

<p style="text-align: center;">Form 5500</p> <p style="font-size: small;">Department of the Treasury Internal Revenue Service</p> <hr/> <p style="font-size: small;">Department of Labor Employee Benefits Security Administration</p> <hr/> <p style="font-size: x-small;">Pension Benefit Guaranty Corporation</p>	<p>Annual Return/Report of Employee Benefit Plan</p> <p style="font-size: x-small;">This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).</p> <p style="text-align: center;">▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	<p style="font-size: x-small;">OMB Nos. 1210-0110 1210-0089</p> <hr/> <p style="font-size: large; text-align: center;">2024</p> <hr/> <p style="text-align: center;">This Form is Open to Public Inspection</p>
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Part I Annual Report Identification Information
 For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

A This return/report is for: a multiemployer plan a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)

a single-employer plan a DFE (specify) C

B This return/report is: the first return/report the final return/report

an amended return/report a short plan year return/report (less than 12 months)

C If the plan is a collectively-bargained plan, check here.

D Check box if filing under: Form 5558 automatic extension the DFVC program

special extension (enter description)

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

Part II Basic Plan Information—enter all requested information

<p>1a Name of plan <u>MYCOMPASS INDEX CONSERVATIVE 2065 FUND</u></p>	<p>1b Three-digit plan number (PN) ▶ <u>767</u></p>
<p>2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>GREAT GRAY TRUST COMPANY, LLC</u></p> <p><u>6725 VIA AUSTI PARKWAY, SUITE 260</u> <u>LAS VEGAS, NV 89119</u></p>	<p>1c Effective date of plan</p> <hr/> <p>2b Employer Identification Number (EIN) <u>38-7271386</u></p> <p>2c Plan Sponsor's telephone number <u>866-427-6885</u></p> <p>2d Business code (see instructions)</p>

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

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

SIGN HERE		Date	
	Signature of plan administrator		Enter name of individual signing as plan administrator
SIGN HERE		Date	
	Signature of employer/plan sponsor		Enter name of individual signing as employer or plan sponsor
SIGN HERE	<u>Filed with authorized/valid electronic signature.</u>	<u>10/01/2025</u>	<u>MATT FALCIANI</u>
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number <div style="background-color: #cccccc; height: 40px;"></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;"></div> 6a(1) 6a(2) 6b 6c 6d 0 6e 6f 6g(1) 6g(2) 6h
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:

9a Plan funding arrangement (check all that apply) (1) <input type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) <input type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor
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10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

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

11a If the plan provides welfare benefits, was the plan subject to the Form M-1 filing requirements during the plan year? (See instructions and 29 CFR 2520.101-2.) Yes No

If "Yes" is checked, complete lines 11b and 11c.

11b Is the plan currently in compliance with the Form M-1 filing requirements? (See instructions and 29 CFR 2520.101-2.) Yes No

11c Enter the Receipt Confirmation Code for the 2024 Form M-1 annual report. If the plan was not required to file the 2024 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

SCHEDULE D (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 <hr/> 2024 <hr/> This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning <u>01/01/2024</u> and ending <u>12/31/2024</u>	
A Name of plan <u>MYCOMPASS INDEX CONSERVATIVE 2065 FUND</u>	B Three-digit plan number (PN) <u>▶</u> <u>767</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>GREAT GRAY TRUST COMPANY, LLC</u>	D Employer Identification Number (EIN) <u>38-7271386</u>

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
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a Name of MTIA, CCT, PSA, or 103-12 IE: <u>BR MSCI ACWI EX-US IMI INDEX FUND F</u>		
b Name of sponsor of entity listed in (a): <u>BLACKROCK INSTITUTIONAL TRUST COMPANY, N.A.</u>		
c EIN-PN <u>27-4955447-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>1271930</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>COMMODITY INDEX DAILY FUND F</u>		
b Name of sponsor of entity listed in (a): <u>BLACKROCK INSTITUTIONAL TRUST COMPANY, N.A.</u>		
c EIN-PN <u>27-4616854-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>0</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>DEVELOPED REAL ESTATE INDEX FUND F</u>		
b Name of sponsor of entity listed in (a): <u>BLACKROCK INSTITUTIONAL TRUST COMPANY, N.A.</u>		
c EIN-PN <u>27-2659367-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>0</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>LONG TERM GOV BOND INDEX FUND F</u>		
b Name of sponsor of entity listed in (a): <u>BLACKROCK INSTITUTIONAL TRUST COMPANY, N.A.</u>		
c EIN-PN <u>82-3997809-001</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>2</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>RUSSELL 1000 INDEX FUND F</u>		
b Name of sponsor of entity listed in (a): <u>BLACKROCK INSTITUTIONAL TRUST COMPANY, N.A.</u>		
c EIN-PN <u>94-3357216-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>2185149</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>RUSSELL 2000 INDEX FUND F</u>		
b Name of sponsor of entity listed in (a): <u>BLACKROCK INSTITUTIONAL TRUST COMPANY, N.A.</u>		
c EIN-PN <u>94-3318704-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>162177</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>U.S. TIPS FUND F</u>		
b Name of sponsor of entity listed in (a): <u>BLACKROCK INSTITUTIONAL TRUST COMPANY, N.A.</u>		
c EIN-PN <u>36-4495972-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>0</u>

a Name of MTIA, CCT, PSA, or 103-12 IE: 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) 36942
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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) 38051
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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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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)	
<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	21ST CENTURY HEALTHCARE, INC. 401(K) PLAN	
b	Name of plan sponsor	21ST CENTURY HEALTHCARE, INC.	c EIN-PN 86-0733416-001
a	Plan name	ACCUMYN. 401(K) PLAN	
b	Name of plan sponsor	ACCUMYN, LLC	c EIN-PN 22-3968687-001
a	Plan name	ADAMS RESOURCES AND ENERGY, INC., AND SUBSIDIARIES 401K PLAN	
b	Name of plan sponsor	ADAMS RESOURCES AND ENERGY, INC.	c EIN-PN 74-1753147-004
a	Plan name	AERO CORP. 401(K) PLAN	
b	Name of plan sponsor	AERO CORPORATION	c EIN-PN 23-1696257-001
a	Plan name	AIR COMM CORPORATION 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor	AIR COMM CORPORATION	c EIN-PN 20-1849926-001
a	Plan name	ALAMEDA PEDIATRIC DENTISTRY 401(K) PLAN	
b	Name of plan sponsor	DAVID M.PERRY, DDS, SHARINE THENARD, DDS, MYLINH NGO, DMD, INC.	c EIN-PN 94-2267373-002
a	Plan name	ALL COUNTY FIRE, INC. 401(K) PLAN	
b	Name of plan sponsor	ALL COUNTY FIRE, INC.	c EIN-PN 20-5087243-001
a	Plan name	ALLIED OMS 401(K) PLAN	
b	Name of plan sponsor	ALLIED OMS, LLC	c EIN-PN 83-3175824-001
a	Plan name	AMAN NEW YORK 401(K) PLAN	
b	Name of plan sponsor	CROWN STAFF LLC	c EIN-PN 83-1318244-001
a	Plan name	AMPERSAND INC. 401(K) PLAN	
b	Name of plan sponsor	AMPERSAND INC.	c EIN-PN 92-1049630-001
a	Plan name	AMPTX ELECTRIC 401(K) PLAN	
b	Name of plan sponsor	AMPTX ELECTRIC, LP	c EIN-PN 20-8397087-001
a	Plan name	ANDERSON'S GREENHOUSES, INC. EMPLOYEES RETIREMENT PLAN	
b	Name of plan sponsor	ANDERSONS GREENHOUSES, INC.	c EIN-PN 54-0911985-001

