

Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security
Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210-0110
1210-0089

2024

This Form is Open to Public Inspection

Part I Annual Report Identification Information

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

- A** This return/report is for:
 - a multiemployer plan
 - a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)
 - a single-employer plan
 - a DFE (specify) C
- B** This return/report is:
 - the first return/report
 - the final return/report
 - an amended return/report
 - a short plan year return/report (less than 12 months)
- C** If the plan is a collectively-bargained plan, check here. ▶
- D** Check box if filing under:
 - Form 5558
 - automatic extension
 - special extension (enter description)
 - the DFVC program
- E** If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. ▶

Part II Basic Plan Information—enter all requested information

1a Name of plan <u>NUVEEN/SEI TRUST COMPANY INVESTMENT TRUST</u>	1b Three-digit plan number (PN) ▶ <u>043</u>
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>SEI TRUST COMPANY</u> <u>1 FREEDOM VALLEY DRIVE</u> <u>OAKS, PA 19456-9989</u>	1c Effective date of plan 2b Employer Identification Number (EIN) <u>27-3441498</u> 2c Plan Sponsor's telephone number <u>610-676-2369</u> 2d Business code (see instructions)

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

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

SIGN HERE			
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE	<u>Filed with authorized/valid electronic signature.</u>	<u>10/07/2025</u>	<u>HEATHER BILLERA</u>
	Signature of DFE	Date	Enter name of individual signing as DFE

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

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

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

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

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

a Pension Schedules (1) <input type="checkbox"/> R (Retirement Plan Information) (2) <input type="checkbox"/> MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) <input type="checkbox"/> SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary (4) <input type="checkbox"/> DCG (Individual Plan Information) – Number Attached _____ (5) <input type="checkbox"/> MEP (Multiple-Employer Retirement Plan Information)	b General Schedules (1) <input checked="" type="checkbox"/> H (Financial Information) (2) <input type="checkbox"/> I (Financial Information – Small Plan) (3) <input type="checkbox"/> A (Insurance Information) – Number Attached _____ (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>NUVEEN/SEI TRUST COMPANY INVESTMENT TRUST</u>	B Three-digit plan number (PN)	<u>043</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>SEI TRUST COMPANY</u>	D Employer Identification Number (EIN) <u>27-3441498</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:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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a Name of MTIA, CCT, PSA, or 103-12 IE:

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

c EIN-PN

d Entity code

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

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

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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)

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 360 INDUSTRIAL SUPPLY 401(K) PLAN	
b	Name of plan sponsor 360 INNOVATIVE SOLUTIONS, INC. D/B/A 360 INDUSTRIAL SUPPLY	c EIN-PN 46-1731562-001
a	Plan name 401(K) SAVINGS AND RETIREMENT PLAN SPONSORED BY NATIXIS INVESTMENT MANAGERS, LLC	
b	Name of plan sponsor NATIXIS INVESTMENT MANAGERS, LLC	c EIN-PN 04-3398261-001
a	Plan name A & M TRANSPORT, LLC EMPLOYEE SAVINGS PLAN	
b	Name of plan sponsor A & M TRANSPORT, LLC	c EIN-PN 82-3486465-001
a	Plan name ABODE COMMUNITIES 401K PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor ABODE COMMUNITIES	c EIN-PN 95-6377511-002
a	Plan name ADS SERVICES, LLC 401(K)	
b	Name of plan sponsor ADS SERVICES LLC	c EIN-PN 82-1090422-001
a	Plan name ADULT MEDICINE OF LAKE COUNTY 401K PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor ADULT MEDICINE OF LAKE COUNTY	c EIN-PN 59-3483343-001
a	Plan name AE/G3 401K PLAN	
b	Name of plan sponsor AUTOMATED ENVIRONMENTS SYSTEM	c EIN-PN 32-0455136-001
a	Plan name AF TAMPA VENTURES I 401(K) PLAN	
b	Name of plan sponsor AF TAMPA VENTURES I, LLC D/B/A AMERICAN FREIGHT	c EIN-PN 88-2976205-001
a	Plan name AID TO ADOPTION OF SPECIAL KIDS 401(K) PLAN	
b	Name of plan sponsor AID TO ADOPTION OF SPECIAL KIDS ARIZONA	c EIN-PN 86-0611935-002
a	Plan name AIR T, INC. 401K PLAN	
b	Name of plan sponsor AIR T, INC.	c EIN-PN 52-1206400-001
a	Plan name ALL PHASES ELECTRICAL CONTRACTING INC 401(K) PLAN	
b	Name of plan sponsor ALL PHASES ELECTRICAL CONTRACTING INC	c EIN-PN 59-3534329-001
a	Plan name ALLEGIANT NETWORKS 401(K) PLAN	
b	Name of plan sponsor ALLEGIANT NETWORKS, LLC	c EIN-PN 20-5783308-001

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
a	Plan name ALLIANCE FOR MULTISPECIALTY RESEARCH RETIREMENT PLAN	
b	Name of plan sponsor ALLIANCE FOR MUTLISPECIALTY RESEARCH LLC	c EIN-PN 72-1369056-001
a	Plan name ALLIANCE FUNDING GROUP, INC. 401(K) PLAN	
b	Name of plan sponsor ALLIANCE FUNDING GROUP, INC.	c EIN-PN 33-0805823-001
a	Plan name ALLIANT ENERGY CORPORATION 401(K) SAVINGS PLAN	
b	Name of plan sponsor ALLIANT ENERGY CORPORATION SERVICES, INC.	c EIN-PN 39-1914946-005
a	Plan name ALLIANT INSURANCE SERVICES, INC. 401(K) SAVINGS & INVESTMENT PLAN	
b	Name of plan sponsor ALLIANT INSURANCE SERVICES, INC.	c EIN-PN 33-0785439-002
a	Plan name ALLMARK, INC. 401(K) RETIREMENT PLAN	
b	Name of plan sponsor ALLMARK, INC.	c EIN-PN 95-2684865-001
a	Plan name ALPHA VIDEO SURVEILLANCE 401(K) PLAN	
b	Name of plan sponsor LORD MANAGEMENT GROUP, INC	c EIN-PN 26-2583745-001
a	Plan name ALTER DOMUS 401(K) PLAN	
b	Name of plan sponsor ALTER DOMUS INC.	c EIN-PN 32-0394877-001
a	Plan name AMERICAN RETIREMENT ASSOCIATION PROFIT SHARING 401(K) PLAN	
b	Name of plan sponsor AMERICAN SOCIETY OF PENSION PROFESSIONALS & ACTUARIES AMERICAN RETIREM	c EIN-PN 75-1247887-002
a	Plan name AMERICAN SPORTFISHING ASSOCIATION 401(K) PLAN	
b	Name of plan sponsor AMERICAN SPORTFISHING ASSOCIATION	c EIN-PN 36-2426853-001
a	Plan name AMERICAN VISION PARTNERS 401(K) PLAN	
b	Name of plan sponsor MEDICAL MANAGEMENT RESOURCE GROUP, LLC	c EIN-PN 03-0460264-001
a	Plan name ANDREWS INSTITUTE ASC, 401(K) PLAN	
b	Name of plan sponsor ANDREWS INSTITUTE ASC, LLC	c EIN-PN 35-2274952-002
a	Plan name ANSYS, INC. EMPLOYEES' RETIREMENT PROGRAM	
b	Name of plan sponsor ANSYS, INC.	c EIN-PN 04-3219960-002

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 APIXIO HOLDINGS, LLC 401(K) PLAN	
b	Name of plan sponsor APIXIO HOLDINGS	c EIN-PN 46-0788940-001
a	Plan name APPTEGA 401(K) PLAN	
b	Name of plan sponsor APPTEGA HOLDINGS, LLC	c EIN-PN 83-0744765-001
a	Plan name APTIVE ENVIRONMENTAL 401(K) PLAN	
b	Name of plan sponsor APTIVE ENVIRONMENTAL, LLC	c EIN-PN 47-5551416-001
a	Plan name ARIZONA LABOR FORCE AND AFFILIATES 401(K) PLAN	
b	Name of plan sponsor ARIZONA LABOR FORCE	c EIN-PN 86-0514245-333
a	Plan name ARTHRITIS FOUNDATION DEFINED CONTRIBUTION RETIREMENT PLAN	
b	Name of plan sponsor THE ARTHRITIS FOUNDATION, INC.	c EIN-PN 58-1341679-003
a	Plan name ASU ENTERPRISE PARTNERS 401(K) PLAN	
b	Name of plan sponsor ASU ENTERPRISE PARTNERS	c EIN-PN 47-5599177-001
a	Plan name ATI OF AMERICA, INC. 401(K) PLAN	
b	Name of plan sponsor ATI OF AMERICA, INC.	c EIN-PN 26-3660497-001
a	Plan name ATLANTIC AMERICAN CORPORATION 401(K) RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor ATLANTIC AMERICAN CORPORATION	c EIN-PN 58-1027114-001
a	Plan name ATLANTIC CARE SERVICES 401(K)	
b	Name of plan sponsor ATLANTIC CARE SERVICES LLC	c EIN-PN 36-4886853-001
a	Plan name AUL FBO NUVEEN TIAA LIFECYCLE INDEX SERIES J	
b	Name of plan sponsor AMERICAN UNITED LIFE INSURANCE COMPANY	c EIN-PN 35-0145825-999
a	Plan name AUL FBO TIAA TARGET DATE FUNDS	
b	Name of plan sponsor AMERICAN UNITED LIFE INSURANCE COMPANY	c EIN-PN 35-0145825-999
a	Plan name AUTAJON PACKAGING 401(K) PLAN	
b	Name of plan sponsor CULTECH, INC.	c EIN-PN 22-3076074-001

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	BARCLAYS 401(K) PLAN	
b	Name of plan sponsor	BARCLAYS BANK PLC	c EIN-PN 13-4942190-002
a	Plan name	BARTIMUS, FRICKLETON, ROBERTON AND RADER, P.C. PROFIT SHARING PLAN	
b	Name of plan sponsor	BARTIMUS, FRICKLETON, ROBERTON AND RADER, P.C.	c EIN-PN 43-1199267-002
a	Plan name	BASF CORPORATION SAVINGS PLAN MASTER TRUST	
b	Name of plan sponsor	BASF CORPORATION	c EIN-PN 84-5171020-102
a	Plan name	BASSETT LAND COMPANY, LLC 401(K) PLAN	
b	Name of plan sponsor	BASSETT LAND COMPANY, LLC	c EIN-PN 84-4204961-001
a	Plan name	BASYS PROCESSING 401(K) PLAN	
b	Name of plan sponsor	BASYS PROCESSING, INC.	c EIN-PN 01-0633775-001
a	Plan name	BAUSCH & LOMB AMERICAS INC. RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	BAUSCH & LOMB AMERICAS INC.	c EIN-PN 85-4359919-001
a	Plan name	BAUSCH HEALTH COMPANIES INC. RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	BAUSCH HEALTH COMPANIES INC.	c EIN-PN 33-0628076-001
a	Plan name	BEAUMONT ISD RISE 457(B) DEFERRED COMPENSATION PLAN	
b	Name of plan sponsor	BEAUMONT INDEPENDENT SCHOOL DISTRICT	c EIN-PN 74-6000317-999
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	BERNARDUS LODGE & SPA 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	BLAS OPERATING COMPANY, LLC	c EIN-PN 47-1698296-001
a	Plan name	BEST MEDICAL INTERNATIONAL, INC. 401(K) RETIREMENT TRUST	
b	Name of plan sponsor	BEST MEDICAL INTERNATIONAL, INC.	c EIN-PN 82-0574469-001
a	Plan name	BIG BROTHERS BIG SISTERS OF GREATER KANSAS CITY 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	BIG BROTHERS BIG SISTERS OF GREATER KANSAS CITY	c EIN-PN 43-6068464-001

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 BIMBO BAKERIES USA DEFINED CONTRIBUTION SAVINGS PLAN MASTER TRUST	
b	Name of plan sponsor BBU INC	c EIN-PN 61-1621204-200
a	Plan name BLACK FOREST DECOR 401(K) PLAN	
b	Name of plan sponsor BLACK FOREST DECOR, LLC	c EIN-PN 04-3784151-001
a	Plan name BOGAARD GROUP INTERNATIONAL 401(K) PLAN	
b	Name of plan sponsor BOGAARD GROUP INTERNATIONAL	c EIN-PN 36-4822018-001
a	Plan name BOND MANAGEMENT PARTNERS 401(K)	
b	Name of plan sponsor BOND MANAGEMENT PARTNERS, LLC	c EIN-PN 87-3610798-001
a	Plan name BONNEAU 401(K) PLAN	
b	Name of plan sponsor BAMBURY, INC. D/B/A BONNEAU	c EIN-PN 94-2697535-001
a	Plan name BOULANGER'S PLUMBING & HEATING 401(K) PLAN	
b	Name of plan sponsor BOULANGER'S PLUMBING & HEATING, INC.	c EIN-PN 04-2160424-001
a	Plan name BOX CANYON SURGERY CENTER LLC 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor BOX CANYON SURGERY CENTER LLC	c EIN-PN 26-3086826-001
a	Plan name BOYNTON CANYON MANAGEMENT CO. 401(K) PLAN	
b	Name of plan sponsor BOYNTON CANYON MANAGEMENT CO. ENCHANTMENT RESORT	c EIN-PN 20-5927322-001
a	Plan name BROCK AND COMPANY 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor BROCK AND COMPANY, CPAS, P.C.	c EIN-PN 84-0930288-002
a	Plan name BROCK GRAIN SYSTEMS RETIREMENT SAVINGS PLAN FOR KANSAS CITY HOURLY EMPLOYEES	
b	Name of plan sponsor CTB, INC.	c EIN-PN 35-1970753-003
a	Plan name BUZZI UNICEM USA INC. RETIREMENT SAVINGS PLAN FOR HOURLY EMPLOYEES	
b	Name of plan sponsor BUZZI UNICEM USA INC.	c EIN-PN 23-3022369-020
a	Plan name BUZZI UNICEM USA INC. RETIREMENT SAVINGS PLAN FOR SALARIED EMPLOYEES	
b	Name of plan sponsor BUZZI UNICEM USA INC.	c EIN-PN 23-3022369-030

