

Form 5500

Annual Return/Report of Employee Benefit Plan

OMB Nos. 1210-0110 1210-0089

2024

This Form is Open to Public Inspection

Department of the Treasury Internal Revenue Service

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.

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

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
1b Three-digit plan number (PN): 035
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): 27-0834899
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.	OMB No. 1210-0110 <hr/> 2024 This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning <u>01/01/2024</u> and ending <u>12/31/2024</u>	
A Name of plan <u>PIMCO COLLECTIVE INVESTMENT TRUST</u>	B Three-digit plan number (PN) <u>▶</u> <u>035</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>27-0834899</u>

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
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a Name of MTIA, CCT, PSA, or 103-12 IE: <u>PIMCO COMMODITIESPLUS COLLECTIVE TR</u>		
b Name of sponsor of entity listed in (a): <u>SEI TRUST COMPANY</u>		
c EIN-PN <u>27-0834201-003</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>46362000</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>PIMCO REAL RETURN COLLECTIVE TRUST</u>		
b Name of sponsor of entity listed in (a): <u>SEI TRUST COMPANY</u>		
c EIN-PN <u>27-0834603-006</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>210509000</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>PIMCO REALESTATEPLUS COLLECTIVE TRU</u>		
b Name of sponsor of entity listed in (a): <u>SEI TRUST COMPANY</u>		
c EIN-PN <u>27-0834512-005</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>65438000</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>PIMCO EMERGING MARKETS LOCAL CURREN</u>		
b Name of sponsor of entity listed in (a): <u>SEI TRUST COMPANY</u>		
c EIN-PN <u>84-4186713-015</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>89977000</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>PIMCO HIGH YIELD COLLECTIVE TRUST</u>		
b Name of sponsor of entity listed in (a): <u>SEI TRUST COMPANY</u>		
c EIN-PN <u>84-4201992-016</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>18369000</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>PIMCO INTERNATIONAL BOND (U.S. DOLL</u>		
b Name of sponsor of entity listed in (a): <u>SEI TRUST COMPANY</u>		
c EIN-PN <u>84-4219121-014</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>66320000</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>PIMCO LONG-TERM REAL RETURN COLLECT</u>		
b Name of sponsor of entity listed in (a): <u>SEI TRUST COMPANY</u>		
c EIN-PN <u>84-4238018-017</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>261080000</u>

a Name of MTIA, CCT, PSA, or 103-12 IE: PIMCO LONG-TERM U.S. GOVERNMENT COL

b Name of sponsor of entity listed in (a): SEI TRUST COMPANY

c EIN-PN 84-4254085-013	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 229282000
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a Name of MTIA, CCT, PSA, or 103-12 IE: PIMCO TOTAL RETURN COLLECTIVE TRUST

b Name of sponsor of entity listed in (a): SEI TRUST COMPANY

c EIN-PN 27-0833992-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 399417000
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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)
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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)
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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)
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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)
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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)
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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)
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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)
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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)
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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	32 DENTAL 401(K) PLAN
b	Name of plan sponsor	32 DENTAL
c	EIN-PN	47-5450319-001
a	Plan name	3M VOLUNTARY INVESTMENT PLAN AND SAVINGS PLAN TRUST
b	Name of plan sponsor	3M COMPANY
c	EIN-PN	04-3205742-003
a	Plan name	401(K) SAVINGS PLAN FOR EMPLOYEES OF EVRAZ NA
b	Name of plan sponsor	EVRAZ NORTH AMERICA
c	EIN-PN	94-0506370-008
a	Plan name	44 ENERGY LLC 401(K) PLAN
b	Name of plan sponsor	44 ENERGY LLC
c	EIN-PN	99-0415847-001
a	Plan name	A. DOSHI DENTAL CORPORATION RETIREMENT PLAN
b	Name of plan sponsor	A. DOSHI DENTAL CORPORATION
c	EIN-PN	46-0496145-001
a	Plan name	A.T. KEARNEY, INC. 401(K) AND PROFIT SHARING RETIREMENT PLAN
b	Name of plan sponsor	A.T. KEARNEY, INC.
c	EIN-PN	75-2608565-002
a	Plan name	AB COLLECTIVE INVESTMENT TRUST SERIES
b	Name of plan sponsor	AB TRUST COMPANY LLC
c	EIN-PN	04-6948485-999
a	Plan name	ABBOTT LABORATORIES STOCK RETIREMENT PLAN
b	Name of plan sponsor	ABBOTT LABORATORIES
c	EIN-PN	36-0698440-334
a	Plan name	ABBOTT LABORATORIES STOCK RETIREMENT PLAN (PUERTO RICO)
b	Name of plan sponsor	ABBOTT LABORATORIES
c	EIN-PN	98-1051267-002
a	Plan name	ABERCROMBIE & FITCH CO. QUALIFIED 401(K) SAVINGS & RETIREMENT PLAN
b	Name of plan sponsor	ABERCROMBIE & FITCH, INC.
c	EIN-PN	31-1469076-001
a	Plan name	ABINGDON EAR, NOSE, & THROAT ASSOCIATES P.C. 401(K) PROFIT SHARING PLAN
b	Name of plan sponsor	ABINGDON EAR, NOSE, & THROAT ASSOCIATES P.C.
c	EIN-PN	54-1048285-002
a	Plan name	ABSOLUTE MACHINE TOOLS 401(K) PLAN
b	Name of plan sponsor	ABSOLUTE MACHINE TOOLS
c	EIN-PN	34-1602413-004

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 ACCENTCARE 401(K) RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor ACCENTCARE, INC.	c EIN-PN 33-0848300-001
a	Plan name ACCENTURE UNITED STATES 401(K) MATCH AND SAVINGS PLAN	
b	Name of plan sponsor ACCENTURE LLP	c EIN-PN 72-0542904-102
a	Plan name ADVANCED PROCESS 401(K) PLAN	
b	Name of plan sponsor ADVANCED PROCESS, INC.	c EIN-PN 85-1730653-001
a	Plan name ADVANTAGE AUTO GROUP, INC. 401(K) PLAN	
b	Name of plan sponsor ADVANTAGE AUTO GROUP, INC.	c EIN-PN 20-2501780-001
a	Plan name AERONIX, INC. 401(K) SAVINGS AND PROTECTION PLAN	
b	Name of plan sponsor AERONIX, INC.	c EIN-PN 59-2581421-002
a	Plan name AFEX FIRE SYSTEMS 401(K) RETIREMENT PLAN	
b	Name of plan sponsor AFEX FIRE SYSTEMS	c EIN-PN 56-1507889-001
a	Plan name AGILENT TECHNOLOGIES INC. MASTER TRUST	
b	Name of plan sponsor AGILENT TECHNOLOGIES, INC.	c EIN-PN 20-0038266-013
a	Plan name AGILENT TECHNOLOGIES, INC. 401(K) PLAN	
b	Name of plan sponsor AGILENT TECHNOLOGIES, INC.	c EIN-PN 77-0518772-003
a	Plan name ALL MAKES OFFICE EQUIPMENT CO. PROFIT SHARING PLAN	
b	Name of plan sponsor ALL MAKES OFFICE EQUIPMENT CO.	c EIN-PN 47-0089414-001
a	Plan name ALLEGHENY GROUP PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor ALLEGHENY FINANCIAL GROUP	c EIN-PN 25-1307896-001
a	Plan name ALLEGIANCE INVESTMENT GROUP LLC 401K PLAN	
b	Name of plan sponsor ALLEGIANCE INVESTMENT GROUP LLC	c EIN-PN 35-2524451-001
a	Plan name ALLIANZ GLOBAL INVESTORS OF AMERICA L.P. 401(K) SAVINGS & RETIREMENT PLAN	
b	Name of plan sponsor ALLIANZ GLOBAL INVESTOS OF AMERICA L.P.	c EIN-PN 06-1349805-001

