



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

**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:

<b>9a</b> 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	<b>9b</b> 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)

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

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**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.

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**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 \_\_\_\_\_

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

<b>A</b> Name of plan <u>MYCOMPASS AMERICAN FUNDS 2010 FUND</u>	<b>B</b> Three-digit plan number (PN)	<u>001</u>
<b>C</b> Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>GREAT GRAY TRUST COMPANY, LLC</u>	<b>D</b> Employer Identification Number (EIN) <u>38-7271363</u>	

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

**c** EIN-PN

**d** Entity code

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**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)

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	1ST EXPRESS, INC. 401K PLAN	
<b>b</b>	Name of plan sponsor	1ST EXPRESS, INC.	<b>c</b> EIN-PN 38-2505995-001
<b>a</b>	Plan name	21ST AMENDMENT BREWERY 401(K) PLAN AND TRUST	
<b>b</b>	Name of plan sponsor	21ST AMENDMENT BREWERY CAFE, LLC	<b>c</b> EIN-PN 94-3285806-001
<b>a</b>	Plan name	ABLE FINANCIAL GROUP, LLC 401(K) PS PLAN	
<b>b</b>	Name of plan sponsor	ABLE FINANCIAL GROUP, LLC	<b>c</b> EIN-PN 20-4911852-001
<b>a</b>	Plan name	ABLE TOOL CORPORATION 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ABLE TOOL CORPORATION	<b>c</b> EIN-PN 31-1090029-001
<b>a</b>	Plan name	ABSOLUTE HCBS 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ABSOLUTE HCBS, LLC	<b>c</b> EIN-PN 26-4127668-001
<b>a</b>	Plan name	ACCENT DISTRIBUTING, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ACCENT DISTRIBUTING, LLC	<b>c</b> EIN-PN 27-0338669-001
<b>a</b>	Plan name	ACCURATE GLASS, INC. 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	ACCURATE GLASS, INC.	<b>c</b> EIN-PN 83-3016293-001
<b>a</b>	Plan name	ADAM'S LANDSCAPING, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ADAMS LANDSCAPING, INC.	<b>c</b> EIN-PN 35-2011491-001
<b>a</b>	Plan name	AEGIS PROTECTIVE SERVICES 401K PLAN	
<b>b</b>	Name of plan sponsor	DANSON INC	<b>c</b> EIN-PN 31-1374802-002
<b>a</b>	Plan name	ALAN WIRE COMPANY, INC. PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	ALAN WIRE COMPANY, INC.	<b>c</b> EIN-PN 43-1028755-001
<b>a</b>	Plan name	ALL CLEAR 401K PLAN	
<b>b</b>	Name of plan sponsor	DYNAMIC DIAGNOSTICS	<b>c</b> EIN-PN 83-2048250-001
<b>a</b>	Plan name	ALLEN, SUMMERS, SIMPSON, LILLIE & GRESHAM 401K PLAN	
<b>b</b>	Name of plan sponsor	ALLEN, SUMMERS, SIMPSON, LILLIE & GRESHAM, PLLC	<b>c</b> EIN-PN 74-3132193-001

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.)	
<b>a</b>	Plan name <a href="#">AMAROK, LLC 401(K) PROFIT SHARING PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">AMAROK, LLC</a>	<b>c</b> EIN-PN <a href="#">26-0492184-001</a>
<b>a</b>	Plan name <a href="#">AMERICAN CRANE &amp; TRACTOR PARTS, INC. 401(K) PROFIT SHARING PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">AMERICAN CRANE &amp; TRACTOR PARTS, INC.</a>	<b>c</b> EIN-PN <a href="#">43-1451746-001</a>
<b>a</b>	Plan name <a href="#">AMERICAN TECHNOLOGY COMPONENTS, INC. 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">AMERICAN TECHNOLOGY COMPONENTS, INC</a>	<b>c</b> EIN-PN <a href="#">35-1688483-001</a>
<b>a</b>	Plan name <a href="#">ANTHONY'S HIGHTECH AUTO PROFIT SHARING PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">ANTHONYS HIGHTECH AUTO</a>	<b>c</b> EIN-PN <a href="#">06-1355622-001</a>
<b>a</b>	Plan name <a href="#">APEX ANODIZING, INC.401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">APEX ANODIZING, INC.</a>	<b>c</b> EIN-PN <a href="#">93-1162310-001</a>
<b>a</b>	Plan name <a href="#">APPLIED HEALTH CARE NURSING DIVISION, INC. 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">APPLIED HEALTH CARE NURSING DIVISION, INC.</a>	<b>c</b> EIN-PN <a href="#">76-0465568-001</a>
<b>a</b>	Plan name <a href="#">ARCHWORKS CAPITAL, LLC 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">ARCHWORKS CAPITAL LLC</a>	<b>c</b> EIN-PN <a href="#">84-3412037-001</a>
<b>a</b>	Plan name <a href="#">ARMSTRONG RELOCATION &amp; COMPANIES, LLC 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">ARMSTRONG RELOCATION &amp; COMPANIES, LLC</a>	<b>c</b> EIN-PN <a href="#">84-3131690-001</a>
<b>a</b>	Plan name <a href="#">ASH DENTAL, PC PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">ASH DENTAL, PC</a>	<b>c</b> EIN-PN <a href="#">20-3398164-001</a>
<b>a</b>	Plan name <a href="#">AT HOME QUALITY CARE RETIREMENT PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">AHQC MANAGEMENT CO.</a>	<b>c</b> EIN-PN <a href="#">86-3446785-001</a>
<b>a</b>	Plan name <a href="#">ATLANTIC DISTRIBUTORS, INC. 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">ATLANTIC DISTRIBUTORS, INC.</a>	<b>c</b> EIN-PN <a href="#">56-0539031-002</a>
<b>a</b>	Plan name <a href="#">ATTABOTICS US, CORP 401(K) SAVINGS PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">ATTABOTICS (US), CORP.</a>	<b>c</b> EIN-PN <a href="#">30-1056452-001</a>

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.)	
<b>a</b>	Plan name AUTOMATED SOLUTIONS, LLC 401(K) PLAN - 001	
<b>b</b>	Name of plan sponsor AUTOMATED SOLUTIONS, LLC	<b>c</b> EIN-PN 56-2114372-001
<b>a</b>	Plan name AVALON COPY CENTERS OF AMERICA, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor AVALON COPY CENTERS OF AMERICA, INC.	<b>c</b> EIN-PN 14-1821550-001
<b>a</b>	Plan name B & H HEATING & AIR CONDITIONING 401(K) PLAN	
<b>b</b>	Name of plan sponsor B&H HEATING AND AIR CONDITIONING, INC.	<b>c</b> EIN-PN 56-0840282-001
<b>a</b>	Plan name BAGWELL HOLT SMITH 401(K) PLAN	
<b>b</b>	Name of plan sponsor BAGWELL HOLT SMITH P.A.	<b>c</b> EIN-PN 56-1713234-001
<b>a</b>	Plan name BAHARESTANI & RITT LLP 401(K) PENSION PLAN	
<b>b</b>	Name of plan sponsor BAHARESTANI & RITT LLP	<b>c</b> EIN-PN 26-0706457-001
<b>a</b>	Plan name BAM MANAGEMENT RETIREMENT PLAN & TRUST	
<b>b</b>	Name of plan sponsor BAM MANAGEMENT GROUP, LLC	<b>c</b> EIN-PN 84-3058995-001
<b>a</b>	Plan name BARTRAM ELECTRIC 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor BARTRAM ELECTRIC	<b>c</b> EIN-PN 83-2304808-001
<b>a</b>	Plan name BE WELL FAMILY CARE 401 (K) PLAN	
<b>b</b>	Name of plan sponsor BE WELL FAMILY CARE	<b>c</b> EIN-PN 84-3753007-001
<b>a</b>	Plan name BEACON RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor BEACON PROPERTY MANAGEMENT, LLC.	<b>c</b> EIN-PN 61-1325973-001
<b>a</b>	Plan name BEQUEST FUNDS 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor NDF1, LLC	<b>c</b> EIN-PN 84-2558373-001
<b>a</b>	Plan name BERNETTE TEXTILE SALARY SAVINGS PLAN	
<b>b</b>	Name of plan sponsor BERNETTE TEXTILE COMPANY, LLC	<b>c</b> EIN-PN 32-0249666-001
<b>a</b>	Plan name BIANCOFIORI MASONRY 401K PLAN	
<b>b</b>	Name of plan sponsor BIANCOFIORI MASONRY, INC	<b>c</b> EIN-PN 46-1255686-001

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	BIONIC HEALTH 401(K) PLAN	
<b>b</b>	Name of plan sponsor	BIONIC HEALTH, INC.	<b>c</b> EIN-PN 92-0599106-001
<b>a</b>	Plan name	BIRCHWOOD COUNTRY CLUB INC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	BIRCHWOOD COUNTRY CLUB INC	<b>c</b> EIN-PN 06-0614265-001
<b>a</b>	Plan name	BLU OMEGA 401(K) PLAN	
<b>b</b>	Name of plan sponsor	BLU OMEGA	<b>c</b> EIN-PN 36-4896999-001
<b>a</b>	Plan name	BOHLSSEN RESTAURANT GROUP	
<b>b</b>	Name of plan sponsor	RESTAURANT MANAGEMENT, INC.	<b>c</b> EIN-PN 11-3480253-001
<b>a</b>	Plan name	BOOTH HANSEN, LTD. 401(K) AND PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	BOOTH HANSEN, LTD.	<b>c</b> EIN-PN 36-3060862-001
<b>a</b>	Plan name	BOUNDS HEATING & AIR 401(K) PLAN	
<b>b</b>	Name of plan sponsor	BOUNDS HEATING & AIR, INC.	<b>c</b> EIN-PN 59-2903161-001
<b>a</b>	Plan name	BP SURFACE SOLUTIONS 401(K) PLAN	
<b>b</b>	Name of plan sponsor	BP SURFACE SOLUTIONS, LLC	<b>c</b> EIN-PN 45-3967993-001
<b>a</b>	Plan name	BRADLEY/RYAN 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	BRADLEY/RYAN, INC.	<b>c</b> EIN-PN 62-1248847-001
<b>a</b>	Plan name	BRIGHTPOINT AUTO BODY REPAIR, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	BRIGHTPOINT AUTOBODY REPAIR	<b>c</b> EIN-PN 88-2984633-001
<b>a</b>	Plan name	BTS DISTRIBUTING, LLC 401K PLAN	
<b>b</b>	Name of plan sponsor	BTS DISTRIBUTING, LLC	<b>c</b> EIN-PN 92-2297436-001
<b>a</b>	Plan name	BUFFALO CIVIC AUTO RAMPS, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	BUFFALO CIVIC AUTO RAMPS, INC.	<b>c</b> EIN-PN 02-0738159-001
<b>a</b>	Plan name	BULLY PULPIT INTERACTIVE, LLC 401K PLAN	
<b>b</b>	Name of plan sponsor	BULLY PULPIT INTERACTIVE, LLC	<b>c</b> EIN-PN 27-0860668-001

