

3a Plan administrator's name and address <input type="checkbox"/> Same as Plan Sponsor KATHY RODRIGUEZ KATHY RODRIGUEZ NEW YORK LIFE INSURANCE COMPANY 51 MADISON AVENUE NEW YORK, NY 10010	3b Administrator's EIN 13-5582869 3c Administrator's telephone number 212-576-7000																				
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.....	<table border="1" style="width:100%; border-collapse: collapse;"> <tr><td style="width:100px;">6a(1)</td><td></td></tr> <tr><td>6a(2)</td><td></td></tr> <tr><td>6b</td><td></td></tr> <tr><td>6c</td><td></td></tr> <tr><td>6d</td><td></td></tr> <tr><td>6e</td><td></td></tr> <tr><td>6f</td><td></td></tr> <tr><td>6g(1)</td><td></td></tr> <tr><td>6g(2)</td><td></td></tr> <tr><td>6h</td><td></td></tr> </table>	6a(1)		6a(2)		6b		6c		6d		6e		6f		6g(1)		6g(2)		6h	
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6a(2)																					
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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 _____ (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) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small>	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.	<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 <u>PSA NO. 25 (STABLE VALUE ACCOUNT)</u>	B Three-digit plan number (PN)	<u>125</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>NEW YORK LIFE INSURANCE COMPANY</u>	D Employer Identification Number (EIN) <u>13-5582869</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:		
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:		
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Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
<small>(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)</small>			
a	Plan name	THE AMERICAN KENNEL CLUB 401(K) TAX DEFERRED SAVINGS PLAN	
b	Name of plan sponsor	THE AMERICAN KENNEL CLUB	c EIN-PN 13-4071778-002
a	Plan name	AMERICAN CHEMISTRY COUNCIL, INC. THRIFT DEFERRED COMPENSATION PLAN AND TRUST	
b	Name of plan sponsor	AMERICAN CHEMISTRY	c EIN-PN 53-0104410-001
a	Plan name	AMERICAN FIRST NATIONAL BANK 401(K) RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	AMERICAN FIRST NATIONAL BANK	c EIN-PN 76-0555667-001
a	Plan name	BACON WILSON, P.C. 401(K) PLAN AND TRUST	
b	Name of plan sponsor	BACON WILSON P.C.	c EIN-PN 04-2626510-002
a	Plan name	BENNETT, BRICKLIN & SALTZBURG LLC 401(K) PLAN	
b	Name of plan sponsor	BENNETT, BRICKLIN & SALTZBURG LLC	c EIN-PN 27-0444519-002
a	Plan name	BEARING ENGINEERS, INC. 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	BEARING ENGINEERS, INC.	c EIN-PN 95-1895163-003
a	Plan name	BRINKLEY MORGAN PROFIT SHARING	
b	Name of plan sponsor	BRINKLEY MORGAN	c EIN-PN 59-1611584-003
a	Plan name	CAPTIVE RESOURCES 401(K) PLAN	
b	Name of plan sponsor	CAPTIVE RESOURCES	c EIN-PN 30-0073596-001
a	Plan name	CASSLING 401(K) SAVINGS PLAN	
b	Name of plan sponsor	CASSLING	c EIN-PN 47-0673457-001
a	Plan name	WENZEL S FARM LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	CASTLERAY LLC	c EIN-PN 46-4882981-001
a	Plan name	PRO-GARD PRODUCTS, LLC 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	CASTLERAY LLC	c EIN-PN 26-2317646-001
a	Plan name	SAUNDERS MIDWEST RETIREMENT SA PLAN II (MIDWEST PRODUCTS)	
b	Name of plan sponsor	CASTLERAY LLC	c EIN-PN 61-1775962-001

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	SAUNDERS MIDWEST RETIREMENT SAVINGS PLAN I	
b	Name of plan sponsor	CASTLERAY LLC	c EIN-PN 61-1775962-001
a	Plan name	CIVIL AIR PATROL EMPLOYEE SAVINGS TRUST	
b	Name of plan sponsor	CIVIL AIR PATROL	c EIN-PN 75-6037853-002
a	Plan name	CLARIDGE PRODUCTS & EQUIPMENT, INC. EMPLOYEES 401(K) PLAN	
b	Name of plan sponsor	CLARIDGE PRODUCTS & EQUIPMENT, INC.	c EIN-PN 71-0302078-001
a	Plan name	CONNELL FOLEY LLP EMPLOYEES 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	CONNELL FOLEY LLP	c EIN-PN 22-1500072-001
a	Plan name	CENTRAL RESTAURANT PRODUCTS, L 401(K) PLAN	
b	Name of plan sponsor	CENTRAL PRODUCTS LLC	c EIN-PN 03-0605365-001
a	Plan name	CWCAPITAL LLC INVESTMENT PLAN	
b	Name of plan sponsor	CWCAPITAL LLC	c EIN-PN 02-0590657-001
a	Plan name	DEAD RIVER 401(K) RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	DEAD RIVER	c EIN-PN 01-0385895-002
a	Plan name	401(K) PLAN FOR EMPLOYEES OF THE DECURION CORPORATION	
b	Name of plan sponsor	401(K) PLAN FOR EMPLOYEES OF THE DECURION CORPORATION	c EIN-PN 95-2460015-003
a	Plan name	DOCUWARE CORPORATION 401(K) SAVINGS PLAN	
b	Name of plan sponsor	DOCUWARE CORPORATION	c EIN-PN 14-1826943-001
a	Plan name	FISHER TANK COMPANY 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	FISHER TANK COMPANY	c EIN-PN 23-1384852-001
a	Plan name	THE FRENCH OIL MILL MACHINERY CO. RETIREMENT PLAN	
b	Name of plan sponsor	THE FRENCH OIL MIL MACHINERY CO	c EIN-PN 31-0288090-003
a	Plan name	GT TECHNOLOGIES 401(K) SAVINGS PLAN	
b	Name of plan sponsor	GT TECHNOLOGIES	c EIN-PN 34-1526359-002

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	GT TECHNOLOGIES HOURLY 401(K) SAVINGS PLAN	
b	Name of plan sponsor	GT TECHNOLOGIES	c EIN-PN 34-1526359-006
a	Plan name	GENSLER 401(K) SAVINGS PLAN	
b	Name of plan sponsor	M. ARTHUR GENSLER JR. & ASSOCIATES, INC.	c EIN-PN 94-1663305-003
a	Plan name	GF HEALTH PRODUCTS, INC. EMPLOYEES 401(K) PLAN	
b	Name of plan sponsor	GF HEALTH PRODUCTS, INC.	c EIN-PN 36-4528536-001
a	Plan name	GREENE, TWEED & CO., INC. SAVINGS AND INVESTMENT PLAN	
b	Name of plan sponsor	GREENE, TWEED & CO., INC.	c EIN-PN 23-1287953-003
a	Plan name	GREENE, TWEED & CO., INC. UNION EMPLOYEES 401(K) SAVINGS	
b	Name of plan sponsor	GREENE, TWEED & CO., INC.	c EIN-PN 23-1287953-004
a	Plan name	GR GREENE, TWEED & CO., INC. SAVING AND INVESTMENT TRAINING PLAN	
b	Name of plan sponsor	GREENE, TWEED & CO., INC.	c EIN-PN 46-4085232-001
a	Plan name	GTM ARCHITECTS, INCORPORATED 401(K) PLAN AND TRUST	
b	Name of plan sponsor	GTM ARCHITECTS, INCORPORATED	c EIN-PN 52-1915282-001
a	Plan name	HARMAN, CLAYTOR, CORRIGAN & WELLMAN, P.C. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	MARMAN CLAYTOR CORRIGAN & WELLMAN	c EIN-PN 54-1603684-001
a	Plan name	ILLINOIS ASSOCIATION OF REALTO PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor	ILLINOIS ASSOCIATION OF REALTORS	c EIN-PN 37-0644545-003
a	Plan name	INGRAM THRIFT PLAN	
b	Name of plan sponsor	INGRAM THRIFT PLAN	c EIN-PN 62-0673043-002
a	Plan name	LACTALIS AMERICAN GROUP, INC. RETIREMENT PLAN	
b	Name of plan sponsor	LACTALIS AMERICAN GROUP, INC.	c EIN-PN 39-1429105-001
a	Plan name	THE RETIREMENT AND SAVINGS PLAN	
b	Name of plan sponsor	LDI, LTD., LLC	c EIN-PN 35-1692589-110

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	LUBBOCK HEART HOSPITAL, LP 401 PLAN	
b	Name of plan sponsor	LUBBOCK HEART HOSPITAL	c EIN-PN 51-0436196-001
a	Plan name	LIMBACH FACILITY SERVICES LLC 401(K) SAVINGS PLAN	
b	Name of plan sponsor	LIMBACH FACILITY SERVICES LLC 401(K) SAVINGS PLAN	c EIN-PN 16-1622730-001
a	Plan name	LINDQUIST, VON HUSEN & JOYCE RETIREMENT PLAN	
b	Name of plan sponsor	LINDQUIST, VON HUSEN & JOYCE LLP	c EIN-PN 94-1250261-001
a	Plan name	U.A. LOCAL 125 RETIREMENT SAVINGS PLAN & 401(K) SAVINGS PLAN	
b	Name of plan sponsor	U.A. LOCAL 125	c EIN-PN 42-0573285-001
a	Plan name	SHEET METAL WORKERS LOCAL 219 RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	SHEET METAL WORKERS LOCAL 219	c EIN-PN 36-4343290-001
a	Plan name	IBEW LOCAL 76 RETIREMENT PLAN	
b	Name of plan sponsor	IBEW LOCAL 76	c EIN-PN 91-6243526-001
a	Plan name	WESTERN STATES 401(K) RETIREMENT FUND OF THE OPEIU	
b	Name of plan sponsor	BOARD OF TRUSTEES WESTERN STATES 401(K) RETIREMENT FUND OF OPEIU	c EIN-PN 93-6026077-001
a	Plan name	UFCW INVESTMENT SAVINGS PLAN AND TRUST	
b	Name of plan sponsor	UFCW	c EIN-PN 91-1852794-501
a	Plan name	SHEET METAL WORKERS INTERNATIONAL ASSOCIATION LOCAL UNION NO. 27 ANNUI TY FUN	
b	Name of plan sponsor	SHEET METAL WORKERS INTERNATIONAL ASSOCIATION LOCAL UNION NO. 27	c EIN-PN 22-2604860-001
a	Plan name	PLUMBERS LOCAL 75 401(K) PLAN	
b	Name of plan sponsor	PLUMBERS LOCAL 75	c EIN-PN 39-1712806-001
a	Plan name	PLUMBERS AND PIPEFITTERS LOCAL UNION NO. 396 SECURITY PLAN	
b	Name of plan sponsor	PLUMBERS AND PIPEFITTERS LOCAL UNION NO. 396 SECURITY PLAN	c EIN-PN 34-6638626-002
a	Plan name	UFCW LOCAL 342 SAVINGS AND 401(K) PLAN	
b	Name of plan sponsor	UFCW LOCAL 342	c EIN-PN 56-2364474-001

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 ARCHITECTURAL IRONWORKERS LOCAL NO. 63 DEFINED CONTRIBUTION PENSION PLAN	
b	Name of plan sponsor ARCHITECTURAL IRONWORKERS LOCAL NO. 63	c EIN-PN 36-3519910-001
a	Plan name INTERNATIONAL ASSOCIATION OF HEAT AND FROST INSULATORS LOCAL 17 ANNUITY PLAN	
b	Name of plan sponsor INTERNATIONAL ASSOCIATION OF HEAT AND FROST	c EIN-PN 36-6754873-002
a	Plan name IBEW LOCAL NO. 461 DEFINED CONTRIBUTION PENSION PLAN	
b	Name of plan sponsor IBEW LOCAL NO. 461	c EIN-PN 36-2882653-003
a	Plan name ELECTRICAL CONSTRUCTION INDUSTRY ANNUITY PLAN	
b	Name of plan sponsor ELECTRICAL CONSTRUCTION	c EIN-PN 39-1711748-001
a	Plan name INTERNATIONAL BROTHERHOOD OF ELECTRICAL WORKERS LOCAL NO. 150 SUPPLEMENTAL PENSION FUND	
b	Name of plan sponsor INTERNATIONAL BROTHERHOOD OF ELECTRICAL WORKERS LOCAL NO. 150	c EIN-PN 36-4446184-002
a	Plan name AIRCONDITIONING AND REFRIGERATION INDUSTRY DEFINED CONTRIBUTION RETIREMENT PLAN	
b	Name of plan sponsor AIRCONDITIONING AND REFRIGERATION INDUSTRY DEFINED CONTRIBUTION RETIRE	c EIN-PN 58-1855968-001
a	Plan name IBEW LOCAL 131 PENSION FUND	
b	Name of plan sponsor IBEW LOCAL 131 PENSION FUND	c EIN-PN 38-6234993-001
a	Plan name CONNECTICUT PIPE TRADES LOCAL NO. 777 ANNUITY PLAN	
b	Name of plan sponsor CONNECTICUT PIPE TRADES LOCAL NO. 777	c EIN-PN 06-1441857-001
a	Plan name MACHINERY MOVERS, RIGGERS & MACHINERY ERECTORS LOCAL 136 DEFINED CONTRIBUTION RET FUND	
b	Name of plan sponsor MACHINERY MOVERS, RIGGERS & MACHINERY ERECTORS LOCAL 136	c EIN-PN 36-3637616-001
a	Plan name NATIONAL PLUS PLAN	
b	Name of plan sponsor NATIONAL PLUS	c EIN-PN 13-3513611-001
a	Plan name HEAT AND FROST INSULATORS LOCAL 34 PENSION FUND	
b	Name of plan sponsor HEAT AND FROST INSULATORS LOCAL 34	c EIN-PN 41-0574565-001
a	Plan name IOWA IRON WORKERS HEAVY HIGHWAY DEFINED CONTRIBUTION PENSION PLAN	
b	Name of plan sponsor TRUSTEES OF THE IOWA IRON WORKERS HEAVY HIGHWAY DEFINED CONTRIBUTION P	c EIN-PN 38-3927459-002

