

Form 5500

Annual Return/Report of Employee Benefit Plan

OMB Nos. 1210-0110 1210-0089

Department of the Treasury Internal Revenue Service

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).

2024

Department of Labor Employee Benefits Security Administration

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

Pension Benefit Guaranty Corporation

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

Part II Basic Plan Information—enter all requested information

1a Name of plan: PIMCO COLLECTIVE INVESTMENT TRUST II
1b Three-digit plan number (PN): 036
1c Effective date of plan
2a Plan sponsor's name (employer, if for a single-employer plan): SEI TRUST COMPANY
2b Employer Identification Number (EIN): 45-4367155
2c Plan Sponsor's telephone number: 610-676-2369
2d Business code (see instructions)

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

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

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

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

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>PIMCO COLLECTIVE INVESTMENT TRUST II</u>	B Three-digit plan number (PN)	<u>036</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>45-4367155</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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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	ACTERRA GROUP, LLC 401(K) PLAN	
b	Name of plan sponsor	ACTERRA GROUP, LLC	c EIN-PN 92-0611226-001
a	Plan name	ADENZA, INC. 401(K) RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	ADENZA, INC.	c EIN-PN 94-3277822-001
a	Plan name	ADVANCE BRONZE, INC. 401(K) PLAN	
b	Name of plan sponsor	ADVANCE BRONZE INC.	c EIN-PN 34-1038612-001
a	Plan name	ADVANTIVE, LLC 401(K) SAVINGS & RETIREMENT PLAN	
b	Name of plan sponsor	ADVANTIVE, LLC	c EIN-PN 54-1923658-001
a	Plan name	AG&E STRUCTURAL ENGENUITY 401(K) PLAN	
b	Name of plan sponsor	AG&E ASSOCIATES, P.L.L.C.	c EIN-PN 20-0819808-001
a	Plan name	AGPM, LLC 401(K) PLAN	
b	Name of plan sponsor	AGPM, LLC	c EIN-PN 26-3645429-101
a	Plan name	ALENIA AERMACCHI NORTH AMERICA, INC. 401(K) PLAN	
b	Name of plan sponsor	ALENIA AERMACCHI NORTH AMERICA, INC.	c EIN-PN 16-1661335-001
a	Plan name	ALERSTALLINGS, LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	ALERSTALLINGS, LLC	c EIN-PN 27-3169061-001
a	Plan name	ALEXANDRIA REAL ESTATE EQUITIES, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	ALEXANDRIA REAL ESTATE EQUITIES, INC.	c EIN-PN 95-4502084-001
a	Plan name	ALJSCO MANAGEMENT LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	ALJSCO MANAGEMENT LLC	c EIN-PN 82-3603886-001
a	Plan name	ALLSUP, INC. RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	ALLSUP, INC.	c EIN-PN 37-1170934-001
a	Plan name	AMENDED EMPLOYEES SUPPLEMENTAL DEFERRED PROFIT-SHARING PLAN AND EDUCATIONAL FUND	
b	Name of plan sponsor	THE QUALITY CASTINGS COMPANY	c EIN-PN 34-0475320-002

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	AMFOR 401(K) PLAN	
b	Name of plan sponsor	AMFOR ELECTRONICS	c EIN-PN 93-0659320-001
a	Plan name	AMHERST HOLDINGS, LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	AMHERST HOLDINGS, LLC	c EIN-PN 76-0385312-001
a	Plan name	ANDERSON, O'BRIEN, BERTZ, SKRENES & GOLLA 401(K) PLAN	
b	Name of plan sponsor	ANDERSON, O'BRIEN, BERTZ, SKRENES & GOLLA	c EIN-PN 39-0856488-002
a	Plan name	ANTON'S CLEANERS 401(K) PLAN	
b	Name of plan sponsor	ANTON'S CLEANERS	c EIN-PN 04-1438920-001
a	Plan name	APACHE NITROGEN PRODUCTS, INC. RETIREMENT SAVINGS PLAN & TRUST	
b	Name of plan sponsor	APACHE NITROGEN PRODUCTS, INC.	c EIN-PN 86-0001820-003
a	Plan name	APICELLA + BUNTON ARCHITECTS, LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	APICELLA + BUNTON ARCHITECTS, LLC	c EIN-PN 20-0905126-001
a	Plan name	APOTHYM TECHNOLOGIES GROUP, LLC 401(K) PLAN	
b	Name of plan sponsor	APOTHYM TECHNOLOGIES GROUP, LLC	c EIN-PN 88-0690578-001
a	Plan name	APPRIZE TECHNOLOGY SOLUTIONS 401(K) PLAN	
b	Name of plan sponsor	AL TECHNOLOGIES, LLC	c EIN-PN 20-5087486-001
a	Plan name	ARISTA INDUSTRIES, INC. 401(K) PSP	
b	Name of plan sponsor	ARISTA INDUSTRIES, INC.	c EIN-PN 13-5542791-003
a	Plan name	ARIZONA DENTAL ASSOCIATION RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	ARIZONA DENTAL ASSOCIATION	c EIN-PN 20-5709197-001
a	Plan name	ASURINT RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	ONE SOURCE TECHNOLOGY, LLC	c EIN-PN 36-4559418-001
a	Plan name	AVANT FOOD MEDIA, LLC 401(K) PLAN	
b	Name of plan sponsor	AVANT FOOD MEDIA, LLC	c EIN-PN 85-3348325-001

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	AXIOM GLOBAL, INC. 401(K) PLAN	
b	Name of plan sponsor	AXIOM GLOBAL, INC.	c EIN-PN 13-4099840-001
a	Plan name	AXIS SPECIALTY U.S. SERVICES, INC. 401(K) PLAN	
b	Name of plan sponsor	AXIS SPECIALTY U.S. SERVICES, INC.	c EIN-PN 41-2030082-001
a	Plan name	AYLESWORTH DERMATOLOGY RETIREMENT PLAN	
b	Name of plan sponsor	AYLESWORTH DERMATOLOGY	c EIN-PN 20-1555850-004
a	Plan name	BADGER TRAILER & EQUIPMENT RETIREMENT PLAN	
b	Name of plan sponsor	BADGER TRAILER & EQUIPMENT CORP.	c EIN-PN 39-0144771-001
a	Plan name	BANCO INTERNACIONAL DE COSTA RICA SA 401K PLAN	
b	Name of plan sponsor	BANCO INTERNACIONAL DE COSTA RICA SA	c EIN-PN 59-2042919-001
a	Plan name	BEAUTY BY IMAGINATION 401(K) PLAN	
b	Name of plan sponsor	J & D BRUSH ASSOCIATES, LLC	c EIN-PN 82-0640629-001
a	Plan name	BEECHER RIDGE DENTAL 401(K) PLAN	
b	Name of plan sponsor	BEECHER RIDGE DENTAL	c EIN-PN 31-1744815-001
a	Plan name	BERTOLO & CO, LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	BERTOLO & CO, LLC	c EIN-PN 22-3831716-001
a	Plan name	BETANXT 401(K) PLAN	
b	Name of plan sponsor	BETA PLUS TECHNOLOGIES, INC.	c EIN-PN 88-1708677-001
a	Plan name	BGB COMMUNICATIONS, LLC 401(K) PLAN	
b	Name of plan sponsor	BGB COMMUNICATIONS, LLC	c EIN-PN 14-1927305-001
a	Plan name	BOX PARTNERS, LLC 401(K) PLAN	
b	Name of plan sponsor	BOX ACQUISITIONS, LLC (D/B/A/ BOX PARTNERS, LLC)	c EIN-PN 27-1454192-001
a	Plan name	BPL PLASMA, INC. & AFFILIATES 401(K) PS PLAN	
b	Name of plan sponsor	BPL PLASMA, INC. & AFFILIATES 401(K) PS PLAN	c EIN-PN 61-1431126-001

