

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 2055 FUND; 1b Three-digit plan number (PN): 314; 1c Effective date of plan; 2a Plan sponsor's name: GREAT GRAY TRUST COMPANY, LLC; 2b Employer Identification Number (EIN): 81-4543855; 2c Plan Sponsor's telephone number: 866-427-6885; 2d Business code

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 01/01/2024 and ending 12/31/2024

A Name of plan <u>INDEXSELECT CONSERVATIVE 2055 FUND</u>	B Three-digit plan number (PN)	<u>▶</u> <u>314</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>81-4543855</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: COMMODITY INDEX DAILY FUND F

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

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>
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a Name of MTIA, CCT, PSA, or 103-12 IE: DEVELOPED REAL ESTATE INDEX FUND F

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

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>
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a Name of MTIA, CCT, PSA, or 103-12 IE: BR MSCI ACWI EX-US IMI INDEX FUND F

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

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>13727565</u>
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a Name of MTIA, CCT, PSA, or 103-12 IE: RUSSELL 1000 INDEX FUND F

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

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>23710437</u>
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a Name of MTIA, CCT, PSA, or 103-12 IE: RUSSELL 2000 INDEX FUND F

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

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>1505921</u>
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a Name of MTIA, CCT, PSA, or 103-12 IE: U.S. TIPS FUND F

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

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>
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a Name of MTIA, CCT, PSA, or 103-12 IE: GREAT GRAY TRUST STABLE VALUE FUND

b Name of sponsor of entity listed in (a): GREAT GRAY TRUST COMPANY, LLC

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>1528264</u>
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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) 1894690
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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) 424518
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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) 4469
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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) 1890221
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a Name of MTIA, CCT, PSA, or 103-12 IE:

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

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

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

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

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

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

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

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

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

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

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

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	3D PARTNERS LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	3D PARTNERS	c EIN-PN 83-3647207-001
a	Plan name	4D CONSTRUCTION 401(K) PLAN	
b	Name of plan sponsor	DEEDS CONSTRUCTION CO, LLC	c EIN-PN 65-1313495-001
a	Plan name	A & F ENGINEERING 401K RETIREMENT PLAN	
b	Name of plan sponsor	A & F ENGINEERING CO LLC	c EIN-PN 30-0970446-001
a	Plan name	A360 INC. 401(K) PLAN	
b	Name of plan sponsor	A360 INC.	c EIN-PN 81-4491906-001
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	ACME TRUCK LINE 401(K) PLAN	
b	Name of plan sponsor	ACME TRUCK LINE, INC.	c EIN-PN 72-0540787-001
a	Plan name	ADAMS GROUP 401(K) PLAN & TRUST	
b	Name of plan sponsor	ADAMS BROS. CABINETRY, INC. D/B/A ADAMS GROUP	c EIN-PN 59-2479450-001
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	AEYON LLC 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor	AEYON LLC	c EIN-PN 45-2088060-001
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

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	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
a Plan name	ALDEN SYSTEMS, INC. 401(K) PLAN	
b Name of plan sponsor	ALDEN SYSTEMS, INC.	c EIN-PN 63-1166907-001
a Plan name	ALL-TYPE WELDING AND FABRICATION INC 401(K) PROFIT SHARING PLAN & TRUST	
b Name of plan sponsor	ALL-TYPE WELDING AND FABRICATION	c EIN-PN 34-1546461-001
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	ALM AUTOMOTIVE 401(K) PLAN	
b Name of plan sponsor	ALM AUTOMOTIVE GROUP, LLC	c EIN-PN 47-3822444-001
a Plan name	ALONTI 401(K) PLAN	
b Name of plan sponsor	PEPI CORPORATION	c EIN-PN 74-2070055-002
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 EAGLE WASTE INDUSTRIES 401 K PROFIT SHARING PLAN TRUST	
b Name of plan sponsor	AMERICAN EAGLE WASTE INDUSTRIES, LLC	c EIN-PN 02-0709689-001
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

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	ANDERSON MECHANICAL SERVICES, INC. 401(K) PLAN	
b	Name of plan sponsor	ANDERSON MECHANICAL SERVICES, INC.	c EIN-PN 54-1464427-001
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
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	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	ARCXIS 401(K) PLAN	
b	Name of plan sponsor	DPIS ENGINEERING, LLC D/B/A ARCXIS	c EIN-PN 47-2374293-004
a	Plan name	ARGONAUT WINE & LIQUOR STORE, INC. 401(K) PLAN	
b	Name of plan sponsor	ARGONAUT WINE & LIQUOR STORE, INC.	c EIN-PN 84-0534946-001
a	Plan name	ARMADA PARENT, INC. 401 (K) PLAN	
b	Name of plan sponsor	ARMADA PARENT, INC.	c EIN-PN 87-2821244-001
a	Plan name	ARTAIC GROUP, LLC 401(K) PLAN	
b	Name of plan sponsor	ARTAIC GROUP	c EIN-PN 82-1977460-001
a	Plan name	ASHBERRY ACQUISITION CO 401K PLAN	
b	Name of plan sponsor	ASHBERRY ACQUISITION COMPANY	c EIN-PN 58-2631904-001
a	Plan name	ASSOCIATED ELECTRO-MECHANICS, INC. RETIREMENT READINESS 401(K) PLAN	
b	Name of plan sponsor	ASSOCIATED ELECTRO-MECHANICS, INC.	c EIN-PN 04-2578755-001

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	ASSOCIATES IN GASTROENTEROLOGY, P.C. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	ASSOCIATES IN GASTROENTEROLOGY, P.C.	c EIN-PN 84-0836256-003
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	AXIOM MEMORY SOLUTIONS, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	AXIOM MEMORY SOLUTIONS, INC.	c EIN-PN 33-0869859-001
a	Plan name	B & J GROUP RETIREMENT PLAN	
b	Name of plan sponsor	B&J SPECIALTY, INC.	c EIN-PN 35-1794553-001
a	Plan name	B & W WELDING, INC. 401(K) PLAN	
b	Name of plan sponsor	B & W WELDING, INC.	c EIN-PN 34-1250851-001
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	BARING INDUSTRIES, INC 401(K) PLAN	
b	Name of plan sponsor	BARING INDUSTRIES, INC	c EIN-PN 27-3265801-002
a	Plan name	BAY AREA MOLDING INC 401(K) PLAN	
b	Name of plan sponsor	BAY AREA MOLDING INC	c EIN-PN 20-4611148-001
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

