

**Form 5500**

Department of the Treasury  
Internal Revenue Service

Department of Labor  
Employee Benefits Security  
Administration

Pension Benefit Guaranty Corporation

**Annual Return/Report of Employee Benefit Plan**

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

▶ **Complete all entries in accordance with the instructions to the Form 5500.**

OMB Nos. 1210-0110  
1210-0089

**2024**

**This Form is Open to Public Inspection**

**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
  - special extension (enter description)
  - the DFVC program
- 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**

<b>1a</b> Name of plan <u>T. ROWE PRICE STRATEGIC COMMON TRUST, T. ROWE PRICE BLUE CHIP GROWTH TRUST</u>	<b>1b</b> Three-digit plan number (PN) ▶ <u>004</u>
	<b>1c</b> Effective date of plan
<b>2a</b> 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>T. ROWE PRICE TRUST COMPANY</u>  <u>100 EAST PRATT STREET</u> <u>BALTIMORE, MD 21202</u>	<b>2b</b> Employer Identification Number (EIN) <u>80-0470272</u>
	<b>2c</b> Plan Sponsor's telephone number <u>410-345-3498</u>
	<b>2d</b> Business code (see instructions)

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

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

<b>SIGN HERE</b>			
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
<b>SIGN HERE</b>			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
<b>SIGN HERE</b>	<u>Filed with authorized/valid electronic signature.</u>	<u>10/02/2025</u>	<u>RICK SCHULTZ</u>
	Signature of DFE	Date	Enter name of individual signing as DFE

For Paperwork Reduction Act Notice, see the Instructions for Form 5500.

<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>T. ROWE PRICE STRATEGIC COMMON TRUST, T. ROWE PRICE BLUE CHIP GROWTH TRUST</u>	<b>B</b> Three-digit plan number (PN)	<u>004</u>
<b>C</b> Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>T. ROWE PRICE TRUST COMPANY</u>	<b>D</b> Employer Identification Number (EIN) <u>80-0470272</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:	<u>TRP US TREASURY MM TRUST</u>	
<b>b</b> Name of sponsor of entity listed in (a):	<u>T. ROWE PRICE TRUST COMPANY</u>	
<b>c</b> EIN-PN <u>52-6559833-004</u>	<b>d</b> Entity code <u>C</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>67837888</u>
<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)
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
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<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)

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

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

**c** EIN-PN

**d** Entity code

**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

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

**c** EIN-PN

**d** Entity code

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**d** Entity code

**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
<b>a</b>	Plan name <b>AARP EMPLOYEES' 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>AARP</b>	<b>c</b> EIN-PN <b>95-1985500-002</b>
<b>a</b>	Plan name <b>ACROMAG, INC. 401(K) AND PROFIT SHARING RETIREMENT PLAN &amp; TRUST</b>	
<b>b</b>	Name of plan sponsor <b>ACROMAG INCORPORATED</b>	<b>c</b> EIN-PN <b>38-1550760-001</b>
<b>a</b>	Plan name <b>ACTIVISION BLIZZARD 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>ACTIVISION BLIZZARD</b>	<b>c</b> EIN-PN <b>94-2606438-001</b>
<b>a</b>	Plan name <b>AIRMASTER FAN COMPANY PROFIT SHARING /401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>AIRMASTER FAN COMPANY</b>	<b>c</b> EIN-PN <b>38-2057442-001</b>
<b>a</b>	Plan name <b>ALBION MOTORS FORD, INC. 401(K) PLAN &amp; TRUST</b>	
<b>b</b>	Name of plan sponsor <b>ALBION MOTORS FORD, INC.</b>	<b>c</b> EIN-PN <b>38-3365601-001</b>
<b>a</b>	Plan name <b>ALCONA MOTORS, INC. SAVINGS &amp; PROTECTION PLAN</b>	
<b>b</b>	Name of plan sponsor <b>ALCONA MOTORS, INC.</b>	<b>c</b> EIN-PN <b>38-6081647-001</b>
<b>a</b>	Plan name <b>AMERICA'S CHOICE INSURANCE PARTNERS 401(K) PLAN &amp; TRUST</b>	
<b>b</b>	Name of plan sponsor <b>AMERICAS CHOICE INSURANCE PARTNERS</b>	<b>c</b> EIN-PN <b>38-2567826-001</b>
<b>a</b>	Plan name <b>AMERITAS LIFE INSURANCE CORP. SEPARATE ACCOUNT D</b>	
<b>b</b>	Name of plan sponsor <b>AMERITAS LIFE INSURANCE CORP</b>	<b>c</b> EIN-PN <b>47-0098400-001</b>
<b>a</b>	Plan name <b>AMERITAS LIFE INSURANCE CORP. SEPARATE ACCOUNT G-2</b>	
<b>b</b>	Name of plan sponsor <b>AMERITAS LIFE INSURANCE CORP</b>	<b>c</b> EIN-PN <b>47-0098400-500</b>
<b>a</b>	Plan name <b>ANDERSON HONDA 401(K) PLAN &amp; TRUST</b>	
<b>b</b>	Name of plan sponsor <b>ANDERSON HONDA</b>	<b>c</b> EIN-PN <b>65-0955950-001</b>
<b>a</b>	Plan name <b>ANDRITZ INC. SAVINGS AND INVESTMENT PLAN</b>	
<b>b</b>	Name of plan sponsor <b>ANDRITZ INC.</b>	<b>c</b> EIN-PN <b>14-1438713-001</b>
<b>a</b>	Plan name <b>ANHEUSER-BUSCH 401(K) SAVINGS AND RETIREMENT PLAN</b>	
<b>b</b>	Name of plan sponsor <b>ANHEUSER-BUSCH COMPANIES, LLC</b>	<b>c</b> EIN-PN <b>43-1162835-059</b>

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="#">ARGON MEDICAL DEVICES, INC. 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">ARGON MEDICAL DEVICES INC</a>	<b>c</b> EIN-PN <a href="#">27-2147843-001</a>
<b>a</b>	Plan name <a href="#">ARROW ELECTRONICS SAVINGS PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">ARROW ELECTRONICS, INC.</a>	<b>c</b> EIN-PN <a href="#">11-1806155-006</a>
<b>a</b>	Plan name <a href="#">ARROYO GRANDE CHEVROLET 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">ARROYO GRANDE CHEVROLET</a>	<b>c</b> EIN-PN <a href="#">46-2601353-001</a>
<b>a</b>	Plan name <a href="#">ASHLEY FURNITURE INDUSTRIES, LLC PROFIT SHARING 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">ASHLEY FURNITURE INDUSTRIES, LLC</a>	<b>c</b> EIN-PN <a href="#">39-1141201-001</a>
<b>a</b>	Plan name <a href="#">ASML US EMPLOYEES' SAVINGS AND RETIREMENT PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">ASML US, LLC</a>	<b>c</b> EIN-PN <a href="#">77-0568140-001</a>
<b>a</b>	Plan name <a href="#">ASSOCIATED GROCERS OF THE SOUTH 401(K) PSP</a>	
<b>b</b>	Name of plan sponsor <a href="#">ASSOCIATED GROCERS OF THE SOUTH</a>	<b>c</b> EIN-PN <a href="#">63-0011690-001</a>
<b>a</b>	Plan name <a href="#">ASSOCIATED ORTHOPEDISTS OF DETROIT, P.C. PROFIT SHARING PLAN &amp; TRUST</a>	
<b>b</b>	Name of plan sponsor <a href="#">ASSOCIATED ORTHOPEDISTS OF DETROIT, P.C.</a>	<b>c</b> EIN-PN <a href="#">38-1867780-001</a>
<b>a</b>	Plan name <a href="#">ATHENA HEALTH INC. 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">ATHENA HEALTH INC.</a>	<b>c</b> EIN-PN <a href="#">04-3387530-001</a>
<b>a</b>	Plan name <a href="#">ATLAS PERFORMANCE INDUSTRIES 401(K) PLAN &amp; TRUST</a>	
<b>b</b>	Name of plan sponsor <a href="#">ATLAS PERFORMANCE INDUSTRIES</a>	<b>c</b> EIN-PN <a href="#">77-0111273-001</a>
<b>a</b>	Plan name <a href="#">AUTOMOTIVE SALES GROUP, INC. EMPLOYEES' 401(K) PROFIT SHARING TRUST</a>	
<b>b</b>	Name of plan sponsor <a href="#">AUTOMOTIVE SALES GROUP, INC.</a>	<b>c</b> EIN-PN <a href="#">38-3070488-001</a>
<b>a</b>	Plan name <a href="#">AUTONATION 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">AUTONATION, INC.</a>	<b>c</b> EIN-PN <a href="#">73-1105145-001</a>
<b>a</b>	Plan name <a href="#">AVALON HEALTH CARE 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">AVALON HEALTH CARE</a>	<b>c</b> EIN-PN <a href="#">87-0462037-001</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 <b>BAUPOST GROUP SAVINGS RETIREMENT PLAN</b>	
<b>b</b>	Name of plan sponsor <b>THE BAUPOST GROUP, L.L.C</b>	<b>c</b> EIN-PN <b>04-3402144-001</b>
<b>a</b>	Plan name <b>BEASLEY MEZZANINE HOLDINGS, LLC 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>BEASLEY MEZZANINE HOLDINGS, LLC</b>	<b>c</b> EIN-PN <b>59-3614163-001</b>
<b>a</b>	Plan name <b>BERGER CHEVROLET, INC. 401(K) PLAN &amp; TRUST</b>	
<b>b</b>	Name of plan sponsor <b>BERGER CHEVROLET, INC.</b>	<b>c</b> EIN-PN <b>38-2374197-001</b>
<b>a</b>	Plan name <b>BERKELEY COLLEGE RETIREMENT PLAN</b>	
<b>b</b>	Name of plan sponsor <b>BERKELEY COLLEGE</b>	<b>c</b> EIN-PN <b>22-2810633-001</b>
<b>a</b>	Plan name <b>BETTEN BAKER AUTO FAMILY 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>BETTEN CHEVROLET-CADILLAC INC.</b>	<b>c</b> EIN-PN <b>38-2442212-001</b>
<b>a</b>	Plan name <b>BETTS COMPANY 401(K) RETIREMENT SAVINGS AND PROFIT SHARING PLAN</b>	
<b>b</b>	Name of plan sponsor <b>BETTS COMPANY</b>	<b>c</b> EIN-PN <b>94-0322450-003</b>
<b>a</b>	Plan name <b>BIRDSALL TOOL LLC 401(K) PLAN &amp; TRUST</b>	
<b>b</b>	Name of plan sponsor <b>BIRDSALL TOOL LLC</b>	<b>c</b> EIN-PN <b>38-2181623-001</b>
<b>a</b>	Plan name <b>BLUE CROSS &amp; BLUE SHIELD RI EMPLOYEE SAVINGS PLAN</b>	
<b>b</b>	Name of plan sponsor <b>BLUE CROSS &amp; BLUE SHIELD OF RHODE ISLAND</b>	<b>c</b> EIN-PN <b>05-0158952-002</b>
<b>a</b>	Plan name <b>BRIEN HANNA LUMBER &amp; BUILDING MATERIALS, INC. 401(K) PLAN &amp; TRUST</b>	
<b>b</b>	Name of plan sponsor <b>BRIEN HANNA LUMBER &amp; BUILDING MATERIALS, INC.</b>	<b>c</b> EIN-PN <b>38-2020367-001</b>
<b>a</b>	Plan name <b>BWXT THRIFT PLAN</b>	
<b>b</b>	Name of plan sponsor <b>BWX TECHNOLOGIES, INC.</b>	<b>c</b> EIN-PN <b>72-1172705-002</b>
<b>a</b>	Plan name <b>C &amp; S MOTORS, INC. 401(K) PLAN &amp; TRUST</b>	
<b>b</b>	Name of plan sponsor <b>C &amp; S MOTORS, INC.</b>	<b>c</b> EIN-PN <b>38-1331887-001</b>
<b>a</b>	Plan name <b>CACI SMART PLAN</b>	
<b>b</b>	Name of plan sponsor <b>CACI INTERNATIONAL, INC.</b>	<b>c</b> EIN-PN <b>54-1345888-002</b>