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	BRG REALTY GROUP, LLC EMPLOYEES SAVINGS PLAN	
b	Name of plan sponsor	BRG REALTY GROUP, LLC	c EIN-PN 20-2916184-001
a	Plan name	BROOKDALE SENIOR LIVING INC. 401(K) RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	BROOKDALE SENIOR LIVING INC.	c EIN-PN 20-3068069-001
a	Plan name	BUCKEYE CHAI 401(K) PLAN	
b	Name of plan sponsor	BUCKEYE CHAI HOLDING COMPANY, LLC	c EIN-PN 92-1357940-001
a	Plan name	BURNS & SCALO 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	BURNS & SCALO ROOFING COMPANY, INC.	c EIN-PN 25-1145220-003
a	Plan name	C. WEAVER, INC. 401(K) PLAN	
b	Name of plan sponsor	C. WEAVER, INC. DBA COOPER KIA	c EIN-PN 15-0520616-002
a	Plan name	CADENCE AEROSPACE PRECISION MACHINE WORKS, INC. 401(K) PLAN FOR UNION EMPLOYEES	
b	Name of plan sponsor	PRECISION MACHINE WORKS, INC.	c EIN-PN 91-0673472-004
a	Plan name	CALDERA ENGINEERING 401(K) PLAN	
b	Name of plan sponsor	CALDERA ENGINEERING, LLC	c EIN-PN 84-1375809-001
a	Plan name	CALVERT MCBRIDE, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	CALVERT MCBRIDE, INC.	c EIN-PN 71-0817212-001
a	Plan name	CAN LINES INC 401K PROFIT SHARING PLAN	
b	Name of plan sponsor	CAN LINES ENGINEERING INC.	c EIN-PN 95-2111433-001
a	Plan name	CARLISLE, MCNELLIE & RINI 401(K) SAVINGS PLAN AND TRUST	
b	Name of plan sponsor	CARLISLE, MCNELLIE, RINI, KRAMER & ULRICH CO., LPA	c EIN-PN 34-1279923-001
a	Plan name	CARRUTH-DOGGETT, INC. 401(K) PLAN	
b	Name of plan sponsor	CARRUTH-DOGGETT, INC.	c EIN-PN 76-0392853-001
a	Plan name	CBI RETIREMENT PLAN	
b	Name of plan sponsor	CINCINNATI BENGALS, INC.	c EIN-PN 31-0995705-011

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	CDN GOLF MANAGEMENT INC. 401(K) PLAN	
b	Name of plan sponsor	CDN GOLF MANAGEMENT, INC.	c EIN-PN 88-3302411-001
a	Plan name	CELERO COMMERCE 401(K) PLAN	
b	Name of plan sponsor	CELERO SERVICES CORPORATION	c EIN-PN 85-1129736-001
a	Plan name	CENTER FOR ENT 401(K) PLAN	
b	Name of plan sponsor	WEBER, MOSES, HUNG, POWITZKY, LLP CENTER FOR ENT	c EIN-PN 76-0597453-001
a	Plan name	CENTRAL MOTORS 401(K) & PROFIT SHARING PLAN	
b	Name of plan sponsor	CENTRAL MOTORS, INC. OF NORWOOD	c EIN-PN 04-2037412-001
a	Plan name	CERITY PARTNERS 401(K) PLAN	
b	Name of plan sponsor	CERITY PARTNERS MANAGEMENT, LLC	c EIN-PN 82-3417410-001
a	Plan name	CHESAPEAKE EYE CARE MANAGEMENT, LLC 401(K) PLAN	
b	Name of plan sponsor	CHESAPEAKE EYE CARE MANAGEMENT, LLC	c EIN-PN 82-1735145-001
a	Plan name	CHRISTIANO HOMES, INC. 401(K) PLAN	
b	Name of plan sponsor	CHRISTIANO HOMES, INC.	c EIN-PN 27-1732330-001
a	Plan name	CITADEL COMMUNICATIONS COMPANY, LTD 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	CITADEL COMMUNICATIONS COMPANY, LTD	c EIN-PN 13-3235400-001
a	Plan name	CK COMMERCIAL PARTNERS, LLC 401(K) PLAN	
b	Name of plan sponsor	CK COMMERCIAL PARTNERS, LLC	c EIN-PN 47-5041807-001
a	Plan name	CLINICAL TECHNOLOGY, INC. 401(K) PLAN AND TRUST	
b	Name of plan sponsor	CLINICAL TECHNOLOGY, INC.	c EIN-PN 34-1293451-002
a	Plan name	CLYDE & CO US LLP 401(K) PLAN	
b	Name of plan sponsor	CLYDE & CO US LLP	c EIN-PN 20-5083001-001
a	Plan name	COBHAM SLIP RINGS NAPLES 401(K) PLAN	
b	Name of plan sponsor	COBHAM SLIP RINGS NAPLES INC.	c EIN-PN 47-4584166-001

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	COBHAM UNITED STATES 401(K) PLAN	
b Name of plan sponsor	COBHAM MANAGEMENT SERVICES INC.	c EIN-PN 20-8844348-001
a Plan name	COGNITECT, INC. 401(K) PLAN	
b Name of plan sponsor	COGNITECT, INC.	c EIN-PN 46-3317828-001
a Plan name	COLLIBRA INC. 401(K) PLAN	
b Name of plan sponsor	COLLIBRA INC.	c EIN-PN 80-0924168-001
a Plan name	COLOSSAL BIOSCIENCES INC. 401K PLAN	
b Name of plan sponsor	COLOSSAL BIOSCIENCES INC.	c EIN-PN 86-1910538-001
a Plan name	COLUMBIA-MONTOUR AGING OFFICE, INC. 401(K) PLAN	
b Name of plan sponsor	COLUMBIA-MONTOUR AGING OFFICE, INC.	c EIN-PN 20-2466722-001
a Plan name	COMMUNITY BANK OF TRENTON EMPLOYEES PROFIT SHARING PLAN	
b Name of plan sponsor	COMMUNITY BANK OF TRENTON	c EIN-PN 37-0817404-001
a Plan name	CONSOLIDATED BEARINGS COMPANY 401(K) PLAN	
b Name of plan sponsor	CONSOLIDATED BEARING COMPANY	c EIN-PN 22-1656799-001
a Plan name	CPM ACQUISITION CORP 401(K) RETIREMENT PLAN	
b Name of plan sponsor	CPM ACQUISITION CORP	c EIN-PN 06-1612491-001
a Plan name	GRANDALL CORPORATION 401(K) RETIREMENT PLAN	
b Name of plan sponsor	GRANDALL CORPORATION	c EIN-PN 57-0697920-001
a Plan name	CRESTVIEW CADILLAC & MERCEDES BENZ OF ROCHESTER EMPLOYEE 401(K) PLAN	
b Name of plan sponsor	CRESTVIEW CADILLAC, INC.	c EIN-PN 38-2700932-001
a Plan name	CTOU, INC. 401(K) PROFIT SHARING PLAN	
b Name of plan sponsor	CTOU, INC.	c EIN-PN 87-0569825-001
a Plan name	CWS SAVINGS PLAN 401(K)	
b Name of plan sponsor	CWS CAPITAL PARTNERS LLC	c EIN-PN 33-0787121-003