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 ANGEL ANIMAL HOSPITAL 401(K) PLAN	
b	Name of plan sponsor B&B SMITH VETERINARY PLLC DBA ANGEL ANIMAL HOSPITAL	c EIN-PN 93-2111578-001
a	Plan name ANGELS OF CARE 401(K) PLAN	
b	Name of plan sponsor AOC OPCO, LLC	c EIN-PN 83-4225264-001
a	Plan name ANS LLC/ NEUROVATIVE DIAGNOSTICS, LLC 401(K) PLAN	
b	Name of plan sponsor MELIORA INNOVATIONS, LLC	c EIN-PN 87-1331246-001
a	Plan name ANSWERNET 401(K) SAVINGS PLAN	
b	Name of plan sponsor ANSWERNET, INC.	c EIN-PN 23-2967465-001
a	Plan name APPLIED INDUSTRIAL MACHINING, LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor APPLIED INDUSTRIAL MACHINING, LLC	c EIN-PN 46-1592245-002
a	Plan name ARB MIDSTREAM MANAGEMENT LLC	
b	Name of plan sponsor ARB MIDSTREAM MANAGEMENT LLC	c EIN-PN 47-2842784-001
a	Plan name ART OF SAVINGS 401(K)PLAN	
b	Name of plan sponsor MY BENEFITS, LLC	c EIN-PN 45-2098380-001
a	Plan name ASSURED INSURANCE CONSULTANTS, LLC 401(K) PLAN	
b	Name of plan sponsor ASSURED INSURANCE CONSULTANTS, LLC	c EIN-PN 84-4393166-001
a	Plan name ATLAS NAVIGATORS 401(K) PLAN	
b	Name of plan sponsor ATLAS NAVIGATORS, LLC	c EIN-PN 47-2544071-001
a	Plan name ATLAS TECHNICA LLC 401(K) PLAN	
b	Name of plan sponsor ATLAS TECHNICA LLC	c EIN-PN 81-1729355-001
a	Plan name AUSTAL USA. LLC 401(K) PLAN	
b	Name of plan sponsor AUSTAL USA. LLC	c EIN-PN 63-1238756-001
a	Plan name AUTOMOX, INC. 401(K) PLAN	
b	Name of plan sponsor AUTOMOX, INC.	c EIN-PN 47-3845439-001

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 AVANIA 401(K) RETIREMENT PLAN	
b	Name of plan sponsor AVANIA, LLC	c EIN-PN 04-3517564-001
a	Plan name AWARE RECOVERY CENTER 401(K) SAVINGS PLAN	
b	Name of plan sponsor AWARE RECOVERY CARE INC	c EIN-PN 45-2829077-002
a	Plan name BACK TO HEALTH PHYSICAL THERAPY ASSOCIATES, PA PROFIT SHARING PLAN	
b	Name of plan sponsor BACK TO HEALTH PHYSICAL THERAPY	c EIN-PN 20-4461846-001
a	Plan name BARRINGTON VENTURE/THE GARLANDS OF BARRINGTON RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor BARRINGTON VENTURE HOLDING COMPANY, LLC	c EIN-PN 36-4154944-001
a	Plan name BIG SKY PEDIATRIC THERAPY, LLC 401(K) PLAN	
b	Name of plan sponsor BIG SKY PEDIATRIC THERAPY, LLC	c EIN-PN 26-3166441-001
a	Plan name BIGGE CRANE AND RIGGING CO. 401(K) PROFIT	
b	Name of plan sponsor BIGGE CRANE AND RIGGING CO.	c EIN-PN 94-3291765-001
a	Plan name BIGZBYS CONCRETE, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor BIGZBYS CONCRETE, INC.	c EIN-PN 75-2979821-001
a	Plan name BLUE FROG 401(K) PLAN	
b	Name of plan sponsor DOUBLE V. INDUSTRIES, INC.	c EIN-PN 77-0585908-001
a	Plan name BLUE SEA CAPITAL 401(K) PLAN	
b	Name of plan sponsor BLUE SEA CAPITAL	c EIN-PN 90-0907274-001
a	Plan name BOYL 401(K) PLAN	
b	Name of plan sponsor BUILD ON YOUR LAND, LLC	c EIN-PN 84-2824666-001
a	Plan name BRAD HALL COMPANIES 401(K) PLAN	
b	Name of plan sponsor BRAD HALL & ASSOCIATES, INC.	c EIN-PN 84-3298308-001
a	Plan name BRAIN BALANCE OF MEQUON AND FOX VALLEY 401(K) PS	
b	Name of plan sponsor BRAIN BALANCE OF FOX VALLEY	c EIN-PN 86-3598114-001

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 BRIDGE HOUSE ADVISORS CORP 401(K) PS PLAN	
b	Name of plan sponsor BRIDGE HOUSE ADVISORS	c EIN-PN 83-3001837-001
a	Plan name BUDGET BLINDS OF RACINE AND KENOSHA 401(K) PLAN	
b	Name of plan sponsor BUDGET BLINDS OF RACINE AND KENOSHA	c EIN-PN 47-2666892-001
a	Plan name C&G ELECTRIC 401K PLAN	
b	Name of plan sponsor C&G ELECTRIC	c EIN-PN 75-2120764-001
a	Plan name CANYON VIEW MEDICAL GROUP LC 401(K) AND PSP	
b	Name of plan sponsor CANYON VIEW MEDICAL GROUP LC	c EIN-PN 84-1367175-002
a	Plan name CAPITAL REALTY GROUP INC 401(K) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor CAPITAL REALTY GROUP INC	c EIN-PN 20-1127702-001
a	Plan name CARNAHAN, PROCTOR & ASSOCIATES, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor CARNAHAN, PROCTOR AND CROSS, INC.	c EIN-PN 59-1768002-001
a	Plan name CAVINESS & CATES BUILDING AND DEVELOPMENT 401(K)	
b	Name of plan sponsor CAVINESS & CATES BUILDING AND	c EIN-PN 56-2119964-001
a	Plan name CAVITCH, FAMILO & DURKIN CO. , LPA RETIREMENT PLAN	
b	Name of plan sponsor CAVITCH, FAMILO & DURKIN CO., LPA	c EIN-PN 34-1083489-003
a	Plan name CHASEN GARRETT ARCHITECTS 401K PLAN	
b	Name of plan sponsor CHASEN GARRETT ARCHITECTS PLLC	c EIN-PN 26-1232966-001
a	Plan name CHRISTENSON TRANSPORTATION, INC. 401(K) PLAN	
b	Name of plan sponsor CHRISTENSON TRANSPORTATION, INC.	c EIN-PN 43-1684439-002
a	Plan name CLARK RUBBER & PLASTIC COMPANY RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor CLARK RUBBER & PLASTIC COMPANY	c EIN-PN 34-1053395-001
a	Plan name CLEMENT AUTOMOTIVE GROUP RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor CLEMENT AUTOMOTIVE GROUP, LLC	c EIN-PN 86-3860892-001