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.)	
<b>a</b>	Plan name CABINETS4LESS, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor CABINETS4LESS, LLC	<b>c</b> EIN-PN 47-3911342-001
<b>a</b>	Plan name CARGOMATIC, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor CARGOMATIC, INC.	<b>c</b> EIN-PN 46-2163054-001
<b>a</b>	Plan name CASCADE DERMATOLOGY AND AESTHETICS, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor CASCADE DERMATOLOGY AND AESTHETICS, LLC	<b>c</b> EIN-PN 84-3288564-001
<b>a</b>	Plan name CASCADE GASKET & MANUFACTURING CO., INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor CASCADE GASKET AND MANUFACTURING CO., INC.	<b>c</b> EIN-PN 91-0520259-001
<b>a</b>	Plan name CASTLEWOOD APPAREL SALARY SAVINGS PLAN	
<b>b</b>	Name of plan sponsor CASTLEWOOD APPAREL CORP.	<b>c</b> EIN-PN 13-3626244-001
<b>a</b>	Plan name CATALINA SNACKS 401(K) PLAN	
<b>b</b>	Name of plan sponsor CATALINA SNACKS, INC.	<b>c</b> EIN-PN 82-3996915-001
<b>a</b>	Plan name CATER TIME VENDING & DISTRIBUTING, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor CATER TIME VENDING & DISTRIBUTING, INC.	<b>c</b> EIN-PN 43-1090493-001
<b>a</b>	Plan name CCJ AUTOMOTIVE VENTURE, LLC 401K PLAN	
<b>b</b>	Name of plan sponsor CCJ AUTOMOTIVE VENTURE, LLC	<b>c</b> EIN-PN 99-1676471-001
<b>a</b>	Plan name CENTERPORT MILK HAULING CO-OP 401(K) PLAN	
<b>b</b>	Name of plan sponsor CENTERPORT MILK HAULING COOPERATIVE	<b>c</b> EIN-PN 23-1657091-001
<b>a</b>	Plan name CENTRAL CEILINGS, INC. PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor CENTRAL CEILINGS, INC.	<b>c</b> EIN-PN 04-2302236-001
<b>a</b>	Plan name CETIS RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor CETIS, INC.	<b>c</b> EIN-PN 20-4551929-001
<b>a</b>	Plan name CHANDLER GINNING COMPANY 401(K) PLAN	
<b>b</b>	Name of plan sponsor CHANDLER GINNING COMPANY	<b>c</b> EIN-PN 86-0153372-001

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.)	
<b>a</b> Plan name	CHAPMAN FUNERAL HOME INC 401K PLAN	
<b>b</b> Name of plan sponsor	CHAPMAN FUNERAL HOME, INC	<b>c</b> EIN-PN 55-0636112-002
<b>a</b> Plan name	CHARTER VISTA LANDSCAPING, LLC 401(K) PLAN	
<b>b</b> Name of plan sponsor	CHARTER VISTA LANDSCAPING LLC	<b>c</b> EIN-PN 88-2494149-001
<b>a</b> Plan name	CHATTANOOGA GOODWILL INDUSTRIES, INC. 401(K) PLAN AND TRUST	
<b>b</b> Name of plan sponsor	CHATTANOOGA GOODWILL INDUSTRIE	<b>c</b> EIN-PN 62-0544853-001
<b>a</b> Plan name	CHRIST COMMUNITY HEALTH SERVICES 401(K) PLAN	
<b>b</b> Name of plan sponsor	CHRIST COMMUNITY HEALTH SERVICES	<b>c</b> EIN-PN 62-1583270-001
<b>a</b> Plan name	CITY VENTURES 401(K) PLAN	
<b>b</b> Name of plan sponsor	CITY VENTURES PROFESSIONAL SERVICES, LLC	<b>c</b> EIN-PN 82-3678714-001
<b>a</b> Plan name	CLEMENTS' MARKETPLACE, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b> Name of plan sponsor	CLEMENTS MARKETPLACE, INC.	<b>c</b> EIN-PN 05-0389042-001
<b>a</b> Plan name	CLINARD HOME IMPROVEMENT 401K PROFIT SHARING PLAN	
<b>b</b> Name of plan sponsor	THE CLINARD COMPANY, INC.	<b>c</b> EIN-PN 62-1580314-001
<b>a</b> Plan name	CLIPPERS OF THE MID SOUTH401(K) PLAN	
<b>b</b> Name of plan sponsor	CLIPPERS OF THE MID SOUTH	<b>c</b> EIN-PN 27-4314608-001
<b>a</b> Plan name	CLOWDCOVER 401(K) PLAN	
<b>b</b> Name of plan sponsor	CLOWDCOVER, LLC	<b>c</b> EIN-PN 46-3258704-001
<b>a</b> Plan name	CMG OF EASTON, INC. 401(K) PLAN	
<b>b</b> Name of plan sponsor	CMG OF EASTON, INC.	<b>c</b> EIN-PN 23-2067372-001
<b>a</b> Plan name	COILTRAN LLC 401(K) PLAN	
<b>b</b> Name of plan sponsor	COILTRAN LLC	<b>c</b> EIN-PN 35-1280475-333
<b>a</b> Plan name	COLE HARDWOOD, INC. 401(K) SAVINGS PLAN	
<b>b</b> Name of plan sponsor	COLE HARDWOOD, INC.	<b>c</b> EIN-PN 35-1682639-001

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
<small>(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)</small>			
<b>a</b>	Plan name	COLGAN INDUSTRIES RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	COLGAN INDUSTRIES	<b>c</b> EIN-PN 30-0711644-001
<b>a</b>	Plan name	COLLISION PRO 401(K) PLAN	
<b>b</b>	Name of plan sponsor	COLLISION PRO LLC	<b>c</b> EIN-PN 46-3496692-001
<b>a</b>	Plan name	COMMUNITIES IN SCHOOLS OF CAPE FEAR 401(K) PLAN	
<b>b</b>	Name of plan sponsor	COMMUNITIES IN SCHOOLS OF CAPE FEAR	<b>c</b> EIN-PN 20-3385755-001
<b>a</b>	Plan name	COMPONENT SOLUTIONS GROUP 401(K) PLAN	
<b>b</b>	Name of plan sponsor	COMPONENT SOLUTIONS GROUP	<b>c</b> EIN-PN 31-1563590-001
<b>a</b>	Plan name	CONDOR RELIABILITY SERVICES, INC. RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	CONDOR RELIABILITY SERVICES, INC.	<b>c</b> EIN-PN 94-2769957-001
<b>a</b>	Plan name	CONGREGATIONAL HOME, INC. 401(K) SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	CONGREGATIONAL HOME, INC.	<b>c</b> EIN-PN 39-1167483-001
<b>a</b>	Plan name	CONNECTICUT INSURANCE EXCHANGE CARE OF RONALD TREGONING 401(K) PSP & TRUST	
<b>b</b>	Name of plan sponsor	CONNECTICUT INSURANCE EXCHANGE	<b>c</b> EIN-PN 06-1022294-001
<b>a</b>	Plan name	COPIERS PLUS 401(K) PLAN	
<b>b</b>	Name of plan sponsor	COPIERS PLUS, INC. DBA CPI BUSINESS SOLUTIONS	<b>c</b> EIN-PN 35-2088521-001
<b>a</b>	Plan name	CORRY MANUFACTURING COMPANY 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	CORRY MANUFACTURING COMPANY	<b>c</b> EIN-PN 25-1802644-003
<b>a</b>	Plan name	CRAFT DOORS USA 401(K) PLAN	
<b>b</b>	Name of plan sponsor	CRAFT DOORS USA	<b>c</b> EIN-PN 83-0695058-001
<b>a</b>	Plan name	CRAIG M JORGENSON MD LTD 401(K) PROFIT SHARING PLAN & TRUST	
<b>b</b>	Name of plan sponsor	CRAIG M JORGENSON MD LTD	<b>c</b> EIN-PN 88-0470514-001
<b>a</b>	Plan name	CRANBERRY CONSULTING 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	CRANBERRY CONSULTING COMPANY LLC	<b>c</b> EIN-PN 92-2538814-001

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.)	
<b>a</b>	Plan name CREATIVE CONCEPTS, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor SANDBLAST BY CREATIVE CONCEPTS, INC.	<b>c</b> EIN-PN 63-1187568-001
<b>a</b>	Plan name CREWS & GREGORY FIRE SPRINKLERS 401(K) PLAN	
<b>b</b>	Name of plan sponsor CREWS & GREGORY FIRE SPRINKLERS, INC.	<b>c</b> EIN-PN 54-1834234-001
<b>a</b>	Plan name CRITERION CRITICAL ELECTRICAL 401(K) PROFIT SHARING PLAN & TRUST	
<b>b</b>	Name of plan sponsor CRITERION CRITICAL ELECTRICAL	<b>c</b> EIN-PN 81-3483040-001
<b>a</b>	Plan name CROWN PRODUCTS CO, INC. 401(K) PROFIT SHARING PLAN & TRUST	
<b>b</b>	Name of plan sponsor CROWN PRODUCTS COMPANY, INC.	<b>c</b> EIN-PN 59-1038302-001
<b>a</b>	Plan name DI LEO & ASSOCIATES 401K PLAN	
<b>b</b>	Name of plan sponsor DI LEO & ASSOCIATES	<b>c</b> EIN-PN 16-1598232-001
<b>a</b>	Plan name DOCTORS PATHOLOGY SERVICES, P.A. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor DOCTORS PATHOLOGY SERVICES, P.A.	<b>c</b> EIN-PN 52-1855441-001
<b>a</b>	Plan name DONNEWALD DISTRIBUTING COMPANY 401(K) PLAN	
<b>b</b>	Name of plan sponsor DONNEWALD DISTRIBUTING COMPANY	<b>c</b> EIN-PN 37-0864321-001
<b>a</b>	Plan name DOROTHY LANE MARKET, INC. 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor DOROTHY LANE MARKET, INC.	<b>c</b> EIN-PN 31-0561868-003
<b>a</b>	Plan name DRIVE SOCIAL MEDIA, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor DRIVE SOCIAL MEDIA, LLC	<b>c</b> EIN-PN 46-0705358-001
<b>a</b>	Plan name DROVER ENERGY SERVICES, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor DROVER ENERGY SERVICES, LLC	<b>c</b> EIN-PN 46-0978531-001
<b>a</b>	Plan name DX OPERATIONS OF TN LLC 401(K) PROFIT SHARING PLAN & TRUST	
<b>b</b>	Name of plan sponsor DX OPERATIONS OF TN LLC	<b>c</b> EIN-PN 46-0838401-001
<b>a</b>	Plan name E2 SOLAR INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor E2 SOLAR INC.	<b>c</b> EIN-PN 26-3958811-001