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	ASBESTOS WORKERS UNION NO. 32 ANNUITY PLAN	
b Name of plan sponsor	BOARD OF TRUSTEES, ASBESTOS WORKERS UNION NO. 32 ANNUITY FUND	c EIN-PN 22-2410262-001
a Plan name	MAERSK INC. SAVINGS PLAN	
b Name of plan sponsor	MAERSK INC.	c EIN-PN 13-5159146-002
a Plan name	OCU SAVINGS PLAN	
b Name of plan sponsor	MAERSK INC.	c EIN-PN 13-5159146-005
a Plan name	MAILSOUTH, INC. 401(K) PROFIT SHARING PLAN	
b Name of plan sponsor	MAILSOUTH, INC.	c EIN-PN 63-0972131-001
a Plan name	EMERGENCY MEDICINE SPECIALISTS EMPLOYEES PROFIT SHARING PLAN	
b Name of plan sponsor	EMERGENCY MEDICINE SPECIALISTS, INC.	c EIN-PN 39-1412904-001
a Plan name	MINERALS TECHNOLOGIES INC. SAVINGS AND INVESTMENT PLAN	
b Name of plan sponsor	MINERALS TECHNOLOGIES INC. SAVINGS AND INVESTMENT PLAN	c EIN-PN 25-1190717-002
a Plan name	MILLER ENTERPRISES 401(K) PLAN	
b Name of plan sponsor	MILLER ENTERPRISES- MILLER AUTO CENTER, INC.	c EIN-PN 41-1601768-002
a Plan name	AUGUSTA RIVERFRONT EMPLOYEES 401(K) PLAN	
b Name of plan sponsor	AUGUSTA RIVERFRONT, LLC	c EIN-PN 58-1843423-001
a Plan name	THE MOSAIC TILE COMPANY OF VIRGINIA, INC. 401(K) PROFIT SHARING PLAN	
b Name of plan sponsor	THE MOSAIC TILE COMPANY OF VIRGINIA, INC.	c EIN-PN 54-0929540-001
a Plan name	MULLEN & FILIPPI 401(K) PROFIT SHARING PLAN	
b Name of plan sponsor	MULLEN & FILIPPI	c EIN-PN 94-1125789-001
a Plan name	MUSIC SALES CORP. PROFIT SHARING PLAN	
b Name of plan sponsor	MUSIC SALES CORP.	c EIN-PN 13-1078680-002
a Plan name	NEW YORK THERAPY PLACEMENT INC. 401(K) PROFIT SHARING PLAN	
b Name of plan sponsor	NEW YORK THERAPY PLACEMENT INC.	c EIN-PN 11-3139640-001

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
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a	Plan name	NATIONAL HERITAGE ACADEMIES, INC. RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	NATIONAL HERITAGE ACADEMIES, INC.	c EIN-PN 38-3244019-001
a	Plan name	OIA RETIREMENT AND SAVINGS PLAN	
b	Name of plan sponsor	OIA	c EIN-PN 93-0969642-001
a	Plan name	OKLAHOMA STATE PIPE TRADES ANNUITY FUND	
b	Name of plan sponsor	OKLAHOMASTATE PIPE TRADES	c EIN-PN 73-1153085-003
a	Plan name	O-I STOCK PURCHASE AND SAVINGS PROGRAM	
b	Name of plan sponsor	O-I STOCK PURCHASE AND SAVINGS PROGRAM	c EIN-PN 22-2781933-003
a	Plan name	O-I LONG-TERM SAVINGS PLAN	
b	Name of plan sponsor	O-I LONG-TERM SAVINGS PLAN	c EIN-PN 22-2781933-017
a	Plan name	PAK-LITE 401(K) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor	PAK LITE	c EIN-PN 58-1121616-001
a	Plan name	AUNT MILLIE S BAKERIES 401(K) SAVINGS PLAN	
b	Name of plan sponsor	AUNT MILLIE S BAKERIES	c EIN-PN 35-0577170-007
a	Plan name	AUNT MILLIE S BAKERIES UNION 401(K) SAVINGS PLAN	
b	Name of plan sponsor	AUNT MILLIE S BAKERIES	c EIN-PN 35-0577170-002
a	Plan name	PINE INSTRUMENT COMPANY 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	PINE INSTRUMENT COMPANY	c EIN-PN 25-1104392-004
a	Plan name	RETIREMENT AND SAVINGS PLAN FOR EMPLOYEES OF PLASTIC ENGINEERING COMPA NY	
b	Name of plan sponsor	PLASTICS ENGINEERING COMPANY	c EIN-PN 39-0850642-001
a	Plan name	SPARTECH CORPORATION 401(K) SA INVESTMENT PLAN	
b	Name of plan sponsor	POLYONE DESIGNED STRUCTURES AND SOLUTIONS, LLC	c EIN-PN 43-0761773-001
a	Plan name	PRAIRIE KNIGHTS CASINO 401(K) PLAN	
b	Name of plan sponsor	FEDERALLY RECOGNIZED INDIAN TRIBE STANDING ROCK SIOUX DBA PRAIRIE KNIG	c EIN-PN 45-0432519-001

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 PULLIN, FOWLER, FLANAGAN, BROWN & POE, PLLC 401(K) PLAN	
b	Name of plan sponsor PULLIN, FOWLER, FLANAGAN, BROWN & POE, PLLC	c EIN-PN 55-0698395-001
a	Plan name THOMAS P. REYNOLDS SECURITIES LTD. PROFIT-SHARING PLAN	
b	Name of plan sponsor THOMAS P. REYNOLDS SECURITIES LTD.	c EIN-PN 11-2558102-002
a	Plan name ST&R STTAS RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor SANDLER, TRAVIS & ROSENBERG P.A.	c EIN-PN 59-2027519-001
a	Plan name STARR, GERN, DAVISON & RUBIN 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor STARR, GERN, DAVISON & RUBIN, P.C.	c EIN-PN 22-3241223-001
a	Plan name TAHOE CARSON VALLEY MEDICAL GROUP, INC. 401(K) PLAN	
b	Name of plan sponsor TAHOE CARSON VALLEY MEDICAL GROUP, INC.	c EIN-PN 94-2693002-001
a	Plan name LOCAL 49 HEAT AND FROST INSULATORS RETIREMENT PLAN	
b	Name of plan sponsor TRUSTEES OF THE LOCAL 49 HEAT AND FROST INSULATORS RETIREMENT PLAN	c EIN-PN 82-3088747-001
a	Plan name 401(K) PLAN FOR THE INTERNATIO ASSOCIATION OF BRIDGE, STRUCTU ORNAMENT AL AND REINFORCING I	
b	Name of plan sponsor INTERNATIONAL ASSOCIATEION OF BRIDGE STRUCTURAL ORNAMENTAL	c EIN-PN 43-0337330-001
a	Plan name TWIN CITIES ORTHOPEDICS, P.A. RETIREMENT PLAN	
b	Name of plan sponsor TWIN CITIES ORTHOPEDICS, P.A.	c EIN-PN 41-1861374-007
a	Plan name UNITIL CORPORATION TAX DEFERRED SAVINGS AND INVESTMENT PLAN	
b	Name of plan sponsor UNITIL CORPORATION	c EIN-PN 02-0383661-002
a	Plan name THE RETIREMENT AND SAVINGS PLAN FOR THE EMPLOYEES OF MAG	
b	Name of plan sponsor VELOCITY POOLING VEHICLE, LLC	c EIN-PN 35-1692589-001
a	Plan name DAVID H. ARRINGTON OIL & GAS OPERATING LLC 401(K) PLAN	
b	Name of plan sponsor DAVID H. ARRINGTON OIL & GAS	c EIN-PN 36-4831712-001
a	Plan name BRADY & CRIST DENTISTS, INC. 4 PROFIT SHARING PLAN	
b	Name of plan sponsor BRADY & CRIST DENTISTS, INC.	c EIN-PN 54-0944185-001

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	SILIPOS HOLDING LLC 401(K) SAVINGS PLAN
b	Name of plan sponsor	CASTLERAY COMPANIES
c	EIN-PN	47-1686570-001
a	Plan name	ULLMAN DEVICES CORPORATION 401(K) PLAN
b	Name of plan sponsor	CASTLERAY COMPANIES
c	EIN-PN	06-0724632-002
a	Plan name	COMPLETECARE HEALTH NETWORK RETIREMENT PLAN
b	Name of plan sponsor	COMMUNITY HEALTH CARE
c	EIN-PN	22-2763588-001
a	Plan name	D.L.J. PRODUCE, INC. 401(K) PROFIT SHARING PLAN
b	Name of plan sponsor	D.L.J. PRODUCE
c	EIN-PN	95-4425885-001
a	Plan name	DONGALEN ENTERPRISES, INC. 401 PROFIT SHARING PLAN
b	Name of plan sponsor	DONGALEN ENTERPRISES
c	EIN-PN	94-2846257-001
a	Plan name	ENCORE REHABILITATION, INC. 401(K) PLAN
b	Name of plan sponsor	ENCORE REHABILITATION, INC.
c	EIN-PN	63-1225408-001
a	Plan name	THE FEDELI GROUP, INC. 401(K) PLAN
b	Name of plan sponsor	THE FEDELI GROUP
c	EIN-PN	34-1310398-001
a	Plan name	GEBAUER COMPANY 401(K) PROFIT SHARING PLAN AND TRUST
b	Name of plan sponsor	GEBAUER
c	EIN-PN	34-0821995-001
a	Plan name	GILSON, INC. EMPLOYEES RETIREMENT PLAN
b	Name of plan sponsor	GILSON INC.
c	EIN-PN	39-1081537-001
a	Plan name	GUNSTER RETIREMENT SAVINGS PLAN
b	Name of plan sponsor	GUNSTER
c	EIN-PN	59-1450702-006
a	Plan name	GUNSTER 401(K) PLAN FOR ASSOCIATE ATTORNEYS
b	Name of plan sponsor	GUNSTER
c	EIN-PN	59-1450702-005
a	Plan name	HPM BUILDING SUPPLY 401(K) PLA
b	Name of plan sponsor	HPM BUILDING SUPPLY
c	EIN-PN	99-0040180-004

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
a	Plan name JONES CLIFFORD, LLP PROFIT SHARING 401(K) PLAN	
b	Name of plan sponsor JONES CLIFFORD, LLP	c EIN-PN 94-2747258-001
a	Plan name MEDICAL HEALTH ASSOCIATES OF WNY, PLLC 401(K) AND PROFIT SHARING PLAN	
b	Name of plan sponsor MEDICAL HEALTH ASSOC. OF NY	c EIN-PN 81-4941165-001
a	Plan name NICHICON (AMERICA) CORPORATION EMPLOYEES 401(K) PROFIT SHARIN PLAN AND TRUST	
b	Name of plan sponsor NICHICON AMERICA	c EIN-PN 36-2699384-001
a	Plan name NOVAVAX, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor NOVAVAX	c EIN-PN 22-2816046-001
a	Plan name PARAMEDICS PLUS 401(K) SAVINGS PLAN	
b	Name of plan sponsor PARAMETICS PLUS	c EIN-PN 82-4239883-003
a	Plan name PHYSICIANS GROUP OF NEW ULM, LTD. PROFIT SHARING 401(K) PLA	
b	Name of plan sponsor PHYSICIANS GROUP OF NEW ULM	c EIN-PN 41-1277800-001
a	Plan name PREMIO, INC 401(K) PLAN	
b	Name of plan sponsor PREMIO, INC.	c EIN-PN 36-4152757-001
a	Plan name RETINA CONSULTANTS, P.C. DEFIN CONTRIBUTION PLAN AND TRUST	
b	Name of plan sponsor RETINA CONSULTANTS	c EIN-PN 52-0957340-001
a	Plan name SCHOCHOR, FEDERICO & STATON, P 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor SCHOCHOR, FEDERICO & STATON	c EIN-PN 52-1551530-003
a	Plan name SOUTH COAST ORTHOPEDIC ASSOCIATES, P.C. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor SOUTH COAST ORTHOPEDIC ASSOCIATES	c EIN-PN 93-0643297-003
a	Plan name TENNESSEE BANKERS ASSOCIATION 401(K) PLAN	
b	Name of plan sponsor TENNESSEE BANKERS ASSOCIATION	c EIN-PN 62-0379580-003
a	Plan name VISKOTEPAK 401(K) PLAN	
b	Name of plan sponsor VISKOTEPAK	c EIN-PN 20-1267287-001

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 WILMER CUTLER PICKERING HALE AND DORR LLP SAVINGS AND RETIREMENT PLAN	
b	Name of plan sponsor WILMER CUTLER PICKERING HALE AND DORR LLP	c EIN-PN 04-1409810-004
a	Plan name WOLF, GREENFIELD & SACKS, P.C. 401(K) PLAN	
b	Name of plan sponsor WOLF, GREENFIELD & SACKS, P.C.	c EIN-PN 04-2613631-004
a	Plan name BOSTON RED SOX RETIREMENT AND SAVINGS PLAN	
b	Name of plan sponsor BOSTON RED SOX BASEBALL CLUB LIMITED PARTNERSHIP	c EIN-PN 04-2642695-005
a	Plan name CHARLES DUNN REAL ESTATE SERVICES, INC. RETIREMENT PLAN	
b	Name of plan sponsor CHARLES DUNN REAL ESTATE SERVICES, INC.	c EIN-PN 95-4543890-004
a	Plan name COMMUNITY HOME CARE REFERRAL SVC. INC., DBA HELPING HANDS ATTENDANT SERVICES 401(K) PLAN	
b	Name of plan sponsor COMMUNITY HOME CARE REFERRAL SERVICES, INC. DBA HELPING HANDS ATTEND	c EIN-PN 11-2558954-001
a	Plan name DELTA RESEARCH, INC. 401K PROFIT SHARING PLAN	
b	Name of plan sponsor DELTA RESEARCH, INC.	c EIN-PN 63-0743600-001
a	Plan name DIGESTIVE DISEASES CONSULTANTS OF KANKAKEE, S.C. EMPLOYEES PROFIT SHARING & SAVINGS PLAN	
b	Name of plan sponsor DIGESTIVE DISEASES CONSULTANTS OF KANKAKEE, S.C. EMPLOYEES PROFIT SHAR	c EIN-PN 36-3430383-002
a	Plan name GREENROCK CORPORATION 401(K) PLAN	
b	Name of plan sponsor GREENROCK CORPORATION	c EIN-PN 13-1929826-005
a	Plan name HAWORTH, BRADSHAW, STALLKNECHT & BARBER, INC. 401(K) PLAN	
b	Name of plan sponsor HAWORTH, BRADSHAW, STALLKNECHT & BARBER, INC.	c EIN-PN 77-0152301-001
a	Plan name HENRY GONSALVES COMPANY THRIFT 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor HENRY GONSALVES COMPANY	c EIN-PN 05-0281602-001
a	Plan name INTERSECTION PARENT, INC. 401(K) RETIREMENT PLAN	
b	Name of plan sponsor INTERSECTION PARENT, INC.	c EIN-PN 47-4445703-001
a	Plan name JORDAN S FURNITURE COMPANY 401(K) SAVINGS PLAN	
b	Name of plan sponsor JORDAN S FURNITURE, INC.	c EIN-PN 94-3342606-001

