

Form 5500

Annual Return/Report of Employee Benefit Plan

OMB Nos. 1210-0110 1210-0089

2024

This Form is Open to Public Inspection

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

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.

Part I Annual Report Identification Information

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

- A This return/report is for: a multiemployer plan, a multiple-employer plan, a single-employer plan, a DFE (specify) C, B This return/report is: the first return/report, the final return/report, an amended return/report, a short plan year return/report, C If the plan is a collectively-bargained plan, check here, D Check box if filing under: Form 5558, automatic extension, the DFVC program, special extension, E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here

Part II Basic Plan Information—enter all requested information

1a Name of plan: INVESCO STABLE VALUE TRUST
1b Three-digit plan number (PN): 001
1c Effective date of plan
2a Plan sponsor's name (employer, if for a single-employer plan): INVESCO TRUST COMPANY
2b Employer Identification Number (EIN): 84-1142974
2c Plan Sponsor's telephone number: 404-892-0896
2d Business code (see instructions)

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

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

Table with 4 columns: SIGN HERE, Signature of plan administrator, Date, Enter name of individual signing as plan administrator. Includes entries for employer/plan sponsor and DFE.

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

Form 5500 (2024) v. 240311

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number <div style="background-color: #cccccc; height: 40px; width: 100%;"></div>
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN 4d PN
5 Total number of participants at the beginning of the plan year	5
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits..... c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	<div style="background-color: #cccccc; height: 20px; width: 100%;"></div> 6a(1) 6a(2) 6b 6c 6d 0 6e 6f 6g(1) 6g(2) 6h
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7

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

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

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

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

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

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

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

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

Receipt Confirmation Code _____

SCHEDULE D (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 <hr/> 2024 <hr/> This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning <u>01/01/2024</u> and ending <u>12/31/2024</u>	
A Name of plan <u>INVESCO STABLE VALUE TRUST</u>	B Three-digit plan number (PN) ▶ <u>001</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>INVESCO TRUST COMPANY</u>	D Employer Identification Number (EIN) <u>84-1142974</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>DODGE & COX CORE FIXED INCOME FUND</u>		
b Name of sponsor of entity listed in (a): <u>INVESCO TRUST COMPANY</u>		
c EIN-PN <u>61-1246990-244</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>660262846</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>INVESCO CORE FIXED INCOME FUND</u>		
b Name of sponsor of entity listed in (a): <u>INVESCO TRUST COMPANY</u>		
c EIN-PN <u>61-1246990-225</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>656851154</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>INVESCO INTERMEDIATE FUND</u>		
b Name of sponsor of entity listed in (a): <u>INVESCO TRUST COMPANY</u>		
c EIN-PN <u>61-1246990-204</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>1312038742</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>INVESCO SHORT TERM BOND FUND</u>		
b Name of sponsor of entity listed in (a): <u>INVESCO TRUST COMPANY</u>		
c EIN-PN <u>61-1246990-215</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>5917170368</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>INVESCO SHORT-TERM INVESTMENT FUND</u>		
b Name of sponsor of entity listed in (a): <u>INVESCO TRUST COMPANY</u>		
c EIN-PN <u>61-1246990-001</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>304785259</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>JENNISON INTERMEDIATE FUND</u>		
b Name of sponsor of entity listed in (a): <u>INVESCO TRUST COMPANY</u>		
c EIN-PN <u>61-1246990-218</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>1311027545</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>LOOMIS SAYLES CORE FIXED INCOME FD</u>		
b Name of sponsor of entity listed in (a): <u>INVESCO TRUST COMPANY</u>		
c EIN-PN <u>61-1246990-224</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>660554263</u>

a Name of MTIA, CCT, PSA, or 103-12 IE: LOOMIS SAYLES INTERMEDIATE FUND		
b Name of sponsor of entity listed in (a): INVESCO TRUST COMPANY		
c EIN-PN 61-1246990-217	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 661066562
a Name of MTIA, CCT, PSA, or 103-12 IE: PIMCO CORE FIXED INCOME FUND		
b Name of sponsor of entity listed in (a): INVESCO TRUST COMPANY		
c EIN-PN 61-1246990-219	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 660449436
a Name of MTIA, CCT, PSA, or 103-12 IE: PIMCO INTERMEDIATE FUND		
b Name of sponsor of entity listed in (a): INVESCO TRUST COMPANY		
c EIN-PN 61-1246990-207	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 661006502
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	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	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	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	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	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	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.)

a Plan name	1ST FRANKLIN FINANCIAL 401K RETIREMENT PLAN	
b Name of plan sponsor	1ST FRANKLIN FINANCIAL CORPORATION	c EIN-PN 58-0521233-003
a Plan name	401(K) NEMCO OPPORTUNITY PLAN	
b Name of plan sponsor	NEMCO, INC.	c EIN-PN 34-1191883-001
a Plan name	A&B RETIREMENT PLAN	
b Name of plan sponsor	ALSTON & BIRD LLP	c EIN-PN 58-0137615-001
a Plan name	ABC DENTISTRY 401(K) PLAN	
b Name of plan sponsor	ABC DENTISTRY, LLP	c EIN-PN 82-5510975-001
a Plan name	ABM FEDERAL SALES INC 401K PLAN	
b Name of plan sponsor	ABM FEDERAL SALES INC	c EIN-PN 43-1015139-001
a Plan name	ADP ACCESS PREFERRED	
b Name of plan sponsor	ADP INC	c EIN-PN 84-0591534-001
a Plan name	ADP ACCESS PRODUCT	
b Name of plan sponsor	ADP INC	c EIN-PN 51-6588054-001
a Plan name	ADVANCED DERMATOLOGY ASSOCIATES 401K PLAN	
b Name of plan sponsor	ADVANCED DERMATOLOGY ASSOCIATES, LTD	c EIN-PN 23-1855600-001
a Plan name	AECI CHARTER SCHOOLS NETWORK 401K PLAN	
b Name of plan sponsor	AECI CHARTER SCHOOLS NETWORK	c EIN-PN 83-3411878-001
a Plan name	AEG INC 401K PLAN	
b Name of plan sponsor	ANSCHUTZ ENTERTAINMENT GROUP, INC	c EIN-PN 84-1260056-001
a Plan name	AEGION CORPORATION 401K PSP	
b Name of plan sponsor	AEGION CORPORATION	c EIN-PN 45-3117900-001
a Plan name	AGILYX & CYCLYX 401K PLAN	
b Name of plan sponsor	AGILYX CORPORATION	c EIN-PN 20-1508559-001

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	ALLIANCE CONTRACTORS INC PSP	
b	Name of plan sponsor	ALLIANCE CONTRACTORS INC	c EIN-PN 36-2902850-001
a	Plan name	ALLOY & STAINLESS FASTENERS INC 401K PSP	
b	Name of plan sponsor	ALLOY & STAINLESS FASTENERS INC	c EIN-PN 23-1999158-001
a	Plan name	ALMATIS INC SAVINGS PLAN	
b	Name of plan sponsor	ALMATIS INC	c EIN-PN 30-0222885-001
a	Plan name	ALTMAYER FUNERAL HOMES INC 401K PLAN	
b	Name of plan sponsor	ALTMAYER FUNERAL HOMES INC	c EIN-PN 55-0597691-001
a	Plan name	AMERICAN OPTOMETRIC ASSOCIATION 401K PLAN	
b	Name of plan sponsor	AMERICAN OPTOMETRIC ASSOCIATION	c EIN-PN 43-0684708-002
a	Plan name	AMERICAN ORTHODONTICS CORP EMP WAGE INV PLAN	
b	Name of plan sponsor	AMERICAN ORTHODONTICS CORPORATION	c EIN-PN 39-1093323-002
a	Plan name	AMERICAN TRUST STABLE VALUE FUND	
b	Name of plan sponsor	AMERICAN TRUST & SAVINGS BANK	c EIN-PN 42-6455741-002
a	Plan name	AMPLIFON USA INC INCENTIVE SAVINGS PLAN	
b	Name of plan sponsor	AMPLIFON USA INC	c EIN-PN 41-1958972-002
a	Plan name	AON POOLED EMPLOYER PLAN	
b	Name of plan sponsor	AON INVESTMENTS USA, INC	c EIN-PN 22-2232264-001
a	Plan name	API GROUP INC 401K SAFE HARBOR PLAN	
b	Name of plan sponsor	API GROUP INC	c EIN-PN 45-4065183-003
a	Plan name	API GROUP INC PS & 401K PLAN	
b	Name of plan sponsor	API GROUP INC	c EIN-PN 41-1858188-001
a	Plan name	ARC MECHANICAL CONTRACTORS INC 401K	
b	Name of plan sponsor	ARC MECHANICAL CONTRACTORS INC	c EIN-PN 03-0230159-001

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	ARCTURIS EMPLOYEES SAVINGS AND PROFIT SHARING PLAN	
b	Name of plan sponsor	ARCTURIS, INC	c EIN-PN 43-1270204-001
a	Plan name	ASCENSUS OMNIBUS ACCOUNT	
b	Name of plan sponsor	ASCENSUS, INC	c EIN-PN 45-0404698-001
a	Plan name	ASSOC CONSTRUCTION CONTRACTORS OF NJ 401K PSP	
b	Name of plan sponsor	ASSOC CONSTRUCTION CONTRACTORS OF NJ INC	c EIN-PN 22-0416193-002
a	Plan name	ASSOC INTL CERTIFIED PROF ACCNT 401K RP	
b	Name of plan sponsor	AICPA	c EIN-PN 36-4847532-001
a	Plan name	ASSOCIATED UNDERWRITERS INSURANCE 401K PLAN	
b	Name of plan sponsor	ASSOCIATED UNDERWRITERS INSURANCE	c EIN-PN 34-1137362-001
a	Plan name	ASU ENTERPRISE PARTNERS 401(K) PLAN	
b	Name of plan sponsor	ASU ENTERPRISE PARTNERS	c EIN-PN 47-5599177-001
a	Plan name	AUTONATION 401K PLAN	
b	Name of plan sponsor	AUTONATION INC	c EIN-PN 73-1105145-001
a	Plan name	B&K EQUIPMENT COMPANY INC 401K PSP	
b	Name of plan sponsor	B&K EQUIPMENT CO., INC.	c EIN-PN 36-6709688-001
a	Plan name	BAKEMARK USA LLC 401K PLAN	
b	Name of plan sponsor	BAKEMARK USA LLC	c EIN-PN 95-2755319-001
a	Plan name	BARCO UNIFORMS INC 401K PLAN	
b	Name of plan sponsor	BARCO UNIFORMS, INC	c EIN-PN 52-1952283-002
a	Plan name	BASS PRO GROUP LLC 401K PLAN	
b	Name of plan sponsor	BASS PRO GROUP LLC	c EIN-PN 82-2268006-001
a	Plan name	BAYOU LA BATRE HEALTH DEVELOPMENT BOARD INC MPP	
b	Name of plan sponsor	BAYOU LA BATRE HEALTH DEVELOPMENT BOARD	c EIN-PN 63-0756832-001

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 BEAK & SKIFF APPLE FARMS INC	
b	Name of plan sponsor BEAK & SKIFF APPLE FARMS INC	c EIN-PN 15-0537807-001
a	Plan name BLACK & VEATCH EMPLOYEE BENEFIT MASTER TRUST	
b	Name of plan sponsor BLACK & VEATCH HOLDING COMPANY	c EIN-PN 43-1603954-001
a	Plan name BLACK HILLS CORP 401K RSP	
b	Name of plan sponsor BLACK HILLS CORPORATION	c EIN-PN 46-0458824-003
a	Plan name BLACK HILLS SURGERY CENTER 401(K) PLAN	
b	Name of plan sponsor BLACK HILLS SURGERY CENTER	c EIN-PN 46-0440466-001
a	Plan name BLACK MOUNTAIN MGMT LLC 401K PLAN	
b	Name of plan sponsor BLACK MOUNTAIN MGMT LLC	c EIN-PN 81-3681379-001
a	Plan name BLUE CROSS AND BLUE SHIELD OF AL 401K SDP&T	
b	Name of plan sponsor BLUE CROSS AND BLUE SHIELD OF ALABAMA	c EIN-PN 63-0103830-002
a	Plan name BLUFORD JACKSON & SON INC 401K PLAN	
b	Name of plan sponsor BLUFORD JACKSON & SON INC	c EIN-PN 31-0648431-001
a	Plan name BODYCOTE INTERNATIONAL INC RETIREMENT PLAN	
b	Name of plan sponsor BODYCOTE INTERNATIONAL INC	c EIN-PN 04-2438005-001
a	Plan name BOSCOVS 401K DC PLAN	
b	Name of plan sponsor BOSCOVS INC	c EIN-PN 23-3062258-002
a	Plan name BRAULT MOBILE HOMES INC RETIREMENT PLAN	
b	Name of plan sponsor BRAULT MOBILE HOMES INC	c EIN-PN 03-0259557-001
a	Plan name BRICKLAYERS SUPPLEMENTAL ANNUITY FUND	
b	Name of plan sponsor BOT BRICKLAYERS SUPPLEMENTAL ANNUITY FUND	c EIN-PN 56-6135078-002
a	Plan name BRICKNER MOTORS INC 401K PSP	
b	Name of plan sponsor BRICKNER MOTORS INC	c EIN-PN 39-1078636-001