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 CALIFORNIA RESOURCES CORPORATION SAVINGS PLAN	
<b>b</b>	Name of plan sponsor CRC SERVICES, LLC	<b>c</b> EIN-PN 45-5676989-001
<b>a</b>	Plan name CARMAX, INC. RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor CARMAX, INC.	<b>c</b> EIN-PN 54-1821055-003
<b>a</b>	Plan name CENTENE CONSOLIDATED FROZEN RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor CENTENE CORPORATION	<b>c</b> EIN-PN 39-1864073-002
<b>a</b>	Plan name CENTENE MANAGEMENT CORPORATION RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor CENTENE CORPORATION	<b>c</b> EIN-PN 39-1864073-001
<b>a</b>	Plan name CHICAGO AND NORTH WESTERN RAILWAY COMPANY PROFIT SHARING AND RETIREMENT SAVINGS PROGRAM	
<b>b</b>	Name of plan sponsor UNION PACIFIC RAILROAD COMPANY	<b>c</b> EIN-PN 94-6001323-002
<b>a</b>	Plan name CLECO POWER LLC 401(K) SAVINGS AND INVESTMENT PLAN	
<b>b</b>	Name of plan sponsor CLECO POWER LLC	<b>c</b> EIN-PN 72-0244480-003
<b>a</b>	Plan name CLS BANK INTERNATIONAL 401(K) AND PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor CLS BANK INTERNATIONAL	<b>c</b> EIN-PN 13-4140131-001
<b>a</b>	Plan name CNMC AFFILIATES' 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor CHILDRENS NATIONAL HOSPITAL	<b>c</b> EIN-PN 52-1640403-002
<b>a</b>	Plan name COLE AUTOMOTIVE MANAGEMENT GROUP 401(K) PLAN & TRUST	
<b>b</b>	Name of plan sponsor COLE AUTOMOTIVE MANAGEMENT GROUP	<b>c</b> EIN-PN 38-3640202-001
<b>a</b>	Plan name COLE CENTURY 401(K) PLAN & TRUST	
<b>b</b>	Name of plan sponsor COLE CENTURY, INC. DBA COLE BUICK GMC CADILLAC	<b>c</b> EIN-PN 38-3039411-001
<b>a</b>	Plan name COMPOSITE FORGINGS LLC DEFERRED COMPENSATION PLAN	
<b>b</b>	Name of plan sponsor COMPOSITE FORGINGS, LLC	<b>c</b> EIN-PN 36-3805681-001
<b>a</b>	Plan name CORPUS CHRISTI HOOKS EMPLOYEES 401(K) PLAN	
<b>b</b>	Name of plan sponsor ASTROS HOOKS, LLC	<b>c</b> EIN-PN 20-0942940-001

<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	COSTELLO MACHINE 401(K) PLAN & TRUST	
<b>b</b>	Name of plan sponsor	COSTELLO MACHINE LLC	<b>c</b> EIN-PN 38-3549204-001
<b>a</b>	Plan name	CRES COR 401(K) PLAN & TRUST	
<b>b</b>	Name of plan sponsor	CRES COR	<b>c</b> EIN-PN 34-0683264-003
<b>a</b>	Plan name	CRES COR UNION EMPLOYEES' 401(K) PLAN	
<b>b</b>	Name of plan sponsor	CRES COR - UNION	<b>c</b> EIN-PN 34-0683264-004
<b>a</b>	Plan name	CROWN MOTORS, LTD. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	CROWN MOTORS, LTD.	<b>c</b> EIN-PN 38-1588299-001
<b>a</b>	Plan name	DAIICHI SANKYO, INC. SAVINGS AND RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	DAIICHI SANKYO, INC.	<b>c</b> EIN-PN 13-3914479-001
<b>a</b>	Plan name	DAVE KRING CHEVROLET 401(K) PLAN & TRUST	
<b>b</b>	Name of plan sponsor	DAVE KRING CHEVROLET, INC.	<b>c</b> EIN-PN 38-2082787-001
<b>a</b>	Plan name	DEAN ARBOUR CHEVROLET, INC. SALARY DEFERRAL 401(K) PLAN	
<b>b</b>	Name of plan sponsor	DEAN ARBOUR CHEVROLET, INC.	<b>c</b> EIN-PN 26-0014118-001
<b>a</b>	Plan name	DEFERRED COMPENSATION PLAN FOR EMPLOYEES OF THE STATE OF NEW YORK AND OTHER PARTICIPATING PUBLIC JURISDICTIONS	
<b>b</b>	Name of plan sponsor	DEFERRED COMPENSATION BOARD FOR THE STATE OF NEW YORK	<b>c</b> EIN-PN 13-3702288-999
<b>a</b>	Plan name	DEGENKOLB ENGINEERS PROFIT SHARING & 401(K) PLAN	
<b>b</b>	Name of plan sponsor	DEGENKOLB ENGINEERS	<b>c</b> EIN-PN 94-1432527-002
<b>a</b>	Plan name	DELILLO CHEVROLET 401(K) PLAN & TRUST	
<b>b</b>	Name of plan sponsor	DELILLO CHEVROLET	<b>c</b> EIN-PN 95-1496182-001
<b>a</b>	Plan name	DELOITTE 401(K) PLAN	
<b>b</b>	Name of plan sponsor	DELOITTE LLP	<b>c</b> EIN-PN 13-5133500-268
<b>a</b>	Plan name	DELOITTE PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	DELOITTE LLP	<b>c</b> EIN-PN 13-5133500-344

<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	DELOITTE SAVINGS PLAN FOR PUERTO RICO	
<b>b</b>	Name of plan sponsor	DELOITTE LLP	<b>c</b> EIN-PN 13-5133500-006
<b>a</b>	Plan name	DENSO AIR SYSTEMS MICHIGAN INC. RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	DENSO AIR SYSTEMS MICHIGAN INC.	<b>c</b> EIN-PN 38-2740199-001
<b>a</b>	Plan name	DENTSPLY SIRONA INC. 401(K) SAVINGS AND EMPLOYEE STOCK OWNERSHIP PLAN	
<b>b</b>	Name of plan sponsor	DENTSPLY SIRONA INC.	<b>c</b> EIN-PN 39-1434669-004
<b>a</b>	Plan name	DETROIT EMPLOYMENT SOLUTIONS CORPORATION 401(K) PLAN	
<b>b</b>	Name of plan sponsor	DETROIT EMPLOYMENT SOLUTIONS CORPORATION	<b>c</b> EIN-PN 38-3353746-001
<b>a</b>	Plan name	DIPIAZZA LAROCCA HEETER & CO, LLC 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	DIPIAZZA LAROCCA HEETER & CO, LLC	<b>c</b> EIN-PN 23-3731278-001
<b>a</b>	Plan name	DISTRICT OF COLUMBIA WATER AND SEWER AUTHORITY DEFINED CONTRIBUTION 401(A) PLAN	
<b>b</b>	Name of plan sponsor	DISTRICT OF COLUMBIA WATER AND SEWER AUTHORITY	<b>c</b> EIN-PN 52-0517250-001
<b>a</b>	Plan name	DISTRICT OF COLUMBIA WATER AND SEWER AUTHORITY DEFINED CONTRIBUTION 457(B) PLAN	
<b>b</b>	Name of plan sponsor	DISTRICT OF COLUMBIA WATER AND SEWER AUTHORITY	<b>c</b> EIN-PN 52-0517250-999
<b>a</b>	Plan name	DLA PIPER (PUERTO RICO) LLC RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	DLA PIPER (PUERTO RICO) LLC	<b>c</b> EIN-PN 66-0858444-006
<b>a</b>	Plan name	DLA PIPER LLP (US) PROFIT SHARING & 401(K) PLAN	
<b>b</b>	Name of plan sponsor	DLA PIPER LLP (US)	<b>c</b> EIN-PN 52-0616490-004
<b>a</b>	Plan name	DOMINION TERMINAL ASSOCIATES DEFERRED COMP & SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	DOMINION TERMINAL ASSOCIATES, LLP	<b>c</b> EIN-PN 54-1212570-001
<b>a</b>	Plan name	DON BROWN CHEVROLET, INC. RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	DON BROWN CHEVROLET	<b>c</b> EIN-PN 43-1337002-001
<b>a</b>	Plan name	DTTS 401(K) PLAN	
<b>b</b>	Name of plan sponsor	DELOITTE TOUCHE TOHMATSU SERVICES, INC.	<b>c</b> EIN-PN 13-3086681-002