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	U.A. UNION LOCAL NO. 290 PLUMBER, STEAMFITTER & SHIPFITTER 401(K) PLAN	
b Name of plan sponsor	UNITED ASSOC. UNION LOCAL NO. 290 PLUMBER, STEAMFITTER & SHIPFITTER 40	c EIN-PN 93-1143757-001
a Plan name	CERAMICORP, INC. EMPLOYEE SAVINGS PLAN	
b Name of plan sponsor	MANSFIELD PLUMBING PRODUCTS LLC	c EIN-PN 31-1739929-007
a Plan name	MANSFIELD PLUMBING PRODUCTS LL EMPLOYEE SAVINGS PLAN FOR OHIO HOURLY E MPLOYEES	
b Name of plan sponsor	MANSFIELD PLUMBING PRODUCTS LLC	c EIN-PN 31-1739929-005
a Plan name	MERIDIAN MEDICAL ASSOCIATES, P.A. 401(K) AND PROFIT SHARING PLAN	
b Name of plan sponsor	MERIDIAN MEDICAL ASSOCIATES, P.A.	c EIN-PN 64-0619099-001
a Plan name	NEW BALANCE ATHLETICS EMPLOYEE SAVINGS AND SECURITY PLAN	
b Name of plan sponsor	NEW BALANCE ATHLETICS	c EIN-PN 04-2430172-002
a Plan name	NUPLA LLC 401(K) PLAN	
b Name of plan sponsor	CASTLERAY LLC	c EIN-PN 26-1111111-001
a Plan name	THE SAVINGS AND PROFIT SHARING FOR EMPLOYEES OF SHELTER INSURANCE COMP ANIES	
b Name of plan sponsor	SHELTER MUTUAL INSURANCE COMPANY	c EIN-PN 43-0613000-001
a Plan name	THE SUPERIOR SAVINGS AND RETIREMENT PLAN	
b Name of plan sponsor	SUPERIOR NUT COMPANY, INC.	c EIN-PN 04-3544163-002
a Plan name	SUGHRUE MION, PLLC 401(K) PLAN	
b Name of plan sponsor	SUGHRUE MION, PLLC	c EIN-PN 53-0235018-003
a Plan name	THOMPSONGAS, LLC 401(K) PLAN	
b Name of plan sponsor	THOMPSONGAS,LLC	c EIN-PN 47-5059833-002
a Plan name	SHEET METAL LOCAL 10 SUPPLEMENTAL RETIREMENT PLAN	
b Name of plan sponsor	BOARD OF TRUSTEES, SHEET METAL WORKERS LOCAL 10 SUPPLEMENTAL RETIREMEN	c EIN-PN 41-6162383-001
a Plan name	TIMBER PRODUCTS CO. 401(K) PLAN	
b Name of plan sponsor	TIMBER PRODUCTS CO.	c EIN-PN 36-2639465-004

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	WILLIAMS BROS. HEALTH CARE PHARMACY, INC. 401(K) PLAN	
b	Name of plan sponsor	WILLIAMS BROS. HEALTH CARE PHARMACY, INC.	c EIN-PN 35-1818445-001
a	Plan name	ALLERGY & ASTHMA MEDICAL GROUP OF THE BAY AREA, INC. 401(K) PLAN	
b	Name of plan sponsor	ALLERGY & ASTHMA MEDICAL GROUP OF THE BAY AREA, INC.	c EIN-PN 94-2437825-001
a	Plan name	LACTALIS DAIRY USA 401(K) PLAN	
b	Name of plan sponsor	LACTALIS DAIRY USA 401(K) PLAN	c EIN-PN 45-5524252-002
a	Plan name	MORRIS COMMUNICATIONS COMPANY EMPLOYEES 401(K) PLAN	
b	Name of plan sponsor	MORRIS COMMUNICATIONS COMPANY, LLC	c EIN-PN 58-1445060-001
a	Plan name	MURFREESBORO MEDICAL CLINIC, P.A. RESTATED EMPLOYEE SAVINGS AND PROFIT SHARING PLAN	
b	Name of plan sponsor	MURFREESBORO MEDICAL CLINIC, P.A.	c EIN-PN 62-0864163-002
a	Plan name	STAAB FUNERAL HOME, LTD. PROFIT SHARING PLAN	
b	Name of plan sponsor	STAAB FUNERAL HOME, LTD.	c EIN-PN 37-1203230-001
a	Plan name	ALLAN S. GOODMAN, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	ALLAN S. GOODMAN INC.	c EIN-PN 06-0427155-003
a	Plan name	BEHLEN MFG. CO. 401(K) PLAN	
b	Name of plan sponsor	BEHLEN MFG. CO.	c EIN-PN 47-0670369-002
a	Plan name	CEMENT LEAGUE 401(K) PLAN	
b	Name of plan sponsor	CEMENT LEAGUE ADVANCEMENT PROMOTION FUND	c EIN-PN 13-3096060-001
a	Plan name	MACQUARIE AIRCRAFT LEASING SERVICES (US) INC. 401(K) SAVINGS PLAN	
b	Name of plan sponsor	MACQUARIE AIRCRAFT LEASING SERVICES (US), INC.	c EIN-PN 84-1718591-001
a	Plan name	PLUMBERS & PIPEFITTERS LOCAL NO. 94 RETIREMENT PLAN	
b	Name of plan sponsor	PLUMBERS & PIPEFITTERS LOCAL NO. 94 RETIREMENT FUND	c EIN-PN 34-1324020-001
a	Plan name	LUMOS NETWORKS SAVINGS AND SECURITY PLAN	
b	Name of plan sponsor	SEGRA	c EIN-PN 90-0673286-002

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	LIMBACH FACILITY SERVICES	
b	Name of plan sponsor	NEW YORK LIFE TRUST COMPANY AS TRUSTEE FOR PLANS PARTICIPATING IN NEW	c EIN-PN 82-5285212-501
a	Plan name	THE METAL LATHERS LOCAL 46 ANNUITY FUND AND THE METALLIC LATHERS 46 ST AFF ANNUITY FUND	
b	Name of plan sponsor	THE TRUSTEES OF THE METAL LATHERS LOCAL 46 ANNUITY FUND	c EIN-PN 13-1036160-001
a	Plan name	SAMSUNG 401(K) PLAN	
b	Name of plan sponsor	SAMSUNG ELECTRONIC AMERICA, INC., ON BEHALF OF THE SAMSUNG 401(K) PLAN	c EIN-PN 13-2951153-001
a	Plan name	ROSEBURG FOREST PRODUCTS COMPANY 401K PLAN	
b	Name of plan sponsor	ROSEBURG FOREST PRODUCTS COMPANY CARPENTERS	c EIN-PN 93-1240670-002
a	Plan name	ROSEBURG FOREST PRODUCTS CARPENTERS INDUSTRIAL COUNCIL DEFINED CONTRIB UTION PLAN	
b	Name of plan sponsor	ROSEBURG FOREST PRODUCTS COMPANY CARPENTERS	c EIN-PN 93-1240670-004
a	Plan name	RELIANCE TRUST CO. STABLE VALUE EMPLOYEES INVESTMENT TRUST (FOR NYL SE RIES I CREATED UNDER THE TRUST)	
b	Name of plan sponsor	RELIANCE TRUST CO. AS TRUSTEE OF RELIANCE TRUST CO. STABLE VALUE EMPLO	c EIN-PN 58-1428634-501
a	Plan name	ALPHA CORPORATION OF TENNESSEE RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	ALPHA CORPORATION OF TENNESSEE	c EIN-PN 62-1173820-004
a	Plan name	EISNERAMPER LLP RETIREMENT PLAN	
b	Name of plan sponsor	EISNERAMPER LLP	c EIN-PN 13-1639826-003
a	Plan name	CHAMBERLAIN, HRDLICKA, WHITE, WILLIAMS & MARTIN, PROFIT SHARING AND 40 1(K) PLAN	
b	Name of plan sponsor	CHAMBERLAIN, HRDLICKA, WHITE, WILLIAMS & MARTIN, PC	c EIN-PN 90-0089724-002
a	Plan name	GOJO RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	GOJO INDUSTRIES, INC.	c EIN-PN 34-0659953-002
a	Plan name	HUNTER DOUGLAS, INC. EMPLOYEE SAVINGS 401(K) PLAN	
b	Name of plan sponsor	HUNTER DOUGLAS, INC.	c EIN-PN 13-2614416-004
a	Plan name	PIERCE ATWOOD LLP 401(K) PLAN	
b	Name of plan sponsor	PIERCE ATWOOD LLP	c EIN-PN 01-0190452-001

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	NICE SYSTEMS, INC. 401(K)	
b	Name of plan sponsor	NICE SYSTEMS, INC.	c EIN-PN 77-0250126-001
a	Plan name	EASTERN RADIOLOGISTS, INC. PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor	EASTERN RADIOLOGISTS, INC.	c EIN-PN 56-0994806-003
a	Plan name	SPECTRUM MEDICAL GROUP, P.A. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	SPECTRUM MEDICAL GROUP	c EIN-PN 01-0510040-002
a	Plan name	ALLSCRIPTS HEALTHCARE, LLC RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	ALLSCRIPTS HEALTHCARE SOLUTIONS, INC.	c EIN-PN 56-1306083-001
a	Plan name	NUSTAR THRIFT PLAN	
b	Name of plan sponsor	NUSTAR GP, LLC	c EIN-PN 74-2958816-002
a	Plan name	NOVA CHEMICALS INC. SAVINGS PLAN FOR US EMPLOYEES	
b	Name of plan sponsor	NOVA CHEMICALS INC.	c EIN-PN 36-3203832-020
a	Plan name	NOVA CHEMICALS INC. CAPITAL ACCUMULATION PLAN	
b	Name of plan sponsor	NOVA CHEMICALS INC.	c EIN-PN 36-3203832-022
a	Plan name	COVINGTON & BURLING RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	COVINGTON & BURLING LLP	c EIN-PN 53-0188411-001
a	Plan name	LIBERTY BANK 401(K) PLAN	
b	Name of plan sponsor	LIBERTY BANK	c EIN-PN 06-0452570-002
a	Plan name	PAUL, WEISS, RIFKIND, WHARTON & GARRISON LLP DEFINED CONTRIBUTION RETIREMENT PLAN	
b	Name of plan sponsor	PAUL, WEISS, RIFKIND, WHARTON & GARRISON LLP	c EIN-PN 13-1662105-006
a	Plan name	PAUL, WEISS, RIFKIND, WHARTON & GARRISON LLP CASH OR DEFERRED PLAN	
b	Name of plan sponsor	PAUL, WEISS, RIFKIND, WHARTON & GARRISON LLP	c EIN-PN 13-1662105-003
a	Plan name	PAUL, WEISS, RIFKIND WHARTON & GARRISON LLP MEMBERS PENSION AND RETIREMENT PLAN	
b	Name of plan sponsor	PAUL, WEISS, RIFKIND WHARTON & GARRISON LLP	c EIN-PN 13-6272469-002

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	WARNER MUSIC GROUP 401(K) PLAN	
b	Name of plan sponsor	WARNER MUSIC GROUP	c EIN-PN 13-3565869-001
a	Plan name	MARY KAY INC. RETIREMENT PLAN	
b	Name of plan sponsor	MARY KAY INC.	c EIN-PN 75-1151701-001
a	Plan name	COUNTY OF SAN DIEGO INCENTIVE RETIREMENT DEFERRED COMPENSATION PLAN AN D THE COUNTY OF SAN DIEGO DEFERRED COMPENSATION PLAN	
b	Name of plan sponsor	NATIONWIDE TRUST COMPANY, FSB A DIVISION OF NATIONWIDE BANK AS TRUSTEE	c EIN-PN 95-6000934-001
a	Plan name	FTI CONSULTING, INC. 401(K) PLAN	
b	Name of plan sponsor	FTI CONSULTING, INC.	c EIN-PN 52-1261113-001
a	Plan name	GLOBE MACHINE MANUFACTURING CO. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	GLOBE MACHINE MANUFACTURING CO.	c EIN-PN 91-0235240-001
a	Plan name	SIRSIDYNIX 401(K) PROFIT SHARING PLAN TRUST	
b	Name of plan sponsor	SIRSI CORPORATION	c EIN-PN 63-1233771-001
a	Plan name	PHYSICIANS EAST, P.A. 401(K) PLAN	
b	Name of plan sponsor	PHYSICIANS EAST, P.A.	c EIN-PN 56-1968491-001
a	Plan name	SENECA GAMING CORPORATION 401(K) PLAN	
b	Name of plan sponsor	SENECA GAMING CORPORATION	c EIN-PN 54-2122988-001
a	Plan name	WILLIAMS MULLEN CLARK & DOBBINS 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	WILLIAMS MULLEN CLARK & DOBBINS	c EIN-PN 46-6264741-003
a	Plan name	GROWMARK 401(K) PLAN	
b	Name of plan sponsor	GROWMARK, INC	c EIN-PN 37-0815318-011
a	Plan name	GROWMARK MEMBER COOPERATIVE 401(K) SAVINGS PLAN	
b	Name of plan sponsor	GROWMARK, INC.(GROWMARK MEMBER COOPERATIVE 401(K) SAVINGS PLAN)	c EIN-PN 37-0815318-333
a	Plan name	WALKER & DUNLOP RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	WALKER & DUNLOP, LLC	c EIN-PN 80-0312140-001