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	BROWN JORDAN INC. 401K PLAN	
b	Name of plan sponsor	BROWN JORDAN INC	c EIN-PN 63-1127982-001
a	Plan name	BRP US INC 401K SAVINGS PLAN	
b	Name of plan sponsor	BRP US INC	c EIN-PN 37-1341308-001
a	Plan name	BUFFALO DENTAL MANUFACTURING 401K PLAN	
b	Name of plan sponsor	BUFFALO DENTAL MANUFACTURING	c EIN-PN 11-2005957-001
a	Plan name	BUILDERS FIRSTSOURCE 401K SAVINGS PLAN	
b	Name of plan sponsor	BUILDERS FIRSTSOURCE, INC.	c EIN-PN 52-2084569-001
a	Plan name	BUNN CAPITOL COMPANY 401K SAVINGS PLAN & TRUST	
b	Name of plan sponsor	BUNN CAPITOL COMPANY	c EIN-PN 37-0713546-002
a	Plan name	BUNN CAPITOL COMPANY RETIREMENT INVESTMENT PLAN	
b	Name of plan sponsor	BUNN CAPITOL COMPANY	c EIN-PN 37-0713546-003
a	Plan name	BURIEN TOYOTA/BURIEN CHEVROLET 401K PLAN	
b	Name of plan sponsor	BURIEN TOYOTA/BURIEN CHEVROLET	c EIN-PN 91-1430800-001
a	Plan name	BURKE WARREN MACKAY SERRITELLA PSP & TRUST	
b	Name of plan sponsor	BURKE WARREN MACKAY SERRITELLA	c EIN-PN 36-3845308-001
a	Plan name	BUTLER AUTOMATIC PROFIT SHARING AND 401K PLAN	
b	Name of plan sponsor	BUTLER AUTOMATIC	c EIN-PN 04-2697156-001
a	Plan name	BUXTON COMPANY 401K SAVINGS PLAN	
b	Name of plan sponsor	BUXTON COMPANY	c EIN-PN 75-2541014-001
a	Plan name	BWI COMPANIES INC 401K PLAN	
b	Name of plan sponsor	BWI COMPANIES INC	c EIN-PN 75-1789544-002
a	Plan name	CACI SMART PLAN	
b	Name of plan sponsor	CACI, INC.	c EIN-PN 54-1345888-002

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 CALIFORNIA ISO RS BENEFITS PLAN	
b	Name of plan sponsor CALIFORNIA INDEPENDENT SYSTEM OPERATOR CORP	c EIN-PN 94-3274043-001
a	Plan name CALIFORNIA TEACHERS ASSOCIATION 401K PLAN	
b	Name of plan sponsor CALIFORNIA TEACHERS ASSOCIATION	c EIN-PN 94-0362310-001
a	Plan name CAPITAL ENGINEERING CONSULTANTS, INC EMPLOYEES 401K PLAN & TRUST	
b	Name of plan sponsor CAPITAL ENGINEERING CONSULTANTS, INC	c EIN-PN 94-1492674-002
a	Plan name CARE RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor CARE INC	c EIN-PN 13-1685039-004
a	Plan name CARE RSP FOR NONRESIDENT ALIEN EMPLOYEES	
b	Name of plan sponsor CARE INC	c EIN-PN 13-1685039-005
a	Plan name CARIBBEAN REFRESCOS INC THRIFT PLAN	
b	Name of plan sponsor CARIBBEAN REFRESCOS INC	c EIN-PN 66-0449051-001
a	Plan name CARLSON 401K PLAN	
b	Name of plan sponsor CARLSON INC	c EIN-PN 41-1626624-002
a	Plan name CAROLINA EAST MEDICAL CENTER MONEY PURCHASE PENSION PLAN	
b	Name of plan sponsor CAROLINA EAST MEDICAL CENTER	c EIN-PN 56-0755775-001
a	Plan name CARON HOLDINGS, INC. 401(K) PLAN	
b	Name of plan sponsor CARON HOLDINGS, INC.	c EIN-PN 88-3464347-001
a	Plan name CARPENTERS & JOINERS DEFINED CONTRIBUTION PLAN	
b	Name of plan sponsor BOARD OF TRUSTEES CARPENTERS & JOINERS DEFINED CONTRIBUTION PLAN	c EIN-PN 41-1824896-001
a	Plan name CARPENTERS OF WESTERN WASHINGTON INDIVIDUAL ACCOUNT PENSION TRUST	
b	Name of plan sponsor BD OF TRUSTEES, CARPENTERS OF WESTERN WASHINGTON	c EIN-PN 91-1160641-002
a	Plan name CARVER PUMP COMPANY ESP	
b	Name of plan sponsor CARVER PUMP COMPANY	c EIN-PN 42-0637252-002

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 CASE & ASSOCIATES PROPERTIES INC 401K PL	
b	Name of plan sponsor CASE & ASSOCIATES PROPERTIES INC	c EIN-PN 73-1180117-001
a	Plan name CASTLE CREEK ARBITRAGE LLC 401K PSP	
b	Name of plan sponsor CASTLE CREEK ARBITRAGE LLC	c EIN-PN 20-1327775-001
a	Plan name CATALINA MARKETING CORP 401K S&RP	
b	Name of plan sponsor CATALINA MARKETING CORPORATION	c EIN-PN 33-0499007-001
a	Plan name CAVE QUARRIES INC 401K RETIREMENT PLAN	
b	Name of plan sponsor CAVE QUARRIES INC	c EIN-PN 35-1056256-001
a	Plan name CAYWOOD ENTERPRISES INC 401K PLAN	
b	Name of plan sponsor CAYWOOD ENTERPRISES INC	c EIN-PN 74-1557412-001
a	Plan name CDK GLOBAL INC 401K PLAN	
b	Name of plan sponsor CDK GLOBAL, INC	c EIN-PN 46-5743146-001
a	Plan name CEMEX INC SAVINGS PLAN	
b	Name of plan sponsor CEMEX INC	c EIN-PN 72-0295500-001
a	Plan name CENTENNIAL MEDICAL GROUP INC EMPLOYEE 401K PLAN AND TRUST	
b	Name of plan sponsor CENTENNIAL MEDICAL GROUP INC	c EIN-PN 77-0495555-001
a	Plan name CENTRAL IOWA CARPENTERS MONEY PURCHASE PURCHASE PLAN	
b	Name of plan sponsor CENTRAL IOWA CARPENTERS	c EIN-PN 36-6066902-003
a	Plan name CENTRAL LABORERS ANNUITY FUND	
b	Name of plan sponsor BOARD OF TRUSTEES OF CENTRAL LABORERS ANNUITY FUND	c EIN-PN 37-6052379-002
a	Plan name CHACE RUTTENBERG & FREEDMAN LLP 401K PSP	
b	Name of plan sponsor CHACE RUTTENBERG & FREEDMAN, LLP	c EIN-PN 06-1476129-001
a	Plan name CHALK'S TRUCK PARTS INC 401K PROFIT SHARING PLAN	
b	Name of plan sponsor CHALKS TRUCK PARTS INC	c EIN-PN 74-1557160-005

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.)	
a	Plan name CHAPPELL SMITH AND ASSOCIATES INC EMPLOYEE SAVINGS & RET PLAN	
b	Name of plan sponsor CHAPPELL SMITH AND ASSOCIATES INC	c EIN-PN 62-1120678-001
a	Plan name CHARLES ROSS & SON COMPANY 401K PLAN	
b	Name of plan sponsor CHARLES ROSS & SON COMPANY	c EIN-PN 11-1260400-001
a	Plan name CHARLES SCHWAB & CO INC SPECIAL CUSTODY THE EXCLUSIVE BENEFIT OF CUSTOMERS	
b	Name of plan sponsor CHARLES SCHWAB & CO. INC.	c EIN-PN 94-1737782-001
a	Plan name CHILD AND FAMILY COUNSELING CENTER 401(K) PLAN	
b	Name of plan sponsor CHILD AND FAMILY COUNSELING CENTER	c EIN-PN 54-1953192-001
a	Plan name CITY OF NORWALK 401K MONEY PURCHASE PLAN	
b	Name of plan sponsor CITY OF NORWALK	c EIN-PN 06-6011881-001
a	Plan name CLAS INFORMATION SERVICES 401K PLAN & TRUST	
b	Name of plan sponsor CLAS INFORMATION SERVICES	c EIN-PN 68-0305610-001
a	Plan name CLAYTON MANUFACTURING COMPANY EMPLOYEES RETIREMENT PLAN	
b	Name of plan sponsor CLAYTON MANUFACTURING COMPANY	c EIN-PN 95-3480714-001
a	Plan name CLECO POWER LLC 401K SAVINGS & INV PLAN	
b	Name of plan sponsor CLECO POWER LLC	c EIN-PN 72-0244480-003
a	Plan name CLICK BOND INC. 401K PROFIT SHARING PLAN	
b	Name of plan sponsor CLICK BOND INC	c EIN-PN 88-0231592-001
a	Plan name CLUB EXPLORIA LLC 401K PLAN	
b	Name of plan sponsor CLUB EXPLORIA LLC	c EIN-PN 82-3331732-001
a	Plan name CM&B 401K RETIREMENT & PS	
b	Name of plan sponsor CONSTRUCTION MANAGEMENT & BUILDERS, INC	c EIN-PN 04-3173842-001
a	Plan name COCA-COLA SOUTHWEST BEVERAGES 401K PLAN	
b	Name of plan sponsor COCA-COLA SOUTHWEST BEVERAGE LLC	c EIN-PN 81-3909618-001

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 COLLECTIVE BARGAINING UNIT RETIREMENT SAVINGS PLAN OF CARVER PUMP	
b	Name of plan sponsor CARVER PUMP COMPANY	c EIN-PN 42-0637252-003
a	Plan name COLT'S MANUFACTURING CO DEFINED BENEFIT PLAN	
b	Name of plan sponsor COLTS MANUFACTURING CO LLC	c EIN-PN 06-1284815-002
a	Plan name COMMERCIAL CONCRETE CONSTRUCTORS INC 401(K) PLAN	
b	Name of plan sponsor COMMERCIAL CONCRETE CONSTRUCTORS INC	c EIN-PN 20-2340062-003
a	Plan name COMMUNITY ELECTRIC INC 401K PROFIT SHARING PLAN	
b	Name of plan sponsor COMMUNITY ELECTRIC INC	c EIN-PN 20-3312993-001
a	Plan name COMPONENT REPAIR TECHNOLOGIES INC 401K PLAN	
b	Name of plan sponsor COMPONENT REPAIR TECHNOLOGIES INC	c EIN-PN 26-0010549-001
a	Plan name CONNECTIONS EDUCATION 401(K) RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor CONNECTIONS EDUCATION, LLC	c EIN-PN 68-0519943-001
a	Plan name CONNECTOR 2000 ASSOCIATION INC 401K PSP	
b	Name of plan sponsor CONNECTOR 2000 ASSOCIATION INC	c EIN-PN 58-2301405-001
a	Plan name CONSTELLIUM SALARIED DC PLAN 401K	
b	Name of plan sponsor CONSTELLIUM ROLLED PROD RAVENSWOOD LLC	c EIN-PN 20-0843018-003
a	Plan name CONSTELLIUM USW REPRESENTED EMPLOYEES	
b	Name of plan sponsor CONSTELLIUM ROLLED PROD RAVENSWOOD LLC	c EIN-PN 20-0843018-004
a	Plan name CONTINENTAL MILLS INC. 401K RSP	
b	Name of plan sponsor CONTINENTAL MILLS INC	c EIN-PN 91-0186630-002
a	Plan name CORBIN CAPITAL 401K PLAN	
b	Name of plan sponsor CORBIN CAPITAL	c EIN-PN 84-1455663-001
a	Plan name CORNELL & COMPANY INC EMPLOYEES PROFIT SHARING AND RETIREMENT PLAN	
b	Name of plan sponsor CORNELL & COMPANY INC	c EIN-PN 21-0681013-001