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.)	
<b>a</b>	Plan name DTTS PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor DELOITTE TOUCHE TOHMASTSU SERVICES, INC.	<b>c</b> EIN-PN 13-3086681-003
<b>a</b>	Plan name EAGLE ENGINEERING & SUPPLY CO 401(K) PLAN	
<b>b</b>	Name of plan sponsor EAGLE ENGINEERING & SUPPLY CO.	<b>c</b> EIN-PN 38-1943358-001
<b>a</b>	Plan name EASTERN CAROLINA ORAL & MAXILLOFACIAL SURGERY PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor MEADOWS, LUTCAVAGE, FIDLER, LONG, ARMSTRONG & KIRKWOOD, P.A.	<b>c</b> EIN-PN 56-1313401-001
<b>a</b>	Plan name EASTERN EXTERIOR WALL SYSTEMS, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor EASTERN EXTERIOR WALL SYSTEMS, INC.	<b>c</b> EIN-PN 23-2399334-001
<b>a</b>	Plan name EBENEZER SOCIETY 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor EBENEZER SOCIETY	<b>c</b> EIN-PN 41-0706141-003
<b>a</b>	Plan name ECU HEALTH MEDICAL CENTER 457(B) DEFERRED COMPENSATION PLAN	
<b>b</b>	Name of plan sponsor PITT COUNTY MEMORIAL HOSPITAL, INC. DBA ECU HEALTH MEDICAL CENTER	<b>c</b> EIN-PN 56-0585243-999
<b>a</b>	Plan name ECU HEALTH MEDICAL CENTER PARTNERSHIP SAVINGS PLAN	
<b>b</b>	Name of plan sponsor PITT COUNTY MEMORIAL HOSPITAL, INC. DBA ECU HEALTH MEDICAL CENTER	<b>c</b> EIN-PN 56-0585243-002
<b>a</b>	Plan name EDWARD D. JONES & CO. PROFIT SHARING AND 401(K) PLAN	
<b>b</b>	Name of plan sponsor EDWARD JONES	<b>c</b> EIN-PN 43-0345811-001
<b>a</b>	Plan name EISENHOWER CENTER 401(K) PLAN & TRUST	
<b>b</b>	Name of plan sponsor EISENHOWER CENTER	<b>c</b> EIN-PN 38-3118088-001
<b>a</b>	Plan name EMMI ROTH USA, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor EMMI ROTH USA, INC.	<b>c</b> EIN-PN 39-1666423-001
<b>a</b>	Plan name EMPLOYMENT SERVICES, INC. 401(K) RETIREMENT & SAVINGS PLAN	
<b>b</b>	Name of plan sponsor EMPLOYMENT SERVICES, INC.	<b>c</b> EIN-PN 38-3637814-001
<b>a</b>	Plan name ENGINEERED HEAT TREAT, INC. SALARY SAVINGS AND P/S PLAN & TRUST	
<b>b</b>	Name of plan sponsor ENGINEERED HEAT TREAT, INC.	<b>c</b> EIN-PN 38-1615220-001

<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	ENERGY CORPORATION QUALIFIED PLAN MASTER TRUST	
<b>b</b>	Name of plan sponsor	ENERGY CORPORATION	<b>c</b> EIN-PN 41-2062510-001
<b>a</b>	Plan name	ENVISTA HOLDINGS CORPORATION SAVINGS PLAN TRUST	
<b>b</b>	Name of plan sponsor	ENVISTA HOLDINGS CORPORATION	<b>c</b> EIN-PN 84-3815432-001
<b>a</b>	Plan name	FABICK 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	FABICK CAT	<b>c</b> EIN-PN 43-0263380-002
<b>a</b>	Plan name	FAIRVIEW HEALTH SERVICES 401(K) PLAN	
<b>b</b>	Name of plan sponsor	FAIRVIEW HEALTH SERVICES	<b>c</b> EIN-PN 41-0991680-001
<b>a</b>	Plan name	FAIRVIEW HEALTH SERVICES PENSION PLAN	
<b>b</b>	Name of plan sponsor	FAIRVIEW HEALTH SERVICES	<b>c</b> EIN-PN 41-0991680-010
<b>a</b>	Plan name	FELDMAN AUTOMOTIVE 401(K) PLAN & TRUST	
<b>b</b>	Name of plan sponsor	LIBERTY CHEVROLET, INC.	<b>c</b> EIN-PN 38-2725943-001
<b>a</b>	Plan name	FGS GLOBAL SAVINGS AND INVESTMENT PLAN	
<b>b</b>	Name of plan sponsor	FGS GLOBAL INC.	<b>c</b> EIN-PN 87-3294628-002
<b>a</b>	Plan name	FLINT BOXMAKERS, INC. 401(K) PROFIT SHARING PLAN & TRUST	
<b>b</b>	Name of plan sponsor	LANDAAL PACKAGING SYSTEMS	<b>c</b> EIN-PN 38-3083793-001
<b>a</b>	Plan name	FOOD BANK OF EASTERN MICHIGAN 401(K) PLAN	
<b>b</b>	Name of plan sponsor	FOOD BANK OF EASTERN MICHIGAN	<b>c</b> EIN-PN 38-2379678-001
<b>a</b>	Plan name	FOX SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	FOX CORPORATION	<b>c</b> EIN-PN 83-1825597-002
<b>a</b>	Plan name	FRED GRANDE 401(K) PLAN & TRUST	
<b>b</b>	Name of plan sponsor	FRED GRANDE FORD SALES, INC.	<b>c</b> EIN-PN 38-1851858-001
<b>a</b>	Plan name	FRIT INC & AFFILIATED COMPANIES EMPLOYEE SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	FRIT, INC & AFFILIATED COMPANIES	<b>c</b> EIN-PN 63-1005450-001

<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	GENERAL RV 401(K) PLAN & TRUST	
<b>b</b>	Name of plan sponsor	GENERAL RV CENTERS, INC.	<b>c</b> EIN-PN 38-1657119-001
<b>a</b>	Plan name	GENESEE CERAMIC TILE, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	GENESEE CERAMIC TILE DISTRIBUTORS, INC.	<b>c</b> EIN-PN 38-2098814-001
<b>a</b>	Plan name	GILEAD SCIENCES, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	GILEAD SCIENCES, INC.	<b>c</b> EIN-PN 94-3047598-001
<b>a</b>	Plan name	GLASSMAN AUTOMOTIVE GROUP, INC. 401(K) PLAN & TRUST	
<b>b</b>	Name of plan sponsor	GLASSMAN AUTOMOTIVE GROUP, INC.	<b>c</b> EIN-PN 38-1897032-001
<b>a</b>	Plan name	GLENN BUEGE CHEVROLET, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	GLENN BUEGE CHEVROLET, INC.	<b>c</b> EIN-PN 38-3088433-001
<b>a</b>	Plan name	GLOBAL FOCUS MARKETING & DISTRIBUTION 401(K) PLAN	
<b>b</b>	Name of plan sponsor	GLOBAL FOCUS MARKETING & DISTRIBUTION	<b>c</b> EIN-PN 75-2554074-001
<b>a</b>	Plan name	GLOBAL PAYMENTS INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	GLOBAL PAYMENTS INC.	<b>c</b> EIN-PN 58-2567903-001
<b>a</b>	Plan name	GRA BENEFITS GROUP 401(K) & PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	GRA BENEFITS GROUP LLC	<b>c</b> EIN-PN 45-4904455-001
<b>a</b>	Plan name	GRAFF BUICK GMC CADILLAC - MT. PLEASANT, INC. 401(K) PLAN & TRUST	
<b>b</b>	Name of plan sponsor	GRAFF BUICK GMC CADILLAC - MT. PLEASANT, INC.	<b>c</b> EIN-PN 46-0759793-001
<b>a</b>	Plan name	GRAFF CHEVROLET - OKEMOS, INC. 401(K) PLAN & TRUST	
<b>b</b>	Name of plan sponsor	GRAFF CHEVROLET - OKEMOS, INC.	<b>c</b> EIN-PN 20-5460030-001
<b>a</b>	Plan name	GRAFF CHEVROLET 401(K) PLAN & TRUST	
<b>b</b>	Name of plan sponsor	GRAFF CHEVROLET	<b>c</b> EIN-PN 38-2678437-001
<b>a</b>	Plan name	GRAFF CHEVROLET BUICK, INC. 401(K) PLAN & TRUST	
<b>b</b>	Name of plan sponsor	GRAFF CHEVROLET BUICK, INC	<b>c</b> EIN-PN 38-3013452-001