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 AMERICAN HEALTH CARE ASSOCIATION 401(K) AND DISCRETIONARY DCP	
b	Name of plan sponsor AMERICAN HEALTH CARE ASSOCIATION	c EIN-PN 53-0260105-004
a	Plan name DXP ENTERPRISES, INC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor DXP ENTERPRISES, INC	c EIN-PN 76-0509661-002
a	Plan name ASSOCIATED JEWISH COMMUNITY FEDERATION OF BALTIMORE 401(K) THRIFT PLAN	
b	Name of plan sponsor THE ASSOCIATED JEWISH COMMUNITY FEDERATION OF BALTIMORE	c EIN-PN 52-0607957-334
a	Plan name WILLIAMS MULLEN CLARK & DOBBINS 401(K) ASSOCIATES RETIREMENT PLAN	
b	Name of plan sponsor WILLIAMS MULLEN CLARK & DOBBINS	c EIN-PN 46-6264741-003
a	Plan name JARROS, BAUM & BOLLES EMPLOYEES 401 (K) SAVINGS PLAN	
b	Name of plan sponsor JARROS, BAUM & BOLLES	c EIN-PN 13-0884150-002
a	Plan name TIBCO SOFTWARE INC. 401(K) SAVINGS PLAN	
b	Name of plan sponsor TIBCO SOFTWARE INC.	c EIN-PN 77-0449727-001
a	Plan name REPUBLIC AIRWAYS HOLDINGS, INC. 401(K) PLAN	
b	Name of plan sponsor REPUBLIC AIRWAYS HOLDINGS, INC. 401(K) PLAN	c EIN-PN 06-1449146-001
a	Plan name FRONTIER AIRLINES, INC. PILOTS RETIREMENT PLAN	
b	Name of plan sponsor REPUBLIC AIRWAYS HOLDINGS, INC. PILOTS RETIREMENT PLAN	c EIN-PN 06-1449146-001
a	Plan name HILITE 401(K) RETIREMENT AND SAVINGS PLAN	
b	Name of plan sponsor HILITE INTERNATIONAL	c EIN-PN 75-2147742-001
a	Plan name MCCREARY MODERN, INC. EMPLOYEES 401(K) PLAN	
b	Name of plan sponsor MCCREARY MODERN, INC.	c EIN-PN 46-1497443-002
a	Plan name THE OKONITE COMPANY 401(K) SAVINGS PLAN	
b	Name of plan sponsor THE OKONITE COMPANY	c EIN-PN 22-2279445-090
a	Plan name BERNHARDT FURNITURE COMPANY RETIREMENT PLAN	
b	Name of plan sponsor BERNHARDT FURNITURE COMPANY	c EIN-PN 56-0671544-003

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 HSMHOST 401(K) RETIREMENT SAVINGS PLAN AND TRUST	
b	Name of plan sponsor HOST INTERNATIONAL, INC.	c EIN-PN 52-1242334-001
a	Plan name HUAWEI USA 401(K) PLAN	
b	Name of plan sponsor FUTUREWEI TECHNOLOGIES, INC.	c EIN-PN 75-2923245-001
a	Plan name SAVINGS PLAN FOR SALARIED EMPLOYEES, PENSION PLAN FOR SARLARIED EMPLOY EES, SAVINGS PLAN FOR PRODUCTION (LOCAL 921)	
b	Name of plan sponsor THE TIMEX GROUP	c EIN-PN 06-0581310-013
a	Plan name VITOL INC 401(K) PLAN	
b	Name of plan sponsor VITOL INC	c EIN-PN 20-5733288-002
a	Plan name LINCOLN COUNTY RETIREMENT PLAN	
b	Name of plan sponsor LINCOLN COUNTY	c EIN-PN 93-6002304-001
a	Plan name CORNERSTONE RESEARCH 401(K) AND PROFIT SHARING PLAN	
b	Name of plan sponsor CORNERSTONE RESEARCH INC.	c EIN-PN 94-3092543-001
a	Plan name 401(K) PLAN FOR STERIGENICS U.S., LLC EMPLOYEES	
b	Name of plan sponsor STERIGENICS U.S., LLC	c EIN-PN 95-3323502-002
a	Plan name NEWPARK RESOURCES, INC. SAVINGS & INVESTMENT PLAN	
b	Name of plan sponsor NEWPARK RESOURCES, INC.	c EIN-PN 72-1123385-002
a	Plan name MOHAWK FINE PAPERS INC. DEFINED CONTRIBUTION SAVINGS PLAN	
b	Name of plan sponsor MOHAWK FINE PAPERS	c EIN-PN 14-6075575-004
a	Plan name MOHAWK FINE PAPERS INC. MONEY PURCHASE PLAN FOR UNION EMPLOYEES	
b	Name of plan sponsor MOHAWK FINE PAPERS	c EIN-PN 14-6075575-005
a	Plan name MOHAWK FINE PAPERS, INC. 401(K) SAVINGS PLAN FOR MEMBERS OF THE UNITED STEELWORKERS UNION, L390	
b	Name of plan sponsor MOHAWK FINE PAPERS INC.	c EIN-PN 14-6075575-002
a	Plan name FOLEY HOAG LLP SAVINGS AND RETIREMENT PLAN	
b	Name of plan sponsor FOLEY HOAG LLP	c EIN-PN 04-2150535-003

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 WYRICK ROBBINS YATES & PONTON LLP 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor WYRICK ROBBINS YATES & PONTON LLP	c EIN-PN 56-1400994-001
a	Plan name STEWART 401(K) SAVINGS PLAN	
b	Name of plan sponsor STEWART TITLE GUARANTY COMPANY	c EIN-PN 74-0924290-002
a	Plan name TRIDENT SEAFOODS CORPORATION SALARY DEFERRAL PROFIT SHARING PLAN	
b	Name of plan sponsor GREAT WEST TRUST COMPANY AS TRUSTEE FOR BENEFIT OF TRIDENT SEAFOODS 40	c EIN-PN 47-0702463-001
a	Plan name WESTCHESTER, P.C. INCENTIVE SAVINGS TRUST	
b	Name of plan sponsor WESTCHESTER ANESTHESIOLOGISTS, P.C.	c EIN-PN 13-3997445-002
a	Plan name ALEXANDER MANN RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor ALEXANDER MANN SOLUTIONS CORPORATION	c EIN-PN 56-2603515-001
a	Plan name SLALOM, LLC 401K PLAN	
b	Name of plan sponsor SLALOM, LLC	c EIN-PN 84-1246887-001
a	Plan name CONTINENTAL ELECTRICAL CONSTRUCTION COMPANY, LLC RETIREMENT PLAN	
b	Name of plan sponsor CONTINENTAL ELECTRICAL CONSTRUCTION COMPANY, LLC	c EIN-PN 01-0750002-001
a	Plan name LEAR CORPORATION SALARIED RETIREMENT PROGRAM AND THE LEAR CORPORATION HOURLY RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor LEAR CORPORATION	c EIN-PN 36-1561860-002
a	Plan name SEALASKA CORPORATION 401(K) PLAN	
b	Name of plan sponsor SEALASKA CORPORATION	c EIN-PN 92-0042296-001
a	Plan name COHN FAMILY CORPORATE PROFIT SHARING PLAN	
b	Name of plan sponsor ADVERTISING SPECIALTY INSTITUTE, INC	c EIN-PN 23-1608621-001
a	Plan name ROANOKE GROUP INC. RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor ROANOKE GROUP INC.	c EIN-PN 36-4108247-001
a	Plan name CAROLINA NEUROSURGERY & SPINE ASSOCIATES, P.A. EMPLOYEES SAVINGS PLAN	
b	Name of plan sponsor CAROLINA NEUROSURGERY & SPINE ASSOCIATES, P.A.	c EIN-PN 56-0963485-003

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	PIVOT INTERIORS INC, SAVINGS AND INVESTMENT PLAN	
b	Name of plan sponsor	PIVOT INTERIORS, INC.	c EIN-PN 94-2210678-002
a	Plan name	BJ S WHOLESALE CLUB, INC. 401(K) SAVINGS PLAN FOR SALARIED EMPLOYEES	
b	Name of plan sponsor	BJ S WHOLESALE CLUB	c EIN-PN 04-3360747-001
a	Plan name	HAMMOND LUMBER COMPANY 401(K) PLAN	
b	Name of plan sponsor	HAMMOND LUMBER COMPANY	c EIN-PN 01-0323772-002
a	Plan name	CAPTRUST CONSERVATIVE MANAGED ACCOUNT PORTFOLIO	
b	Name of plan sponsor	GREAT GRAY TRUST COMPANY, LLC AS TRUSTEE FOR THE GREAT GRAYCOLLECTIVE	c EIN-PN 92-1941236-001
a	Plan name	CRESTLINE HOTELS & RESORTS LLC RETIREMENT AND SAVINGS PLAN	
b	Name of plan sponsor	CRESTLINE HOTELS & RESORTS	c EIN-PN 52-2214429-001
a	Plan name	RED HAT, INC. 401(K) AND PROFIT SHARING PLAN	
b	Name of plan sponsor	RED HAT, INC.	c EIN-PN 06-1364380-001
a	Plan name	MAXAR 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	MAXAR TECHNOLOGIES INC.	c EIN-PN 23-1602217-019
a	Plan name	PIERCE ATWOOD LLP 401(K) PLAN 2	
b	Name of plan sponsor	PIERCE ATWOOD LLP	c EIN-PN 01-0190452-001
a	Plan name	CAPTRUST INCOME MANAGED ACCOUNT PORTFOLIO	
b	Name of plan sponsor	GREAT GRAY TRUST COMPANY, LLC AS TRUSTEE FOR THE GREAT GRAYCOLLECTIVE	c EIN-PN 92-1941236-001
a	Plan name	FLEXFAB HORIZONS INTERNATIONAL RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	FLEXFAB HORIZONS INTERNATIONAL, INC.	c EIN-PN 38-1674842-002
a	Plan name	FLEXFAB 401(K) PLAN FOR BARGAINING UNIT EMPLOYEES	
b	Name of plan sponsor	FLEXFAB HORIZONS INTERNATIONAL, INC.	c EIN-PN 38-1674842-003
a	Plan name	ALM MEDIA, LLC 401K PLAN	
b	Name of plan sponsor	ALM MEDIA, LLC.	c EIN-PN 13-3273851-001

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 INLAND GROUP, INC. SAVINGS PLAN	
b	Name of plan sponsor THE INLAND GROUP, INC.	c EIN-PN 36-3189393-001
a	Plan name INVENTRUST PROPERTIES CORP	
b	Name of plan sponsor THE INLAND GROUP, INC.	c EIN-PN 34-2019608-001
a	Plan name THE AVON PERSONAL SAVINGS ACCOUNT PLAN	
b	Name of plan sponsor AVON PRODUCTS, INC.	c EIN-PN 13-0544597-003
a	Plan name OLYMPUS CORPORATION OF THE AMERICAS 401(K) SAVINGS PLAN	
b	Name of plan sponsor OLYMPUS CORPORATION OF THE AMERICAS	c EIN-PN 11-3046497-003
a	Plan name EVENING POST PUBLISHING COMPANY AND AFFILIATED COMPANIES INCENTIVE SAV INGS PLAN	
b	Name of plan sponsor EVENING POST INDUSTRIES	c EIN-PN 47-1030500-002
a	Plan name CGG 401(K) RETIREMENT PLAN	
b	Name of plan sponsor CGG SERVICES (US), INC.	c EIN-PN 74-1813790-001
a	Plan name SILBERLINE MANUFACTURING, CO., INC. PROFIT SHARING AND 401(K) PLAN	
b	Name of plan sponsor SILBERLINE MANUFACTURING CO., INC.	c EIN-PN 35-1273539-001
a	Plan name SILBERLINE MANUFACTURING, CO., INC. PENSION PLAN	
b	Name of plan sponsor SILBERLINE MANUFACTURING CO., INC.	c EIN-PN 35-1273539-002
a	Plan name TRINET 401(K) COLLEAGUE PLAN	
b	Name of plan sponsor TRINET HR CORPORATION	c EIN-PN 48-1304650-006
a	Plan name GOULSTON & STORRS ASSOCIATES 401(K)PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor GOULSTON & STORRS, P.C.	c EIN-PN 04-2738098-006
a	Plan name GOULSTON & STORRS 401(K)PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor GOULSTON & STORRS, P.C.	c EIN-PN 04-2738098-002
a	Plan name CAPTRUST MODERATE MANAGED ACCOUNT PORTFOLIO	
b	Name of plan sponsor GREAT GRAY TRUST COMPANY, LLC AS TRUSTEE FOR THE GREAT GRAYCOLLECTIVE	c EIN-PN 92-1941236-001