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	CND LIFE SCIENCES 401(K) PLAN	
b	Name of plan sponsor	CND LIFE SCIENCES	c EIN-PN 82-1795059-001
a	Plan name	COLLEGE HEALTH ENTERPRISES 401(K) SAVINGS PLAN	
b	Name of plan sponsor	COLLEGE HOSPITAL GROUP, INC.	c EIN-PN 20-1514870-002
a	Plan name	COMMUNITY SCHOOL OF CLEBURNE COUNTY, INC. 401(K) PLAN	
b	Name of plan sponsor	COMMUNITY SCHOOL OF CLEBURNE COUNTY, INC.	c EIN-PN 71-0649286-001
a	Plan name	COMPLETE MOBILE DENTISTRY 401(K) PLAN	
b	Name of plan sponsor	COMPLETE MOBILE DENTISTRY, INC.	c EIN-PN 11-3651272-001
a	Plan name	CONANT AUTOMOTIVE 401(K) PLAN	
b	Name of plan sponsor	CONANT AUTOMOTIVE, INC.	c EIN-PN 20-5717380-001
a	Plan name	CONEXUS MEDSTAFF, LLC 401(K) PLAN	
b	Name of plan sponsor	CONEXUS MEDSTAFF, LLC	c EIN-PN 27-1511706-001
a	Plan name	COUNTY NATIONAL BANK 401(K) PLAN	
b	Name of plan sponsor	COUNTY NATIONAL BANK	c EIN-PN 38-0650660-001
a	Plan name	CROWN CONCRETE CONSTRUCTORS, INC. 401(K) PLAN	
b	Name of plan sponsor	CROWN CONCRETE CONSTRUCTORS, INC.	c EIN-PN 35-2574937-001
a	Plan name	CUSTOM SERVICE HARDWARE LLC 401(K) PLAN & TRUST	
b	Name of plan sponsor	CUSTOM SERVICE HARDWARE LLC	c EIN-PN 47-4598383-001
a	Plan name	CUTTING EDGE MACHINING & AUTOMATION 401K PLAN	
b	Name of plan sponsor	CUTTING EDGE MACHINING & AUTOMATION LLC	c EIN-PN 88-4193008-001
a	Plan name	D & D CARTING 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	D&D CARTING CO. INC.	c EIN-PN 11-1967569-001
a	Plan name	DAY & STOKOSA ENGINEERING, PC 401K PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor	DAY & STOKOSA ENGINEERING, PC	c EIN-PN 14-1836259-001

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	DESTINATION TRANSPORT LLC 401(K) PLAN	
b	Name of plan sponsor	DESTINATION TRANSPORT, LLC	c EIN-PN 47-2545546-001
a	Plan name	DISCOVERY MSO, LLC 401K PLAN	
b	Name of plan sponsor	DISCOVERY MSO, LLC	c EIN-PN 99-3129161-001
a	Plan name	DISTINCTIVE STAFFING SOLUTIONS 401(K) PLAN	
b	Name of plan sponsor	DISTINCTIVE STAFFING SOLUTIONS, LLC	c EIN-PN 82-3227644-001
a	Plan name	DOWNEY IMPORT CARS, INC. 401(K) PLAN	
b	Name of plan sponsor	DOWNEY IMPORT CARS, INC.	c EIN-PN 26-1458269-001
a	Plan name	DVELE OMEGA 401(K) PLAN	
b	Name of plan sponsor	DVELE OMEGA, INC.	c EIN-PN 82-4296597-001
a	Plan name	DWY LANDSCAPE ARCHITECTS 401(K) PLAN	
b	Name of plan sponsor	DWY LANDSCAPE ARCHITECTS	c EIN-PN 65-0926222-001
a	Plan name	EMERGENT DC LLC INCENTIVE SAVINGS PLAN	
b	Name of plan sponsor	EMERGENT DC LLC	c EIN-PN 82-3562408-001
a	Plan name	EMPIST, LLC PROFIT SHARING & 401(K) PLAN	
b	Name of plan sponsor	EMPIST, LLC	c EIN-PN 20-2204447-001
a	Plan name	EMPLOYEE BENEFIT PLAN OF G. V. INDUSTRIES, INC.	
b	Name of plan sponsor	G. V. INDUSTRIES, INC.	c EIN-PN 95-3652044-003
a	Plan name	ENCORE HCS LLC 401K PLAN	
b	Name of plan sponsor	ENCORE HCS LLC	c EIN-PN 93-4786492-001
a	Plan name	ENGLAND, THIMS & MILLER, INC. 401(K) PLAN	
b	Name of plan sponsor	ENGLAND, THIMS & MILLER, INC.	c EIN-PN 59-1773930-001
a	Plan name	ERICA WILLIAMS, M.D. PLLC 401(K) PLAN	
b	Name of plan sponsor	ERICA WILLIAMS, M.D. PLLC	c EIN-PN 47-3708759-001

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	ES&A 401(K) PLAN	
b	Name of plan sponsor	ELLIS SCOTT & ASSOCIATES, INC.	c EIN-PN 31-1366998-001
a	Plan name	EUGENE BRUNO & ASSOCIATES 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	EUGENE BRUNO & ASSOCIATES	c EIN-PN 33-0953335-001
a	Plan name	EUROWIND ENERGY US DEVELOPMENT LLC 401K PLAN	
b	Name of plan sponsor	EUROWIND ENERGY US DEVELOPMENT LLC	c EIN-PN 30-1288224-001
a	Plan name	EXCEL GROUP 401(K) SAVINGS PLAN	
b	Name of plan sponsor	EXCEL CONTRACTORS, LLC	c EIN-PN 72-0969587-001
a	Plan name	EXPERIENCE SENIOR LIVING 401(K) PLAN	
b	Name of plan sponsor	EXPERIENCE SENIOR LIVING	c EIN-PN 88-3097892-001
a	Plan name	FERGUSON TOWNSHIP 457B	
b	Name of plan sponsor	FERGUSON TOWNSHIP	c EIN-PN 25-1197270-457
a	Plan name	FINEOS CORPORATION 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor	FINEOS CORPORATION	c EIN-PN 04-3512701-001
a	Plan name	FITZGERALD, ALVAREZ & CIUMMO 401(K) PLAN	
b	Name of plan sponsor	FITZGERALD, ALVAREZ & CIUMMO, PROF. LAW CORP	c EIN-PN 77-0401302-001
a	Plan name	FIVE NINES TECHNOLOGY GROUP 401(K) PLAN	
b	Name of plan sponsor	FIVE NINES TECHNOLOGY GROUP, INC.	c EIN-PN 45-4231650-001
a	Plan name	FLIGHT PRO INTERNATIONAL 401K PLAN	
b	Name of plan sponsor	FLIGHT PRO INTERNATIONAL LLC	c EIN-PN 85-2879115-001
a	Plan name	FOOTHILLS ANIMAL SHELTER 401(K) PLAN	
b	Name of plan sponsor	FOOTHILLS ANIMAL SHELTER	c EIN-PN 84-1311450-001
a	Plan name	FRANKLIN SQUARE DENTAL PLLC 401K PLAN	
b	Name of plan sponsor	FRANKLIN SQUARE DENTAL PLLC	c EIN-PN 93-1851044-001

