-001
a	Plan name GREENBERG, GRANT & RICHARDS, INC. SEC 401(K) PLAN	
b	Name of plan sponsor GREENBERG, GRANT & RICHARDS, INC	c EIN-PN 76-0421279-001
a	Plan name GREENMARK EQUIPMENT, LLC RETIREMENT PLAN	
b	Name of plan sponsor GREENMARK EQUIPMENT, LLC	c EIN-PN 38-2221695-001
a	Plan name GREINER HEATING-AIR-SOLAR ENERGY INC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor GREINER HEATING-AIR-SOLAR ENERGY INC	c EIN-PN 20-0683265-001
a	Plan name H.W. HOUSTON CONSTRUCTION LLC 401(K) PLAN	
b	Name of plan sponsor H.W. HOUSTON CONSTRUCTION LLC	c EIN-PN 47-3480289-001
a	Plan name HATCH DESIGN GROUP/HATCH HOSPITALITY SUPPLY 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor HATCH HOSPITALITY SUPPLY	c EIN-PN 95-2749736-003
a	Plan name HEALTHMARK 401(K) PLAN	
b	Name of plan sponsor HEALTHMARK INDUSTRIES COMPANY	c EIN-PN 38-2073977-001
a	Plan name HEALTHNET, INC. 401(K) PLAN	
b	Name of plan sponsor HEALTHNET, INC.	c EIN-PN 35-1579827-001
a	Plan name HELLMANN WORLDWIDE LOGISTICS, INC. 401(K) PLAN	
b	Name of plan sponsor HELLMANN WORLDWIDE LOGISTICS	c EIN-PN 95-4140705-001
a	Plan name HENDRY MARINE INDUSTRIES 401K PLAN	
b	Name of plan sponsor HENDRY MARINE INDUSTRIES	c EIN-PN 47-2955202-002

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	HILLTOP ELECTRIC 401(K) AND RETIREMENT PLAN	
b	Name of plan sponsor	HILLTOP ELECTRIC, INC.	c EIN-PN 83-0498161-001
a	Plan name	HOFFMANN, INC. RETIREMENT PLAN	
b	Name of plan sponsor	HOFFMANN INC.	c EIN-PN 42-1179611-001
a	Plan name	HOUSING TRUST GROUP, LLC 401(K) PLAN	
b	Name of plan sponsor	HOUSING TRUST GROUP, LLC	c EIN-PN 20-5641453-001
a	Plan name	HOUSTON EAR, NOSE & THROAT CLINIC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	HOUSTON EAR, NOSE & THROAT CLINIC, LLP	c EIN-PN 74-1195579-002
a	Plan name	HULL SUPPLY COMPANY, INC. 401(K) PLAN	
b	Name of plan sponsor	HULL SUPPLY COMPANY, INC	c EIN-PN 74-2020646-001
a	Plan name	IA MGMT CORP. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	IA MGMT CORP.	c EIN-PN 45-2686796-001
a	Plan name	IN STEPPS 401(K) PLAN	
b	Name of plan sponsor	IN S.T.E.P.S., INC.	c EIN-PN 80-0582908-001
a	Plan name	INDRAVADAN K. SHAH, M. D. 401(K) PLAN	
b	Name of plan sponsor	INDRAVADAN K. SHAH, M.D.	c EIN-PN 73-1159235-002
a	Plan name	INNOPHOS, INC. 401(K) PLAN	
b	Name of plan sponsor	INNOPHOS, INC.	c EIN-PN 20-1380712-001
a	Plan name	INNOVATIVE DRIVEN 401(K) PLAN	
b	Name of plan sponsor	INNOVATIVE DISCOVERY EMPLOYMENT SERVICES COMPANY, INC.	c EIN-PN 82-1582174-001
a	Plan name	INTELIDENT SOLUTIONS, INC. 401(K) PLAN	
b	Name of plan sponsor	INTELIDENT SOLUTIONS, INC.	c EIN-PN 57-1220613-001
a	Plan name	INTELLUM, INC. 401(K) PLAN	
b	Name of plan sponsor	INTELLUM, INC.	c EIN-PN 58-2567369-001

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	ISPE 401(K) PLAN	
b Name of plan sponsor	ISPE, INC.	c EIN-PN 59-2009272-001
a Plan name	J WILCO ENTERPRISES LLC 401(K) PLAN	
b Name of plan sponsor	J WILCO ENTERPRISES LLC DBA SERVPRO	c EIN-PN 46-1855859-001
a Plan name	J. B. K. GROUP, INC. 401(K) PROFIT SHARING PLAN	
b Name of plan sponsor	J.B.K. GROUP, INC.	c EIN-PN 34-1873488-001
a Plan name	JL MARINE SYSTEMS, INC. 401(K) PLAN	
b Name of plan sponsor	JL MARINE SYSTEMS, INC.	c EIN-PN 59-3548283-001
a Plan name	JOHN A. NASSAR, M.D., P.C. 401(K) PLAN	
b Name of plan sponsor	JOHN A. NASSAR, M.D., P.C.	c EIN-PN 20-4983051-001
a Plan name	JOHN E. RUTH 401(K) PLAN	
b Name of plan sponsor	THE JOHN E. RUTH COMPANY, INC.	c EIN-PN 52-1545319-001
a Plan name	JOHN F. SULLIVAN 401(K) PS PLAN	
b Name of plan sponsor	JOHN F. SULLIVAN, INC.	c EIN-PN 73-1043342-001
a Plan name	JOHN J JERUE TRUCK BROKER, INC. 401(K) PROFIT SHARING PLAN & TRUST	
b Name of plan sponsor	JOHN J JERUE TRUCK BROKER	c EIN-PN 59-1858040-002
a Plan name	JSM SERVICES, INC. 401K PLAN	
b Name of plan sponsor	JSM SERVICES, INC.	c EIN-PN 59-3444761-001
a Plan name	K'IMA W MEDICAL CENTER 401K PLAN	
b Name of plan sponsor	KIMA W MEDICAL CENTER	c EIN-PN 23-7428302-001
a Plan name	KABAFUSION 401(K) PLAN	
b Name of plan sponsor	KABAFUSION HOLDINGS, L.L.C.	c EIN-PN 27-3572421-001
a Plan name	KADIANT'S LIVING YOUR ABSOLUTE BEST RETIREMENT LIFE 401(K) PLAN	
b Name of plan sponsor	KADIANT, LLC	c EIN-PN 83-3935694-001