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 JOHNSON FINANCIAL GROUP, INC. RETIREMENT AND SAVINGS PLAN	
b	Name of plan sponsor JOHNSON FINANCIAL GROUP, INC.	c EIN-PN 39-1629756-002
a	Plan name DELUXE ENTERTAINMENT SERVICES 401K PLAN	
b	Name of plan sponsor DELUXE SHARED SERVICES	c EIN-PN 58-1919567-001
a	Plan name MARINE SPILL RESPONSE CORPORATION 401(K) PROFIT SHARING THRIFT SAVINGS PLAN	
b	Name of plan sponsor MARINE SPILL RESPONSE CORPORATION	c EIN-PN 62-1437621-001
a	Plan name SCHNEIDER NATIONAL, INC. 401(K) SAVINGS AND RETIREMENT PLAN	
b	Name of plan sponsor SCHNEIDER NATIONAL, INC.	c EIN-PN 39-1258315-002
a	Plan name HAYNSWORTH SINKLER BOYD, P.A. 401(K) PLAN	
b	Name of plan sponsor HAYNSWORTH SINKLER BOYD, P.A.	c EIN-PN 57-1111443-001
a	Plan name NORTHERN ARIZONA HEALTHCARE CORPORATION 401(K) PLAN	
b	Name of plan sponsor NORTHERN ARIZONA HEALTHCARE	c EIN-PN 74-2410946-002
a	Plan name BOART LONGYEAR COMPANY 401(K) SAVINGS PLAN	
b	Name of plan sponsor BOART LONGYEAR COMPANY	c EIN-PN 87-0503343-005
a	Plan name TOPPAN PHOTOMASKS, INC. 401(K) RETIREMENT PLAN	
b	Name of plan sponsor TOPPAN PHOTOMASKS, INC.	c EIN-PN 74-2238819-001
a	Plan name MORAN TOWING CORPORATION 401(K) PLAN	
b	Name of plan sponsor MORAN TOWING CORPORATION	c EIN-PN 13-5256830-001
a	Plan name MOTORISTS MUTUAL INCENTIVE SAVINGS PLAN	
b	Name of plan sponsor THE MOTORISTS INSURANCE GROUP	c EIN-PN 31-4259550-001
a	Plan name LOGIX EMPLOYMENT SERVICES, INC. EMPLOYEE SAVINGS PLAN PLUS #001 FOR CE RTAIN SALARIED EMPLOYEES	
b	Name of plan sponsor LOGIX EMPLOYMENT SERVICES, INC.	c EIN-PN 95-4341911-001
a	Plan name GLOBAL ATLANTIC FINANCIAL COMPANY 401(K)	
b	Name of plan sponsor GLOBAL ATLANTIC FINANCIAL COMPANY	c EIN-PN 90-0928452-001

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	Q.E.D SYSTEMS, INC. 401(K) PLAN	
b	Name of plan sponsor	Q.E.D. SYSTEMS, INC.	c EIN-PN 54-0850637-002
a	Plan name	XYLEM RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	XYLEM INC	c EIN-PN 45-2080495-203
a	Plan name	XYLEM GOULDS PUMP RETIREMENT SAVINGS AND INVESTMENT PLAN	
b	Name of plan sponsor	XYLEM INC	c EIN-PN 45-2080495-209
a	Plan name	XYLEM STANDARD XCHANGE HOURLY SAVINGS PLAN	
b	Name of plan sponsor	XYLEM INC	c EIN-PN 45-2080495-226
a	Plan name	FIRST MID BANCSHARES, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	FIRST MID-ILLINOIS BANCSHARES, INC.	c EIN-PN 37-1103704-002
a	Plan name	BELL & GOSSETT HOURLY SAVINGS PLAN	
b	Name of plan sponsor	XYLEM INC	c EIN-PN 45-2080495-203
a	Plan name	COLONIAL GROUP, INC. RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	COLONIAL GROUP, INC.	c EIN-PN 58-2063421-010
a	Plan name	MCM CORPORATION PROFIT SHARING 401(K) PLAN	
b	Name of plan sponsor	IAT INSURANCE GROUP	c EIN-PN 56-1171691-003
a	Plan name	THOR INDUSTRIES, INC. 401(K) PLAN	
b	Name of plan sponsor	THOR INDUSTRIES, INC.	c EIN-PN 93-0768752-001
a	Plan name	JAYCO, INC. 401(K) SAVINGS & INVESTMENT PLAN	
b	Name of plan sponsor	JAYCO, INC.	c EIN-PN 35-1144978-001
a	Plan name	POLY-AMERICA, L.P. RETIREMENT PLAN	
b	Name of plan sponsor	POLY-AMERICA, L.P.	c EIN-PN 36-2809122-001
a	Plan name	BLACKBOARD INC. 401(K) PLAN	
b	Name of plan sponsor	BLACKBOARD INC.	c EIN-PN 52-2081178-001

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 HOMETRUST BANK KSOP PLAN	
b	Name of plan sponsor HOMETRUST BANK	c EIN-PN 56-0181785-002
a	Plan name SYSTEM STUDIES & SIMULATION, INC. 401(K) AND PROFIT SHARING RETIREMENT PLAN	
b	Name of plan sponsor SYSTEM STUDIES AND SIMULATION, INC.	c EIN-PN 63-1060391-001
a	Plan name PULSE ELECTRONICS CORPORATION 401(K) PLAN	
b	Name of plan sponsor PULSE ELECTRONICS CORPORATION	c EIN-PN 23-2808999-001
a	Plan name SINGERLEWAK LLP 401K PROFIT SHARING PLAN	
b	Name of plan sponsor SINGERLEWAK, LLP	c EIN-PN 95-2302617-001
a	Plan name MOMENTIVE PERFORMANCE MATERIALS SAVINGS PLAN	
b	Name of plan sponsor MOMENTIVE PERFORMANCE MATERIALS, INC.	c EIN-PN 20-5748297-002
a	Plan name ASURION, LLC 401(K) PLAN	
b	Name of plan sponsor ASURION	c EIN-PN 94-3197174-001
a	Plan name GPD GROUP 401(K) RETIREMENT PLAN	
b	Name of plan sponsor GPD GROUP	c EIN-PN 34-1134715-003
a	Plan name HENNIGES AUTOMOTIVE RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor HENNIGES AUTOMOTIVE	c EIN-PN 38-2034292-001
a	Plan name WALBRIDGE PROFIT SHARING 401(K) PLAN	
b	Name of plan sponsor WALBRIDGE ALDINGER COMPANY	c EIN-PN 38-1141440-001
a	Plan name SENSUS USA INC. UNION 401(K) PLAN	
b	Name of plan sponsor XYLEM INC. (ON BEHALF OF, AND SOLELY FOR THE BENEFIT OF SENSUS UNION 4	c EIN-PN 45-2080495-001
a	Plan name CORT BUSINESS SERVICES INVESTMENT SAVINGS AND PROFIT SHARING PLAN	
b	Name of plan sponsor CORT BUSINESS SERVICES CORPORATION	c EIN-PN 14-1543982-001
a	Plan name BELL, DAVIS & PITT, P.A. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor BELL, DAVIS & PITT, P.A.	c EIN-PN 56-1305704-003

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	GILDAN 401(K) PLAN	
b	Name of plan sponsor	GILDAN	c EIN-PN 20-5049697-001
a	Plan name	STATION CASINOS LLC & AFFILIATES 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	STATION CASINOS LLC & AFFILIATES 401(K) RETIREMENT PLAN	c EIN-PN 27-3312261-001
a	Plan name	SPX FLOW RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	SPX FLOW PLAN INVESTMENT COMMITTEE, ACTING ON BEHALF OF THE SPX FLOW R	c EIN-PN 47-3110748-001
a	Plan name	VOITH EMPLOYEE SAVINGS PLAN FOR BARGAINING UNIT EMPLOYEES	
b	Name of plan sponsor	VOITH HOLDING INC	c EIN-PN 39-2042166-012
a	Plan name	VOITH EMPLOYEE SAVINGS PLAN	
b	Name of plan sponsor	VOITH HOLDING INC	c EIN-PN 39-2042166-002
a	Plan name	UNIVISION SAVINGS TAX ADVANTAGE RETIREMENT PLAN	
b	Name of plan sponsor	UNIVISION MANAGEMENT CO.	c EIN-PN 95-4398884-002
a	Plan name	NATIONAL GYPSUM COMPANY 401(K) AND RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	NEW NGC, INC.	c EIN-PN 74-2474490-075
a	Plan name	SICPA SECURINK CORPORATION PRE-TAX SAVINGS AND RETIREMENT PLAN	
b	Name of plan sponsor	SICPA SECURINK CORPORATION	c EIN-PN 52-1601594-002
a	Plan name	ROBINS & MORTON GROUP 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	ROBINS & MORTON GROUP	c EIN-PN 63-1076743-001
a	Plan name	TP ICAP 401(K) PLAN	
b	Name of plan sponsor	TULLET PREBON (AMERICAS) HOLDINGS, INC.	c EIN-PN 51-0631562-003
a	Plan name	SPENCER FANE RETIREMENT PLAN	
b	Name of plan sponsor	SPENCER FANE LLP	c EIN-PN 44-0561981-001
a	Plan name	CHANEL, INC. SAVINGS AND INVESTMENT PLAN	
b	Name of plan sponsor	CHANEL, INC.	c EIN-PN 13-0565120-002

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	POLYONE RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	POLYONE CORPORATION	c EIN-PN 34-1730488-001
a	Plan name	FIELDALE FARMS CORPORATION EMPLOYEES RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	FIELDALE FARMS CORPORATION	c EIN-PN 58-1119934-333
a	Plan name	MERRITT HOSPITALITY 401(K) PLAN	
b	Name of plan sponsor	HEI HOSPITALITY, LLC.	c EIN-PN 52-2353526-001
a	Plan name	DST SYSTEMS, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	DST SYSTEMS, INC.	c EIN-PN 43-1581814-004
a	Plan name	FINASTRA TECHNOLOGY, INC. 401K PLAN	
b	Name of plan sponsor	FINASTRA TECHNOLOGY, INC.	c EIN-PN 59-3760087-001
a	Plan name	EAGLE MATERIALS INC. RETIREMENT PLAN	
b	Name of plan sponsor	EAGLE MATERIALS, INC.	c EIN-PN 75-2520779-001
a	Plan name	GK TECHNOLOGIES, INCORPORATED	
b	Name of plan sponsor	GK TECHNOLOGIES, INCORPORATED	c EIN-PN 13-3064555-009
a	Plan name	ICHOR SYSTEMS, INC. RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	ICHOR SYSTEMS, INC.	c EIN-PN 27-0980604-001
a	Plan name	JAMES, MCELROY & DIEHL, P.A. EMPLOYEES RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	JAMES, MCELROY & DIEHL, P.A.	c EIN-PN 56-0986309-001
a	Plan name	HME RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	HM ELECTRONICS, INC.	c EIN-PN 95-2702218-001
a	Plan name	CU COOPERATIVE SYSTEMS, INC. EMPLOYEE RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	CU COOPERATIVE SYSTEMS, INC.	c EIN-PN 95-3732627-033
a	Plan name	MW&E SAVINGS AND RETIREMENT PLAN	
b	Name of plan sponsor	MCDERMOTT WILL & EMERY LLP	c EIN-PN 36-1453176-005

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 SYSTEMS PLANNING AND ANALYSIS, INC. PROFIT SHARING PLAN TRUST	
b	Name of plan sponsor SYSTEMS PLANNING AND ANALYSIS, INC.	c EIN-PN 52-0956951-002
a	Plan name FAIRFIELD MEDICAL CENTER 401(K) RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor FAIRFIELD MEDICAL CENTER	c EIN-PN 31-1332541-002
a	Plan name WESCOM CREDIT UNION 401K RETIREMENT PLAN	
b	Name of plan sponsor WESCOM CREDIT UNION	c EIN-PN 95-1288265-002
a	Plan name THE DUNE COMPANIES 401K PROFIT SHARING PLAN	
b	Name of plan sponsor THE DUNE COMPANY OF YUMA	c EIN-PN 86-0817046-002
a	Plan name GOWAN GROUP 401K PROFIT SHARING PLAN	
b	Name of plan sponsor GOWAN COMPANY, LLC	c EIN-PN 86-0817046-001
a	Plan name THE OGDEN NEWSPAPERS, INC. 401(K) PLAN	
b	Name of plan sponsor THE OGDEN NEWSPAPERS, INC.	c EIN-PN 55-0776319-002
a	Plan name SEVEN SPRINGS MOUNTAIN RESORT, INC. 401(K) PLAN	
b	Name of plan sponsor SEVEN SPRINGS MOUNTAIN RESORT, INC.	c EIN-PN 25-1075087-001
a	Plan name ASSUREDPARTNERS, INC. 401(K) PLAN	
b	Name of plan sponsor ASSUREDPARTNERS, INC.	c EIN-PN 27-5176829-001
a	Plan name RHEINMETALL GROUP USA 401K RETIREMENT PLAN	
b	Name of plan sponsor RHEINMETALL GROUP	c EIN-PN 51-0257461-335
a	Plan name PHARMACISTS MUTUAL INSURANCE CO. SALARY SAVINGS PLAN	
b	Name of plan sponsor PHARMACISTS MUTUAL INSURANCE CO	c EIN-PN 42-0223390-002
a	Plan name CIMPRESS USA INCORPORATED 401(K) PLAN	
b	Name of plan sponsor CIMPRESS US INC	c EIN-PN 04-3490493-001
a	Plan name SAVE-A-LOT 40(K) PLAN	
b	Name of plan sponsor MORAN FOODS LLC	c EIN-PN 35-1996871-001