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	BDG ARCHITECTS, LLP 401(K) PLAN	
b	Name of plan sponsor	BDG ARCHITECTS, LLP	c EIN-PN 59-3730398-001
a	Plan name	BECKENHAUER CONSTRUCTION, INC. SAFE HARBOR 401(K) PLAN	
b	Name of plan sponsor	BECKENHAUER CONSTRUCTION, INC.	c EIN-PN 47-0558199-001
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	BLAINE BROTHERS MAINTENANCE, INC. RETIREMENT PLAN	
b	Name of plan sponsor	BLAINE BROTHERS MAINTENANCE, INC.	c EIN-PN 41-1379303-001
a	Plan name	BLUEGRASS INGREDIENTS, INC 401(K) PLAN	
b	Name of plan sponsor	BLUEGRASS INGREDIENTS INC	c EIN-PN 27-2854599-001
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	BOUNDS LAW GROUP 401(K) PLAN	
b	Name of plan sponsor	J. CLANCEY BOUNDS. P.L.	c EIN-PN 27-4025985-001
a	Plan name	BRIGHTLINE 401(K) PLAN	
b	Name of plan sponsor	BRIGHTLINE INC.	c EIN-PN 84-3102803-001
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	BRYAN ENTERPRISES 401(K) PLAN	
b	Name of plan sponsor	BRYAN ENTERPRISES	c EIN-PN 76-0479745-002
a	Plan name	BRYLER DESIGN PARTNERS, LLC RETIREMENT PLAN	
b	Name of plan sponsor	BRYLER DESIGN PARTNERS, LLC	c EIN-PN 86-2658036-001
a	Plan name	BSB SAVINGS PLAN	
b	Name of plan sponsor	BULVERDE SPRING BRANCH EMERGENCY SERVICES	c EIN-PN 74-2060965-001

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	C G TECH 401(K) PLAN	
b	Name of plan sponsor	C G TECH	c EIN-PN 33-0274436-001
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
a	Plan name	CABOT FAMILY EYECARE, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	CABOT FAMILY EYECARE, INC.	c EIN-PN 46-1375998-001
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	CALIFORNIA VIBRATORY FEEDERS, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	CALIFORNIA VIBRATORY FEEDERS, INC.	c EIN-PN 95-2793530-001
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	CAPO PROJECTS GROUP 401(K) PLAN	
b	Name of plan sponsor	CAPO PROJECTS GROUP, LLC	c EIN-PN 46-2752760-001
a	Plan name	CARL WALKER CONSTRUCTION, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	CARL WALKER CONSTRUCTION	c EIN-PN 27-1071378-001
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	CARR PROPERTY MANAGEMENT, INC. RETIREMENT READINESS 401K PLAN	
b	Name of plan sponsor	CARR PROPERTY MANAGEMENT, INC.	c EIN-PN 04-2572222-001
a	Plan name	CARSON HELICOPTERS INC. 401(K) PLAN	
b	Name of plan sponsor	CARSON HELICOPTERS INC	c EIN-PN 23-1538917-001

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	CASCADE FLOORING AMERICA 401(K) PLAN	
b	Name of plan sponsor	CASCADE FLOORING AMERICA, LLC	c EIN-PN 54-2077601-001
a	Plan name	CASTROL PREMIUM LUBE EXPRESS 401(K) PLAN	
b	Name of plan sponsor	FMI HUDSPETH, INC	c EIN-PN 82-3401862-001
a	Plan name	CB TWO ARCHITECTS RETIREMENT PLAN	
b	Name of plan sponsor	CB TWO ARCHITECTS, LLC	c EIN-PN 26-0253265-001
a	Plan name	CFCU COMMUNITY CREDIT UNION 401(K) PLAN	
b	Name of plan sponsor	CFCU COMMUNITY CREDIT UNION	c EIN-PN 15-0574036-002
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	CHICK-FIL-A SUGARHOUSE 401(K) PLAN	
b	Name of plan sponsor	ERIC CHAMPEAU DBA CHICK-FIL-A SUGARHOUSE	c EIN-PN 26-3497728-001
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	CHRISTIAN COMMUNITY HOMES AND SERVICES, INC. 401(K) PLAN	
b	Name of plan sponsor	CHRISTIAN COMMUNITY HOMES AND SERVICES, INC.	c EIN-PN 39-1801003-002
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	CHUNG-HSIA, DDS 401(K) PLAN	
b	Name of plan sponsor	PETER R. CHUNG, DDS, INC.	c EIN-PN 26-3911352-001
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

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 CLARK, SCHAEFER, HACKETT & CO. PROFIT SHARING RETIREMENT PLAN (WITH 401(K) PROVISIONS)	
b	Name of plan sponsor CLARK, SCHAEFER, HACKETT & CO	c EIN-PN 31-0800053-001
a	Plan name CLAWSON COMMUNICATIONS, INC. PLAN	
b	Name of plan sponsor CLAWSONS COMMUNICATIONS	c EIN-PN 35-1608918-001
a	Plan name CLAYTON FLOORING AND DESIGN LLC 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor CLAYTON FLOOR COVERING AND DESIGN LLC	c EIN-PN 20-8521951-001
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 CLX ENGINEERING 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor CLX ENGINEERING	c EIN-PN 80-0374444-001
a	Plan name CMAA CLUB RETIREMENT PLAN	
b	Name of plan sponsor THE CLUB MANAGEMENT ASSOCIATION OF AMERICA	c EIN-PN 53-0235732-003
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 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 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