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 KAYE/BASSMAN INTERNATIONAL CORP. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor KAYE/BASSMAN INTERNATIONAL CORP.	c EIN-PN 75-1773066-001
a	Plan name KBKG, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor KBKG, INC.	c EIN-PN 95-4864453-001
a	Plan name KENNELWOOD VILLAGE, INC. 401(K) PLAN	
b	Name of plan sponsor KENNELWOOD VILLAGE, INC.	c EIN-PN 43-1008901-003
a	Plan name KERSTEN CONSTRUCTION INC. 401(K) RETIREMENT PLAN	
b	Name of plan sponsor KERSTEN CONSTRUCTION, INC.	c EIN-PN 47-0529434-002
a	Plan name KESSEL CONSTRUCTION, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor KESSEL CONSTRUCTION, INC.	c EIN-PN 25-1327045-001
a	Plan name KING'S HAWAIIAN 401(K) PLAN	
b	Name of plan sponsor R&T ONE, INC. (DBA IRRESISTIBLE FOODS GROUP)	c EIN-PN 85-4229454-001
a	Plan name KITCHEN SEED COMPANY INC 401K PLAN	
b	Name of plan sponsor KITCHEN SEED COMPANY, INC.	c EIN-PN 37-1015705-001
a	Plan name KNAPP INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor KNAPP INC.	c EIN-PN 58-2365257-001
a	Plan name KOERNER FORD OF SYRACUSE, INC. PENSION PLAN	
b	Name of plan sponsor KOERNER FORD OF SYRACUSE, INC.	c EIN-PN 01-0722091-001
a	Plan name LAKESIDE CASTING 401(K) PLAN	
b	Name of plan sponsor LAKESIDE CASTING	c EIN-PN 26-1529060-001
a	Plan name LANDTECH RECOURSES 401(K) SAVINGS PLAN	
b	Name of plan sponsor LANDTECH RESOURCES, INC.	c EIN-PN 54-1920130-001
a	Plan name LAWLEY MOTORS, LLC 401(K) PLAN	
b	Name of plan sponsor LAWLEY MOTORS, LLC	c EIN-PN 92-0154693-001

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	LEE WETHERINGTON HOMES, LLC 401(K) PLAN	
b	Name of plan sponsor	LEE WETHERINGTON HOMES, LLC	c EIN-PN 27-4320328-002
a	Plan name	LEPPINK'S LAKEVIEW INC. 401(K) PLAN	
b	Name of plan sponsor	LEPPINKS LAKEVIEW INC	c EIN-PN 38-2650377-001
a	Plan name	LEVINE GREENBERG LIT AGENCY PS PLAN	
b	Name of plan sponsor	LEVINE GREENBERG LITERARY AGENCY	c EIN-PN 13-3519684-001
a	Plan name	LIFECARE 2.0 401(K) PLAN	
b	Name of plan sponsor	LIFECARE 2.0 MANAGMENT SEVICES, LLC	c EIN-PN 84-2742973-001
a	Plan name	LIVINGHR 401(K) PLAN	
b	Name of plan sponsor	LIVINGHR, INC.	c EIN-PN 26-4827295-001
a	Plan name	LOCOMOTE EXPRESS 401(K) PLAN	
b	Name of plan sponsor	LOCOMOTE EXPRESS, LLC	c EIN-PN 26-1315298-001
a	Plan name	LONG BEVERAGE, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	LONG BEVERAGE, INC.	c EIN-PN 56-0568728-001
a	Plan name	LONG ELECTRIC COMPANY, INC. 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	LONG ELECTRIC COMPANY, INC.	c EIN-PN 35-1959429-001
a	Plan name	LOWRANCE MACHINE SHOP, INC. 401(K) PLAN	
b	Name of plan sponsor	LOWRANCE MACHINE SHOP, INC.	c EIN-PN 74-1505965-002
a	Plan name	LOYAL SOURCE GOV'T SERV 401K PLAN	
b	Name of plan sponsor	LOYAL SOURCE GOVT SERVICES	c EIN-PN 30-0564703-001
a	Plan name	LOYAL SOURCE GOV'T SERVICES 401A PL	
b	Name of plan sponsor	LOYAL SOURCE GOVT SERVICES	c EIN-PN 30-0564703-002
a	Plan name	LUNAR TOOL & MOLD, INC. 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	LUNAR TOOL & MOLD, INC.	c EIN-PN 34-0968838-003

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	M&R STRATEGIC SERVICES, INC. 401(K) PLAN	
b	Name of plan sponsor	M&R STRATEGIC SERVICES, INC.	c EIN-PN 13-3588025-002
a	Plan name	MACK MANUFACTURING, INC. 401(K) PLAN	
b	Name of plan sponsor	MACK MANUFACTURING, INC.	c EIN-PN 63-0640153-001
a	Plan name	MADISON HOMEBUILDERS, LLC 401(K) PLAN	
b	Name of plan sponsor	MADISON HOMEBUILDERS, LLC	c EIN-PN 56-2026780-001
a	Plan name	MAGNA LEGAL SERVICES 401(K) / PROFIT SHARING PLAN	
b	Name of plan sponsor	MAGNA LEGAL SERVICES, LLC	c EIN-PN 20-8474245-001
a	Plan name	MARION POLK FOOD SHARE 401(K) PLAN	
b	Name of plan sponsor	MARION POLK FOOD SHARE	c EIN-PN 94-3034161-002
a	Plan name	MARKON COOPERATIVE, INC. 401(K) PLAN	
b	Name of plan sponsor	MARKON COOPERATIVE, INC.	c EIN-PN 38-2623240-001
a	Plan name	MAROUS BROTHERS CONSTRUCTION 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	MAROUS BROTHERS CONSTRUCTION, INC.	c EIN-PN 34-1327243-002
a	Plan name	MARSHALLTOWN COMPANY 401(K) SAVINGS PLAN	
b	Name of plan sponsor	MARSHALLTOWN COMPANY	c EIN-PN 42-0397040-002
a	Plan name	MARTIN DENTISTRY, P. C. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	MARTIN DENTISTRY, P.C.	c EIN-PN 26-3738131-001
a	Plan name	MARTINUS BOTTOM LINE LLC 401(K) PLAN	
b	Name of plan sponsor	MARTINUS BOTTOM LINE LLC	c EIN-PN 92-3329306-001
a	Plan name	MAXENTRIC TECHNOLOGIES 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	MAXENTRIC TECHNOLOGIES, LLC	c EIN-PN 22-3832509-001
a	Plan name	MAYFAIR MANAGEMENT GROUP, LP 401(K) PLAN	
b	Name of plan sponsor	MAYFAIR MANAGEMENT GROUP, LP	c EIN-PN 26-0052388-001