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 AMAZON 401(K) PLAN	
b	Name of plan sponsor AMAZON.COM SERVICES LLC	c EIN-PN 91-1986545-001
a	Plan name AMC NETWORKS 401(K) SAVINGS PLAN	
b	Name of plan sponsor RAINBOW MEDIA HOLDINGS LLC	c EIN-PN 11-3342870-001
a	Plan name AMERICAN FREEDOM FUNDING 401(K) PLAN	
b	Name of plan sponsor AMERICAN KEN INC. DBA AMERICAN FREEDOM FUNDING	c EIN-PN 26-2040112-001
a	Plan name AMFIT 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor AMFIT, LLC	c EIN-PN 88-4288551-001
a	Plan name AMTIS, INC. 401(K) PLAN	
b	Name of plan sponsor AMTIS, INC.	c EIN-PN 20-8114813-001
a	Plan name ANCHOR FABRICATORS, INC. IUE-CWA LOCAL 84755 401(K) PLAN	
b	Name of plan sponsor ANCHOR FABRICATORS, INC.	c EIN-PN 31-0528348-003
a	Plan name ANCHOR FABRICATORS, INC. NON-UNION 401(K) PLAN	
b	Name of plan sponsor ANCHOR FABRICATORS, INC.	c EIN-PN 31-0528348-004
a	Plan name ANESTHESIA WEST, P.C. 401(K) PLAN	
b	Name of plan sponsor ANESTHESIA WEST, P.C.	c EIN-PN 47-0598572-001
a	Plan name ANGLIN CONSULTING 401(K) PLAN	
b	Name of plan sponsor ANGLIN CONSULTING GROUP, INC.	c EIN-PN 45-2276355-001
a	Plan name ANIMAL HOSPITAL OF KINGSTREE RETIREMENT PLAN	
b	Name of plan sponsor ELBO ENTERPRISES LLC DBA ANIMAL HOSPITAL OF KINGSTREE	c EIN-PN 84-3923324-001
a	Plan name AON COLLECTIVE INVESTMENT TRUST	
b	Name of plan sponsor AON TRUST COMPANY LLC	c EIN-PN 37-6543784-999
a	Plan name AON SAVINGS PLAN	
b	Name of plan sponsor AON CORPORATION	c EIN-PN 36-3051915-020

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	APEX AVIATION HOLDINGS 401(K) PLAN	
b	Name of plan sponsor	APEX AVIATION HOLDINGS	c EIN-PN 93-4935240-001
a	Plan name	APEX TOOL GROUP, LLC 401(K) SAVINGS PLAN	
b	Name of plan sponsor	APEX TOOL GROUP, LLC	c EIN-PN 27-1996059-001
a	Plan name	APEX TOOL GROUP, LLC INDIVIDUAL ACCOUNT RETIREMENT PLAN FOR BARGAINING UNIT EMPLOYEES	
b	Name of plan sponsor	APEX TOOL GROUP, LLC	c EIN-PN 27-1996059-002
a	Plan name	APPSTEK CORP 401(K) PLAN	
b	Name of plan sponsor	APPSTEK CORP.	c EIN-PN 26-0519208-001
a	Plan name	AQUA1 401(K) PLAN	
b	Name of plan sponsor	AQUA1, INC.	c EIN-PN 87-4051596-001
a	Plan name	ARCH RESOURCES INC 401K PLAN	
b	Name of plan sponsor	ARCH RESOURCES	c EIN-PN 43-0921172-006
a	Plan name	ARCLABS WELDING SCHOOL 401(K) PLAN	
b	Name of plan sponsor	ARCLABS WELDING SCHOOL	c EIN-PN 20-5572859-001
a	Plan name	ARNOLD DEFENSE AND ELECTRONICS 401(K) PS PLAN & TRUST	
b	Name of plan sponsor	ARNOLD DEFENSE AND ELECTRONICS, LLC	c EIN-PN 01-0560424-001
a	Plan name	ARTEX PRODUCTIONS 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	ARTEX PRODUCTIONS	c EIN-PN 22-3917936-001
a	Plan name	ARTS OF SOUTHERN KENTUCKY INC. 401(K) PLAN	
b	Name of plan sponsor	ARTS OF SOUTHERN KENTUCKY INC.	c EIN-PN 85-3668279-001
a	Plan name	AS 360 401(K) PLAN	
b	Name of plan sponsor	BCE CONSTRUCTION INC. D/B/A ACCESSIBILITY SOLUTIONS 360	c EIN-PN 05-0570844-001
a	Plan name	ASSOCIATED BUILDERS AND CONTRACTORS, INC. RETIREMENT & SAVINGS PLAN	
b	Name of plan sponsor	ASSOCIATED BUILDERS AND CONTRACTORS, INC.	c EIN-PN 52-0579380-001

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 ASSURANT 401(K) PLAN	
b	Name of plan sponsor ASSURANT, INC.	c EIN-PN 39-1126612-002
a	Plan name ATHENA MANAGEMENT 401(K) PLAN	
b	Name of plan sponsor ATHENA MANAGEMENT, LLC	c EIN-PN 99-2817882-001
a	Plan name ATHENA SERVICES INTERNATIONAL RETIREMENT PLAN	
b	Name of plan sponsor ATHENA SERVICES INTERNATIONAL, LLC	c EIN-PN 47-0994976-001
a	Plan name ATLANTA PARTY RENTALS & SALES, LLC 401(K) PLAN	
b	Name of plan sponsor ATLANTA PARTY RENTALS & SALES, LLC	c EIN-PN 82-3158260-001
a	Plan name ATOS 401(K) SAVINGS PLAN	
b	Name of plan sponsor ATOS IT SOLUTIONS AND SERVICES, INC.	c EIN-PN 13-3715291-001
a	Plan name AUBBY INC. 401(K) PLAN	
b	Name of plan sponsor AUBBY INC.	c EIN-PN 90-0057682-001
a	Plan name AUDIA INTERNATIONAL, INC. 401(K) & PROFIT SHARING PLAN	
b	Name of plan sponsor AUDIA INTERNATIONAL, INC.	c EIN-PN 46-1010342-002
a	Plan name AYERS ASSET MANAGEMENT 401(K) PLAN	
b	Name of plan sponsor AYERS ASSET MANAGEMENT	c EIN-PN 62-1758947-001
a	Plan name B&B THREADED COMPONENTS, INC. EMPLOYEES RETIREMENT PLAN	
b	Name of plan sponsor B&B THREADED COMPONENTS, INC.	c EIN-PN 06-1198011-001
a	Plan name B&R STORES, INC. 401(K) PLAN	
b	Name of plan sponsor B&R STORES, INC.	c EIN-PN 47-0531640-002
a	Plan name BAKER UNDERGROUND, INC. 401(K) PLAN	
b	Name of plan sponsor BAKER UNDERGROUND, INC	c EIN-PN 83-3099360-001
a	Plan name BAKKT, LLC 401(K) PLAN	
b	Name of plan sponsor BAKKT, LLC	c EIN-PN 37-1906173-001

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 BALLY LOGISTICS 401(K) PLAN	
b	Name of plan sponsor BALLY LOGISTICS LLC	c EIN-PN 85-1574831-001
a	Plan name BANYAN TREE SERVICE 401(K) PLAN	
b	Name of plan sponsor BANYAN TREE SERVICE, LLC	c EIN-PN 84-4119480-001
a	Plan name BAYWA R.E. SOLAR SYSTEMS LLC 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor BAYWA R.E. SOLAR SYSTEMS LLC	c EIN-PN 27-4345989-001
a	Plan name BECKER CONSTRUCTION 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor BECKER CONSTRUCTION, INC.	c EIN-PN 31-1334065-001
a	Plan name BENE-FIT SOLUTIONS 401(K) PLAN	
b	Name of plan sponsor BENE-FIT SOLUTIONS, LLC	c EIN-PN 46-5134802-001
a	Plan name BERGHOFF INTERNATIONAL 401(K) & PROFIT SHARING PLAN	
b	Name of plan sponsor BERGHOFF INTERNATIONAL, INC.	c EIN-PN 20-2054437-001
a	Plan name BIG DADDY'S ANTIQUES 401(K) PLAN	
b	Name of plan sponsor BIG DADDY'S ANTIQUES INC.	c EIN-PN 75-3133169-001
a	Plan name BIROM SOLUTIONS, INC. 401(K) PLAN	
b	Name of plan sponsor BIROM SOLUTIONS, INC.	c EIN-PN 57-1023305-001
a	Plan name BISBEE PLUMBING & HEATING 401K PLAN	
b	Name of plan sponsor ROADSIDE DEVELOPERS INC DBA BISBEE PLUMBING & HEATING	c EIN-PN 41-0915726-001
a	Plan name BLISS & NYITRAY, INC. PROFIT SHARING PLAN	
b	Name of plan sponsor BLISS & NYITRAY, INC.	c EIN-PN 59-1203311-001
a	Plan name BLUE CROSS AND BLUE SHIELD OF MASSACHUSETTS, INC. EMPLOYEE SAVINGS PLAN	
b	Name of plan sponsor BLUE CROSS AND BLUE SHIELD OF MASSACHUSETTS, INC.	c EIN-PN 04-1045815-002
a	Plan name BOOKING HOLDINGS INC. 401(K) PLAN	
b	Name of plan sponsor BOOKING HOLDINGS INC.	c EIN-PN 06-1528493-001