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 CONSILIO CORPORATION	
b	Name of plan sponsor CONSILIO CORPORATION	c EIN-PN 83-3769054-001
a	Plan name CONSULTNET, LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor CONSULTNET, LLC	c EIN-PN 87-0562976-001
a	Plan name COPPINS MONROE, P.A. 401(K) PLAN	
b	Name of plan sponsor COPPINS MONROE P.A.	c EIN-PN 59-3122671-002
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 CORPAC STEEL PRODUCTS 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor CORPAC STEEL PRODUCTS	c EIN-PN 65-0369689-001
a	Plan name COSMED GROUP INC 401(K) PLAN AND TRUST	
b	Name of plan sponsor COSMED GROUP INC	c EIN-PN 52-1598781-001
a	Plan name COURTESY FORD, INC. EMPLOYEE 401(K) PLAN	
b	Name of plan sponsor COURTESY FORD, INC.	c EIN-PN 58-0943526-001
a	Plan name COURTYARD MIRAMAR NON UNION EMPLOYEES RETIREMENT PLAN	
b	Name of plan sponsor AXTMAYER ENTERPRISES, INC.	c EIN-PN 66-0265087-002
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 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

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	CSI 401(K) PLAN
b	Name of plan sponsor	COMMERCIAL SERVICES, INC.
c	EIN-PN	75-2844595-001
a	Plan name	CUDLIE ACCESSORIES, LLC 401(K) PLAN
b	Name of plan sponsor	CUDLIE ACCESSORIES, LLC
c	EIN-PN	13-3977105-002
a	Plan name	CUSB BANK 401(K) PROFIT SHARING PLAN & TRUST
b	Name of plan sponsor	CUSB BANK
c	EIN-PN	42-0201590-002
a	Plan name	CUSTOM ONE PAINTING 401(K) PLAN
b	Name of plan sponsor	CUSTOM ONE PAINTING 401(K) PLAN
c	EIN-PN	41-1844419-001
a	Plan name	CUSTOM TOOL & DIE PROFIT SHARING PLAN
b	Name of plan sponsor	CUSTOM TOOL & DIE, INC.
c	EIN-PN	20-0790568-001
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
a	Plan name	D.M. CONLON, INC. DBA DAN-KEL CONCRETE CORING & CUTTING 401(K) PLAN
b	Name of plan sponsor	D.M. CONLON, INC.
c	EIN-PN	57-1052672-001
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	DAVIS DEVELOPMENT, INC. 401(K) PLAN
b	Name of plan sponsor	DAVIS DEVELOPMENT, INC.
c	EIN-PN	62-1623857-001
a	Plan name	DCCM, LLC 401(K) PLAN
b	Name of plan sponsor	DCCM, LLC 401(K) PLAN
c	EIN-PN	86-2523370-001
a	Plan name	DCD AUTOMOTIVE HOLDINGS, INC. 401(K) PLAN
b	Name of plan sponsor	DCD AUTOMOTIVE HOLDINGS, INC.
c	EIN-PN	47-2847221-001
a	Plan name	DEEPWATCH INC 401(K) PLAN
b	Name of plan sponsor	DEEPWATCH, INC
c	EIN-PN	38-4056947-001

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 DEERFIELD AGENCY LLC 401(K) PLAN	
b	Name of plan sponsor DEERFIELD AGENCY LLC	c EIN-PN 47-3931876-001
a	Plan name DEGEEST CORPORATION RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor DEGEEST CORPORATION	c EIN-PN 46-0335254-001
a	Plan name DENSO TEN AMERICA LIMITED 401(K) SHARED SAVINGS PLAN	
b	Name of plan sponsor DENSO TEN AMERICA LIMITED	c EIN-PN 95-3047171-001
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 DIAL PROPERTIES 401(K) PLAN	
b	Name of plan sponsor DIAL PROPERTIES	c EIN-PN 47-0526923-001
a	Plan name DIAMOND CREDIT UNION 401(K) PLAN AND TRUST	
b	Name of plan sponsor DIAMOND CREDIT UNION	c EIN-PN 23-1320654-002
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 DOYLESTOWN COUNTRY CLUB 401K PLAN	
b	Name of plan sponsor DOYLESTOWN COUNTRY CLUB	c EIN-PN 23-0535085-001
a	Plan name DPI 401K SAVINGS PLAN	
b	Name of plan sponsor DIVERSIFIED PLASTICS, INC.	c EIN-PN 81-0428980-001

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	DSP CONCEPTS 401(K) PLAN AND TRUST	
b	Name of plan sponsor	DSP CONCEPTS	c EIN-PN 47-4088725-001
a	Plan name	DUDLEY LAUNDRY COMPANY 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	DUDLEY LAUNDRY COMPANY	c EIN-PN 47-0146530-001
a	Plan name	DUTTON LAW GROUP RETIREMENT PLAN	
b	Name of plan sponsor	DUTTON LAW GROUP	c EIN-PN 59-3735939-001
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	EMIT IMAGING 401(K) PLAN	
b	Name of plan sponsor	EMIT IMAGING INC.	c EIN-PN 82-4901044-001
a	Plan name	EMPLOYEE BENEFIT PLAN OF RUSTY CAMPBELL ENTERPRISES, INC.	
b	Name of plan sponsor	RUSTY CAMPBELL ENTERPRISES, INC.	c EIN-PN 58-2494336-001
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	EMPLOYMENT OPPORTUNITY TRAINING CENTER OF NEPA 401(K) PLAN	
b	Name of plan sponsor	EMPLOYMENT OPPORTUNITY TRAINING CENTER OF NEPA	c EIN-PN 25-1562285-001
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	ENHANCED REVENUE SOLUTIONS 401(K) PLAN	
b	Name of plan sponsor	ENHANCED REVENUE SOLUTIONS	c EIN-PN 83-1980426-001

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 EQUAL VISION RECORDS 401K PLAN	
b	Name of plan sponsor EQUAL VISION RECORDS, INC	c EIN-PN 13-3872336-001
a	Plan name EVANS GENERAL CONTRACTORS, LLC 401(K) PLAN	
b	Name of plan sponsor EVANS GENERAL CONTRACTORS, LLC	c EIN-PN 58-2602425-001
a	Plan name EVANS MANUFACTURING, INC. 401(K) RETIREMENT PLAN	
b	Name of plan sponsor EVANS MANUFACTURING, LLC	c EIN-PN 33-0427106-001
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 EXHIBITONE 401(K) PLAN	
b	Name of plan sponsor EXHIBITONE CORPORATION	c EIN-PN 86-0908752-001
a	Plan name EXTEND, INC. 401(K) PLAN	
b	Name of plan sponsor EXTEND, INC.	c EIN-PN 36-4919826-001
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 CHOICE NUTRITION, INC. 401(K) PLAN	
b	Name of plan sponsor MED SOUTH MEDICAL, INC.	c EIN-PN 56-2619782-001
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 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 FEE, SMITH & SHARP, LLP 401(K) PLAN	
b	Name of plan sponsor FEE, SMITH & SHARP, LLP	c EIN-PN 68-0502076-001
a	Plan name FELLNER & KUHN 401(K) PLAN	
b	Name of plan sponsor FELLNER & KUHN, LLP	c EIN-PN 45-5284006-001