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	FUNKO 401(K) PLAN	
b	Name of plan sponsor	FUNKO, LLC	c EIN-PN 20-2508659-001
a	Plan name	GALACTIC 401(K) PLAN AND TRUST	
b	Name of plan sponsor	GALACTIC ADVISORS LLC	c EIN-PN 84-3550666-001
a	Plan name	GBC FOOD SERVICES 401(K) PLAN	
b	Name of plan sponsor	GBC FOOD SERVICES, LLC	c EIN-PN 45-2304217-001
a	Plan name	GENUS LIFESCIENES, INC 401K PROFIT SHARING PLAN	
b	Name of plan sponsor	GENUS LIFESCIENCES INC.	c EIN-PN 25-1829410-002
a	Plan name	GEOFFREY R. HYLAND, P.L.L.C. 401(K) PLAN	
b	Name of plan sponsor	GEOFFREY R. HYLAND, P.L.L.C.	c EIN-PN 26-0427859-001
a	Plan name	GLOBAL-E US INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	GLOBAL-E US INC.	c EIN-PN 30-0946616-001
a	Plan name	GOERO INTERNATIONAL, LLC SAFE HARBOR 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	GOERO INTERNATIONAL, LLC DBA ERO ARCHITECTS	c EIN-PN 46-4346173-001
a	Plan name	GOLDFINGER, INC. 401(K) PLAN	
b	Name of plan sponsor	GOLDFINGER, INC.	c EIN-PN 81-4741603-001
a	Plan name	GOOD FAITH ENERGY 401(K) SAVINGS PLAN	
b	Name of plan sponsor	GOOD FAITH ENERGY, LLC	c EIN-PN 47-1136310-001
a	Plan name	GRAND HARBOR 401(K) PLAN	
b	Name of plan sponsor	GRAND HARBOR GOLF & BEACH CLUB INC.	c EIN-PN 65-0302339-001
a	Plan name	HACO U.S. 401(K) PLAN	
b	Name of plan sponsor	HACO U.S.	c EIN-PN 13-4363906-003
a	Plan name	HAPPY SMILES FAMILY DENTISTRY 401K PLAN	
b	Name of plan sponsor	HAPPY SMILES FAMILY DENTISTRY	c EIN-PN 81-4907948-001

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	HEALTH MONITORING SYSTEMS INC. 401(K) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor	HEALTH MONITORING SYSTEMS INC.	c EIN-PN 20-4604085-001
a	Plan name	HINGE STRATEGY, LLC 401(K) PLAN	
b	Name of plan sponsor	HINGE STRATEGY, LLC	c EIN-PN 26-2232786-002
a	Plan name	HOMETOWN AMERICA, LLC RETIREMENT READINESS 401(K) PLAN	
b	Name of plan sponsor	HOMETOWN AMERICA INSURANCE SERVICE, LLC	c EIN-PN 36-4196688-001
a	Plan name	HOMEWARD INC. 401(K) PLAN	
b	Name of plan sponsor	HOMEWARD, INC.	c EIN-PN 32-0594976-001
a	Plan name	HOWARD MEMORIAL HOSPITAL 401(K) AND RETIREMENT PLAN	
b	Name of plan sponsor	HOWARD MEMORIAL HOSPITAL	c EIN-PN 71-0644637-001
a	Plan name	HULETT & COMPANY LLC 401(K) P/S PLAN	
b	Name of plan sponsor	HULETT & COMPANY LLC	c EIN-PN 26-4366920-001
a	Plan name	IGNITE MEDICAL RESORTS EMPLOYEE 401(K) PLAN	
b	Name of plan sponsor	IGNITE MEDICAL RESORTS MEP	c EIN-PN 82-3928071-002
a	Plan name	ILLUMINATE USA 401(K) PLAN	
b	Name of plan sponsor	ILLUMINATE USA LLC	c EIN-PN 92-1878550-001
a	Plan name	INTERNATIONAL CRANE FOUNDATION 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	INTERNATIONAL CRANE FOUNDATION, INC.	c EIN-PN 39-1187711-002
a	Plan name	INVICTUS ASSOCIATES, LLC 401(K) PLAN	
b	Name of plan sponsor	INVICTUS ASSOCIATES, LLC	c EIN-PN 27-1344486-002
a	Plan name	IRIS 401(K) PLAN	
b	Name of plan sponsor	IRIS SOFTWARE INC.	c EIN-PN 22-3424909-001
a	Plan name	IRON PHYSICAL THERAPY 401K PLAN	
b	Name of plan sponsor	IRON PHYSICAL THERAPY	c EIN-PN 27-1694517-001

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	JB DENTAL LAB LLC 401(K) PLAN	
b	Name of plan sponsor	JB DENTAL LAB LLC	c EIN-PN 46-3130477-001
a	Plan name	JOHN A MILLARD, MD PC 401(K) PLAN	
b	Name of plan sponsor	JOHN A MILLARD, MD PC	c EIN-PN 03-0419355-003
a	Plan name	JOY-MARK, INC. 401(K) SAVINGS PLAN	
b	Name of plan sponsor	JOY-MARK, INC.	c EIN-PN 39-1287057-002
a	Plan name	JUDY VETERINARY CLINIC, INC. 401(K) PLAN	
b	Name of plan sponsor	JUDY VETERINARY CLINIC, INC.	c EIN-PN 83-0912615-001
a	Plan name	JUPITER ISLAND HOLDINGS, INC. 401(K) PLAN	
b	Name of plan sponsor	JUPITER ISLAND HOLDINGS, INC.	c EIN-PN 59-0292210-001
a	Plan name	KEAR CIVIL CORPORATION & SPECTRA 401(K) PLAN	
b	Name of plan sponsor	KEAR CIVIL CORPORATION	c EIN-PN 20-8257122-001
a	Plan name	KEI 401K PLAN	
b	Name of plan sponsor	KOENIG EQUIPMENT, INC.	c EIN-PN 34-1152820-002
a	Plan name	KELBRO COMPANY, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	KELBRO COMPANY, INC.	c EIN-PN 41-1417039-001
a	Plan name	KELLY PARTNERS (FRS) LLC 401(K) PSP	
b	Name of plan sponsor	KELLY PARTNERS (FRS) LLC	c EIN-PN 99-4124805-001
a	Plan name	KERBERROSE S.C. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	KERBERROSE S.C.	c EIN-PN 39-1658423-001
a	Plan name	LA DOLCE VITA, LLC 401(K) PLAN	
b	Name of plan sponsor	LA DOLCE VITA, LLC	c EIN-PN 20-1892386-001
a	Plan name	LA GAUGE COMPANY, INC. 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor	LA GAUGE COMPANY, INC.	c EIN-PN 26-0545660-001