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 DEL AUTO GROUP RETIREMENT PLAN	
b	Name of plan sponsor DEL CHEVROLET, INC.	c EIN-PN 23-1976175-001
a	Plan name DELTA DENTAL OF WISCONSIN, INC. RETIREMENT PLAN	
b	Name of plan sponsor DELTA DENTAL OF WISCONSIN, INC.	c EIN-PN 39-6094742-002
a	Plan name DEUTSCH FAMILY WINE & SPIRITS 401(K) SAVINGS PLAN	
b	Name of plan sponsor W.J. DEUTSCH & SONS, LTD. DBA DEUTSCH FAMILY	c EIN-PN 13-3539989-001
a	Plan name DEVON ENERGY CORPORATION INCENTIVE SAVINGS PLAN	
b	Name of plan sponsor DEVON ENERGY CORPORATION	c EIN-PN 73-1567067-002
a	Plan name DIAMOND SAW WORKS, INC. PROFIT SHARING AND RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor DIAMOND SAW WORKS, INC.	c EIN-PN 16-0408360-001
a	Plan name DIAMOND TOOL & DIE INC. 401(K) PLAN	
b	Name of plan sponsor DIAMOND TOOL & DIE, INC.	c EIN-PN 94-2176577-003
a	Plan name DRS. KANE, TESINI, SOPOROWSKI & MAHDAVI, LLP 401(K) PLAN	
b	Name of plan sponsor DRS. KANE, TESINI, SOPOROWSKI & MAHDAVI, LLP	c EIN-PN 04-2623253-001
a	Plan name DUREX PRODUCTS 401(K) PLAN	
b	Name of plan sponsor DUREX PRODUCTS, INC.	c EIN-PN 87-3392718-001
a	Plan name DURREL CORPORATION RETIREMENT & SAVINGS PLAN	
b	Name of plan sponsor DURREL CORPORATION	c EIN-PN 34-1698023-001
a	Plan name DWYER ASSOCIATES, INC. 401(K) PLAN	
b	Name of plan sponsor DWYER ASSOCIATES, INC.	c EIN-PN 04-2582573-001
a	Plan name E.P. GERBER & SONS, INC. 401(K) RETIREMENT PLAN	
b	Name of plan sponsor E.P. GERBER & SONS, INC.	c EIN-PN 34-1252534-001
a	Plan name ECLIPSE MESSENGER SERVICE RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor BAGGA BROTHERS, LLC	c EIN-PN 85-2575290-001

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 ECONOMY TRANSPORTATION & LOGISTICS, LLC 401(K) PLAN	
b	Name of plan sponsor ECONOMY TRANSPORTATION & LOGISTICS, LLC	c EIN-PN 47-2269343-001
a	Plan name EDGERTON TRUCKING INC. RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor EDGERTON TRUCKING INC.	c EIN-PN 39-1077753-001
a	Plan name EDGIO, INC 401(K) PLAN	
b	Name of plan sponsor EDGIO, INC.	c EIN-PN 20-1677033-001
a	Plan name ELENCO ELECTRONICS, LLC 401(K) RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor ELENCO ELECTRONICS, LLC	c EIN-PN 87-2031737-001
a	Plan name ELITEFILL, INC. 401(K) PLAN	
b	Name of plan sponsor ELITEFILL, INC.	c EIN-PN 86-2653785-001
a	Plan name EMPLOYERS HEALTH COALITION, INC. AND EMPLOYERS HEALTH PURCHASING CORPORATION 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor EMPLOYERS HEALTH COALITION, INC.	c EIN-PN 34-1403820-001
a	Plan name ENVIPCO, 401(K) RETIREMENT PLAN	
b	Name of plan sponsor ENVIRONMENTAL PRODUCTS CORPORATION (ENVIPCO)	c EIN-PN 52-1161910-001
a	Plan name ENVISTACOM 401(K) PLAN	
b	Name of plan sponsor ENVISTACOM	c EIN-PN 45-2184836-001
a	Plan name ERICA LANE ENTERPRISES 401(K) PLAN	
b	Name of plan sponsor ERICA LANE ENTERPRISES	c EIN-PN 58-2350718-001
a	Plan name ERICA LANE ENTERPRISES UNION 401(K)	
b	Name of plan sponsor ERICA LANE ENTERPRISES	c EIN-PN 58-2350718-002
a	Plan name ETICO FINANCIAL 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor QUARTZ PARTNERS, LLC	c EIN-PN 47-2545384-001
a	Plan name EVERYWHERE WIRELESS 401(K) PLAN	
b	Name of plan sponsor EVERYWHERE WIRELESS	c EIN-PN 27-2927210-001

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 FARMCHEM CORP 401(K)	
b	Name of plan sponsor FARMCHEM CORP	c EIN-PN 42-1026805-001
a	Plan name FARREN INTERNATIONAL, LLC 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor FARREN INTERNATIONAL, LLC	c EIN-PN 46-1543966-001
a	Plan name FIELDCOMM GROUP 401(K) PLAN	
b	Name of plan sponsor FIELDCOMM GROUP, INC.	c EIN-PN 47-1471411-001
a	Plan name FIGURE 401(K) PLAN	
b	Name of plan sponsor FIGURE TECHNOLOGIES, INC.	c EIN-PN 82-3999124-001
a	Plan name FRONTGRADE 401(K) PLAN	
b	Name of plan sponsor FRONTGRADE TECHNOLOGIES, INC.	c EIN-PN 26-1676938-002
a	Plan name FSA EMPLOYEES RETIREMENT PLAN	
b	Name of plan sponsor FOUNDATION SYSTEMS & ANCHORS, INC.	c EIN-PN 34-1688936-001
a	Plan name FUTURAMIC TOOL & ENGINEERING COMPANY 401(K) RETIREMENT PLAN	
b	Name of plan sponsor FUTURAMIC TOOL & ENGINEERING COMPANY	c EIN-PN 38-1528262-002
a	Plan name GREENSTATE CREDIT UNION 401(K) RETIREMENT PLAN	
b	Name of plan sponsor GREENSTATE CREDIT UNION	c EIN-PN 42-0804594-001
a	Plan name H&H INDUSTRIAL CORPORATION PROFIT SHARING & 401(K) PLAN	
b	Name of plan sponsor H&H INDUSTRIAL CORPORATION	c EIN-PN 21-0648285-002
a	Plan name H.H. KNOEBEL SONS, INC. 401(K) PLAN	
b	Name of plan sponsor H.H. KNOEBEL SONS, INC.	c EIN-PN 23-1935955-001
a	Plan name HACKENSACK PATHOLOGY ASSOCIATE 401(K) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor HACKENSACK PATHOLOGY ASSOCIATE	c EIN-PN 27-0512334-001
a	Plan name HARRIS & DICKEY 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor HARRIS & DICKEY LLC	c EIN-PN 27-2223411-001