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	BORDER CONCEPTS, INC. 401(K) PLAN	
b	Name of plan sponsor	BORDER CONCEPTS, INC.	c EIN-PN 56-1717393-001
a	Plan name	BOSSON LEGAL GROUP PC 401(K) & PROFIT SHARING PLAN	
b	Name of plan sponsor	BOSSON LEGAL GROUP PC	c EIN-PN 82-2377736-001
a	Plan name	BRADSHAW FARMS LLC 401(K) PLAN	
b	Name of plan sponsor	BRADSHAW FARMS LLC	c EIN-PN 85-2791658-001
a	Plan name	BRANCH 401(K) PLAN	
b	Name of plan sponsor	BENDING BRANCH ESTATE VINEYARD, LLC	c EIN-PN 26-4323360-001
a	Plan name	BRIARCLIFF HOLDINGS GROUP LLC 401(K) PLAN	
b	Name of plan sponsor	BRIARCLIFF HOLDINGS GROUP LLC	c EIN-PN 88-3366505-001
a	Plan name	BRICKLAYERS PENSION FUND	
b	Name of plan sponsor	BOARD OF TTEE OF THE PENSION AND ANNUITY PLAN	c EIN-PN 51-6135291-001
a	Plan name	BRIGHTON EXPRESS 401(K) PLAN	
b	Name of plan sponsor	BRIGHTON EXPRESS, LLC	c EIN-PN 38-3416549-001
a	Plan name	BROWN-WILBERT, INC. PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor	BROWN-WILBERT, INC.	c EIN-PN 41-1821767-001
a	Plan name	BUNNELL IDEA GROUP INC. 401(K) SAVINGS & PROFIT SHARING PLAN	
b	Name of plan sponsor	BUNNELL IDEA GROUP, INC.	c EIN-PN 27-0459049-001
a	Plan name	BURGE AND ASSOCIATES, P.C. 401K PLAN	
b	Name of plan sponsor	BURGE AND ASSOCIATES, P.C.	c EIN-PN 26-1631527-001
a	Plan name	BY YOUR SIDE CARE MANAGEMENT, LLC 401(K) PLAN	
b	Name of plan sponsor	BY YOUR SIDE CARE MANAGEMENT, LLC	c EIN-PN 47-1460257-001
a	Plan name	CABINET CONCEPTS BY DESIGN 401(K) PLAN	
b	Name of plan sponsor	LANE CABINETS INC. DBA CABINET CONCEPTS BY DESIGN	c EIN-PN 26-0755237-001

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	CAIRN RECOVERY RESOURCES 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	CAIRN RECOVERY RESOURCES	c EIN-PN 84-3571930-001
a	Plan name	CALL DESIGN NA, INC. 401(K) PLAN	
b	Name of plan sponsor	CALL DESIGN NA, INC.	c EIN-PN 99-0380741-001
a	Plan name	CALLAN SMALL CAP EQUITY	
b	Name of plan sponsor	CALLAN OPEN ARCHITECTURE TRUST, TRUSTEED BY WILMINGTON TRUST, N.A.	c EIN-PN 38-4065323-420
a	Plan name	CAMPBELL SOUP COMPANY 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	CAMPBELL SOUP COMPANY	c EIN-PN 21-0419870-008
a	Plan name	CARDINAL HEALTH 401(K) SAVINGS PLAN	
b	Name of plan sponsor	CARDINAL HEALTH, INC.	c EIN-PN 31-0958666-055
a	Plan name	CARDINAL HEALTH 401(K) SAVINGS PLAN FOR EMPLOYEES OF PUERTO RICO	
b	Name of plan sponsor	CARDINAL HEALTH, INC.	c EIN-PN 31-0958666-062
a	Plan name	CARDINAL PSYCHOTHERAPY LLC 401(K) PLAN	
b	Name of plan sponsor	CARDINAL PSYCHOTHERAPY LLC	c EIN-PN 47-2440327-001
a	Plan name	CARE RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	CARE, INC.	c EIN-PN 13-1685039-004
a	Plan name	CARE RETIREMENT SAVINGS PLAN FOR NONRESIDENT ALIEN EMPLOYEES	
b	Name of plan sponsor	CARE, INC.	c EIN-PN 13-1685039-005
a	Plan name	CAREPATHRX 401(K) PLAN	
b	Name of plan sponsor	CAREPATHRX MIDCO INC.	c EIN-PN 84-3548586-001
a	Plan name	CARGILL EMPLOYEE RETIREMENT ACCOUNT	
b	Name of plan sponsor	CARGILL, INC.	c EIN-PN 41-0177680-018
a	Plan name	CARGILL INVESTMENT PLAN	
b	Name of plan sponsor	CARGILL, INC.	c EIN-PN 41-0177680-013

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	CARGILL PARTNERSHIP PLAN	
b	Name of plan sponsor	CARGILL, INC.	c EIN-PN 41-0177680-015
a	Plan name	CATALINA MARKETING CORPORATION 401(K) SAVINGS AND RETIREMENT PLAN	
b	Name of plan sponsor	CATALINA MARKETING CORPORATION	c EIN-PN 33-0499007-001
a	Plan name	CBR MANAGEMENT SERVICES, INC. 401(K) PLAN	
b	Name of plan sponsor	CBR MANAGEMENT SERVICES, INC.	c EIN-PN 86-0820414-333
a	Plan name	CELEBRATE VITAMINS 401(K) PLAN	
b	Name of plan sponsor	CELEBRATE VITAMINS	c EIN-PN 26-1989932-001
a	Plan name	CELTA CHEMICAL 401(K) PLAN	
b	Name of plan sponsor	CELTA CHEMICAL, INC.	c EIN-PN 46-5227973-001
a	Plan name	CENTERWELL HOME HEALTH 401(K) SAVINGS PLAN	
b	Name of plan sponsor	HUMANA INC.	c EIN-PN 61-0647538-009
a	Plan name	CERTIFIED FINANCIAL PLANNER BOARD OF STANDARDS 401(K) PLAN	
b	Name of plan sponsor	CERTIFIED FINANCIAL PLANNER BOARD OF STANDARDS CENTER FOR FINANCIAL PL	c EIN-PN 74-2385850-001
a	Plan name	CINEMA TECH SEATING EMPLOYEE SAVINGS PLAN	
b	Name of plan sponsor	CINEMA TECH SEATING, INC.	c EIN-PN 75-2777647-001
a	Plan name	CIRCLE G TRACTOR 401K PLAN	
b	Name of plan sponsor	CIRCLE G TRACTOR	c EIN-PN 46-3129544-001
a	Plan name	CITY FURNITURE PROFIT SHARING PLAN	
b	Name of plan sponsor	CITY FURNITURE	c EIN-PN 59-1621198-001
a	Plan name	CITY OF APPLETON 457(B) DEFERRED COMPENSATION PLAN	
b	Name of plan sponsor	CITY OF APPLETON	c EIN-PN 39-6005381-001
a	Plan name	CITY OF HENDERSON, NV 401(A) PLAN	
b	Name of plan sponsor	CITY OF HENDERSON, NV	c EIN-PN 88-6000720-999