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 MCKENZIE HEALTH SYSTEM 401(K) RETIREMENT PLAN	
b	Name of plan sponsor MCKENZIE MEMORIAL HOSPITAL	c EIN-PN 38-1738615-001
a	Plan name MEDFORD VILLAGE RESORT 401(K) PLAN	
b	Name of plan sponsor MEDFORD VILLAGE RESORT & COUNTRY CLUB	c EIN-PN 22-1924330-001
a	Plan name MEDZED, LLC 401(K) PS PLAN	
b	Name of plan sponsor MEDZED, LLC.	c EIN-PN 47-5386891-001
a	Plan name MELAND BUDWICK, P.A. 401 (K) PROFIT SHARING PLAN	
b	Name of plan sponsor MELAND BUDWICK, P.A.	c EIN-PN 65-0340687-001
a	Plan name MERLIN LAW GROUP, PLLC 401(K) PLAN	
b	Name of plan sponsor MERLIN LAW GROUP, PLLC	c EIN-PN 47-0948426-001
a	Plan name MEYER NAJEM 401K PROFIT SHARING PLAN	
b	Name of plan sponsor MEYER & NAJEM INC.	c EIN-PN 35-1712644-001
a	Plan name MFOC HOLDCO, INC. 401(K) RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor MFOC HOLDCO, INC.	c EIN-PN 45-4078144-001
a	Plan name MG LAW 401(K) PLAN	
b	Name of plan sponsor MEYER GOERGEN PC	c EIN-PN 54-1597612-001
a	Plan name MID COLUMBIA PRODUCERS, INC. 401(K) PLAN AND TRUST	
b	Name of plan sponsor MID COLUMBIA PRODUCERS, INC.	c EIN-PN 93-0975750-001
a	Plan name MIDDLETOWN LOGISTICS, LTD. 401(K) PLAN	
b	Name of plan sponsor MIDDLETOWN LOGISTICS, LTD.	c EIN-PN 82-3708442-001
a	Plan name MINE MR 401(K)	
b	Name of plan sponsor MINE MR	c EIN-PN 47-4631475-001
a	Plan name MONARCH INTERNATIONAL, INC. 401(K) PLAN	
b	Name of plan sponsor MONARCH INTERNATIONAL, INC.	c EIN-PN 02-0333450-001

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 MOODY GARDENS, INC. 401(K) RETIREMENT PLAN	
b	Name of plan sponsor MOODY GARDENS, INC.	c EIN-PN 76-0288131-002
a	Plan name MORRIS INDUSTRIES, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor MORRIS INDUSTRIES, INC.	c EIN-PN 22-1643397-001
a	Plan name MOTION PICTURE ASSOCIATION, INC. EMPLOYEES' 401(K) PLAN	
b	Name of plan sponsor MOTION PICTURE ASSOCIATION, INC.	c EIN-PN 13-1068220-002
a	Plan name MOTUS RECRUITING 401(K) PLAN	
b	Name of plan sponsor MOTUS RECRUITING AND STAFFING, INC.	c EIN-PN 20-4047255-002
a	Plan name MP GLOBAL PRODUCTS, LLC 401(K) PLAN	
b	Name of plan sponsor MP GLOBAL PRODUCTS LLC	c EIN-PN 91-1838266-001
a	Plan name MURPHY AND ROVERUD, PLLP 401(K) PLAN	
b	Name of plan sponsor MURPHY LAW OFFICE PLLP	c EIN-PN 41-2082487-001
a	Plan name NAM DAE MUN FARMERS MARKET 401(K) PLAN	
b	Name of plan sponsor CFC OF GEORGIA, INC.	c EIN-PN 27-0937145-001
a	Plan name NATIONAL DATACARE CORPORATION 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor NATIONAL DATACARE CORPORATION	c EIN-PN 54-1194122-002
a	Plan name NATIONAL SMALL BUSINESS 401(K) PLAN	
b	Name of plan sponsor NATIONAL SMALL BUSINESS UNITED,	c EIN-PN 52-2229940-002
a	Plan name NAUTILUS BIOTECHNOLOGY 401(K) PLAN	
b	Name of plan sponsor NAUTILUS SUBSIDIARY INC.	c EIN-PN 81-4928437-001
a	Plan name NEGROSKI NEUROLOGY, LLP 401(K) PLAN	
b	Name of plan sponsor NEGROSKI NEUROLOGY, LLP	c EIN-PN 65-0591670-001
a	Plan name NEISD DEFERRED COMPENSATION RETIREMENT PLAN	
b	Name of plan sponsor NORTH EAST INDEPENDENT SCHOOL DISTRICT	c EIN-PN 74-6015301-001

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	NEW APM, LLC 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	AMERICAN PHOTO MARKETING, INC.	c EIN-PN 86-1249671-001
a	Plan name	NEW MEXICO CENTER ON LAW AND POVERTY 401(K) PLAN	
b	Name of plan sponsor	THE NEW MEXICO CENTER ON LAW & POVERTY	c EIN-PN 85-0437960-001
a	Plan name	NEW MEXICO MUNICIPAL LEAGUE 401(A) PROFIT-SHARING PLAN AND TRUST	
b	Name of plan sponsor	NEW MEXICO MUNICIPAL LEAGUE	c EIN-PN 85-0138064-002
a	Plan name	NEXTEP 401(K) RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	NEXTEP INC	c EIN-PN 73-1543198-003
a	Plan name	NHE PENSION PLAN	
b	Name of plan sponsor	NATIONWIDE HEALTHCARE SERVICES, LLC	c EIN-PN 26-3999886-001
a	Plan name	NIC INDUSTRIES, INC. PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor	NIC INDUSTRIES, INC.	c EIN-PN 91-1767717-001
a	Plan name	NIGHTHAWK CUSTOM 401(K) PLAN	
b	Name of plan sponsor	NIGHTHAWK CUSTOM LLC	c EIN-PN 20-2269991-001
a	Plan name	NO SLEEP TOMORROW 401(K) PLAN	
b	Name of plan sponsor	INSOMNIAC DESIGN, INC.	c EIN-PN 52-2359487-001
a	Plan name	NOBLE INDUSTRIES, INC. 401(K) PLAN	
b	Name of plan sponsor	NOBLE INDUSTRIES, INC.	c EIN-PN 27-0028270-001
a	Plan name	NORTH RIVERS DENTAL ASSOCIATES, LLC 401(K) PLAN	
b	Name of plan sponsor	NORTH RIVERS DENTAL PRACTICE, LLC	c EIN-PN 46-1650418-001
a	Plan name	NORTHERN TOOL & EQUIPMENT COMPANY, INC. 401(K) PLAN	
b	Name of plan sponsor	NORTHERN TOOL & EQUIPMENT COMPANY, INC.	c EIN-PN 41-1405311-003
a	Plan name	NOVA 401(K) PLAN	
b	Name of plan sponsor	NOVA 401K ASSOCIATES	c EIN-PN 20-1181458-001