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	FERRIS MARKETING 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	FERRIS MARKETING	c EIN-PN 56-2381268-001
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 PROTECTION SERVICES, L.L.C. 401(K) PLAN AND TRUST	
b	Name of plan sponsor	FIRE PROTECTION SERVICES, L.L.C.	c EIN-PN 27-3295452-001
a	Plan name	FIRE-DEX, LLC 401K PLAN	
b	Name of plan sponsor	FIRE-DEX, LLC	c EIN-PN 20-8033614-001
a	Plan name	FLORES ARTSCAPE 401(K) PLAN	
b	Name of plan sponsor	FLORES ARTSCAPE, INC.	c EIN-PN 82-3874533-001
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	FLOSPORTS 401(K) PLAN	
b	Name of plan sponsor	FLOSPORTS, INC.	c EIN-PN 30-0857179-001
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	GARRISON STEEL 401(K) PLAN	
b	Name of plan sponsor	GARRISON STEEL ERECTORS, INC.	c EIN-PN 63-1133342-001

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	GENOVA TECHNOLOGIES 401(K) PLAN	
b	Name of plan sponsor	GENOVA TECHNOLOGIES	c EIN-PN 42-1466298-001
a	Plan name	GEORGIA NUT COMPANY 401(K) PS PLAN	
b	Name of plan sponsor	GEORGIA NUT CO.	c EIN-PN 36-2284619-001
a	Plan name	GGN 401(K) PLAN	
b	Name of plan sponsor	GUSTAFSON GUTHRIE NICHOL LTD.	c EIN-PN 91-2017971-001
a	Plan name	GHIRARDO CPA 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	GHIRARDO CPA, A PROFESSIONAL CORPORATION	c EIN-PN 68-0232047-001
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	GRAND RAPIDS FOAM TECHNOLOGIES, INC. RETIREMENT PLAN	
b	Name of plan sponsor	GRAND RAPIDS FOAM TECHNOLOGIES, INC.	c EIN-PN 38-1812836-001
a	Plan name	GREENMAN, GOLDBERG, RABY & MARTINEZ CASH BALANCE PLAN	
b	Name of plan sponsor	GREENMAN, GOLDBERG, RABY & MARTINEZ, A PROF. CORP.	c EIN-PN 88-0159000-002
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	GREENSTEIN, ROGOFF, OLSEN & CO. LLP 401-K PROFIT SHARING PLAN	
b	Name of plan sponsor	GREENSTEIN, ROGOFF, OLSEN & CO. LLP	c EIN-PN 94-2231697-001
a	Plan name	GREG CHANDLER'S FRAME AND BODY LLC 401(K) PLAN	
b	Name of plan sponsor	GREG CHANDLERS FRAME AND BODY LLC	c EIN-PN 55-0771198-001

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 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 GTT LLC 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor GTT, LLC	c EIN-PN 02-0514874-001
a	Plan name HASTINGS ARCHITECTURE 401(K) PLAN	
b	Name of plan sponsor HASTINGS ARCHITECTURE, LLC	c EIN-PN 56-2313715-001
a	Plan name HCI GROUP, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor HCI GROUP, INC.	c EIN-PN 20-5961396-001
a	Plan name HEALTHMARK 401(K) PLAN	
b	Name of plan sponsor HEALTHMARK INDUSTRIES COMPANY	c EIN-PN 38-2073977-001
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 HEMCO, INC. EMPLOYEE PROFIT SHARING PLAN	
b	Name of plan sponsor HEMCO, INC.	c EIN-PN 41-1473902-001
a	Plan name HENDRY MARINE INDUSTRIES 401K PLAN	
b	Name of plan sponsor HENDRY MARINE INDUSTRIES	c EIN-PN 47-2955202-002
a	Plan name HIGH POINT NETWORKS, LLC 401K PLAN	
b	Name of plan sponsor HIGH POINT NETWORKS, LLC	c EIN-PN 27-1804410-001
a	Plan name HMT ASSOCIATES, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor HMT ASSOCIATES, INC.	c EIN-PN 31-1508707-001
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 HR PHARMACEUTICALS, INC. 401(K) PLAN	
b	Name of plan sponsor HR PHARMACEUTICALS, INC.	c EIN-PN 27-1584005-001

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	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	HUMANIC GLOBAL SOLUTIONS, LLC. 401(K) PLAN	
b	Name of plan sponsor	HUMANIC GLOBAL SOLUTIONS, LLC	c EIN-PN 46-4338151-001
a	Plan name	HURON, INC. RETIREMENT SAVINGS & INVESTMENT PLAN	
b	Name of plan sponsor	HURON, INC.	c EIN-PN 38-2546791-002
a	Plan name	HUSTON-TILLOTSON UNIVERSITY 401(K) PLAN	
b	Name of plan sponsor	HUSTON-TILLOTSON UNIVERSITY	c EIN-PN 74-1180151-001
a	Plan name	IDAHO EYE CENTER, P.A. PROFIT SHARING PLAN	
b	Name of plan sponsor	IDAHO EYE CENTER, P.A.	c EIN-PN 82-0379995-002
a	Plan name	IN STEPPS 401(K) PLAN	
b	Name of plan sponsor	IN S.T.E.P.P.S., INC.	c EIN-PN 80-0582908-001
a	Plan name	INDUSTRIAL INFO RESOURCES, INC. EMPLOYEE SAVINGS PLAN	
b	Name of plan sponsor	INDUSTRIAL INFO RESOURCES, INC.	c EIN-PN 76-0093411-001
a	Plan name	INFRASTRUCTURE DESIGN GROUP, INC. 401K PROFIT SHARING PLAN	
b	Name of plan sponsor	INFRASTRUCTURE DESIGN GROUP, INC.	c EIN-PN 46-0863767-001
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 CHEMICAL TECHNOLOGIES, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	INNOVATIVE CHEMICAL TECHNOLOGIES, INC	c EIN-PN 58-2380661-001
a	Plan name	INOVEX INFORMATION SYSTEMS 401(K) PLAN	
b	Name of plan sponsor	INOVEX INFORMATION SYSTEMS	c EIN-PN 20-0789181-001
a	Plan name	INTEGRITY TAX GROUP 401(K) PLAN	
b	Name of plan sponsor	INTEGRITY TAX GROUP OF JENISON	c EIN-PN 27-1391149-001