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	CITY OF HENDERSON, NV 457(B) PLAN	
b	Name of plan sponsor	CITY OF HENDERSON, NV	c EIN-PN 88-6000720-999
a	Plan name	CITY OF OKLAHOMA CITY CLOSED PLAN TRUST	
b	Name of plan sponsor	THE CITY OF OKLAHOMA CITY	c EIN-PN 73-6005359-999
a	Plan name	CITY OF OKLAHOMA CITY OPEN PLAN TRUST	
b	Name of plan sponsor	THE CITY OF OKLAHOMA CITY	c EIN-PN 73-6005359-999
a	Plan name	CLAUSEN STRUCTURES 401(K) PLAN	
b	Name of plan sponsor	CLAUSEN STRUCTURES, INC.	c EIN-PN 26-2882727-001
a	Plan name	CLEARY GOTTLIEB STEEN & HAMILTON LLP TAX OPPORTUNITY PLAN FOR SAVINGS TRUST	
b	Name of plan sponsor	CLEARY GOTTLIEB STEEN & HAMILTON LLP	c EIN-PN 13-5599083-006
a	Plan name	CMD CORPORATION'S EMPLOYEE SAVINGS AND RETIREMENT PLAN	
b	Name of plan sponsor	CMD CORPORATION	c EIN-PN 39-1353046-001
a	Plan name	CMMS DATA GROUP 401(K) PLAN	
b	Name of plan sponsor	CMMS DATA GROUP	c EIN-PN 36-4779313-001
a	Plan name	CNC WORLDSOURCE, LLC 401(K) PLAN	
b	Name of plan sponsor	CNC WORLDSOURCE, LLC	c EIN-PN 27-0349927-001
a	Plan name	COASTAL FOOT AND ANKLE SPECIALISTS 401(K) PLAN	
b	Name of plan sponsor	COASTAL FOOT AND ANKLE SPECIALISTS	c EIN-PN 81-1494733-001
a	Plan name	COMMONWEALTH HOME DESIGN 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	COMMONWEALTH HOME REMODELERS, INC.	c EIN-PN 54-1467934-001
a	Plan name	COMPANION ASSOCIATES INC 401(K) P/S PLAN	
b	Name of plan sponsor	COMPANION ASSOCIATES INC.	c EIN-PN 58-2351307-001
a	Plan name	CONCRETE FASTENING SYSTEMS, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	CONCRETE FASTENING SYSTEMS, INC.	c EIN-PN 87-3926443-001

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	CONNECTICUT LABORERS' ANNUITY PLAN	
b	Name of plan sponsor	BOARD OF TRUSTEES CONNECTICUT LABORERS' ANNUITY FD	c EIN-PN 06-1175481-001
a	Plan name	CONNECTICUT LABORERS' PENSION FUND	
b	Name of plan sponsor	BOARD OF TRUSTEES OF THE CONNECTICUT LABORERS' PEN	c EIN-PN 06-6044348-001
a	Plan name	CONNEXIN SOFTWARE, INC. 401(K) PLAN	
b	Name of plan sponsor	CONNEXIN SOFTWARE, INC.	c EIN-PN 52-1382750-001
a	Plan name	CONOCOPHILLIPS SAVINGS PLAN	
b	Name of plan sponsor	CONOCOPHILLIPS COMPANY	c EIN-PN 73-0400345-022
a	Plan name	CORNELIUS F CATHCART PEDIATRIC 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor	CORNELIUS F CATHCART PEDIATRIC	c EIN-PN 56-1444175-001
a	Plan name	CPS ENERGY PENSION TRUST	
b	Name of plan sponsor	CPS ENERGY	c EIN-PN 74-2211235-001
a	Plan name	CRAFTSMEN RESOURCES 401(K) PLAN	
b	Name of plan sponsor	CRAFTSMEN RESOURCES, LLC	c EIN-PN 37-1965409-001
a	Plan name	CRAIN CONSTRUCTION, INC. PROFIT SHARING AND RETIREMENT PLAN	
b	Name of plan sponsor	CRAIN CONSTRUCTION, INC.	c EIN-PN 62-0819742-002
a	Plan name	CYCREST 401(K) PLAN	
b	Name of plan sponsor	CYCREST SYSTEMS	c EIN-PN 91-1563447-001
a	Plan name	DARCY PARTNERS 401(K) PLAN	
b	Name of plan sponsor	DARCY PARTNERS LLC	c EIN-PN 47-5527898-001
a	Plan name	DATAMARK INCORPORATED 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	DATAMARK INCORPORATED	c EIN-PN 74-2559595-001
a	Plan name	DAVID B. SHANIES LAW OFFICE, PLLC 401(K) PLAN	
b	Name of plan sponsor	SHANIES LAW OFFICE LLC	c EIN-PN 81-1069040-001

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 DAVID SMOTRICH & PARTNERS LLP 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor DAVID SMOTRICH & PARTNERS LLP	c EIN-PN 13-3253994-001
a	Plan name DAYTON CHILDREN'S HOSPITAL 401(K) PLAN	
b	Name of plan sponsor DAYTON CHILDREN'S HOSPITAL	c EIN-PN 31-0672132-002
a	Plan name DAYTON SPRINGFIELD HEART & VASCULAR MEDICINE 401(K) PLAN	
b	Name of plan sponsor DAYTON SPRINGFIELD HEART & VASCULAR MEDICINE, LLC	c EIN-PN 81-1195375-001
a	Plan name DEFINE DESIGN DEPLOY CORP. 401(K) PLAN	
b	Name of plan sponsor DEFINE DESIGN DEPLOY CORP. DBA D3	c EIN-PN 88-3475768-001
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 DENVER ELECTRICAL CONTRACTORS RETIREMENT PLAN	
b	Name of plan sponsor DENVER ELECTRICAL CONTRACTORS, INC.	c EIN-PN 84-1541716-001
a	Plan name DES MOINES MIDWIFE COLLECTIVE 401(K) PLAN	
b	Name of plan sponsor DES MOINES MIDWIFE COLLECTIVE	c EIN-PN 87-1211036-001
a	Plan name DESERVE, INC. 401(K) PLAN	
b	Name of plan sponsor DESERVE, INC.	c EIN-PN 45-4455352-001
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 DICICCO DESIGN 401(K) PLAN	
b	Name of plan sponsor DICICCO DESIGN	c EIN-PN 84-3312798-001
a	Plan name DIGITALMOUTH 401-K PLAN	
b	Name of plan sponsor DIGITALMOUTH, LLC	c EIN-PN 45-3914398-001
a	Plan name DISTRICT OF COLUMBIA 401(A) DEFINED CONTRIBUTION PENSION PLAN	
b	Name of plan sponsor DISTRICT OF COLUMBIA	c EIN-PN 53-6001131-999

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	DISTRICT OF COLUMBIA 457(B) DEFERRED COMPENSATION PLAN	
b	Name of plan sponsor	DISTRICT OF COLUMBIA	c EIN-PN 53-6001131-999
a	Plan name	DISTRICT OF COLUMBIA WATER & SEWER AUTHORITY 401(A) PLAN	
b	Name of plan sponsor	DISTRICT OF COLUMBIA WATER & SEWER AUTHORITY	c EIN-PN 52-2201147-999
a	Plan name	DISTRICT OF COLUMBIA WATER & SEWER AUTHORITY 457(B) PLAN	
b	Name of plan sponsor	DISTRICT OF COLUMBIA WATER & SEWER AUTHORITY	c EIN-PN 52-2201147-999
a	Plan name	DL STEINER INC. 401(K) PLAN	
b	Name of plan sponsor	DL STEINER INC.	c EIN-PN 34-1574340-001
a	Plan name	DMGT US 401(K) PLAN	
b	Name of plan sponsor	DMGT US, INC.	c EIN-PN 52-2083657-001
a	Plan name	DND SERVICES, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	DND SERVICES, INC.	c EIN-PN 91-1941944-001
a	Plan name	DOMAIN HOMES, INC. 401(K) PLAN	
b	Name of plan sponsor	DOMAIN HOMES, INC.	c EIN-PN 27-2352644-001
a	Plan name	DORMANN'S HEATING & COOLING 401(K) PLAN	
b	Name of plan sponsor	DORMANN'S HEATING & COOLING LLC	c EIN-PN 20-8172958-001
a	Plan name	E5 EQUITY PARTNERS 401(K) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor	E5 EQUITY PARTNERS, LLC	c EIN-PN 27-2619113-001
a	Plan name	EL PASO COUNTY RETIREMENT PLAN	
b	Name of plan sponsor	EL PASO COUNTY BOARD OF RETIREMENT	c EIN-PN 84-6051617-001
a	Plan name	EL PROVINCIANO, INC. 401(K) PLAN	
b	Name of plan sponsor	EL PROVINCIANO, INC.	c EIN-PN 20-4994685-001
a	Plan name	ELDORADO RESORTS, INC. 401(K) PLAN	
b	Name of plan sponsor	CAESARS ENTERTAINMENT INC.	c EIN-PN 46-3657681-002