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 BW SEDONA 401(K) RETIREMENT PLAN	
b	Name of plan sponsor BW SEDONA OPERATOR, LLC	c EIN-PN 84-3477094-001
a	Plan name CADENCE TRAVEL, INC. 401(K) PLAN	
b	Name of plan sponsor CADENCE TRAVEL, INC	c EIN-PN 33-0647594-001
a	Plan name CALAMOS PROFIT SHARING 401(K) PLAN	
b	Name of plan sponsor CALAMOS INVESTMENTS LLC	c EIN-PN 20-1768357-001
a	Plan name CALIFORNIA EARTHQUAKE AUTHORITY 457(B) PLAN	
b	Name of plan sponsor CALIFORNIA EARTHQUAKE AUTHORITY	c EIN-PN 68-0396140-001
a	Plan name CALIFORNIA EARTHQUAKE AUTHORITY RETIREMENT PLAN	
b	Name of plan sponsor CALIFORNIA EARTHQUAKE AUTHORITY	c EIN-PN 68-0396140-001
a	Plan name CALIFORNIA FUELS & CONVENIENCE ALLIANCE 401(K) PLAN	
b	Name of plan sponsor CALIFORNIA FUELS & CONVENIENCE ALLIANCE (CFCA)	c EIN-PN 23-7108799-001
a	Plan name CALL EXPERTS 401(K) PLAN	
b	Name of plan sponsor TELETECH CORPORATION DBA CALL EXPERTS	c EIN-PN 57-0729356-001
a	Plan name CAMSTON WRATHER 401(K) PLAN	
b	Name of plan sponsor CAMSTON WRATHER LLC	c EIN-PN 46-5638868-001
a	Plan name CANUS CORPORATION 401K PROFIT SHARING PLAN	
b	Name of plan sponsor CANUS CORPORATION	c EIN-PN 33-0996801-001
a	Plan name CAPREIT 401(K) PLAN	
b	Name of plan sponsor CAPREIT	c EIN-PN 52-2064504-001
a	Plan name CARBON BIOSCIENCES 401(K) PLAN	
b	Name of plan sponsor CARBON BIOSCIENCES	c EIN-PN 87-2046676-001
a	Plan name CAREAPARENT 401(K) PLAN	
b	Name of plan sponsor NEIGHBOR SENIOR SERVICES, LLC DBA CAREAPARENT	c EIN-PN 47-3644054-001

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 CARR LEGAL GROUP, LLC 401(K)	
b	Name of plan sponsor CARR LEGAL GROUP, LLC	c EIN-PN 86-2157902-001
a	Plan name CARSON HOTEL 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor CARSON OPERATING COMPANY, LLC	c EIN-PN 47-1908419-001
a	Plan name CASCADE WOOD PRODUCTS, INC. 401(K) PLAN	
b	Name of plan sponsor CASCADE WOOD PRODUCTS INC.	c EIN-PN 93-0718474-013
a	Plan name CDM SMITH CAPITAL ACCUMULATION PLAN	
b	Name of plan sponsor CDM SMITH INC	c EIN-PN 04-2473650-002
a	Plan name CENTRAL TEXAS IRON WORKS, INC. PROFIT SHARING 401(K) PLAN	
b	Name of plan sponsor CENTRAL TEXAS IRON WORKS, INC.	c EIN-PN 94-3274792-001
a	Plan name CENTURY CASINOS, INC. 401(K) SAVINGS AND RETIREMENT PLAN	
b	Name of plan sponsor CENTURY CASINOS, INC.	c EIN-PN 84-1271317-001
a	Plan name CERTIFIED REGISTERED NURSE ANESTHETISTS 401(K) PLAN	
b	Name of plan sponsor EAST CAROLINA ANESTHESIA ASSOCIATES, PLLC	c EIN-PN 20-1442673-003
a	Plan name CHAMBERS CONSTRUCTION CO. EMPLOYEE SAVINGS PLAN	
b	Name of plan sponsor CHAMBERS CONSTRUCTION COMPANY	c EIN-PN 93-1209454-001
a	Plan name CHARTER SCHOOLS DEVELOPMENT CORPORATION 401(K) PLAN & TRUST	
b	Name of plan sponsor CHARTER SCHOOLS DEVELOPMENT CORP.	c EIN-PN 52-2063496-002
a	Plan name CHASBRO INVESTMENTS, INC., 401(K) PLAN	
b	Name of plan sponsor CHASBRO INVESTMENTS, INC.	c EIN-PN 04-2807687-001
a	Plan name CHENEGA CORPORATION 401K PROFIT SHARING PLAN	
b	Name of plan sponsor CHENEGA CORPORATION	c EIN-PN 92-0047563-003
a	Plan name CHESAPEAKE MATERIAL SERVICES LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor CHESAPEAKE MATERIAL SERVICES LLC	c EIN-PN 45-0672647-001

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	CHESAPEAKE TELEPHONE SYSTEMS, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	CHESAPEAKE TELEPHONE SYSTEMS, INC.	c EIN-PN 52-1382877-001
a	Plan name	CHESSCO INDUSTRIES, INC. 401(K) PLAN	
b	Name of plan sponsor	CHESSCO INDUSTRIES, INC.	c EIN-PN 06-1244562-001
a	Plan name	CHOICE POOLED EMPLOYER PLAN II	
b	Name of plan sponsor	SMART RETIREMENT SOLUTIONS, INC.	c EIN-PN 88-1526902-402
a	Plan name	CIOX HEALTH 401(K) PLAN	
b	Name of plan sponsor	CIOX HEALTH, LLC	c EIN-PN 58-2659941-001
a	Plan name	CITADEL SERVICING CORPORATION 401(K) PLAN	
b	Name of plan sponsor	CITADEL SERVICING CORPORATION	c EIN-PN 20-8006279-001
a	Plan name	CITY OF ATASCADERO DEFERRED COMPENSATION PLAN	
b	Name of plan sponsor	CITY OF ATASCADERO	c EIN-PN 95-3389063-999
a	Plan name	CITY OF BRADENTON FIREFIGHTERS' RETIREMENT SYSTEM	
b	Name of plan sponsor	CITY OF BRADENTON, FLORIDA	c EIN-PN 20-0566387-999
a	Plan name	CITY OF COCOA GENERAL EMPLOYEES' RETIREMENT PLAN	
b	Name of plan sponsor	CITY OF COCOA	c EIN-PN 59-6000292-999
a	Plan name	CITY OF DELRAY BEACH FIREFIGHTERS' RETIREMENT SYSTEM	
b	Name of plan sponsor	CITY OF DELRAY BEACH	c EIN-PN 81-4470616-001
a	Plan name	CITY OF DELRAY BEACH GENERAL EMPLOYEES' RETIREMENT PLAN	
b	Name of plan sponsor	CITY OF DELRAY BEACH	c EIN-PN 59-6763714-001
a	Plan name	CITY OF KEY WEST POLICE OFFICERS & FIREFIGHTERS' RETIREMENT PLAN	
b	Name of plan sponsor	CITY OF KEY WEST, FLORIDA	c EIN-PN 59-6000346-999
a	Plan name	CITY OF ROANOKE PENSION PLAN	
b	Name of plan sponsor	CITY OF ROANOKE	c EIN-PN 54-0883954-001

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	CITY OF SAFETY HARBOR 401(A) PLAN	
b	Name of plan sponsor	CITY OF SAFETY HARBOR	c EIN-PN 59-6000419-999
a	Plan name	CITY OF SAFETY HARBOR 457(B) PLAN	
b	Name of plan sponsor	CITY OF SAFETY HARBOR	c EIN-PN 59-6000419-999
a	Plan name	CITY OF SAFETY HARBOR CITY MANAGER 401(A) PLAN	
b	Name of plan sponsor	CITY OF SAFETY HARBOR	c EIN-PN 59-6000419-999
a	Plan name	CITY WIDE 401(K) PLAN	
b	Name of plan sponsor	JBO MANAGEMENT, LLC	c EIN-PN 86-1767458-002
a	Plan name	CLASSIC CONTAINERS, INC. 401(K) PLAN	
b	Name of plan sponsor	CLASSIC CONTAINERS INC	c EIN-PN 33-0675730-001
a	Plan name	CLEARLINK 401(K) PLAN	
b	Name of plan sponsor	CLEARLINK TECHNOLOGIES, LLC	c EIN-PN 13-4278523-002
a	Plan name	CLEARWATER PAPER 401(K) PLAN	
b	Name of plan sponsor	CLEARWATER PAPER CORPORATION	c EIN-PN 20-3594554-022
a	Plan name	CLEARWATER PAPER REPRESENTED 401(K) PLAN	
b	Name of plan sponsor	CLEARWATER PAPER CORPORATION	c EIN-PN 20-3594554-039
a	Plan name	CNA 401(K) PLAN	
b	Name of plan sponsor	CONTINENTAL CASUALTY COMPANY	c EIN-PN 36-2114545-005
a	Plan name	COA 401(K) RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	COMMISSIONED OFFICERS ASSOCIATION OF US PUBLIC HEALTH	c EIN-PN 52-0563824-002
a	Plan name	COHNREZNICK LLP 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	COHNREZNICK LLP	c EIN-PN 22-1478099-003
a	Plan name	COMPREHENSIVE SERVICES FOR CHILDREN 401(K) PLAN	
b	Name of plan sponsor	COMPREHENSIVE SERVICES FOR CHILDREN	c EIN-PN 45-5314246-001

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	CONGRUENTX 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	CONGRUENTX, LLC	c EIN-PN 83-3428088-001
a	Plan name	CONNECTICUT PIPE TRADES LOCAL NO. 777 ANNUITY PLAN	
b	Name of plan sponsor	CONNECTICUT PIPE TRADES LOCAL NO. 777 ANNUITY FUND	c EIN-PN 06-1441857-001
a	Plan name	CONSTRUCTION CONSULTANTS PLUS INC 401(K) PLAN	
b	Name of plan sponsor	CONSTRUCTION CONSULTANTS PLUS INC	c EIN-PN 82-3746013-001
a	Plan name	CONTINENTAL ENERGY SERVICES, LLC 401(K) PLAN	
b	Name of plan sponsor	CONTINENTAL ENERGY SERVICES, LLC	c EIN-PN 20-3864877-001
a	Plan name	CONTRACTORS SUPPLY, INC. 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor	CONTRACTORS SUPPLY, INC.	c EIN-PN 84-1439613-001
a	Plan name	CORNA KOKOSING 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	CORNA KOKOSING CONSTRUCTION COMPANY	c EIN-PN 34-1810306-001
a	Plan name	CORNERSTONE BANK 401(K) PLAN	
b	Name of plan sponsor	CORNERSTONE BANK	c EIN-PN 04-1856390-004
a	Plan name	CORVUS INSURANCE HOLDINGS 401(K) PLAN	
b	Name of plan sponsor	CORVUS INSURANCE HOLDINGS, INC.	c EIN-PN 81-4981134-001
a	Plan name	COVIA HOLDINGS CORPORATION PENSION PLAN	
b	Name of plan sponsor	COVIA HOLDINGS LLC	c EIN-PN 13-2656671-003
a	Plan name	CPJ HOLDINGS CORPORATION 401(K) PLAN	
b	Name of plan sponsor	CPJ HOLDINGS CORPORATION	c EIN-PN 92-1963559-001
a	Plan name	CREDIT UNION WEST 401(K) PLAN	
b	Name of plan sponsor	CREDIT UNION WEST	c EIN-PN 86-0108241-033
a	Plan name	CRI 401(K) PLAN	
b	Name of plan sponsor	CONCRETE REINFORCEMENTS INC.	c EIN-PN 31-1498990-001

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	CROSSWAY 401(K) PLAN	
b	Name of plan sponsor	CASSENA CARE, LLC	c EIN-PN 27-3296874-001
a	Plan name	CROWE LLP RETIREMENT PLAN	
b	Name of plan sponsor	CROWE LLP	c EIN-PN 35-0921680-002
a	Plan name	CROWN ENERGY COMPANY 401(K) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor	CROWN ENERGY COMPANY	c EIN-PN 73-1482569-001
a	Plan name	CSR 401(K) PLAN	
b	Name of plan sponsor	COASTAL SETTLEMENT RECOVERY DBA CSR	c EIN-PN 83-2623733-001
a	Plan name	CTB, INC. PROFIT SHARING PLAN	
b	Name of plan sponsor	CTB, INC.	c EIN-PN 35-1970753-001
a	Plan name	CURTIN MARITIME 401(K) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor	CURTIN MARITIME	c EIN-PN 33-0781701-001
a	Plan name	CW OHIO, INC. 401(K) PLAN	
b	Name of plan sponsor	CASCADE OHIO, INC. DBA CW OHIO, INC.	c EIN-PN 93-1062984-001
a	Plan name	CXPERTS 401(K) PLAN	
b	Name of plan sponsor	CXPERTS	c EIN-PN 86-2420796-001
a	Plan name	CYBERMETRICS CORPORATION EMPLOYEES SAVING TRUST PLAN	
b	Name of plan sponsor	CYBERMETRICS CORPORATION	c EIN-PN 38-3045032-001
a	Plan name	D3 ENGINEERING SOLUTIONS, LLC 401(K) PLAN	
b	Name of plan sponsor	D3 ENGINEERING SOLUTIONS, LLC D/B/A D3 ENGINEERING SOLUTIONS	c EIN-PN 85-2677086-001
a	Plan name	DAWSON FAMILY DENTISTRY 401(K) PLAN & TRUST	
b	Name of plan sponsor	DAWSON FAMILY DENTISTRY	c EIN-PN 27-1602679-001
a	Plan name	DAWSON TECHNICAL 401(K) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor	DAWSON TECHNICAL, INC.	c EIN-PN 20-1625805-001