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 CORRAL AMERICA INC PS PL & TR	
b	Name of plan sponsor CORRAL AMERICA INC	c EIN-PN 43-1650319-001
a	Plan name CORRECT CRAFT HOLDING COMPANY RETIREMENT	
b	Name of plan sponsor CORRECT CRAFT HOLDING COMPANY LLC	c EIN-PN 46-0635077-001
a	Plan name COSTAR REALTY INFORMATION, INC. 401(K) RETIREMENT PLAN	
b	Name of plan sponsor COSTAR REALTY INFORMATION, INC.	c EIN-PN 52-2134617-001
a	Plan name CROOKER CONSTRUCTION LLC 401K PROFIT SHARING PLAN	
b	Name of plan sponsor CROOKER CONSTRUCTION, LLC	c EIN-PN 01-0262313-001
a	Plan name CROWE & DUNLEVY A PROFESSIONAL CORP PROFIT SHARING AND THRIFT PLAN	
b	Name of plan sponsor CROWE & DUNLEVY A PROFESSIONAL CORP	c EIN-PN 73-1055796-001
a	Plan name CULLIGAN RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor CULLIGAN INTERNATIONAL COMPANY	c EIN-PN 13-3346689-001
a	Plan name CULLIGAN SAFE HARBOR RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor CULLIGAN INTERNATIONAL COMPANY	c EIN-PN 13-3346689-002
a	Plan name CUSTOMERS OF LPL FINANCIAL	
b	Name of plan sponsor LPL FINANCIAL LLC	c EIN-PN 15-0436580-001
a	Plan name CUYAHOGA VALLEY CHRISTIAN ACADEMY 401K PROFIT SHARING PLAN	
b	Name of plan sponsor CUYAHOGA VALLEY CHRISTIAN ACADEMY	c EIN-PN 34-1027005-002
a	Plan name CWT 401(K) PLAN	
b	Name of plan sponsor CWT US, LLC	c EIN-PN 41-1880007-001
a	Plan name DAIRYLAND USA CORP 401K PSP & TRUST	
b	Name of plan sponsor DAIRYLAND USA CORP	c EIN-PN 13-3286147-001
a	Plan name DALLAS THEOLOGICAL SEMINARY RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor DALLAS THEOLOGICAL SEMINARY	c EIN-PN 75-0827421-002

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 DATCU CREDIT UNION 401K PLAN	
b	Name of plan sponsor DATCU CREDIT UNION	c EIN-PN 75-0813379-001
a	Plan name DAVIS COMPANION ANIMAL HOSPITAL LLC 401K	
b	Name of plan sponsor DAVIS COMPANION ANIMAL HOSPITAL LLC	c EIN-PN 34-2032670-001
a	Plan name DAYTON CHILDREN'S HOSPITAL 401K PLAN	
b	Name of plan sponsor DAYTON CHILDRENS HOSPITAL	c EIN-PN 31-0672132-002
a	Plan name DELTA DENTAL OF ARIZONA 401K PLAN	
b	Name of plan sponsor DELTA DENTAL OF ARIZONA	c EIN-PN 86-0274899-001
a	Plan name DETROIT REGIONAL CHAMBER EMPLOYEE SAVINGS RETIREMENT PLAN	
b	Name of plan sponsor DETROIT REGIONAL CHAMBER	c EIN-PN 38-0477570-003
a	Plan name DETROIT TOOL & ENGINEERING 401K RP	
b	Name of plan sponsor RCD LLC	c EIN-PN 81-3695346-001
a	Plan name DIGITAL RIVER INC 401K	
b	Name of plan sponsor DIGITAL RIVER INC	c EIN-PN 41-1901640-001
a	Plan name DISCOVER FINANCIAL SERVICES 401K PLAN	
b	Name of plan sponsor DISCOVER FINANCIAL SERVICES	c EIN-PN 36-2517428-003
a	Plan name DONNELLEY FINANCIAL SAVINGS PLAN	
b	Name of plan sponsor DONNELLEY FINANCIAL	c EIN-PN 13-2618477-001
a	Plan name DRS. HERRIN, SWANN, TALLENT, P.A. 401(K) PLAN	
b	Name of plan sponsor DRS. HERRIN, SWANN, TALLENT, P.A	c EIN-PN 56-0953592-001
a	Plan name EAST IDAHO CREDIT UNION 401K PLAN AND TRUST	
b	Name of plan sponsor EAST IDAHO CREDIT UNION	c EIN-PN 82-0219844-001
a	Plan name EASTERN MACHINE & CONVEYORS INC 401K PLAN	
b	Name of plan sponsor EASTERN MACHINE & CONVEYORS INC	c EIN-PN 25-1412776-001

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 ECCO USA INC 401K PLAN	
b	Name of plan sponsor ECCO USA INC	c EIN-PN 02-0485427-001
a	Plan name ECUMEN 401K RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor ECUMEN	c EIN-PN 47-2339513-001
a	Plan name EDWARDS LIFESCIENCES CORP 401K SAVINGS & INVESTMENT PLAN	
b	Name of plan sponsor EDWARDS LIFESCIENCES CORP.	c EIN-PN 36-4316614-001
a	Plan name EIS 401K PLAN	
b	Name of plan sponsor EIS BUYER LLC	c EIN-PN 84-2808882-001
a	Plan name ELEVATING BOATS LLC 401K RETIREMENT PLAN	
b	Name of plan sponsor ELEVATING BOATS LLC	c EIN-PN 72-0604424-001
a	Plan name EMPLOYEES 401K SP OF BANK OF MONT/HARRIS	
b	Name of plan sponsor BMO FINANCIAL CORP	c EIN-PN 51-0275712-001
a	Plan name EMPOWER RET LLC-OMNIBUS ACCT	
b	Name of plan sponsor EMPOWER RET LLC	c EIN-PN 84-0965407-001
a	Plan name ENERGY NORTH RETIREMENT PLAN	
b	Name of plan sponsor ENERGY NORTH	c EIN-PN 04-2748522-001
a	Plan name ENPRO INDUSTRIES, INC RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor ENPRO INDUSTRIES, INC	c EIN-PN 01-0573945-004
a	Plan name ENVOY AIR INC 401K	
b	Name of plan sponsor ENVOY AIR INC	c EIN-PN 38-2036404-001
a	Plan name EPSON PORTLAND INC 401K AND SAVINGS PLAN	
b	Name of plan sponsor EPSON PORTLAND INC	c EIN-PN 93-0882588-001
a	Plan name EVOQUA WATER TECHNOLOGIES LLC SAVINGS PLAN	
b	Name of plan sponsor EVOQUA WATER TECHNOLOGIES LLC	c EIN-PN 80-0909020-001

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	EXIGEN GROUP PROFIT SHARING AND RET PLAN	
b	Name of plan sponsor	EXIGEN GROUP	c EIN-PN 95-4407507-001
a	Plan name	FABRICATED EXTRUSION CO LLC 401K	
b	Name of plan sponsor	FABRICATED EXTRUSION CO LLC	c EIN-PN 20-3752054-001
a	Plan name	FAIRBANKS SCALES INC SAVINGS PLAN	
b	Name of plan sponsor	FAIRBANKS SCALES INC	c EIN-PN 43-1464165-001
a	Plan name	FEDERAL HOME LOAN BANK OF PITTSBURGH DC	
b	Name of plan sponsor	FEDERAL HOME LOAN BANK OF PITTSBURGH	c EIN-PN 25-6001324-001
a	Plan name	FIELDS PROFIT SHARING AND SAVINGS PLAN	
b	Name of plan sponsor	M.E. FIELDS, INC.	c EIN-PN 36-2713672-001
a	Plan name	FILTRATION GROUP 401K RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	FILTRATION GROUP CORPORATION	c EIN-PN 27-3741564-001
a	Plan name	FIRST EAGLE INVESTMENT MGMT 401K RSP	
b	Name of plan sponsor	FIRST EAGLE INVESTMENT MGMT, LLC	c EIN-PN 57-1156902-002
a	Plan name	FIRST FEDERAL SAVINGS & LOAN ASSOCIATION OF MCMINNVILLE 401K PLAN	
b	Name of plan sponsor	FIRST FEDERAL SAVINGS & LOAN ASSOCIATION OF MCMINNVILLE	c EIN-PN 93-0166953-001
a	Plan name	FIRST HORIZON NATIONAL CORPORATION SAVINGS PLAN AND TRUST	
b	Name of plan sponsor	FIRST HORIZON NATIONAL CORPORATION	c EIN-PN 62-0803242-001
a	Plan name	FIRST TRUST & SAVINGS BANK OF WHEATLAND 401K PROFIT SHARING PLAN	
b	Name of plan sponsor	FIRST TRUST & SAVINGS BANK OF WHEATLAND	c EIN-PN 42-0219180-001
a	Plan name	FIRSTGROUP AMERICA INC RSP	
b	Name of plan sponsor	FIRSTGROUP AMERICA, INC	c EIN-PN 52-2205403-002
a	Plan name	FOLEY AND MANSFIELD PENSION & PROFIT SHARING PLAN	
b	Name of plan sponsor	FOLEY AND MANSFIELD PLLP	c EIN-PN 41-1646736-001

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	FOX SUBACUTE 401K PSP	
b	Name of plan sponsor	FOX SUBACUTE MANAGEMENT, INC.	c EIN-PN 23-2467051-001
a	Plan name	FR FLOW CONTROL VALVES US BIDCO 401K	
b	Name of plan sponsor	FR FLOW CONTROL VALVES US BIDCO	c EIN-PN 83-4244368-001
a	Plan name	FRANKLIN ASSOCIATES INC 401K PLAN PSP	
b	Name of plan sponsor	FRANKLIN ASSOCIATES INC	c EIN-PN 62-0679391-001
a	Plan name	FRANKLIN COUNTY HOME HEALTH AGENCY INC 401K PLAN	
b	Name of plan sponsor	FRANKLIN COUNTY HOME HEALTH AGENCY, INC.	c EIN-PN 23-7076401-001
a	Plan name	FRANKLIN ELECTRIC CO. INC. RET PROGRAM	
b	Name of plan sponsor	FRANKLIN ELECTRIC COMPANY, INC	c EIN-PN 35-0827455-007
a	Plan name	FRANKLIN TUBULAR PRODUCTS INC	
b	Name of plan sponsor	FRANKLIN TUBULAR PRODUCTS INC 401K PLAN	c EIN-PN 99-0385192-001
a	Plan name	FREMAR INDUSTRIES INC 401K PLAN	
b	Name of plan sponsor	FREMAR INDUSTRIES INC	c EIN-PN 34-1368453-001
a	Plan name	FRITZ ENTERPRISES INC 401K PLAN	
b	Name of plan sponsor	FRITZ ENTERPRISES INC	c EIN-PN 38-1960773-002
a	Plan name	GARDEN STATE TILE DISTRIBUTORS INC 401K	
b	Name of plan sponsor	GARDEN STATE TILE DISTRIBUTORS INC	c EIN-PN 22-1605857-005
a	Plan name	GASCOIGNE LUMBER INC PROFIT SHARING PLAN	
b	Name of plan sponsor	GASCOIGNE LUMBER INC	c EIN-PN 91-0653954-001
a	Plan name	GEM 401K PLAN	
b	Name of plan sponsor	GOLDEN EMPIRE MORTGAGE INC	c EIN-PN 77-0158990-001
a	Plan name	GENERAL NETWORKS CORP 401K PLAN	
b	Name of plan sponsor	GENERAL NETWORKS CORP	c EIN-PN 95-4048555-001

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 GETTRY MARCUS CPA 401K PLAN	
b	Name of plan sponsor GETTRY MARCUS CPA	c EIN-PN 13-3418879-002
a	Plan name GETTRY MARCUS STERN & LEHRER 401K PLAN	
b	Name of plan sponsor GETTRY MARCUS STERN & LEHRER	c EIN-PN 13-3418879-001
a	Plan name GIMBEL REILLY GUERIN & BROWN 401K PSP	
b	Name of plan sponsor GIMBEL REILLY GUERIN & BROWN	c EIN-PN 39-1094570-001
a	Plan name GLOBAL PAYMENT TECHNOLOGIES INC 401K PLAN	
b	Name of plan sponsor GLOBAL PAYMENT TECHNOLOGIES INC	c EIN-PN 11-2974651-001
a	Plan name GO FRESH INC 401K PROFIT SHARING PLAN	
b	Name of plan sponsor GO FRESH INC	c EIN-PN 47-0919140-001
a	Plan name GOLDEN STATE ORTHOPEDICS & SPINE PROFIT SHARING 401(K) PLAN	
b	Name of plan sponsor GOLDEN STATE ORTHOPEDICS & SPINE	c EIN-PN 94-3375456-002
a	Plan name GOLDEN STATE WATER COMPANY INVESTMENT INCENTIVE PROGRAM	
b	Name of plan sponsor MERCER INVESTMENTS LLC	c EIN-PN 95-1243678-005
a	Plan name GOODMAN 401K PLAN	
b	Name of plan sponsor GOODMAN MANUFACTURING CO, LP	c EIN-PN 76-0423371-001
a	Plan name GOODRX INC 401K PLAN	
b	Name of plan sponsor GOODRX, INC	c EIN-PN 45-3653763-001
a	Plan name GOSHEN STAMPING COMPANY INC 401K SAVINGS AND INVESTMENT PLAN	
b	Name of plan sponsor GOSHEN STAMPING COMPANY, INC.	c EIN-PN 35-1349796-001
a	Plan name GOURMET FOODS INTL 401K PSP	
b	Name of plan sponsor GOURMET FOODS INTERNATIONAL	c EIN-PN 58-1111091-001
a	Plan name GPM INVESTMENTS 401K PLAN	
b	Name of plan sponsor GPM INVESTMENTS, LLC	c EIN-PN 55-0807113-001