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	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
a	Plan name	INTERIM HEALTHCARE 401(K)
b	Name of plan sponsor	LOWCOUNTRY NURSING GROUP, LLC DBA INTERIM HEALTHCARE
c	EIN-PN	76-0815039-003
a	Plan name	INTERNATIONAL SCHOOL OF LOUISIANA 401(K) PLAN
b	Name of plan sponsor	THE INTERNATIONAL SCHOOL OF LOUISIANA
c	EIN-PN	72-1461891-002
a	Plan name	ISSCO, INC. 401(K) PLAN
b	Name of plan sponsor	ISSCO, INC.
c	EIN-PN	43-1116486-002
a	Plan name	ITDG RETIREMENT PLAN
b	Name of plan sponsor	INFORMATION TECHNOLOGY DEVELOPERS GROUP, INC.
c	EIN-PN	66-0616803-001
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	JACK GARRETT FORD 401(K) PLAN
b	Name of plan sponsor	JACK GARRETT FORD, INC.
c	EIN-PN	55-0433331-001
a	Plan name	JAMES M. ISETT, D.D.S. 401(K) PROFIT SHARING PLAN
b	Name of plan sponsor	JAMES M. ISETT, D.D.S., P.C.
c	EIN-PN	23-2068680-002
a	Plan name	JEWISH ALLIANCE OF GREATER RHODE ISLAND RETIREMENT PLAN
b	Name of plan sponsor	JEWISH ALLIANCE OF GREATER RHODE ISLAND
c	EIN-PN	27-4127671-001
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

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 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 JOSEPH J. ALBANESE, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor JOSEPH J. ALBANESE, INC.	c EIN-PN 94-2247579-002
a	Plan name JRL COAL, INC. 401(K)	
b	Name of plan sponsor JRL COAL, INC.	c EIN-PN 81-4111438-001
a	Plan name JULORA JOURNEYS LLC 401(K) PLAN	
b	Name of plan sponsor JULORA JOURNEYS LLC	c EIN-PN 47-1560964-001
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
a	Plan name KAUFMAN MANAGEMENT CO., LLC 401(K) SAVINGS PLAN	
b	Name of plan sponsor KAUFMAN MANAGEMENT CO., LLC	c EIN-PN 84-4031403-001
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 KEBCO INC. 401(K) PLAN	
b	Name of plan sponsor KEBCO INC.	c EIN-PN 61-1117760-001
a	Plan name KENNELWOOD VILLAGE, INC. 401(K) PLAN	
b	Name of plan sponsor KENNELWOOD VILLAGE, INC.	c EIN-PN 43-1008901-003

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	KENNETH F. SULLIVAN CO. 401(K) PLAN
b	Name of plan sponsor	KENNETH F. SULLIVAN CO.
c	EIN-PN	39-0773995-001
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	KNUCKLEHEADS FEC, LLC 401 (K) PLAN
b	Name of plan sponsor	KNUCKLEHEADS FEC, LLC
c	EIN-PN	20-5180016-001
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	KONGBASILECONSULTING LLC 401(K) PLAN
b	Name of plan sponsor	KONGBASILECONSULTING LLC
c	EIN-PN	46-1372463-001
a	Plan name	KREY DISTRIBUTING COMPANY 401(K) PROFIT SHARING PLAN
b	Name of plan sponsor	BUSCH DISTRIBUTING COMPANY, LLC DBA KREY DISTRIBUTING COMPANY
c	EIN-PN	43-1144416-001
a	Plan name	KULKA LLC 401(K) SAVINGS PLAN AND TRUST
b	Name of plan sponsor	KULKA LLC
c	EIN-PN	20-4142760-001
a	Plan name	LACKAWANNA VALLEY DERMATOLOGY ASSOC LTD 401(K) PROFIT SHARING PLAN
b	Name of plan sponsor	LACKAWANNA VALLEY DERMATOLOGY ASSOC.
c	EIN-PN	23-2414001-001
a	Plan name	LAKESIDE CASTING 401(K) PLAN
b	Name of plan sponsor	LAKESIDE CASTING
c	EIN-PN	26-1529060-001

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 LEESAK ARCHITECTS, INC 401K PLAN	
b	Name of plan sponsor LEE & SAKAHARA ARCHITECTS, INC.	c EIN-PN 26-1563640-002
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 LEICHTMAN CAPITAL PARTNERS, LLC EMPLOYEES' 401(K) PLAN AND TRUST	
b	Name of plan sponsor LEVINE LEICHTMAN CAPITAL PARTNERS, LLC	c EIN-PN 95-4475693-001
a	Plan name LIGHTHOUSE ELECTRIC, LLC 401(K) PLAN	
b	Name of plan sponsor LIGHTHOUSE ELECTRIC, LLC	c EIN-PN 73-1340815-001
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 LOTSPEICH CO. OF FLORIDA. INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor LOTSPEICH CO. OF FL, INC.	c EIN-PN 59-1171393-001
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

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	LUNAR TOOL & MOLD, INC. 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	LUNAR TOOL & MOLD, INC.	c EIN-PN 34-0968838-003
a	Plan name	LUTHERAN SOCIAL SVCS 401(K) PLAN	
b	Name of plan sponsor	LUTHERAN SOCIAL SERVICES OF THE	c EIN-PN 53-0207407-001
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	MADIBA INC SH 401K PS PLAN	
b	Name of plan sponsor	MADIBA INC.	c EIN-PN 03-0414852-001
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	MANNING CURTIS BRADSHAW & BEDNAR PLLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	MANNING CURTIS BRADSHAW & BEDNAR PLLC	c EIN-PN 84-1395129-001
a	Plan name	MARBLE & GRANITE, INC. 401(K) PLAN	
b	Name of plan sponsor	MARBLE AND GRANITE, INC.	c EIN-PN 04-3094052-001
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