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	HOME POINT FINANCIAL CORPORATION RETIREMENT PLAN	
b	Name of plan sponsor	HOME POINT FINANCIAL CORPORATION	c EIN-PN 20-8921389-001
a	Plan name	HOUSTON MECHATRONICS, INC. 401(K) PLAN	
b	Name of plan sponsor	HOUSTON MECHATRONICS, INC.	c EIN-PN 81-3056092-001
a	Plan name	HUEY ENTERPRISES, INC. PROFIT SHARING PLAN	
b	Name of plan sponsor	HUEY ENTERPRISES, INC.	c EIN-PN 74-1927936-001
a	Plan name	HURON CONSULTING GROUP RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	HURON CONSULTING GROUP, INC.	c EIN-PN 01-0666114-001
a	Plan name	IMPLY DATA, INC. 401(K) PLAN	
b	Name of plan sponsor	IMPLY DATA, INC.	c EIN-PN 47-4357198-001
a	Plan name	IMPRIVATA, INC. 401(K) PLAN	
b	Name of plan sponsor	IMPRIVATA, INC.	c EIN-PN 04-3560178-001
a	Plan name	INCORPORATED COUNTY OF LOS ALAMOS, NEW MEXICO PENSION PLAN & TRUST	
b	Name of plan sponsor	INCORPORATED COUNTY OF LOS ALAMOS, NEW MEXICO	c EIN-PN 85-6000679-001
a	Plan name	INFORMATION AND INFRASTRUCTURE TECHNOLOGIES, INC. 401(K) PLAN	
b	Name of plan sponsor	INFORMATION AND INFRASTRUCTURE TECHNOLOGIES, INC.	c EIN-PN 54-1852462-001
a	Plan name	INTERNATIONAL TRAINING CAREERS 401(K) PLAN	
b	Name of plan sponsor	INTERNATIONAL TRAINING CAREERS	c EIN-PN 13-4036055-001
a	Plan name	IRON WORKERS LOCAL 399 ANNUITY FUND	
b	Name of plan sponsor	IRON WORKERS LOCAL 399	c EIN-PN 22-2563067-001
a	Plan name	ISMIE MUTUAL INSURANCE COMPANY 401(K) PLAN	
b	Name of plan sponsor	ISMIE MUTUAL INSURANCE COMPANY	c EIN-PN 36-2883612-001
a	Plan name	ITAU BBA USA SECURITIES, INC. 401(K) PLAN	
b	Name of plan sponsor	ITAU BBA USA SECURITIES, INC.	c EIN-PN 13-4197122-001

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 JAFFE, RAITT, HEUER & WEISS PROFESSIONAL CORPORATION RETIREMENT PLAN	
b	Name of plan sponsor JAFFE, RAITT, HEUER & WEISS PROFESSIONAL CORP	c EIN-PN 38-1915036-001
a	Plan name JENDOCO CONSTRUCTION CORPORATION 401K SAFE HARBOR PROFIT SHARING PLAN	
b	Name of plan sponsor JENDOCO CONSTRUCTION CORPORATION	c EIN-PN 47-4005277-001
a	Plan name JP SYSTEMS, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor JP SYSTEMS, INC.	c EIN-PN 54-1887050-001
a	Plan name JUPITER PRESTIGE GROUP NORTH A 401(K) PROFIT SHARING PLAN TRUST	
b	Name of plan sponsor JUPITER PRESTIGE GROUP NORTH AMERICA INC	c EIN-PN 26-3980264-001
a	Plan name KAIROS INVESTMENT MANAGEMENT COMPANY, LLC 401(K) PLAN	
b	Name of plan sponsor KAIROS INVESTMENT MANAGEMENT COMPANY	c EIN-PN 27-2600230-001
a	Plan name KAISER ASSOCIATES INC. 401(K) SAVINGS PLAN	
b	Name of plan sponsor KAISER ASSOCIATES, INC.	c EIN-PN 22-2428419-001
a	Plan name KARMAK, INC. 401(K) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor KARMAK, INC.	c EIN-PN 37-1112601-001
a	Plan name KOLCRAFT ENTERPRISES, INC. 401(K) PLAN	
b	Name of plan sponsor KOLCRAFT ENTERPRISES, INC.	c EIN-PN 36-3337917-003
a	Plan name KUTTLER MACHINE, INC. 401(K) PLAN	
b	Name of plan sponsor KUTTLER MACHINE, INC.	c EIN-PN 34-1955001-001
a	Plan name KX ADVISORS PLAN	
b	Name of plan sponsor KX ADVISORS LLC	c EIN-PN 83-4023573-001
a	Plan name LACOSTE USA RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor LACOSTE USA INC.	c EIN-PN 51-0344845-001
a	Plan name LASERTEL 401(K) PLAN	
b	Name of plan sponsor LASERTEL, INC.	c EIN-PN 86-0988843-001

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	LAWRENCE RAGAN COMMUNICATIONS, INC 401(K) PLAN	
b	Name of plan sponsor	LAWRENCE RAGAN COMMUNICATIONS INC.	c EIN-PN 36-2837061-003
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 HEALTH SERVICES 401(K) RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	LEGACY HEALTH SERVICES	c EIN-PN 34-1663174-001
a	Plan name	LEGAL AID BUREAU OF BUFFALO, INC. RETIREMENT PLAN	
b	Name of plan sponsor	LEGAL AID BUREAU OF BUFFALO, INC.	c EIN-PN 16-0743069-001
a	Plan name	LINK SOLUTIONS, INC. 401(K) PLAN	
b	Name of plan sponsor	LINK SOLUTIONS, INC.	c EIN-PN 20-8058083-002
a	Plan name	LOTLINX, INC. 401(K) PLAN	
b	Name of plan sponsor	LOTLINX, INC.	c EIN-PN 73-1649539-001
a	Plan name	LOVELACE & ASSOCIATES RETIREMENT PLAN	
b	Name of plan sponsor	LOVELACE & ASSOCIATES, LLC	c EIN-PN 43-1853091-001
a	Plan name	LS ENGINEERING, INC. 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	LS ENGINEERING, INC.	c EIN-PN 38-3391545-001
a	Plan name	LUXCO, INC. I.R.C. 401(A) PROFIT SHARING PLAN FOR ITS TEAMSTERS LOCAL 688 BARGAINING EMPLOYEES	
b	Name of plan sponsor	LUXCO, INC.	c EIN-PN 43-0736473-001
a	Plan name	MAGENTA THERAPEUTICS INC 401(K) PLAN	
b	Name of plan sponsor	MAGENTA THERAPEUTICS INC	c EIN-PN 81-0724163-001
a	Plan name	MAIN STREET RENEWAL, LLC 401(K) PLAN	
b	Name of plan sponsor	MAIN STREET RENEWAL	c EIN-PN 45-5016960-001
a	Plan name	MANAGEMENT CONTROLS, INC. 401(K) PLAN	
b	Name of plan sponsor	MANAGEMENT CONTROLS, INC.	c EIN-PN 76-0392753-002