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 GRACE SCHOOLS 401K RP & TRUST	
b	Name of plan sponsor GRACE SCHOOLS, INC	c EIN-PN 35-0868095-002
a	Plan name GREATER OREGON BEHAVIORAL HEALTH 401K PSP	
b	Name of plan sponsor GREATER OREGON BEHAVIORAL HEALTH	c EIN-PN 93-1144014-001
a	Plan name GREELEY AND HANSEN PROFIT SHARING & RSP	
b	Name of plan sponsor GREELEY AND HANSEN, LLC	c EIN-PN 36-1164980-002
a	Plan name GREENLEAF CORPORATION SAVINGS & RETIREMENT PLAN	
b	Name of plan sponsor GREENLEAF CORPORATION	c EIN-PN 25-0910662-001
a	Plan name GROSS ELECTRIC INC RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor GROSS ELECTRIC INC	c EIN-PN 34-4406791-003
a	Plan name GULFSIDE CASINO PARTNERSHIP 401K PLAN	
b	Name of plan sponsor GULFSIDE CASINO PARTNERSHIP	c EIN-PN 64-0823397-001
a	Plan name HARPER SYSTEMS 401K PLAN	
b	Name of plan sponsor HARPER SYSTEMS INC	c EIN-PN 20-2066201-001
a	Plan name HEADWATER COMPANIES LLC 401K PLAN	
b	Name of plan sponsor HEADWATER COMPANIES, LLC	c EIN-PN 20-0319914-001
a	Plan name HEALTHSYSTEMS 401K PSP	
b	Name of plan sponsor HEALTH E. SYSTEMS	c EIN-PN 42-1571782-001
a	Plan name HEARTHSTONE RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor HEARTHSTONE HOLDINGS, INC.	c EIN-PN 82-2280090-002
a	Plan name HEPLERBROOM LLC 401K PROFIT SHARING PLAN	
b	Name of plan sponsor HEPLERBROOM LLC	c EIN-PN 37-1009085-001
a	Plan name HESSE INDUSTRIAL SALES INC PS 401K PLAN	
b	Name of plan sponsor HESSE INDUSTRIAL SALES, INC	c EIN-PN 16-0876331-001

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	HILLMUTH CERTIFIED AUTOMOTIVE, INC. PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor	HILLMUTH CERTIFIED AUTOMOTIVE, INC.	c EIN-PN 52-1123631-001
a	Plan name	HINKLE LAW FIRM 401K	
b	Name of plan sponsor	HINKLE LAW FIRM LLC	c EIN-PN 48-1029309-001
a	Plan name	HISCOX & MUSTO 401K PLAN	
b	Name of plan sponsor	HISCOX & MUSTO	c EIN-PN 23-2936650-001
a	Plan name	HOPE'S WINDOWS INC. SALARIED 401K PLAN	
b	Name of plan sponsor	HOPES WINDOWS INC	c EIN-PN 16-1184041-001
a	Plan name	HPE 1950 BIRTH DATE FUND	
b	Name of plan sponsor	MERCER TRUST COMPANY LLC	c EIN-PN 82-3915260-036
a	Plan name	HPE 1955 BIRTH DATE FUND	
b	Name of plan sponsor	MERCER TRUST COMPANY LLC	c EIN-PN 82-3933188-037
a	Plan name	HPE 1960 BIRTH DATE FUND	
b	Name of plan sponsor	MERCER TRUST COMPANY LLC	c EIN-PN 82-3957074-038
a	Plan name	HPE 1965 BIRTH DATE FUND	
b	Name of plan sponsor	MERCER TRUST COMPANY LLC	c EIN-PN 82-3970339-039
a	Plan name	HPE CONSERVATIVE PORTFOLIO FUND	
b	Name of plan sponsor	MERCER TRUST COMPANY LLC	c EIN-PN 82-3864194-034
a	Plan name	HRS RETIREMENT PLAN	
b	Name of plan sponsor	HERGENROEDER REGA EWING & KENNEDY, LLC	c EIN-PN 25-1877944-001
a	Plan name	HUMBOLDT MFG COMPANY PROFIT SHARING PLAN	
b	Name of plan sponsor	HUMBOLDT MFG COMPANY	c EIN-PN 36-1245250-001
a	Plan name	HURON VALLEY STEEL COPORATION 401K PLAN	
b	Name of plan sponsor	HURON VALLEY STEEL COPORATION	c EIN-PN 38-1643117-002

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	HUSSMANN CORP EMPLOYEE SAVINGS PLAN	
b	Name of plan sponsor	HUSSMANN CORPORATION	c EIN-PN 43-0156220-001
a	Plan name	HUSSMANN CORP ESP FOR BARGAINED EMPLOYEE	
b	Name of plan sponsor	HUSSMANN CORPORATION	c EIN-PN 43-0156220-002
a	Plan name	ICON CLINICAL RESEARCH LLC 401K PLAN	
b	Name of plan sponsor	MERCER INVESTMENTS LLC	c EIN-PN 23-2689156-001
a	Plan name	IMERYS 401K PLAN FOR BARGAINING EMPLOYEE	
b	Name of plan sponsor	IMERYS SA	c EIN-PN 23-2617050-004
a	Plan name	IMERYS USA 401K PLAN	
b	Name of plan sponsor	IMERYS SA	c EIN-PN 23-2617050-003
a	Plan name	INDEPENDENCE BLUE CROSS BLUE CHIP RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	MERCER INVESTMENTS LLC	c EIN-PN 46-3867722-002
a	Plan name	INDIAN HILLS COUNTRY CLUB 401K RET PLAN	
b	Name of plan sponsor	INDIAN HILLS COUNTRY CLUB	c EIN-PN 44-0295270-001
a	Plan name	INGEVITY CORP RP FOR BARGAINED HRLY EMP	
b	Name of plan sponsor	INGEVITY CORPORATION	c EIN-PN 47-4027764-002
a	Plan name	INNOTEK 401K RETIREMENT PLAN	
b	Name of plan sponsor	INNOTEK CORPORATION	c EIN-PN 41-1799704-002
a	Plan name	INSTRUMENTARIUM SAVINGS INVESTMENT PLAN	
b	Name of plan sponsor	DATEX-OHMEDA, INC	c EIN-PN 22-3029570-004
a	Plan name	INTEGRATED DESIGN SOLUTIONS LLC RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	INTEGRATED DESIGN SOLUTIONS LLC	c EIN-PN 38-3501121-001
a	Plan name	INTL MATEX TANK TERMINALS RET INV PLAN	
b	Name of plan sponsor	INTERNATIONAL-MATEX TANK TERMINALS LLC	c EIN-PN 72-0771251-334

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 INTL UNION OF OPERATING ENGINEERS LOCAL 25 MARINE DIVISION ANNUITY PLAN	
b	Name of plan sponsor BD OF TRUSTEES INTL UNION OF OPERATING ENGINEERS	c EIN-PN 11-3041922-002
a	Plan name INVESCO 401K PLAN	
b	Name of plan sponsor INVESCO HOLDING COMPANY (US), INC	c EIN-PN 58-2287224-010
a	Plan name INVESCO STABLE ASSET TRUST	
b	Name of plan sponsor INVESCO TRUST COMPANY	c EIN-PN 27-3884161-001
a	Plan name INVESCO STABLE VALUE RETIREMENT FUND	
b	Name of plan sponsor INVESCO TRUST COMPANY	c EIN-PN 27-3868124-001
a	Plan name IROQUOIS MEMORIAL HOSPITAL & RESIDENT HOME 401K PLAN	
b	Name of plan sponsor IROQUOIS MEMORIAL HOSPITAL & RESIDENT HOME	c EIN-PN 26-3113470-003
a	Plan name ISLANDS RESTAURANTS 401K PLAN	
b	Name of plan sponsor ISLANDS RESTAURANTS LP	c EIN-PN 33-0475521-001
a	Plan name ITPEU PENSION FUND	
b	Name of plan sponsor BOARD OF TRUSTEES ITPEU	c EIN-PN 11-2506736-001
a	Plan name JACKSON CO MEM HOSPITAL SVGS 401K SAVINGS & INVESTMENT	
b	Name of plan sponsor JACKSON CO MEM HOSPITAL	c EIN-PN 73-0568956-001
a	Plan name JENKINS ELECTRIC COMPANY PROFIT SHARING & RET PLAN	
b	Name of plan sponsor JENKINS ELECTRIC COMPANY	c EIN-PN 56-0941315-001
a	Plan name KANE WHAREHOUSING LLC 401K	
b	Name of plan sponsor KANE WAREHOUSING LLC	c EIN-PN 23-1662471-001
a	Plan name KARL KNAUZ MOTORS INC 401K PROFIT SHARING PLAN	
b	Name of plan sponsor KARL KNAUZ MOTORS INC	c EIN-PN 36-2469176-001
a	Plan name KENDRA SCOTT 401K PLAN	
b	Name of plan sponsor KENDRA SCOTT, LLC	c EIN-PN 47-4456300-001

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	KENMODE TOOL & ENGINEERING 401K PLAN	
b	Name of plan sponsor	KENMODE TOOL & ENGINEERING INC	c EIN-PN 36-2426263-001
a	Plan name	KENNECOTT UTAH COPPER 401K	
b	Name of plan sponsor	KENNECOTT UTAH COPPER LLC	c EIN-PN 13-3108078-204
a	Plan name	KISSITO HEALTHCARE 401K PLAN KISSITO HEALTHCARE 401K PLAN	
b	Name of plan sponsor	KISSITO HEALTHCARE, INC.	c EIN-PN 36-3666533-001
a	Plan name	KOERBER SUPPLY CHAIN SAVINGS PLAN	
b	Name of plan sponsor	KOERBER SUPPLY CHAIN LLC	c EIN-PN 35-2741794-001
a	Plan name	KOROSEAL INTERIOR PRODUCTS RETIREMENT SAVINGS PLAN AND TRUST	
b	Name of plan sponsor	KOROSEAL INTERIOR PRODUCTS, LLC	c EIN-PN 46-4864607-003
a	Plan name	KOZIK BROTHERS INC 401K RETIREMENT PLAN	
b	Name of plan sponsor	KOZIK BROTHERS INC	c EIN-PN 25-1349923-001
a	Plan name	L BRANDS INC 401K RSP	
b	Name of plan sponsor	L BRANDS INC	c EIN-PN 31-1048997-002
a	Plan name	LABORERS LOCAL 231 ANNUITY FUND	
b	Name of plan sponsor	LABORERS LOCAL 231	c EIN-PN 37-1230607-001
a	Plan name	LAKE COUNTY FOREST PRESERVE DISTRICT DEFERRED COMPENSATION PROGRAM	
b	Name of plan sponsor	LAKE COUNTY FOREST PRESERVE DISTRICT	c EIN-PN 36-6009339-001
a	Plan name	LANDER BOOKBINDING CORP PROFIT SHAR PLAN	
b	Name of plan sponsor	LANDER BOOKBINDING CORP	c EIN-PN 86-1069728-001
a	Plan name	LANIER FORD SHAVER & PAYNE PC PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor	LANIER FORD SHAVER & PAYNE PC	c EIN-PN 63-0978839-001
a	Plan name	LAW OFFICE OF ROGER FINCHER 401K PLAN	
b	Name of plan sponsor	LAW OFFICE OF ROGER FINCHER	c EIN-PN 47-2341519-001