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="#">GRAFF CHEVROLET DURAND, INC. 401(K) PLAN &amp; TRUST</a>	
<b>b</b>	Name of plan sponsor <a href="#">GRAFF CHEVROLET DURAND, INC.</a>	<b>c</b> EIN-PN <a href="#">38-3489609-001</a>
<b>a</b>	Plan name <a href="#">GRAFF FINANCIAL, LLC 401(K) PLAN &amp; TRUST</a>	
<b>b</b>	Name of plan sponsor <a href="#">GRAFF FINANCIAL, LLC</a>	<b>c</b> EIN-PN <a href="#">38-3306145-001</a>
<b>a</b>	Plan name <a href="#">GRAND ITASCA CLINIC &amp; HOSPITAL 401(K) PLAN AND TRUST</a>	
<b>b</b>	Name of plan sponsor <a href="#">GRAND ITASCA CLINIC &amp; HOSPITAL</a>	<b>c</b> EIN-PN <a href="#">41-1865874-001</a>
<b>a</b>	Plan name <a href="#">GREAT GRAY TRUST - T. ROWE PRICE BALANCED CIT</a>	
<b>b</b>	Name of plan sponsor <a href="#">GREAT GRAY TRUST COMPANY, LLC</a>	<b>c</b> EIN-PN <a href="#">86-1788946-673</a>
<b>a</b>	Plan name <a href="#">GREAT GRAY TRUST T. ROWE PRICE BLUE CHIP GROWTH TRUST</a>	
<b>b</b>	Name of plan sponsor <a href="#">GREAT GRAY TRUST COMPANY, LLC</a>	<b>c</b> EIN-PN <a href="#">38-7275337-001</a>
<b>a</b>	Plan name <a href="#">GREENE, TWEED &amp; CO., INC. SAVINGS &amp; INVESTMENT PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">GT SERVICES LLC</a>	<b>c</b> EIN-PN <a href="#">46-4212973-003</a>
<b>a</b>	Plan name <a href="#">GREENE, TWEED &amp; CO., INC. UNION EMPLOYEES 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">GT SERVICES LLC</a>	<b>c</b> EIN-PN <a href="#">46-4212973-004</a>
<b>a</b>	Plan name <a href="#">GRINDING PRODUCTS COMPANY 401(K) PLAN &amp; TRUST</a>	
<b>b</b>	Name of plan sponsor <a href="#">GRINDING PRODUCTS CO., INC.</a>	<b>c</b> EIN-PN <a href="#">38-1625945-001</a>
<b>a</b>	Plan name <a href="#">GT SERVICES LLC SAVINGS AND INVESTMENT PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">GT SERVICES LLC</a>	<b>c</b> EIN-PN <a href="#">46-4085232-001</a>
<b>a</b>	Plan name <a href="#">GYD 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">M.C. GUTHERIE LUMBER CO. - GYD</a>	<b>c</b> EIN-PN <a href="#">38-1247336-002</a>
<b>a</b>	Plan name <a href="#">H&amp;R BLOCK RETIREMENT SAVINGS PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">H&amp;R BLOCK MANAGEMENT, LLC</a>	<b>c</b> EIN-PN <a href="#">43-1632589-002</a>
<b>a</b>	Plan name <a href="#">H.C. OLSEN &amp; ASSOCIATES 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">H.C. OLSEN &amp; ASSOCIATES</a>	<b>c</b> EIN-PN <a href="#">38-2555385-001</a>

<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	HALLMARK CARDS, INCORPORATED MASTER TRUST	
<b>b</b>	Name of plan sponsor	HALLMARK CARDS, INCORPORATED	<b>c</b> EIN-PN 44-0272180-001
<b>a</b>	Plan name	HANK GRAFF CHEVROLET, INC. 401(K) PLAN & TRUST	
<b>b</b>	Name of plan sponsor	HANK GRAFF CHEVROLET	<b>c</b> EIN-PN 38-1649587-001
<b>a</b>	Plan name	HARMON CITY, INC. 401(K) RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	HARMON CITY, INC.	<b>c</b> EIN-PN 87-0230875-001
<b>a</b>	Plan name	HARRIS TEETER SUPERMARKETS, INC. RETIREMENT AND SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	HARRIS TEETER SUPERMARKETS, INC.	<b>c</b> EIN-PN 56-0905940-003
<b>a</b>	Plan name	HARTIGEN SOLUTIONS 401(K) PLAN	
<b>b</b>	Name of plan sponsor	HARTIGEN SOLUTIONS, LLC	<b>c</b> EIN-PN 45-3166122-001
<b>a</b>	Plan name	HARVEY CADILLAC COMPANY 401(K) PLAN & TRUST	
<b>b</b>	Name of plan sponsor	HARVEY CADILLAC COMPANY	<b>c</b> EIN-PN 38-1737465-001
<b>a</b>	Plan name	HEIDEBREICHT, INC 401(K) PLAN & TRUST	
<b>b</b>	Name of plan sponsor	HEIDEBREICHT, INC.	<b>c</b> EIN-PN 38-1601484-001
<b>a</b>	Plan name	HERITAGE/ROYAL EMPLOYEES' 401(K) PLAN	
<b>b</b>	Name of plan sponsor	HERITAGE CHEVROLET, INC.	<b>c</b> EIN-PN 38-2486440-001
<b>a</b>	Plan name	HGS 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	HGS (USA), LLC	<b>c</b> EIN-PN 73-1723493-001
<b>a</b>	Plan name	HIPPI 401(K) PLAN	
<b>b</b>	Name of plan sponsor	HIPP DESIGN & CONSULTING, INC.	<b>c</b> EIN-PN 56-2230976-001
<b>a</b>	Plan name	HOME MOTORS 401(K) PLAN & TRUST	
<b>b</b>	Name of plan sponsor	HOME MOTORS	<b>c</b> EIN-PN 95-2255865-001
<b>a</b>	Plan name	HR MANAGEMENT GROUP 401(K)/PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	HR MANAGEMENT GROUP, INC.	<b>c</b> EIN-PN 38-3195630-001

<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	HW SPRING TRAINING COMPLEX, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	HW SPRING TRAINING COMPLEX, LLC	<b>c</b> EIN-PN 47-3871764-001
<b>a</b>	Plan name	HYDRA-FAB, INC. 401(K) PLAN & TRUST	
<b>b</b>	Name of plan sponsor	HYDRA-FAB, INC.	<b>c</b> EIN-PN 38-2332546-001
<b>a</b>	Plan name	IDEAL & STATEWIDE 401(K) PLAN AND TRUST	
<b>b</b>	Name of plan sponsor	IDEAL FABRICATORS HOLDINGS, INC.	<b>c</b> EIN-PN 88-3791402-001
<b>a</b>	Plan name	INDEVCO, INC. DBA MID AMERICA TRUSS SAVINGS AND RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	MID AMERICA TRUSS	<b>c</b> EIN-PN 43-0995726-001
<b>a</b>	Plan name	INDUSTRIAL STEEL TREATING CO., INC. ADMINISTRATIVE EMPLOYEES' 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	INDUSTRIAL STEEL TREATING CO, INC. - ADMIN	<b>c</b> EIN-PN 38-1330534-001
<b>a</b>	Plan name	INDYNE, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	INDYNE, INC.	<b>c</b> EIN-PN 52-1395799-001
<b>a</b>	Plan name	INGEVITY CORPORATION RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	INGEVITY CORPORATION	<b>c</b> EIN-PN 47-4027764-002
<b>a</b>	Plan name	INSPERITY 401(K) PLAN TRUST	
<b>b</b>	Name of plan sponsor	INSPERITY HOLDINGS, INC.	<b>c</b> EIN-PN 20-6625607-001
<b>a</b>	Plan name	INSPERITY CORPORATE 401(K) PLAN TRUST	
<b>b</b>	Name of plan sponsor	INSPERITY HOLDINGS, INC.	<b>c</b> EIN-PN 20-6625607-004
<b>a</b>	Plan name	INTERMOUNTAIN WOOD PRODUCTS 401(K) AND PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	INTERMOUNTAIN WOOD PRODUCTS, INC.	<b>c</b> EIN-PN 87-0142510-001
<b>a</b>	Plan name	INTERNATIONAL AIRPORT CENTERS LLC 401(K) PLAN & TRUST	
<b>b</b>	Name of plan sponsor	INTERNATIONAL AIRPORT CENTERS, LLC	<b>c</b> EIN-PN 36-4048888-001
<b>a</b>	Plan name	INTERNATIONAL EXTRUSIONS, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	INTERNATIONAL EXTRUSIONS, INC.	<b>c</b> EIN-PN 38-1980645-001

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 INTERNATIONAL PAPER COMPANY DEFINED CONTRIBUTIONS MASTER TRUST	
<b>b</b>	Name of plan sponsor INTERNATIONAL PAPER COMPANY	<b>c</b> EIN-PN 62-1528016-999
<b>a</b>	Plan name INVISO 401(K) PROFIT SHARING PLAN & TRUST	
<b>b</b>	Name of plan sponsor INVISO, INC.	<b>c</b> EIN-PN 20-1828464-001
<b>a</b>	Plan name J. RECKNER ASSOCIATES, INC. 401(K) PROFIT SHARING PLAN AND TRUST	
<b>b</b>	Name of plan sponsor J. RECKNER ASSOCIATES, INC.	<b>c</b> EIN-PN 23-2657307-001
<b>a</b>	Plan name JETBLUE AIRWAYS RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor JETBLUE AIRWAYS CORPORATION	<b>c</b> EIN-PN 87-0617894-001
<b>a</b>	Plan name JOE LUNGHAMER CHEVROLET, INC. 401(K) PLAN & TRUST	
<b>b</b>	Name of plan sponsor JOE LUNGHAMER CHEVROLET, INC.	<b>c</b> EIN-PN 38-1449487-001
<b>a</b>	Plan name JOHN A BIEWER COMPANY, INC. 401(K) PLAN & TRUST	
<b>b</b>	Name of plan sponsor JOHN A. BIEWER COMPANY, INC.	<b>c</b> EIN-PN 38-2410540-001
<b>a</b>	Plan name JOINT PRODUCTION TECHNOLOGY 401(K) PLAN & TRUST	
<b>b</b>	Name of plan sponsor JOINT PRODUCTION TECHNOLOGY INC.	<b>c</b> EIN-PN 38-1959948-001
<b>a</b>	Plan name KANE REALTY CORPORATION 401(K) PROFIT SHARING PLAN & TRUST	
<b>b</b>	Name of plan sponsor KANE REALTY CORPORATION	<b>c</b> EIN-PN 56-1228678-001
<b>a</b>	Plan name KCI HOLDING USA, INC.401(K) PLAN	
<b>b</b>	Name of plan sponsor KCI HOLDING USA, INC.	<b>c</b> EIN-PN 76-0432472-001
<b>a</b>	Plan name KEMP, KLEIN, UMPHREY, ENDELMAN & MAY P.C. AMENDED AND RESTATED 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor KEMP, KLEIN, UMPHREY, ENDELMAN & MAY P.C.	<b>c</b> EIN-PN 38-1954323-001
<b>a</b>	Plan name KIEKERT USA, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor KIEKERT USA, INC.	<b>c</b> EIN-PN 38-2768500-001
<b>a</b>	Plan name KNOWABLE, INC. 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor KNOWABLE, INC.	<b>c</b> EIN-PN 83-3400242-001