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	ONEWORLD 401(K) PLAN	
b	Name of plan sponsor	ONEWORLD COMMUNITY HEALTH CENTERS, INC.	c EIN-PN 47-0548990-001
a	Plan name	OPTICSPLANET, INC. 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor	OPTICSPLANET, INC.	c EIN-PN 36-4397726-001
a	Plan name	OPTIMUS STEEL 401(K) PLAN	
b	Name of plan sponsor	OPTIMUS STEEL LLC	c EIN-PN 82-4229324-002
a	Plan name	ORANGE COAST TITLE FAMILY OF COMPANIES EMPLOYEE SAVINGS PLAN	
b	Name of plan sponsor	ORANGE COAST TITLE COMPANY	c EIN-PN 95-2871609-001
a	Plan name	ORASI SOFTWARE, INC. 401(K) PLAN	
b	Name of plan sponsor	ORASI SOFTWARE, INC.	c EIN-PN 36-4494715-001
a	Plan name	OREPAC SAVINGS AND INVESTMENT PLAN	
b	Name of plan sponsor	OREPAC HOLDING COMPANY	c EIN-PN 93-0670556-001
a	Plan name	OVEN INDUSTRIES INC. 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor	OVEN INDUSTRIES INC.	c EIN-PN 20-2681227-001
a	Plan name	OXENDALE & ASSOCIATES, INC. 401(K) PLAN	
b	Name of plan sponsor	OXENDALE & ASSOCIATES, INC.	c EIN-PN 86-0512737-001
a	Plan name	P3I, INCORPORATED 401(K) PLAN	
b	Name of plan sponsor	P3I, INCORPORATED	c EIN-PN 04-3508066-001
a	Plan name	PEACHTREE HOTEL GROUP 401(K) PLAN	
b	Name of plan sponsor	PEACHTREE HOTEL GROUP, LLC	c EIN-PN 26-1186759-001
a	Plan name	PENNDIOS, LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	PENNDIOS, LLC	c EIN-PN 20-2076145-002
a	Plan name	PENSION PLAN OF THE CLY-DEL MANUFACTURING COMPANY	
b	Name of plan sponsor	THE CLY-DEL MANUFACTURING COMPANY	c EIN-PN 06-0297455-001

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	PEOPLEASE LLC PLC SERVICES, LLC 401(K) PLAN	
b	Name of plan sponsor	PEOPLEASE LLC	c EIN-PN 57-0993401-001
a	Plan name	PEOPLES SERVICES INC. 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	PEOPLES SERVICES INC	c EIN-PN 34-1692443-002
a	Plan name	PERRY & YOUNG, P.A. 401(K) PLAN	
b	Name of plan sponsor	PERRY & YOUNG, P.A.	c EIN-PN 26-3360036-001
a	Plan name	PESTA, FINNIE & ASSOCIATES, LLP 401(K) / PROFIT SHARING PLAN	
b	Name of plan sponsor	PESTA, FINNIE & ASSOCIATES, LLP	c EIN-PN 56-1761672-001
a	Plan name	PETRICCA INDUSTRIES, INC 401(K) PLAN	
b	Name of plan sponsor	PETRICCA INDUSTRIES, INC	c EIN-PN 04-2543665-002
a	Plan name	PGH WONG ENGINEERING, INC. 401(K) PLAN	
b	Name of plan sponsor	PGH WONG ENGINEERING, INC.	c EIN-PN 94-2987905-001
a	Plan name	PHALCON, LTD. 401(K) PLAN	
b	Name of plan sponsor	PHALCON LTD.	c EIN-PN 20-8104883-001
a	Plan name	PHARMACY DATA MANAGEMENT, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	PHARMACY DATA MANAGEMENT, INC.	c EIN-PN 34-1435943-001
a	Plan name	PHYSICAL EXAMS, INC., 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	PHYSICAL EXAMS, INC.	c EIN-PN 20-0482224-001
a	Plan name	PINNACLE FOOD SALES 401K PLAN & TRUST	
b	Name of plan sponsor	PINNACLE FOOD SALES	c EIN-PN 59-1323060-001
a	Plan name	PINNACLE HOME CARE, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	PINNACLE HOME CARE, INC.	c EIN-PN 45-0502569-001
a	Plan name	PIONEER HOME 401(K) PLAN	
b	Name of plan sponsor	PIONEER HOME, INC.	c EIN-PN 41-0711612-002

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	PITA INN, INC. 401(K) PLAN	
b	Name of plan sponsor	PITA INN, INC.	c EIN-PN 36-3177261-001
a	Plan name	PIVOT PUNCH CORPORATION 401(K) PLAN	
b	Name of plan sponsor	PIVOT PUNCH CORPORATION	c EIN-PN 16-0845348-002
a	Plan name	PLASTIC REINFORCEMENTS, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	PLASTIC REINFORCEMENTS, INC. DBA ADVANCED CUSTOM MANUFACTURING	c EIN-PN 95-3820454-001
a	Plan name	PLEASANT VALLEY CORPORATION 401(K) PLAN	
b	Name of plan sponsor	PLEASANT VALLEY CORPORATION	c EIN-PN 27-0901655-001
a	Plan name	POLINGER COMPANY 401(K) PLAN	
b	Name of plan sponsor	POLINGER COMPANY	c EIN-PN 52-0624763-002
a	Plan name	POLYMER INDUSTRIES 401(K) PLAN	
b	Name of plan sponsor	POLYMER INDUSTRIES	c EIN-PN 63-0944591-002
a	Plan name	POWDER MOUNTAIN 401(K) PLAN	
b	Name of plan sponsor	SMHG MANAGEMENT, LLC DBA POWDER MOUNTAIN	c EIN-PN 46-1535641-001
a	Plan name	PRECISION MEASUREMENTS, INC. 401(K) PLAN	
b	Name of plan sponsor	PRECISION MEASUREMENTS, INC.	c EIN-PN 54-1768787-001
a	Plan name	PREMIER MORTGAGE RESOURCES 401(K) PLAN	
b	Name of plan sponsor	PREMIER MORTGAGE RESOURCES	c EIN-PN 20-2718340-001
a	Plan name	PRESTIGE BEVERAGE GROUP OF 401(K) PLAN	
b	Name of plan sponsor	PRESTIGE BEVERAGE GROUP OF MARYLAND	c EIN-PN 80-0472338-001
a	Plan name	PRIDE CAPITAL PARTNERS, LLC 401(K) PLAN	
b	Name of plan sponsor	PRIDE CAPITAL PARTNERS, LLC	c EIN-PN 54-2131570-001
a	Plan name	PRIORITY 1 AIR RESCUE 401(K) PLAN	
b	Name of plan sponsor	PRIORITY 1 AIR RESCUE OPERATIONS AZ, LP	c EIN-PN 26-3266525-001