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 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
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 MD REVOLUTION, INC. RETIREMENT TRUST	
b	Name of plan sponsor MD REVOLUTION, INC.	c EIN-PN 45-2485559-001
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 METSON MARINE SERVICES, INC. 401(K) PLAN & TRUST	
b	Name of plan sponsor METSON MARINE SERVICES, INC.	c EIN-PN 88-0308650-001
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 MG LAW 401(K) PLAN	
b	Name of plan sponsor MEYER GOERGEN PC	c EIN-PN 54-1597612-001
a	Plan name MIAMI POSTAL SERVICE CREDIT UNION 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor MIAMI POSTAL SERVICE CREDIT UNION	c EIN-PN 59-0359710-002
a	Plan name MINARDOS CONSTRUCTION & ASSOCIATES 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor MINARDOS CONSTRUCTION & ASSOCIATES	c EIN-PN 95-4593911-001
a	Plan name MISSOURI ASSOCIATION MANAGEMENT, LLC 401(K) PLAN	
b	Name of plan sponsor MISSOURI ASSOCIATION MANAGEMENT, LLC	c EIN-PN 26-1599655-001
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	MONMOUTH CONTROLS & INSTRUMENT CO., INC. 401(K) P/S PLAN
b	Name of plan sponsor	MONMOUTH CONTROLS & INSTRUMENT CO., INC
c	EIN-PN	22-2543749-001
a	Plan name	MONTEBELLO 401(K) PLAN
b	Name of plan sponsor	MONTEBELLO PACKAGING
c	EIN-PN	36-3792281-001
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	MOUNTAIN VALLEY MECHANICAL 401(K) PLAN
b	Name of plan sponsor	MOUNTAIN VALLEY MECHANICAL, INC.
c	EIN-PN	82-0537129-001
a	Plan name	MURRAY SERVICES, INC. 401(K) PROFIT SHARING PLAN
b	Name of plan sponsor	MURRAY SERVICES, INC.
c	EIN-PN	73-1489380-001
a	Plan name	MVP NETWORK CONSULTING, LLC 401(K) PROFIT SHARING PLAN AND TRUST
b	Name of plan sponsor	MVP NETWORK CONSULTING, LLC
c	EIN-PN	01-0739799-001
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	NAPCA 401(K) PLAN
b	Name of plan sponsor	NATIONAL ASIAN PACIFIC CENTER ON AGING
c	EIN-PN	52-1266741-002
a	Plan name	NATIONAL SMALL BUSINESS 401(K) PLAN
b	Name of plan sponsor	NATIONAL SMALL BUSINESS UNITED,
c	EIN-PN	52-2229940-002

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 PARADIGM FOR EDUCATION 401(K) PLAN	
b	Name of plan sponsor NEW PARADIGM FOR EDUCATION	c EIN-PN 27-2059007-001
a	Plan name NEW WATERLOO 401(K) PLAN	
b	Name of plan sponsor 6H MANAGEMENT LLC	c EIN-PN 30-0913137-001
a	Plan name NEWDAY USA RETIREMENT PLAN	
b	Name of plan sponsor NEWDAY USA	c EIN-PN 22-3887207-003
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 NI2 HEALTH 401(K) PLAN	
b	Name of plan sponsor NI2 HEALTH, LLC	c EIN-PN 81-1407350-001
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 NOMAD SOUND SYSTEMS INC. PROFIT SHARING PLAN	
b	Name of plan sponsor NOMAD SOUND SYSTEMS INC.	c EIN-PN 54-1977889-001
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 OIL AND GAS 401(K) PLAN	
b	Name of plan sponsor NORTHERN OIL AND GAS, INC.	c EIN-PN 95-3848122-001
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 NORTHLAND-WILLETTE, INC. SAVINGS AND RETIREMENT PLAN	
b	Name of plan sponsor NORTHLAND-WILLETTE, INC.	c EIN-PN 04-2844083-001

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	NOVA 401(K) PLAN	
b	Name of plan sponsor	NOVA 401K ASSOCIATES	c EIN-PN 20-1181458-001
a	Plan name	OBSIDIAN SOLUTIONS GROUP 401(K) PLAN	
b	Name of plan sponsor	OBSIDIAN SOLUTIONS GROUP LLC	c EIN-PN 27-3709520-001
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	ONIX NETWORKING 401(K) PLAN	
b	Name of plan sponsor	ONIX NETWORKING CORP.	c EIN-PN 34-1729033-001
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	OREPAC SAVINGS AND INVESTMENT PLAN	
b	Name of plan sponsor	OREPAC HOLDING COMPANY	c EIN-PN 93-0670556-001
a	Plan name	P3I, INCORPORATED 401(K) PLAN	
b	Name of plan sponsor	P3I, INCORPORATED	c EIN-PN 04-3508066-001
a	Plan name	PARK WEST 401(K) EMPLOYEE RETIREMENT PLAN	
b	Name of plan sponsor	PARK WEST LANDSCAPE, INC.	c EIN-PN 95-3814677-002
a	Plan name	PATTEN LAW FIRM PC 401(K) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor	PATTEN LAW FIRM PC	c EIN-PN 26-1728738-002
a	Plan name	PAUL DAVIS RESTORATION 401K PLAN	
b	Name of plan sponsor	C & M SERVICES OF KY, INC.	c EIN-PN 61-0946630-001

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 PEACHTREE HOTEL GROUP 401(K) PLAN	
b	Name of plan sponsor PEACHTREE HOTEL GROUP, LLC	c EIN-PN 26-1186759-001
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 PERSPECTUS ACHITECTURE, LLC 401(K) PLAN	
b	Name of plan sponsor PERSPECTUS ARCHITECTURE, LLC	c EIN-PN 03-0484121-001
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 PHYSIOLOGIC CHIROPRACTIC AND PHYSICAL THERAPY 401(K) PLAN	
b	Name of plan sponsor PHYSIOLOGIC CHIROPRACTIC AND PHYSICAL THERAPY PLLC	c EIN-PN 26-4347711-001
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 PITA INN, INC. 401(K) PLAN	
b	Name of plan sponsor PITA INN, INC.	c EIN-PN 36-3177261-001
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 PLUMBERS & STEAMFITTERS LOCAL 184 SUPPLEMENTAL PENSION PLAN	
b	Name of plan sponsor BD OF TRUSTEES - PLUMBERS & STEAM- FITTERS LOCAL 184 SUPPLEMENTAL	c EIN-PN 62-1623030-001
a	Plan name PMOLINK, LLC PROFIT SHARING PLAN	
b	Name of plan sponsor PMOLINK, LLC	c EIN-PN 52-2275604-001