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	YOROZU AMERICA CORPORATION SAVINGS PLAN	
b	Name of plan sponsor	YOROZU AMERICA CORPORATION	c EIN-PN 62-1290313-001
a	Plan name	HORIZON TELECOM 401K PLAN	
b	Name of plan sponsor	HORIZON TELECOM	c EIN-PN 31-1449037-005
a	Plan name	UNIT CORPORATION EMPLOYEES THRIFT PLAN	
b	Name of plan sponsor	UNIT CORPORATION	c EIN-PN 73-1283193-002
a	Plan name	BENEFITSPLUS 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	AEGIS MEDIA AMERICAS, LLC	c EIN-PN 13-3906970-001
a	Plan name	MARELLI NORTH AMERICA, INC. 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	MARELLI NORTH AMERICA, INC.	c EIN-PN 62-1151687-004
a	Plan name	BACKOFFICE ASSOCIATES, LLC PROFIT SHARING PLAN	
b	Name of plan sponsor	BACKOFFICE ASSOCIATES, LLC	c EIN-PN 26-1544182-001
a	Plan name	401(K) PROFIT SHARING PLAN OF CAROLINA TRACTOR & EQUIPMENT COMPANY	
b	Name of plan sponsor	CAROLINA TRACTOR & EQUIPMENT	c EIN-PN 56-0167230-001
a	Plan name	SWINERTON 401(K) & SAVINGS PLAN	
b	Name of plan sponsor	SWINERTON INCORPORATED	c EIN-PN 93-1132374-001
a	Plan name	POWER 401K RETIREMENT PLAN AND TRUST	
b	Name of plan sponsor	POWER CONSTRUCTION COMPANY, LLC	c EIN-PN 36-2813427-002
a	Plan name	POWER WELLNESS MANAGEMENT, LLC 401(K) PLAN	
b	Name of plan sponsor	POWER WELLNESS MANAGEMENT, LLC	c EIN-PN 36-4313590-001
a	Plan name	ARIZONA BOARD OF REGENTS OPTIONAL RETIREMENT PLAN	
b	Name of plan sponsor	ARIZONA BOARD OF REGENTS	c EIN-PN 86-6004791-001
a	Plan name	SPENCER FANE ASSOCIATE RETIREMENT PLAN	
b	Name of plan sponsor	SPENCER FANE LLP	c EIN-PN 44-0561981-001

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	NEXAIR, LLC PROFIT SHARING AND 401(K) PLAN	
b	Name of plan sponsor	NEXAIR, LLC	c EIN-PN 62-1636439-001
a	Plan name	ASPLUNDH TREE EXPERT, LLC PROFIT SHARING PLAN	
b	Name of plan sponsor	ASPLUNDH TREE EXPERT, LLC (PS)	c EIN-PN 23-1277550-001
a	Plan name	VEGETATION AND UTILITY SERVICES 401(K) PLAN	
b	Name of plan sponsor	ASPLUNDH TREE EXPERT, LLC	c EIN-PN 23-1277550-003
a	Plan name	STRATO TRANSIT COMPONENTS LLC SAVINGS PLAN	
b	Name of plan sponsor	STRATO TRANSIT COMPONENTS LLC	c EIN-PN 45-2301956-002
a	Plan name	STRATO INC 401K PROFIT SHARING PLAN	
b	Name of plan sponsor	STRATO INC	c EIN-PN 22-1997382-001
a	Plan name	VERSA PRODUCTS COMPANY, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	VERSA PRODUCTS COMPANY, INC.	c EIN-PN 21-1662922-002
a	Plan name	SAUL EWING RETIREMENT PLAN	
b	Name of plan sponsor	SAUL EWING ARNSTEIN & LEHR LLP	c EIN-PN 23-1416352-003
a	Plan name	AVX 401(K) PLAN	
b	Name of plan sponsor	AVX CORPORATION	c EIN-PN 33-0379007-007
a	Plan name	AVX GREENVILLE LLC 401(K) PLAN	
b	Name of plan sponsor	AVX CORPORATION	c EIN-PN 27-1338616-001
a	Plan name	ALLISON TRANSMISSION HOURLY EMPLOYEE SAVINGS PLAN	
b	Name of plan sponsor	ALLISON TRANSMISSION	c EIN-PN 26-0413897-002
a	Plan name	ALLISON TRANSMISSION SALARIED EMPLOYEE RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	ALLISON TRANSMISSION	c EIN-PN 26-0413897-001
a	Plan name	CAPRI HOLDINGS LIMITED (USA) 401(K) PLAN	
b	Name of plan sponsor	CAPRI HOLDINGS LIMITED (USA)	c EIN-PN 06-1665964-001

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 ORTHOPEDIC ONE, INC. 401(K) PLAN	
b	Name of plan sponsor ORTHOPEDIC ONE, INC.	c EIN-PN 20-0503812-001
a	Plan name BRADLEY ARANT BOULT CUMMINGS LLP RETIREMENT PLAN	
b	Name of plan sponsor BRADLEY ARANT BOULT CUMMINGS LLP	c EIN-PN 63-0243316-001
a	Plan name METROLINA NEPHROLOGY ASSOCIATES, P.A. 401(K) PLAN	
b	Name of plan sponsor METROLINA NEPHROLOGY ASSOCIATES, PA	c EIN-PN 56-1378901-001
a	Plan name TATA COMMUNICATIONS (AMERICA) INC.	
b	Name of plan sponsor TATA COMMUNICATIONS (AMERICA) INC.	c EIN-PN 02-0655544-501
a	Plan name BROADSTREET 401(K) PLAN	
b	Name of plan sponsor BROADSTREET PARTNERS, INC.	c EIN-PN 31-0982037-001
a	Plan name ACADIA HEALTHCARE COMPANY, INC.	
b	Name of plan sponsor ACADIA HEALTHCARE COMPANY, INC.	c EIN-PN 45-2492228-001
a	Plan name FREEDOMREWARDS 401(K) PLAN	
b	Name of plan sponsor CWGS GROUP, LLC	c EIN-PN 46-3759013-001
a	Plan name I.B.E.W. LOCAL 405 DEFERRED SAVINGS PLAN	
b	Name of plan sponsor BOARD OF TRUSTEES FOR IBEW LOCAL 405	c EIN-PN 42-1494475-001
a	Plan name BROWN MACHINE GROUP 401(K) PLAN	
b	Name of plan sponsor THERMOFORMING TECHNOLOGY GROUP LLC	c EIN-PN 46-3926326-001
a	Plan name MOORE AND VAN ALLEN PLLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor MOORE & VAN ALLEN PLLC	c EIN-PN 56-0559307-002
a	Plan name WEIS MARKETS, INC. RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor WEIS MARKETS, INC	c EIN-PN 24-0755415-004
a	Plan name SELECT SIRES, INC. 401(K) PLAN AND TRUST	
b	Name of plan sponsor SELECT SIRES, INC.	c EIN-PN 31-0717091-002

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	FISHER AUTO PARTS 401(K) PLAN	
b	Name of plan sponsor	FISHER AUTO PARTS, INC.	c EIN-PN 54-0649966-001
a	Plan name	FIVES, INC. 401(K) PLAN	
b	Name of plan sponsor	FIVES, INC.	c EIN-PN 38-3503183-001
a	Plan name	UNITED STATES COLD STORAGE, INC. RETIREMENT PLAN	
b	Name of plan sponsor	UNITED STATES COLD STORAGE, INC.	c EIN-PN 11-1618557-003
a	Plan name	KERR, RUSSELL AND WEBER, PLC RETIREMENT PLAN	
b	Name of plan sponsor	KERR, RUSSELL AND WEBER, PLC	c EIN-PN 38-1348691-001
a	Plan name	L. F. JENNINGS, INC. PROFIT SHARING PLAN	
b	Name of plan sponsor	L.F. JENNINGS, INC.	c EIN-PN 54-0545845-001
a	Plan name	NEP BROADCASTING, LLC 401(K) PLAN	
b	Name of plan sponsor	NEP BROADCASTING, LLC	c EIN-PN 25-1869517-001
a	Plan name	CERENCE RETIREMENT PLAN	
b	Name of plan sponsor	CERENCE OPERATING COMPANY	c EIN-PN 84-1730382-001
a	Plan name	UNITED STATES TENNIS ASSOCIATION RETIREMENT PLAN	
b	Name of plan sponsor	UNITED STATES TENNIS ASSOCIATION	c EIN-PN 13-5459420-003
a	Plan name	ANCORA - MEP	
b	Name of plan sponsor	THE ANCORA GROUP, INC.	c EIN-PN 27-1506603-001
a	Plan name	HOSHIZAKI USA HOLDINGS, INC. RETIREMENT PLAN	
b	Name of plan sponsor	HOSHIZAKI USA HOLDINGS, INC.	c EIN-PN 84-1700461-001
a	Plan name	MDU RESOURCES GROUP, INC. 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	MDU RESOURCES GROUP, INC.	c EIN-PN 30-1133956-004
a	Plan name	GREENBERG TRAUIG 401(K) PLAN	
b	Name of plan sponsor	GREENBERG TRAUIG, P.A.	c EIN-PN 59-1270754-004

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)		
a	Plan name ASCENSUS, LLC 401(K) SAVINGS PLAN	
b	Name of plan sponsor ASCENSUS, LLC.	c EIN-PN 11-3665754-001
a	Plan name GEON PERFORMANCE SOLUTIONS RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor GEON PERFORMANCE SOLUTIONS	c EIN-PN 84-3122624-001
a	Plan name COHERENT CORP. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor COHERENT CORP.	c EIN-PN 25-1214948-001
a	Plan name MY SAVINGS PLAN (UNION)	
b	Name of plan sponsor HAIER US APPLIANCE SOLUTIONS INC., DBA GE APPLIANCES	c EIN-PN 81-1692501-002
a	Plan name MY SAVINGS PLAN	
b	Name of plan sponsor HAIER US APPLIANCE SOLUTIONS INC., DBA GE APPLIANCES	c EIN-PN 81-1692501-001
a	Plan name MONOGRAM REFRIGERATION, LLC EMPLOYEE SAVINGS AND RETIREMENT PLAN	
b	Name of plan sponsor HAIER US APPLIANCE SOLUTIONS INC., DBA GE APPLIANCES	c EIN-PN 20-3820289-001
a	Plan name ADVANCED SERVICES, INC. EMPLOYEE SAVINGS AND RETIREMENT PLAN	
b	Name of plan sponsor HAIER US APPLIANCE SOLUTIONS INC., DBA GE APPLIANCES	c EIN-PN 62-1422274-001
a	Plan name ROPER EMPLOYEE VOLUNTARY RETIREMENT PLAN	
b	Name of plan sponsor HAIER US APPLIANCE SOLUTIONS INC., DBA GE APPLIANCES	c EIN-PN 58-1812847-001
a	Plan name POLISH & SLAVIC FEDERAL CREDIT UNION 401(K) PLAN	
b	Name of plan sponsor POLISH & SLAVIC FEDERAL CREDIT UNION	c EIN-PN 11-2433592-002
a	Plan name KONTOOR BRANDS 401(K) SAVINGS PLAN	
b	Name of plan sponsor KONTOOR BRANDS 401(K) SAVINGS PLAN	c EIN-PN 83-2680248-001
a	Plan name INSPERITY 401(K) PLAN	
b	Name of plan sponsor INSPERITY 401(K) PLAN TRUST	c EIN-PN 20-6625607-001
a	Plan name INSPERITY CORPORATE 401(K) PLAN	
b	Name of plan sponsor INSPERITY CORPORATE 401 (K) PLAN TRUST	c EIN-PN 14-1937749-004

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)		
a	Plan name EMPLOYEES PENSION PLAN OF GLASSTECH, LNC.	
b	Name of plan sponsor GLASSTECH, LNC	c EIN-PN 13-3440225-002
a	Plan name EMPLOYEES SAVINGS PLAN OF GLASSTECH, LNC.	
b	Name of plan sponsor GLASSTECH LNC.	c EIN-PN 13-3440225-003
a	Plan name WORTHINGTON INDUSTRIES, INC. DEFERRED PROFIT SHARING PLAN	
b	Name of plan sponsor WORTHINGTON INDUSTRIES, INC.	c EIN-PN 31-1189815-333
a	Plan name WORTHINGTON INDUSTRIES, INC. RSP FOR COLLECTIVELY BARGAINED EMPLOYEES	
b	Name of plan sponsor WORTHINGTON INDUSTRIES, INC.	c EIN-PN 31-1189815-003
a	Plan name DATRON COMMUNICATIONS, INC. 401(K) PLAN	
b	Name of plan sponsor DATRON COMMUNICATIONS, INC.	c EIN-PN 20-0628141-001
a	Plan name BLUE CROSS AND BLUE SHIELD OF NORTH CAROLINA 401(K) PLAN	
b	Name of plan sponsor BLUE CROSS AND BLUE SHIELD OF NORTH CAROLINA	c EIN-PN 56-0894904-002
a	Plan name GENERAL ATLANTIC SERVICE COMPANY RETIREMENT PLAN	
b	Name of plan sponsor GENERAL ATLANTIC SERVICE COMPANY	c EIN-PN 13-3491941-001
a	Plan name PLAINS ALL AMERICAN 401(K) PLAN	
b	Name of plan sponsor PLAINS ALL AMERICAN GP LLC	c EIN-PN 76-0680801-001
a	Plan name MARBORG INDUSTRIES 401(K) PLAN	
b	Name of plan sponsor MARBORG INDUSTRIES	c EIN-PN 95-2884838-002
a	Plan name GC AMERICA INC. MONEY PURCHASE PLAN AND GC AMERICA INC. 401(K) PLAN	
b	Name of plan sponsor GC AMERICA INC.	c EIN-PN 36-0929190-002
a	Plan name DAVIS, BROWN, KOEHN, SHORS & ROBERTS, P.C. RETIREMENT PLAN	
b	Name of plan sponsor DAVIS, BROWN, KOEHN, SHORS & ROBERTS P.C.	c EIN-PN 42-1343884-002
a	Plan name CETERA FINANCIAL GROUP, INC 401(K) SAVINGS PLAN	
b	Name of plan sponsor CETERA FINANCIAL GROUP, INC 401(K) SAVINGS PLAN	c EIN-PN 30-0588666-001