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	LAP OF LOVE RETIREMENT PLAN	
b	Name of plan sponsor	LAP OF LOVE SERVICES LLC	c EIN-PN 84-4089050-001
a	Plan name	LIQUORS 44 401K RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	LFFHA, INC. DBA LIQUORS 44 HADLEY	c EIN-PN 04-3528586-001
a	Plan name	LIZOTTE GLASS, INC. PS 401(K) PLAN	
b	Name of plan sponsor	LIZOTTE GLASS, INC.	c EIN-PN 04-3496835-001
a	Plan name	LOGIC DESIGN & ARCHITECTURE 401(K) PLAN	
b	Name of plan sponsor	LOGIC DESIGN & ARCHITECTURE, INC.	c EIN-PN 81-3686870-001
a	Plan name	LUIHN VANTEDGE PARTNERS LLC 401(K) PLAN	
b	Name of plan sponsor	LUIHN VANTEDGE PARTNERS LLC	c EIN-PN 83-2686934-001
a	Plan name	LUMIRADX, INC. 401(K) PLAN	
b	Name of plan sponsor	LUMIRADX, INC	c EIN-PN 47-1763048-001
a	Plan name	LUXURY LANDSCAPE 401(K) PLAN	
b	Name of plan sponsor	LUXURY LANDSCAPE SUPPLY LLC	c EIN-PN 46-1625268-001
a	Plan name	LYNK 401(K) PLAN	
b	Name of plan sponsor	LYNK GLOBAL, INC.	c EIN-PN 82-1986972-001
a	Plan name	LYNXSPRING, INC. 401(K) PLAN	
b	Name of plan sponsor	LYNXSPRING, INC.	c EIN-PN 47-0867589-001
a	Plan name	M & M STEEL ERECTION, INC. 401(K) PLAN	
b	Name of plan sponsor	M & M STEEL ERECTION, INC.	c EIN-PN 37-1541885-001
a	Plan name	MAC'S OZM RETIREMENT PLAN	
b	Name of plan sponsor	DAVES CLEANING SERVICE, INC.	c EIN-PN 22-3544707-001
a	Plan name	MC CONSULTANTS, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	MC CONSULTANTS, INC.	c EIN-PN 33-0356700-001

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	MCGREW MANAGEMENT COMPANY, LLC 401(K) PLAN
b	Name of plan sponsor	MCGREW MANAGEMENT COMPANY, LLC
c	EIN-PN	27-0660696-001
a	Plan name	MCILHENNY COMPANY REPLACEMENT PLAN
b	Name of plan sponsor	MCILHENNY COMPANY
c	EIN-PN	72-0256940-003
a	Plan name	MEDRECEIVABLES ADVISOR HEALTHCARE, INC., 401(K) PLAN
b	Name of plan sponsor	MEDRECEIVABLES ADVISOR HEALTHCARE, INC.
c	EIN-PN	99-2005014-001
a	Plan name	MEN IN BLAZERS 401K PLAN
b	Name of plan sponsor	MEN IN BLAZERS
c	EIN-PN	46-3883467-001
a	Plan name	MENOMINI YOU INC. 401(K) PROFIT SHARING PLAN
b	Name of plan sponsor	MENOMINI YOU INC.
c	EIN-PN	85-1488307-001
a	Plan name	MERIBEAR PRODUCTIONS, INC. 401(K) PLAN
b	Name of plan sponsor	MERIBEAR PRODUCTIONS, INC.
c	EIN-PN	95-3611147-001
a	Plan name	MICHAEL D MATTIACIO DDS PC
b	Name of plan sponsor	MICHAEL D MATTIACIO DDS PC
c	EIN-PN	20-4055636-001
a	Plan name	MIDDLESEX CENTER FOR ADVANCED ORTHOPEDIC SURGERY 401(K) PROFIT SHARING PLAN
b	Name of plan sponsor	MIDDLESEX CENTER FOR ADVANCED ORTHOPEDIC SURGERY
c	EIN-PN	26-3528303-001
a	Plan name	MIDWESTERN POTATOES, LLC 401(K) PROFIT SHARING PLAN & TRUST
b	Name of plan sponsor	MIDWESTERN POTATOES, LLC
c	EIN-PN	37-1759031-001
a	Plan name	MISSION ANIMAL HOSPITAL 401(K) PROFIT SHARING PLAN & TRUST
b	Name of plan sponsor	MISSION ANIMAL HOSPITAL
c	EIN-PN	47-2606680-001
a	Plan name	MORTISE AND TENON LLC 401(K) PROFIT SHARING PL & T
b	Name of plan sponsor	MORTISE AND TENON LLC
c	EIN-PN	92-0534285-001
a	Plan name	MOUNTAINCREST REHAB OF BELLA VISTA, INC. RETIREMENT PLAN
b	Name of plan sponsor	MOUNTAINCREST REHAB OF BELLA VISTA
c	EIN-PN	77-0642506-001