<b>Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>		
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)		
<b>a</b>	Plan name	E4 UTILITY DESIGN 401(K) PLAN
<b>b</b>	Name of plan sponsor	E4 UTILITY DESIGN
<b>c</b>	EIN-PN	47-5561416-001
<b>a</b>	Plan name	ECCO SELECT 401(K) PLAN
<b>b</b>	Name of plan sponsor	ECCO SELECT CORP.
<b>c</b>	EIN-PN	43-1727620-001
<b>a</b>	Plan name	EDGEWOOD SENIOR SOLUTIONS GROUP 401(K) PLAN
<b>b</b>	Name of plan sponsor	EDGEWOOD RETIREMENT COMMUNITY, INC.
<b>c</b>	EIN-PN	04-3195775-001
<b>a</b>	Plan name	ELECTRICAL SYSTEMS OF MAINE ESOP 401(K)
<b>b</b>	Name of plan sponsor	ELECTRICAL SYSTEMS OF MAINE
<b>c</b>	EIN-PN	01-0451956-002
<b>a</b>	Plan name	EMPLOYEE BENEFIT PLAN OF GIRL SCOUTS OF WESTERN NEW YORK, INC.
<b>b</b>	Name of plan sponsor	GIRL SCOUTS OF WESTERN NEW YORK, IN
<b>c</b>	EIN-PN	16-0743096-003
<b>a</b>	Plan name	EMPLOYEE PROFIT SHARING PLAN OF ALLISON & HAINEY, INC, DBA CONCRETE CORING COMPANY
<b>b</b>	Name of plan sponsor	ALLISON & HAINEY, INC
<b>c</b>	EIN-PN	84-0614180-001
<b>a</b>	Plan name	ENDRUN 401(K) PROFIT SHARING PLAN
<b>b</b>	Name of plan sponsor	ENDRUN, LLC
<b>c</b>	EIN-PN	93-1434174-001
<b>a</b>	Plan name	EPIPHANY, INC. 401(K) PROFIT SHARING PLAN
<b>b</b>	Name of plan sponsor	EPIPHANY, INC.
<b>c</b>	EIN-PN	90-0261091-001
<b>a</b>	Plan name	EQUITAS LAW PARTNERS 401K PLAN
<b>b</b>	Name of plan sponsor	EQUITAS LAW PARTNERS LLP
<b>c</b>	EIN-PN	92-1854869-001
<b>a</b>	Plan name	ESO MANAGEMENT LLC 401K PLAN
<b>b</b>	Name of plan sponsor	ORTHO SPORT AND SPINE PHYSICIANS LLC
<b>c</b>	EIN-PN	46-4698144-001
<b>a</b>	Plan name	ESSEX INDUSTRIES, INC. 401K & PROFIT SHARING PLAN
<b>b</b>	Name of plan sponsor	ESSEX INDUSTRIES, INC.
<b>c</b>	EIN-PN	43-0634211-002
<b>a</b>	Plan name	EVERGREEN COMPANIES, INC. 401(K) PLAN
<b>b</b>	Name of plan sponsor	EVERGREEN COMPANIES, INC.
<b>c</b>	EIN-PN	26-4197011-001

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	EVERMORE BANK 401K PLAN	
<b>b</b>	Name of plan sponsor	EVERMORE BANK	<b>c</b> EIN-PN 88-3770249-001
<b>a</b>	Plan name	EVERYTHING SLEEP 401(K) PLAN	
<b>b</b>	Name of plan sponsor	SLEEP WAKE IDAHO PLLC DBA EVERYTHING SLEEP ID	<b>c</b> EIN-PN 99-1112327-001
<b>a</b>	Plan name	EXCLUSIVE CONCEPTS INC 401 K PROFIT SHARING PLAN TRUST	
<b>b</b>	Name of plan sponsor	EXCLUSIVE CONCEPTS INC.	<b>c</b> EIN-PN 22-3740294-001
<b>a</b>	Plan name	FANS FIRST ENTERTAINMENT , LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	FANS FIRST ENTERTAINMENT LLC	<b>c</b> EIN-PN 47-4632098-001
<b>a</b>	Plan name	FAR WEST SERVICES, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	FAR WEST SERVICES, LLC	<b>c</b> EIN-PN 83-3343839-001
<b>a</b>	Plan name	FARLING, HECHT AND DAVIS, LLP 401(K) PLAN	
<b>b</b>	Name of plan sponsor	FARLING, HECHT AND DAVIS, LLP	<b>c</b> EIN-PN 06-1767412-001
<b>a</b>	Plan name	FPOLISOLUTIONS, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	FPOLISOLUTIONS, LLC	<b>c</b> EIN-PN 36-4737777-001
<b>a</b>	Plan name	G&M MARKET 401(K) PLAN	
<b>b</b>	Name of plan sponsor	G&M VARIETY	<b>c</b> EIN-PN 20-3945923-001
<b>a</b>	Plan name	GH COMPANIES 401K PLAN	
<b>b</b>	Name of plan sponsor	GRAYHAWK DEVELOPMENT	<b>c</b> EIN-PN 86-0731654-001
<b>a</b>	Plan name	GOLDEN CROWN CONTRACTORS, INC. 401(K) PLAN,	
<b>b</b>	Name of plan sponsor	GOLDEN CROWN CONTRACTORS, INC.	<b>c</b> EIN-PN 22-2226487-001
<b>a</b>	Plan name	GPSA, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	GREATER PITTSBURGH SPECIALTY ADVERTISING, INC.	<b>c</b> EIN-PN 03-0466291-001
<b>a</b>	Plan name	GRANITE DEPOT OF NORTH FLORIDA 401(K) PROFIT SHARING PLAN & TRUST	
<b>b</b>	Name of plan sponsor	GRANITE DEPOT OF NORTH FLORIDA	<b>c</b> EIN-PN 20-4888004-001

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.)	
<b>a</b> Plan name	GRATR LANDSCAPES, LTD. 401(K) PLAN	
<b>b</b> Name of plan sponsor	GRATR LANDSCAPES, LTD	<b>c</b> EIN-PN 01-0791210-001
<b>a</b> Plan name	GREENFIELD FENCE INC 401K PLAN	
<b>b</b> Name of plan sponsor	GREENFIELD FENCE INC	<b>c</b> EIN-PN 27-3820068-001
<b>a</b> Plan name	H&H AUTOMOTIVE PROFIT SHARING PLAN	
<b>b</b> Name of plan sponsor	H&H AUTOMOTIVE LLC	<b>c</b> EIN-PN 26-1424298-002
<b>a</b> Plan name	HAASZ AUTO MALL, LLC 401K PLAN	
<b>b</b> Name of plan sponsor	HAASZ AUTO MALL, LLC	<b>c</b> EIN-PN 59-3802582-001
<b>a</b> Plan name	HEADLANDS RESEARCH 401(K)PLAN	
<b>b</b> Name of plan sponsor	HEADLANDS RESEARCH INC	<b>c</b> EIN-PN 83-0520149-001
<b>a</b> Plan name	HOMECOMING RESTORATION LLC 401(K) PROFIT SHARING PLAN & TRUST	
<b>b</b> Name of plan sponsor	HOMECOMING RESTORATION LLC	<b>c</b> EIN-PN 82-1056050-001
<b>a</b> Plan name	IBA FITNESS 401(K) PLAN	
<b>b</b> Name of plan sponsor	IBA VENTURES, LLC	<b>c</b> EIN-PN 86-2909674-001
<b>a</b> Plan name	IFG PROFIT SHARING PLAN	
<b>b</b> Name of plan sponsor	IFG PROJECT RESOURCING, LLC	<b>c</b> EIN-PN 20-4701946-001
<b>a</b> Plan name	IMPERIUM MECHANICAL SYSTEMS401K PROFIT SHARING PLAN	
<b>b</b> Name of plan sponsor	IMPERIUM MECHANICAL SYSTEMS LLC	<b>c</b> EIN-PN 83-2448278-001
<b>a</b> Plan name	INDIANA DIMENSION, INC. 401(K) PLAN	
<b>b</b> Name of plan sponsor	INDIANA DIMENSION, INC.	<b>c</b> EIN-PN 35-1802935-001
<b>a</b> Plan name	IPECO INC 401K PROFIT SHARING PLAN AND TRUST	
<b>b</b> Name of plan sponsor	IPECO INC	<b>c</b> EIN-PN 95-4081871-001
<b>a</b> Plan name	IVERSON CHRYSLER CENTER, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b> Name of plan sponsor	IVERSON CHRYSLER CENTER, INC.	<b>c</b> EIN-PN 46-0311128-001