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 DAYCO SAVINGS & RETIREMENT PLAN	
b	Name of plan sponsor DAYCO INCORPORATED	c EIN-PN 23-1733979-005
a	Plan name DENISE M ANTALIS DDS INC. DBA OHIOSMILES 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor DENISE M ANTALIS DD INC DBA OHIO SMILES	c EIN-PN 31-1450774-001
a	Plan name DEVELOPMENT CORPORATION FOR ISRAEL 401(K)	
b	Name of plan sponsor DEVELOPMENT CORPORATION FOR ISRAEL	c EIN-PN 13-5639495-006
a	Plan name DOMINO'S PIZZA 401(K) SAVINGS PLAN	
b	Name of plan sponsor DOMINO'S PIZZA	c EIN-PN 38-3495003-004
a	Plan name DR. LEWIS B. KIZER, O.D. 401(K) PLAN	
b	Name of plan sponsor DR. LEWIS B. KIZER, O.D.	c EIN-PN 62-1150675-001
a	Plan name DREAM INN HOTEL ASSOCIATES 401(K) RETIREMENT PLAN	
b	Name of plan sponsor DREAM INN HOTEL ASSOCIATES, LLC	c EIN-PN 37-1839094-001
a	Plan name DUCOMMUN INCORPORATED RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor DUCOMMUN INCORPORATED	c EIN-PN 95-0693330-004
a	Plan name DUMAS CONTRACTING USA INC. 401(K) PLAN	
b	Name of plan sponsor DUMAS CONTRACTING USA INC.	c EIN-PN 98-0480196-001
a	Plan name EAST KANSAS AGRI-ENERGY 401(K) & PROFIT SHARING PLAN	
b	Name of plan sponsor EAST KANSAS AGRI-ENERGY, LLC	c EIN-PN 48-1251578-001
a	Plan name EDUCATION SERVICE CENTER REGION 2 RISE 457(B) DEFERRED COMPENSATION PLAN	
b	Name of plan sponsor EDUCATION SERVICE CENTER REGION 2	c EIN-PN 74-1587916-999
a	Plan name ELECTRICIANS PENSION PLAN IBEW 995	
b	Name of plan sponsor BOARD OF TTEES OF ELECTRICIANS PENSION PLAN IBEW	c EIN-PN 72-6057089-001
a	Plan name ELEVATION NEWCO, LLC 401(K) PLAN	
b	Name of plan sponsor ELEVATION NEWCO, LLC	c EIN-PN 99-1977936-001

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	EMPIRE AIRLINES, LNC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	EMPIRE AIRLINES, LNC.	c EIN-PN 82-0333168-001
a	Plan name	EMPIRE KOSHER POULTRY, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	EMPIRE KOSHER POULTRY, INC.	c EIN-PN 23-1618629-004
a	Plan name	ENCOMPASS POOLED EMPLOYER PLAN	
b	Name of plan sponsor	WC ADMINISTRATORS, LLC	c EIN-PN 20-1663072-001
a	Plan name	ENSEMBLE SERVICES LLC 401(K) AND PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor	ENSEMBLE SERVICES, LLC	c EIN-PN 81-1103382-001
a	Plan name	ENTERPRISE HOLDINGS RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	THE CRAWFORD GROUP, INC.	c EIN-PN 43-1233684-001
a	Plan name	ENVIRONET INC. 401(K) RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	ENVIRONET, INC.	c EIN-PN 99-0324036-001
a	Plan name	EP ENERGY 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	EP ENERGY L.L.C.	c EIN-PN 76-0637534-001
a	Plan name	ESL POWER SYSTEMS, INC. SAVINGS AND RETIREMENT PLAN	
b	Name of plan sponsor	ESL POWER SYSTEMS, INC.	c EIN-PN 33-0680326-001
a	Plan name	ESSITY NORTH AMERICA INVESTMENT AND RETIREMENT PLAN	
b	Name of plan sponsor	ESSITY NORTH AMERICA	c EIN-PN 23-3061590-002
a	Plan name	ETG FIRE 401(K) PLAN	
b	Name of plan sponsor	ETG FIRE, LLC	c EIN-PN 47-1808724-001
a	Plan name	EXPEDIA RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	EXPEDIA, INC.	c EIN-PN 91-1996083-002
a	Plan name	EXPERINS 401(K) PLAN	
b	Name of plan sponsor	EXPERINS	c EIN-PN 83-4051653-001

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 F.T. PUBLICATIONS, INC. 401(K) PLAN	
b	Name of plan sponsor FINANCIAL TIMES PUBLICATIONS, INC.	c EIN-PN 13-2545828-001
a	Plan name FABFITFUN, INC 401K PLAN	
b	Name of plan sponsor FABFITFUN, INC.	c EIN-PN 47-4054491-001
a	Plan name FAIRMOUNT TIRE AND RUBBER INC. 401(K) PLAN	
b	Name of plan sponsor FAIRMOUNT TIRE AND RUBBER INC.	c EIN-PN 95-4155825-001
a	Plan name FARMINGTON CITY 401(A) PLAN	
b	Name of plan sponsor FARMINGTON CITY CORP	c EIN-PN 87-6000225-001
a	Plan name FARMINGTON CITY 457(B) PLAN	
b	Name of plan sponsor FARMINGTON CITY CORP	c EIN-PN 87-6000225-001
a	Plan name FERGUSON ELECTRIC COMPANY, INC. PREVAILING WAGE/401(K) PLAN	
b	Name of plan sponsor FERGUSON ELECTRIC COMPANY, INC.	c EIN-PN 06-0839579-010
a	Plan name FIVE STAR SENIOR LIVING INC. RETIREMENT PLAN	
b	Name of plan sponsor ALERIS LIFE INC. (FORMERLY FIVE STAR SENIOR LIVING INC.)	c EIN-PN 04-3516029-001
a	Plan name FLEETWOOD ALUMINUM PRODUCTS INC. PROFIT SHARING PLAN	
b	Name of plan sponsor FLEETWOOD ALUMINUM	c EIN-PN 95-2157439-002
a	Plan name FLOREXPO, LLC. / KENDAL FLORAL 401(K) PLAN	
b	Name of plan sponsor FLOREXPO, LLC.	c EIN-PN 33-0639313-001
a	Plan name FLUIDRA NORTH AMERICA RETIREMENT PLAN	
b	Name of plan sponsor FLUIDRA NORTH AMERICA LLC	c EIN-PN 81-4198874-001
a	Plan name FOOT LOCKER 1165(E) PLAN	
b	Name of plan sponsor FOOT LOCKER RETAIL, INC.	c EIN-PN 13-1988404-004
a	Plan name FOOT LOCKER 401(K) PLAN	
b	Name of plan sponsor FOOT LOCKER, INC.	c EIN-PN 13-3513936-003

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 FOR BETTER LIVING, LLC 401(K) PLAN	
b	Name of plan sponsor FOR BETTER LIVING, LLC D/B/A CANNA MD	c EIN-PN 82-3532578-001
a	Plan name FRANCIS J. COLLINS FUNERAL HOME, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor FRANCIS J. COLLINS FUNERAL HOME, INC.	c EIN-PN 52-1128112-002
a	Plan name FRANKLIN ISD RISE 457(B) DEFERRED COMPENSATION PLAN	
b	Name of plan sponsor FRANKLIN INDEPENDENT SCHOOL DISTRICT	c EIN-PN 74-6000870-999
a	Plan name FREEDOM FIDUCIARIES POOLED EMPLOYER PLAN	
b	Name of plan sponsor AXIOS ADVISORY GROUP, LLC	c EIN-PN 25-1722805-004
a	Plan name FREESTYLE CAPITAL RETIREMENT PLAN	
b	Name of plan sponsor FREESTYLE CAPITAL MANAGEMENT, LLC	c EIN-PN 45-1060837-001
a	Plan name FULGENT THERAPEUTICS LLC 401(K) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor FULGENT THERAPEUTICS LLC	c EIN-PN 32-0400050-001
a	Plan name FUTCH DENTAL 401(K) PLAN	
b	Name of plan sponsor SFF WEST LLC D/B/A FUTCH DENTAL	c EIN-PN 87-3202887-001
a	Plan name GABI JAMES 401(K) PLAN	
b	Name of plan sponsor GABI JAMES, INC. D/B/A GABI JAMES	c EIN-PN 82-1887178-001
a	Plan name GABRIELE FOODS INC 401(K) PLAN	
b	Name of plan sponsor GABRIELE FOODS INC D/B/A LOVE AND SALT	c EIN-PN 95-3657725-001
a	Plan name GAMING JET SERVICES, 401(K)	
b	Name of plan sponsor GAMING JET SERVICES LLC	c EIN-PN 46-3907223-001
a	Plan name GENTING USA 401K PLAN	
b	Name of plan sponsor RESORTS WORLD LAS VEGAS, LLC	c EIN-PN 32-0444144-001
a	Plan name GLOBAL LINGO INC 401K PLAN	
b	Name of plan sponsor GLOBAL LINGO, INC	c EIN-PN 37-1816520-001

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 GO GREEN INDUSTRIES, INC. 401(K) PLAN	
b	Name of plan sponsor GO GREEN INDUSTRIES, INC.	c EIN-PN 26-4001954-001
a	Plan name GOLDEN STATE WATER COMPANY INVESTMENT INCENTIVE PROGRAM	
b	Name of plan sponsor GOLDEN STATE WATER COMPANY	c EIN-PN 95-1243678-005
a	Plan name GOODWILL INDUSTRIES OF CENTRAL ARIZONA RETIREMENT PLAN	
b	Name of plan sponsor GOODWILL OF CENTRAL AND NORTHERN ARIZONA	c EIN-PN 86-0104415-001
a	Plan name GRATITUDE WITH AN ATTITUDE 401(K) PLAN	
b	Name of plan sponsor BENEFIT PLANS PLUS, LLC	c EIN-PN 43-1829594-001
a	Plan name GREENLIGHT GURU 401(K) PLAN	
b	Name of plan sponsor SOLADOC LLC DBA GREENLIGHT GURU	c EIN-PN 46-4207130-001
a	Plan name GREIF 401(K) RETIREMENT PLAN	
b	Name of plan sponsor GREIF PACKAGING LLC	c EIN-PN 36-3268123-001
a	Plan name GRIFFIN FAMILY OF COMPANIES 401(K) PLAN	
b	Name of plan sponsor GRIFFIN ENTERPRISES L.C.	c EIN-PN 87-0516157-001
a	Plan name GSI SERVICE GROUP INC. 401(K) RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor GSI SERVICE GROUP INC.	c EIN-PN 47-0979185-001
a	Plan name GVC MORTGAGE 401(K) PLAN	
b	Name of plan sponsor GVC MORTGAGE INC.	c EIN-PN 35-1985128-001
a	Plan name H&H PROFESSIONAL INSURANCE ASSOCIATES 401(K) PLAN	
b	Name of plan sponsor H&H INSURANCE SERVICES, INC. D/B/A H&H PROFESSIONAL INSURANCE ASSOCIAT	c EIN-PN 81-2507474-001
a	Plan name HAWKERS ASIAN STREET FOOD 401(K) PLAN	
b	Name of plan sponsor HAWKERS HOLDINGS, LLC DBA HAWKERS ASIAN STREET FOOD	c EIN-PN 46-2198823-001
a	Plan name HBW 401(K) PLAN	
b	Name of plan sponsor HBW PROPERTIES, INC. DBA HBW GROUP	c EIN-PN 52-0891428-001

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 HCCH EMPLOYEE CONTRIBUTION PLAN	
b	Name of plan sponsor HARRISON COUNTY COMMUNITY HOSPITAL	c EIN-PN 45-1530883-001
a	Plan name HCCH EMPLOYER MATCHING PLAN	
b	Name of plan sponsor HARRISON COUNTY COMMUNITY HOSPITAL	c EIN-PN 43-1530883-002
a	Plan name HEART TO HEART INTERNATIONAL 401(K) PLAN	
b	Name of plan sponsor HEART TO HEART INTERNATIONAL, INC.	c EIN-PN 48-1108359-001
a	Plan name HEARTS OF PASSION HOME CARE LLC 401(K) PLAN	
b	Name of plan sponsor HEARTS OF PASSION HOME CARE LLC	c EIN-PN 83-1368537-001
a	Plan name HEATH & O'TOOLE PLLC 401(K) PLAN	
b	Name of plan sponsor HEATH & O'TOOLE PLLC	c EIN-PN 92-2714384-001
a	Plan name HEIDTMAN STEEL RETIREMENT SAVINGS 401(K) PLAN	
b	Name of plan sponsor HEIDTMAN STEEL PRODUCTS	c EIN-PN 34-0930923-003
a	Plan name HELENA AGRI-ENTERPRISES, LLC SAVINGS PLAN	
b	Name of plan sponsor HELENA AGRI-ENTERPRISES, LLC	c EIN-PN 71-0293688-004
a	Plan name HEPHZIBAH CHILDREN'S ASSOCIATION 401(K) & PROFIT SHARING PLAN	
b	Name of plan sponsor HEPHZIBAH CHILDREN'S ASSOCIATION	c EIN-PN 36-2167096-001
a	Plan name HIGH ROAD MEP 401(K) PLAN	
b	Name of plan sponsor HIGH ROAD PEO, LLC	c EIN-PN 86-3802120-003
a	Plan name HILTON 401(K) PLAN	
b	Name of plan sponsor HILTON DOMESTIC OPERATING COMPANY, INC.	c EIN-PN 38-4009972-101
a	Plan name HILTON PUERTO RICO RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor HILTON INTERNATIONAL LLC	c EIN-PN 13-1582113-001
a	Plan name HITACHI EMPLOYEE 401(K) RETIREMENT PLAN	
b	Name of plan sponsor HITACHI AMERICA, LTD	c EIN-PN 13-1896069-002