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	MULDER COMPANY PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor	GEERT D. MULDER & SONS, INC.	c EIN-PN 38-1843111-002
a	Plan name	MWC 401(K) PLAN	
b	Name of plan sponsor	MWC GROUP, INC.	c EIN-PN 37-1786956-001
a	Plan name	NB VENTURES, INC. 401(K) PLAN	
b	Name of plan sponsor	NB VENTURES, INC.	c EIN-PN 22-3721259-001
a	Plan name	NEW YORK ISLANDERS HOCKEY CLUB, LP 401(K) PLAN	
b	Name of plan sponsor	NEW YORK ISLANDERS HOCKEY CLUB, LP	c EIN-PN 11-2254417-001
a	Plan name	NORTH COAST LOGISTICS, INC. EMPLOYEE SALARY	
b	Name of plan sponsor	NORTH COAST LOGISTICS, INC.	c EIN-PN 34-1722265-001
a	Plan name	ODYSSEY SPACE RESEARCH, L. L. C. 401(K) PLAN	
b	Name of plan sponsor	ODYSSEY SPACE RESEARCH, L.L.C.	c EIN-PN 20-0381879-001
a	Plan name	OLSEN CAPITAL MANAGEMENT, LLC 401(K) PLAN	
b	Name of plan sponsor	OLSEN CAPITAL MANAGEMENT, LLC	c EIN-PN 27-1865121-001
a	Plan name	ONEDIGITAL OPEN POOLED EMPLOYER PLAN	
b	Name of plan sponsor	PLAN FIDUCIARY SERVICES, INC	c EIN-PN 27-3523833-008
a	Plan name	ORANGE COUNTY SANITATION DISTRICT 457(B) DEFERRED COMPENSATION	
b	Name of plan sponsor	ORANGE COUNTY SANITATION DISTRICT	c EIN-PN 95-6003940-457
a	Plan name	OVERCASHIER & HORST PROFIT SHARING AND SAVINGS PLAN	
b	Name of plan sponsor	OVERCASHIER & HORST HEATING & AIR CONDITIONING INC.	c EIN-PN 34-1734701-001
a	Plan name	P. C. JACKSON PLUMBING CO., INC. 401(K) SAVINGS	
b	Name of plan sponsor	P. C. JACKSON PLUMBING CO., INC.	c EIN-PN 56-1474652-001
a	Plan name	PACIFIC COAST CLEANING 401(K) PLAN	
b	Name of plan sponsor	PACIFIC COAST CLEANING, INC.	c EIN-PN 20-8257225-001

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	PARRISH LEASING INC PROFIT SHARING PLAN	
b	Name of plan sponsor	PARRISH LEASING INC	c EIN-PN 35-1153444-001
a	Plan name	PARTNERS IN PEDIATRICS, P.C. PROFIT SHARING PLAN	
b	Name of plan sponsor	PARTNERS IN PEDIATRICS, P.C.	c EIN-PN 84-0868450-001
a	Plan name	PAULSEN, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	PAULSEN, INC.	c EIN-PN 47-0397153-001
a	Plan name	PAY CLEARLY LLC 401(K) PLAN & TRUST	
b	Name of plan sponsor	PAY CLEARLY LLC	c EIN-PN 82-2496569-001
a	Plan name	PEACE HEALTH 401(K) PLAN	
b	Name of plan sponsor	CBR ENTERPRISES	c EIN-PN 41-2032063-001
a	Plan name	PENN STATION, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	PENN STATION, INC.	c EIN-PN 31-1192253-001
a	Plan name	PIONEER HEALTHCARE SERVICES LLC 401(K) PLAN	
b	Name of plan sponsor	PIONEER HEALTHCARE SERVICES LLC	c EIN-PN 45-4526162-001
a	Plan name	PITTSBURGH VETERINARY CARDIOLOGY 401(K) PLAN	
b	Name of plan sponsor	PITTSBURGH VETERINARY CARDIOLOGY	c EIN-PN 36-4799234-001
a	Plan name	PRICE, KONG & CO., C.P.A.'S P.A. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	PRICE, KONG & CO., C.P.A.S, P.A.	c EIN-PN 86-0611246-001
a	Plan name	PRIMARY ARMS, LLC 401(K) PLAN	
b	Name of plan sponsor	PRIMARY ARMS, LLC	c EIN-PN 11-3837722-001
a	Plan name	PRIME ENERGY SERVICES 401(K) PLAN	
b	Name of plan sponsor	PRIME ENERGY SERVICES, LLC	c EIN-PN 45-3833725-001
a	Plan name	PRO BACK OFFICE 401(K) PLAN AND TRUST	
b	Name of plan sponsor	PRO BACK OFFICE, LLC	c EIN-PN 45-5636672-001

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	PRO COMM 401K PLAN	
b	Name of plan sponsor	PRO-COMM, INC.	c EIN-PN 38-2134292-001
a	Plan name	PROVIA 401K PLAN	
b	Name of plan sponsor	PROVIA PAYROLL, LLC	c EIN-PN 34-1519660-001
a	Plan name	PRUETT AIR CONDITIONING COMPANY 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	PRUETT AIR CONDITIONING COMPANY	c EIN-PN 58-2453509-001
a	Plan name	PULSE CREATIVE, LLC 401K PLAN	
b	Name of plan sponsor	PULSE CREATIVE, LLC	c EIN-PN 20-1378167-001
a	Plan name	QUALITY LIGHTING SYSTEMS, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	QUALITY LIGHTING SYSTEMS, INC.	c EIN-PN 16-1458013-001
a	Plan name	QUICK-SAV CONSOLIDATED RETIREMENT PLAN	
b	Name of plan sponsor	QUICK-SAV FOOD STORES, LTD	c EIN-PN 38-2208777-002
a	Plan name	R & P POOLS, INC. 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor	R & P POOLS, INC.	c EIN-PN 16-1510427-001
a	Plan name	RACHEL SCREEN PRINTING 401(K) PLAN	
b	Name of plan sponsor	RACHEL SCREEN PRINTING COMPANY	c EIN-PN 54-1442013-001
a	Plan name	RAMPART BIOSCIENCE 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	RAMPART BIOSCIENCE, INC.	c EIN-PN 83-3688007-001
a	Plan name	RANUCCI, DALTON & SCHENK, CPAS. P.C. 401(K) PLAN	
b	Name of plan sponsor	RANUCCI, DALTON & SCHENK, CPAS. P.C.	c EIN-PN 85-1114568-001
a	Plan name	RAPID SECURITIES, INC 401K PLAN	
b	Name of plan sponsor	RAPID SECURITIES	c EIN-PN 20-8294440-001
a	Plan name	RCTV RETIREMENT PLAN	
b	Name of plan sponsor	RARE COLLECTIBLES TV, LLC	c EIN-PN 46-5705246-001

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	REGIONAL EYE ASSOCIATES, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	REGIONAL EYE ASSOCIATES, INC.	c EIN-PN 55-0740986-001
a	Plan name	RENTSCHLER INC 401K PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor	RENTSCHLER INC	c EIN-PN 20-8032144-001
a	Plan name	RHINEGEIST BREWERY 401(K) PLAN	
b	Name of plan sponsor	RHINEGEIST BREWERY	c EIN-PN 45-4889826-001
a	Plan name	ROADRUNNER RECYCLING 401(K) PLAN	
b	Name of plan sponsor	ROADRUNNER RECYCLING, INC.	c EIN-PN 46-5760171-001
a	Plan name	ROKA PARTNERS 401K PLAN	
b	Name of plan sponsor	ROKA DEVELOP CAPITAL INC DBA ROKA PARTNERS	c EIN-PN 99-1770861-001
a	Plan name	ROR PARTNERS, LLC 401(K) PLAN	
b	Name of plan sponsor	ROR PARTNERS, LLC	c EIN-PN 84-4983521-001
a	Plan name	ROY A. PARK APLC DBA PARK/GUENTHART 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	ROY A. PARK APLC DBA PARK/GUENTHART	c EIN-PN 45-2849021-001
a	Plan name	RUBY ROBINSON COMPANY, LLC. 401(K) SAVINGS PLAN	
b	Name of plan sponsor	RUBY ROBINSON COMPANY, LLC	c EIN-PN 36-2604283-001
a	Plan name	SALZ LOCK & SAFE 401(K) PLAN	
b	Name of plan sponsor	SALZ CORPORATION DBA SALZ LOCK & SAFE	c EIN-PN 99-0167251-001
a	Plan name	SCHMIDT SIDING AND WINDOW, INC. 401(K) PLAN	
b	Name of plan sponsor	SCHMIDT SIDING AND WINDOW, INC.	c EIN-PN 41-1367042-001
a	Plan name	SCHWARTZ & SCHWARTZ 401(K) PLAN	
b	Name of plan sponsor	SCHWARTZ & SCHWARTZ ENTERPRISES INC.	c EIN-PN 47-2798848-001
a	Plan name	SCOTT LAWN YARD 401(K) PLAN	
b	Name of plan sponsor	SCOTT LAWN YARD, INC.	c EIN-PN 16-1493724-001