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.)		
<b>a</b>	Plan name J.A.R. BAKERS' SUPPLY INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor J.A.R. BAKERS SUPPLY INC.	<b>c</b> EIN-PN 05-0313355-001
<b>a</b>	Plan name J.M. REYNOLDS OIL COMPANY 401(K) PLAN	
<b>b</b>	Name of plan sponsor J.M. REYNOLDS OIL COMPANY, INC.	<b>c</b> EIN-PN 35-1349640-001
<b>a</b>	Plan name JACKSON BROTHERS OF THE NORTH 401(K) PLAN	
<b>b</b>	Name of plan sponsor BLUE RIBBON VENDING, LLC DBA JACKSON BROTHERS OF THE NORTH	<b>c</b> EIN-PN 20-1280531-001
<b>a</b>	Plan name JACKSON MARKETING GROUP, INC. 401K PROFIT SHARING	
<b>b</b>	Name of plan sponsor JACKSON MARKETING GROUP, INC.	<b>c</b> EIN-PN 57-0858638-001
<b>a</b>	Plan name JAMF SOFTWARE, LLC 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor JAMF SOFTWARE, LLC	<b>c</b> EIN-PN 56-2286814-001
<b>a</b>	Plan name JOHN HOLMLUND NURSERY LLC 401(K) PROFIT SHARING PLAN & TRUST	
<b>b</b>	Name of plan sponsor JOHN HOLMLUND NURSERY LLC	<b>c</b> EIN-PN 42-1615132-001
<b>a</b>	Plan name JOHNSON-BURKS SUPPLY COMPANY, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor JOHNSON-BURKS SUPPLY COMPANY, INC.	<b>c</b> EIN-PN 74-0363820-002
<b>a</b>	Plan name JRN VENTURES, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor JRN VENTURES, LLC	<b>c</b> EIN-PN 04-3816862-001
<b>a</b>	Plan name K1DS COUNT THERAPY, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor K1DS COUNT THERAPY, LLC	<b>c</b> EIN-PN 27-4298104-002
<b>a</b>	Plan name KING BRANDS, LLC 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor KING BRANDS, LLC	<b>c</b> EIN-PN 20-4704142-001
<b>a</b>	Plan name KINNEY & LANGE, P.A. EMPLOYEES' RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor KINNEY & LANGE, P.A.	<b>c</b> EIN-PN 41-1379296-001
<b>a</b>	Plan name KIPCO CONSTRUCTION 401(K) PLAN	
<b>b</b>	Name of plan sponsor KIPCO CONSTRUCTION LLC	<b>c</b> EIN-PN 46-4996780-001

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	L&L CONCRETE INC 401K PLAN	
<b>b</b>	Name of plan sponsor	L&L CONCRETE INC	<b>c</b> EIN-PN 55-0814493-001
<b>a</b>	Plan name	L.P. INDUSTRIES, INC. DBA SYKES ACE HARDWARE 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	L.P. INDUSTRIES, INC.	<b>c</b> EIN-PN 59-2362599-002
<b>a</b>	Plan name	LA CROSS DENTAL, LLC 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	LA CROSS DENTAL, LLC	<b>c</b> EIN-PN 45-4172442-001
<b>a</b>	Plan name	LACERTA GROUP, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	LACERTA GROUP, LLC	<b>c</b> EIN-PN 04-3180539-001
<b>a</b>	Plan name	LAUFER TRUCKING 401K PLAN	
<b>b</b>	Name of plan sponsor	LAUFER TRUCKING INC	<b>c</b> EIN-PN 39-1621595-001
<b>a</b>	Plan name	LAWLERS SOUTHERN FOODS III 401(K) PLAN	
<b>b</b>	Name of plan sponsor	LAWLERS SOUTHERN FOODS III	<b>c</b> EIN-PN 63-1242547-001
<b>a</b>	Plan name	LEGACY OPERATING CO, LLC 401K PLAN 002	
<b>b</b>	Name of plan sponsor	LEGACY OPERATING COMPANY, LLC	<b>c</b> EIN-PN 84-3242066-002
<b>a</b>	Plan name	LEVEL 3 AUDIO VISUAL, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	LEVEL 3 AUDIO VISUAL, LLC	<b>c</b> EIN-PN 71-0934073-002
<b>a</b>	Plan name	LEXIPOL COMPANY RETIREMENT READINESS 401(K) PLAN	
<b>b</b>	Name of plan sponsor	LEXIPOL, LLC	<b>c</b> EIN-PN 71-0934113-001
<b>a</b>	Plan name	LIBRA INSURANCE PARTNERS, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	LIBRA INSURANCE PARTNERS, LLC	<b>c</b> EIN-PN 41-2077490-002
<b>a</b>	Plan name	LIFT-IT, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	LIFT-IT, INC.	<b>c</b> EIN-PN 95-3401683-001
<b>a</b>	Plan name	LITPRO, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	LITPRO, LLC	<b>c</b> EIN-PN 83-2345990-001

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	LITTLE LIGHTHOUSE CHILDREN'S REHAB RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	LITTLE LIGHTHOUSE CHILDRENS REHAB, LLC	<b>c</b> EIN-PN 42-1659321-001
<b>a</b>	Plan name	LIVEWELL ALLIANCE, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	LIVEWELL ALLIANCE, INC.	<b>c</b> EIN-PN 22-3068632-001
<b>a</b>	Plan name	LONESTAR SOCCER CLUB 401(K) PLAN	
<b>b</b>	Name of plan sponsor	LONESTAR SOCCER CLUB OF AUSTIN, INC.	<b>c</b> EIN-PN 20-1201450-002
<b>a</b>	Plan name	LOOKOUT MOUNTAIN DENTAL 401(K) PLAN	
<b>b</b>	Name of plan sponsor	LOOKOUT MOUNTAIN DENTAL	<b>c</b> EIN-PN 20-0535831-001
<b>a</b>	Plan name	MAKPAR CORPORATION 401(K) PLAN	
<b>b</b>	Name of plan sponsor	MAKPAR CORPORATION	<b>c</b> EIN-PN 26-2196797-002
<b>a</b>	Plan name	MAMMOTH HOLDINGS, LLC 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	MAMMOTH HOLDINGS, LLC	<b>c</b> EIN-PN 03-0407534-003
<b>a</b>	Plan name	MANCHESTER PHARMACY, INC. DBA THE MEDICINE SHOP 401K PLAN	
<b>b</b>	Name of plan sponsor	MANCHESTER PHARMACY, INC.	<b>c</b> EIN-PN 77-0591936-001
<b>a</b>	Plan name	MARCOU TRANSPORTATION GROUP 401(K) PLAN	
<b>b</b>	Name of plan sponsor	HARRISON GLOBAL, LLC	<b>c</b> EIN-PN 45-4213532-001
<b>a</b>	Plan name	MARGARITAVILLE ENTERPRISES, LLC 401(K) SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	MARGARITAVILLE ENTERPRISES, LLC	<b>c</b> EIN-PN 77-0706262-001
<b>a</b>	Plan name	MARKEITH LLC 401(K) PROFIT SHARING PLAN & TRUST	
<b>b</b>	Name of plan sponsor	MARKEITH LLC	<b>c</b> EIN-PN 83-3270855-001
<b>a</b>	Plan name	MASCHMEYER CONCRETE COMPANY 401(K) PLAN	
<b>b</b>	Name of plan sponsor	MASCHMEYER CONCRETE COMPANY OF FLORIDA	<b>c</b> EIN-PN 31-1207217-001
<b>a</b>	Plan name	MAZZOTTA RENTALS, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	MAZZOTTA RENTALS, INC.	<b>c</b> EIN-PN 06-1299919-001

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	MCGRATH AUTOMOTIVE GROUP 401(K) PLAN	
<b>b</b>	Name of plan sponsor	MCGRATH ENTERPRISES, INC.	<b>c</b> EIN-PN 36-3432209-001
<b>a</b>	Plan name	MEDPRO HEALTH PROVIDERS, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	MEDPRO HEALTH PROVIDERS, LLC	<b>c</b> EIN-PN 26-4671376-001
<b>a</b>	Plan name	MENNIE HEIZLER 401(K) PLAN	
<b>b</b>	Name of plan sponsor	MENNIE HEIZLER, LLC	<b>c</b> EIN-PN 87-4370662-001
<b>a</b>	Plan name	MERITRUST FEDERAL CREDIT UNION RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	MERITRUST FEDERAL CREDIT UNION	<b>c</b> EIN-PN 48-0570799-001
<b>a</b>	Plan name	MICHELLE H, MOTTINGER D.D.S., P.A. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	MICHELLE H MOTTINGER DDS PA	<b>c</b> EIN-PN 56-1950645-001
<b>a</b>	Plan name	MICORE SOLUTIONS, INC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	MICORE SOLUTIONS, INC.	<b>c</b> EIN-PN 26-1789645-001
<b>a</b>	Plan name	MICRON SOLUTIONS, INC. SAVINGS AND INVESTMENT PLAN	
<b>b</b>	Name of plan sponsor	MICRON SOLUTIONS, INC.	<b>c</b> EIN-PN 72-0925679-002
<b>a</b>	Plan name	MIDWEST COMMUNITY BANCSHARES, INC. SAFE HARBOR 401(K) PLAN	
<b>b</b>	Name of plan sponsor	MIDWEST COMMUNITY BANCSHARES, INC.	<b>c</b> EIN-PN 36-4148677-001
<b>a</b>	Plan name	MIKE'S WRECKER SERVICE, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	MIKES WRECKER SERVICE, INC.	<b>c</b> EIN-PN 62-1683682-001
<b>a</b>	Plan name	MILLIKEN CORPORATION 401K PLAN	
<b>b</b>	Name of plan sponsor	MILLIKEN CORPORATION	<b>c</b> EIN-PN 82-2345734-001
<b>a</b>	Plan name	MINT ROOFING, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	MINT ROOFING, INC.	<b>c</b> EIN-PN 81-0389786-001
<b>a</b>	Plan name	MONTEREY PENINSULA COUNTRY CLUB 401(K) PROFIT	
<b>b</b>	Name of plan sponsor	MONTEREY PENINSULA COUNTRY CLUB	<b>c</b> EIN-PN 94-1451412-002