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	ELECTRICAL WORKERS LOCAL UNION 159 RETIREMENT PLAN	
b	Name of plan sponsor	BOARD OF TRUSTEES OF THE ELECTRICAL WORKERS LOCAL UNION 159 RETIREMEN	c EIN-PN 35-2759032-001
a	Plan name	ELEVATE FINANCIAL SERVICES LLC 401(K) PLAN	
b	Name of plan sponsor	ELEVATE FINANCIAL SERVICES LLC	c EIN-PN 93-4316845-001
a	Plan name	ELITE PRECISION MACHINE AND TOOLING 401(K) PLAN	
b	Name of plan sponsor	OLIVIA COMPANIES LLC	c EIN-PN 93-2613644-001
a	Plan name	ELLIOT EQUIPMENT COMPANY SAVINGS AND RETIREMENT PLAN	
b	Name of plan sponsor	ELLIOT EQUIPMENT COMPANY	c EIN-PN 47-0741258-001
a	Plan name	ELLISON INSTITUTE, LLC 401(K) PLAN	
b	Name of plan sponsor	ELLISON INSTITUTE, LLC	c EIN-PN 84-3994143-001
a	Plan name	EMORY SOLUTIONS 401(K) PLAN	
b	Name of plan sponsor	EMORY SOLUTIONS, LLC.	c EIN-PN 85-3333881-001
a	Plan name	EMPIRE ENTERTAINMENT & TRAVEL, INC. 401(K) AND PSP	
b	Name of plan sponsor	EMPIRE ENTERTAINMENT & TRAVEL, INC.	c EIN-PN 58-2264927-001
a	Plan name	ENTECH.NET, LLC 401(K) PLAN	
b	Name of plan sponsor	ENTECH.NET, LLC	c EIN-PN 46-4097308-001
a	Plan name	EREVS SUPPLY CHAIN, LLC RETIREMENT PLAN	
b	Name of plan sponsor	EREVS SUPPLY CHAIN, LLC	c EIN-PN 47-5406134-001
a	Plan name	ESSILORLUXOTTICA RETIREMENT SAVINGS PLAN 1	
b	Name of plan sponsor	ESSILORLUXOTTICA USA INC	c EIN-PN 86-3625314-001
a	Plan name	EVRAZ INC. 401(K) PLAN	
b	Name of plan sponsor	EVRAZ NORTH AMERICA	c EIN-PN 94-0506370-009
a	Plan name	EXECUTIVE MEDICAL CENTERS OF OHIO 401(K) PLAN	
b	Name of plan sponsor	EXECUTIVE MEDICAL CENTERS OF OHIO	c EIN-PN 45-4632406-001

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	EXTERIOR LAND DEVELOPMENT, LLC 401(K) PLAN	
b	Name of plan sponsor	EXTERIOR LAND DEVELOPMENT, LLC	c EIN-PN 46-4591439-001
a	Plan name	FABIO TRABOCCHI RESTAURANT GROUP 401K PLAN	
b	Name of plan sponsor	FT MANAGEMENT LLC	c EIN-PN 83-0794744-001
a	Plan name	FACC PREMIUM DEFERRED 401(K) PLAN	
b	Name of plan sponsor	FLORIDA ASSOCIATION OF COURT CLERKS	c EIN-PN 59-1227589-251
a	Plan name	FAIRFIELD GLADE HOMES, LLC 401(K) SAVINGS PLAN	
b	Name of plan sponsor	FAIRFIELD GLADE HOMES, LLC	c EIN-PN 82-1455413-001
a	Plan name	FAMILY DENTAL CARE OF CHICAGO 401(K) PLAN	
b	Name of plan sponsor	FAMILY DENTAL CARE OF CHICAGO	c EIN-PN 47-2238182-001
a	Plan name	FAMILY PHYSICIANS GROUP 401(K) PLAN	
b	Name of plan sponsor	HUMANA,INC	c EIN-PN 61-0647538-008
a	Plan name	FFO, LLC 401(K) PLAN	
b	Name of plan sponsor	FIDUCIARY FAMILY OFFICE, LLC	c EIN-PN 93-1571921-001
a	Plan name	FLOODGATE MEDICAL 401(K) PLAN	
b	Name of plan sponsor	FLOODGATE MEDICAL LLC	c EIN-PN 26-2661141-001
a	Plan name	FLORISSANT SURGERY CENTER 401(K) PLAN	
b	Name of plan sponsor	FLORISSANT SURGERY CENTER	c EIN-PN 43-3808874-001
a	Plan name	FOMCORE, LLC 401(K) PLAN	
b	Name of plan sponsor	FOMCORE, LLC	c EIN-PN 36-4848278-001
a	Plan name	FONN GROUP AMERICAS 401(K) PLAN	
b	Name of plan sponsor	FONN GROUP AMERICAS INCORPORATED	c EIN-PN 84-4699501-001
a	Plan name	FOUR MUSKETEERS RETIREMENT PLAN	
b	Name of plan sponsor	FOUR MUSKETEERS, LLC	c EIN-PN 86-0887034-001

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	FRANCOIS AND COMPANY, LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	FRANCOIS AND COMPANY, LLC	c EIN-PN 46-1641307-001
a	Plan name	FRANKLIN ELECTRIC RETIREMENT PROGRAM	
b	Name of plan sponsor	FRANKLIN ELECTRIC, INC.	c EIN-PN 35-0827455-007
a	Plan name	FROMM INTERNATIONAL, LLC 401(K) PLAN	
b	Name of plan sponsor	FROMM INTERNATIONAL, LLC	c EIN-PN 36-1257620-002
a	Plan name	FS6 401(K) PLAN	
b	Name of plan sponsor	FOOD SYSTEM 6 ACCELARATOR, INC.	c EIN-PN 81-1251197-001
a	Plan name	FUSION HEALTH SERVICES 401K PROFIT SHARING PLAN	
b	Name of plan sponsor	FUSION HEALTH SERVICES, LLC	c EIN-PN 82-3619131-001
a	Plan name	GALVEZ DENTAL 401(K) PS PLAN	
b	Name of plan sponsor	GALVEZ DENTAL	c EIN-PN 94-2576822-001
a	Plan name	GASTRO SOUTH PARTNERS 401(K) & PROFIT SHARING PLAN	
b	Name of plan sponsor	GASTRO SOUTH LLC	c EIN-PN 84-1938818-001
a	Plan name	GATE ONE GROUP LLC 401K PLAN	
b	Name of plan sponsor	GATE ONE GROUP LLC	c EIN-PN 87-1780135-001
a	Plan name	GETGO TRANSPORTATION, LLC 401(K) PLAN	
b	Name of plan sponsor	GETGO TRANSPORTATION, LLC	c EIN-PN 34-1939128-001
a	Plan name	GLASSMAN & ZISSIMOPULOS PLLC 401(K) AND PROFIT SHARING PLAN	
b	Name of plan sponsor	GLASSMAN & ZISSIMOPULOS PLLC	c EIN-PN 46-5451131-001
a	Plan name	GLOBAL EMERGENCY GROUP, INC. 401(K) PLAN	
b	Name of plan sponsor	GLOBAL EMERGENCY GROUP, INC.	c EIN-PN 84-1943523-002
a	Plan name	GOULSTON & STORRS 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor	GOULSTON & STORRS, P.C.	c EIN-PN 04-2738098-002

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	GOULSTON & STORRS ASSOCIATES' 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor	GOULSTON & STORRS, P.C.	c EIN-PN 04-2738098-006
a	Plan name	GRANITE COMMERCIAL REAL ESTATE, LLC 401(K) PLAN	
b	Name of plan sponsor	GRANITE COMMERCIAL REAL ESTATE, LLC	c EIN-PN 27-3493834-001
a	Plan name	GREAT LAKES HEALTHCARE SPECIALISTS, LLC 401(K) PLAN	
b	Name of plan sponsor	GREAT LAKES HEALTHCARE SPECIALISTS, LLC	c EIN-PN 46-4102382-001
a	Plan name	GREEN BAY ELECTRICAL WORKERS PENSION PLAN	
b	Name of plan sponsor	BOARD OF TRUSTEES OF THE GREEN BAY ELECTRICAL WORKERS PENSION PLAN	c EIN-PN 39-0940777-001
a	Plan name	GREENGO ENERGY US, INC. 401K PLAN	
b	Name of plan sponsor	GREENGO ENERGY US, INC.	c EIN-PN 81-3381878-001
a	Plan name	GULF STEVEDORING SERVICES MANATEE-UNION RETIREMENT PLAN	
b	Name of plan sponsor	GULF STEVEDORING SERVICES, LLC	c EIN-PN 26-2533537-001
a	Plan name	HAMILTON PROJECT CONSULTING, LLC 401(K) PLAN	
b	Name of plan sponsor	HAMILTON PROJECT CONSULTING, LLC	c EIN-PN 93-2311894-001
a	Plan name	HARLEY-DAVIDSON RETIREMENT SAVINGS PLAN MASTER TRUST	
b	Name of plan sponsor	HARLEY-DAVIDSON MOTOR COMPANY GROUP, LLC	c EIN-PN 04-6775071-001
a	Plan name	HARMON & FELTS 401(K) PLAN	
b	Name of plan sponsor	HARMON AND FELTS, PA	c EIN-PN 27-1851764-001
a	Plan name	HARTFORD SOUTH, LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	HARTFORD SOUTH, LLC	c EIN-PN 59-3662016-001
a	Plan name	HAWORTH 401K PLAN	
b	Name of plan sponsor	HAWORTH INTERNATIONAL, LTD.	c EIN-PN 38-2101981-003
a	Plan name	HAYNES AND BOONE RETIREMENT SAVINGS PLAN AND INVESTMENT DIRECTED PROFIT SHARING PLAN MASTER TRUST	
b	Name of plan sponsor	HAYNES AND BOONE, LLP	c EIN-PN 75-1312888-004