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	MASON CITY CLINIC, P.C. PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor	MASON CITY CLINIC, P.C.	c EIN-PN 42-1009288-002
a	Plan name	MCCARTY & SONS, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	MCCARTY & SONS, INC.	c EIN-PN 06-0840735-001
a	Plan name	MEDPRO SYSTEMS LLC 401(K) PLAN	
b	Name of plan sponsor	MEDPRO SYSTEMS LLC	c EIN-PN 56-2288409-001
a	Plan name	MERANI HOTEL GROUP INC 401(K) RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	MERANI HOTEL GROUP	c EIN-PN 27-0459001-001
a	Plan name	MERIDIAN INDUSTRIES, INC. RETIREMENT PLAN	
b	Name of plan sponsor	MERIDIAN INDUSTRIES, INC.	c EIN-PN 39-0732985-005
a	Plan name	MGP HOLDINGS III 401(K) PLAN	
b	Name of plan sponsor	MERITUS GAS PARTNERS	c EIN-PN 85-4304741-001
a	Plan name	MGP INGREDIENTS NON-UNION 401(K) & PROFIT SHARING PLAN	
b	Name of plan sponsor	MGP INGREDIENTS	c EIN-PN 48-0531200-006
a	Plan name	MGPI OF INDIANA 401(K) UNION PLAN	
b	Name of plan sponsor	MGP INGREDIENTS	c EIN-PN 26-2330535-001
a	Plan name	MICHELI CONTRACTING CORP. EMPLOYEES RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	MICHELI CONTRACTING CORP.	c EIN-PN 14-1467676-001
a	Plan name	MICRODENTAL, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	MICRODENTAL, INC.	c EIN-PN 81-2759912-001
a	Plan name	MICRODESK, LLC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	MICRODESK, LLC	c EIN-PN 04-3238199-001
a	Plan name	MID-STATES EQUIPMENT, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	MID-STATES EQUIPMENT, INC.	c EIN-PN 39-0973930-002

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	MILLSTEIN & CO. 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	MILLSTEIN & CO. L.P.	c EIN-PN 80-0784714-001
a	Plan name	MITEK SYSTEMS, INC. 401(K) SAVINGS PLAN	
b	Name of plan sponsor	MITEK SYSTEMS, INC.	c EIN-PN 87-0418827-001
a	Plan name	MONARCH BUILD, LLC 401(K) PLAN & TRUST	
b	Name of plan sponsor	MONARCH BUILD, LLC	c EIN-PN 82-1205051-001
a	Plan name	NAVITAS, INC. 401(K) PLAN	
b	Name of plan sponsor	NAVITAS, INC.	c EIN-PN 22-3739703-001
a	Plan name	NEW ALLEN SCHOOL 401(K) PLAN	
b	Name of plan sponsor	NEW ALLEN SCHOOL, INC.	c EIN-PN 16-1678414-001
a	Plan name	NEW MEXICO TECHNOLOGY COUNCIL 401K RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	NEW MEXICO INFORMATION, TECHNOLOGY AND SOFTWARE ASSOCIATION	c EIN-PN 85-0475158-001
a	Plan name	NEW PLAN LEARNING 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	NEW PLAN LEARNING	c EIN-PN 86-1152266-001
a	Plan name	NIMBIS SERVICES, INC. 401(K) PLAN	
b	Name of plan sponsor	NIMBIS SERVICES INC.	c EIN-PN 26-2444326-001
a	Plan name	NLH PROPERTY MANAGEMENT 401(K) EMPLOYEE RETIREMENT PLAN	
b	Name of plan sponsor	NLH PROPERTY MANAGEMENT SERVICES, LLC	c EIN-PN 37-1634962-001
a	Plan name	NORTHCOAST HEALTH CARE MANAGEMENT SERVICES LTD. 401(K) RETIREMENT AND SAVINGS PLAN	
b	Name of plan sponsor	NORTHCOAST HEALTH CARE MANAGEMENT SERVICES, LTD.	c EIN-PN 34-1832442-001
a	Plan name	NORTHWINDS TECHNOLOGY SOLUTIONS RETIREMENT PLAN	
b	Name of plan sponsor	NORTHWINDS TECHNOLOGY SOLUTIONS RETIREMENT PLAN COMMITTEE	c EIN-PN 84-1939908-002
a	Plan name	NSS LABS, INC. 401(K) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor	NSS LABS, INC.	c EIN-PN 61-1529732-001

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 NU-WAY LOGISTICS, INC. 401(K) PLAN	
b	Name of plan sponsor NU-WAY LOGISTICS, INC.	c EIN-PN 37-1396641-001
a	Plan name OAK CREEK DENTAL CARE 401(K) PLAN	
b	Name of plan sponsor OAK CREEK DENTAL	c EIN-PN 20-8079310-002
a	Plan name O'DANIEL AUTOMOTIVE GROUP, INC. 401(K) SAVINGS PLAN	
b	Name of plan sponsor O'DANIEL AUTOMOTIVE INC.	c EIN-PN 35-2026878-001
a	Plan name OGDEN CLINIC SAVINGS AND PROFIT SHARING PLAN	
b	Name of plan sponsor OGDEN CLINIC PROFESSIONAL CORPORATION	c EIN-PN 87-0286381-003
a	Plan name OLENN & PENZA RETIREMENT PLAN	
b	Name of plan sponsor OLENN & PENZA LLP	c EIN-PN 05-0397329-001
a	Plan name ONEONCOLOGY, LLC ONEREWARDS RETIREMENT PLAN	
b	Name of plan sponsor ONEONCOLOGY, LLC	c EIN-PN 82-3416811-001
a	Plan name OSCO 401(K) PLAN	
b	Name of plan sponsor MENTOR LUMBER & SUPPLY CO., INC.	c EIN-PN 34-0396150-001
a	Plan name P.D. LICENSING, L.L.C. SAFE HARBOR 401(K) PLAN	
b	Name of plan sponsor P.D. LICENSING, L.L.C.	c EIN-PN 71-0861337-001
a	Plan name PARADROMICS, INC. 401(K) PLAN	
b	Name of plan sponsor PARADROMICS, INC.	c EIN-PN 47-4072883-001
a	Plan name PARAMETRIC SOLUTIONS INC. 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor PARAMETRIC SOLUTIONS INC.	c EIN-PN 25-1705516-001
a	Plan name PHILLIPS ADR ENTERPRISES, P.C. 401(K) PLAN	
b	Name of plan sponsor PHILLIPS ADR ENTERPRISES, P.C.	c EIN-PN 47-1443680-001
a	Plan name PLANVIEW, INC. 401(K) RETIREMENT PLAN	
b	Name of plan sponsor PLANVIEW, INC.	c EIN-PN 74-2548407-001