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	HME RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	HM ELECTRONICS, INC	c EIN-PN 95-2702218-001
a	Plan name	HOPE HALL 401K PROFIT SHARING PLAN TRUST	
b	Name of plan sponsor	HOPE HALL	c EIN-PN 16-1463706-001
a	Plan name	HYSPAN 401(K) PLAN	
b	Name of plan sponsor	HYSPAN PRECISION PRODUCTS INC	c EIN-PN 95-2890599-004
a	Plan name	IAN MAXWELL GORDON 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	IAN MAXWELL GORDON	c EIN-PN 92-1558650-002
a	Plan name	IDEAL GROUP RETIREMENT PLAN	
b	Name of plan sponsor	IDEAL MANUFACTURING, INC.	c EIN-PN 20-1909286-001
a	Plan name	IEWC CORP. 401(K) PLAN	
b	Name of plan sponsor	IEWC CORP.	c EIN-PN 39-0987362-002
a	Plan name	IMAGING ENDPOINTS 401(K) RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	IMAGING ENDPOINTS, LLC	c EIN-PN 45-4942374-001
a	Plan name	INDIANA LABORERS DEFINED CONTRIBUTION TRUST FUND	
b	Name of plan sponsor	BOARD OF TRUSTEES - INDIANA LABORERS DC PLAN	c EIN-PN 46-5396452-001
a	Plan name	INDIANA LABORERS PENSION FUND	
b	Name of plan sponsor	INDIANA LABORERS PENSION FUND BOARD OF TRUSTEES	c EIN-PN 35-6027150-001
a	Plan name	INDIANA OXYGEN 401(K) PLAN	
b	Name of plan sponsor	INDIANA OXYGEN COMPANY	c EIN-PN 35-0410770-001
a	Plan name	INFINITY PEDIATRIC & ADOLESCENT MEDICINE 401(K) PLAN	
b	Name of plan sponsor	INFINITY PEDIATRIC & ADOLESCENT MEDICINE PLLC	c EIN-PN 85-3865165-001
a	Plan name	INNER FORCE TOTS 401(K) PLAN	
b	Name of plan sponsor	INNER FORCE TOTS	c EIN-PN 20-2445783-001

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 INNOVANTE INSURANCE AGENCY, INC. 401(K) PLAN	
b	Name of plan sponsor INNOVANTE INSURANCE AGENCY, INC.	c EIN-PN 82-5071581-001
a	Plan name INNOVATIVE SOLUTIONS FOR YOUTH 401(K) PROFIT SHARING PLAN & TR	
b	Name of plan sponsor INNOVATIVE SOLUTIONS FOR YOUTH	c EIN-PN 68-0494777-001
a	Plan name INOTIV, INC. RETIREMENT PLAN	
b	Name of plan sponsor INOTIV, INC.	c EIN-PN 35-1345024-001
a	Plan name INSTRUCTURE, INC. 401(K) PLAN	
b	Name of plan sponsor INSTRUCTURE, INC.	c EIN-PN 26-3505687-002
a	Plan name INSURED.IO 401(K) PLAN	
b	Name of plan sponsor TUNDRALOGIC, INC. DBA INSURED.IO	c EIN-PN 27-5019671-001
a	Plan name INTERGALACTIC, INC. DBA BOOKMANS RETIREMENT PLAN	
b	Name of plan sponsor INTERGALACTIC, INC. DBA BOOKMANS	c EIN-PN 86-0336886-001
a	Plan name IPS CORPORATION 401(K) PLAN	
b	Name of plan sponsor IPS CORPORATION	c EIN-PN 95-3922892-001
a	Plan name J&D 401(K) RETIREMENT PLAN	
b	Name of plan sponsor JONES & DEMILLE ENGINEERING INC.	c EIN-PN 87-0377962-001
a	Plan name J. KOKOLAKIS CONTRACTING, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor J. KOKOLAKIS CONTRACTING, INC.	c EIN-PN 11-2268317-001
a	Plan name JACKSON HOWELL & ASSOCIATES 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor JACKSON, HOWELL & ASSOCIATES	c EIN-PN 62-1451081-001
a	Plan name JET DELIVERY SERVICE, INC 401(K) PLAN	
b	Name of plan sponsor JET DELIVERY SERVICE, INC.	c EIN-PN 43-0951627-001
a	Plan name JEWISH FAMILY & CHILDREN'S SERVICE RETIREMENT PLAN	
b	Name of plan sponsor JEWISH FAMILY & CHILDREN'S SERVICE, INC.	c EIN-PN 86-0096781-003

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	JO-ANN STORES, LLC 401(K) SAVINGS PLAN	
b	Name of plan sponsor	JO-ANN STORES, LLC	c EIN-PN 34-0720629-001
a	Plan name	JOHN J. ANTALIS, MD INC. 401(K) PLAN	
b	Name of plan sponsor	JOHN J. ANTALIS, MD INC.	c EIN-PN 31-1430733-001
a	Plan name	JONES LANG LASALLE SAVINGS AND RETIREMENT PLAN	
b	Name of plan sponsor	JONES LANG LASALLE AMERICAS, INC.	c EIN-PN 36-4160760-001
a	Plan name	JORNS & ASSOCIATES LLC 401(K) PLAN	
b	Name of plan sponsor	JORNS & ASSOCIATES LLC	c EIN-PN 87-1515525-001
a	Plan name	JOSE PEPPER'S/CACTUS GRILL 401(K) PLAN	
b	Name of plan sponsor	JOSE PEPPER'S RESTAURANTS, LLC	c EIN-PN 45-4482059-001
a	Plan name	JOURNEY COMMUNITY SCHOOLS, INC. 401(K) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor	JOURNEY COMMUNITY SCHOOLS, INC	c EIN-PN 84-2266115-001
a	Plan name	JUPITER INTELLIGENCE, INC 401(K) PLAN	
b	Name of plan sponsor	JUPITER INTELLIGENCE, INC	c EIN-PN 81-5372197-001
a	Plan name	KAIZEN AUTO GROUP 401(K) PLAN	
b	Name of plan sponsor	KAIZEN RESOURCES, INC	c EIN-PN 82-2474379-001
a	Plan name	KANSAS CITY PSYCHIATRIC, P.A. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	KANSAS CITY PSYCHIATRIC, P.A.	c EIN-PN 48-1107374-001
a	Plan name	KAUFFMAN CENTER FOR THE PERFORMING ARTS 401K PLAN	
b	Name of plan sponsor	KAUFFMAN CENTER FOR THE PERFORMING ARTS	c EIN-PN 43-1866550-001
a	Plan name	KELLOGG COMPANY MASTER TRUST	
b	Name of plan sponsor	KELLOGG COMPANY	c EIN-PN 38-0710690-006
a	Plan name	KENSAL FARMERS ELEVATOR COMPANY 401K PLAN	
b	Name of plan sponsor	KENSAL FARMERS-ELEVATOR COMPANY	c EIN-PN 45-0153510-001

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	KERRY K ASSIL MD INC 401(K) PLAN	
b	Name of plan sponsor	KERRY K ASSIL MD	c EIN-PN 95-4623874-001
a	Plan name	KESSLER 401(K) PLAN	
b	Name of plan sponsor	GRAND PERFORMER INC.	c EIN-PN 59-3470873-001
a	Plan name	KETT ENGINEERING CORPORATION RETIREMENT PLAN	
b	Name of plan sponsor	KETT ENGINEERING CORPORATION	c EIN-PN 95-1780668-001
a	Plan name	KEYES MOTORS, INC. PROFIT SHARING PLAN	
b	Name of plan sponsor	KEYES MOTORS, INC.	c EIN-PN 95-2539242-001
a	Plan name	KEYHOLDER VACATIONS 401(K) PLAN	
b	Name of plan sponsor	DVC ACQUISITION DBA KEYHOLDER VACATIONS	c EIN-PN 84-5109822-001
a	Plan name	KICE INDUSTRIES INC. SAFE HARBOR 401(K) PLAN	
b	Name of plan sponsor	KICE INDUSTRIES INC.	c EIN-PN 48-0735815-003
a	Plan name	KINGSTON COMPANIES 401(K) PLAN	
b	Name of plan sponsor	DAY-RAY PRODUCTIONS INC.	c EIN-PN 95-4076124-001
a	Plan name	KISSIMMEE POLICE OFFICERS' RETIREMENT PLAN	
b	Name of plan sponsor	CITY OF KISSIMMEE POLICE OFFICERS' RETIREMENT	c EIN-PN 59-6000348-999
a	Plan name	KISSIMMEE UTILITY AUTHORITY EMPLOYEES' RETIREMENT PLAN	
b	Name of plan sponsor	KISSIMMEE UTILITY AUTHORITY	c EIN-PN 59-2561939-999
a	Plan name	KK WIND SOLUTIONS U.S., INC. 401(K) PLAN	
b	Name of plan sponsor	KK WIND SOLUTIONS U.S., INC.	c EIN-PN 33-1224302-001
a	Plan name	KLINGMAN AND ASSOCIATES EMPLOYEE SAVINGS PLAN	
b	Name of plan sponsor	KLINGMAN AND ASSOCIATES, LLC	c EIN-PN 06-1612508-001
a	Plan name	KLX ENERGY SERVICES 401(K) PLAN	
b	Name of plan sponsor	KLX ENERGY SERVICES HOLDINGS, INC.	c EIN-PN 36-4904146-001

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 KOKOSING CONSTRUCTION COMPANY, INC. UNION 401(K) PLAN	
b	Name of plan sponsor KOKOSING CONSTRUCTION COMPANY, INC	c EIN-PN 31-1023518-005
a	Plan name KONISTO COMPANIES, LLC 401(K) PLAN	
b	Name of plan sponsor KONISTO COMPANIES, LLC	c EIN-PN 46-5546582-001
a	Plan name KPC GLOBAL 401(K) PLAN	
b	Name of plan sponsor KPC GLOBAL MANAGEMENT, LLC	c EIN-PN 26-4469929-002
a	Plan name LABORERS PENSION TRUST FUND - DETROIT AND VICINITY	
b	Name of plan sponsor BOARD OF TRUSTEES, LABORERS PENSION TRUST FUND - DETROIT AND VICINITY	c EIN-PN 51-6030973-001
a	Plan name LEAD BANK 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor LEAD BANK	c EIN-PN 44-0255510-001
a	Plan name LEE'S MARKETPLACE, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor LEE'S MARKETPLACE, INC.	c EIN-PN 87-0372019-001
a	Plan name LEGACY VACATION CLUB SERVICES 401(K) PLAN	
b	Name of plan sponsor LEGACY VACATION CLUB SERVICES, LLC DBA LEGACY VACATION RESORTS	c EIN-PN 27-0296930-001
a	Plan name LEGAL AID OF WESTERN MISSOURI PROFIT SHARING PLAN	
b	Name of plan sponsor LEGAL AID OF WESTERN MISSOURI	c EIN-PN 43-0824638-002
a	Plan name LEGRAND NORTH AMERICA 401(K) PLAN	
b	Name of plan sponsor LEGRAND HOLDING, INC.	c EIN-PN 98-0065554-001
a	Plan name LEGRAND SAVINGS PLAN	
b	Name of plan sponsor LEGRAND HOLDING, INC.	c EIN-PN 98-0065554-002
a	Plan name LEHI CITY 457(B) PLAN	
b	Name of plan sponsor CITY OF LEHI	c EIN-PN 87-6000240-999
a	Plan name LEHI CITY CORPORATION (K)	
b	Name of plan sponsor CITY OF LEHI	c EIN-PN 87-6000240-999

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 LIFE SAFETY SYSTEMS, INC. RETIREMENT PLAN	
b	Name of plan sponsor LIFE SAFETY SYSTEMS, INC.	c EIN-PN 41-1759128-001
a	Plan name LIGHTHOUSE HR SERVICES, LLC 401(K) PLAN	
b	Name of plan sponsor LIGHTHOUSE HR SERVICES, LLC	c EIN-PN 45-5382595-001
a	Plan name LIGHTHOUSE PACKAGING RETIREMENT PLAN	
b	Name of plan sponsor LIGHTHOUSE PACKAGING, LLC	c EIN-PN 47-4008981-001
a	Plan name LMC DEFINED CONTRIBUTION MASTER TRUST	
b	Name of plan sponsor LOCKHEED MARTIN CORPORATION	c EIN-PN 04-3321934-002
a	Plan name LMD STUDIO 401(K) PLAN	
b	Name of plan sponsor LAMBERT AND MCGUIRE STUDIO LLC D/B/A LAMBERT MCGUIRE DESIGN	c EIN-PN 83-1118432-001
a	Plan name LOU FUSZ AUTOMOTIVE NETWORK RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor LOU FUSZ AUTOMOTIVE NETWORK, INC.	c EIN-PN 43-1502088-002
a	Plan name LOVE COMMUNICATIONS EMPLOYEE STOCK OWNERSHIP 401(K) PLAN	
b	Name of plan sponsor LOVE COMMUNICATIONS HOLDINGS, INC.	c EIN-PN 87-4109345-001
a	Plan name LOWINGER EYECARE PA 401(K) PLAN	
b	Name of plan sponsor LOWINGER EYECARE PA	c EIN-PN 65-1119452-001
a	Plan name LSC SAVINGS PLAN	
b	Name of plan sponsor LSC COMMUNICATIONS, LLC	c EIN-PN 85-3418344-001
a	Plan name LUCID SOFTWARE INC. 401(K) PLAN	
b	Name of plan sponsor LUCID SOFTWARE INC.	c EIN-PN 26-4737100-001
a	Plan name MAGELLAN HEALTH, INC. RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor MAGELLAN HEALTH, INC.	c EIN-PN 58-1076937-001
a	Plan name MAHLE 401(K) PLAN	
b	Name of plan sponsor MAHLE INDUSTRIES INC.	c EIN-PN 58-2431334-004