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 RETIREMENT PLAN FOR OCEANFIRST BANK	
b	Name of plan sponsor OCEANFIRST BANK N.A.	c EIN-PN 21-0607451-002
a	Plan name GOLDBERG LINDSAY & CO. LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor GOLDBERG LINDSAY & CO. LLC	c EIN-PN 13-4164879-001
a	Plan name TWIN CITY FAN RETIREMENT SAVINGS PLAN AND TRUST	
b	Name of plan sponsor TWIN CITY FAN COMPANIES, LTD.	c EIN-PN 41-1226410-001
a	Plan name SUNMARK CREDIT UNION 401(K) PLAN	
b	Name of plan sponsor SUNMARK CREDIT UNION	c EIN-PN 14-1364933-033
a	Plan name GLOBAL AUTOMOTIVE SYSTEMS, LLC 401(K) RETIREMENT PLAN	
b	Name of plan sponsor GLOBAL AUTOMOTIVE SYSTEMS, LLC	c EIN-PN 20-3544408-009
a	Plan name SHIVE-HATTERY GROUP, INC. 401(K) PS PLAN	
b	Name of plan sponsor SHIVE-HATTERY GROUP, INC.	c EIN-PN 42-1481495-002
a	Plan name THE INTEGA 401(K) PLAN	
b	Name of plan sponsor INTEGA, INC.	c EIN-PN 84-2286408-001
a	Plan name COOK INLET REGION 401(K) RETIREMENT PLAN	
b	Name of plan sponsor COOK INLET REGION, INC.	c EIN-PN 92-0042304-001
a	Plan name FIVE BELOW 401(K) RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor FIVE BELOW, INC.	c EIN-PN 75-3000378-001
a	Plan name GOLDSBORO MILLING COMPANY PROFIT SHARING PLAN	
b	Name of plan sponsor GOLDSBORO MILLING COMPANY	c EIN-PN 56-0237740-001
a	Plan name KAR AUCTION SERVICES, INC. 401(K) PLAN	
b	Name of plan sponsor KAR AUCTION SERVICES, INC.	c EIN-PN 20-8744739-001
a	Plan name THE ONEIDA GROUP 401K PLAN	
b	Name of plan sponsor THE ONEIDA GROUP	c EIN-PN 45-3414553-001

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 TAFT STETTINIUS & HOLLISTER LLP THRIFT SAVINGS & RETIREMENT PLAN - PLA N 1	
b	Name of plan sponsor GREAT-WEST TRUST COMPANY, LLC, IN ITS CAPACITY AS TRUSTEE OF THE TAFT	c EIN-PN 31-0541755-004
a	Plan name PROGRESS SOFTWARE CORPORATION 401(K) PLAN	
b	Name of plan sponsor PROGRESS SOFTWARE CORPORATION	c EIN-PN 04-2746201-002
a	Plan name IAA 401(K) PLAN	
b	Name of plan sponsor IAA INC.	c EIN-PN 95-3790111-001
a	Plan name TREMEC CORPORATION 401(K) PLAN	
b	Name of plan sponsor TREMEC CORPORATION	c EIN-PN 38-2073753-004
a	Plan name DELUXE 401(K) PLAN	
b	Name of plan sponsor DELUXE MEDIA INC.	c EIN-PN 36-3736243-001
a	Plan name COHEN & STEERS CAPITAL MANAGEMENT, INC. 401(K) EMPLOYEE SAVINGS AND PROFIT SHARING PLAN	
b	Name of plan sponsor COHEN & STEERS, INC.	c EIN-PN 13-3353336-001
a	Plan name GELLERT GLOBAL GROUP RETIREMENT PLAN	
b	Name of plan sponsor GELLERT GLOBAL GROUP LLC	c EIN-PN 26-0722578-001
a	Plan name LATHEM TIME CORPORATION RETIREMENT PLAN	
b	Name of plan sponsor LATHEM TIME RECORDER COMPANY	c EIN-PN 58-0522471-002
a	Plan name DRW TRADING GROUP PROFIT SHARING AND SALARY DEFERRAL PLAN	
b	Name of plan sponsor DRW HOLDINGS, LLC.	c EIN-PN 36-4331072-001
a	Plan name HIGHLIGHTS FAMILY OF COMPANIES RETIREMENT PLAN	
b	Name of plan sponsor HIGHLIGHTS FOR CHILDREN, INC.	c EIN-PN 31-4538280-001
a	Plan name LIMONEIRA 401(K) PLAN	
b	Name of plan sponsor LIMONEIRA COMPANY	c EIN-PN 77-0260692-003
a	Plan name FAMOUS ENTERPRISES, INC. EMPLOYEE SAVINGS 401(K) PLAN	
b	Name of plan sponsor FAMOUS ENTERPRISES, INC.	c EIN-PN 34-1726677-001

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	GELLER & COMPANY LLC 401(K) PLAN	
b	Name of plan sponsor	GELLER & COMPANY LLC	c EIN-PN 13-4149322-001
a	Plan name	MOOG INC. RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	MOOG INC.	c EIN-PN 16-0757636-002
a	Plan name	DELIVERHEALTH 401K PLAN	
b	Name of plan sponsor	NUANCE TRANSCRIPTION SERVICES	c EIN-PN 33-0378756-001
a	Plan name	THE HUIZENGA MANUFACTURING GROUP RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	HUIZENGA MANUFACTURING GROUP, INC.	c EIN-PN 38-3428923-001
a	Plan name	TIVITY HEALTH, INC. RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	TIVITY HEALTH	c EIN-PN 62-1117144-001
a	Plan name	PELLA REGIONAL HEALTH CENTER 401(K) PLAN	
b	Name of plan sponsor	PELLA REGIONAL HEALTH CENTER	c EIN-PN 42-0842204-003
a	Plan name	PARKER RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	FIDELITY MANAGEMENT TRUST COMPANY AS DIRECTED TRUSTEE FOR THE PARKER M	c EIN-PN 34-0451060-075
a	Plan name	MARELLI CABIN COMFORT USA 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	MARELLI CABIN COMFORT USA, INC.	c EIN-PN 04-2647786-001
a	Plan name	SUDDATH COMPANIES RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	THE SUDDATH COMPANIES	c EIN-PN 59-1786274-002
a	Plan name	CITY OF HOPE MEDICAL GROUP 401K RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	CITY OF HOPE MEDICAL GROUP	c EIN-PN 27-2294296-001
a	Plan name	SHAFER CONTRACTING CO., INC. PROFIT SHARING PLAN	
b	Name of plan sponsor	SHAFER CONTRACTING CO., INC.	c EIN-PN 41-0945051-001
a	Plan name	HG FENTON COMPANY 401(K) PLAN	
b	Name of plan sponsor	HG FENTON COMPANY	c EIN-PN 46-3827641-008

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	PARTNERS NATIONAL HEALTH PLANS OF NC, INC. TARGET BENEFIT PLAN	
b	Name of plan sponsor	BLUE CROSS AND BLUE SHIELD OF NORTH CAROLINA	c EIN-PN 56-0894904-002
a	Plan name	DIGITAL INSURANCE, LLC 401(K) PLAN	
b	Name of plan sponsor	DIGITAL INSURANCE, LLC	c EIN-PN 58-2522668-001
a	Plan name	CLEO COMMUNICATIONS, INC. RETIREMENT PLAN	
b	Name of plan sponsor	CLEO COMMUNICATIONS, INC.	c EIN-PN 36-3713066-001
a	Plan name	BVPV STYRENICS LLC SAVINGS PLAN FOR U.S. EMPLOYEES	
b	Name of plan sponsor	BVPV STYRENICS LLC	c EIN-PN 85-2318004-001
a	Plan name	ORTHOPAEDIC INSTITUTE OF OHIO, INC. INSTITUTE FOR ORTHOPAEDIC SURGERY RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	ORTHOPAEDIC INSTITUTE OF OHIO, INC.	c EIN-PN 31-1562435-002
a	Plan name	COBB, FENDLEY & ASSOCIATES, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	COBB, FENDLEY & ASSOCIATES, INC.	c EIN-PN 74-2192879-001
a	Plan name	WILBUR-ELLIS 401K PLAN	
b	Name of plan sponsor	WILBUR-ELLIS	c EIN-PN 94-0981840-002
a	Plan name	STOELZLE GLASS USA, INC. 401K PLAN	
b	Name of plan sponsor	STOELZLE GLASS USA, INC.	c EIN-PN 27-1766515-001
a	Plan name	HOAG SHELTERED SAVINGS PLAN	
b	Name of plan sponsor	HOAG MEMORIAL HOSPITAL PRESBYTERIAN	c EIN-PN 95-1643327-005
a	Plan name	KEPNER-TREGOE RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	KEPNER-TREGOE, INC.	c EIN-PN 22-3421723-001
a	Plan name	ESSENTRA USA DEFERRED SAVINGS PLAN	
b	Name of plan sponsor	ESSENTRA HOLDINGS CORPORATION	c EIN-PN 54-1863320-002
a	Plan name	RGA SAVINGS PLAN	
b	Name of plan sponsor	RGA REINSURANCE COMPANY	c EIN-PN 43-1235868-001

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 MAYNE PHARMA INC. 401(K) PLAN	
b	Name of plan sponsor MAYNE PHARMA INC.	c EIN-PN 56-1870457-001
a	Plan name ILC DOVER 401(K) SAVINGS AND INVESTMENT PLAN	
b	Name of plan sponsor NEW ILC DOVER INC.	c EIN-PN 51-0281422-001
a	Plan name GOLUB CAPITAL LLC 401(K) PLAN	
b	Name of plan sponsor GOLUB CAPITAL LLC	c EIN-PN 14-0724820-001
a	Plan name AVANTOR RETIREMENT SAVINGS 401(K) PLAN AND TRUST	
b	Name of plan sponsor AVANTOR, INC.	c EIN-PN 81-3921566-002
a	Plan name GRIDIRON FIBER SAVINGS AND SECURITY PLAN	
b	Name of plan sponsor GRIDIRON FIBER CORP	c EIN-PN 86-3776842-001
a	Plan name WASHTENAW COUNTY DEFINED CONTRIBUTION PLAN	
b	Name of plan sponsor WASHTENAW COUNTY	c EIN-PN 38-6004894-001
a	Plan name WASHTENAW COUNTY DEFERRED COMPENSATION PLAN	
b	Name of plan sponsor WASHTENAW COUNTY	c EIN-PN 38-6004894-002
a	Plan name EVENING POST GROUP, LLC EMPLOYEE RETIREMENT PLAN	
b	Name of plan sponsor EVENING POST GROUP, LLC	c EIN-PN 87-1756819-002
a	Plan name SMS DATA PRODUCTS GROUP, INC. 401(K) RETIREMENT PLAN	
b	Name of plan sponsor SMS DATA PRODUCTS GROUP	c EIN-PN 54-1039383-003
a	Plan name HARBOR FREIGHT TOOLS RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor HARBOR FREIGHT TOOLS USA, INC	c EIN-PN 77-0465196-002
a	Plan name SOLV ENERGY 401(K) PLAN	
b	Name of plan sponsor SOLV ENERGY, LLC	c EIN-PN 47-4672720-001
a	Plan name CLARIVATE ANALYTICS 401(K) SAVINGS PLAN	
b	Name of plan sponsor CLARIVATE ANALYTICS (US) LLC	c EIN-PN 23-1569117-001

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 MATRIX TRUST MULTI-MANAGER STABLE VALUE FUND OF THE MATRIX TRUST	
b	Name of plan sponsor MATRIX TRUST COMPANY AS TRUSTEE OF MATRIX TRUST MULTI-MANAGER STABLE V	c EIN-PN 75-3182674-001
a	Plan name PAUL HASTINGS LLP DEFINED CONTRIBUTION RETIREMENT PLAN	
b	Name of plan sponsor PAUL HASTINGS LLP	c EIN-PN 95-2209675-001
a	Plan name LASERFICHE 401(K) PLAN	
b	Name of plan sponsor LASERFICHE COMPULINK MANAGEMENT CENTER, INC.	c EIN-PN 95-3010597-001
a	Plan name TIFFIN MOTOR HOMES, INC. EMPLOYEE BENEFIT PLAN	
b	Name of plan sponsor TIFFIN MOTOR HOMES, INC.	c EIN-PN 63-0636444-001
a	Plan name RENAISSANCE LIFE & HEALTH INSURANCE COMPANY OF AMERICA 401(K) PLAN	
b	Name of plan sponsor RENAISSANCE LIFE & HEALTH INSURANCE COMPANY OF AMERICA	c EIN-PN 47-0397286-001
a	Plan name CHARLES ABBOTT ASSOCIATES, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor CHARLES ABBOTT ASSOCIATES, INC.	c EIN-PN 33-0053899-001
a	Plan name DELTA DENTAL PLAN OF MICHIGAN EMPLOYEES 401(K) PLAN	
b	Name of plan sponsor DELTA DENTAL PLAN OF MICHIGAN, INC.	c EIN-PN 38-1791480-003
a	Plan name US RADIOLOGY PHYSICIAN PRACTICE 401(K) RETIREMENT PLAN	
b	Name of plan sponsor US RADIOLOGY SPECIALISTS, INC.	c EIN-PN 86-3626023-001
a	Plan name US RADIOLOGY 401(K) RETIREMENT PLAN	
b	Name of plan sponsor US RADIOLOGY SPECIALISTS, INC.	c EIN-PN 86-3626023-002
a	Plan name NEW YORK METS EMPLOYEE SAVINGS PLAN	
b	Name of plan sponsor STERLING METS, L.P.	c EIN-PN 85-3575265-001
a	Plan name CARDNO EMERGING MARKETS USA, LTD. 401(K) PLAN	
b	Name of plan sponsor CARDNO EMERGING MARKETS USA, LTD.	c EIN-PN 52-1788060-001
a	Plan name PJT PARTNERS 401(K) SAVINGS PLAN	
b	Name of plan sponsor PJT PARTNERS HOLDINGS LP	c EIN-PN 38-3943496-002