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	LEDVANCE LLC 401K SAVINGS PLAN	
b	Name of plan sponsor	LEDVANCE LLC	c EIN-PN 81-0887998-007
a	Plan name	LEESAR INC 401K PSP & TRUST	
b	Name of plan sponsor	LEESAR INC	c EIN-PN 26-3818222-001
a	Plan name	LEHIGH VALLEY HEALTH NETWORK INC 401K SAVINGS PLAN	
b	Name of plan sponsor	LEHIGH VALLEY HEALTH NETWORK INC	c EIN-PN 22-2458317-004
a	Plan name	LEHIGH VALLEY HEALTH NETWORK INC DEFINED CONTRIBUTION RETIREMENT PLAN	
b	Name of plan sponsor	LEHIGH VALLEY HEALTH NETWORK INC	c EIN-PN 22-2458317-002
a	Plan name	LG RETIREMENT PLAN	
b	Name of plan sponsor	LG ELECTRONICS USA INC	c EIN-PN 13-2950311-001
a	Plan name	LIBERTY HARDWOODS INC 401K PROFIT SHARING PLAN	
b	Name of plan sponsor	LIBERTY HARDWOODS INC	c EIN-PN 43-1794848-001
a	Plan name	LIFESCAPES INTERNATIONAL RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	LIFESCAPES INTERNATIONAL, INC	c EIN-PN 33-0664589-001
a	Plan name	LLNS DEFINED CONTRIBUTION PLAN	
b	Name of plan sponsor	LLNS LLC	c EIN-PN 45-3246656-001
a	Plan name	LM WIND POWER BLADES INC 401K RP	
b	Name of plan sponsor	LM WIND POWER BLADES INC	c EIN-PN 27-2183494-001
a	Plan name	LPL FINANCIAL LLC PROFIT SHARING PLAN 401K PLAN	
b	Name of plan sponsor	LPL FINANCIAL LLC	c EIN-PN 95-2834236-002
a	Plan name	LSEGH INC 401K PLAN	
b	Name of plan sponsor	LSEGH INC	c EIN-PN 20-4530702-001
a	Plan name	LUCK STONE CORPORATION 401K PLAN	
b	Name of plan sponsor	LUCK STONE CORPORATION	c EIN-PN 54-0630628-002

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 MAD RIVER HOSPITAL PLAN	
b	Name of plan sponsor MAD RIVER HOSPITAL	c EIN-PN 94-1698406-010
a	Plan name MADISON MUTUAL INSURANCE CO 401K PSP	
b	Name of plan sponsor MADISON MUTUAL INSURANCE CO.	c EIN-PN 37-0396180-002
a	Plan name MAG MUTUAL INSURANCE COMPANY 401K PLAN	
b	Name of plan sponsor MAG MUTUAL INSURANCE COMPANY	c EIN-PN 58-1449198-001
a	Plan name MAINTEX INC 401K PROFIT SHARING PLAN	
b	Name of plan sponsor MAINTEX INC	c EIN-PN 95-2138560-002
a	Plan name MALEK MEDICAL PC 401K RETIREMENT PLAN	
b	Name of plan sponsor MALEK MEDICAL P.C.	c EIN-PN 20-3208430-001
a	Plan name MALNATI ORGANIZATION 401K SAVINGS PLAN	
b	Name of plan sponsor MALNATI ORGANIZATION	c EIN-PN 36-3308841-001
a	Plan name MAPLETREE US MANAGEMENT LLC 401K PLAN	
b	Name of plan sponsor MAPLETREE US MANAGEMENT, LLC	c EIN-PN 81-4159504-001
a	Plan name MARBLE INDUSTRY ANNUITY FUND	
b	Name of plan sponsor MARBLE INDUSTRY	c EIN-PN 13-2967109-001
a	Plan name MARC SERVICE INC 401K PSP	
b	Name of plan sponsor MARC SERVICE INC	c EIN-PN 25-1501048-001
a	Plan name MARMON DEFINED CONTRIBUTION MASTER TRUST	
b	Name of plan sponsor MARMON	c EIN-PN 36-3104690-001
a	Plan name MARQUETTE ASSOCIATES INC 401K PLAN	
b	Name of plan sponsor MARQUETTE ASSOCIATES INC	c EIN-PN 39-1647898-002
a	Plan name MARTA-ATU LOCAL 732 EMPLOYEES RETIREMENT FUND	
b	Name of plan sponsor MARTA-ATU LOCAL 732	c EIN-PN 58-6027247-001

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	MASON TENDERS DISTRICT COUNCIL ANNUITY FUND	
b	Name of plan sponsor	MASON TENDERS	c EIN-PN 13-6358540-001
a	Plan name	MASTERCARD SAVINGS PLAN	
b	Name of plan sponsor	MASTERCARD INTERNATIONAL INC	c EIN-PN 95-2536378-002
a	Plan name	MATC OMNIBUS DIV REINVEST LTCCG	
b	Name of plan sponsor	MATC	c EIN-PN 27-3169253-001
a	Plan name	MATRIX TRUST COMPANY	
b	Name of plan sponsor	MATRIX INC	c EIN-PN 75-3182674-001
a	Plan name	M-AURORA 401(K) PLAN	
b	Name of plan sponsor	M-AURORA WORLDWIDE (US) L.P.	c EIN-PN 95-2221188-001
a	Plan name	MAXIM FLEXPAC 401K PLAN	
b	Name of plan sponsor	MAXIM FLEXPAC	c EIN-PN 33-0962660-001
a	Plan name	MB2 DENTAL SOLUTIONS 401K PLAN	
b	Name of plan sponsor	MB2 DENTAL SOLUTIONS	c EIN-PN 26-4287971-001
a	Plan name	MCCARTHY EMPLOYEE RETIREMENT SP	
b	Name of plan sponsor	MCCARTHY HOLDINGS INC	c EIN-PN 43-1136212-001
a	Plan name	MCLANE COMPANY INC PROFIT SHARING PLAN	
b	Name of plan sponsor	MCLANE COMPANY INC	c EIN-PN 74-1478631-001
a	Plan name	MEDICAL TEAMS INTL 401K RETIREMENT PLAN	
b	Name of plan sponsor	MEDICAL TEAMS INTERNATIONAL	c EIN-PN 93-0878944-001
a	Plan name	MEL FOSTER CO LLC 401K	
b	Name of plan sponsor	MEL FOSTER CO LLC	c EIN-PN 42-0657219-001
a	Plan name	MERVAC PLUMBING & HEATING 401K PLAN	
b	Name of plan sponsor	MERVAC PLUMBING & HEATING INC	c EIN-PN 25-1539265-001

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 MESIROW POOLED EMPLOYER PLAN	
b	Name of plan sponsor NEWPORT GROUP, INC.	c EIN-PN 27-2037969-008
a	Plan name MID ATLANTIC TRUST COMPANY	
b	Name of plan sponsor MID ATLANTIC TRUST COMPANY	c EIN-PN 27-3169253-001
a	Plan name MIDLAND TITLE SECURITY INC RETIREMENT PLUS PLAN	
b	Name of plan sponsor MIDLAND TITLE SECURITY INC	c EIN-PN 58-1428634-001
a	Plan name MIES OUTLAND INC. 401K PLAN	
b	Name of plan sponsor MIES OUTLAND INC.	c EIN-PN 41-0973150-001
a	Plan name MISTER CAR WASH 401K RETIREMENT PLAN	
b	Name of plan sponsor MISTER CAR WASH INC	c EIN-PN 04-3299064-001
a	Plan name MITCHELL GROCERY CORPORATION PROFIT SHARING 401K PLAN	
b	Name of plan sponsor MITCHELL GROCERY CORPORATION	c EIN-PN 63-0499227-002
a	Plan name MODERN INDUSTRIES PLAN	
b	Name of plan sponsor MODERN INDUSTRIES	c EIN-PN 25-1235458-001
a	Plan name MONEYGRAM INTERNATIONAL INC 401K PLAN	
b	Name of plan sponsor MONEYGRAM INTERNATIONAL INC	c EIN-PN 22-2232264-001
a	Plan name MORGAN DISTRIBUTING INC RETIREMENT PLAN	
b	Name of plan sponsor MORGAN DISTRIBUTING, INC.	c EIN-PN 37-1004314-001
a	Plan name MORSE CHEVROLET RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor MORSE CHEVROLET INC	c EIN-PN 48-0727552-001
a	Plan name MOSAIC & TERRAZZO WORKERS ANNUITY FD MONEY PURCHASE PLAN	
b	Name of plan sponsor MOSAIC & TERRAZZO WORKERS	c EIN-PN 11-3454940-001
a	Plan name MOTORS MANAGEMENT CORP 401K PLAN	
b	Name of plan sponsor MOTORS MANAGEMENT CORP	c EIN-PN 22-2336211-001

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 NATHAN ASSOCIATES INC. 401K SAVINGS PL	
b	Name of plan sponsor NATHAN ASSOCIATES INC	c EIN-PN 53-0181887-001
a	Plan name NATIONAL FINANCIAL SERVICES LLC FOR THE EXCLUSIVE BENEFIT OF OUR CUSTOMERS	
b	Name of plan sponsor NATIONAL FINANCIAL SERVICES LLC	c EIN-PN 04-2785576-001
a	Plan name NATIONAL GUARDIAN LIFE SAVINGS PLAN	
b	Name of plan sponsor NATIONAL GUARDIAN LIFE	c EIN-PN 39-0493780-001
a	Plan name NATIONAL SPINE & PAIN CENTER LLC 401K	
b	Name of plan sponsor NATIONAL SPINE & PAIN CENTERS LLC	c EIN-PN 45-3202081-001
a	Plan name NATIONWIDE TRUST COMPANY, FSB	
b	Name of plan sponsor NATIONWIDE TRUST COMPANY, FSB	c EIN-PN 31-1592130-001
a	Plan name NAVARRO RESEARCH AND ENGINEERING INC 401K PLAN	
b	Name of plan sponsor NAVARRO RESEARCH AND ENGINEERING INC	c EIN-PN 62-1553678-001
a	Plan name NBA PLAYERS 401K SP	
b	Name of plan sponsor NBAPA	c EIN-PN 03-0439722-007
a	Plan name NCI INFORMATION SYSTEMS INC 401K PSP	
b	Name of plan sponsor NCI INFORMATION SYSTEMS, INC	c EIN-PN 54-1522509-001
a	Plan name NEAL GERBER & EISENBERG ASSOC & COUNSEL 401K PLAN	
b	Name of plan sponsor NEAL GERBER & EISENBERG LLP	c EIN-PN 36-3532950-004
a	Plan name NEAL GERBER & EISENBERG PS/401K PLAN	
b	Name of plan sponsor NEAL GERBER & EISENBERG LLP	c EIN-PN 36-3532950-001
a	Plan name NEWAY PACKAGING CORP 401K PLAN	
b	Name of plan sponsor NEWAY PACKAGING CORP	c EIN-PN 33-0590162-001
a	Plan name NEXUS BRANDS RETIREMENT PLAN	
b	Name of plan sponsor NEXUS BRANDS INC	c EIN-PN 47-5439843-001

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	NFI GROUP 401K MCI PEMBINA UNION PLAN	
b	Name of plan sponsor	NEW FLYER OF AMERICA, INC	c EIN-PN 98-0468607-002
a	Plan name	NFI GROUP 401K NF ST CLOUD & CROOKSTON UNION PLAN	
b	Name of plan sponsor	NEW FLYER OF AMERICA, INC	c EIN-PN 98-0468607-003
a	Plan name	NFI GROUP 401K PLAN	
b	Name of plan sponsor	NEW FLYER OF AMERICA, INC	c EIN-PN 98-0468607-001
a	Plan name	NICHOLS BROSCH WURST WOLFE & ASSOC INC 401K PROFIT SHARING PLAN	
b	Name of plan sponsor	NICHOLS BROSCH WURST WOLFE & ASSOC INC	c EIN-PN 59-1951996-001
a	Plan name	NICHOLS CONSULTING ENGINEERS 401K PLAN	
b	Name of plan sponsor	NICHOLS CONSULTING ENGINEERS CHTD	c EIN-PN 88-0254126-001
a	Plan name	NIGHTWING 401K PLAN TRUST	
b	Name of plan sponsor	NIGHTWING	c EIN-PN 93-4237147-001
a	Plan name	NORTHEASTERN PENNSYLVANIA HEALTH CORPORATION 401A PLAN	
b	Name of plan sponsor	LEHIGH VALLEY HEALTH NETWORK INC	c EIN-PN 22-2458317-007
a	Plan name	NORTHWEST HARVEST RETIREMENT PLAN 401K RETIREMENT	
b	Name of plan sponsor	NORTHWEST HARVEST	c EIN-PN 91-0826037-001
a	Plan name	OB-GYN ASSOCIATES WOMENS HEALTH INC PSP 401K PLAN	
b	Name of plan sponsor	OB-GYN ASSOCIATES WOMENS HEALTH INC	c EIN-PN 54-1460801-001
a	Plan name	OHIO PUBLIC EMPLOYEES RETIREMENT SYSTEM	
b	Name of plan sponsor	OHIO PUBLIC EMPLOYEES	c EIN-PN 31-6159380-001
a	Plan name	OLSSON ASSOCIATES INC CASH OR DEFERRED PS PLAN AND TRUST	
b	Name of plan sponsor	OLSSON ASSOCIATES INC	c EIN-PN 47-0781766-001
a	Plan name	ONETRUST LLC 401K PLAN	
b	Name of plan sponsor	OT TECHNOLOGY, INC.	c EIN-PN 88-2992190-001