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 HEADWATER COMPANIES LLC 401(K) PLAN	
b	Name of plan sponsor HEADWATER COMPANIES LLC	c EIN-PN 20-0319914-001
a	Plan name HEARTHSIDE BANK CORPORATION 401(K)/EMPLOYEE STOCK OWNERSHIP PLAN	
b	Name of plan sponsor HEARTHSIDE BANK	c EIN-PN 61-0305840-002
a	Plan name HELIOS 401(K) PLAN	
b	Name of plan sponsor HELIOS & PARTNERS ADVISORY, INC.	c EIN-PN 99-1676869-001
a	Plan name HITACHI EMPLOYEE 401(K) RETIREMENT PLAN	
b	Name of plan sponsor HITACHI AMERICA, LTD	c EIN-PN 13-1896069-002
a	Plan name HOGAN LOVELLS US LLP RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor HOGAN LOVELLS US LLP	c EIN-PN 53-0084704-001
a	Plan name HOISINGTON & LINDSEY 401(K) PLAN	
b	Name of plan sponsor HOISINGTON & LINDSEY, PLLC	c EIN-PN 88-2955019-001
a	Plan name HONORBUILT, LLC 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor HONORBUILT, LLC	c EIN-PN 20-2842968-001
a	Plan name HORIZONENTERPRISES LLC DBA FIRE RECOVERY 401K PLAN	
b	Name of plan sponsor HORIZONENTERPRISES LLC DBA FIRE RECOVERY	c EIN-PN 45-0650901-001
a	Plan name HPE DIVERSIFIED REAL ASSET FUND	
b	Name of plan sponsor MERCER TRUST COMPANY	c EIN-PN 82-3760571-001
a	Plan name HUBBARD BROS INC. 401(K) PLAN	
b	Name of plan sponsor HUBBARD BROS INC.	c EIN-PN 54-0884199-001
a	Plan name HUMANA PARTNERSHIP SAVINGS PLAN	
b	Name of plan sponsor HUMANA INC.	c EIN-PN 61-0647538-006
a	Plan name HUMANA PUERTO RICO RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor HUMANA INC.	c EIN-PN 61-0647538-004

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	HUMANA RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	HUMANA INC.	c EIN-PN 61-0647538-002
a	Plan name	HVACMASTER, LLC 401(K) PLAN	
b	Name of plan sponsor	HVACMASTER, LLC	c EIN-PN 45-2401392-001
a	Plan name	I.B.E.W LOCAL UNION NO. 668 EMPLOYEES PENSION PLAN	
b	Name of plan sponsor	I.B.E.W LOCAL UNION NO. 668	c EIN-PN 31-1252733-002
a	Plan name	IBEW LOCAL #99 RETIREMENT PLAN	
b	Name of plan sponsor	BOARD OF TRUSTEES IBEW LOCAL #99 RETIREMENT PLAN	c EIN-PN 05-6049538-001
a	Plan name	IBEW LOCAL 38 PENSION FUND	
b	Name of plan sponsor	BOARD OF TRUSTEES FOR IBEW LOCAL 28 PENSION FUND	c EIN-PN 34-6574238-001
a	Plan name	IMAGEN DENTAL PARTNERS MEP 401(K) PLAN	
b	Name of plan sponsor	IMAGEN DENTAL PARTNERS, LLC	c EIN-PN 87-1559565-001
a	Plan name	IN AND OUT EMPLOYEES 401(K) PLAN	
b	Name of plan sponsor	IN AND OUT VALET COMPANY	c EIN-PN 25-1851406-001
a	Plan name	INGENIUM CONSULTING LLC 401K AND PROFIT SHARING PLAN	
b	Name of plan sponsor	INGENIUM CONSULTING LLC	c EIN-PN 82-1033882-001
a	Plan name	INK + ALLOY 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	INK + ALLOY LLC	c EIN-PN 47-4682810-001
a	Plan name	INNOVADEV 401(K) PLAN	
b	Name of plan sponsor	INNOVADEV LLC	c EIN-PN 93-3074130-001
a	Plan name	INNOVATION GROUP, LLC 401(K) PLAN	
b	Name of plan sponsor	INNOVATION GROUP, LLC	c EIN-PN 84-4802735-001
a	Plan name	INSMED, INCORPORATED 401(K) PLAN AND TRUST	
b	Name of plan sponsor	INSMED INCORPORATED	c EIN-PN 54-1972729-001

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 INTEGRITY TESTING 401(K) PLAN	
b	Name of plan sponsor INTEGRITY TESTING, INC.	c EIN-PN 46-4125605-001
a	Plan name INTERCONTINENTAL EXCHANGE, INC. 401(K) PLAN	
b	Name of plan sponsor INTERCONTINENTAL EXCHANGE, INC.	c EIN-PN 46-2286804-001
a	Plan name INTERMOUNTAIN HEALTHCARE SAVINGS PLUS 401(K) PLAN	
b	Name of plan sponsor INTERMOUNTAIN HEALTH CARE INC.	c EIN-PN 87-0269232-002
a	Plan name INTERNATIONAL UNION OF OPERATING ENGINEERS LOCAL NO. 478 PENSION FUND	
b	Name of plan sponsor BOARD OF TRUSTEES, IUOE LOCAL NO. 478 PENSION FUND	c EIN-PN 06-0733831-001
a	Plan name INTERSTATE BUSINESS EQUIPMENT, INC. 401(K) PLAN	
b	Name of plan sponsor INTERSTATE BUSINESS EQUIPMENT, INC.	c EIN-PN 47-0490341-001
a	Plan name IRON WORKERS LOCAL #12 PENSION FUND	
b	Name of plan sponsor BOARD OF TRUSTEES	c EIN-PN 14-1512731-001
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 J&B FRANCHISE VENTURE, INC. 401(K) PLAN	
b	Name of plan sponsor J&B FRANCHISE VENTURE, INC.	c EIN-PN 45-4204972-001
a	Plan name JENCON BUILDERS, LLC 401(K) & PROFIT SHARING PLAN	
b	Name of plan sponsor JENCON BUILDERS, LLC	c EIN-PN 20-4229709-001
a	Plan name JIM BERN COMPANY, LLC 401(K) PLAN	
b	Name of plan sponsor JIM BERN COMPANY, LLC	c EIN-PN 39-1043198-001
a	Plan name JOHN H. HARLAND COMPANY OF PUERTO RICO SECTION 1165(E) PLAN AND TRUST	
b	Name of plan sponsor JOHN H. HARLAND COMPANY OF PUERTO RICO	c EIN-PN 58-1143611-002
a	Plan name KELLWELL FOOD MANAGEMENT, INC. 401(K) PLAN	
b	Name of plan sponsor KELLWELL FOOD MANAGEMENT INC.	c EIN-PN 61-1226992-001