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 MALOBA BUILDERS AND SERVICES DBA M+ BUILDERS 401(K) PLAN	
b	Name of plan sponsor MALOBA BUILDERS AND SERVICES LLC DBA M+ BUILDERS	c EIN-PN 83-3739347-001
a	Plan name MARKHAM CONTRACTING CO., INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor MARKHAM CONTRACTING CO.	c EIN-PN 86-0339647-001
a	Plan name MAVERICK TRAVEL & LOGISTICS 401(K) PLAN	
b	Name of plan sponsor MAVERICK TRAVEL & LOGISTICS LLC	c EIN-PN 99-3383076-001
a	Plan name MAYA HOTEL OPERATING COMPANY 401(K) RETIREMENT PLAN	
b	Name of plan sponsor MAYA HOTEL OPERATING COMPANY LLC	c EIN-PN 30-0680393-001
a	Plan name MECHANICAL BREAKDOWN PROTECTION, INC. 401K PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor MECHANICAL BREAKDOWN PROTECTION, INC.	c EIN-PN 43-1265395-002
a	Plan name MEDALLION DENTAL LABORATORY, INC. 401K PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor MEDALLION DENTAL LABORATORY, INC.	c EIN-PN 48-1087685-001
a	Plan name MEDIACENTRIC INTEGRATION INC 401K PLAN	
b	Name of plan sponsor MEDIACENTRIC INTEGRATION INC	c EIN-PN 68-0550730-001
a	Plan name MELBOURNE FIREFIGHTERS' RETIREMENT SYSTEM	
b	Name of plan sponsor CITY OF MELBOURNE	c EIN-PN 59-6813295-999
a	Plan name MESA HOTEL OPERATING COMPANY 401(K) RETIREMENT PLAN	
b	Name of plan sponsor MESA HOTEL OPERATING COMPANY, LLC	c EIN-PN 84-3303124-001
a	Plan name MICROBOARD PROCESSING, INC. PROFIT SHARING PLAN	
b	Name of plan sponsor MICROBOARD PROCESSING, INC.	c EIN-PN 06-1076626-001
a	Plan name MID-ATLANTIC WOMENS CARE PLC PROFIT SHARING PLAN	
b	Name of plan sponsor MID-ATLANTIC WOMENS CARE PLC	c EIN-PN 54-1820401-001
a	Plan name MIDWEST EDITIONS, INC. 401(K) PLAN	
b	Name of plan sponsor MIDWEST EDITIONS, INC.	c EIN-PN 41-0963385-001

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 MIDWEST OPERATING ENGINEERS PENSION FUND	
b	Name of plan sponsor MIDWEST OPERATING ENGINEERS PENSION FUND BOARD OF TRUSTEES	c EIN-PN 36-6140097-001
a	Plan name MILTON B. GRIN MD PA 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor MILTON B. GRIN MD PA	c EIN-PN 48-1211938-001
a	Plan name MILWAUKEE PUBLIC LIBRARY FOUNDATION INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor MILWAUKEE PUBLIC LIBRARY FOUNDATION INC.	c EIN-PN 39-1610233-002
a	Plan name MINNESOTA LIFE INSURANCE COMPANY NUVEEN TIAA LIFECYCLE INDEX SERIES	
b	Name of plan sponsor MINNESOTA LIFE INSURANCE COMPANY	c EIN-PN 41-0417830-999
a	Plan name MISA CONSOLIDATED 401(K) PLAN	
b	Name of plan sponsor MARUBENI-ITOCHU STEEL AMERICA INC.	c EIN-PN 13-4185896-001
a	Plan name MISSION FEDERAL CREDIT UNION EMPLOYEES 401(K) PLAN	
b	Name of plan sponsor MISSION FEDERAL CREDIT UNION	c EIN-PN 95-2148515-001
a	Plan name MISSION INCREASE FOUNDATION 401(K) PLAN	
b	Name of plan sponsor MISSION INCREASE FOUNDATION	c EIN-PN 81-0618279-001
a	Plan name MOMO'S 401(K) PLAN	
b	Name of plan sponsor SALTY RESTAURANT GROUP LLC D/B/A MOMOS	c EIN-PN 84-2834229-001
a	Plan name MONOTECH OF MISSISSIPPI 401(K) PLAN	
b	Name of plan sponsor MONOTECH OF MISSISSIPPI INC.	c EIN-PN 94-3123753-002
a	Plan name MONOTECH OF MISSISSIPPI, INC. PENSION PLAN FOR COLLECTIVE BARGAINING EMPLOYEES	
b	Name of plan sponsor MONOTECH OF MISSISSIPPI, INC.	c EIN-PN 94-3123753-001
a	Plan name MONTROSE ENVIRONMENTAL GROUP 401(K) PLAN	
b	Name of plan sponsor MONTROSE ENVIRONMENTAL GROUP, INC.	c EIN-PN 46-4195044-001
a	Plan name MOONTOWER 401(K) PLAN	
b	Name of plan sponsor MOONTOWER LLC D/B/A MOONTOWER DESIGN BUILD	c EIN-PN 27-1469410-001

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	MORRIS-SHEA BRIDGE COMPANY, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	MORRIS-BRIDGE COMPANY, INC.	c EIN-PN 63-0575307-001
a	Plan name	MORROW EQUIPMENT COMPANY L.L.C SAVINGS PLAN	
b	Name of plan sponsor	MORROW EQUIPMENT COMPANY L.L.C	c EIN-PN 93-1126215-001
a	Plan name	MOTT MACDONALD 401(K) PLAN	
b	Name of plan sponsor	MOTT MACDONALD GROUP, INC	c EIN-PN 22-3789761-001
a	Plan name	MPGC RETIREMENT PLAN	
b	Name of plan sponsor	M PAUL GENERAL CONTRACTORS, LLC DBA MPGC	c EIN-PN 52-2375375-001
a	Plan name	MRS. DENNIS POTATO COMPANY 401(K) PLAN	
b	Name of plan sponsor	MDP ACQUISITIONS, LLC	c EIN-PN 93-2456652-001
a	Plan name	MSC 401(K) PLAN	
b	Name of plan sponsor	MANUFACTURING SCIENCES CORPORATION	c EIN-PN 84-0887414-001
a	Plan name	MSR-FSR 401(K) PLAN	
b	Name of plan sponsor	MSR-FSR, LLC	c EIN-PN 27-0715061-001
a	Plan name	MUSEUM OF NORTHERN ARIZONA RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	MUSEUM OF NORTHERN ARIZONA, INC.	c EIN-PN 86-0098920-002
a	Plan name	NACD EMPLOYEE RETIREMENT PLAN	
b	Name of plan sponsor	NATIONAL ASSOCIATION OF CHEMICAL DISTRIBUTORS	c EIN-PN 23-7414544-001
a	Plan name	NATIONAL WORLD WAR I MUSEUM AND MEMORIAL 401(K) PLAN	
b	Name of plan sponsor	LIBERTY MEMORIAL ASSOCIATION	c EIN-PN 43-6052673-001
a	Plan name	NAUGATUCK VALLEY RADIOLOGICAL ASSOCIATES, P.C. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	NAUGATUCK VALLEY RADIOLOGICAL ASSOCIATES, P.C.	c EIN-PN 06-0931385-003
a	Plan name	NAVISTAR, INC. MASTER TRUST	
b	Name of plan sponsor	NAVISTAR, INC.	c EIN-PN 43-6830613-001

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 NEUROSCIENCE GROUP OF NORTHEAST WISCONSIN, S.C. PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor NEUROSCIENCE GROUP OF NORTHEAST WISCONSIN, S.C.	c EIN-PN 39-1731465-002
a	Plan name NEVADA COMMUNITY MANAGEMENT, LLC. 401(K) PLAN	
b	Name of plan sponsor NEVADA COMMUNITY MANAGEMENT, LLC.	c EIN-PN 27-2248971-001
a	Plan name NEW ENGEN 401(K) PLAN	
b	Name of plan sponsor NEW ENGEN, INC.	c EIN-PN 81-3509343-001
a	Plan name NEW HOPE HEALTH SERVICES 401(K) PLAN	
b	Name of plan sponsor NEW HOPE HEALTH SERVICES, LLC	c EIN-PN 82-3597040-001
a	Plan name NEW WORLD MEDICAL 401(K) PLAN	
b	Name of plan sponsor NEW WORLD MEDICAL	c EIN-PN 33-0456051-001
a	Plan name NEXT TRUCKING 401(K) PLAN	
b	Name of plan sponsor NEXT TRUCKING, INC.	c EIN-PN 81-4645546-001
a	Plan name NICKERSON INSURANCE SERVICES, INC 401(K) PLAN	
b	Name of plan sponsor NICKERSON INSURANCE SERVICES, INC.	c EIN-PN 95-2876395-001
a	Plan name NIMBLE GRAVITY, LLC 401(K) PLAN	
b	Name of plan sponsor NIMBLE GRAVITY, LLC	c EIN-PN 84-2764068-001
a	Plan name NOMI HEALTH 401(K) PLAN	
b	Name of plan sponsor NOMI HEALTH, INC.	c EIN-PN 84-1905194-001
a	Plan name NUVEEN LIFECYCLE 2010	
b	Name of plan sponsor SEI TRUST COMPANY	c EIN-PN 87-3245785-043
a	Plan name NUVEEN LIFECYCLE 2015	
b	Name of plan sponsor SEI TRUST COMPANY	c EIN-PN 87-3264362-043
a	Plan name NUVEEN LIFECYCLE 2020	
b	Name of plan sponsor SEI TRUST COMPANY	c EIN-PN 87-3341007-043

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	NUVEEN LIFECYCLE 2025	
b Name of plan sponsor	SEI TRUST COMPANY	c EIN-PN 87-3363304-043
a Plan name	NUVEEN LIFECYCLE 2030	
b Name of plan sponsor	SEI TRUST COMPANY	c EIN-PN 87-3374750-043
a Plan name	NUVEEN LIFECYCLE 2035	
b Name of plan sponsor	SEI TRUST COMPANY	c EIN-PN 87-3394101-043
a Plan name	NUVEEN LIFECYCLE 2040	
b Name of plan sponsor	SEI TRUST COMPANY	c EIN-PN 87-3413034-043
a Plan name	NUVEEN LIFECYCLE 2045	
b Name of plan sponsor	SEI TRUST COMPANY	c EIN-PN 87-3433550-043
a Plan name	NUVEEN LIFECYCLE 2050	
b Name of plan sponsor	SEI TRUST COMPANY	c EIN-PN 87-3456432-043
a Plan name	NUVEEN LIFECYCLE 2055	
b Name of plan sponsor	SEI TRUST COMPANY	c EIN-PN 87-3473135-043
a Plan name	NUVEEN LIFECYCLE 2060	
b Name of plan sponsor	SEI TRUST COMPANY	c EIN-PN 87-3497030-043
a Plan name	NUVEEN LIFECYCLE 2065	
b Name of plan sponsor	SEI TRUST COMPANY	c EIN-PN 87-3527350-043
a Plan name	NUVEEN LIFECYCLE BLEND 2010	
b Name of plan sponsor	SEI TRUST COMPANY	c EIN-PN 84-3069065-043
a Plan name	NUVEEN LIFECYCLE BLEND 2015	
b Name of plan sponsor	SEI TRUST COMPANY	c EIN-PN 84-2819477-043
a Plan name	NUVEEN LIFECYCLE BLEND 2020	
b Name of plan sponsor	SEI TRUST COMPANY	c EIN-PN 84-2831745-043

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	NUVEEN LIFECYCLE BLEND 2025	
b	Name of plan sponsor	SEI TRUST COMPANY	c EIN-PN 84-2860795-043
a	Plan name	NUVEEN LIFECYCLE BLEND 2030	
b	Name of plan sponsor	SEI TRUST COMPANY	c EIN-PN 84-2874526-043
a	Plan name	NUVEEN LIFECYCLE BLEND 2035	
b	Name of plan sponsor	SEI TRUST COMPANY	c EIN-PN 84-2893191-043
a	Plan name	NUVEEN LIFECYCLE BLEND 2040	
b	Name of plan sponsor	SEI TRUST COMPANY	c EIN-PN 84-2900094-043
a	Plan name	NUVEEN LIFECYCLE BLEND 2045	
b	Name of plan sponsor	SEI TRUST COMPANY	c EIN-PN 84-2910960-043
a	Plan name	NUVEEN LIFECYCLE BLEND 2050	
b	Name of plan sponsor	SEI TRUST COMPANY	c EIN-PN 84-2939617-043
a	Plan name	NUVEEN LIFECYCLE BLEND 2055	
b	Name of plan sponsor	SEI TRUST COMPANY	c EIN-PN 84-2969085-043
a	Plan name	NUVEEN LIFECYCLE BLEND 2060	
b	Name of plan sponsor	SEI TRUST COMPANY	c EIN-PN 84-2996248-043
a	Plan name	NUVEEN LIFECYCLE BLEND 2065	
b	Name of plan sponsor	SEI TRUST COMPANY	c EIN-PN 85-3261857-043
a	Plan name	NUVEEN LIFECYCLE BLEND RETIREMENT INCOME	
b	Name of plan sponsor	SEI TRUST COMPANY	c EIN-PN 84-3013107-043
a	Plan name	NUVEEN LIFECYCLE INCOME INDEX 2010	
b	Name of plan sponsor	SEI TRUST COMPANY	c EIN-PN 93-2267117-171
a	Plan name	NUVEEN LIFECYCLE INCOME INDEX 2015	
b	Name of plan sponsor	SEI TRUST COMPANY	c EIN-PN 93-2370231-171

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	NUVEEN LIFECYCLE INCOME INDEX 2020	
b	Name of plan sponsor	SEI TRUST COMPANY	c EIN-PN 93-2417088-171
a	Plan name	NUVEEN LIFECYCLE INCOME INDEX 2025	
b	Name of plan sponsor	SEI TRUST COMPANY	c EIN-PN 93-2431293-171
a	Plan name	NUVEEN LIFECYCLE INCOME INDEX 2030	
b	Name of plan sponsor	SEI TRUST COMPANY	c EIN-PN 93-2446153-171
a	Plan name	NUVEEN LIFECYCLE INCOME INDEX 2035	
b	Name of plan sponsor	SEI TRUST COMPANY	c EIN-PN 93-2468807-171
a	Plan name	NUVEEN LIFECYCLE INCOME INDEX 2040	
b	Name of plan sponsor	SEI TRUST COMPANY	c EIN-PN 93-2491972-171
a	Plan name	NUVEEN LIFECYCLE INCOME INDEX 2045	
b	Name of plan sponsor	SEI TRUST COMPANY	c EIN-PN 93-2513081-171
a	Plan name	NUVEEN LIFECYCLE INCOME INDEX 2050	
b	Name of plan sponsor	SEI TRUST COMPANY	c EIN-PN 93-2541124-171
a	Plan name	NUVEEN LIFECYCLE INCOME INDEX 2055	
b	Name of plan sponsor	SEI TRUST COMPANY	c EIN-PN 93-2566891-171
a	Plan name	NUVEEN LIFECYCLE INCOME INDEX 2060	
b	Name of plan sponsor	SEI TRUST COMPANY	c EIN-PN 93-2589723-171
a	Plan name	NUVEEN LIFECYCLE INCOME INDEX 2065	
b	Name of plan sponsor	SEI TRUST COMPANY	c EIN-PN 93-2610339-171
a	Plan name	NUVEEN LIFECYCLE INDEX 2010	
b	Name of plan sponsor	SEI TRUST COMPANY	c EIN-PN 85-2937849-043
a	Plan name	NUVEEN LIFECYCLE INDEX 2015	
b	Name of plan sponsor	SEI TRUST COMPANY	c EIN-PN 85-2959174-043