<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	KPLANS INVESTMENT SERVICES, INC. 401K PLAN	
<b>b</b>	Name of plan sponsor	KPLANS INVESTMENT SERVICES, INC.	<b>c</b> EIN-PN 95-4514127-001
<b>a</b>	Plan name	KUNDINGER, INC. EMPLOYEES PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	KUNDINGER, INC.	<b>c</b> EIN-PN 38-1675887-001
<b>a</b>	Plan name	LEXIS NEXIS DE PUERTO RICO, INC. RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	LEXIS NEXIS OF PUERTO RICO, INC.	<b>c</b> EIN-PN 66-0458255-001
<b>a</b>	Plan name	LIFETIME PRODUCTS, INC. 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	LIFETIME PRODUCTS, INC.	<b>c</b> EIN-PN 87-0433254-001
<b>a</b>	Plan name	LUNGHAMER FORD OF OWOSSO 401(K) PLAN	
<b>b</b>	Name of plan sponsor	LUNGHAMER FORD OF OWOSSO, LLC	<b>c</b> EIN-PN 88-3139683-001
<b>a</b>	Plan name	LUNGHAMER GMC, INC. 401(K) PLAN & TRUST	
<b>b</b>	Name of plan sponsor	LUNGHAMER GMC, INC.	<b>c</b> EIN-PN 20-1406378-001
<b>a</b>	Plan name	M.C. GUTHERIE LUMBER CO. 401(K) PLAN & TRUST	
<b>b</b>	Name of plan sponsor	M.C. GUTHERIE LUMBER CO.	<b>c</b> EIN-PN 38-1247336-001
<b>a</b>	Plan name	MADA EMPLOYEES 401 (K) PLAN & TRUST	
<b>b</b>	Name of plan sponsor	MADA	<b>c</b> EIN-PN 38-2331742-001
<b>a</b>	Plan name	MARCON ENTERPRISES, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	MARCON ENTERPRISES, INC.	<b>c</b> EIN-PN 23-2194209-003
<b>a</b>	Plan name	MARSH & MCLENNAN AGENCY 401(K) SAVINGS & INVESTMENT PLAN	
<b>b</b>	Name of plan sponsor	MARSH & MCLENNAN COMPANIES, INC.	<b>c</b> EIN-PN 36-2668272-006
<b>a</b>	Plan name	MARSH & MCLENNAN COMPANIES 401(K) SAVINGS & INVESTMENT PLAN	
<b>b</b>	Name of plan sponsor	MARSH & MCLENNAN COMPANIES, INC.	<b>c</b> EIN-PN 36-2668272-003
<b>a</b>	Plan name	MERIT MEDICAL 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	MERIT MEDICAL SYSTEMS, INC.	<b>c</b> EIN-PN 87-0447695-001

<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	MICHIGAN LUMBER COMPANY 401(K) PLAN & TRUST	
<b>b</b>	Name of plan sponsor	MICHIGAN LUMBER COMPANY	<b>c</b> EIN-PN 38-0828600-001
<b>a</b>	Plan name	MID-STATES BOLT & SCREW LLC 401(K) PLAN & TRUST	
<b>b</b>	Name of plan sponsor	MID-STATES BOLT & SCREW LLC	<b>c</b> EIN-PN 38-2095876-002
<b>a</b>	Plan name	MISSOURI AUTOMOTIVE DEALERS ASSOCIATION SERVICES CORP. 401(K) PLAN & TRUST	
<b>b</b>	Name of plan sponsor	MISSOURI AUTOMOTIVE DEALERS ASSOCIATION SERVICES CORP.	<b>c</b> EIN-PN 43-1642102-001
<b>a</b>	Plan name	MITCHELL INTERNATIONAL INC. 401K SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	MITCHELL INTERNATIONAL INC.	<b>c</b> EIN-PN 94-3355101-001
<b>a</b>	Plan name	MITSUBISHI ELECTRIC U.S. COMPANIES' RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	MITSUBISHI ELECTRIC US, INC.	<b>c</b> EIN-PN 33-0909808-002
<b>a</b>	Plan name	MM JS AUTO HOLDINGS, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	MM JS AUTO HOLDINGS, LLC	<b>c</b> EIN-PN 82-0839067-001
<b>a</b>	Plan name	MMA SERVICE CORPORATION 401(K) PLAN	
<b>b</b>	Name of plan sponsor	MMA SERVICE CORPORATION	<b>c</b> EIN-PN 38-2290948-001
<b>a</b>	Plan name	MOBERLY MOTOR 401(K) PLAN & TRUST	
<b>b</b>	Name of plan sponsor	MOBERLY MOTOR COMPANY, INC.	<b>c</b> EIN-PN 43-0620727-001
<b>a</b>	Plan name	MODERN AUTO CO., INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	MODERN AUTO COMPANY, INC.	<b>c</b> EIN-PN 43-0666255-001
<b>a</b>	Plan name	MOTIVA 401 (K) AND SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	MOTIVA ENTERPRISES LLC	<b>c</b> EIN-PN 82-6108570-004
<b>a</b>	Plan name	MOTIVA CHEMICALS SALARY DEFETRAL AND MONEY PURCHASE PENSION PLAN	
<b>b</b>	Name of plan sponsor	MOTIVA ENTERPRISES LLC	<b>c</b> EIN-PN 61-1603903-005
<b>a</b>	Plan name	MOUNTAIN VALLEY THERAPY 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	MOUNTAIN VALLEY THERAPY INC.	<b>c</b> EIN-PN 93-1249659-001

<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	MTS SEATING 401(K) PLAN & TRUST	
<b>b</b>	Name of plan sponsor	MTS SEATING	<b>c</b> EIN-PN 38-1543409-001
<b>a</b>	Plan name	MUFG BANK, LTD. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	MUFG BANK, LTD.	<b>c</b> EIN-PN 13-5611741-015
<b>a</b>	Plan name	MULLEN & HENZELL LLP PROFIT SHARING 401(K) PLAN	
<b>b</b>	Name of plan sponsor	MULLEN & HENZELL L.L.P.	<b>c</b> EIN-PN 95-1755542-001
<b>a</b>	Plan name	MUSSELMAN & HALL CONTRACTORS 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	MUSSELMAN & HALL CONTRACTORS, LLC	<b>c</b> EIN-PN 43-1753196-001
<b>a</b>	Plan name	NOG-E HOURLY EMPLOYEES' SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	BWXT NUCLEAR OPERATIONS GROUP, INC.	<b>c</b> EIN-PN 26-1523776-001
<b>a</b>	Plan name	NOVO NORDISK INC. 401(K) SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	NOVO NORDISK INC.	<b>c</b> EIN-PN 06-1061602-001
<b>a</b>	Plan name	NOVO NORDISK INC. MONEY PURCHASE PLAN	
<b>b</b>	Name of plan sponsor	NOVO NORDISK INC.	<b>c</b> EIN-PN 06-1061602-003
<b>a</b>	Plan name	NOVO NORDISK PUERTO RICO 401(K) PLAN	
<b>b</b>	Name of plan sponsor	NOVO NORDISK INC.	<b>c</b> EIN-PN 06-1061602-002
<b>a</b>	Plan name	NUCLEAR FUEL SERVICES, INC. SAVINGS PLAN FOR HOURLY EMPLOYEES	
<b>b</b>	Name of plan sponsor	NUCLEAR FUEL SERVICES, INC.	<b>c</b> EIN-PN 52-0788632-005
<b>a</b>	Plan name	O'DANIEL AUTOMOTIVE GROUP 401(K) SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	ODANIEL AUTOMOTIVE GROUP, INC.	<b>c</b> EIN-PN 35-2026878-001
<b>a</b>	Plan name	OCEANEERING INTERNATIONAL, INC. RETIREMENT INVESTMENT PLAN	
<b>b</b>	Name of plan sponsor	OCEANEERING INTERNATIONAL, INC.	<b>c</b> EIN-PN 95-2628227-003
<b>a</b>	Plan name	OMAHA PUBLIC POWER DISTRICT 401(K) RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	OMAHA PUBLIC POWER DISTRICT	<b>c</b> EIN-PN 47-6000369-003