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	MOODY NATIONAL BANK 401(K) PLAN	
<b>b</b>	Name of plan sponsor	MOODY NATIONAL BANK	<b>c</b> EIN-PN 74-0560665-002
<b>a</b>	Plan name	MORGAN & BROTHER MANHATTAN STORAGE CO., INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	MORGAN & BROTHER MANHATTAN STORAGE CO., INC.	<b>c</b> EIN-PN 13-1815744-001
<b>a</b>	Plan name	MOTT HAVEN ACADEMY CHARTER SCHOOL 401(K) PLAN	
<b>b</b>	Name of plan sponsor	MOTT HAVEN ACADEMY CHARTER SCHOOL	<b>c</b> EIN-PN 11-3833210-001
<b>a</b>	Plan name	MS PAIN, LLC 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	MS PAIN, LLC	<b>c</b> EIN-PN 62-1512849-001
<b>a</b>	Plan name	MY AIM HEALTH 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ADVANTAGE INTEGRATED MEDICAL, LLC	<b>c</b> EIN-PN 88-2033335-001
<b>a</b>	Plan name	NATIONAL MATERIAL, L.P. DEFERRED COMPENSATION PLAN 401(K)	
<b>b</b>	Name of plan sponsor	NATIONAL MATERIAL, L.P.	<b>c</b> EIN-PN 36-3559267-004
<b>a</b>	Plan name	NAUMANN/HOBBS MATERIAL HANDLING, INC. 401(K) SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	NAUMANN/HOBBS MATERIAL HANDLING, INC.	<b>c</b> EIN-PN 36-4596041-001
<b>a</b>	Plan name	NAVIA BENEFIT SOLUTIONS 401(K) PLAN	
<b>b</b>	Name of plan sponsor	NAVIA BENEFIT SOLUTIONS	<b>c</b> EIN-PN 91-1467758-001
<b>a</b>	Plan name	NEW WAVE HOSPITALITY, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	NEW WAVE HOSPITALITY, LLC	<b>c</b> EIN-PN 82-4504692-001
<b>a</b>	Plan name	NORTH BAY AVIATION 401K PLAN	
<b>b</b>	Name of plan sponsor	NORTH BAY AVIATION	<b>c</b> EIN-PN 68-0424022-001
<b>a</b>	Plan name	NORTH OXFORD MILLS 401(K) PLAN	
<b>b</b>	Name of plan sponsor	WEYMOUTH BRAIDED RUG COMPANY, INC.	<b>c</b> EIN-PN 04-2318571-001
<b>a</b>	Plan name	NORTHWIND 401K RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	NORTHWIND PHARMACEUTICALS, LLC	<b>c</b> EIN-PN 30-0066778-001

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	NOVA MEDICAL GROUP PC 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	NOVA MEDICAL GROUP PC	<b>c</b> EIN-PN 88-3512976-001
<b>a</b>	Plan name	NUCYCLE TONER & INK 401(K) PLAN	
<b>b</b>	Name of plan sponsor	VRS, INC.	<b>c</b> EIN-PN 87-0779462-001
<b>a</b>	Plan name	NWD, INC. RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	N.W.D., INC.	<b>c</b> EIN-PN 04-2805862-001
<b>a</b>	Plan name	NX2 401(K) PLAN	
<b>b</b>	Name of plan sponsor	JANEX SERVICES, LLC	<b>c</b> EIN-PN 87-2666008-001
<b>a</b>	Plan name	OAKWOOD ATHLETIC CLUB, LLC	
<b>b</b>	Name of plan sponsor	OAKWOOD ATHLETIC CLUB, LLC	<b>c</b> EIN-PN 94-3291460-001
<b>a</b>	Plan name	OCEAN PHYSICAL THERAPY, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	OCEAN PHYSICAL THERAPY INC.	<b>c</b> EIN-PN 33-0920884-001
<b>a</b>	Plan name	OCMULGEE PHYSICIANS RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	OCMULGEE PHYSICIANS, LLC	<b>c</b> EIN-PN 45-3976537-001
<b>a</b>	Plan name	O'DELL GROUP 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	THE ODELL GROUP LLC	<b>c</b> EIN-PN 85-0961151-001
<b>a</b>	Plan name	OFFICE360 401(K) PLAN	
<b>b</b>	Name of plan sponsor	OFFICE THREE SIXTY, INC.	<b>c</b> EIN-PN 35-2142678-001
<b>a</b>	Plan name	OGS/348 RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	OHIO GASKET & SHIM COMPANY, INC.	<b>c</b> EIN-PN 34-0843907-001
<b>a</b>	Plan name	OLEAN AREA FCU 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	OLEAN AREA FEDERAL CREDIT UNION	<b>c</b> EIN-PN 16-1022820-033
<b>a</b>	Plan name	ONCORE 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ONCORE, INC.	<b>c</b> EIN-PN 46-1130038-001

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	ORAL ARTS LABORATORY, INC. PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	ORAL ARTS LABORATORY, INC.	<b>c</b> EIN-PN 63-0590100-001
<b>a</b>	Plan name	ORCHARD MEDICAL CENTER S.C. PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	ORCHARD MEDICAL CENTER, S.C.	<b>c</b> EIN-PN 36-2704158-001
<b>a</b>	Plan name	ORION INTEGRATED SYSTEMS 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ORION INTEGRATED SYSTEMS	<b>c</b> EIN-PN 20-8178220-002
<b>a</b>	Plan name	OWENS & BRUMLEY FUNERAL HOMES 401(K) PLAN	
<b>b</b>	Name of plan sponsor	O & B FUNERAL HOMES, INC.	<b>c</b> EIN-PN 20-1675193-002
<b>a</b>	Plan name	OWENS CAROLINA ORTHOTIC AND PROSTHETIC, INC. NETWORK 401(K) PLAN	
<b>b</b>	Name of plan sponsor	OWENS CAROLINA ORTHOTIC	<b>c</b> EIN-PN 56-1634753-001
<b>a</b>	Plan name	PAIR GAIN COMMUNICATIONS, INC. 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	PAIR GAIN COMMUNICATIONS, INC.	<b>c</b> EIN-PN 16-1388193-001
<b>a</b>	Plan name	PALLET, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	PALLET, INC.	<b>c</b> EIN-PN 82-1516722-001
<b>a</b>	Plan name	PARAGON SPORTS CONSTRUCTORS 401K PLAN	
<b>b</b>	Name of plan sponsor	PARAGON SPORTS CONSTRUCTORS LLC	<b>c</b> EIN-PN 27-0838912-001
<b>a</b>	Plan name	PATHWAYS HEALTHCARE, LLC 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	PATHWAYS HEALTHCARE, LLC	<b>c</b> EIN-PN 35-2462125-001
<b>a</b>	Plan name	PAWLIK SUPPLY CO. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	PAWLIK SUPPLY COMPANY	<b>c</b> EIN-PN 74-1944889-001
<b>a</b>	Plan name	PAYFORWARD LLC 401K RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	PAYFORWARD	<b>c</b> EIN-PN 36-4763682-001
<b>a</b>	Plan name	PIECE BY PIECE AUTISM 401(K) PLAN	
<b>b</b>	Name of plan sponsor	PIECE BY PIECE AUTISM CENTER	<b>c</b> EIN-PN 82-2634517-001

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	PINNACLE ENGINEERING GROUP, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	PINNACLE ENGINEERING GROUP, LLC	<b>c</b> EIN-PN 45-2866474-001
<b>a</b>	Plan name	PIONEER PLASTICS, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	PIONEER PLASTICS, INC.	<b>c</b> EIN-PN 61-0623231-001
<b>a</b>	Plan name	PJR ENTERPRISES, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	PJR ENTERPRISES, INC.	<b>c</b> EIN-PN 36-3317191-001
<b>a</b>	Plan name	POLYQUEST INCORPORATED 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	POLYQUEST INCORPORATED	<b>c</b> EIN-PN 36-4367889-001
<b>a</b>	Plan name	POR QUE NO MISSISSIPPI 401(K) PLAN	
<b>b</b>	Name of plan sponsor	CONVIVIUM, LLC	<b>c</b> EIN-PN 20-1386414-001
<b>a</b>	Plan name	POSITIVE DEVELOPMENT 401K PLAN	
<b>b</b>	Name of plan sponsor	POSITIVE DEVELOPMENT	<b>c</b> EIN-PN 85-0774361-001
<b>a</b>	Plan name	POWERS OF ARKANSAS, INC. 401(K) PROFIT SHARING PLAN AND TRUST	
<b>b</b>	Name of plan sponsor	POWERS OF ARKANSAS, INC.	<b>c</b> EIN-PN 71-0606308-001
<b>a</b>	Plan name	PRECISION CALIBRATION SPECIALISTS 401(K) PLAN	
<b>b</b>	Name of plan sponsor	PRECISION CALIBRATION SPECIALISTS LLC	<b>c</b> EIN-PN 86-2111168-001
<b>a</b>	Plan name	PREMIER METAL WORKS, INC. 401(K) SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	PREMIER METAL WORKS, INC.	<b>c</b> EIN-PN 36-1643990-001
<b>a</b>	Plan name	PRESSURE CHEMICAL CO 401(K) PROFIT SHARING PLAN & TRUST	
<b>b</b>	Name of plan sponsor	PRESSURE CHEMICAL CO	<b>c</b> EIN-PN 25-1142709-002
<b>a</b>	Plan name	PRESTON HEALTH SERVICES, INC. RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	PRESTON HEALTH SERVICES, INC.	<b>c</b> EIN-PN 20-3000448-001
<b>a</b>	Plan name	PRIMANTI CORPORATION 401(K) PLAN	
<b>b</b>	Name of plan sponsor	PRIMANTI CORPORATION	<b>c</b> EIN-PN 90-0916427-001

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
<small>(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)</small>			
<b>a</b>	Plan name	PRODUCERS COOPERATIVE ASSOCIATION PROFIT SHARING 401(K) PLAN	
<b>b</b>	Name of plan sponsor	PRODUCERS COOPERATIVE ASSOCIATION	<b>c</b> EIN-PN 74-1005557-002
<b>a</b>	Plan name	PROKIDNEY, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	PROKIDNEY, LLC	<b>c</b> EIN-PN 81-0889991-001
<b>a</b>	Plan name	PRP WINE INTERNATIONAL 401(K) PLAN	
<b>b</b>	Name of plan sponsor	RPR WINE INTERNATIONAL, INC.	<b>c</b> EIN-PN 36-3638805-001
<b>a</b>	Plan name	QAS MANAGEMENT COMPANY INC 401(K) PROFIT SHARING PLAN & TRUST	
<b>b</b>	Name of plan sponsor	QAS MANAGEMENT COMPANY INC	<b>c</b> EIN-PN 45-3986223-001
<b>a</b>	Plan name	QCI 401(K) PLAN	
<b>b</b>	Name of plan sponsor	QUANTUM CONTROLS, INC.	<b>c</b> EIN-PN 51-0391970-001
<b>a</b>	Plan name	QUINCANNON ASSOCIATES, INC. EMPLOYEES' RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	QUINCANNON ASSOCIATES, INC.	<b>c</b> EIN-PN 13-3496700-001
<b>a</b>	Plan name	R&R MACHINING CO. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	R&R MACHINING CO.	<b>c</b> EIN-PN 41-1864658-001
<b>a</b>	Plan name	R.C. HUNT ELECTRIC, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	R.C. HUNT ELECTRIC, INC.	<b>c</b> EIN-PN 87-0663953-001
<b>a</b>	Plan name	R.I. ALTERNATIVE ACADEMY MANAGEMENT, LLC 401(K)	
<b>b</b>	Name of plan sponsor	R.I. ALTERNATIVE ACADEMY MANAGEMENT, LLC.	<b>c</b> EIN-PN 82-1926939-001
<b>a</b>	Plan name	RC MANAGEMENT 401(K) SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	RC MANAGEMENT, INC.	<b>c</b> EIN-PN 74-1671920-001
<b>a</b>	Plan name	REGIMENT SECURITY PARTNERS LLC 401K PLAN	
<b>b</b>	Name of plan sponsor	REGIMENT SECURITY PARTNERS LLC	<b>c</b> EIN-PN 86-3615675-001
<b>a</b>	Plan name	RESOURCE ONE CREDIT UNION 401(K) PLAN	
<b>b</b>	Name of plan sponsor	RESOURCE ONE CREDIT UNION	<b>c</b> EIN-PN 75-0821285-001