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	OPEN WAVE MOBILITY INC 401K PLAN	
b	Name of plan sponsor	OPEN WAVE MOBILITY INC	c EIN-PN 45-5070285-001
a	Plan name	OPENDOOR LABS INC 401K PSP	
b	Name of plan sponsor	OPENDOOR LABS INC	c EIN-PN 46-4975399-001
a	Plan name	OPERATING ENGINEERS LOCAL 649 ANNUITY PLAN & TRUST	
b	Name of plan sponsor	OPERATING ENGINEERS LOCAL 649	c EIN-PN 37-1291915-001
a	Plan name	OPPORTUNITY BANK OF MONTANA PSP	
b	Name of plan sponsor	OPPORTUNITY BANK OF MONTANA	c EIN-PN 81-0105500-002
a	Plan name	OREGON HUMANE SOCIETY 401K PLAN	
b	Name of plan sponsor	OREGON HUMAN SOCIETY	c EIN-PN 93-0386880-001
a	Plan name	OTTER TAIL CORPORATION RSP	
b	Name of plan sponsor	OTTER TAIL CORP	c EIN-PN 27-0383995-011
a	Plan name	PARACO GAS & AFFILIATES 401K SAVINGS AND RETIREMENT PLAN	
b	Name of plan sponsor	PARACO GAS CORPORATION	c EIN-PN 13-3149941-001
a	Plan name	PARIS KIRWAN ASSOC. INC PS 401K PLAN	
b	Name of plan sponsor	PARIS KIRWAN ASSOC. INC	c EIN-PN 16-0868619-001
a	Plan name	PARR BROWN PROFIT SHARING PLAN	
b	Name of plan sponsor	PARR BROWN GEE & LOVELESS, A PROFESSIONAL CORP	c EIN-PN 87-0307691-001
a	Plan name	PEDIATRIC ASSOCIATES OF GREATER SALEM INC 401K PROFIT SHARING PLAN	
b	Name of plan sponsor	PEDIATRIC ASSOCIATES OF GREATER SALEM INC	c EIN-PN 04-2740173-001
a	Plan name	PEDIATRIC HEALTH CARE ASSOC. 401K PSP	
b	Name of plan sponsor	PEDIATRIC HEALTH CARE ASSOCIATES	c EIN-PN 25-1778730-001
a	Plan name	PENHALL INTL CORP & AFILLI COMP EMP PSP	
b	Name of plan sponsor	PENHALL INTERNATIONAL CORPORATION	c EIN-PN 33-0349226-001

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 PENN STATE TOOL & DIE CORP 401K PROFIT SHARING PLAN	
b	Name of plan sponsor PENN STATE TOOL & DIE CORP	c EIN-PN 25-1010162-001
a	Plan name PENNSYLVANIA TOOL SALES & SERVICES PROFIT SHARING PLAN	
b	Name of plan sponsor PENNSYLVANIA TOOL SALES & SERVICES	c EIN-PN 25-1356417-003
a	Plan name PENSION FUND FOR NURSING HOME & HEALTH CARE EMPLOYEES LOCAL 1199C	
b	Name of plan sponsor NURSING HOME & HEALTH CARE EMPLOYEES	c EIN-PN 23-2774706-001
a	Plan name PERFORMANCE MEDICAL SERVICES PLLC 401(K) PLAN & TRUST	
b	Name of plan sponsor PERFORMANCE MEDICAL SERVICES PLLC	c EIN-PN 26-4125243-001
a	Plan name PERS OF MS OPERATIONAL RETIREMENT PLAN	
b	Name of plan sponsor PERS OF MISSISSIPPI	c EIN-PN 64-6001557-004
a	Plan name PERSONIFY CORPORATION 401K PLAN	
b	Name of plan sponsor PERSONIFY CORPORATION	c EIN-PN 54-1826450-002
a	Plan name PETRON LLC 401K PLAN	
b	Name of plan sponsor PETRON LLC	c EIN-PN 72-0590032-001
a	Plan name PLACE BUSINESS SERVICE INC 401K PLAN	
b	Name of plan sponsor PLACE BUSINESS SERVICES, INC.	c EIN-PN 81-1038094-001
a	Plan name PLIC VARIOUS RETIREMENT PLANS OMNIBUS	
b	Name of plan sponsor DCGT AS TRUSTEE AND/OR CUSTODIAN FBO	c EIN-PN 51-0099493-001
a	Plan name PLUMBERS & GAS FITTERS LOCAL UNION NO 8 DEFINED CONTRIBUTION PLAN	
b	Name of plan sponsor PLUMBERS LOCAL 8 DC PLAN	c EIN-PN 43-1869060-001
a	Plan name PLUMBERS & PIPEFITTERS LOCAL 160 RET PL	
b	Name of plan sponsor PLUMBERS & PIPEFITTERS LOCAL 160	c EIN-PN 37-6106411-001
a	Plan name PLUMBERS AND PIPEFITTERS LOCAL UNION 189 RSP	
b	Name of plan sponsor BOARD OF TRUSTEES PLUMBERS AND PIPEFITTERS LOCAL UNION 189	c EIN-PN 31-1213922-003

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
a	Plan name POBCO INC 401K PROFIT SHARING PLAN	
b	Name of plan sponsor POBCO INC	c EIN-PN 04-1702800-001
a	Plan name POLYFORM INC. 401K PLAN RETIREMENT PLAN	
b	Name of plan sponsor POLYFORM INC.	c EIN-PN 93-0963974-001
a	Plan name POLYMER TECHNOLOGIES INC RETIREMENT PLAN	
b	Name of plan sponsor POLYMER TECHNOLOGIES INC	c EIN-PN 51-0316050-001
a	Plan name POWER & TELEPHONE SUPPLY COMPANY 401K PLAN	
b	Name of plan sponsor POWER & TELEPHONE SUPPLY COMPANY	c EIN-PN 62-0694520-003
a	Plan name POWER ROGERS LLP PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor POWER ROGERS LLP	c EIN-PN 81-3606120-002
a	Plan name PR SUPPLIES GROUP RETIREMENT & SAVINGS PLAN	
b	Name of plan sponsor PR SUPPLIES GROUP	c EIN-PN 66-0177875-001
a	Plan name PREFERRED DENTAL PRACTICE 401(K) AND PROFIT SHARING PLAN	
b	Name of plan sponsor PREFERRED DENTAL PRACTICE PC	c EIN-PN 38-1992887-001
a	Plan name PRESTON KELLY INC PROFIT SHARING AND ESOP	
b	Name of plan sponsor PRESTON KELLY INC	c EIN-PN 41-0758021-011
a	Plan name PRIMUS SOFTWARE 401K PROFIT SHARING PLAN	
b	Name of plan sponsor PRIMUS SOFTWARE CORP	c EIN-PN 58-2227043-001
a	Plan name PRO HR & MULTIPLE EMPLOYER 401K PLAN	
b	Name of plan sponsor PRO HR & MULTIPLE EMPLOYER	c EIN-PN 71-0516099-001
a	Plan name PROSPECT MEDICAL RETIREMENT SAVINGS PLAN A	
b	Name of plan sponsor PROSPECT MEDICAL HOLDINGS INC	c EIN-PN 33-0564370-001
a	Plan name PROSPECT MEDICAL RETIREMENT SAVINGS PLAN B	
b	Name of plan sponsor PROSPECT MEDICAL HOLDINGS INC	c EIN-PN 37-1747940-003

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	PROUD MOMENTS MSO LLC 401K	
b	Name of plan sponsor	PROUD MOMENTS MSO LLC	c EIN-PN 81-4946597-001
a	Plan name	PROVIDENT INC RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	PROVIDENT, INC.	c EIN-PN 43-0652630-001
a	Plan name	PUBLIX SUPER MARKETS INC 401K SMART PLAN	
b	Name of plan sponsor	PUBLIX SUPER MARKETS INC	c EIN-PN 59-0324412-001
a	Plan name	PULSE TECHNOLOGY OF ILLINOIS, INC EMPLOYEE PROFIT SHARING 401(K) PLAN	
b	Name of plan sponsor	PULSE TECHNOLOGY OF ILLINOIS	c EIN-PN 36-3573521-001
a	Plan name	PULSE TECHNOLOGY OF INDIANA INC	
b	Name of plan sponsor	PULSE TECHNOLOGY OF INDIANA INC	c EIN-PN 35-0553250-002
a	Plan name	QUANTITATIVE ADVANTAGE LLC 401L PLAN	
b	Name of plan sponsor	QUANTITATIVE ADVANTAGE LLC	c EIN-PN 41-1964250-001
a	Plan name	QUICKBASE INC 401K PLAN	
b	Name of plan sponsor	QUICKBASE INC	c EIN-PN 81-1510345-001
a	Plan name	QUIEN SABE CORPORATION 401K RP	
b	Name of plan sponsor	QUIEN SABE CORPORATION	c EIN-PN 47-1877459-001
a	Plan name	RADIO & TV ENGINEERS LOC 4 IBEW DC PENSION PLAN	
b	Name of plan sponsor	RADIO & TV ENGINEERS LOC 4 IBEW	c EIN-PN 43-6031009-002
a	Plan name	RAVE COMPUTER 401K PLAN	
b	Name of plan sponsor	RAVE COMPUTER ASSOCIATION INC	c EIN-PN 38-2794481-001
a	Plan name	REGAL REXNORD RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	REGAL REXNORD CORPORATION	c EIN-PN 39-0875718-008
a	Plan name	RENTAL TOOLS AND EQUIPMENT CO INTERNATIONAL INC 401K	
b	Name of plan sponsor	RENTAL TOOLS AND EQUIPMENT CO INTERNATIONAL INC	c EIN-PN 52-1178782-001

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 RESOURCE CENTER FOR INDEPENDENT LIVING RETIREMENT PLAN AND TRUST	
b	Name of plan sponsor RESOURCE CENTER FOR INDEPENDENT LIVING	c EIN-PN 22-2518284-001
a	Plan name RETAIL MERCHANTS ASSOC INC 401K PLAN	
b	Name of plan sponsor RETAIL MERCHANTS ASSOC INC.	c EIN-PN 72-0298690-002
a	Plan name RETIREMENT PLAN OF RATCLIFF ARCHITECTS	
b	Name of plan sponsor THE RATCLIFF ARCHITECTS	c EIN-PN 94-1502741-001
a	Plan name RETIREMENT PLANS FOR WHICH TIAA ACTS AS RECORDKEEPER	
b	Name of plan sponsor TIAA CREF TRUST COMPANY	c EIN-PN 43-1814494-001
a	Plan name RETIREMENT SAVINGS PLAN FOR EMPLOYEES OF CONTINENTAL AUTOMOTIVE SYSTEMS	
b	Name of plan sponsor CONTINENTAL TIRE THE AMERICAS, LLC	c EIN-PN 51-0304065-013
a	Plan name RETIREMENT SAVINGS PLAN FOR EMPLOYEES OF CONTINENTAL BEST DRIVE LLC	
b	Name of plan sponsor CONTINENTAL TIRE THE AMERICAS, LLC	c EIN-PN 46-5177960-001
a	Plan name RETIREMENT SAVINGS PLAN FOR EMPLOYEES OF CONTINENTAL RUBBER	
b	Name of plan sponsor CONTINENTAL TIRE THE AMERICAS, LLC	c EIN-PN 34-1417030-007
a	Plan name RIO TINTO ALCAN 401K SAVINGS PLAN FOR F	
b	Name of plan sponsor ALCAN CORP C/O RIO TINTO AMERICA	c EIN-PN 41-2098316-001
a	Plan name RIO TINTO AMERICA INC SAVINGS PLAN TRUST	
b	Name of plan sponsor RIO TINTO AMERICA INC	c EIN-PN 11-3359689-001
a	Plan name RISE BAKING COMPANY 401(K) PLAN	
b	Name of plan sponsor MINNESOTA BEST MAID COOKIE CO., INC	c EIN-PN 41-1288452-001
a	Plan name ROBINSON & LAWING, LLP RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor ROBINSON & LAWING, LLP	c EIN-PN 56-2004958-001
a	Plan name ROSECRANCE HEALTH NETWORK RP	
b	Name of plan sponsor ROSECRANCE HEALTH NETWORK	c EIN-PN 36-3874007-001