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	KENNECOTT UTAH COPPER LLC 401(K) SAVINGS AND RETIREMENT CONTRIBUTION PLAN FOR REPRESENTED EMPLOYEES	
b	Name of plan sponsor	KENNECOTT UTAH COPPER LLC	c EIN-PN 13-3108078-204
a	Plan name	KEYCORP 401(K) SAVINGS PLAN	
b	Name of plan sponsor	KEYCORP	c EIN-PN 34-6542451-002
a	Plan name	KIDS IN MOTION 401(K) PLAN	
b	Name of plan sponsor	KIDS IN MOTION, INC.	c EIN-PN 83-3593832-001
a	Plan name	KINETIC ELECTRIC, INC. 401(K) PLAN	
b	Name of plan sponsor	KINETIC ELECTRIC, INC.	c EIN-PN 83-1217145-001
a	Plan name	KITCHENS OF THE SOUTH 401(K) SAVINGS PLAN	
b	Name of plan sponsor	KITCHENS OF THE SOUTH, LLC	c EIN-PN 85-0791738-001
a	Plan name	KNAV 401(K) PLAN	
b	Name of plan sponsor	KNAV, P.A.	c EIN-PN 20-2751082-002
a	Plan name	KREBS LAND DEVELOPMENT 401K & PROFIT SHARING PLAN	
b	Name of plan sponsor	KREBS LAND DEVELOPMENT, LLC	c EIN-PN 20-4883523-001
a	Plan name	KWMG, LLC 401(K) / PROFIT SHARING PLAN	
b	Name of plan sponsor	KWMG, LLC D/B/A KEEN WEALTH ADVISORS	c EIN-PN 46-4580356-001
a	Plan name	KYOCERA INDUSTRIAL TOOLS, INC. 401(K) PLAN	
b	Name of plan sponsor	SOUTHERNCARLSON, INC.	c EIN-PN 27-0815326-001
a	Plan name	LA SPECIALTY SERVICES LLC 401(K) PLAN	
b	Name of plan sponsor	LA SPECIALTY SERVICES LLC	c EIN-PN 82-1725138-001
a	Plan name	LAKEVIEW HEALTHCENTER PC 401(K) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor	LAKEVIEW HEALTHCENTER PC	c EIN-PN 26-0571452-001
a	Plan name	LANDSCAPE, IRRIGATION AND LAWN SPRINKLER INDUSTRY DEFINED CONTRIBUTION PENSION TRUST	
b	Name of plan sponsor	BOARD OF TRUSTEES, LANDSCAPE, IRRIGATION AND LAWN SPRINKLER INDUSTRY D	c EIN-PN 58-1908778-001

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 LANTHEUS MEDICAL IMAGING, INC. RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor LANTHEUS MEDICAL IMAGING, INC.	c EIN-PN 51-0396366-001
a	Plan name LBMC EMPLOYMENT PARTNERS, LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor LBMC EMPLOYMENT PARTNERS, LLC	c EIN-PN 62-1767955-001
a	Plan name LEADTAIL INC. 401(K) & PROFIT SHARING PLAN	
b	Name of plan sponsor LEADTAIL INC.	c EIN-PN 82-0801676-001
a	Plan name LENSA, INC. 401(K) PLAN	
b	Name of plan sponsor LENSA, INC.	c EIN-PN 47-1240586-001
a	Plan name LIVE YOUR LIFE 401(K) PLAN	
b	Name of plan sponsor SYSTEMS THINKING & SOLUTIONS, INC	c EIN-PN 27-5018710-001
a	Plan name LNC EMPLOYEES' 401(K) SAVINGS PLAN	
b	Name of plan sponsor LINCOLN NATIONAL CORPORATION	c EIN-PN 35-1140070-009
a	Plan name LNL AGBA MONEY PURCHASE PLAN	
b	Name of plan sponsor THE LINCOLN NATIONAL LIFE INSURANCE COMPANY	c EIN-PN 35-0472300-012
a	Plan name LNL AGENTS' 401(K) SAVINGS PLAN	
b	Name of plan sponsor THE LINCOLN NATIONAL LIFE INSURANCE COMPANY	c EIN-PN 35-0472300-006
a	Plan name LNL MONEY PURCHASE PLAN	
b	Name of plan sponsor THE LINCOLN NATIONAL LIFE INSURANCE COMPANY	c EIN-PN 35-0472300-005
a	Plan name LOOKFIRST TECHNOLOGY, LLC 401(K) PLAN	
b	Name of plan sponsor LOOKFIRST TECHNOLOGY, LLC	c EIN-PN 90-0198238-001
a	Plan name LUPHER, LLC 401(K) PLAN	
b	Name of plan sponsor LUPHER, LLC	c EIN-PN 45-5364698-001
a	Plan name LUXOTTICA GROUP PUERTO RICO TAX INCENTIVE SAVINGS PLAN	
b	Name of plan sponsor OAKLEY, INC.	c EIN-PN 11-3491054-003

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	LUXOTTICA GROUP TAX INCENTIVE SAVINGS PLAN	
b	Name of plan sponsor	OAKLEY, INC.	c EIN-PN 11-3491054-025
a	Plan name	M V MOVING SERVICES LLC 401K PLAN	
b	Name of plan sponsor	M V MOVING SERVICES LLC	c EIN-PN 47-1555567-001
a	Plan name	MAHENDRA K. KALRA M.D. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	MAHENDRA K. KALRA M.D.	c EIN-PN 42-1575398-001
a	Plan name	MAINELY SMILES 401(K) PLAN	
b	Name of plan sponsor	MAINELY SMILES DBA MAINELY TEETH	c EIN-PN 87-4255473-001
a	Plan name	MAJOR LEAGUE SOCCER 401(K) PLAN	
b	Name of plan sponsor	MAJOR LEAGUE SOCCER, LLC	c EIN-PN 95-4541325-001
a	Plan name	MAJORS PLASTICS, INC. 401(K) PLAN	
b	Name of plan sponsor	MAJORS PLASTICS, INC.	c EIN-PN 47-0398519-001
a	Plan name	MARCO CONSULTING GROUP TRUST I	
b	Name of plan sponsor	SEGAL ADVISORS, INC.	c EIN-PN 27-6230536-001
a	Plan name	MARK AND M.E. PROFIT SHARING PLAN	
b	Name of plan sponsor	MARK C. NESSER	c EIN-PN 16-1443789-001
a	Plan name	MASSACHUSETTS BRICKLAYERS AND MASONS ANNUITY FUND	
b	Name of plan sponsor	BOARDS OF TRUSTEES - MA BRICKLAYERS AND MASONS ANN	c EIN-PN 04-6375393-001
a	Plan name	MATT'S IMPORT HAVEN 401(K) PLAN	
b	Name of plan sponsor	MATT'S IMPORT HAVEN	c EIN-PN 91-1694457-001
a	Plan name	MAVENIR SYSTEMS, INC. 401(K) PLAN	
b	Name of plan sponsor	MAVENIR SYSTEMS, INC.	c EIN-PN 61-1489105-002
a	Plan name	MCA & RJA 401K SAVINGS PLAN	
b	Name of plan sponsor	MCAADS.COM LLC/ RUSSELL JOHNS ASSOCIATES	c EIN-PN 27-2503478-001

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	MCBRIDE CONSULTING, LLC 401(K) PLAN	
b	Name of plan sponsor	MCBRIDE CONSULTING, LLC	c EIN-PN 46-2886018-001
a	Plan name	MCCI GROUP HOLDINGS, LLC 401(K) PLAN	
b	Name of plan sponsor	HUMANA, INC	c EIN-PN 61-0647538-007
a	Plan name	MCLAUGHLIN MEDIA MIX 401(K) SAVINGS PLAN	
b	Name of plan sponsor	MCLAUGHLIN MEDIA MIX	c EIN-PN 90-0521341-001
a	Plan name	MG2 401(K) PLAN	
b	Name of plan sponsor	ADVANCED REALTY MANAGEMENT LLC	c EIN-PN 46-4364339-001
a	Plan name	MICHAEL R. SCHWARTZ, M.D., INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	MICHAEL R. SCHWARTZ, M.D., INC.	c EIN-PN 77-0570099-001
a	Plan name	MICHAEL WHITE INSURANCE AGENCY, LLC. 401(K) & PSP	
b	Name of plan sponsor	MICHAEL WHITE INSURANCE AGENCY, LLC.	c EIN-PN 82-2177761-001
a	Plan name	MICROSOFT CORPORATION SAVINGS PLUS 401K PLAN	
b	Name of plan sponsor	MICROSOFT CORPORATION	c EIN-PN 91-1144442-001
a	Plan name	MILESTONE RECOVERY 401(K) PLAN	
b	Name of plan sponsor	MILESTONE RECOVERY	c EIN-PN 01-6024344-001
a	Plan name	MILLS SPECIALTY METALS 401K PROFIT SHARING PLAN	
b	Name of plan sponsor	MILLS SPECIALTY METALS, LLC	c EIN-PN 82-3702357-001
a	Plan name	MINN CARE HOME HEALTH 401(K) PLAN	
b	Name of plan sponsor	MINN CARE HOME HEALTH	c EIN-PN 47-3823579-001
a	Plan name	MITSUBISHI MOTORS NORTH AMERICA, INC. 401(K) SAVINGS PLAN	
b	Name of plan sponsor	MITSUBISHI MOTORS NORTH AMERICA, INC.	c EIN-PN 95-3673256-002
a	Plan name	MITSUBISHI MOTORS R AND D OF AMERICA INC. 401(K) SAVINGS PLAN	
b	Name of plan sponsor	MITSUBISHI MOTORS R & D OF AMERICA, INC	c EIN-PN 37-1353100-001