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	RETIREMENT PATH POOLED EMPLOYER PLAN	
<b>b</b>	Name of plan sponsor	PLAN PROFESSIONALS, LLC	<b>c</b> EIN-PN 85-3213245-304
<b>a</b>	Plan name	REVER GRAND LLC 401(K) PROFIT SHARING PLAN & TRUST	
<b>b</b>	Name of plan sponsor	REVER GRAND LLC	<b>c</b> EIN-PN 81-3727606-001
<b>a</b>	Plan name	REVISE ENERGY 401(K) PLAN	
<b>b</b>	Name of plan sponsor	DIPIETRO HOME ENERGY SOLUTIONS, INC. DBA REVISE	<b>c</b> EIN-PN 81-1894291-001
<b>a</b>	Plan name	ROBERT V. JENSEN, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	ROBERT V. JENSEN, INC.	<b>c</b> EIN-PN 94-2266370-002
<b>a</b>	Plan name	ROCKWELL ELECTRIC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ROCKWELL ELECTRIC INC	<b>c</b> EIN-PN 26-2506793-001
<b>a</b>	Plan name	ROCKWELL FOREST PRODUCTS 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ROCKWELL FOREST PRODUCTS, INC.	<b>c</b> EIN-PN 25-1542750-001
<b>a</b>	Plan name	ROGERS JEWELRY 401K PLAN	
<b>b</b>	Name of plan sponsor	ROGERS JEWELRY COMPANY	<b>c</b> EIN-PN 94-1110764-001
<b>a</b>	Plan name	RONALD MCDONALD HOUSE CHARITIES (TRIANGLE) 401K	
<b>b</b>	Name of plan sponsor	RONALD MCDONALD HOUSE CHARITIES OF THE TRIA	<b>c</b> EIN-PN 56-1220376-001
<b>a</b>	Plan name	ROY'S AUTO GLASS, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ROYS AUTO GLASS, INC.	<b>c</b> EIN-PN 06-1271385-001
<b>a</b>	Plan name	S.T.A.R. 401K PLAN	
<b>b</b>	Name of plan sponsor	MASTER INTERNATIONAL CORPORATION	<b>c</b> EIN-PN 95-3000067-001
<b>a</b>	Plan name	SAN ANTONIO COSMETIC SURGERY, P.A. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	SAN ANTONIO COSMETIC SURGERY, P.A.	<b>c</b> EIN-PN 61-1532574-001
<b>a</b>	Plan name	SCHALOW'S NURSERY, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	SCHALOWS NURSERY, INC.	<b>c</b> EIN-PN 39-1503913-001

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
<small>(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)</small>			
<b>a</b>	Plan name	SCHNEIDER'S DAIRY, INC. PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	SCHNEIDERS DAIRY, INC.	<b>c</b> EIN-PN 25-0990418-001
<b>a</b>	Plan name	SEA LINK 401(K) PLAN	
<b>b</b>	Name of plan sponsor	SLI, INC.	<b>c</b> EIN-PN 20-0244097-001
<b>a</b>	Plan name	SECONDWIND WATER SYSTEMS, INC 401(K)/PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	SECONDWIND WATER SYSTEMS, INC	<b>c</b> EIN-PN 02-0476531-001
<b>a</b>	Plan name	SEELEY BROTHERS PROFIT SHARING 401(K) PLAN	
<b>b</b>	Name of plan sponsor	SEELEY BROTHERS	<b>c</b> EIN-PN 95-3947183-001
<b>a</b>	Plan name	SENTRY PEST CONTROL INC 401(K)	
<b>b</b>	Name of plan sponsor	SENTRY PEST CONTROL INC	<b>c</b> EIN-PN 38-3659223-001
<b>a</b>	Plan name	SERGI CONSTRUCTION 401 (K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	SERGI CONSTRUCTION	<b>c</b> EIN-PN 16-1433824-001
<b>a</b>	Plan name	SETH NEWMAN, D.D.S., P.C. EMPLOYEES' PROFIT SHARING PLAN AND TRUST	
<b>b</b>	Name of plan sponsor	SETH NEWMAN, D.D.S., P.C.	<b>c</b> EIN-PN 20-8041371-001
<b>a</b>	Plan name	SHAW FAMILY ENTERPRISES LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	SHAW FAMILY ENTERPRISES LLC	<b>c</b> EIN-PN 86-1015742-001
<b>a</b>	Plan name	SLOANES OF VONORE CASH BALANCE PLAN	
<b>b</b>	Name of plan sponsor	SLOANS OF VONORE	<b>c</b> EIN-PN 62-1766490-001
<b>a</b>	Plan name	SLUSARSKI EXCAVATING PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	SLUSARSKI EXCAVATING & PAVING, INC.	<b>c</b> EIN-PN 38-2732371-001
<b>a</b>	Plan name	SNAP HOLDINGS, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	SNAP FINANCE, LLC	<b>c</b> EIN-PN 81-0878051-001
<b>a</b>	Plan name	SOLIEL LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	SOLIEL LLC	<b>c</b> EIN-PN 35-2176953-001

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.)		
<b>a</b>	Plan name SOUTHERN AIRE CONTRACTING, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor SOUTHERN AIRE CONTRACTING, INC.	<b>c</b> EIN-PN 20-3434904-001
<b>a</b>	Plan name SOUTHERN WALL SYSTEMS 401(K) PLAN	
<b>b</b>	Name of plan sponsor SOUTHERN WALL SYSTEMS II, LLC	<b>c</b> EIN-PN 81-4762083-001
<b>a</b>	Plan name SPAN CONSTRUCTION & ENGINEERING, INC. 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor SPAN CONSTRUCTION & ENGINEERING, INC.	<b>c</b> EIN-PN 94-2686159-002
<b>a</b>	Plan name SPARTAN ENERGY VENTURES LLC 401(K) PS PLAN	
<b>b</b>	Name of plan sponsor SPARTAN ENERGY VENTURES LLC	<b>c</b> EIN-PN 88-3255381-001
<b>a</b>	Plan name SPECIALTY SURGERY CENTER OF CNY 401(K) PLAN	
<b>b</b>	Name of plan sponsor SPECIALTY SURGERY CENTER OF CNY	<b>c</b> EIN-PN 16-1549512-001
<b>a</b>	Plan name SPEECH & LANGUAGE DEVELOPMENT CENTER 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor SPEECH & LANGUAGE DEVELOPMENT CENTER	<b>c</b> EIN-PN 95-2162129-001
<b>a</b>	Plan name SPINE & JOINT CENTERS OF AMERICA 401 (K) PLAN	
<b>b</b>	Name of plan sponsor SPINE & JOINT CENTERS OF MISSOURI	<b>c</b> EIN-PN 92-3460284-001
<b>a</b>	Plan name STC FRANCHISEE MANAGEMENT GROUP, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor STC FRANCHISEE MANAGEMENT GROUP, LLC	<b>c</b> EIN-PN 27-4362526-001
<b>a</b>	Plan name STEVENSON CRANE 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor STEVENSON CRANE SERVICE, INC.	<b>c</b> EIN-PN 36-3638757-001
<b>a</b>	Plan name STOLLER IMPORTS, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor STOLLER IMPORTS, INC.	<b>c</b> EIN-PN 36-3775816-001
<b>a</b>	Plan name SUNCREST PHARMACY 401 (K) PLAN	
<b>b</b>	Name of plan sponsor SUNCREST PHARMACY	<b>c</b> EIN-PN 55-0685245-001
<b>a</b>	Plan name SUNDSTROM CLINICAL SERVICES, LLC 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor SUNDSTROM CLINICAL SERVICES, LLC	<b>c</b> EIN-PN 20-1676644-001

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.)		
<b>a</b>	Plan name <b>SUNSET AUTO CORPORATE RETIREMENT PLAN</b>	
<b>b</b>	Name of plan sponsor <b>SUNSET AUTO COMPANY, INC.</b>	<b>c</b> EIN-PN <b>43-0543535-002</b>
<b>a</b>	Plan name <b>SUTTON BANK EMPLOYEE STOCK OWNERSHIP &amp; 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>SUTTON BANK</b>	<b>c</b> EIN-PN <b>34-4369660-002</b>
<b>a</b>	Plan name <b>SYFAN LOGISTICS 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>SYFAN LOGISTICS, INC.</b>	<b>c</b> EIN-PN <b>45-2664830-001</b>
<b>a</b>	Plan name <b>SYNERGY ELECTRIC 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>SYNERGY ELECTRIC COMPANY INC.</b>	<b>c</b> EIN-PN <b>33-0433596-002</b>
<b>a</b>	Plan name <b>SYNERGY GROUP 401(K) SALARY REDUCTION PLAN</b>	
<b>b</b>	Name of plan sponsor <b>SYNERGY, INC.</b>	<b>c</b> EIN-PN <b>38-4028816-001</b>
<b>a</b>	Plan name <b>TABER METALS GULFPORT L.P. HOURLY EMPLOYEES RETIREMENT PLAN</b>	
<b>b</b>	Name of plan sponsor <b>TABER METALS GULFPORT L.P.</b>	<b>c</b> EIN-PN <b>36-3559057-001</b>
<b>a</b>	Plan name <b>TAYLOR FOREST PRODUCTS, INC. 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>TAYLOR FOREST PRODUCTS, INC.</b>	<b>c</b> EIN-PN <b>04-3256215-001</b>
<b>a</b>	Plan name <b>TEAM AERO LLC 401(K) PROFIT SHARING PLAN &amp; TRUST</b>	
<b>b</b>	Name of plan sponsor <b>TEAM AERO, LLC</b>	<b>c</b> EIN-PN <b>20-4255473-001</b>
<b>a</b>	Plan name <b>TEXAS PRIDE DISPOSAL 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>TEXAS PRIDE DISPOSAL SOLUTIONS</b>	<b>c</b> EIN-PN <b>30-0788641-001</b>
<b>a</b>	Plan name <b>THE 401(K) PROFIT SHARING PLAN OF JEWISH HEALTHCARE CENTER, INC.</b>	
<b>b</b>	Name of plan sponsor <b>JEWISH HEALTHCARE CENTER, INC.</b>	<b>c</b> EIN-PN <b>04-2103803-004</b>
<b>a</b>	Plan name <b>THE CARTER CLINIC, P.A. 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>CARTER CLINIC, P.A.</b>	<b>c</b> EIN-PN <b>20-8743613-001</b>
<b>a</b>	Plan name <b>THE FIRST NATIONAL BANK IN TOLEDO PROFIT SHARING</b>	
<b>b</b>	Name of plan sponsor <b>FIRST NEIGHBOR BANK NA</b>	<b>c</b> EIN-PN <b>37-0274510-003</b>