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	PRODUCTION CASTINGS INC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	PRODUCTION CASTINGS, INC.	c EIN-PN 36-2954224-001
a	Plan name	PROFESSIONAL ANESTHESIA SERVICES, INC., 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	PROFESSIONAL ANESTHESIA SERVICES, INC.	c EIN-PN 55-0665912-001
a	Plan name	PSIQUANTUM 401(K) PLAN	
b	Name of plan sponsor	PSIQUANTUM CORP	c EIN-PN 81-1715139-001
a	Plan name	PURA SCENTS, INC. 401(K) PLAN	
b	Name of plan sponsor	PURA SCENTS, INC.	c EIN-PN 47-4157710-001
a	Plan name	PURE SEED 401(K) PLAN	
b	Name of plan sponsor	ROSE AGRI-SEED, INC DBA PURE SEED	c EIN-PN 93-0584935-001
a	Plan name	QUALAWASH HOLDINGS, LLC 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	QUALAWASH HOLDINGS, LLC	c EIN-PN 27-0683851-001
a	Plan name	QUALITY ENERGY SERVICES, INC. 401(K) PLAN	
b	Name of plan sponsor	GLOBAL INTERNATIONAL MARINE, INC.	c EIN-PN 72-0779525-001
a	Plan name	RAGLAND BROS. RETAIL 401(K) PLAN	
b	Name of plan sponsor	RAGLAND BROS. RETAIL COS., INC.	c EIN-PN 63-0879720-001
a	Plan name	RANDALL S. FUDGE, P. C. 401(K) PLAN	
b	Name of plan sponsor	RANDALL S. FUDGE, P.C.	c EIN-PN 73-1570297-001
a	Plan name	RBB SYSTEMS, INC. RET SAVINGS PLAN	
b	Name of plan sponsor	RBB SYSTEMS, INC.	c EIN-PN 34-1353186-001
a	Plan name	REBACK'S PLUMBING N' THINGS 401(K) PLAN	
b	Name of plan sponsor	REBACKS PLUMBING N THINGS, INC.	c EIN-PN 95-3041478-001
a	Plan name	RECREATION WORLD, INC. 401(K) PLAN AND TRUST	
b	Name of plan sponsor	RECREATION WORLD, INC.	c EIN-PN 59-1695648-002

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 REGIONAL INDUSTRIES 401(K) PLAN	
b	Name of plan sponsor REGIONAL INDUSTRIES, LLC	c EIN-PN 22-3558711-001
a	Plan name RELISHIQ INC 401K PROFIT SHARING PLAN	
b	Name of plan sponsor RELISH IQ	c EIN-PN 85-4099959-001
a	Plan name RESCO PRODUCTS, INC. RETIREMENT PLAN FOR UNITED STEELWORKERS OF AMERICA	
b	Name of plan sponsor RESCO PRODUCTS, INC.	c EIN-PN 23-1279448-025
a	Plan name RESOURCE BANK RETIREMENT PLAN	
b	Name of plan sponsor RESOURCE BANK	c EIN-PN 72-1410047-001
a	Plan name REYTEC CONSTRUCTION RESOURCES, INC. 401(K) PLAN	
b	Name of plan sponsor REYTEC CONSTRUCTION RESOURCES, INC.	c EIN-PN 76-0516513-001
a	Plan name RISK STRATEGIES POOLED EMPLOYER PLAN FOR PRIVATE EQUITY PORTFOLIO CO	
b	Name of plan sponsor PLAN COMPLIANCE SERVICES, INC.	c EIN-PN 59-3708427-001
a	Plan name ROBERT J. ROMALINO PTPC ADVANCED PHYSICAL THERAPY 401(K) PLAN	
b	Name of plan sponsor ROBERT J. ROMALINO, PTPC ADVANCED PHYSICAL THERAPY	c EIN-PN 90-0003223-001
a	Plan name ROBERTSON-RYAN & ASSOCIATES, INC. 401(K) SAVINGS PLAN	
b	Name of plan sponsor ROBERTSON RYAN & ASSOCIATES, INC.	c EIN-PN 39-0605130-002
a	Plan name RPC, INC. RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor RPC, INC.	c EIN-PN 59-2707333-003
a	Plan name RUSKEN PACKAGING, INC. 401(K) PLAN	
b	Name of plan sponsor RUSKEN PACKAGING, INC.	c EIN-PN 63-0776136-001
a	Plan name S.J. LOUIS CONSTRUCTION, INC. RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor S. J. LOUIS CONSTRUCTION, INC	c EIN-PN 41-1440589-001
a	Plan name S.L. FUSCO, INC. 401(K) PLAN	
b	Name of plan sponsor S.L. FUSCO, INC.	c EIN-PN 95-1998584-001