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)		
<b>a</b>	Plan name OMAHA PUBLIC POWER DISTRICT 457 RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor OMAHA PUBLIC POWER DISTRICT	<b>c</b> EIN-PN 47-6000369-999
<b>a</b>	Plan name ORANGE GROUP 401(K) PLAN	
<b>b</b>	Name of plan sponsor ORANGE BUSINESS SERVICES HOLDINGS U.S., INC.	<b>c</b> EIN-PN 58-2261454-001
<b>a</b>	Plan name PACOLET MILLIKEN ENTERPRISES, INC. RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor PACOLET MILLIKEN ENTERPRISES, INC.	<b>c</b> EIN-PN 26-1392109-001
<b>a</b>	Plan name PANEL PROCESSING, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor PANEL PROCESSING, INC.	<b>c</b> EIN-PN 38-1946344-001
<b>a</b>	Plan name PARKWAY CHRYSLER JEEP, INC. 401(K) PLAN & TRUST	
<b>b</b>	Name of plan sponsor PARKWAY CHRYSLER JEEP, INC.	<b>c</b> EIN-PN 38-3388003-001
<b>a</b>	Plan name PARTON & PREBLE 401(K) PLAN & TRUST	
<b>b</b>	Name of plan sponsor PARTON & PREBLE, INC.	<b>c</b> EIN-PN 38-1603067-001
<b>a</b>	Plan name PAULI FORD 401(K) PLAN & TRUST	
<b>b</b>	Name of plan sponsor SAINT JOHNS FORD MERCURY SALES, INC. DBA PAULI FORD	<b>c</b> EIN-PN 38-2537704-001
<b>a</b>	Plan name PEAK INDUSTRIAL INC. RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor PEAK INDUSTRIAL, INC.	<b>c</b> EIN-PN 45-2792810-001
<b>a</b>	Plan name PERLMUTTER INVESTMENT COMPANY, L.L.C. PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor PERLMUTTER INVESTMENT COMPANY, L.L.C.	<b>c</b> EIN-PN 36-4262061-001
<b>a</b>	Plan name PIPE TRADES SERVICES MN PENSION SUPPLEMENT TRUST	
<b>b</b>	Name of plan sponsor BOARD OF TRUSTEES OF THE PIPE TRADES SERVICES MN PENSION SUPPLEMENT TR	<b>c</b> EIN-PN 41-1539354-002
<b>a</b>	Plan name PLEXUS CORP. 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor PLEXUS CORP	<b>c</b> EIN-PN 39-1344447-001
<b>a</b>	Plan name PORTSMOUTH D&D 401(K) SAVINGS PLAN	
<b>b</b>	Name of plan sponsor FLUOR-BWXT PORTSMOUTH LLC	<b>c</b> EIN-PN 27-1279969-001

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 PRAIRIE STATE GENERATING COMPANY, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor PRAIRIE STATE GENERATING COMPANY, LLC	<b>c</b> EIN-PN 43-1941772-001
<b>a</b>	Plan name PRECISION MOLD & MACHINING SERVICES, INC. 401(K) PLAN & TRUST	
<b>b</b>	Name of plan sponsor PRECISION MOLD & MACHINING SERVICES, INC.	<b>c</b> EIN-PN 38-2516575-001
<b>a</b>	Plan name PRESTIGE AUTOMOTIVE GROUP 401(K) PLAN & TRUST	
<b>b</b>	Name of plan sponsor PRESTIGE AUTOMOTIVE GROUP	<b>c</b> EIN-PN 20-3059149-001
<b>a</b>	Plan name PRICE RIGHT AUTOMOTIVE GROUP 401(K) PLAN	
<b>b</b>	Name of plan sponsor PRICE RIGHT AUTOMOTIVE GROUP, LLC	<b>c</b> EIN-PN 80-0736314-001
<b>a</b>	Plan name PROGRESSIVE METAL MANUFACTURING 401(K) PLAN	
<b>b</b>	Name of plan sponsor PROGRESSIVE METAL MANUFACTURING CO.	<b>c</b> EIN-PN 38-1683040-001
<b>a</b>	Plan name PSYCHOLOGICAL ASSESSMENT RESOURCES, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor PSYCHOLOGICAL ASSESSMENT RESOURCES	<b>c</b> EIN-PN 59-1913294-001
<b>a</b>	Plan name PUBLIX SUPER MARKETS, INC. 401(K) SMART PLAN	
<b>b</b>	Name of plan sponsor PUBLIX SUPER MARKETS, INC.	<b>c</b> EIN-PN 59-0324412-004
<b>a</b>	Plan name PUTNAM MACHINE PRODUCTS 401(K) PLAN & TRUST	
<b>b</b>	Name of plan sponsor PUTNAM MACHINE PRODUCTS, INC.	<b>c</b> EIN-PN 38-1450174-001
<b>a</b>	Plan name R.E.D. INDUSTRIES 401(K) PLAN & TRUST	
<b>b</b>	Name of plan sponsor R.E.D. INDUSTRIES, INC.	<b>c</b> EIN-PN 38-3072348-001
<b>a</b>	Plan name RALEY'S 401(K) RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor RALEYS	<b>c</b> EIN-PN 94-1316611-012
<b>a</b>	Plan name RAYMOND JAMES FINANCIAL INC., 401K PLAN	
<b>b</b>	Name of plan sponsor RAYMOND JAMES FINANCIAL, INC.	<b>c</b> EIN-PN 59-1517485-010
<b>a</b>	Plan name RDV CORPORATION 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor RDV CORPORATION	<b>c</b> EIN-PN 38-2977544-001

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 RDV STAFFING, INC. 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor RDV CORPORATION	<b>c</b> EIN-PN 38-3315590-001
<b>a</b>	Plan name RELIANCE TEST & TECHNOLOGY, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor RELIANCE TEST & TECHNOLOGY, LLC	<b>c</b> EIN-PN 47-4732425-001
<b>a</b>	Plan name RELX INC. US SALARY INVESTMENT PLAN	
<b>b</b>	Name of plan sponsor RELX INC.	<b>c</b> EIN-PN 52-1471842-005
<b>a</b>	Plan name RETIREMENT SAVINGS PLAN OF FLAD AFFILIATED CORP.	
<b>b</b>	Name of plan sponsor FAC SERVICES, LLC	<b>c</b> EIN-PN 46-1574498-001
<b>a</b>	Plan name RICHARD TOOL & DIE CORPORATION 401(K) PLAN	
<b>b</b>	Name of plan sponsor RTDCORP INC.	<b>c</b> EIN-PN 81-0905854-001
<b>a</b>	Plan name RITE AID MASTER RETIREMENT SAVINGS TRUST	
<b>b</b>	Name of plan sponsor RITE AID CORP.	<b>c</b> EIN-PN 23-1614034-001
<b>a</b>	Plan name ROBERT CONRAD, INC. DBA SKIM-LITE MFG. PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor ROBERT CONRAD, INC. DBA SKIM-LITE MFG.	<b>c</b> EIN-PN 95-2458314-001
<b>a</b>	Plan name ROYAL OAK FORD SALES, INC. 401(K) PLAN & TRUST	
<b>b</b>	Name of plan sponsor ROYAL OAK FORD	<b>c</b> EIN-PN 20-2450680-001
<b>a</b>	Plan name RUTH MOTT FOUNDATION 401(K) REVENUE SHARING PLAN	
<b>b</b>	Name of plan sponsor RUTH MOTT FOUNDATION	<b>c</b> EIN-PN 38-2876435-001
<b>a</b>	Plan name RYAN ROSCIA INC. 401(K) PLAN & TRUST	
<b>b</b>	Name of plan sponsor RYAN ROSCIA INC.	<b>c</b> EIN-PN 38-2193738-001
<b>a</b>	Plan name SELECT MEDICAL CORPORATION 401(K) PLAN	
<b>b</b>	Name of plan sponsor SELECT MEDICAL CORPORATION	<b>c</b> EIN-PN 23-2872718-001
<b>a</b>	Plan name SENSATA TECHNOLOGIES CONTRIBUTION AND 401(K) SAVINGS PLAN	
<b>b</b>	Name of plan sponsor SENSATA TECHNOLOGIES	<b>c</b> EIN-PN 20-4297839-003