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	THE HANOVER THEATRE RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	THE HANOVER THEATRE	<b>c</b> EIN-PN 05-0521735-001
<b>a</b>	Plan name	THE HENRI STERN WATCH AGENCY 401(K) PLAN	
<b>b</b>	Name of plan sponsor	THE HENRI STERN WATCH AGENCY	<b>c</b> EIN-PN 13-1537970-002
<b>a</b>	Plan name	THE HOFSTETTER COMPANY EMPLOYEES' 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	THE HOFSTETTER COMPANY	<b>c</b> EIN-PN 31-1447022-001
<b>a</b>	Plan name	THE LEARNING TREE DAYCARE & PRESCHOOL LLC 401(K)	
<b>b</b>	Name of plan sponsor	THE LEARNING TREE DAYCARE & PRESCHOOL LLC	<b>c</b> EIN-PN 46-2855267-001
<b>a</b>	Plan name	THE NATIONAL FRUIT PRODUCT CO., INC. 401(K) EMPLOYEES SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	NATIONAL FRUIT PRODUCT CO., INC.	<b>c</b> EIN-PN 54-0315385-004
<b>a</b>	Plan name	THE NEW ACE ELECTRIC, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	THE NEW ACE ELECTRIC, LLC	<b>c</b> EIN-PN 30-0808841-001
<b>a</b>	Plan name	THE NEXT DOOR 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	THE NEXT DOOR, INC.	<b>c</b> EIN-PN 43-2001774-001
<b>a</b>	Plan name	THE PATEL FIRM RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	THE PATEL FIRM, PLLC	<b>c</b> EIN-PN 82-2640587-001
<b>a</b>	Plan name	THE PRIETIVE GROUP, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	THE PRIETIVE GROUP, INC.	<b>c</b> EIN-PN 33-0174920-001
<b>a</b>	Plan name	THE SUMMIT DENTAL GROUP, PC 401(K) PROFIT SHARING PLAN AND TRUST	
<b>b</b>	Name of plan sponsor	THE SUMMIT DENTAL GROUP, PC	<b>c</b> EIN-PN 16-1005426-002
<b>a</b>	Plan name	THE TAIT GROUP, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	THE TAIT GROUP, INC.	<b>c</b> EIN-PN 32-0456940-001
<b>a</b>	Plan name	THE UNION STATE BANK 401(K) EMPLOYEE STOCK OWNERSHIP PLAN	
<b>b</b>	Name of plan sponsor	UNION STATE BANK	<b>c</b> EIN-PN 48-0456400-001

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	THE ZEST LAB 401(K) PLAN	
<b>b</b>	Name of plan sponsor	TTRTOTTER, LLC DBA THE ZEST LAB	<b>c</b> EIN-PN 84-4666947-001
<b>a</b>	Plan name	THIRD EYE HEALTH EMPLOYEES' RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	THIRD EYE HEALTH INC	<b>c</b> EIN-PN 47-3593672-001
<b>a</b>	Plan name	THRIVE THERAPIES GROUP 401(K) PLAN	
<b>b</b>	Name of plan sponsor	THRIVE THERAPIES GROUP	<b>c</b> EIN-PN 92-1652037-001
<b>a</b>	Plan name	THRONE DEPOT, INC. 401(K) & PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	THRONE DEPOT, INC.	<b>c</b> EIN-PN 20-3844364-001
<b>a</b>	Plan name	TID DEMOLITION 401(K) PLAN	
<b>b</b>	Name of plan sponsor	TID, INC.	<b>c</b> EIN-PN 87-0509999-001
<b>a</b>	Plan name	TIMOTHY A. DACHILLE AND ASSOCIATES 401(K) PROFIT SHARING PLAN AND TRUST	
<b>b</b>	Name of plan sponsor	TIMOTHY A. DACHILLE AND ASSOCIATES	<b>c</b> EIN-PN 30-0951776-001
<b>a</b>	Plan name	TITAN MATERIAL HANDLING, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	TITAN MATERIAL HANDLING, INC.	<b>c</b> EIN-PN 84-3682690-001
<b>a</b>	Plan name	TIXTRACK INC 401K PLAN	
<b>b</b>	Name of plan sponsor	TIXTRACK INC	<b>c</b> EIN-PN 26-2291405-002
<b>a</b>	Plan name	TMSFILTERBUY 401(K) PLAN	
<b>b</b>	Name of plan sponsor	TMS MANAGEMENT, LLC	<b>c</b> EIN-PN 82-3713087-001
<b>a</b>	Plan name	TOTAL PACKAGE EXPRESS, INC. 401(K) SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	TOTAL PACKAGE EXPRESS, INC.	<b>c</b> EIN-PN 31-1377065-001
<b>a</b>	Plan name	TRALE INC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	TRALE INC	<b>c</b> EIN-PN 30-0796958-001
<b>a</b>	Plan name	TRANSFORMATION CHURCH RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	TRANSFORMATION CHURCH	<b>c</b> EIN-PN 27-1022006-001

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.)	
<b>a</b>	Plan name TRANSITIONAL SERVICES OF NY FOR LONG ISLAND INC & HAVEN HOUSE/BRIDGES, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor TRANSITIONAL SERVICES OF NY FOR LONG ISLAND, INC.	<b>c</b> EIN-PN 11-2592828-002
<b>a</b>	Plan name TRIAD GROUP, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor TRIAD GROUP, LLC	<b>c</b> EIN-PN 13-4091658-001
<b>a</b>	Plan name TRINITY MEP ENGINEERING RETIREMENT PLANS	
<b>b</b>	Name of plan sponsor TRINITY MEP ENGINEERING, LLC	<b>c</b> EIN-PN 51-0662503-001
<b>a</b>	Plan name TRIPLE CROSS PLUMBING & UTILITIES 401(K) PLAN	
<b>b</b>	Name of plan sponsor TRIPLE CROSS PLUMBING & UTILITIES, LTD	<b>c</b> EIN-PN 74-2775592-001
<b>a</b>	Plan name TRISTAR BANK 401(K) PLAN	
<b>b</b>	Name of plan sponsor TRISTAR BANK	<b>c</b> EIN-PN 56-2136525-001
<b>a</b>	Plan name TWR HOLDINGS LLC 401 K PROFIT SHARING PLAN TRUST	
<b>b</b>	Name of plan sponsor TWR HOLDINGS LLC	<b>c</b> EIN-PN 45-2825558-001
<b>a</b>	Plan name UNITED STATES VETERANS INITIATIVE RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor UNITED STATES VETERANS INITIATIVE	<b>c</b> EIN-PN 95-4382752-001
<b>a</b>	Plan name UNIVERSAL STAINLESS & ALLOY PRODUCTS, INC. EMPLOYEES 401(K) PLAN	
<b>b</b>	Name of plan sponsor UNIVERSAL STAINLESS & ALLOY PRODUCTS, INC.	<b>c</b> EIN-PN 25-1724540-001
<b>a</b>	Plan name VALVTECHNOLOGIES EMPLOYEES 401(K) PROFIT SHARING PLAN & TRUST - 755521-01	
<b>b</b>	Name of plan sponsor VALVTECHNOLOGIES INC	<b>c</b> EIN-PN 76-0266982-001
<b>a</b>	Plan name VELOCITII CONTACT CENTER SERVICES, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor VELOCITII CONTACT CENTER SERVICES, LLC	<b>c</b> EIN-PN 92-3486845-001
<b>a</b>	Plan name VOTUM ENTERPRISES LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor VOTUM ENTERPRISES LLC	<b>c</b> EIN-PN 85-2736149-001
<b>a</b>	Plan name WAEV, INC 401K PLAN	
<b>b</b>	Name of plan sponsor WAEV, INC.	<b>c</b> EIN-PN 87-3861274-001