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	SCOTTSDALE EUROPEAN 401(K) PLAN	
b	Name of plan sponsor	SCOTTSDALE EUROPEAN SERVICE CORP.	c EIN-PN 81-3699935-001
a	Plan name	SEMPER SOLARIS 401(K) PLAN	
b	Name of plan sponsor	SEMPER SOLARIS CONSTRUCTION, INC.	c EIN-PN 87-3344488-001
a	Plan name	SEVERSON, WOGSLAND & LIEBL, P.C. 401(K) PLAN	
b	Name of plan sponsor	SEVERSON, WOGSLAND & LIEBL, P.C.	c EIN-PN 46-1939111-001
a	Plan name	SHANAHAN & ASSOCIATES, INC. 401(K) PLAN	
b	Name of plan sponsor	SHANAHAN & ASSOCIATES, INC.	c EIN-PN 23-2970161-001
a	Plan name	SHAT-R-SHIELD, INC. 401K PROFIT SHARING PLAN	
b	Name of plan sponsor	SHAT-R-SHIELD, INC	c EIN-PN 22-2192625-002
a	Plan name	SHEPHERD RESOURCES, INC. PROFIT SHARING PLAN	
b	Name of plan sponsor	SHEPHERD RESOURCES, INC.	c EIN-PN 84-1240093-001
a	Plan name	SINGLE POINT CAPITAL RETIREMENT PLAN	
b	Name of plan sponsor	SBL INVESTMENTS LLC	c EIN-PN 26-0645630-001
a	Plan name	SKILLWORK 401(K) PLAN	
b	Name of plan sponsor	SKILLWORK, LLC	c EIN-PN 82-4969788-001
a	Plan name	SLAYTON WIRELESS, LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	SLAYTON WIRELESS, LLC	c EIN-PN 45-2921282-001
a	Plan name	SLM WAREHOUSING GROUP HOLDINGS, INC 401(K) PLAN	
b	Name of plan sponsor	SLM WAREHOUSING GROUP HOLDINGS, INC	c EIN-PN 85-3143919-001
a	Plan name	SPECIALTY SUPPORT SYSTEMS, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	SPECIALTY SUPPORT SYSTEMS, INC.	c EIN-PN 23-2351935-002
a	Plan name	SPRINGFIELD SPRING CORPORATION 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	SPRINGFIELD SPRING CORPORATION	c EIN-PN 04-1859606-002

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 ST. GEORGE TANAQ CORPORATION 401(K) PLAN	
b	Name of plan sponsor ST. GEORGE TANAQ CORPORATION	c EIN-PN 92-0047365-001
a	Plan name STERLING COMPUTER CONSULTANTS, INC. PROFIT SHARING PLAN	
b	Name of plan sponsor STERLING COMPUTER CONSULTANTS, INC.	c EIN-PN 38-2938781-001
a	Plan name STOCK YARDS BANK & TRUST COMPANY 401K EMPLOYEE	
b	Name of plan sponsor STOCK YARDS BANK & TRUST COMPANY	c EIN-PN 61-0354170-002
a	Plan name SUBURBAN LOCK & KEY 401(K) PLAN	
b	Name of plan sponsor 3343 BAILEY AVENUE LOCK & ALARM SUPPLY, INC.	c EIN-PN 16-1128866-001
a	Plan name SUNNY FUND N.A. 401(K) PLAN	
b	Name of plan sponsor SUNNY FUND N.A., INC.	c EIN-PN 88-1541678-001
a	Plan name SUNRISE TREATMENT CENTER, LLC 401(K) PLAN	
b	Name of plan sponsor SUNRISE TREATMENT CENTER, LLC	c EIN-PN 26-1184641-001
a	Plan name SWC GROUP, LP RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor SWC GROUP, LP	c EIN-PN 80-0946676-001
a	Plan name SYSOLOGY LLC 401K PLAN	
b	Name of plan sponsor SYSOLOGY, LLC	c EIN-PN 43-2115977-002
a	Plan name TAG AERO 401(K) PLAN	
b	Name of plan sponsor THE AUXILIARY GROUP DBA TAG AERO	c EIN-PN 27-1355068-001
a	Plan name TAILGATING PROS 401(K) PLAN	
b	Name of plan sponsor JOHNSON ENTERPRISES, LLC DBA TAILGATING PROS	c EIN-PN 46-0869716-001
a	Plan name TARTE, INC. 401(K) RETIREMENT PLAN	
b	Name of plan sponsor TARTE, INC.	c EIN-PN 13-4085665-001
a	Plan name TAYLOR IMPLEMENT/COLBY DODGE, CHRYSLER, JEEP RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor TAYLOR IMPLEMENT CO., INC.	c EIN-PN 74-2805634-001