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 PM GROUP 401(K) PLAN	
b	Name of plan sponsor PM HOLDINGS US, INC.	c EIN-PN 27-3245979-001
a	Plan name POSCO INTERNATIONAL AMERICA CORP. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor POSCO INTERNATIONAL AMERICA CORP.	c EIN-PN 13-2772465-001
a	Plan name PRODUCTION PLUS TECHNOLOGIES, INC. 401(K) PLAN	
b	Name of plan sponsor PRODUCTION PLUS TECHNOLOGIES, INC.	c EIN-PN 36-2944926-001
a	Plan name PROFEX, INC. 401(K) PLAN	
b	Name of plan sponsor PROFEX, INC.	c EIN-PN 14-1744228-001
a	Plan name PROTERRA INC. 401(K) PLAN	
b	Name of plan sponsor PROTERRA INC.	c EIN-PN 27-1878459-001
a	Plan name PSYCARE, INC. 401(K) PLAN	
b	Name of plan sponsor PSYCARE, INC.	c EIN-PN 34-1481214-001
a	Plan name PUBLIC FINANCIAL MANAGEMENT, INC. 401(K) PLAN	
b	Name of plan sponsor PUBLIC FINANCIAL MANAGEMENT, INC.	c EIN-PN 23-1992164-001
a	Plan name Q2 HOLDINGS, INC. 401(K) PLAN	
b	Name of plan sponsor Q2 HOLDINGS, INC.	c EIN-PN 20-2706637-001
a	Plan name R.A.S. LOGISTICS LLC SAVINGS AND RETIREMENT PLAN	
b	Name of plan sponsor R.A.S. LOGISTICS LLC	c EIN-PN 46-0835576-002
a	Plan name RACKSON RESTAURANTS 401(K) PLAN	
b	Name of plan sponsor RACKSON RESTAURANTS, LLC	c EIN-PN 81-2076912-001
a	Plan name RAILWORKS CORPORATION INCENTIVE PLAN	
b	Name of plan sponsor RAILWORKS CORPORATION	c EIN-PN 58-2382378-001
a	Plan name RAPID BIND INC. 401K PSP	
b	Name of plan sponsor RAPID BIND INC.	c EIN-PN 93-0760414-001

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	RAREFIED ATMOSPHERE 401(K) PLAN	
b	Name of plan sponsor	RAREFIED ATMOSPHERE	c EIN-PN 83-2844690-001
a	Plan name	REBMANN PLUMBING RETIREMENT PLAN	
b	Name of plan sponsor	HENRY REBMANN PLUMBING CORPORATION	c EIN-PN 11-2296443-001
a	Plan name	REHABILITATION MANAGEMENT ASSOCIATES, INC. 401(K) PS PLAN	
b	Name of plan sponsor	REHABILITATION MANAGEMENT ASSOCIATES, INC.	c EIN-PN 82-0490651-001
a	Plan name	RELIAQUEST, LLC 401(K) PLAN	
b	Name of plan sponsor	RELIAQUEST, LLC	c EIN-PN 26-1468062-001
a	Plan name	REMARK HOLDING COMPANY INC 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor	REMARK HOLDING COMPANY INC DBA BENSONS PET CENTER	c EIN-PN 45-4019996-001
a	Plan name	RIGHT AT SCHOOL 401(K) PLAN	
b	Name of plan sponsor	RIGHT AT SCHOOL LLC	c EIN-PN 27-3553118-001
a	Plan name	RIPCO CREDIT UNION 401(K) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor	RIPCO CREDIT UNION	c EIN-PN 39-0571035-002
a	Plan name	RIVER CITY CONSTRUCTION, LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	RIVER CITY CONSTRUCTION, LLC	c EIN-PN 37-1366545-001
a	Plan name	RIVIERA TELEPHONE COMPANY RETIREMENT PLAN	
b	Name of plan sponsor	RIVIERA TELEPHONE COMPANY INC	c EIN-PN 74-1530348-001
a	Plan name	RO-MAC LUMBER & SUPPLY, INC. 401(K) PLAN	
b	Name of plan sponsor	RO-MAC LUMBER & SUPPLY, INC.	c EIN-PN 59-0564454-002
a	Plan name	RS&A, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	RS&A, INC.	c EIN-PN 55-0740542-001
a	Plan name	RUMBERGER, KIRK & CALDWELL, PROFESSIONAL ASSOCIATION PROFIT SHARING PLAN	
b	Name of plan sponsor	RUMBERGER, KIRK & CALDWELL, PROFESSIONAL ASSOCIATION	c EIN-PN 59-2089901-026

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	RUMBLEON 401(K) PLAN	
b	Name of plan sponsor	RUMBLEON INC	c EIN-PN 46-3951329-002
a	Plan name	S & S PROPERTY MANAGEMENT, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	S & S PROPERTY MANAGEMENT, INC.	c EIN-PN 33-0991126-001
a	Plan name	S2C MANAGEMENT 401(K) PLAN	
b	Name of plan sponsor	S2C MANAGEMENT, LLC	c EIN-PN 47-1739586-001
a	Plan name	SAVINGS AND PROFIT SHARING PLAN AND TRUST AGREEMENT OF ALFA MUTUAL INS CO	
b	Name of plan sponsor	ALFA MUTUAL INSURANCE COMPANY	c EIN-PN 63-0262164-002
a	Plan name	SBERA TRUST NUMBER 1	
b	Name of plan sponsor	SAVINGS BANKS EMPLOYEES RETIREMENT ASSOCIATION	c EIN-PN 04-2004337-001
a	Plan name	SCM GROUP NORTH AMERICA, INC. 401(K)	
b	Name of plan sponsor	SCM GROUP NORTH AMERICA, INC.	c EIN-PN 58-2664474-001
a	Plan name	SEI CAPITAL ACCUMULATION PLAN	
b	Name of plan sponsor	SEI INVESTMENTS COMPANY	c EIN-PN 23-1707341-002
a	Plan name	SHIJI, U.S. 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	SHIJI, U.S. INC.	c EIN-PN 36-4852590-001
a	Plan name	SIERRA CIRCUITS, INC. 401(K) PLAN	
b	Name of plan sponsor	SIERRA CIRCUITS, INC.	c EIN-PN 77-0120789-001
a	Plan name	SILHOUETTE OPTICAL LTD SAVINGS AND INVESTMENT PLAN	
b	Name of plan sponsor	SILHOUETTE OPTICAL LTD.	c EIN-PN 13-3127280-001
a	Plan name	SILK ROAD MEDICAL, INC. 401(K) PLAN	
b	Name of plan sponsor	SILK ROAD MEDICAL, INC.	c EIN-PN 20-8777622-001
a	Plan name	SLP TACER 401K PLAN	
b	Name of plan sponsor	SLP TACER OPERATING, LLC	c EIN-PN 92-0333249-001