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	POLINGER COMPANY 401(K) PLAN	
b	Name of plan sponsor	POLINGER COMPANY	c EIN-PN 52-0624763-002
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	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	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	PROOS EMPLOYEES 401(K) PLAN	
b	Name of plan sponsor	PROOS MANUFACTURING, LLC	c EIN-PN 93-3747467-001
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	PURITAN CLEANING 401(K) PLAN	
b	Name of plan sponsor	THE PURITANS INC	c EIN-PN 81-0465607-001
a	Plan name	QCC, LLC PROFIT SHARING PLAN	
b	Name of plan sponsor	QCC, LLC	c EIN-PN 45-4672125-001
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	REAL FLOORS, INC. 401(K) PLAN	
b	Name of plan sponsor	REAL FLOORS, INC.	c EIN-PN 58-1719346-001

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	RED OAK BEHAVIORAL HEALTH 401(K) PLAN	
b	Name of plan sponsor	RED OAK BEHAVIORAL HEALTH	c EIN-PN 34-1282145-003
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	REINHOLD ELECTRIC, INC. EMPLOYEE PROFIT SHARING & 401K PLAN	
b	Name of plan sponsor	REINHOLD ELECTRIC, INC.	c EIN-PN 43-1409687-001
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	RF SERVICES, INC. 401(K) PLAN	
b	Name of plan sponsor	RF SERVICES, INC.	c EIN-PN 20-3145231-001
a	Plan name	RICHARD NIXON FOUNDATION 401(K) PLAN	
b	Name of plan sponsor	RICHARD NIXON FOUNDATION	c EIN-PN 52-1278303-002
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	ROADRUNNER GLASS COMPANY 401(K) PLAN	
b	Name of plan sponsor	ROADRUNNER GLASS COMPANY INC.	c EIN-PN 27-5558224-001
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	ROCKY PATEL PREMIUM CIGARS, INC 401(K) PLAN	
b	Name of plan sponsor	ROCKY PATEL PREMIUM CIGARS, INC.	c EIN-PN 56-1948219-001

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	ROHAN & HARPER, P. C. 401(K) PLAN	
b	Name of plan sponsor	ROHAN & HARPER, P.C.	c EIN-PN 16-1170103-003
a	Plan name	ROHRIG HEAVY EQUIPMENT MAINTENANCE, LLC 401(K) PSP	
b	Name of plan sponsor	ROHRIG HEAVY EQUIPMENT MAINTENANCE, LLC	c EIN-PN 55-0759374-001
a	Plan name	ROLLING ROCK 401(K) PLAN	
b	Name of plan sponsor	ROLLING ROCK BUILDING STONE, INC.	c EIN-PN 23-1940698-001
a	Plan name	RPC, INC. RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	RPC, INC.	c EIN-PN 59-2707333-003
a	Plan name	RUDA OPTICAL INC. RETIREMENT PLAN	
b	Name of plan sponsor	RUDA OPTICAL INC.	c EIN-PN 86-0990665-001
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
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	SANDY COVE MINISTRIES RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	SANDY COVE MINISTRIES	c EIN-PN 23-0891430-001
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	SANTA MARIA COMMUNITY SERVICES, INC. 401(K) SAVINGS PLAN AND TRUST	
b	Name of plan sponsor	SANTA MARIA COMMUNITY SERVICES, INC.	c EIN-PN 31-0537141-001

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	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	SAVANT, INC. RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	SAVANT, INC.	c EIN-PN 38-1909696-001
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	SCHUERGER LAW PROFIT SHARING PLAN	
b	Name of plan sponsor	SCHUERGER LAW	c EIN-PN 35-2353532-001
a	Plan name	SCI 401(K) PLAN	
b	Name of plan sponsor	SCIENCE CENTER OF IOWA	c EIN-PN 42-6097912-002
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
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	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

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	SIEGEL BRILL P.A. 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor	SIEGEL BRILL PA	c EIN-PN 41-1626742-001
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	SIMON & COMPANY INC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	SIMON & COMPANY, INC.	c EIN-PN 20-2700632-001
a	Plan name	SONDERMIND, INC. 401(K) PLAN	
b	Name of plan sponsor	SONDERMIND, INC.	c EIN-PN 82-3006071-001
a	Plan name	SOTAX CORPORATION SAFE HARBOR 401(K) PLAN	
b	Name of plan sponsor	SOTAX CORPORATION	c EIN-PN 54-1785330-001
a	Plan name	SOUTH CENTRAL OIL CO., INC. 401(K) PLAN	
b	Name of plan sponsor	SOUTH CENTRAL OIL CO., INC.	c EIN-PN 56-0603942-001
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
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	STAFURSKY PAVING CO. , INC. 401(K) PLAN	
b	Name of plan sponsor	STAFURSKY PAVING CO., INC.	c EIN-PN 23-2206058-001
a	Plan name	STALEY STEEL LLC PLAN	
b	Name of plan sponsor	STALEY STEEL LLC	c EIN-PN 75-1461141-001
a	Plan name	STERLING ASSOCIATES GROUP LLC RETIREMENT TRUST	
b	Name of plan sponsor	STERLING ASSOCIATES GROUP LLC	c EIN-PN 47-1728063-001