<b>Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>		
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)		
<b>a</b> Plan name	WAITES 401(K) PLAN	
<b>b</b> Name of plan sponsor	WAITES SENSOR TECHNOLOGIES, INC.	<b>c</b> EIN-PN 32-0588952-001
<b>a</b> Plan name	WALNUT CAPITAL MANAGEMENT, INC. 401(K) PLAN	
<b>b</b> Name of plan sponsor	WALNUT CAPITAL MANAGEMENT, INC.	<b>c</b> EIN-PN 25-1805315-001
<b>a</b> Plan name	WAVE DENTAL PROFESSIONALS 401(K) PLAN	
<b>b</b> Name of plan sponsor	TRALONGO, LLC DBA WAVE DENTAL PROFESSIONALS	<b>c</b> EIN-PN 35-2460202-001
<b>a</b> Plan name	WELLAN ASSOCIATES INC 401K PSP	
<b>b</b> Name of plan sponsor	WELLAN ASSOCIATES INC	<b>c</b> EIN-PN 74-3073313-001
<b>a</b> Plan name	WESTGATE, LLC 401K SAVINGS & PROFIT SHARING PLAN	
<b>b</b> Name of plan sponsor	WESTGATE, LLC.	<b>c</b> EIN-PN 72-0768707-001
<b>a</b> Plan name	WESTMONT ASSOCIATES AND FREDRIC MARRO & ASSOCIATES 401(K) PLAN	
<b>b</b> Name of plan sponsor	WESTMONT ASSOCIATES, INC.	<b>c</b> EIN-PN 22-3123624-001
<b>a</b> Plan name	WESTON GOLF CLUB RETIREMENT PLAN	
<b>b</b> Name of plan sponsor	WESTON GOLF CLUB	<b>c</b> EIN-PN 04-1962940-001
<b>a</b> Plan name	WETEKAM MONOFILAMENTS, USA LP 401(K) PLAN	
<b>b</b> Name of plan sponsor	WETEKAM MONOFILAMENS, USA LP	<b>c</b> EIN-PN 36-4756746-001
<b>a</b> Plan name	WINEBRENNER FINANCIAL 401(K) SAFE HARBOR PLAN	
<b>b</b> Name of plan sponsor	WINEBRENNER FINANCIAL SERVICES, INC.	<b>c</b> EIN-PN 61-1383865-001
<b>a</b> Plan name	WORLD THREADS INC. 401(K) PLAN	
<b>b</b> Name of plan sponsor	WORLD THREADS INC.	<b>c</b> EIN-PN 45-4133220-001
<b>a</b> Plan name	YMP REAL ESTATE MANAGEMENT, LLC 401(K) RETIREMENT PLAN	
<b>b</b> Name of plan sponsor	YMP REAL ESTATE MANAGEMENT, LLC	<b>c</b> EIN-PN 45-3214345-001
<b>a</b> Plan name	ZUCKERMAN GRAVELY MANAGEMENT, INC. 401(K) RETIREMENT PLAN	
<b>b</b> Name of plan sponsor	ZUCKERMAN GRAVELY MANAGEMENT, INC.	<b>c</b> EIN-PN 52-1804940-001

<b>SCHEDULE H</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Financial Information</b>  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).  <b>▶ File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2024</b>  <b>This Form is Open to Public Inspection</b>
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For calendar plan year 2024 or fiscal plan year beginning <b>01/01/2024</b> and ending <b>12/31/2024</b>	
<b>A</b> Name of plan <b>MYCOMPASS AMERICAN FUNDS 2010 FUND</b>	<b>B</b> Three-digit plan number (PN) ▶ <b>001</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>GREAT GRAY TRUST COMPANY, LLC</b>	<b>D</b> Employer Identification Number (EIN) <b>38-7271363</b>

<b>Part I</b>	<b>Asset and Liability Statement</b>
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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
<b>Assets</b>			
<b>a</b> Total noninterest-bearing cash .....	<b>1a</b>	0	149
<b>b</b> Receivables (less allowance for doubtful accounts):			
<b>(1)</b> Employer contributions .....	<b>1b(1)</b>		
<b>(2)</b> Participant contributions .....	<b>1b(2)</b>		
<b>(3)</b> Other .....	<b>1b(3)</b>	1634679	1415691
<b>c</b> General investments:			
<b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....	<b>1c(1)</b>		
<b>(2)</b> U.S. Government securities .....	<b>1c(2)</b>		
<b>(3)</b> Corporate debt instruments (other than employer securities):			
<b>(A)</b> Preferred .....	<b>1c(3)(A)</b>		
<b>(B)</b> All other .....	<b>1c(3)(B)</b>		
<b>(4)</b> Corporate stocks (other than employer securities):			
<b>(A)</b> Preferred .....	<b>1c(4)(A)</b>		
<b>(B)</b> Common .....	<b>1c(4)(B)</b>		
<b>(5)</b> Partnership/joint venture interests .....	<b>1c(5)</b>		
<b>(6)</b> Real estate (other than employer real property) .....	<b>1c(6)</b>		
<b>(7)</b> Loans (other than to participants) .....	<b>1c(7)</b>		
<b>(8)</b> Participant loans .....	<b>1c(8)</b>		
<b>(9)</b> Value of interest in common/collective trusts .....	<b>1c(9)</b>		
<b>(10)</b> Value of interest in pooled separate accounts .....	<b>1c(10)</b>		
<b>(11)</b> Value of interest in master trust investment accounts .....	<b>1c(11)</b>		
<b>(12)</b> Value of interest in 103-12 investment entities .....	<b>1c(12)</b>		
<b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds) .....	<b>1c(13)</b>	7733334	14517858
<b>(14)</b> Value of funds held in insurance company general account (unallocated contracts).....	<b>1c(14)</b>	7542835	13871344
<b>(15)</b> Other.....	<b>1c(15)</b>		

<b>1d</b> Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	<b>1d(1)</b>		
(2) Employer real property.....	<b>1d(2)</b>		
<b>e</b> Buildings and other property used in plan operation.....	<b>1e</b>		
<b>f</b> Total assets (add all amounts in lines 1a through 1e).....	<b>1f</b>	16910848	29805042
<b>Liabilities</b>			
<b>g</b> Benefit claims payable.....	<b>1g</b>		
<b>h</b> Operating payables.....	<b>1h</b>	0	3851
<b>i</b> Acquisition indebtedness.....	<b>1i</b>		
<b>j</b> Other liabilities.....	<b>1j</b>	1635605	1414631
<b>k</b> Total liabilities (add all amounts in lines 1g through 1j).....	<b>1k</b>	1635605	1418482
<b>Net Assets</b>			
<b>l</b> Net assets (subtract line 1k from line 1f).....	<b>1l</b>	15275243	28386560

**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.

<b>Income</b>		(a) Amount	(b) Total
<b>a Contributions:</b>			
(1) Received or receivable in cash from: <b>(A)</b> Employers.....	<b>2a(1)(A)</b>		
<b>(B)</b> Participants.....	<b>2a(1)(B)</b>		
<b>(C)</b> Others (including rollovers).....	<b>2a(1)(C)</b>		
(2) Noncash contributions.....	<b>2a(2)</b>		
(3) Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> .....	<b>2a(3)</b>		0
<b>b Earnings on investments:</b>			
<b>(1) Interest:</b>			
<b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit).....	<b>2b(1)(A)</b>		
<b>(B)</b> U.S. Government securities.....	<b>2b(1)(B)</b>		
<b>(C)</b> Corporate debt instruments.....	<b>2b(1)(C)</b>		
<b>(D)</b> Loans (other than to participants).....	<b>2b(1)(D)</b>		
<b>(E)</b> Participant loans.....	<b>2b(1)(E)</b>		
<b>(F)</b> Other.....	<b>2b(1)(F)</b>	184777	
<b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....	<b>2b(1)(G)</b>		184777
<b>(2) Dividends:</b>			
<b>(A)</b> Preferred stock.....	<b>2b(2)(A)</b>		
<b>(B)</b> Common stock.....	<b>2b(2)(B)</b>		
<b>(C)</b> Registered investment company shares (e.g. mutual funds).....	<b>2b(2)(C)</b>	910448	
<b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....	<b>2b(2)(D)</b>		910448
<b>(3)</b> Rents.....	<b>2b(3)</b>		
<b>(4) Net gain (loss) on sale of assets:</b>			
<b>(A)</b> Aggregate proceeds.....	<b>2b(4)(A)</b>		
<b>(B)</b> Aggregate carrying amount (see instructions).....	<b>2b(4)(B)</b>		
<b>(C)</b> Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result.....	<b>2b(4)(C)</b>		
<b>(5) Unrealized appreciation (depreciation) of assets:</b>			
<b>(A)</b> Real estate.....	<b>2b(5)(A)</b>		
<b>(B)</b> Other.....	<b>2b(5)(B)</b>		
<b>(C)</b> Total unrealized appreciation of assets. Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....	<b>2b(5)(C)</b>		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts .....	<b>2b(6)</b>		
(7) Net investment gain (loss) from pooled separate accounts .....	<b>2b(7)</b>		
(8) Net investment gain (loss) from master trust investment accounts .....	<b>2b(8)</b>		
(9) Net investment gain (loss) from 103-12 investment entities .....	<b>2b(9)</b>		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds) .....	<b>2b(10)</b>		284375
<b>c</b> Other income .....	<b>2c</b>		
<b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total.....	<b>2d</b>		1379600

**Expenses**

<b>e</b> Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	<b>2e(1)</b>		
(2) To insurance carriers for the provision of benefits .....	<b>2e(2)</b>		
(3) Other.....	<b>2e(3)</b>		
(4) Total benefit payments. Add lines <b>2e(1)</b> through <b>(3)</b> .....	<b>2e(4)</b>		0
<b>f</b> Corrective distributions (see instructions) .....	<b>2f</b>		
<b>g</b> Certain deemed distributions of participant loans (see instructions).....	<b>2g</b>		
<b>h</b> Interest expense.....	<b>2h</b>		
<b>i</b> Administrative expenses:			
(1) Salaries and allowances .....	<b>2i(1)</b>		
(2) Contract administrator fees .....	<b>2i(2)</b>		
(3) Recordkeeping fees .....	<b>2i(3)</b>		
(4) IQPA audit fees .....	<b>2i(4)</b>	952	
(5) Investment advisory and investment management fees .....	<b>2i(5)</b>	5829	
(6) Bank or trust company trustee/custodial fees .....	<b>2i(6)</b>	5830	
(7) Actuarial fees .....	<b>2i(7)</b>		
(8) Legal fees .....	<b>2i(8)</b>		
(9) Valuation/appraisal fees .....	<b>2i(9)</b>		
(10) Other trustee fees and expenses .....	<b>2i(10)</b>		
(11) Other expenses.....	<b>2i(11)</b>		
(12) Total administrative expenses. Add lines <b>2i(1)</b> through <b>(11)</b> .....	<b>2i(12)</b>		12611
<b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total.....	<b>2j</b>		12611

**Net Income and Reconciliation**

<b>k</b> Net income (loss). Subtract line <b>2j</b> from line <b>2d</b> .....	<b>2k</b>		1366989
<b>l</b> Transfers of assets:			
(1) To this plan.....	<b>2l(1)</b>		16642636
(2) From this plan .....	<b>2l(2)</b>		4898308

**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
<b>a</b> 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>b</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.)			
<b>c</b> 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.)			
<b>d</b> 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.)			
<b>e</b> Was this plan covered by a fidelity bond?			
<b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?			
<b>g</b> 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?			
<b>h</b> 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?			
<b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)			
<b>j</b> 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.)			
<b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?			
<b>l</b> Has the plan failed to provide any benefit when due under the plan?			
<b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
<b>n</b> 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.)

<b>5b(1)</b> Name of plan(s)	<b>5b(2)</b> EIN(s)	<b>5b(3)</b> 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 \_\_\_\_\_.