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 SMOKIN JOES RETIREMENT PLAN	
b	Name of plan sponsor JOSEPH ANDERSON DBA SMOKIN JOES	c EIN-PN 16-1316822-001
a	Plan name SNACK FOOD ASSOCIATION 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor SNACK FOOD ASSOCIATION	c EIN-PN 34-0421555-002
a	Plan name SON VAY CORP 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor SON VAY CORPORATION	c EIN-PN 95-2318069-001
a	Plan name SOUTHWEST HUMAN DEVELOPMENT, INC. 401(K) AND PROFIT SHARING PLAN	
b	Name of plan sponsor SOUTHWEST HUMAN DEVELOPMENT, INC.	c EIN-PN 86-0407179-001
a	Plan name SPACE COAST CREDIT UNION 401(K) SAVINGS PLAN	
b	Name of plan sponsor SPACE COAST CREDIT UNION	c EIN-PN 59-0746906-002
a	Plan name SPORTS, HOSPITALITY, AND ENTERTAINMENT 401(K) PLAN	
b	Name of plan sponsor FERTITTA ENTERTAINMENT, INC.	c EIN-PN 27-3287832-001
a	Plan name ST. MARY'S ARMENIAN APOSTOLIC CHURCH & SCHOOLS 401(K) PLAN	
b	Name of plan sponsor ST. MARY'S ARMENIAN APOSTOLIC	c EIN-PN 95-3073268-001
a	Plan name STANDARD BIOTOOLS INC.401(K) PLAN	
b	Name of plan sponsor STANDARD BIOTOOLS INC	c EIN-PN 77-0513190-001
a	Plan name STANLEY MARTIN 401(K) PLAN	
b	Name of plan sponsor STANLEY MARTIN COMPANIES, LLC	c EIN-PN 20-8046523-001
a	Plan name STANLEY SPRING AND STAMPING CORP. EMPLOYEES SAVINGS PLAN	
b	Name of plan sponsor STANLEY SPRING AND STAMPING CORPORATION	c EIN-PN 36-2085552-002
a	Plan name STARK COUNTY WOMEN'S CLINIC 401(K) P/S PLAN	
b	Name of plan sponsor STARK COUNTY WOMEN'S CLINIC	c EIN-PN 34-1090740-001
a	Plan name STRADLING YOCCA CARLSON & RAUTH 401(K) PLAN & TRUST FOR ASSOCIATE ATTORNEYS	
b	Name of plan sponsor STRADLING YOCCA CARLSON & RAUTH	c EIN-PN 95-3347002-003

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 SUNFLOWER MANAGEMENT GROUP, LLC 401(K) PLAN	
b	Name of plan sponsor SUNFLOWER MANAGEMENT GROUP, LLC	c EIN-PN 85-3433649-001
a	Plan name SUNNY SLOPE WATER COMPANY 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor SUNNY SLOPE WATER COMPANY	c EIN-PN 95-1276240-002
a	Plan name SWS VENTURES LLC 401(K) SAVINGS PLAN	
b	Name of plan sponsor SWS VENTURES, LLC	c EIN-PN 46-5504718-001
a	Plan name SYNAMEDIA 401(K) PLAN	
b	Name of plan sponsor NDS AMERICAS, LLC	c EIN-PN 33-0734012-001
a	Plan name SYSTEMS SUPPORT ALTERNATIVES, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor SYSTEMS SUPPORT ALTERNATIVES, INC.	c EIN-PN 52-1647302-001
a	Plan name TAKAKO AMERICA CO., INC. EMPLOYEES 401(K) RETIREMENT PLAN	
b	Name of plan sponsor TAKAKO AMERICA CO. INC.	c EIN-PN 48-1081754-001
a	Plan name TECHNOLOGY ASSOCIATION OF OREGON 401K PLAN	
b	Name of plan sponsor TECHNOLOGY ASSOCIATION OF OREGON	c EIN-PN 93-1003193-001
a	Plan name TENTH STREET PEDIATRICS 401(K) PLAN	
b	Name of plan sponsor TENTH STREET PEDIATRIC MEDICAL GROUP, INC.	c EIN-PN 95-4175229-001
a	Plan name TEXAS MEDICAL CENTER 401K RETIREMENT PLAN	
b	Name of plan sponsor TEXAS MEDICAL CENTER	c EIN-PN 74-1030788-003
a	Plan name THALES INCENTIVE 401(K) SAVINGS PLAN	
b	Name of plan sponsor THALES USA, INC.	c EIN-PN 06-0938363-003
a	Plan name THE CAFARO COMPANY RETIREMENT SAVINGS TRUST AND PLAN	
b	Name of plan sponsor THE CARARO COMPANY	c EIN-PN 34-1107740-001
a	Plan name THE FAMILY ROSARY, INC. 401K AND PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor THE FAMILY ROSARY, INC.	c EIN-PN 14-1432506-001

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
a	Plan name THE FIRST FINANCIAL FEDERAL CREDIT UNION 401(K) PLAN AND TRUST	
b	Name of plan sponsor THE FIRST FINANCIAL FEDERAL CREDIT UNION	c EIN-PN 95-2653867-002
a	Plan name THE KLEINFELDER GROUP, INC. 401(K) PLAN	
b	Name of plan sponsor THE KLEINFELDER GROUP, INC.	c EIN-PN 68-0053138-002
a	Plan name THE LAZY DOG COOKIE CO. 401(K) EMPLOYEE RETIREMENT PLAN	
b	Name of plan sponsor THE LAZY DOG COOKIE CO., INC.	c EIN-PN 81-0659000-001
a	Plan name THE MCDANEL ADVANCED CERAMIC TECHNOLOGIES, LLC RETIREMENT PLAN FOR HOURLY EMPLOYEES	
b	Name of plan sponsor MCDANEL ADVANCED CERAMIC TECHNOLOGIES, LLC	c EIN-PN 92-0353429-002
a	Plan name THE MCDANEL ADVANCED CERAMIC TECHNOLOGIES, LLC RETIREMENT PLAN FOR SALARY EMPLOYEES	
b	Name of plan sponsor MCDANEL ADVANCED CERAMIC TECHNOLOGIES, LLC	c EIN-PN 92-0353429-001
a	Plan name THE MOTOR AND EQUIPMENT MANUFACTURERS ASSOCIATION EMPLOYEES THRIFT SAVINGS	
b	Name of plan sponsor MOTOR AND EQUIPMENT MANUFACTURERS ASSOCIATION	c EIN-PN 13-1068400-002
a	Plan name THE PROTECTOSEAL COMPANY PROFIT SHARING RETIREMENT PLAN	
b	Name of plan sponsor THE PROTECTOSEAL COMPANY	c EIN-PN 36-1649310-001
a	Plan name THE ROSS GROUP CONSTRUCTION 401(K) PLAN	
b	Name of plan sponsor THE ROSS GROUP	c EIN-PN 73-1492526-001
a	Plan name THE US ONCOLOGY CLINICAL PRACTICE 401(K) PLAN	
b	Name of plan sponsor US ONCOLOGY, INC.	c EIN-PN 84-1213501-001
a	Plan name TITAN 401(K) PLAN	
b	Name of plan sponsor TITAN HEALTH MANAGEMENT SOLUTIONS, INC.	c EIN-PN 55-0801337-001
a	Plan name TOM BELL GROUP 401(K) RETIREMENT PLAN	
b	Name of plan sponsor TOM BELL AUTO GROUP	c EIN-PN 64-0607960-001
a	Plan name TOWER FEDERAL CREDIT UNION SAVINGS PLAN	
b	Name of plan sponsor TOWER FEDERAL CREDIT UNION	c EIN-PN 53-0214895-002