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
<b>a</b>	Plan name <a href="#">SEQUIN LUMBER 401(K) PLAN AND TRUST</a>	
<b>b</b>	Name of plan sponsor <a href="#">SEQUIN LUMBER</a>	<b>c</b> EIN-PN <a href="#">38-1818271-001</a>
<b>a</b>	Plan name <a href="#">SERRA AUTOMOTIVE 401(K) PLAN &amp; TRUST</a>	
<b>b</b>	Name of plan sponsor <a href="#">SERRA AUTOMOTIVE, INC.</a>	<b>c</b> EIN-PN <a href="#">38-2407959-001</a>
<b>a</b>	Plan name <a href="#">SERTA SIMMONS BEDDING 401(K) RETIREMENT PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">SERTA SIMMONS BEDDING, LLC</a>	<b>c</b> EIN-PN <a href="#">01-0931874-001</a>
<b>a</b>	Plan name <a href="#">SHAMBHALA PUBLICATIONS, INC. 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">SHAMBHALA PUBLICATIONS, INC.</a>	<b>c</b> EIN-PN <a href="#">94-1712027-001</a>
<b>a</b>	Plan name <a href="#">SHEFFIELD SCIENTIFIC, LLC. 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">SHEFFIELD SCIENTIFIC, LLC.</a>	<b>c</b> EIN-PN <a href="#">27-1860111-001</a>
<b>a</b>	Plan name <a href="#">SI GROUP, INC. RETIREMENT AND SAVINGS PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">SI GROUP, INC</a>	<b>c</b> EIN-PN <a href="#">14-1041790-002</a>
<b>a</b>	Plan name <a href="#">SIA LARGE CAP GROWTH</a>	
<b>b</b>	Name of plan sponsor <a href="#">ALTA TRUST COMPANY</a>	<b>c</b> EIN-PN <a href="#">83-1419179-001</a>
<b>a</b>	Plan name <a href="#">SJH SHEFFIELD AEROSPACE 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">SJH SHEFFIELD AEROSPACE - SHEFFIELD</a>	<b>c</b> EIN-PN <a href="#">90-0810560-001</a>
<b>a</b>	Plan name <a href="#">SKYWEST, INC. EMPLOYEES' RETIREMENT PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">SKYWEST, INC.</a>	<b>c</b> EIN-PN <a href="#">87-0292166-001</a>
<b>a</b>	Plan name <a href="#">SOUTHEASTERN GROCERS 401(K) SAVINGS PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">BI-LO,LLC</a>	<b>c</b> EIN-PN <a href="#">52-2260130-001</a>
<b>a</b>	Plan name <a href="#">SPRING DYNAMICS, INC. 401(K) PLAN &amp; TRUST</a>	
<b>b</b>	Name of plan sponsor <a href="#">SPRING DYNAMICS, INC.</a>	<b>c</b> EIN-PN <a href="#">38-2607722-001</a>
<b>a</b>	Plan name <a href="#">ST. CLAIR AUTO 401(K) PLAN &amp; TRUST</a>	
<b>b</b>	Name of plan sponsor <a href="#">ST. CLAIR CHRYSLER JEEP DODGE, LLC</a>	<b>c</b> EIN-PN <a href="#">05-0608604-001</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 ST. LOUIS AUTO DEALERS 401(K) SAVINGS PLAN	
<b>b</b>	Name of plan sponsor ST. LOUIS AUTO DEALERS ASSOCIATION	<b>c</b> EIN-PN 43-1515511-001
<b>a</b>	Plan name ST. LOUIS AUTO DEALERS ASSOCIATION - MACHINIST DISTRICT NO. 9 401(K) PLAN	
<b>b</b>	Name of plan sponsor ST. LOUIS AUTO DEALERS ASSOCIATION-MACHINISTS	<b>c</b> EIN-PN 43-0299790-002
<b>a</b>	Plan name ST. LOUIS AUTO DEALERS ASSOCIATION - TEAMSTERS LOCAL 618 401(K) PLAN	
<b>b</b>	Name of plan sponsor ST. LOUIS AUTO DEALERS ASSOCIATION-TEAMSTERS	<b>c</b> EIN-PN 43-0299790-004
<b>a</b>	Plan name SUEZ-WTS 401(K) PLAN	
<b>b</b>	Name of plan sponsor SUEZ WTS USA INC.	<b>c</b> EIN-PN 23-1503731-001
<b>a</b>	Plan name SUFFOLK COUNTY PUBLIC EMPLOYEES DEFERRED COMPENSATION PLAN	
<b>b</b>	Name of plan sponsor SUFFOLK COUNTY, NY	<b>c</b> EIN-PN 11-6000464-999
<b>a</b>	Plan name SUPERIOR STAFFING, INC. 401K PLAN	
<b>b</b>	Name of plan sponsor SUPERIOR STAFFING, INC.	<b>c</b> EIN-PN 34-1305985-001
<b>a</b>	Plan name SWISS AMERICAN SCREW PRODUCTS 401(K) PLAN & TRUST	
<b>b</b>	Name of plan sponsor SWISS AMERICAN SCREW PRODUCTS, INC.	<b>c</b> EIN-PN 38-6060590-001
<b>a</b>	Plan name SYNCHRONOSS TECHNOLOGIES, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor SYNCHRONOSS TECHNOLOGIES, INC.	<b>c</b> EIN-PN 06-1594540-001
<b>a</b>	Plan name SYNCHRONY FINANCIAL MY SAVINGS PLAN	
<b>b</b>	Name of plan sponsor SYNCHRONY FINANCIAL	<b>c</b> EIN-PN 51-0483352-001
<b>a</b>	Plan name SYNGENTA CORPORATION INVESTMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor SYNGENTA CORPORATION	<b>c</b> EIN-PN 52-2274691-005
<b>a</b>	Plan name SZOTT AUTOMOTIVE 401(K) PLAN & TRUST	
<b>b</b>	Name of plan sponsor SZOTT M-59 CHRYSLER-JEEP INC.	<b>c</b> EIN-PN 38-2050033-001
<b>a</b>	Plan name T. ROWE PRICE U.S. RETIREMENT PROGRAM	
<b>b</b>	Name of plan sponsor T. ROWE PRICE GROUP, INC.	<b>c</b> EIN-PN 52-2264646-005

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 TAYLOR GUITARS 401K PLAN	
<b>b</b>	Name of plan sponsor TAYLOR GUITARS	<b>c</b> EIN-PN 33-0008323-001
<b>a</b>	Plan name TD 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor TD BANK US HOLDING COMPANY	<b>c</b> EIN-PN 01-0437984-003
<b>a</b>	Plan name TEAM AUTOMOTIVE GROUP 401(K) PLAN & TRUST	
<b>b</b>	Name of plan sponsor TEAM NISSAN, LLC	<b>c</b> EIN-PN 77-0493543-001
<b>a</b>	Plan name TEGNA 401(K) SAVINGS PLAN	
<b>b</b>	Name of plan sponsor TEGNA, INC.	<b>c</b> EIN-PN 16-0442930-002
<b>a</b>	Plan name THE DEFINED CONTRIBUTION PLAN (PLAN A) OF CBERA	
<b>b</b>	Name of plan sponsor COOPERATIVE BANKS EMPLOYEES RETIREMENT ASSOCIATION	<b>c</b> EIN-PN 04-6035593-333
<b>a</b>	Plan name THE FIFTH THIRD BANCORP 401(K) SAVINGS PLAN	
<b>b</b>	Name of plan sponsor FIFTH THIRD BANCORP	<b>c</b> EIN-PN 31-0854434-001
<b>a</b>	Plan name THE LINCOLN ELECTRIC COMPANY 401(K) EMPLOYEE RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor THE LINCOLN ELECTRIC COMPANY	<b>c</b> EIN-PN 34-0359955-005
<b>a</b>	Plan name THE MOTZ CORPORATION PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor THE MOTZ CORPORATION	<b>c</b> EIN-PN 31-1025223-001
<b>a</b>	Plan name THE NATURE CONSERVANCY SAVINGS & RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor THE NATURE CONSERVANCY	<b>c</b> EIN-PN 53-0242652-003
<b>a</b>	Plan name THE NEW YORK TIMES COMPANIES SUPPLEMENTAL RETIREMENT AND INVESTMENT PLAN	
<b>b</b>	Name of plan sponsor THE NEW YORK TIMES COMPANY	<b>c</b> EIN-PN 13-1102020-014
<b>a</b>	Plan name THE NEW YORK TIMES COMPANY PAYROLL INVESTMENT PLAN	
<b>b</b>	Name of plan sponsor THE NEW YORK TIMES COMPANY	<b>c</b> EIN-PN 13-1102020-012
<b>a</b>	Plan name THE NEW YORK TIMES SAVINGS PLAN	
<b>b</b>	Name of plan sponsor THE NEW YORK TIMES COMPANY	<b>c</b> EIN-PN 13-1102020-020

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 THE NIELLO COMPANY 401(K) PLAN & TRUST	
<b>b</b>	Name of plan sponsor THE NIELLO COMPANY - SALARY	<b>c</b> EIN-PN 94-2636553-001
<b>a</b>	Plan name THE RETIREMENT PLAN FOR EMPLOYEES OF SCOTIABANK U.S. 401(K)	
<b>b</b>	Name of plan sponsor BANK OF NOVA SCOTIA	<b>c</b> EIN-PN 13-4941099-002
<b>a</b>	Plan name THE STATE OF INDIANA 457 DC PLAN AND STATE OF INDIANA 401(A) DC PLAN	
<b>b</b>	Name of plan sponsor THE STATE OF INDIANA	<b>c</b> EIN-PN 35-2062414-999
<b>a</b>	Plan name THE VISION 401(K) PLAN	
<b>b</b>	Name of plan sponsor 401(K) ADMINISTRATION MANAGEMENT PROGRAM INC (AMP)	<b>c</b> EIN-PN 85-4019239-003
<b>a</b>	Plan name TITAN AMERICA LLC 401(K) RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor TITAN AMERICA LLC	<b>c</b> EIN-PN 98-0124782-001
<b>a</b>	Plan name TOGO NORTH AMERICA, INC. 401(K) PLAN & TRUST	
<b>b</b>	Name of plan sponsor QS/TOGO, INC.	<b>c</b> EIN-PN 38-2813160-001
<b>a</b>	Plan name TOMCAT AVIATION 401(K) PLAN	
<b>b</b>	Name of plan sponsor TOMCAT AVIATION - SHEFFIELD	<b>c</b> EIN-PN 45-4896602-001
<b>a</b>	Plan name TOWNE MORTGAGE COMPANY 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor TOWNE MORTGAGE COMPANY	<b>c</b> EIN-PN 38-2434249-001
<b>a</b>	Plan name TOYOTA & HONDA OF SANTA MARIA 401(K) PLAN & TRUST	
<b>b</b>	Name of plan sponsor TOYOTA OF SANTA MARIA	<b>c</b> EIN-PN 95-2089293-001
<b>a</b>	Plan name TRINITY HOLDING, INC. & SUBSIDIARIES RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor TRINITY HOLDING, INC.	<b>c</b> EIN-PN 38-2679176-001
<b>a</b>	Plan name TRIPLE ENTERPRISE, LLC 401(K) PLAN & TRUST	
<b>b</b>	Name of plan sponsor TRIPLE ENTERPRISE, LLC	<b>c</b> EIN-PN 85-0592132-001
<b>a</b>	Plan name TURNER RETIREMENT MASTER TRUST	
<b>b</b>	Name of plan sponsor THE TURNER CORPORATION	<b>c</b> EIN-PN 13-3209884-003

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
<b>a</b>	Plan name U.S. ANESTHESIA PARTNERS, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor U.S. ANESTHESIA PARTNERS, INC.	<b>c</b> EIN-PN 46-0872971-001
<b>a</b>	Plan name U.S. VENTURE 401(K) RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor U.S. VENTURE, INC.	<b>c</b> EIN-PN 39-0964014-001
<b>a</b>	Plan name ULTRA-CHEM, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor ULTRA-CHEM, INC.	<b>c</b> EIN-PN 48-1043463-001
<b>a</b>	Plan name UNION PACIFIC AGREEMENT EMPLOYEE 401K RETIREMENT THRIFT PLAN	
<b>b</b>	Name of plan sponsor UNION PACIFIC RAILROAD COMPANY	<b>c</b> EIN-PN 94-6001323-015
<b>a</b>	Plan name UNION PACIFIC CORPORATION THRIFT PLAN	
<b>b</b>	Name of plan sponsor UNION PACIFIC CORPORATION	<b>c</b> EIN-PN 13-2626465-004
<b>a</b>	Plan name UNION PACIFIC FRUIT EXPRESS COMPANY AGREEMENT EMPLOYEE 401K RETIREMENT THRIFT PLAN	
<b>b</b>	Name of plan sponsor UNION PACIFIC FRUIT EXPRESS COMPANY	<b>c</b> EIN-PN 47-0600268-001
<b>a</b>	Plan name UNITED BIOSOURCE LLC 401(K)	
<b>b</b>	Name of plan sponsor UNITED BIOSOURCE LLC	<b>c</b> EIN-PN 46-3047667-001
<b>a</b>	Plan name USG CORPORATION INVESTMENT PLAN 401(K)	
<b>b</b>	Name of plan sponsor USG CORPORATION	<b>c</b> EIN-PN 36-3329400-002
<b>a</b>	Plan name VALLEN DISTRIBUTION, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor VALLEN DISTRIBUTION, INC.	<b>c</b> EIN-PN 56-2281578-001
<b>a</b>	Plan name VED SOFTWARE SERVICES, INC. 401(K) PLAN & TRUST	
<b>b</b>	Name of plan sponsor VED SOFTWARE	<b>c</b> EIN-PN 38-3239281-001
<b>a</b>	Plan name VIAD CORP CAPITAL ACCUMULATION PLAN	
<b>b</b>	Name of plan sponsor VIAD CORP	<b>c</b> EIN-PN 36-1169950-002
<b>a</b>	Plan name VISIONWORKS OF AMERICA, INC. 401(K) SAVINGS PLAN	
<b>b</b>	Name of plan sponsor VISIONWORKS OF AMERICA	<b>c</b> EIN-PN 25-1801124-001