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	NUVEEN LIFECYCLE INDEX 2020	
b	Name of plan sponsor	SEI TRUST COMPANY	c EIN-PN 85-2999137-043
a	Plan name	NUVEEN LIFECYCLE INDEX 2025	
b	Name of plan sponsor	SEI TRUST COMPANY	c EIN-PN 85-3015123-043
a	Plan name	NUVEEN LIFECYCLE INDEX 2030	
b	Name of plan sponsor	SEI TRUST COMPANY	c EIN-PN 85-3029802-043
a	Plan name	NUVEEN LIFECYCLE INDEX 2035	
b	Name of plan sponsor	SEI TRUST COMPANY	c EIN-PN 85-3078653-043
a	Plan name	NUVEEN LIFECYCLE INDEX 2040	
b	Name of plan sponsor	SEI TRUST COMPANY	c EIN-PN 85-3093428-043
a	Plan name	NUVEEN LIFECYCLE INDEX 2045	
b	Name of plan sponsor	SEI TRUST COMPANY	c EIN-PN 85-3115258-043
a	Plan name	NUVEEN LIFECYCLE INDEX 2050	
b	Name of plan sponsor	SEI TRUST COMPANY	c EIN-PN 85-3138760-043
a	Plan name	NUVEEN LIFECYCLE INDEX 2055	
b	Name of plan sponsor	SEI TRUST COMPANY	c EIN-PN 85-3165477-043
a	Plan name	NUVEEN LIFECYCLE INDEX 2060	
b	Name of plan sponsor	SEI TRUST COMPANY	c EIN-PN 85-3177591-043
a	Plan name	NUVEEN LIFECYCLE INDEX 2065	
b	Name of plan sponsor	SEI TRUST COMPANY	c EIN-PN 85-3241339-043
a	Plan name	NUVEEN LIFECYCLE INDEX RETIREMENT INCOME	
b	Name of plan sponsor	SEI TRUST COMPANY	c EIN-PN 85-2928955-043
a	Plan name	NUVEEN LIFECYCLE RETIREMENT INCOME	
b	Name of plan sponsor	SEI TRUST COMPANY	c EIN-PN 87-3562082-043

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	NUWHIRL 401(K) PLAN	
b	Name of plan sponsor	NUWHIRL SYSTEMS CORP	c EIN-PN 20-2468225-001
a	Plan name	O AND P INSIGHT 401(K) PLAN	
b	Name of plan sponsor	O AND P INSIGHT	c EIN-PN 47-2663205-001
a	Plan name	O W LEE COMPANY, INC. 401(K) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor	O W LEE COMPANY, INC.	c EIN-PN 95-1784196-001
a	Plan name	OAKLAND COUNTY 401(A) DEFINED CONTRIBUTION PLAN	
b	Name of plan sponsor	OAKLAND COUNTY, MICHIGAN	c EIN-PN 38-6004876-002
a	Plan name	OAKLAND COUNTY 457(B) DEFERRED COMPENSATION PLAN	
b	Name of plan sponsor	OAKLAND COUNTY, MICHIGAN	c EIN-PN 38-6004876-003
a	Plan name	OAKLAND COUNTY 457(B) PART-TIME NON-ELIGIBLE PLAN	
b	Name of plan sponsor	OAKLAND COUNTY, MICHIGAN	c EIN-PN 38-6004876-004
a	Plan name	ODC CONSTRUCTION, LLC 401(K) PLAN	
b	Name of plan sponsor	ODC CONSTRUCTION, LLC	c EIN-PN 45-2355025-001
a	Plan name	ODDO PROPERTY MANAGEMENT 401(K) PLAN	
b	Name of plan sponsor	ODDO PROPERTY MANAGEMENT, LLC	c EIN-PN 87-4385185-001
a	Plan name	OFFICEHEADS 401(K) PLAN	
b	Name of plan sponsor	OFFICEHEADS, INC.	c EIN-PN 26-2743155-001
a	Plan name	ONTARIO REFRIGERATION SERVICE 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	ONTARIO REFRIGERATION SERVICE, INC.	c EIN-PN 95-2750584-001
a	Plan name	OPTIONAL RETIREMENT PLAN FOR INSTITUTIONS OF HIGHER LEARNING IN THE STATE OF MS	
b	Name of plan sponsor	MISSISSIPPI PERS	c EIN-PN 64-6001557-004
a	Plan name	OSSO CAPITAL MANAGEMENT 401(K) PLAN	
b	Name of plan sponsor	OSSO CAPITAL MANAGEMENT, LP	c EIN-PN 85-4298531-001

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	OVINTIV U.S. RETIREMENT PLAN	
b	Name of plan sponsor	OVINTIV SERVICES, INC.	c EIN-PN 90-1021013-001
a	Plan name	OVIVO 401(K) PLAN	
b	Name of plan sponsor	OVIVO USA LLC	c EIN-PN 76-0742644-001
a	Plan name	PACKSIZE 401(K) PLAN	
b	Name of plan sponsor	PACKSIZE, LLC	c EIN-PN 26-1241626-001
a	Plan name	PAINTING INDUSTRY ANNUITY FUND	
b	Name of plan sponsor	BOARD OF TRUSTEES - PAINTING INDUSTRY ANNUITY FD	c EIN-PN 51-6049898-001
a	Plan name	PALOMAR DISPLAY PRODUCTS, INC 401(K) RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	PALOMAR DISPLAY PRODUCTS, INC.	c EIN-PN 33-0781305-001
a	Plan name	PASEO PASADENA HOTEL OPERATING COMPANY 401(K) PLAN	
b	Name of plan sponsor	PASEO PASADENA HOTEL OPERATING COMPANY, LLC	c EIN-PN 87-2806838-001
a	Plan name	PASSPORT TECHNOLOGY USA, INC. 401(K) PLAN	
b	Name of plan sponsor	PASSPORT TECHNOLOGY USA, INC.	c EIN-PN 86-0859413-101
a	Plan name	PATIENTS BEST CHOICE HOME HEALTHCARE 401(K) PLAN	
b	Name of plan sponsor	PATIENTS BEST CHOICE HOME HEALTH, INC.	c EIN-PN 20-3339769-001
a	Plan name	PATTERSON & SHERIDAN, LLP PROFIT SHARING 401(K) PLAN	
b	Name of plan sponsor	PATTERSON & SHERIDAN, LLP	c EIN-PN 22-3340889-001
a	Plan name	PAYPAL 401(K) SAVINGS PLAN	
b	Name of plan sponsor	PAYPAL HOLDINGS, INC.	c EIN-PN 47-2989869-001
a	Plan name	PCI 401(K) PLAN	
b	Name of plan sponsor	PLASTIC COMPONENTS, INC. (PCI)	c EIN-PN 39-1640538-005
a	Plan name	PELICAN BAY FOUNDATION, INC. 401(K) PLAN	
b	Name of plan sponsor	PELICAN BAY FOUNDATION, INC.	c EIN-PN 59-1977547-001

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
a	Plan name PENN MUTUAL AGENTS RETIREMENT PLAN	
b	Name of plan sponsor PENN MUTUAL LIFE INSURANCE COMPANY	c EIN-PN 23-0952300-003
a	Plan name PENSION FUND OF CEMENT MASONS UNION LOCAL NO. 502	
b	Name of plan sponsor BOARD OF TRUSTEES CEMENT MASONS' PENSION FUND	c EIN-PN 51-6034597-001
a	Plan name PERFORMANCE CONTRACTING GROUP, INC. ESOP/401(K) PLAN	
b	Name of plan sponsor PERFORMANCE CONTRACTING GROUP, INC.	c EIN-PN 34-1478097-004
a	Plan name PERFORMANCE CONTRACTING GROUP, INC. HOURLY EMPLOYEES 401(K) PLAN	
b	Name of plan sponsor PERFORMANCE CONTRACTING GROUP, INC.	c EIN-PN 34-1478097-001
a	Plan name PHOENIX CHILDRENS HOSPITAL 401K INVESTMENT PLAN	
b	Name of plan sponsor PHOENIX CHILDREN'S HOSPITAL	c EIN-PN 86-0422559-001
a	Plan name PHOENIX OPCO LLC 401(K) PLAN	
b	Name of plan sponsor PHOENIX OPCO LLC D/B/A PHOENIX ELECTRIC MFG CO.	c EIN-PN 88-2696949-001
a	Plan name PICKETT, CHANEY & MCMULLEN PROFIT SHARING PLAN	
b	Name of plan sponsor PICKETT, CHANEY & MCMULLEN LLP	c EIN-PN 48-1246310-001
a	Plan name PINNACLE FERTILITY, INC. 401(K) PLAN	
b	Name of plan sponsor PINNACLE FERTILITY, INC.	c EIN-PN 84-3726293-001
a	Plan name PLEXUS WORLDWIDE 401(K) RETIREMENT PLAN	
b	Name of plan sponsor PLEXUS WORLDWIDE, LLC	c EIN-PN 46-5571152-001
a	Plan name PORTLAND GENERAL ELECTRIC COMPANY 401K PLAN	
b	Name of plan sponsor PORTLAND GENERAL ELECTRIC COMPANY	c EIN-PN 93-0256820-005
a	Plan name PRESIDIO COMPONENTS, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor PRESIDIO COMPONENTS, INC.	c EIN-PN 95-3456375-002
a	Plan name PRIORITY PRESS, INC. 401(K) PLAN	
b	Name of plan sponsor PRIORITY PRESS, INC.	c EIN-PN 35-1484919-002

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	PROCOPIO CORY HARGREAVES & SAVITCH LLP 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	PROCOPIO CORY HARGREAVES & SAVITCH LLP	c EIN-PN 95-1634364-002
a	Plan name	PROCOPIO CORY HARGREAVES & SAVITCH LLP NONPARTNER ATTORNEY 401(K) PLAN	
b	Name of plan sponsor	PROCOPIO CORY HARGREAVES & SAVITCH LLP	c EIN-PN 95-1634364-003
a	Plan name	PROFIT PARTICIPATION PLAN OF MOODY'S CORPORATION	
b	Name of plan sponsor	MODDY'S CORPORATION	c EIN-PN 13-3998945-002
a	Plan name	PROTEOR 401K PLAN	
b	Name of plan sponsor	PROTEOR USA, LLC	c EIN-PN 27-1395510-001
a	Plan name	PROVIDENCE CHRISTIAN COLLEGE 401K PLAN	
b	Name of plan sponsor	PROVIDENCE CHRISTIAN COLLEGE	c EIN-PN 83-0340684-001
a	Plan name	PRV MANAGEMENT, L.P. 401(K) PLAN	
b	Name of plan sponsor	PRV MANAGEMENT, L.P.	c EIN-PN 30-0372557-001
a	Plan name	PSP INDUSTRIES PROFIT SHARING 401(K) PLAN	
b	Name of plan sponsor	PSP INDUSTRIES, INC.	c EIN-PN 94-3123651-001
a	Plan name	PUGH'S BROTHERS EMPLOYEE SAVINGS PLAN	
b	Name of plan sponsor	FLORAL ACCOUNTING SERVICE, INC. DBA PUGH'S FLOWERS	c EIN-PN 62-1471278-001
a	Plan name	PYC THERAPEUTICS 401(K) PLAN	
b	Name of plan sponsor	PYC THERAPEUTICS	c EIN-PN 84-4658895-001
a	Plan name	PYRAMEX SAFETY PRODUCTS 401(K) PLAN	
b	Name of plan sponsor	PYRAMEX SAFETY PRODUCTS, LLC	c EIN-PN 62-1619253-001
a	Plan name	QUALITY INTEGRATED SERVICES, INC. 401(K) PLAN	
b	Name of plan sponsor	QUALITY INTEGRATED SERVICES	c EIN-PN 20-1934351-002
a	Plan name	R & O CONSTRUCTION PROFIT SHARING 401(K) PLAN	
b	Name of plan sponsor	R & O CONSTRUCTION	c EIN-PN 87-0357889-001

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	RADNET 401(K) PLAN	
b	Name of plan sponsor	RADNET, INC.	c EIN-PN 95-4377348-001
a	Plan name	RANCHO MISSION VIEJO, LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	RANCHO MISSION VIEJO, LLC	c EIN-PN 33-0732871-003
a	Plan name	RAYA'S PARADISE 401(K) PLAN	
b	Name of plan sponsor	RAYA'S PARADISE, INC.	c EIN-PN 95-4797523-001
a	Plan name	REALTY INCOME RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	REALTY INCOME CORPORATION	c EIN-PN 33-0580106-002
a	Plan name	RECREATIONAL EQUIPMENT, INC. RETIREMENT AND PROFIT SHARING PLAN	
b	Name of plan sponsor	RECREATIONAL EQUIPMENT, INC.	c EIN-PN 91-0656890-001
a	Plan name	REDCASTLE RESOURCES, INC. 401(K) PLAN AND TRUST	
b	Name of plan sponsor	REDCASTLE RESOURCES, INC.	c EIN-PN 87-0607812-001
a	Plan name	REGIONAL TRANSPORTATION AUTHORITY 401(K) PLAN AND TRUST	
b	Name of plan sponsor	PACE, THE SUBURBAN BUS DIVISION OF THE RTA	c EIN-PN 30-0046722-001
a	Plan name	RESIDENTIAL BUILDING SUPPLY 401(K) PLAN	
b	Name of plan sponsor	RESIDENTIAL BUILDING SUPPLY	c EIN-PN 59-2420676-001
a	Plan name	RETIREMENT PLAN OF IDAHO POWER COMPANY	
b	Name of plan sponsor	IDAHO POWER COMPANY	c EIN-PN 82-0130980-001
a	Plan name	REVELEER 401(K) PLAN	
b	Name of plan sponsor	HEALTH DATA VISION, INC	c EIN-PN 30-0759432-001
a	Plan name	REYES HOLDINGS RETIREMENT PLAN	
b	Name of plan sponsor	REYES HOLDINGS, L.L.C	c EIN-PN 36-4121934-005
a	Plan name	RICARDO ISD RISE 457(B) DEFERRED COMPENSATION PLAN	
b	Name of plan sponsor	RICARDO INDEPENDENT SCHOOL DISTRICT	c EIN-PN 74-6001528-999