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 CORE & MAIN 401(K) RETIREMENT PLAN	
b	Name of plan sponsor CORE & MAIN LP	c EIN-PN 03-0550887-001
a	Plan name IRON MOUNTAIN COMPANIES 401(K) PLAN	
b	Name of plan sponsor IRON MOUNTAIN INCORPORATED	c EIN-PN 23-2588479-001
a	Plan name HOLTHOUSE CARLIN & VAN TRIGT LLP 401(K) PLAN & TRUST	
b	Name of plan sponsor HOLTHOUSE CARLIN & VAN TRIGT LLP	c EIN-PN 27-0621497-001
a	Plan name HOLTHOUSE CARLIN & VAN TRIGT LLP 401(K) PLAN & TRUST II	
b	Name of plan sponsor HOLTHOUSE CARLIN & VAN TRIGT LLP	c EIN-PN 27-0621497-003
a	Plan name FARBER HASS HURLEY LLP 401(K) PLAN	
b	Name of plan sponsor FARBER HASS HURLEY LLP	c EIN-PN 20-4207759-001
a	Plan name LAUREATE EDUCATION, INC. 401(K) RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor LAUREATE EDUCATION, INC.	c EIN-PN 52-1492296-001
a	Plan name EVIDENT SCIENTIFIC 401(K) PLAN	
b	Name of plan sponsor OLYMPUS SCIENTIFIC SOLUTIONS AMERICAS DBA EVIDENT SCIENTIFIC	c EIN-PN 56-2538906-001
a	Plan name BILLERUD AMERICAS CORPORATION RETIREMENT SAVINGS PLAN FOR BARGAINED EM PLOYEES	
b	Name of plan sponsor BILLERUD AMERICAS CORPORATION	c EIN-PN 75-3217389-006
a	Plan name BILLERUD AMERICAS CORPORATION RETIREMENT SAVINGS PLAN FOR NON UNION EM PLOYEES	
b	Name of plan sponsor BILLERUD AMERICAS CORPORATION	c EIN-PN 75-3217389-001
a	Plan name MOSS & ASSOCIATES, LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor MOSS AND ASSOCIATES LLC	c EIN-PN 73-1699834-001
a	Plan name DOMINION TECHNOLOGIES GROUP, INC. EMPLOYEES PROFIT SHARING TRUST	
b	Name of plan sponsor DOMINION TECHNOLOGIES GROUP, INC.	c EIN-PN 38-3465335-001
a	Plan name PHILLIPS LYTLE LLP ASSOCIATE PLAN	
b	Name of plan sponsor PHILLIPS LYTLE LLP	c EIN-PN 16-0505790-001

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	PHILLIPS LYTTLE LLP RETIREMENT PLAN	
b	Name of plan sponsor	PHILLIPS LYTTLE LLP	c EIN-PN 16-0505790-002
a	Plan name	BLUE CROSS AND BLUE SHIELD OF NORTH CAROLINA 401(K) PLAN2	
b	Name of plan sponsor	BLUE CROSS AND BLUE SHIELD OF NORTH CAROLINA	c EIN-PN 56-0894904-003
a	Plan name	FISHER & PHILLIPS LLP SAVINGS AND PROFIT SHARING PLAN	
b	Name of plan sponsor	FISHER & PHILLIPS LLP	c EIN-PN 58-0619559-001
a	Plan name	TRI HOLDCO., INC. 401(K) PLAN	
b	Name of plan sponsor	TRI HOLDCO., INC.	c EIN-PN 83-1643898-001
a	Plan name	PRAXIS PACKAGING 401(K) PLAN	
b	Name of plan sponsor	PRAXIS HOLDINGS, LLC	c EIN-PN 37-1572794-001
a	Plan name	WAHL CLIPPER CORP 401K PROFIT SHARING PLAN	
b	Name of plan sponsor	WAHL CLIPPER CORP	c EIN-PN 36-1922730-003
a	Plan name	TD SYNnex 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	TD SYNnex CORPORATION	c EIN-PN 94-2703333-003
a	Plan name	RESOURCES GLOBAL PROFESSIONALS 401(K) SAVINGS PLAN	
b	Name of plan sponsor	RESOURCES GLOBAL PROFESSIONALS	c EIN-PN 51-0377920-001
a	Plan name	LKQ CORPORATION EMPLOYEES RETIREMENT PLAN	
b	Name of plan sponsor	LKQ CORPORATION	c EIN-PN 38-2252096-002
a	Plan name	IRONWOOD PHARMACEUTICALS, INC. 401(K) PLAN	
b	Name of plan sponsor	IRONWOOD PHARMACEUTICALS, INC.	c EIN-PN 04-3404176-001
a	Plan name	PARK DENTAL THE DENTAL SPECIALISTS 401K PLAN	
b	Name of plan sponsor	PARK DENTAL THE DENTAL SPECIALISTS	c EIN-PN 41-1854946-001
a	Plan name	GLENROY, INC. 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	GLENROY, INC.	c EIN-PN 39-1046441-001

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	ARMANINO LLP 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	ARMANINO LLP	c EIN-PN 94-6214841-002
a	Plan name	MCNEES WALLACE & NURICK SAVINGS PLAN	
b	Name of plan sponsor	MCNEES WALLACE & NURICK LLC	c EIN-PN 23-1256003-003
a	Plan name	MCNEES WALLACE & NURICK ASSOCIATES AND OF COUNSEL SAVINGS PLAN	
b	Name of plan sponsor	MCNEES WALLACE & NURICK LLC	c EIN-PN 23-1256003-004
a	Plan name	MARSH PROPERTIES, LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	MARSH PROPERTIES, LLC	c EIN-PN 32-0399222-001
a	Plan name	CSI RETIREMENT PLAN	
b	Name of plan sponsor	COMPUTER SERVICES, INC.	c EIN-PN 61-0649699-001
a	Plan name	EXTREME REACH, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	EXTREME REACH, INC.	c EIN-PN 26-0295932-001
a	Plan name	SUFFOLK CONSTRUCTION COMPANY, INC. 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	SUFFOLK CONSTRUCTION COMPANY	c EIN-PN 04-2776356-001
a	Plan name	FARM CREDIT FOUNDATIONS DEFINED CONTRIBUTION 401K PLAN	
b	Name of plan sponsor	FARM CREDIT FOUNDATIONS	c EIN-PN 45-3533318-001
a	Plan name	KS LARGE BORE PISTONS, LLC 401(K) PLAN	
b	Name of plan sponsor	KONCENTRA VERKSTADS AB (KVAB)	c EIN-PN 39-1946194-001
a	Plan name	AVM LP PROFIT SHARING PLAN	
b	Name of plan sponsor	AVM, L.P.	c EIN-PN 36-3256076-001
a	Plan name	CITRIX SYSTEMS, INC. 401(K) PLAN	
b	Name of plan sponsor	CLOUD SOFTWARE GROUP, INC 401(K) SAVINGS PLAN	c EIN-PN 77-0449727-001
a	Plan name	KNIFE RIVER CORPORATION 401 (K) RETIREMENT PLAN	
b	Name of plan sponsor	KNIFE RIVER HOLDING COMPANY	c EIN-PN 92-1008893-001

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	P.C. RICHARD & SON 401K SAVINGS PLAN
b	Name of plan sponsor	P.C. RICHARD & SON LONG ISLAND CORP.
c	EIN-PN	11-2128677-001
a	Plan name	DEE HOLDING 401(K) PLAN
b	Name of plan sponsor	DEE HOLDING MIDWEST LOGISTICS SYSTEMS LTD.
c	EIN-PN	20-0572514-002
a	Plan name	ICE MILLER RETIREMENT PLAN
b	Name of plan sponsor	ICE MILLER LLP
c	EIN-PN	35-0874357-003
a	Plan name	PEI-GENESIS, INC. TAX DEFERRAL AND SAVINGS PLAN
b	Name of plan sponsor	PEI-GENESIS, INC.
c	EIN-PN	23-1327335-001
a	Plan name	INSIDE PLASTICS
b	Name of plan sponsor	INSIDE PLASTICS PROFIT SHARING AND RETIREMENT SAVINGS PLAN
c	EIN-PN	11-2578749-001
a	Plan name	WIDOPENWEST 401K PLAN
b	Name of plan sponsor	WIDOPENWEST FINANCE, LLC
c	EIN-PN	31-1811298-001
a	Plan name	SKYLINE DISPLAYS, INC. RETIREMENT PLAN
b	Name of plan sponsor	SKYLINE DISPLAYS, INC.
c	EIN-PN	36-3104785-001
a	Plan name	WORTHINGTON STEEL, INC. 401(K) RETIREMENT SAVINGS PLAN
b	Name of plan sponsor	WORTHINGTON STEEL, INC.
c	EIN-PN	92-2632000-001
a	Plan name	KIK CUSTOM PRODUCTS 401(K) RETIREMENT SAVINGS PLAN
b	Name of plan sponsor	KIK INTERNATIONAL, LLC
c	EIN-PN	13-3897201-001
a	Plan name	FOUNDATION MEDICINE 401(K) PLAN
b	Name of plan sponsor	FOUNDATION MEDICINE, INC.
c	EIN-PN	27-1316416-001
a	Plan name	HUBERT COMPANY LLC SAVINGS PLAN
b	Name of plan sponsor	HUBERT COMPANY, LLC
c	EIN-PN	26-3794198-001
a	Plan name	SCHELLMAN COMPLIANCE, LLC 401(K) PROFIT SHARING PLAN
b	Name of plan sponsor	SCHELLMAN COMPLIANCE, LLC
c	EIN-PN	73-1639753-001

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	LIBERTY HEALTHCARE SERVICES RETIREMENT PLAN
b	Name of plan sponsor	LIBERTY HEALTHCARE MANAGEMENT, INC.
c	EIN-PN	56-2116528-001
a	Plan name	401(K) PLAN FOR EMPLOYEES OF THE DECURION CORPORATION
b	Name of plan sponsor	THE DECURION CORPORATION
c	EIN-PN	95-2460015-001
a	Plan name	OSD MULTIPLE EMPLOYER 401(K) PLAN
b	Name of plan sponsor	OFFICE OF THE SPECIAL DEPUTY RECEIVER
c	EIN-PN	36-3757445-001
a	Plan name	MINNEAPOLIS CLINIC PROFIT SHARING & 401(K) PLAN
b	Name of plan sponsor	MINNEAPOLIS CLINIC OF NEUROLOGY LTD
c	EIN-PN	41-0999094-001
a	Plan name	WEST FRASER, INC. 401(K) PLAN
b	Name of plan sponsor	WEST FRASER, INC.
c	EIN-PN	72-1489951-001
a	Plan name	WEST FRASER, INC. 401(K) PLAN FOR COLLECTIVELY BARGAINED EMPLOYEES
b	Name of plan sponsor	WEST FRASER, INC.
c	EIN-PN	72-1489951-004
a	Plan name	KOLBENSCHMIDT PISTONS RETIREMENT PLAN
b	Name of plan sponsor	KOLBENSCHMIDT PISTONS USA LLC
c	EIN-PN	99-0904032-001
a	Plan name	MECHANICAL DYNAMICS & ANALYSIS LLC 401(K) PLAN
b	Name of plan sponsor	MECHANICAL DYNAMICS & ANALYSIS LLC
c	EIN-PN	20-3400458-001
a	Plan name	EMPLOYMENT SERVICES, INC. 401(K) RETIREMENT & SAVINGS PLAN
b	Name of plan sponsor	EMPLOYMENT SERVICES, INC.
c	EIN-PN	38-3637814-001
a	Plan name	EVERUS 401 (K) PLAN
b	Name of plan sponsor	EVERUS CONSTRUCTION GROUP, INC.
c	EIN-PN	30-1133956-004
a	Plan name	NEWPARK DRILLING FLUIDS 401(K)
b	Name of plan sponsor	NEWPARK DRILLING FLUIDS LLC
c	EIN-PN	20-4994235-003
a	Plan name	BLACKLINE SYSTEMS, INC. 401(K) PROFIT SHARING PLAN
b	Name of plan sponsor	BLACKLINE INC.
c	EIN-PN	95-4876613-001

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 PSA NO. 25 (STABLE VALUE ACCOUNT)	B Three-digit plan number (PN) ▶ 125
C Plan sponsor's name as shown on line 2a of Form 5500 NEW YORK LIFE INSURANCE COMPANY	D Employer Identification Number (EIN) 13-5582869

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	33023
b Receivables (less allowance for doubtful accounts):		
(1) Employer contributions	1b(1)	
(2) Participant contributions	1b(2)	
(3) Other	1b(3)	53003522 49911058
c General investments:		
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	270694847 300773441
(2) U.S. Government securities	1c(2)	483967939 342707246
(3) Corporate debt instruments (other than employer securities):		
(A) Preferred	1c(3)(A)	4390000216 4314040539
(B) All other	1c(3)(B)	1911827829 1674958173
(4) Corporate stocks (other than employer securities):		
(A) Preferred	1c(4)(A)	
(B) Common	1c(4)(B)	
(5) Partnership/joint venture interests	1c(5)	7532568 7395276
(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)	
(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)	44011207 73932325

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	7161038128	6763751081
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h		
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j	-15824920	626112
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	-15824920	626112
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	7176863048	6763124969

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)	8367362	
(B) U.S. Government securities.....	2b(1)(B)	12574799	
(C) Corporate debt instruments.....	2b(1)(C)	267632901	
(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)		288575062
(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)	5343713880	
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	5349643236	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		-5929356
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)	268862	
(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)	
(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	-5613302
d Total income. Add all income amounts in column (b) and enter total	2d	277301266

Expenses

e Benefit payment and payments to provide benefits:		
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	
(2) To insurance carriers for the provision of benefits	2e(2)	
(3) Other	2e(3)	
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)	0
f Corrective distributions (see instructions)	2f	
g Certain deemed distributions of participant loans (see instructions)	2g	
h Interest expense	2h	
i Administrative expenses:		
(1) Salaries and allowances	2i(1)	
(2) Contract administrator fees	2i(2)	
(3) Recordkeeping fees	2i(3)	
(4) IQPA audit fees	2i(4)	
(5) Investment advisory and investment management fees	2i(5)	24045732
(6) Bank or trust company trustee/custodial fees	2i(6)	
(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)	195452
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)	24241184
j Total expenses. Add all expense amounts in column (b) and enter total	2j	24241184

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k	253060082
l Transfers of assets:		
(1) To this plan	2l(1)	1765496867
(2) From this plan	2l(2)	2432295028

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 _____.