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	ROSSI NORTH AMERICA INC 401K PLAN	
b Name of plan sponsor	ROSSI NORTH AMERICA, INC	c EIN-PN 46-4781305-001
a Plan name	RS&H INC EMPLOYEES 401K PSP	
b Name of plan sponsor	RS&H INC.	c EIN-PN 59-2986466-001
a Plan name	RWE AMERICA 401K PLAN	
b Name of plan sponsor	RWE RENEWABLES SERVICES, LLC	c EIN-PN 27-1769505-002
a Plan name	S4 CAPITAL 401K PLAN	
b Name of plan sponsor	MIGHTYHIVE INC	c EIN-PN 45-4612713-001
a Plan name	SAAD HEALTHCARE SERVICES 401K PS PLAN	
b Name of plan sponsor	SAAD ENTERPRISES INC.	c EIN-PN 63-0904463-001
a Plan name	SAMET CORPORATION 401K PSP	
b Name of plan sponsor	SAMET CORPORATION	c EIN-PN 56-0794883-001
a Plan name	SAN LUIS OBISPO COUNTY FARM SUPPLY 401K PSP	
b Name of plan sponsor	SAN LUIS OBISPO COUNTY FARM SUPPLY	c EIN-PN 95-1629914-001
a Plan name	SAPP BROS. INC RETIREMENT PLAN	
b Name of plan sponsor	SAPP BROS., INC	c EIN-PN 47-0720019-001
a Plan name	SAVINGS PLAN FOR EMPLOYEES AT ORNL	
b Name of plan sponsor	UT BATTELLE LLC	c EIN-PN 62-1788235-002
a Plan name	SCHAFFNER KNIGHT MINNAUGH & CO PC 401K SAVINGS TRUST	
b Name of plan sponsor	SCHAFFNER KNIGHT MINNAUGH & CO PC	c EIN-PN 25-1690617-001
a Plan name	SCHMITT-SUSSMAN ENTERPRISES INC 401K PLAN	
b Name of plan sponsor	SCHMITT-SUSSMAN ENTERPRISES INC	c EIN-PN 06-0895325-001
a Plan name	SCHRADER BRIDGEPORT INTER INC 401K PLAN	
b Name of plan sponsor	SCHRADER BRIDGEPORT INTER INC	c EIN-PN 95-3959558-001

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 SCHUYLKILL HEALTH SYSTEM DEFINED CONTRIBUTION PLAN	
b	Name of plan sponsor LEHIGH VALLEY HEALTH NETWORK INC	c EIN-PN 22-2458317-008
a	Plan name SEIGFREID BINGHAM LEVY SELZER & GEE 401K PLAN	
b	Name of plan sponsor SEIGFREID BINGHAM LEVY SELZER & GEE	c EIN-PN 43-1027985-001
a	Plan name SELECT DESIGN LTD 401K PSP	
b	Name of plan sponsor SELECT DESIGN LTD	c EIN-PN 03-0318126-001
a	Plan name SELECT MILK PRODUCERS INC. 401K PLAN	
b	Name of plan sponsor SELECT MILK PRODUCERS INC	c EIN-PN 85-0425525-001
a	Plan name SEMPLE FARRINGTON EVERALL & CASE PC 401K PLAN & TRUST	
b	Name of plan sponsor SEMPLE FARRINGTON EVERALL & CASE PC	c EIN-PN 27-1450824-001
a	Plan name SEPARATE ACCT A7-6827 SUB ACCT 7BP	
b	Name of plan sponsor MINNESOTA LIFE INSURANCE COMPANY	c EIN-PN 41-0417830-265
a	Plan name SERVICE MOTOR COMPANY 401K PROFIT SHARING PLAN	
b	Name of plan sponsor SERVICE MOTOR COMPANY	c EIN-PN 39-1313896-001
a	Plan name SET SEG INSURANCE SERVICES AGENCY INC 401K PLAN	
b	Name of plan sponsor SET SEG INSURANCE SERVICES AGENCY INC	c EIN-PN 32-0275239-001
a	Plan name SEYFARTH SHAW LLP 401K SAV & RET PLAN	
b	Name of plan sponsor SEYFARTH SHAW LLP	c EIN-PN 36-2152202-004
a	Plan name SHAWMUT DESIGN AND CONSTRUCTION SAVINGS PLAN	
b	Name of plan sponsor SHAWMUT DESIGN AND CONSTRUCTION INC	c EIN-PN 04-2988101-001
a	Plan name SHC DIRECT LLC DBA INTE Q PROFIT SHARING PLAN	
b	Name of plan sponsor SHC DIRECT, LLC DBA INTE Q	c EIN-PN 36-4248605-001
a	Plan name SHOALS TECH GROUP 401K PSP	
b	Name of plan sponsor SHOALS TECHNOLOGIES GROUP, LLC	c EIN-PN 90-0346780-001

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 SILVERADO SNR LIVING HOLDING INC 401K PL	
b	Name of plan sponsor SILVERADO SENIOR LIVING, INC	c EIN-PN 27-4275556-001
a	Plan name SJ STRATEGIC INVESTMENT LLC 401K SAVINGS PLAN	
b	Name of plan sponsor SJ STRATEGIC INVESTMENT LLC	c EIN-PN 37-1074196-001
a	Plan name SMART LOCAL 104 DISTRICT 3 401A PLAN	
b	Name of plan sponsor SMART LOCAL 104 DISTRICT 3 401A	c EIN-PN 77-0352309-001
a	Plan name SOUTH SOUND ORAL SURGERY 401K PLAN	
b	Name of plan sponsor SOUTH SOUND ORAL SURGERY	c EIN-PN 91-1693062-001
a	Plan name SOUTHEASTERN ORTHOPAEDIC SPC EE 401K PSP	
b	Name of plan sponsor SOUTHEASTERN ORTHOPAEDIC SPECIALISTS, P.A.	c EIN-PN 56-2036047-001
a	Plan name SOUTHERN CALIFORNIA PIPE TRADES DEFINED CONTRIBUTION PLAN	
b	Name of plan sponsor BOARD OF TRUSTEES SOUTHERN CALIFORNIA PIPE TRADES	c EIN-PN 95-4388338-001
a	Plan name SOUTHERN ILLINOIS LABORERS & EMPLOYEES ANNUITY	
b	Name of plan sponsor SOUTHER ILLINOIS LABORERS	c EIN-PN 37-1215679-001
a	Plan name SOUTHWESTERN ILLINOIS LABORERS ANNUITY	
b	Name of plan sponsor BOARD OF TRUSTEES SOUTHWESTERN ILLINOIS LABORERS	c EIN-PN 37-1221230-001
a	Plan name SPARTRONICS 401K PLAN	
b	Name of plan sponsor EMS HOLDCO LC	c EIN-PN 38-1054690-001
a	Plan name ST. FRANCIS COMMUNITY SERVICES INC 401K	
b	Name of plan sponsor ST. FRANCIS MINISTRIES INC	c EIN-PN 27-1440248-001
a	Plan name STANLEY ELECTRIC ASSOCIATES 401K PLAN	
b	Name of plan sponsor STANLEY ELECTRIC HOLDING COMPANY OF AMERICA	c EIN-PN 38-3518760-001
a	Plan name STONE SETTERS ANNUITY FUND	
b	Name of plan sponsor STONE SETTERS	c EIN-PN 13-6121379-001

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 STORER TRANSPORTATION SERVICE INC PROFIT SHARING 401K PLAN	
b	Name of plan sponsor STORER TRANSPORTATION SERVICE INC	c EIN-PN 94-2147709-001
a	Plan name STORK PRINTS PLAN	
b	Name of plan sponsor STORK PRINTS	c EIN-PN 56-0903024-001
a	Plan name STRANGES FLORIST RETIREMENT PLAN	
b	Name of plan sponsor STRANGES FLORIST	c EIN-PN 54-0889035-001
a	Plan name STRIDE INC 401K PLAN	
b	Name of plan sponsor STRIDE INC	c EIN-PN 95-4774688-001
a	Plan name SUMITOMO RUBBER USA LLC EMPLOYEES MASTER TRUST	
b	Name of plan sponsor SUMITOMO RUBBER USA LLC	c EIN-PN 36-7392856-008
a	Plan name SUPERIOR TILE 401K	
b	Name of plan sponsor TRM CORPORATION	c EIN-PN 94-2282506-006
a	Plan name SWAROVSKI NORTH AMERICA EMPLOYEE RETIREMENT PLAN	
b	Name of plan sponsor SWAROVSKI NORTH AMERICA	c EIN-PN 05-0273019-002
a	Plan name SXSX 401K PLAN	
b	Name of plan sponsor SXSX LLC	c EIN-PN 46-1604402-001
a	Plan name SYCAMORES 401K PLAN	
b	Name of plan sponsor SYCAMORES	c EIN-PN 95-1691005-003
a	Plan name SYLVAMO SAVINGS PLAN	
b	Name of plan sponsor ROCATON INVESTMENT ADVISORS, LLC	c EIN-PN 87-1621871-020
a	Plan name SYNAGRO TECHNOLOGIES INC 401K PLAN	
b	Name of plan sponsor SYNAGRO TECHNOLOGIES INC	c EIN-PN 88-0219860-001
a	Plan name TALCOTT 401K PLAN	
b	Name of plan sponsor TALCOTT RESOLUTION LIFE INSURANCE CO.	c EIN-PN 06-0974148-001

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 TANGOE US INC 401K PLAN	
b	Name of plan sponsor TANGOE US INC	c EIN-PN 06-1571143-001
a	Plan name TEACHERS RETIREMENT SYSTEM OF LA OPTIONAL RET PLAN	
b	Name of plan sponsor TEACHERS RETIREMENT SYSTEM OF LA	c EIN-PN 72-1447520-001
a	Plan name TEAM AIR EXPRESS 401K PLAN	
b	Name of plan sponsor TEAM AIR EXPRESS INC	c EIN-PN 75-1659990-001
a	Plan name TED'S MONTANA GRILL INC	
b	Name of plan sponsor TEDS MONTANA GRILL INC 401K PLAN	c EIN-PN 58-2629149-001
a	Plan name TELEMUNDO OF PUERTO RICO RETIREMENT SP	
b	Name of plan sponsor TELEMUNDO OF PUERTO RICO, INC.	c EIN-PN 66-0612727-003
a	Plan name TELEMUNDO OF PUERTO RICO UPAGRA RSP	
b	Name of plan sponsor TELEMUNDO OF PUERTO RICO, INC.	c EIN-PN 66-0612727-001
a	Plan name TERRITO ELECTRIC INC EMPLOYEES SVGS RET PLAN	
b	Name of plan sponsor TERRITO ELECTRIC INC	c EIN-PN 59-3051830-010
a	Plan name TERTELING EMPLOYEES PROFIT SHARING & THRIFT SVGS PLAN	
b	Name of plan sponsor TERTELING EMPLOYEES	c EIN-PN 82-0180520-001
a	Plan name TEXAS MUNICIPAL POWER AGENCY EMPLOYEES PENSION PLAN	
b	Name of plan sponsor TEXAS MUNICIPAL POWER AGENCY	c EIN-PN 42-1558009-001
a	Plan name THA PARTICIPANT DIRECTED RETIREMENT GT	
b	Name of plan sponsor TEXAS HOSPITAL ASSOC	c EIN-PN 83-4311773-001
a	Plan name THE 401K PLAN SPONSORED BY AEGIS THERAPIES	
b	Name of plan sponsor AEGIS THERAPIES INC	c EIN-PN 71-0811574-001
a	Plan name THE CHICAGO CLUB 401K PLAN	
b	Name of plan sponsor THE CHICAGO CLUB	c EIN-PN 36-0898010-001

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
a	Plan name THE FETTE 401K PLAN	
b	Name of plan sponsor THE FETTE	c EIN-PN 39-1392399-001
a	Plan name THE IMAGINE GROUP 401K SAVINGS PLAN	
b	Name of plan sponsor THE IMAGINE GROUP LLC	c EIN-PN 41-1612906-001
a	Plan name THE MOHEGAN RETIREMENT & 401K PLAN	
b	Name of plan sponsor THE MOHEGAN TRIBE OF INDIANS OF CONNECTICUT	c EIN-PN 06-1436334-001
a	Plan name THE RANDALL GROUP INC 401K RETIREMENT PLAN	
b	Name of plan sponsor THE RANDALL GROUP INC	c EIN-PN 93-1147033-002
a	Plan name THE RESTATED FOUR SEASONS HOTELS RBP	
b	Name of plan sponsor FOUR SEASONS HOTELS LTD PENSION & PROFIT SHARING COMMITTEE	c EIN-PN 98-0057100-333
a	Plan name THE SAVINGS AND INVESTMENT PLAN FOR EMPLOYEES OF OBERG INDUSTRIES INC	
b	Name of plan sponsor OBERG INDUSTRIES INC	c EIN-PN 25-0940540-003
a	Plan name THE SHARP EMPLOYEES SAVINGS AND INVESTMENT PLAN	
b	Name of plan sponsor SHARP ELECTRONICS CORPORATION	c EIN-PN 13-1968872-003
a	Plan name THE SHURTAPE TECHNOLOGIES PROFIT SHARING & RET SAVINGS PLAN	
b	Name of plan sponsor THE SHURTAPE TECHNOLOGIES	c EIN-PN 56-1941023-001
a	Plan name THE STRUKTOL CO OF AMERICA AMENDED RESTATED TAX DEFERRED SAVINGS & TRUST	
b	Name of plan sponsor THE STRUKTOL CO OF AMERICA	c EIN-PN 34-1205907-001
a	Plan name THE SURGICAL CLINIC PLLC	
b	Name of plan sponsor THE SURGICAL CLINIC	c EIN-PN 62-1699673-001
a	Plan name THRIFT SVGS PLAN BY UNITED DAIRY INDUSTRY ASSOC	
b	Name of plan sponsor UNITED DAIRY INDUSTRY ASSOCIATION	c EIN-PN 45-4029799-334
a	Plan name THYSSEN MINING INC 401K PLAN	
b	Name of plan sponsor THYSSEN MINING INC	c EIN-PN 98-1081080-002