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	ROBERTO'S TACO SHOP LLC 401(K) PLAN	
b	Name of plan sponsor	ROBERTOS TACO SHOP, LLC	c EIN-PN 26-3780000-001
a	Plan name	ROBINSON MILLER LLC PROFIT SHARING 401(K) PLAN	
b	Name of plan sponsor	ROBINSON MILLER LLC	c EIN-PN 26-1545344-001
a	Plan name	ROCKWOOD ELECTRIC UTILITY EMPLOYEES' PENSION PLAN	
b	Name of plan sponsor	ROCKWOOD ELECTRIC UTILITY	c EIN-PN 62-6001343-001
a	Plan name	ROMEO ENTERTAINMENT GROUP INC 401(K) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor	ROMEO ENTERTAINMENT GROUP INC	c EIN-PN 68-0604628-001
a	Plan name	ROY CITY, UT 401(A) PLAN	
b	Name of plan sponsor	ROY CITY CORPORATION	c EIN-PN 87-6000274-999
a	Plan name	ROY CITY, UT 457(B) PLAN	
b	Name of plan sponsor	ROY CITY CORPORATION	c EIN-PN 87-6000274-999
a	Plan name	RS, LLC 401(K) PLAN	
b	Name of plan sponsor	RS, LLC	c EIN-PN 82-2400563-001
a	Plan name	RUBICON LLC SAVINGS PLAN FOR SALARIED EMPLOYEES	
b	Name of plan sponsor	RUBICON LLC	c EIN-PN 72-0927730-002
a	Plan name	RWS LIFE SCIENCES 401(K) PLAN	
b	Name of plan sponsor	RWS LIFE SCIENCES INC.	c EIN-PN 82-2740673-001
a	Plan name	S&P GLOBAL SAVINGS PLAN COLLECTIVE INVESTMENT TRUST	
b	Name of plan sponsor	S&P GLOBAL, INC.	c EIN-PN 26-0821335-101
a	Plan name	SAFE CREDIT UNION 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	SAFE CREDIT UNION	c EIN-PN 94-1179501-002
a	Plan name	SAGE 401(K) RETIREMENT & SAVINGS PLAN	
b	Name of plan sponsor	SAGE HOSPITALITY RESOURCES, LLC	c EIN-PN 84-1273343-001

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 SAGEVIEW ADVISORY GROUP 401(K) PLAN	
b	Name of plan sponsor SAGEVIEW ADVISORY GROUP INC.	c EIN-PN 51-0492818-001
a	Plan name SAM ASH MUSIC CORPORATION 401(K) SAVINGS AND RETIREMENT PLAN	
b	Name of plan sponsor SAM ASH MUSIC CORPORATION	c EIN-PN 11-2313915-003
a	Plan name SAMES MOTOR COMPANY, INC. SALARY DEFERRAL 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor SAMES MOTOR COMPANY, INC.	c EIN-PN 74-1493789-001
a	Plan name SAN FRANCISCO PUBLIC HEALTH FOUNDATION 401(K) PLAN	
b	Name of plan sponsor SAN FRANCISCO PUBLIC HEALTH FOUNDATION	c EIN-PN 94-3117093-001
a	Plan name SANTE FE ISD RISE 457(B) DEFERRED COMPENSATION PLAN	
b	Name of plan sponsor SANTA FE INDEPENDENT SCHOOL DISTRICT	c EIN-PN 74-6000028-999
a	Plan name SEIGFREID BINGHAM 401(K) RETIREMENT PLAN	
b	Name of plan sponsor SEIGFREID BINGHAM, P.C.	c EIN-PN 43-1027985-002
a	Plan name SENTINEL TECHNOLOGIES RETIREMENT PLAN & TRUST	
b	Name of plan sponsor SENTINEL TECHNOLOGIES, INC.	c EIN-PN 36-3199182-002
a	Plan name SERA PROGNOSTICS, INC. 401K PLAN	
b	Name of plan sponsor SERA PROGNOSTICS, INC.	c EIN-PN 26-1911522-001
a	Plan name SHADY CANYON GOLF CLUB 401K SAVINGS PLAN	
b	Name of plan sponsor SHADY CANYON GOLF CLUB, INC.	c EIN-PN 33-0965956-001
a	Plan name SHEET METAL WORKERS LOCAL UNION NO. 32 PENSION FUND	
b	Name of plan sponsor BD OF TTEES SHEET METAL WORKERS LOCAL UNION 32	c EIN-PN 59-6152610-001
a	Plan name SHOWER BUDDY 401(K) PLAN	
b	Name of plan sponsor SHOWER BUDDY, LLC	c EIN-PN 42-1723839-001
a	Plan name SIERRA AGRA USA 401(K) PLAN	
b	Name of plan sponsor SIERRA AGRA USA	c EIN-PN 84-4053550-001

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	SIGNATURE SIGNS 401(K) PLAN	
b	Name of plan sponsor	SIGNATURE SIGNS	c EIN-PN 61-1285773-001
a	Plan name	SIMPLE MANAGEMENT GROUP INC 401(K) PLAN	
b	Name of plan sponsor	SIMPLE MANAGEMENT GROUP	c EIN-PN 85-3924667-001
a	Plan name	SIOUX HONEY ASSOCIATION 401(K) PLAN	
b	Name of plan sponsor	SIOUX HONEY ASSOCIATION	c EIN-PN 42-0527930-001
a	Plan name	SKARIN LAW GROUP 401(K) PLAN	
b	Name of plan sponsor	SKARIN LAW GROUP, APC	c EIN-PN 84-1836347-001
a	Plan name	SOLUTIONREACH 401(K) PLAN	
b	Name of plan sponsor	SOLUTIONREACH, INC.	c EIN-PN 87-0649593-001
a	Plan name	SOUTH BAY HEARING AND BALANCE CENTER 401(K) PLAN	
b	Name of plan sponsor	SOUTH BAY HEARING AND BALANCE CENTER	c EIN-PN 26-0851825-001
a	Plan name	SOUTHEASTERN IRON WORKERS ANNUITY FUND	
b	Name of plan sponsor	BD OF TTEESS OF SOUTHEASTERN IRON WORKERS ANNUITY	c EIN-PN 58-6319526-001
a	Plan name	SOUTHERN CALIFORNIA ILLUMINATION 401(K) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor	SOUTHERN CALIFORNIA ILLUMINATION	c EIN-PN 33-0516406-001
a	Plan name	SPARK COMMUNITY INVESTMENT COMPANY 401(K) PLAN	
b	Name of plan sponsor	SPARK COMMUNITY INVESTMENT COMPANY	c EIN-PN 46-4201204-001
a	Plan name	SPOTTER, INC. 401(K) AND PROFIT SHARING PLAN	
b	Name of plan sponsor	SPOTTER, INC.	c EIN-PN 84-2562137-001
a	Plan name	SPRUCE 401(K) PLAN	
b	Name of plan sponsor	SPRUCE SERVICES, INC.	c EIN-PN 47-4535259-002
a	Plan name	SPUR INTELLIGENCE CORPORATION 401(K) PLAN	
b	Name of plan sponsor	SPUR INTELLIGENCE CORPORATION	c EIN-PN 82-3437920-001

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	SQUARE CARE MEDICAL GROUP, LLP 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	SQUARE CARE MEDICAL GROUP, LLP	c EIN-PN 20-2652680-001
a	Plan name	SSP AMERICA, INC. 401(K) SAVINGS PLAN	
b	Name of plan sponsor	SSP AMERICA, INC.	c EIN-PN 33-0169494-001
a	Plan name	STARBUCKS CORPORATION 401(K) PLAN	
b	Name of plan sponsor	STARBUCKS CORPORATION	c EIN-PN 91-1325671-001
a	Plan name	STATEFIRE 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	INTERSTATE FIRE SALES & SERVICE LLC DBA STATEFIRE DC SPECIALTIES	c EIN-PN 26-0252670-001
a	Plan name	STEVEN D. PENDLETON, DDS P.A. 401(K) PLAN	
b	Name of plan sponsor	STEVEN D. PENDLETON DDS P.A.	c EIN-PN 20-4125340-002
a	Plan name	STRAIGHTLINE BUILDERS, INC. 401K PROFIT SHARING PLAN	
b	Name of plan sponsor	STRAIGHTLINE BUILDERS, INC.	c EIN-PN 86-0867704-001
a	Plan name	STRONG & HANNI 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	STRONG & HANNI, P.C.	c EIN-PN 87-0404056-001
a	Plan name	SUBNATION MEDIA INC. RETIREMENT PLAN	
b	Name of plan sponsor	SUBNATION MEDIA INC.	c EIN-PN 82-5390830-001
a	Plan name	SUNFLOWER PAVING 401(K) PLAN	
b	Name of plan sponsor	SUNFLOWER PAVING, INC.	c EIN-PN 48-0937316-001
a	Plan name	SUPERIOR PLUS ENERGY SERVICES, INC. 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	SUPERIOR PLUS ENERGY SERVICES, INC.	c EIN-PN 16-0736353-002
a	Plan name	SURA/JEFFERSON SCIENCE ASSOCIATES 401(K) PLAN	
b	Name of plan sponsor	SOUTHEASTERN UNIVERSITIES RESEARCH ASSOCIATION, INC. (SURA)	c EIN-PN 54-1156453-003
a	Plan name	SWEED MACHINERY INC. 401(K) PLAN	
b	Name of plan sponsor	SWEED MACHINERY INC.	c EIN-PN 93-0926443-001

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 SYSTIMA TECHNOLOGIES, INC. 401(K) PLAN	
b	Name of plan sponsor SYSTIMA TECHNOLOGIES, INC.	c EIN-PN 27-0011081-001
a	Plan name TAYLOR COMPANIES 401K AND PROFIT SHARING PLAN	
b	Name of plan sponsor TAYLOR CORPORATION	c EIN-PN 41-0852411-002
a	Plan name TEAMAN, RAMIREZ & SMITH 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor TEAMAN, RAMIREZ & SMITH, INC.	c EIN-PN 95-3636462-001
a	Plan name TEAMSTERS-EMPLOYERS LOCAL NO. 945 PENSION FUND	
b	Name of plan sponsor BOARD OF TRUSTEES	c EIN-PN 22-6196388-001
a	Plan name TEL TECH NETWORKS, INC. 401(K)	
b	Name of plan sponsor TEL TECH NETWORKS, INC.	c EIN-PN 86-1016468-001
a	Plan name TERRALUNA COLLABORATIVE 401(K) PLAN	
b	Name of plan sponsor TERRALUNA COLLABORATIVE	c EIN-PN 46-0991430-001
a	Plan name THE BLACKLEDGE GROUP, INC. 401(K)	
b	Name of plan sponsor THE BLACKLEDGE GROUP, INC.	c EIN-PN 46-4933738-001
a	Plan name THE CARIOCA COMPANY RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor THE CARIOCA COMPANY	c EIN-PN 86-0273768-001
a	Plan name THE COMPUTER MERCHANT, LTD. 401(K) RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor THE COMPUTER MERCHANT, LTD.	c EIN-PN 04-2703758-002
a	Plan name THE DONOHOE PROFIT SHARING/401(K) SAVINGS PLAN	
b	Name of plan sponsor THE DONOHOE COMPANIES, INC.	c EIN-PN 20-5044868-334
a	Plan name THE FERTILIZER INSTITUTE 401(K) SAVINGS PLAN	
b	Name of plan sponsor THE FERTILIZER INSTITUTE	c EIN-PN 53-0225257-002
a	Plan name THE HERRICK CORPORATION MONEY PURCHASE PLAN	
b	Name of plan sponsor THE HERRICK CORPORATION	c EIN-PN 94-1488039-002

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 THE HERRICK CORPORATION PROFIT SHARING 401(K) PLAN	
b	Name of plan sponsor THE HERRICK CORPORATION	c EIN-PN 94-1488039-001
a	Plan name THE KOKOSING GROUP 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor KOKOSING CONSTRUCTION COMPANY, INC.	c EIN-PN 31-1023518-001
a	Plan name THE LUNDQUIST INSTITUTE FOR BIOMEDICAL INNOVATION AT HARBOR-UCLA MEDICAL CENTER DEFINED CONTRIBUTION PLAN	
b	Name of plan sponsor THE LUNDQUIST INSTITUTE FOR BIOMEDICAL INNOVATION AT HARBOR-UCLA MEDIC	c EIN-PN 95-2138184-001
a	Plan name THE MANAGEMENT TRUST EMPLOYEE 401(K) SAVINGS PLAN	
b	Name of plan sponsor THE MANAGEMENT TRUST	c EIN-PN 20-3911881-001
a	Plan name THE MARCUS CORP 401(K) RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor THE MARCUS CORPORATION	c EIN-PN 39-1139844-002
a	Plan name THE PORCH 401(K) PLAN	
b	Name of plan sponsor THE PORCH AT WINTER PARK LLC	c EIN-PN 46-4215014-001
a	Plan name THE PREVITI GROUP	
b	Name of plan sponsor THE PREVITI GROUP	c EIN-PN 45-5415228-001
a	Plan name THE REHABILITATION CENTER RETIREMENT PLAN	
b	Name of plan sponsor CATTARAUGUS REHABILITATION CENTER, INC.	c EIN-PN 16-1291766-002
a	Plan name THE RESTORATION HARDWARE 401(K) PLAN	
b	Name of plan sponsor RESTORATION HARDWARE INC.	c EIN-PN 68-0140361-001
a	Plan name THE ROOMPLACE PROFIT SHARING & SAVINGS PLAN	
b	Name of plan sponsor TRP ACQUISITION, INC.	c EIN-PN 45-3745864-001
a	Plan name THE WIN CREW 401(K) PLAN	
b	Name of plan sponsor HH CAPITAL LLC D/B/A THE WIN CREW	c EIN-PN 47-5531529-001
a	Plan name THE WIREMOLD COMPANY SAVINGS AND RETIREMENT PLAN	
b	Name of plan sponsor THE WIREMOLD COMPANY	c EIN-PN 06-0593670-003