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	SAN MARCOS/ HAYS COUNTY EMS, INC. 401(K) PLAN	
b	Name of plan sponsor	SAN MARCOS/ HAYS COUNTY EMS, INC.	c EIN-PN 74-2276859-001
a	Plan name	SANGOMA US INC. 401K PLAN	
b	Name of plan sponsor	SANGOMA US INC.	c EIN-PN 61-1752222-002
a	Plan name	SARASOTA 500, LLC DBA SARASOTA FORD 401K PLAN	
b	Name of plan sponsor	SARASOTA 500, LLC	c EIN-PN 20-0194997-001
a	Plan name	SARASOTA EMERGENCY ASSOCIATES, PA 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	SARASOTA EMERGENCY ASSOCIATES, PA	c EIN-PN 65-0376480-002
a	Plan name	SAXCO INTERNATIONAL, LLC SAVINGS AND INVESTMENT PLAN	
b	Name of plan sponsor	SAXCO INTERNATIONAL, LLC	c EIN-PN 27-3989735-002
a	Plan name	SBA 401(K) PLAN	
b	Name of plan sponsor	SCHOELLER BLECKMANN AMERICA, INC.	c EIN-PN 51-0332482-001
a	Plan name	SBC SOLUTIONS GROUP 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	SHREDDER BEDDING CORP. DBA SBC SOLUTIONS GROUP	c EIN-PN 31-1382376-002
a	Plan name	SCHNEIDER PAPER PRODUCTS, INC. 401(K) PLAN	
b	Name of plan sponsor	SCHNEIDER PAPER PRODUCTS, INC.	c EIN-PN 72-0502564-002
a	Plan name	SCHODER RIVER ASSOCIATES 401(K) PLAN	
b	Name of plan sponsor	SCHODER RIVERS ASSOCIATES CONSULTING ENGINEERS	c EIN-PN 14-1803097-001
a	Plan name	SCOTT COUNTY 401(A) PLAN	
b	Name of plan sponsor	SCOTT COUNTY GOVERNMENT	c EIN-PN 35-6000195-401
a	Plan name	SCOTT COUNTY GOVERNMENT EMPLOYEE 457(B) PLAN	
b	Name of plan sponsor	SCOTT COUNTY GOVERNMENT	c EIN-PN 35-6000195-457
a	Plan name	SDI TECHNOLOGIES INC. PENSION PLAN	
b	Name of plan sponsor	SDI TECHNOLOGIES INC.	c EIN-PN 13-5676428-001

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 SEASONS EVOO HOLDINGS LLC RETIREMENT SAVINGS PLAN 401(K)	
b	Name of plan sponsor SEASONS EVOO HOLDINGS, LLC	c EIN-PN 47-1946111-001
a	Plan name SEASONS RETIREMENT GROUP HAVENPARK 401(K) RETIREMENT PLAN	
b	Name of plan sponsor HEARTLAND COMMUNITIES, LLC	c EIN-PN 81-3245597-001
a	Plan name SHC MSO 401K PLAN	
b	Name of plan sponsor SHC MSO LLC	c EIN-PN 99-4557792-001
a	Plan name SID PETERSON MEMORIAL HOSPITAL 401(K) SAVINGS AND PROFIT SHARING PLAN	
b	Name of plan sponsor SID PETERSON MEMORIAL HOSPITAL	c EIN-PN 74-2557820-003
a	Plan name SIERRA CANYON FOUNDATION 401(K) PLAN	
b	Name of plan sponsor SIERRA CANYON HIGH SCHOOL FOUNDATION	c EIN-PN 95-4823704-001
a	Plan name SIETE FAMILY FOODS 401(K) RETIREMENT PLAN	
b	Name of plan sponsor SIETE FAMILY FOODS	c EIN-PN 46-5012862-001
a	Plan name SKYWAY ROOFING INC. PROFIT SHARING AND RETIREMENT PLAN	
b	Name of plan sponsor SKYWAY ROOFING, INC.	c EIN-PN 14-1763964-001
a	Plan name SMOKE VISION CARE 401(K) PLAN	
b	Name of plan sponsor DR. BRADLEY P. MUNDY, O.D., PLLC	c EIN-PN 86-1970160-001
a	Plan name SOILS ENGINEERING, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor SOILS ENGINEERING, INC.	c EIN-PN 95-2429539-001
a	Plan name SONDERMIND, INC. 401(K) PLAN	
b	Name of plan sponsor SONDERMIND, INC.	c EIN-PN 82-3006071-001
a	Plan name SOUTHERN CONNECTICUT DERMATOLOGY, P.C. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor SOUTHERN CONNECTICUT DERMATOLOGY, P.C.	c EIN-PN 06-1434391-002
a	Plan name SOUTHERN NEW JERSEY STEEL CO., INC. 401(K) PLAN	
b	Name of plan sponsor SOUTHERN NEW JERSEY STEEL CO., INC.	c EIN-PN 22-2371536-001

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 SOUTHGATE SANITATION DISTRICT EMPLOYEES' PENSION PLAN	
b	Name of plan sponsor SOUTHGATE SANITATION DISTRICT	c EIN-PN 84-6079965-001
a	Plan name SPECTRUM CONTROL, INC. 401(K) PLAN	
b	Name of plan sponsor SPECTRUM CONTROL, INC.	c EIN-PN 25-1196447-001
a	Plan name STEINKAMP 401(K) PLAN	
b	Name of plan sponsor STEINKAMP MOLDING, LTD	c EIN-PN 61-1353777-001
a	Plan name STEVENS COMPANIES 401(K) PLAN & TRUST	
b	Name of plan sponsor STEVENS COMPANIES 401(K) PLAN & TRU	c EIN-PN 75-1302273-001
a	Plan name SUMMUS HEALTH CARE 401(K) PLAN	
b	Name of plan sponsor SUMMUS HEALTH CARE, LLC	c EIN-PN 82-2957179-001
a	Plan name SUNBELT FOREST PRODUCTS, INC. 401(K) RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor SUNBELT FOREST PRODUCTS, INC.	c EIN-PN 67-0707544-001
a	Plan name SUNRISE OILFIELD SUPPLY 401(K) PLAN	
b	Name of plan sponsor SUNRISE OILFIELD SUPPLY, LLC	c EIN-PN 82-3427277-001
a	Plan name SYNERGY SETTLEMENT SERVICES, INC. 401(K) P/S PLAN	
b	Name of plan sponsor SYNERGY SETTLEMENT SERVICES, INC.	c EIN-PN 26-2241253-001
a	Plan name SZANCA SOLUTIONS 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor SZANCA SOLUTIONS, INC.	c EIN-PN 52-2447092-001
a	Plan name TAYLOR FREEZER SALES, LLC 401K PROFIT SHARING PLAN	
b	Name of plan sponsor TAYLOR FREEZER SALES, LLC	c EIN-PN 82-3820016-001
a	Plan name TC LYONS ELECTRIC, LLC 401(K) RETIREMENT PLAN	
b	Name of plan sponsor TC LYONS ELECTRIC, LLC	c EIN-PN 47-3321896-001
a	Plan name TEAMWORX SECURITY 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor TEAMWORX SECURITY, INC.	c EIN-PN 81-4084663-001