<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	VIZO FINANCIAL CORPORATE CREDIT UNION 401(K) PLAN	
<b>b</b>	Name of plan sponsor	VIZO FINANCIAL CORPORATE CREDIT UNION	<b>c</b> EIN-PN 56-1295697-001
<b>a</b>	Plan name	VONTIER RETIREMENT SAVINGS PLAN MASTER TRUST	
<b>b</b>	Name of plan sponsor	VONTIER CORPORATION	<b>c</b> EIN-PN 84-2937008-001
<b>a</b>	Plan name	VSP PUERTO RICO RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	VISION SERVICE PLAN	<b>c</b> EIN-PN 66-0619175-002
<b>a</b>	Plan name	VSP RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	VISION SERVICE PLAN	<b>c</b> EIN-PN 94-1632821-001
<b>a</b>	Plan name	VSP VENTURES OPTOMETRIC SOLUTIONS 401(K)	
<b>b</b>	Name of plan sponsor	VSP VENTURES OPTOMETRIC SOLUTIONS LLC	<b>c</b> EIN-PN 84-2383097-001
<b>a</b>	Plan name	WAKE ORTHODONTICS & PEDIATRIC DENTISTRY 401(K) PLAN	
<b>b</b>	Name of plan sponsor	WAKE ORTHODONTICS & PEDIATRIC DENTISTRY	<b>c</b> EIN-PN 56-1488278-001
<b>a</b>	Plan name	WALLY EDGAR CHEVROLET-BUICK, INC. 401(K) PLAN & TRUST	
<b>b</b>	Name of plan sponsor	WALLY EDGAR CHEVROLET-BUICK, INC.	<b>c</b> EIN-PN 38-1617947-001
<b>a</b>	Plan name	WELDALOY PRODUCTS COMPANY 401(K) PLAN	
<b>b</b>	Name of plan sponsor	WELDALOY PRODUCTS COMPANY	<b>c</b> EIN-PN 38-3187314-001
<b>a</b>	Plan name	WELLS FARGO & COMPANY 401(K) PLAN	
<b>b</b>	Name of plan sponsor	WELLS FARGO & COMPANY	<b>c</b> EIN-PN 41-0449260-002
<b>a</b>	Plan name	WEST MUSIC CO., INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	WEST MUSIC, INC.	<b>c</b> EIN-PN 42-0737427-002
<b>a</b>	Plan name	WHEELER MOTORS, INC. 401(K) PLAN & TRUST	
<b>b</b>	Name of plan sponsor	WHEELER MOTORS, INC.	<b>c</b> EIN-PN 38-2607839-001
<b>a</b>	Plan name	WILLIAMS AUTOWORLD 401(K) PLAN & TRUST	
<b>b</b>	Name of plan sponsor	WILLIAMS AUTOWORLD	<b>c</b> EIN-PN 38-1949544-001

<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	WILLIAMS BROTHERS 401(K) PLAN	
<b>b</b>	Name of plan sponsor	MATT & DAVE, LLC DBA WILLIAMS BROTHERS DUNDEE DODGE CHRYSLER JEEP RAM	<b>c</b> EIN-PN 47-2329151-001
<b>a</b>	Plan name	WILLIAMS CHEVROLET, INC. 401(K) PLAN & TRUST	
<b>b</b>	Name of plan sponsor	WILLIAMS CHEVROLET, INC.	<b>c</b> EIN-PN 38-2943313-001
<b>a</b>	Plan name	WIRECO WORLDGROUP INC. 401(K) SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	WIRECO WORLDGROUP INC.	<b>c</b> EIN-PN 27-0061302-001
<b>a</b>	Plan name	WISS, JANNEY, ELSTNER ASSOCIATES, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	WISS, JANNEY, ELSTNER ASSOCIATES, INC.	<b>c</b> EIN-PN 36-2757956-002
<b>a</b>	Plan name	WOLVERINE FIRE PROTECTION CO. 401(K) PLAN & TRUST	
<b>b</b>	Name of plan sponsor	WOLVERINE FIRE PROTECTION CO.	<b>c</b> EIN-PN 38-1797318-001
<b>a</b>	Plan name	WOLVERINE HARLEY-DAVIDSON, INC. 401(K) PLAN & TRUST	
<b>b</b>	Name of plan sponsor	WOLVERINE HARLEY-DAVIDSON, INC.	<b>c</b> EIN-PN 38-3623634-001
<b>a</b>	Plan name	WOMAN'S LIFE INSURANCE SOCIETY 401(K) PLAN AND TRUST	
<b>b</b>	Name of plan sponsor	WOMANS LIFE INSURANCE SOCIETY	<b>c</b> EIN-PN 38-1185570-003
<b>a</b>	Plan name	WSP USA RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	WSP USA BUILDINGS INC.	<b>c</b> EIN-PN 13-1730785-001
<b>a</b>	Plan name	XIMA SOFTWARE 401(K) PLAN	
<b>b</b>	Name of plan sponsor	XIMA SOFTWARE	<b>c</b> EIN-PN 83-0486761-001
<b>a</b>	Plan name	ZEHNDER'S OF FRANKENMUTH, INC. 401(K) & PROFIT SHARING PLAN & TRUST	
<b>b</b>	Name of plan sponsor	ZEHNDERS OF FRANKENMUTH, INC.	<b>c</b> EIN-PN 38-1280601-001
<b>a</b>	Plan name		
<b>b</b>	Name of plan sponsor		<b>c</b> EIN-PN
<b>a</b>	Plan name		
<b>b</b>	Name of plan sponsor		<b>c</b> EIN-PN

<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>	OMB No. 1210-0110  <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>T. ROWE PRICE STRATEGIC COMMON TRUST, T. ROWE PRICE BLUE CHIP GROWTH TRUST</b>	<b>B</b> Three-digit plan number (PN) ▶ <b>004</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>T. ROWE PRICE TRUST COMPANY</b>	<b>D</b> Employer Identification Number (EIN) <b>80-0470272</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>a</b> Total noninterest-bearing cash .....	<b>1a</b>	40203	946
<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>	18546412	141146037
<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>	28765680	41297546
<b>(4)</b> Corporate stocks (other than employer securities):			
<b>(A)</b> Preferred .....	<b>1c(4)(A)</b>	30493882	38159873
<b>(B)</b> Common .....	<b>1c(4)(B)</b>	14313961426	17499548689
<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>	43486908	67837888
<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>		
<b>(14)</b> Value of funds held in insurance company general account (unallocated contracts) .....	<b>1c(14)</b>		
<b>(15)</b> Other .....	<b>1c(15)</b>	0	44150915

<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>	14435294511	17832141894
<b>Liabilities</b>			
<b>g</b> Benefit claims payable.....	<b>1g</b>		
<b>h</b> Operating payables.....	<b>1h</b>	4827305	6070902
<b>i</b> Acquisition indebtedness.....	<b>1i</b>		
<b>j</b> Other liabilities.....	<b>1j</b>	7391406	92007887
<b>k</b> Total liabilities (add all amounts in lines 1g through 1j).....	<b>1k</b>	12218711	98078789
<b>Net Assets</b>			
<b>l</b> Net assets (subtract line 1k from line 1f).....	<b>1l</b>	14423075800	17734063105

**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>	5215536	
<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>		
<b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....	<b>2b(1)(G)</b>		5215536
<b>(2) Dividends:</b>			
<b>(A)</b> Preferred stock.....	<b>2b(2)(A)</b>		
<b>(B)</b> Common stock.....	<b>2b(2)(B)</b>	84749512	
<b>(C)</b> Registered investment company shares (e.g. mutual funds).....	<b>2b(2)(C)</b>		
<b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....	<b>2b(2)(D)</b>		84749512
<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>	3548948372	
<b>(B)</b> Aggregate carrying amount (see instructions).....	<b>2b(4)(B)</b>	3379074285	
<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>	4783686086	
<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>		4082794
(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>		
<b>c</b> Other income .....	<b>2c</b>		524794
<b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total .....	<b>2d</b>		5048132809

**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>		
(5) Investment advisory and investment management fees .....	<b>2i(5)</b>	64881294	
(6) Bank or trust company trustee/custodial fees .....	<b>2i(6)</b>		
(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>	32	
(12) Total administrative expenses. Add lines <b>2i(1)</b> through <b>(11)</b> .....	<b>2i(12)</b>		64881326
<b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total .....	<b>2j</b>		64881326

**Net Income and Reconciliation**

<b>k</b> Net income (loss). Subtract line <b>2j</b> from line <b>2d</b> .....	<b>2k</b>		4983251483
<b>l</b> Transfers of assets:			
(1) To this plan .....	<b>2l(1)</b>		4087754341
(2) From this plan .....	<b>2l(2)</b>		5760018519

**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 \_\_\_\_\_.