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 THE WOMEN'S HEALTHCARE GROUP 401(K) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor THE WOMEN'S HEALTHCARE GROUP	c EIN-PN 48-1084280-001
a	Plan name THE YARCO 401(K) PLAN	
b	Name of plan sponsor YARCO COMPANY, INC.	c EIN-PN 43-1022273-002
a	Plan name THORNTON LAW FIRM, LLP PROFIT SHARING PLAN	
b	Name of plan sponsor THORNTON LAW FIRM, LLP	c EIN-PN 04-2761223-001
a	Plan name TISHMAN SPEYER PROPERTIES, L.P. 401(K) SAVINGS PLAN	
b	Name of plan sponsor TISHMAN SPEYER PROPERTIES, LP	c EIN-PN 13-2954404-002
a	Plan name TKO WORKFORCE SOLUTIONS 401(K) PLAN	
b	Name of plan sponsor TKO WORKFORCE SOLUTIONS D/B/A TKO STAFFING	c EIN-PN 87-1913021-001
a	Plan name TO INFINITUM AND BEYOND 401(K) PLAN	
b	Name of plan sponsor INFINITUM ELECTRIC INC.	c EIN-PN 46-1748221-001
a	Plan name TOYON RESEARCH CORPORATION EMPLOYEE STOCK OWNERSHIP PLAN	
b	Name of plan sponsor TOYON RESEARCH CORPORATION	c EIN-PN 95-3526665-001
a	Plan name TPUSA 401(K) PLAN	
b	Name of plan sponsor TPUSA, INC.	c EIN-PN 87-0512021-001
a	Plan name TRANSIT MANAGEMENT OF SOUTHEAST LOUISIANA, INC. RETIREMENT INCOME PLAN	
b	Name of plan sponsor REGIONAL TRANSIT AUTHORITY	c EIN-PN 72-0956036-001
a	Plan name TRUVIAN 401(K) PLAN	
b	Name of plan sponsor TRUVIAN SCIENCES, INC.	c EIN-PN 47-4996745-001
a	Plan name TURNER DESIGNS 401K SAVINGS & RETIREMENT PLAN	
b	Name of plan sponsor TURNER DESIGNS, INC.	c EIN-PN 94-2157287-002
a	Plan name UH CLINICAL ASSOCIATES, LLC 401(K) RETIREMENT PLAN	
b	Name of plan sponsor US ACUTE CARE SOLUTIONS	c EIN-PN 34-1807694-003

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	UNIFIED WOMEN'S HEALTHCARE, LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	UNIFIED WOMEN'S HEALTHCARE, LLC	c EIN-PN 26-3930592-001
a	Plan name	UNIVERSITY OF DAYTON DEFINED CONTRIBUTION RETIREMENT PLAN	
b	Name of plan sponsor	UNIVERSITY OF DAYTON	c EIN-PN 31-0536715-101
a	Plan name	US ACUTE CARE SOLUTIONS PROFIT SHARING/401(K) PLAN AND TRUST	
b	Name of plan sponsor	US ACUTE CARE SOLUTIONS	c EIN-PN 34-1807694-001
a	Plan name	UTAH IMAGING ASSOCIATES, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	UTAH IMAGING ASSOCIATES, INC.	c EIN-PN 87-0622942-002
a	Plan name	UWH OF FLORIDA LLC 401K PROFIT SHARING PLAN	
b	Name of plan sponsor	FLORIDA WOMAN CARE, LLC	c EIN-PN 26-0609255-001
a	Plan name	UWH OF MICHIGAN 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	UWH OF MICHIGAN	c EIN-PN 87-4360568-001
a	Plan name	UWH OF NORTH CAROLINA PLLC 401K RETIREMENT PLAN	
b	Name of plan sponsor	UWH OF NORTH CAROLINA, PLLC	c EIN-PN 32-0418835-001
a	Plan name	UWH OF TEXAS, PLLC 401K RETIREMENT PLAN	
b	Name of plan sponsor	UNIFIED WOMEN'S HEALTHCARE OF TEXAS, PLLC	c EIN-PN 61-1744250-001
a	Plan name	V. MARCHESE, INC. PROFIT SHARING PLAN	
b	Name of plan sponsor	V. MARCHESE, INC.	c EIN-PN 39-1164834-001
a	Plan name	VECC 401(A) PLAN	
b	Name of plan sponsor	SALT LAKE VALLEY EMERGENCY COMMUNICATIONS CENTER	c EIN-PN 87-0462371-001
a	Plan name	VECC 457(B) PLAN	
b	Name of plan sponsor	SALT LAKE VALLEY EMERGENCY COMMUNICATIONS CENTER	c EIN-PN 87-0462371-001
a	Plan name	VICON MOTION SYSTEMS, INC. 401(K) PLAN	
b	Name of plan sponsor	VICON MOTION SYSTEMS, INC.	c EIN-PN 33-0775561-001

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	VICTORIA LANDING LLC 401(K) PLAN	
b Name of plan sponsor	VICTORIA LANDING LLC	c EIN-PN 46-0552327-001
a Plan name	VIDEO WALL SOLUTIONS 401(K) PLAN	
b Name of plan sponsor	VIDEO WALL SOLUTIONS	c EIN-PN 84-2496032-001
a Plan name	VIRCO MFG. CORPORATION 401(K) PLAN	
b Name of plan sponsor	VIRCO MFG. CORPORATION	c EIN-PN 95-1613718-002
a Plan name	VIRGINIA HIGH SCHOOL LEAGUE, INC. 401(K) PLAN	
b Name of plan sponsor	VIRGINIA HIGH SCHOOL LEAGUE, INC.	c EIN-PN 51-0250506-001
a Plan name	VISIT KC 401(K) PLAN	
b Name of plan sponsor	KANSAS CITY CONVENTION & VISITORS ASSOCIATION	c EIN-PN 43-0862331-002
a Plan name	VISTA GOLD U.S. INC. 401(K) PLAN	
b Name of plan sponsor	VISTA GOLD U.S., INC	c EIN-PN 98-0066159-001
a Plan name	VITAS HEALTHCARE CORPORATION 401(K) PLAN	
b Name of plan sponsor	VITAS HEALTHCARE CORPORATION	c EIN-PN 59-2318357-002
a Plan name	VIZANCE, INC. 401(K) PROFIT SHARING PLAN	
b Name of plan sponsor	VIZANCE, INC.	c EIN-PN 39-1309381-001
a Plan name	VOESTALPINE HIGH PERFORMANCE METALS RETIREMENT PLAN	
b Name of plan sponsor	VOESTALPINE HIGH PERFORMANCE METALS CORP.	c EIN-PN 13-1420260-003
a Plan name	VRC COMPANIES, LLC 401(K) PROFIT SHARING PLAN	
b Name of plan sponsor	VRC COMPANIES, LLC	c EIN-PN 82-0796581-001
a Plan name	VS STRATEGIES, LLC 401(K) PLAN	
b Name of plan sponsor	VS STRATEGIES, LLC	c EIN-PN 46-5420909-001
a Plan name	WALGREENS RETIREMENT SAVINGS MASTER TRUST	
b Name of plan sponsor	WALGREEN CO.	c EIN-PN 36-1924025-003

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	WALMART 401(K) PLAN	
b	Name of plan sponsor	WAL-MART STORES, INC.	c EIN-PN 71-0415188-003
a	Plan name	WEAVE 401(K) PLAN	
b	Name of plan sponsor	WEAVE COMMUNICATIONS, INC.	c EIN-PN 26-3302902-001
a	Plan name	WELLISH VISION INSTITUTE 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	EYE ASSOCIATES OF NEVADA WELLISH, P.C.	c EIN-PN 88-0331757-002
a	Plan name	WEST AIR, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	WEST AIR, INC.	c EIN-PN 94-2698388-002
a	Plan name	WEST TEXAS EYE, P.A. RETIREMENT PLAN & TRUST	
b	Name of plan sponsor	WEST TEXAS EYE, P.A.	c EIN-PN 75-2820263-001
a	Plan name	WESTERN DIGITAL CORPORATION 401(K) PLAN	
b	Name of plan sponsor	WESTERN DIGITAL CORPORATION	c EIN-PN 33-0956711-003
a	Plan name	WESTERN VALLEY CUTSTOCK INC. 401(K) PLAN	
b	Name of plan sponsor	WESTERN VALLEY CUTSTOCK INC.	c EIN-PN 93-1070471-001
a	Plan name	WESTWOOD HOLDINGS GROUP, INC. SAVINGS PLAN	
b	Name of plan sponsor	WESTWOOD HOLDINGS GROUP, INC.	c EIN-PN 75-2969997-001
a	Plan name	WEX INC. EMPLOYEE SAVINGS PLAN	
b	Name of plan sponsor	WEX INC.	c EIN-PN 01-0526993-001
a	Plan name	WHATLEY OIL AND AUTO PARTS COMPANY , INC. 401K PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor	WHATLEY OIL AND AUTO PARTS COMPANY, INC	c EIN-PN 58-1419413-001
a	Plan name	WHITE CLOUD HEALTH CENTER LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	WHITE CLOUD HEALTH CENTER LLC	c EIN-PN 36-4916295-001
a	Plan name	WILDISH GROUP OF COMPANIES 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	WILDISH BUILDING MATERIAL CO	c EIN-PN 93-0492469-003

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 WILDISH HOURLY EMPLOYEES 401(K) PLAN	
b	Name of plan sponsor WILDISH BUILDING MATERIAL CO	c EIN-PN 93-0492469-004
a	Plan name WILLIAMS MULLEN CLARK & DOBBINS 401(K) RETIREMENT PLAN	
b	Name of plan sponsor WILLIAMS MULLEN CLARK & DOBBINS P.C.	c EIN-PN 54-1246519-003
a	Plan name WILLIAMS MULLEN CLARK & DOBBINS ASSOCIATES 401(K) PLAN	
b	Name of plan sponsor WILLIAMS MULLEN CLARK & DOBBINS P.C.	c EIN-PN 54-1246519-005
a	Plan name WK KELLOGG CO SAVINGS & INVESTMENT MASTER TRUST	
b	Name of plan sponsor KELLOGG COMPANY	c EIN-PN 93-2140905-999
a	Plan name WYATT'S TIRE CO AND AFFILIATES COMPANIES RESTATED PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor WYATT'S TIRE CO	c EIN-PN 93-0643334-001
a	Plan name WYNN RESORTS, LIMITED 401(K) PLAN	
b	Name of plan sponsor WYNN RESORTS, LIMITED	c EIN-PN 46-0484987-001
a	Plan name YES& COMPANIES EMPLOYEE SAVINGS PLAN	
b	Name of plan sponsor YES& COMPANIES LLC	c EIN-PN 13-3689044-001
a	Plan name YINLUN TDI 401(K) PLAN	
b	Name of plan sponsor YINLUN TDI, LLC	c EIN-PN 36-4731143-001
a	Plan name YOUNG MANAGEMENT CORPORATION 401(K) PLAN	
b	Name of plan sponsor YOUNG MANAGEMENT CORPORATION	c EIN-PN 48-1092280-001
a	Plan name ZIMMER NORTHWEST INC 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor ZIMMER NORTHWEST INC	c EIN-PN 72-1563039-001
a	Plan name ZUAR, INC. 401(K) PLAN	
b	Name of plan sponsor ZUAR, INC.	c EIN-PN 82-4880407-001
a	Plan name	
b	Name of plan sponsor	c EIN-PN

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 NUVEEN/SEI TRUST COMPANY INVESTMENT TRUST	B Three-digit plan number (PN) ▶ 043
C Plan sponsor's name as shown on line 2a of Form 5500 SEI TRUST COMPANY	D Employer Identification Number (EIN) 27-3441498

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
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	80434000	135367000
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	115325000	170533000
(2) U.S. Government securities	1c(2)	948151000	1570460000
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)	512450000	743308000
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)	10184000	13034000
(B) Common	1c(4)(B)	6771488000	11150511000
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)	13989000	15395000
(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)	4085618000	7225302000
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other.....	1c(15)	196836000	240324000

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	12734475000	21264234000
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h		
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j	88063000	68107000
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	88063000	68107000
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	12646412000	21196127000

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)		
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	7173000	
(B) U.S. Government securities.....	2b(1)(B)	66053000	
(C) Corporate debt instruments.....	2b(1)(C)	31264000	
(D) Loans (other than to participants).....	2b(1)(D)	648000	
(E) Participant loans.....	2b(1)(E)		
(F) Other.....	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		105138000
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)	78000	
(B) Common stock.....	2b(2)(B)	67003000	
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)	43416000	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		110497000
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)	4074000000	
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	3741006000	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		332994000
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)	1260510000	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		1260510000

		(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)		714251000
c Other income	2c		10394000
d Total income. Add all income amounts in column (b) and enter total	2d		2533784000

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)		
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)		
(6) Bank or trust company trustee/custodial fees	2i(6)	26963000	
(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)	242000	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		27205000
j Total expenses. Add all expense amounts in column (b) and enter total	2j		27205000

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		2506579000
l Transfers of assets:			
(1) To this plan	2l(1)		10964914000
(2) From this plan	2l(2)		4921778000

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 _____.