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 TRIANGLE PACKAGE MACHINERY COMPANY BARGAINING UNIT 401(K) PLAN	
b	Name of plan sponsor TRIANGLE PACKAGE MACHINERY COMPANY	c EIN-PN 36-2053124-004
a	Plan name TRIANGLE PACKAGE MACHINERY COMPANY OFFICE 401(K) PLAN	
b	Name of plan sponsor TRIANGLE PACKAGE MACHINERY COMPANY	c EIN-PN 36-2053124-003
a	Plan name TRIPLEX, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor TRIPLEX, INC.	c EIN-PN 74-1463615-001
a	Plan name U.S. BRONZE FOUNDRY & MACHINE, INC. 401(K) PSP	
b	Name of plan sponsor U.S. BRONZE FOUNDRY & MACHINE, INC.	c EIN-PN 25-1579934-001
a	Plan name UNIVERSAL LEAF TOBACCO COMPANY, INC. 401(K) SAVINGS PLAN	
b	Name of plan sponsor UNIVERSAL LEAF TOBACCO COMPANY, INC.	c EIN-PN 54-0741848-005
a	Plan name V2 STRATEGIC ADVISORS LLC 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor V2 STRATEGIC ADVISORS LLC	c EIN-PN 20-1128661-001
a	Plan name VALVOLINE 401(K) PLAN	
b	Name of plan sponsor VALVOLINE INC.	c EIN-PN 81-4483485-999
a	Plan name VALVOLINE GLOBAL OPERATIONS 401(K) PLAN	
b	Name of plan sponsor VGP HOLDINGS LLC	c EIN-PN 88-2683316-001
a	Plan name VEIN CLINICS OF AMERICA, INC. SAVINGS & RETIREMENT PLAN	
b	Name of plan sponsor VEIN CLINICS OF AMERICA, INC.	c EIN-PN 36-3533164-001
a	Plan name VMS TAX SHELTERED RETIREMENT PLAN	
b	Name of plan sponsor VIP CYCLE & SPORTS CENTER, INC.	c EIN-PN 22-1837856-001
a	Plan name VOLVO BATTERY SOLUTIONS LLC 401(K) PLAN	
b	Name of plan sponsor VOLVO BATTERY SOLUTIONS LLC	c EIN-PN 93-4129563-001
a	Plan name VOSS ELECTRIC COMPANY 401(K) PLAN	
b	Name of plan sponsor VOSS ELECTRIC COMPANY	c EIN-PN 47-0582038-002

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	VPE TEXAS, LLC 401(K) PLAN	
b	Name of plan sponsor	VPE TEXAS, LLC	c EIN-PN 88-1417858-001
a	Plan name	WAGNER MOTOR SALES AND SUBSIDIARIES 401(K) PLAN	
b	Name of plan sponsor	WAGNER & WAGNER AUTO SALES, INC.	c EIN-PN 04-2378354-001
a	Plan name	WALL FARMS, INC. EMPLOYEE BENEFIT PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor	WALL FARMS, INC.	c EIN-PN 47-0557340-001
a	Plan name	WALLACE PLUMBING AND UNDERGROUND 401(K) PLAN	
b	Name of plan sponsor	WALLACE PLUMBING AND UNDERGROUND, LLC	c EIN-PN 26-4496796-001
a	Plan name	WEIGHTS AND BIASES 401(K) PLAN	
b	Name of plan sponsor	WEIGHTS AND BIASES, INC.	c EIN-PN 82-2022025-001
a	Plan name	WESTSIDE TILE & STONE 401(K) PLAN	
b	Name of plan sponsor	WESTSIDE TILE & STONE, INC.	c EIN-PN 20-3019749-001
a	Plan name	WIELAND 401(K) PLAN	
b	Name of plan sponsor	WIELAND CORPORATION	c EIN-PN 38-1781457-001
a	Plan name	WINTER GARDENS QUALITY FOODS, INC. RETIREMENT PLAN	
b	Name of plan sponsor	WINTER GARDENS QUALITY FOODS, INC.	c EIN-PN 23-1954103-001
a	Plan name	WLS COMPANIES 401(K) PLAN	
b	Name of plan sponsor	WLS STAMPING COMPANY	c EIN-PN 34-1576661-002
a	Plan name	WOLFE & WYMAN LLP 401(K) PLAN	
b	Name of plan sponsor	WOLFE & WYMAN LLP	c EIN-PN 33-0641728-001
a	Plan name	WOLFE & WYMAN LLP 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	WOLFE & WYMAN LLP	c EIN-PN 33-0641728-002
a	Plan name	WRIGHT BROS., LLC 401(K) PLAN	
b	Name of plan sponsor	WRIGHT BROS., LLC	c EIN-PN 63-1271234-001

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	XCALIBER SOLUTIONS, INC. 401(K) PROFIT SHARING PLAN	
b Name of plan sponsor	XCALIBER SOLUTIONS, INC.	c EIN-PN 27-1234903-001

a Plan name	ZOC DOC RETIREMENT SAVINGS PLAN	
b Name of plan sponsor	ZOC DOC, INC.	c EIN-PN 26-0971827-001

a Plan name		
b Name of plan sponsor		c EIN-PN

a Plan name		
b Name of plan sponsor		c EIN-PN

a Plan name		
b Name of plan sponsor		c EIN-PN

a Plan name		
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a Plan name		
b Name of plan sponsor		c EIN-PN

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.	OMB No. 1210-0110 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 PIMCO COLLECTIVE INVESTMENT TRUST II	B Three-digit plan number (PN) ▶ 036
C Plan sponsor's name as shown on line 2a of Form 5500 SEI TRUST COMPANY	D Employer Identification Number (EIN) 45-4367155

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

		(a) Beginning of Year	(b) End of Year
Assets			
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	722000	277000
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	15218000	12536000
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)		
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	470419000	410918000
(15) Other.....	1c(15)		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	486359000	423731000
Liabilities			
g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j	652000	392000
k Total liabilities (add all amounts in lines 1g through 1j)	1k	652000	392000
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	485707000	423339000

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)		
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		
(2) Dividends:			
(A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	204000	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		204000
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		11535000
d Total income. Add all income amounts in column (b) and enter total	2d		11739000

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)	1272000	
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)		
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		1272000
j Total expenses. Add all expense amounts in column (b) and enter total	2j		1272000

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		10467000
l Transfers of assets:			
(1) To this plan	2l(1)		114289000
(2) From this plan	2l(2)		187124000

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 _____.