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	TECHNICAL AIR PRODUCTS 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	TECHNICAL AIR PRODUCTS, LLC	c EIN-PN 38-4023649-001
a	Plan name	TESDELL ELECTRIC, LTD 401K PLAN	
b	Name of plan sponsor	TESDELL ELECTRIC, LTD	c EIN-PN 42-1376769-001
a	Plan name	THE 401K MANEUVER POOLED EMPLOYER PLAN	
b	Name of plan sponsor	THE FINWAY GROUP, LLC	c EIN-PN 42-1468222-017
a	Plan name	THE 401K PLAN PEP	
b	Name of plan sponsor	PENTEGRA SERVICES INC	c EIN-PN 13-5645888-003
a	Plan name	THE ANIMAL CARE CENTER OF PASCO COUNTY, INC. 401(K) PLAN	
b	Name of plan sponsor	THE ANIMAL CARE CENTER OF PASCO COUNTY, INC.	c EIN-PN 59-3153271-001
a	Plan name	THE ARCHITECT 401(K) PLAN - THE FINWAY GROUP, LLC	
b	Name of plan sponsor	THE FINWAY GROUP, LLC	c EIN-PN 42-1468222-001
a	Plan name	THE ASHGROVE HOLDINGS 401K PLAN	
b	Name of plan sponsor	ASHGROVE HOLDINGS, LLC	c EIN-PN 13-4122483-001
a	Plan name	THE BEACON GROUP, LLC 401K PLAN	
b	Name of plan sponsor	THE BEACON GROUP, LLC	c EIN-PN 35-2342753-001
a	Plan name	THE CAM COLLECTIVE 401(K) PLAN	
b	Name of plan sponsor	TROWBRIDGE CAM HOLDINGS, INC	c EIN-PN 88-1147453-001
a	Plan name	THE COMMERCIAL GROUP, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	THE COMMERCIAL GROUP, INC.	c EIN-PN 65-0627992-002
a	Plan name	THE LAWRENCE GROUP COMPANIES 401(K) PLAN	
b	Name of plan sponsor	G. M. LAWRENCE & CO.	c EIN-PN 46-4308986-001
a	Plan name	THE PATUXENT PARTNERSHIP 401 (K) PLAN	
b	Name of plan sponsor	THE PATUXENT PARTNERSHIP	c EIN-PN 52-2056982-001

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 PORCH FACTORY 401(K) PLAN	
b	Name of plan sponsor	THE PORCH FACTORY, LLC	c EIN-PN 27-4435513-001
a	Plan name	THE RUSKIN MOSCOU FALTISCHEK, P.C. 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	RUSKIN MOSCOU FALTISCHEK, P.C.	c EIN-PN 11-2301137-002
a	Plan name	THE TSG PEP	
b	Name of plan sponsor	PENTEGRA SERVICES, INC.	c EIN-PN 13-3745616-014
a	Plan name	THE U.S. PETROLEUM PARTNERS 401(K) PLAN	
b	Name of plan sponsor	U.S. PETROLEUM PARTNERS, LLC	c EIN-PN 83-1469067-001
a	Plan name	THE WINDOW NATION 401(K) AND PROFIT SHARING PLAN	
b	Name of plan sponsor	WINDOW NATION LLC	c EIN-PN 20-5084724-001
a	Plan name	TITAN HOME IMPROVEMENT 401(K) PLAN	
b	Name of plan sponsor	TITAN HOLDINGS, LLC	c EIN-PN 84-2483167-002
a	Plan name	TOM'S PLUMBING SERVICE, INC. 401(K) PLAN	
b	Name of plan sponsor	TOMS PLUMBING SERVICE, INC	c EIN-PN 46-5266402-001
a	Plan name	TOMAHAWK ENERGY INC 401(K) PROFIT SHARING PLAN TRUST	
b	Name of plan sponsor	TOMAHAWK ENERGY INC	c EIN-PN 58-2198682-001
a	Plan name	TOTAL WAREHOUSE, INC. 401(K) PLAN	
b	Name of plan sponsor	TOTAL WAREHOUSE, INC.	c EIN-PN 82-2468672-001
a	Plan name	TPC ENGINEERING HOLDINGS, INC. 401(K) PLAN	
b	Name of plan sponsor	TPC ENGINEERING HOLDINGS, INC.	c EIN-PN 87-4037719-001
a	Plan name	TRACKABLE LEAD GENERATION 401(K) PLAN	
b	Name of plan sponsor	TRACKABLE LEAD GENERATION, LLC	c EIN-PN 45-2968288-001
a	Plan name	TRANS-TECH ENERGY, LLC 401K PLAN	
b	Name of plan sponsor	TRANS-TECH ENERGY, LLC	c EIN-PN 46-1316128-001

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	TRINITY PAYMENT SOLUTIONS, LP 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	TRINITY PAYMENT SOLUTIONS, LP	c EIN-PN 83-3522540-001
a	Plan name	TRINITY TILE GROUP, LLC 401(K) PLAN	
b	Name of plan sponsor	TRINITY TILE GROUP, LLC	c EIN-PN 82-2612546-001
a	Plan name	TRIUUS FEDERAL CREDIT UNION CAPITAL ACCUMULATION PLAN	
b	Name of plan sponsor	TRIUUS FEDERAL CREDIT UNION	c EIN-PN 47-0532005-003
a	Plan name	TRYON MEDICAL PARTNERS 401(K) RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	TRYON MEDICAL PARTNERS, PLLC	c EIN-PN 82-3553452-001
a	Plan name	TVS 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	THOMPSON VENTULETT STAINBACK & ASSOCIATES INC.	c EIN-PN 58-1274188-002
a	Plan name	UA LOCAL 159 DCP	
b	Name of plan sponsor	BOARD OF TRUSTEES OF THE UA LOCAL NO1	c EIN-PN 94-2859426-001
a	Plan name	ULTRAMET 401(K) SAVINGS AND INVESTMENT PLAN	
b	Name of plan sponsor	ULTRAMET	c EIN-PN 95-2662293-001
a	Plan name	UNICORP NATIONAL DEVELOPMENTS INC. 401K PROFIT SHARING PLAN	
b	Name of plan sponsor	UNICORP NATIONAL DEVELOPMENTS INC.	c EIN-PN 59-3494092-002
a	Plan name	UNIFIED WINDOW SYSTEMS, INC. 401(K) PLAN	
b	Name of plan sponsor	UNIFIED WINDOW SYSTEMS, INC.	c EIN-PN 11-2951669-001
a	Plan name	UNIPRES ALABAMA 401(K) PLAN	
b	Name of plan sponsor	UNIPRES ALABAMA, INC.	c EIN-PN 47-1278115-001
a	Plan name	UNITED TRANSPORT 401(K) PLAN	
b	Name of plan sponsor	UNITED TRANSPORT, LLC	c EIN-PN 81-5246030-001
a	Plan name	UNIVERSAL MACHINE COMPANY OF POTTSTOWN INC. 401(K) PLAN	
b	Name of plan sponsor	UNIVERSAL MACHINE COMPANY OF POTTSTOWN, INC.	c EIN-PN 23-1513081-004