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	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	STORAGE SOLUTIONS, INC. 401(K) PLAN	
b	Name of plan sponsor	STORAGE SOLUTIONS, INC.	c EIN-PN 35-1433521-001
a	Plan name	STUDIO M 401K PLAN	
b	Name of plan sponsor	STUDIO M ARCHITECTURE AND PLANNING, LLC	c EIN-PN 46-3813609-002
a	Plan name	SUCCESSKPI INC 401(K) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor	SUCCESSKPI INC	c EIN-PN 47-3269949-001
a	Plan name	SUNNYHILL, INC. 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	SUNNYHILL, INC.	c EIN-PN 43-1150250-002
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	TEACHER CREATED MATERIALS, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	TEACHER CREATED MATERIALS, INC	c EIN-PN 33-0004235-001
a	Plan name	TEAMWORX SECURITY 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	TEAMWORX SECURITY, INC.	c EIN-PN 81-4084663-001
a	Plan name	TEK PAK, INC. RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	TEK PAK, INC.	c EIN-PN 36-3868071-001
a	Plan name	TENOR CAPITAL 401(K) SAVINGS PLAN	
b	Name of plan sponsor	TENOR CAPITAL MANAGEMENT COMPANY. L.P.	c EIN-PN 84-1641518-001
a	Plan name	TERAZO, INC. 401(K) PLAN	
b	Name of plan sponsor	TERAZO, INC.	c EIN-PN 86-2530775-001
a	Plan name	THE 401K MANEUVER POOLED EMPLOYER PLAN	
b	Name of plan sponsor	THE FINWAY GROUP, LLC	c EIN-PN 42-1468222-017

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 401K PLAN PEP	
b	Name of plan sponsor PENTEGRA SERVICES INC	c EIN-PN 13-5645888-003
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 CAM COLLECTIVE 401(K) PLAN	
b	Name of plan sponsor TROWBRIDGE CAM HOLDINGS, INC	c EIN-PN 88-1147453-001
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 MAZEL COMPANY/UNION LOCAL 964 401(K) PLAN	
b	Name of plan sponsor THE MAZEL COMPANY	c EIN-PN 30-0035458-001
a	Plan name THE PATUXENT PARTNERSHIP 401 (K) PLAN	
b	Name of plan sponsor THE PATUXENT PARTNERSHIP	c EIN-PN 52-2056982-001
a	Plan name THE PEOPLES BANK OF BROWNSTOWN EMPLOYEES 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor THE PEOPLES BANK	c EIN-PN 35-0201080-002
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 PRICE ORGANIZATION 401(K) RETIREMENT PLAN	
b	Name of plan sponsor THE PRICE ORGANIZATION	c EIN-PN 51-0294525-003
a	Plan name THE TSG PEP	
b	Name of plan sponsor PENTEGRA SERVICES, INC.	c EIN-PN 13-3745616-014
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

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	TITAN HOME IMPROVEMENT 401(K) PLAN	
b	Name of plan sponsor	TITAN HOLDINGS, LLC	c EIN-PN 84-2483167-002
a	Plan name	TOHME MANAGEMENT LLC SAFE HARBOR 401(K) PLAN	
b	Name of plan sponsor	TOHME MANAGEMENT LLC	c EIN-PN 82-3322890-001
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	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
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	ULTRAMET 401(K) SAVINGS AND INVESTMENT PLAN	
b	Name of plan sponsor	ULTRAMET	c EIN-PN 95-2662293-001
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	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	UNIVERSAL-MACOMB AMBULANCE SERVICE, INC. EMPLOYEES 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	UNIVERSAL-MACOMB AMBULANCE SERVICE, INC.	c EIN-PN 38-2483662-001
a	Plan name	UROLOGICAL ASSOCIATES, P.C., P.C. 401(K) PROFIT SHARING	
b	Name of plan sponsor	UROLOGICAL ASSOCIATES, P.C.	c EIN-PN 42-0987062-002
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	VERICI DX, INC., 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	VERICI DX, INC.	c EIN-PN 84-4396658-001
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	VINCI CONSTRUCTION LLC 401(K) PLAN	
b	Name of plan sponsor	VINCI CONSTRUCTION GRANDS PROJETS USA	c EIN-PN 83-4527023-001
a	Plan name	VISPERO 401K PLAN	
b	Name of plan sponsor	VISPERO	c EIN-PN 33-0871664-001
a	Plan name	VITA-PAKT CITRUS PRODUCTS CO. RETIREMENT PLAN	
b	Name of plan sponsor	VITA-PAKT CITRUS PRODUCTS CO.	c EIN-PN 95-2140372-001
a	Plan name	W MACHINE WORKS INC 401(K)PROFIT SHARING PLAN	
b	Name of plan sponsor	W MACHINE WORKS INC.	c EIN-PN 95-4755351-001
a	Plan name	W.A. O'LEARY & SONS, INC. 401(K) PLAN	
b	Name of plan sponsor	W. A. OLEARY & SONS, INC.	c EIN-PN 26-1761759-001
a	Plan name	WALKERHUGHES GROUP LLC RETIREMENT PLAN	
b	Name of plan sponsor	WALKERHUGHES GROUP LLC	c EIN-PN 82-3375914-001

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	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	WEPACKITALL 401(K) PLAN	
b	Name of plan sponsor	BERSHTEL ENTERPRISES LLC DBA WEPACKITALL	c EIN-PN 04-3589790-001
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
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 CUP 401(K) PLAN	
b	Name of plan sponsor	WHITE CUP, INC.	c EIN-PN 34-1967727-001
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	WILSON CREEK WINERY 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor	WILSON CREEK WINERY	c EIN-PN 90-0210427-002
a	Plan name	WINDWAVE COMMUNICATIONS 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	WINDWAVE TECHNOLOGIES, INC.	c EIN-PN 20-1167279-001

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
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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 2055 FUND	B Three-digit plan number (PN) ▶ 314
C Plan sponsor's name as shown on line 2a of Form 5500 GREAT GRAY TRUST COMPANY, LLC	D Employer Identification Number (EIN) 81-4543855

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.

Assets	(a) Beginning of Year	(b) End of Year
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)	299083
		3269847
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)	41607427
(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)	44686085

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	41906510	47955932
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h	0	16105
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j	314232	3269852
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	314232	3285957
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	41592278	44669975

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)		6620184
(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		6620184

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)	2249	
(5) Investment advisory and investment management fees	2i(5)	46868	
(6) Bank or trust company trustee/custodial fees	2i(6)	16223	
(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)		65340
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		65340

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		6554844
l Transfers of assets:			
(1) To this plan.....	2l(1)		24990851
(2) From this plan	2l(2)		28467998

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 _____.