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	TCO HOSPITALITY 401(K) PLAN	
b	Name of plan sponsor	TCO HOSPITALITY, LLC	c EIN-PN 85-2424844-001
a	Plan name	TDS CUSTOM CABINETS, LLC 401(K) PLAN	
b	Name of plan sponsor	TDS CUSTOM CABINETS, LLC	c EIN-PN 20-5035627-001
a	Plan name	TERRAL RIVERSERVICE INC 401(K) PLAN	
b	Name of plan sponsor	TERRAL RIVERSERVICE INC.	c EIN-PN 72-0890414-001
a	Plan name	TETHR 401(K) PLAN	
b	Name of plan sponsor	COLLABIP, INC. DBA TETHR	c EIN-PN 26-2132272-002
a	Plan name	THE DOCTOR'S RETIREMENT PLAN	
b	Name of plan sponsor	PLAN COMPLIANCE SERVICES, INC.	c EIN-PN 59-3708427-021
a	Plan name	THE KSI 401(K) SAVINGS PLAN	
b	Name of plan sponsor	KSI TRADING CORP.	c EIN-PN 22-2809136-001
a	Plan name	THOMPSON, GREENSPON & CO., P.C. 401(K) PSP & TRUST	
b	Name of plan sponsor	THOMPSON, GREENSPON & CO	c EIN-PN 54-1029635-001
a	Plan name	THUNDER TECH INC RETIREMENT PLAN	
b	Name of plan sponsor	THUNDER TECH INC	c EIN-PN 16-1637756-001
a	Plan name	TOTAL EQUINE VETERINARY ASSOCIATES 401K PLAN	
b	Name of plan sponsor	TOTAL EQUINE VETERINARY ASSOCIATES PC	c EIN-PN 27-2905515-001
a	Plan name	TOTAL SAFETY U. S. , INC. 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	TOTAL SAFETY U.S., INC.	c EIN-PN 37-1478877-001
a	Plan name	TRADES 401(K) PLAN	
b	Name of plan sponsor	TRADES HOLDING CO., LLC	c EIN-PN 82-3677497-001
a	Plan name	TRAFFIC MANAGEMENT SOLUTIONS, INC. 401(K) PLAN	
b	Name of plan sponsor	TRAFFIC MANAGEMENT SOLUTIONS, INC.	c EIN-PN 46-1727342-001

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 TRI-STATE ELECTRIC 401(K) PLAN	
b	Name of plan sponsor TRI-STATE ELECTRIC, LTD	c EIN-PN 74-3022814-002
a	Plan name TRIAD TECHNOLOGIES, LLC 401(K) PLAN	
b	Name of plan sponsor TRIAD TECHNOLOGIES, LLC	c EIN-PN 43-1969651-001
a	Plan name UNISLINK 401(K) PLAN	
b	Name of plan sponsor ECONOSERVE SOLUTIONS, LLC DBA UNISLINK	c EIN-PN 26-4467218-001
a	Plan name UNITED HEALTH CENTERS OF THE SAN JOAQUIN VALLEY, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor UNITED HEALTH CENTERS OF THE SAN JOAQUIN VALLEY	c EIN-PN 94-1732538-001
a	Plan name V AND V SUPREMO FOODS, INC. 401(K) PLAN	
b	Name of plan sponsor V & V SUPREMO FOODS, INC.	c EIN-PN 36-2653261-001
a	Plan name VASA FITNESS LLC RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor VASA FITNESS LLC	c EIN-PN 75-3139409-002
a	Plan name VERN'S CHEESE, INC. 401(K) PLAN	
b	Name of plan sponsor VERNS CHEESE, INC.	c EIN-PN 92-1577620-001
a	Plan name VETERINARIAN PARTNERS 401K PLAN	
b	Name of plan sponsor VETERINARIAN PARTNERS DBA VET PARTNERS	c EIN-PN 87-3167462-001
a	Plan name VISIT HUNTINGTON BEACH 401(K) PLAN	
b	Name of plan sponsor VISIT HUNTINGTON BEACH	c EIN-PN 33-0368191-001
a	Plan name WALDROP, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor WALDROP, INC.	c EIN-PN 57-0707445-002
a	Plan name WARMIES 401(K) PLAN	
b	Name of plan sponsor INTELEX USA, LLC	c EIN-PN 46-1393795-001
a	Plan name WASHINGTON SPIRIT 401(K) PLAN	
b	Name of plan sponsor WASHINGTON SOCCER PROPERTIES, LLC DBA WASHINGTON SPIRIT	c EIN-PN 45-1582658-001

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	WATERSTONE MORTGAGE 401(K) PLAN	
b	Name of plan sponsor	WATERSTONE MORTGAGE CORPORATION	c EIN-PN 39-2001010-001
a	Plan name	WEST ELECTRIC & MACHINE CO., INC. RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	WEST ELECTRIC & MACHINE CO., INC.	c EIN-PN 55-0598926-001
a	Plan name	WILLOW TREE ANIMAL HOSPITAL PLLC 401K PLAN	
b	Name of plan sponsor	WILLOW TREE ANIMAL HOSPITAL PLLC	c EIN-PN 85-1160257-001
a	Plan name	WOODLAND CUSTOM HOMES 401(K) PLAN	
b	Name of plan sponsor	WOODLAND CUSTOM HOME BUILDERS	c EIN-PN 46-5455659-001
a	Plan name	WOODS MAINTENANCE SERVICES RETIREMENT PLAN	
b	Name of plan sponsor	WOODS MAINTENANCE SERVICES, INC.	c EIN-PN 95-4643637-001
a	Plan name	XGS, LLC 401(K) PLAN	
b	Name of plan sponsor	XPRESS GLOBAL SYSTEMS, LLC	c EIN-PN 62-1261869-001
a	Plan name	XU Z CHEN PSYCHIATRIST, PLLC 401(K)/PROFIT SHARING PLAN	
b	Name of plan sponsor	XU Z CHEN PSYCHIATRIST, PLLC	c EIN-PN 51-0497017-001
a	Plan name	YOSEMITE FOODS, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	YOSEMITE FOODS, INC.	c EIN-PN 81-3809906-001
a	Plan name	YOUNG'S LEGACY GROUP, INC. 401(K) PLAN	
b	Name of plan sponsor	YOUNGS LEGACY GROUP, INC.	c EIN-PN 93-4113191-001
a	Plan name	YOUR 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	STANDARD RETIREMENT SERVICES, INC.	c EIN-PN 25-1838406-042
a	Plan name	YOUR 401K PLAN, LLC RETIREMENT PLAN	
b	Name of plan sponsor	MFRG-ICON CONSTRUCTION	c EIN-PN 82-1997588-001
a	Plan name		
b	Name of plan sponsor		c EIN-PN

**SCHEDULE H
(Form 5500)**

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration
Pension Benefit Guaranty Corporation

Financial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2024

This Form is Open to Public Inspection

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

A Name of plan MYCOMPASS INDEX CONSERVATIVE 2065 FUND		B Three-digit plan number (PN) ▶	767
C Plan sponsor's name as shown on line 2a of Form 5500 GREAT GRAY TRUST COMPANY, LLC		D Employer Identification Number (EIN) 38-7271386	

Part I Asset and Liability Statement

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

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)	14572	165922
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)	2468891	3694251
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)		
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)		
(2) Employer real property.....	1d(2)		
e Buildings and other property used in plan operation.....	1e		
f Total assets (add all amounts in lines 1a through 1e).....	1f	2483463	3860173
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h	0	1309
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j	15315	165927
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	15315	167236
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	2468148	3692937

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)	424043
(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	424043

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)	149
(5) Investment advisory and investment management fees	2i(5)	3085
(6) Bank or trust company trustee/custodial fees	2i(6)	1212
(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)	4446
j Total expenses. Add all expense amounts in column (b) and enter total	2j	4446

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k	419597
l Transfers of assets:		
(1) To this plan	2l(1)	2113470
(2) From this plan	2l(2)	1308278

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 _____.