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	TICOM GEOMATICS INC 401K PSP	
b Name of plan sponsor	TICOM GEOMATICS, INC.	c EIN-PN 27-0033060-001
a Plan name	TILE INDUSTRY RETIREMENT SAVINGS TRUST FUND	
b Name of plan sponsor	TILE INDUSTRY RETIREMENT SAVINGS TRUST FUND	c EIN-PN 95-6118656-001
a Plan name	TIMKEN STEEL CORP VOLUNTARY INVESTMENT PENSION PLAN	
b Name of plan sponsor	THE PENSION INVESTMENT COMMITTEE OF TIMKEN STEEL	c EIN-PN 46-4024951-004
a Plan name	TIOGA PIPE SUPPLY CO EMPL PSP	
b Name of plan sponsor	TIOGA PIPE SUPPLY CO	c EIN-PN 23-1474903-001
a Plan name	TPC 401K RETIREMENT PLAN	
b Name of plan sponsor	TEXTILE PRINTING COMPANY	c EIN-PN 62-1094316-001
a Plan name	TRADER JOE'S COMPANY RETIREMENT PLAN	
b Name of plan sponsor	TRADER JOES COMPANY	c EIN-PN 95-1987958-002
a Plan name	TRANSAMERICA LIFE INSURANCE COMPANY	
b Name of plan sponsor	TRANSAMERICA LIFE INSURANCE COMPANY	c EIN-PN 39-0989781-001
a Plan name	TRANSUNION 401K AND SAVINGS PLAN	
b Name of plan sponsor	TRANSUNION	c EIN-PN 74-3135689-001
a Plan name	TREDWAY LUMSDAINE DOYLE LLP 401K PROFIT SHARING PLAN	
b Name of plan sponsor	TREDWAY LUMSDAINE DOYLE LLP	c EIN-PN 95-2052484-001
a Plan name	TREEHOUSE FOODS INC 401K PLAN	
b Name of plan sponsor	TREEHOUSE FOODS INC	c EIN-PN 20-2311383-003
a Plan name	TREEHOUSE FOODS INC UNION 401K PLAN	
b Name of plan sponsor	TREEHOUSE FOODS INC	c EIN-PN 20-2311383-002
a Plan name	TREEHOUSE PRIVATE BRANDS INC RET SAVINGS PLAN FOR UNION EMPLOYEES	
b Name of plan sponsor	TREEHOUSE FOODS INC	c EIN-PN 20-2311383-008

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 TRIAD DEFINED CONTRIBUTION PLANS MASTER TRUST	
b	Name of plan sponsor TRIAD NATIONAL SECURITY LLC	c EIN-PN 45-3246495-001
a	Plan name TRUESENSE MARKETING TRUESENSE MARKETING 401K PLAN	
b	Name of plan sponsor TRUESENSE MARKETING INC	c EIN-PN 25-1202618-001
a	Plan name TRUST COMPANY OF TENNESSEE OMNIBUS ACCT RPS EMPLOYEE BENEFIT ACCOUNTS	
b	Name of plan sponsor THE TRUST COMPANY OF TENNESSEE	c EIN-PN 62-1306704-001
a	Plan name TRUXTON SURGERY CENTER INC 401K PSP	
b	Name of plan sponsor TRUXTON SURGERY CENTER INC	c EIN-PN 77-0414100-002
a	Plan name TURTLE WAX INC EMPLOYEES PROFIT SHARING & SAVINGS PLAN	
b	Name of plan sponsor TURTLE WAX INC	c EIN-PN 36-2068941-001
a	Plan name U.A. LOCAL 375 SUPPLEMENTAL PENSION PLAN	
b	Name of plan sponsor U.A. LOCAL 375	c EIN-PN 92-0150923-001
a	Plan name UBS 401K PLAN	
b	Name of plan sponsor NORTHERN TRUST	c EIN-PN 36-4796582-001
a	Plan name ULTISAT INC 401K PLAN	
b	Name of plan sponsor ULTISAT INC	c EIN-PN 82-0580632-001
a	Plan name UNION STATE BANK 401K PSPT	
b	Name of plan sponsor UNION STATE BANK OF HAZEN	c EIN-PN 45-0205030-001
a	Plan name UNITED BIOSOURCE LLC 401K PLAN	
b	Name of plan sponsor UNITED BIOSOURCE LLC	c EIN-PN 46-3047667-001
a	Plan name UNITED FACILITIES INC RETIREMENT PLAN	
b	Name of plan sponsor UNITED FACILITIES INC	c EIN-PN 37-0702793-004
a	Plan name UNITED FACILITIES INC UNION 401K PLAN	
b	Name of plan sponsor UNITED FACILITIES INC	c EIN-PN 37-0702793-006

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	UNITED LAUNCH ALLIANCE 401K SRP	
b	Name of plan sponsor	UNITED LAUNCH ALLIANCE LLC	c EIN-PN 81-0673845-001
a	Plan name	US BORAX INC. 401K SP	
b	Name of plan sponsor	RIO TINTO AMERICA INC SAVINGS PLAN INVESTMENT COMMITTEE	c EIN-PN 98-0047580-007
a	Plan name	US CENTURY BANK 401K PLAN	
b	Name of plan sponsor	US CENTURY BANK	c EIN-PN 52-2371258-001
a	Plan name	USMMG 401K SAVINGS PLAN	
b	Name of plan sponsor	KC PIGGYBACK HOLDINGS, LLC	c EIN-PN 85-2091679-001
a	Plan name	VAIL RESORTS 401K RETIREMENT PLAN	
b	Name of plan sponsor	THE VAIL CORP DBA VAIL ASSOC INC	c EIN-PN 84-0601461-002
a	Plan name	VANGUARD UTILITY SERVICE INC 401K PLAN	
b	Name of plan sponsor	VANGUARD UTILITY SERVICE, INC.	c EIN-PN 30-0040633-001
a	Plan name	VARIOUS AMERICAN NORTHWEST RETRMNT PLANS RETIREMENT PLANS	
b	Name of plan sponsor	VARIOUS AMERICAN NORTHWEST	c EIN-PN 43-1661502-001
a	Plan name	VAUGHAN & BUSHNELL EMPLOYEES' PSP	
b	Name of plan sponsor	VAUGHAN & BUSHNELL MANUFACTURING COMPANY	c EIN-PN 36-1908970-001
a	Plan name	VENABLE LLP 401K PLAN A	
b	Name of plan sponsor	VENABLE LLP	c EIN-PN 52-0517250-003
a	Plan name	VENABLE LLP 401K PLAN B	
b	Name of plan sponsor	VENABLE LLP	c EIN-PN 52-0517250-004
a	Plan name	VI RETIREMENT PLAN	
b	Name of plan sponsor	CLASSIC RESIDENCE MANAGEMENT LP DBA VI	c EIN-PN 36-3558465-001
a	Plan name	VIBRANTZ 401K PLAN	
b	Name of plan sponsor	VIBRANTZ CORPORATION	c EIN-PN 34-0217820-031

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 VICTORIA'S SECRET & CO 401K SRP	
b	Name of plan sponsor VICTORIAS SECRET & CO	c EIN-PN 31-1228823-001
a	Plan name VIEWRAY TECHNOLOGIES INC RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor VIEWRAY TECHNOLOGIES INC	c EIN-PN 20-0818429-001
a	Plan name VISCOFAN USA INC RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor VISCOFAN USA INC	c EIN-PN 63-1196441-001
a	Plan name VITESCO TECHNOLOGIES USA, LLC 401(K) PLAN	
b	Name of plan sponsor VITESCO TECHNOLOGIES USA, LLC	c EIN-PN 83-1870421-202
a	Plan name VOYA INSTITUTIONAL TRUST COMPANY ACCOUNTS -VIPS II & VRIAC	
b	Name of plan sponsor VOYA INSTITUTIONAL TRUST COMPANY	c EIN-PN 46-5416028-001
a	Plan name WALDORF FORD INC SALARY DEFERRAL 401K PROFIT SHARING PLAN	
b	Name of plan sponsor WALDORF FORD INC.	c EIN-PN 52-1918602-001
a	Plan name WALGREEN'S INFUSION SERVICES RETIREMENT PLAN	
b	Name of plan sponsor WALGREENS INC	c EIN-PN 68-0208702-001
a	Plan name WARE MALCOMB 401K PLAN	
b	Name of plan sponsor WARE MALCOMB	c EIN-PN 95-2905859-001
a	Plan name WASTE ISOLATION PILOT PLANT SP	
b	Name of plan sponsor SALADO ISOLATION MINING CONTRACTORS, LLC	c EIN-PN 82-4745477-002
a	Plan name WEATHERFORD INTERNATIONAL LLC 401K SP	
b	Name of plan sponsor WEATHERFORD INTERNATIONAL LLC	c EIN-PN 04-2515019-002
a	Plan name WEDBUSH SECURITIES INC EMPL RET PLAN	
b	Name of plan sponsor WEDBUSH SECURITIES INC	c EIN-PN 95-2495390-002
a	Plan name WELDING INDUSTRIAL SUPPLY CO INC INCENTIVE SAVINGS AND PSP	
b	Name of plan sponsor WELDING INDUSTRIAL SUPPLY CO INC	c EIN-PN 36-3438462-002

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	WEST SIDE FOODS	
b	Name of plan sponsor	WEST SIDE FOODS INC	c EIN-PN 13-1913027-001
a	Plan name	WESTON PEDIATRIC PHYSICIANS PC PSP	
b	Name of plan sponsor	WESTON PEDIATRIC PHYSICIANS PC	c EIN-PN 04-2460599-001
a	Plan name	WESTWOOD CONTRACTORS INC 401K SP	
b	Name of plan sponsor	WESTWOOD CONTRACTORS INC	c EIN-PN 75-1897835-001
a	Plan name	WILLIAM BLAIR 401K & PROFIT SHARING PLAN	
b	Name of plan sponsor	WILLIAM BLAIR & COMPANY, LLC	c EIN-PN 36-2214610-001
a	Plan name	WOODSTOCK STERILE SOLUTIONS INC 401K PLN	
b	Name of plan sponsor	WOODSTOCK STERILE SOLUTIONS INC	c EIN-PN 36-2667216-001
a	Plan name	WR MEADOWS INC 401K PROFIT SHARING PLAN	
b	Name of plan sponsor	WR MEADOWS INC	c EIN-PN 36-1460730-001
a	Plan name	WW GRAINGER INC RSP & 401K PLAN	
b	Name of plan sponsor	WW GRAINGER INC	c EIN-PN 36-1150280-001
a	Plan name	YARK AUTOMOTIVE GROUP 401K AND PROFIT SHARING PLAN	
b	Name of plan sponsor	YARK AUTOMOTIVE GROUP	c EIN-PN 34-1089859-001
a	Plan name	YELLOWSTONE LANDSCAPE INC 401K PSP	
b	Name of plan sponsor	YELLOWSTONE LANDSCAPE INC	c EIN-PN 80-0144209-001
a	Plan name	YNB 401K PLAN	
b	Name of plan sponsor	YNB	c EIN-PN 73-0522050-002
a	Plan name	YOJNA INC EMPLOYEES RETIREMENT PLAN	
b	Name of plan sponsor	YOJNA INC	c EIN-PN 38-2329634-001
a	Plan name	YOUTH VILLAGES RETIREMENT PLAN	
b	Name of plan sponsor	YOUTH VILLAGES	c EIN-PN 58-1716970-001

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
A Name of plan INVESCO STABLE VALUE TRUST	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 INVESCO TRUST COMPANY	D Employer Identification Number (EIN) 84-1142974

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

		(a) Beginning of Year	(b) End of Year
Assets			
a Total noninterest-bearing cash	1a	0	130949973
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	28400407	58765469
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)	14433174161	12805212677
(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	14461574568	12994928119
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h	1180692	1017155
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j	34021918	22417147
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	35202610	23434302
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	14426371958	12971493817

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)		
(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)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		428750566
(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		428750566

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)	18942	
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)	31385	
(5) Investment advisory and investment management fees	2i(5)	11922684	
(6) Bank or trust company trustee/custodial fees	2i(6)	1825	
(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)	20100936	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		32075772
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		32075772

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		396674794
l Transfers of assets:			
(1) To this plan.....	2l(1)		3070805399
(2) From this plan	2l(2)		4922358334

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 _____.