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	UNIVERSITY MANAGEMENT, INC. EMPLOYEES PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor	UNIVERSITY MANAGEMENT, INC.	c EIN-PN 64-0657688-001
a	Plan name	UPTOWN DERMATOLOGY & SKINSPA, P.A. RETIREMENT PLAN	
b	Name of plan sponsor	UPTOWN DERMATOLOGY & SKINSPA, P.A.	c EIN-PN 20-1787578-001
a	Plan name	VANGUARD PACKAGING 401(K) PLAN	
b	Name of plan sponsor	VANGUARD PACKAGING, LLC	c EIN-PN 43-1055764-001
a	Plan name	VARIOSYSTEMS, INC. 401(K) PLAN	
b	Name of plan sponsor	VARIOSYSTEMS, INC.	c EIN-PN 75-2793709-001
a	Plan name	VICTORIA U.S. HOLDINGS 401(K) PLAN	
b	Name of plan sponsor	VICTORIA U.S. HOLDINGS	c EIN-PN 20-3050842-001
a	Plan name	VTRIPS 401(K) PLAN	
b	Name of plan sponsor	VACATION RENTAL PROS PROPERTY MA	c EIN-PN 20-5070889-004
a	Plan name	WALT'S WHOLESALE MEATS 401(K) PLAN	
b	Name of plan sponsor	WALTS WHOLESALE MEATS INC	c EIN-PN 91-1936167-001
a	Plan name	WANHUA CHEMICAL 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor	WANHUA CHEMICAL (AMERICA) CO., LTD.	c EIN-PN 37-1766067-001
a	Plan name	WATSONRICE LLP 401(K) PLAN	
b	Name of plan sponsor	WATSONRICE LLP	c EIN-PN 26-1726741-001
a	Plan name	WEIS BUILDERS, INC. PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor	WEIS BUILDERS, INC.	c EIN-PN 41-0834779-001
a	Plan name	WEST SHORE HOME, LLC 401(K) PLAN	
b	Name of plan sponsor	WEST SHORE HOME, LLC	c EIN-PN 30-0371596-001
a	Plan name	WESTERN HOME EMPLOYEES RETIREMENT PLAN	
b	Name of plan sponsor	WESTERN HOME SERVICES	c EIN-PN 27-2825987-001

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	WESTERWOOD GLOBAL USA CORPORATION 401(K) PLAN	
b	Name of plan sponsor	WESTERWOOD GLOBAL USA CORPORATION	c EIN-PN 80-0905560-001
a	Plan name	WHITE SANDS PODIATRY 401(K) PLAN	
b	Name of plan sponsor	WHITE SANDS PODIATRY	c EIN-PN 47-2092001-001
a	Plan name	WILLAMETTE VALLEY BANK 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	WILLAMETTE VALLEY BANK	c EIN-PN 93-1277376-001
a	Plan name	WILSONHCG, INC. 401(K) PLAN	
b	Name of plan sponsor	WILSON HUMAN CAPITAL GROUP, INC.	c EIN-PN 05-0537889-001
a	Plan name	WINDWAVE COMMUNICATIONS 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	WINDWAVE TECHNOLOGIES, INC.	c EIN-PN 20-1167279-001
a	Plan name	WOODCREST CHRISTIAN SCHOOL SYSTEMS	
b	Name of plan sponsor	WOODCREST CHRISTIAN SCHOOL SYSTEM	c EIN-PN 95-1756426-002
a	Plan name	WORLDCOM EXCHANGE, INC. 401(K) PLAN	
b	Name of plan sponsor	WORLDCOM EXCHANGE, INC.	c EIN-PN 04-3061090-001
a	Plan name	WRIGHT MANUFACTURING, INC. 401(K) RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	WRIGHT MANUFACTURING, INC.	c EIN-PN 52-1369930-002
a	Plan name	WRNPHC RETIREMENT PLAN	
b	Name of plan sponsor	WESTERN REGION NONPROFIT HOUSING CORPORATION	c EIN-PN 20-0330858-001
a	Plan name		
b	Name of plan sponsor		c EIN-PN
a	Plan name		
b	Name of plan sponsor		c EIN-PN
a	Plan name		
b	Name of plan sponsor		c EIN-PN

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 INDEXSELECT CONSERVATIVE 2045 FUND	B Three-digit plan number (PN) ▶ 313
C Plan sponsor's name as shown on line 2a of Form 5500 GREAT GRAY TRUST COMPANY, LLC	D Employer Identification Number (EIN) 81-4532033

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

		(a) Beginning of Year	(b) End of Year
Assets			
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	1299162	8279733
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)	67195730	79573739
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)		
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)		
(2) Employer real property.....	1d(2)		
e Buildings and other property used in plan operation.....	1e		
f Total assets (add all amounts in lines 1a through 1e).....	1f	68494892	87853472
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h	0	30375
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j	1323818	8279746
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	1323818	8310121
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	67171074	79543351

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)	8492821
(7) Net investment gain (loss) from pooled separate accounts	2b(7)	
(8) Net investment gain (loss) from master trust investment accounts	2b(8)	
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)	
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)	
c Other income	2c	
d Total income. Add all income amounts in column (b) and enter total.....	2d	8492821

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)	3941
(5) Investment advisory and investment management fees	2i(5)	83928
(6) Bank or trust company trustee/custodial fees	2i(6)	28197
(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)	116066
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j	116066

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d.....	2k	8376755
l Transfers of assets:		
(1) To this plan.....	2l(1)	39426758
(2) From this plan	2l(2)	35431236

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 _____.