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	MKS2 SCA SAVINGS PLAN	
b	Name of plan sponsor	MKS2, LLC	c EIN-PN 27-1260077-002
a	Plan name	MODERN DERMATOLOGY 401(K) PLAN	
b	Name of plan sponsor	MODERN DERMATOLOGY, LLC	c EIN-PN 82-1281640-001
a	Plan name	MONOCEROS CORPORATION 401(K) PLAN	
b	Name of plan sponsor	MONOCEROS CORPORATION	c EIN-PN 83-2754173-001
a	Plan name	MORGAN STANLEY 401(K) PLAN	
b	Name of plan sponsor	MORGAN STANLEY DOMESTIC HOLDINGS LLC	c EIN-PN 20-8764829-003
a	Plan name	MORRIS PRESS 401(K) PLAN	
b	Name of plan sponsor	MORRIS PRINTING GROUP, INC.	c EIN-PN 47-0564855-001
a	Plan name	MOSAIC MASTER TRUST	
b	Name of plan sponsor	THE MOSAIC COMPANY	c EIN-PN 83-2016637-001
a	Plan name	MOUNTAIN AMERICA FEDERAL CREDIT UNION 401(K) PLAN	
b	Name of plan sponsor	MOUNTAIN AMERICA FEDERAL CREDIT UNION	c EIN-PN 87-0172956-001
a	Plan name	MOV HOME CARE, LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	MOV HOME CARE, LLC	c EIN-PN 87-4134453-001
a	Plan name	MUNHALL VETERINARY HOSPITAL, LLC 401(K) PLAN	
b	Name of plan sponsor	MUNHALL VETERINARY HOSPITAL, LLC	c EIN-PN 81-2512580-001
a	Plan name	MY BOOKKEEPING AND TAX GAL 401K PLAN	
b	Name of plan sponsor	MY BOOKKEEPING AND TAX GAL LLC	c EIN-PN 81-1151072-001
a	Plan name	MY MERCEDES PLACE, INC. 401(K) PLAN	
b	Name of plan sponsor	MY MERCEDES PLACE, INC.	c EIN-PN 80-0079368-002
a	Plan name	NATIONAL GRID USA CO. INCENTIVE THRIFT PLAN	
b	Name of plan sponsor	NATIONAL GRID USA SERVICE COMPANY, INC.	c EIN-PN 04-1663150-007

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	NETFLIX 401(K) PLAN	
b Name of plan sponsor	NETFLIX, INC.	c EIN-PN 77-0467272-001
a Plan name	NETWORK TELEVISION TIME 401(K) PLAN	
b Name of plan sponsor	NETWORK TELEVISION TIME, INC.	c EIN-PN 95-4420797-001
a Plan name	NEWELL DENTAL 401(K) PLAN	
b Name of plan sponsor	JOHN M. NEWELL III DMD LLC	c EIN-PN 26-4495740-001
a Plan name	NEXT GENERATION RECYCLING MACHINES, INC. 401(K) PLAN	
b Name of plan sponsor	NEXT GENERATION RECYCLING MACHINES, INC.	c EIN-PN 26-2345247-001
a Plan name	NEXTERA ENERGY, INC. EMPLOYEE RETIREMENT SAVINGS PLAN	
b Name of plan sponsor	NEXTERA ENERGY, INC.	c EIN-PN 59-2449419-002
a Plan name	NICE SYSTEMS, INC. 401(K) PLAN	
b Name of plan sponsor	NICE SYSTEMS, INC.	c EIN-PN 77-0250126-001
a Plan name	NO LONGER BOUND 401(K) RETIREMENT PLAN	
b Name of plan sponsor	NO LONGER BOUND, INC.	c EIN-PN 58-1927695-001
a Plan name	NOPO KIDS DENTISTRY 401(K) PLAN	
b Name of plan sponsor	NOPO KIDS DENTISTRY, LLC	c EIN-PN 46-3665963-001
a Plan name	NORTHSTAR LOAN PROCESSING SERVICES, LLC 401K & PS PLAN	
b Name of plan sponsor	NORTHSTAR LOAN PROCESSING SERVICES, LLC	c EIN-PN 90-1503371-001
a Plan name	NUCOR CORPORATION PROFIT SHARING & RETIREMENT SAVINGS PLAN	
b Name of plan sponsor	NUCOR CORPORATION	c EIN-PN 13-1860817-334
a Plan name	ODE DESIGN 401(K) PLAN	
b Name of plan sponsor	SAGATOV ASSOCIATES INC. DBA ODE DESIGN	c EIN-PN 54-1373554-001
a Plan name	OFFICERS AND EMPLOYEES OF LOCAL UNION 478 AND FUNDS' EMPLOYEES PENSION FUND	
b Name of plan sponsor	BOARD OF TRUSTEES OF LOCAL UNION 478 PENSION PLAN	c EIN-PN 06-6140282-001

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	O'HARA FAMILY CHIROPRACTIC 401(K) PLAN	
b	Name of plan sponsor	O'HARA FAMILY CHIROPRACTIC, LTD	c EIN-PN 27-1375118-001
a	Plan name	OKLAHOMA CITY 457 DEFERRED COMPENSATION PLAN AND OKC 457 TRUST	
b	Name of plan sponsor	THE CITY OF OKLAHOMA CITY	c EIN-PN 73-6005359-999
a	Plan name	OKLAHOMA MUNICIPAL RETIREMENT FUND DEFINED CONTRIBUTION PLAN	
b	Name of plan sponsor	OKLAHOMA RETIREMENT MUNICIPAL FUND	c EIN-PN 73-6108940-999
a	Plan name	OREGON ACADEMY OF FAMILY PHYSICIANS 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	OREGON ACADEMY OF FAMILY PHYSICIANS	c EIN-PN 93-0423900-002
a	Plan name	OREGON LABORERS-EMPLOYERS PENSION PLAN	
b	Name of plan sponsor	BOARD OF TRUSTEES - OR LABORERS EMPLOYERS PENSION	c EIN-PN 93-6075363-001
a	Plan name	PANGEA CONSTRUCTION, LLC 401(K) PLAN	
b	Name of plan sponsor	PANGEA CONSTRUCTION, LLC	c EIN-PN 84-3590664-001
a	Plan name	PAYMAKER MECHANICAL INC. 401(K) PLAN	
b	Name of plan sponsor	PAYMAKER MECHANICAL INC.	c EIN-PN 83-3035441-001
a	Plan name	PENSION FUND OF THE INTERNATIONAL UNION OF OPERATING ENGINEERS LOCAL 14-14B	
b	Name of plan sponsor	BOARD OF TRUSTEES OF IUOE LOCAL 14-14B PENSION FUN	c EIN-PN 11-2392157-001
a	Plan name	PENSKE AUTOMOTIVE GROUP 401(K) SAVINGS AND RETIREMENT PLAN	
b	Name of plan sponsor	PENSKE AUTOMOTIVE GROUP, INC.	c EIN-PN 22-3086739-005
a	Plan name	PENSKE LOGISTICS RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	PENSKE TRUCK LEASING CO., L.P.	c EIN-PN 23-2518618-010
a	Plan name	PENSKE RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	PENSKE TRUCK LEASING CO., L.P.	c EIN-PN 23-2518618-012
a	Plan name	PENSKE TRUCK LEASING CO., L.P. SAVINGS RETIREMENT PLAN	
b	Name of plan sponsor	PENSKE TRUCK LEASING CO., L.P.	c EIN-PN 23-2518618-007

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 PERFORMANCE CASTINGS 401(K) PLAN	
b	Name of plan sponsor PERFORMANCE CASTINGS LLC	c EIN-PN 47-2410374-001
a	Plan name PIMCO DIVERSIFIED REAL ASSET COLLECTIVE TRUST	
b	Name of plan sponsor SEI TRUST COMPANY	c EIN-PN 27-0834313-004
a	Plan name PIMCO REALPATH BLEND 2025 COLLECTIVE TRUST	
b	Name of plan sponsor SEI TRUST COMPANY	c EIN-PN 84-4306238-014
a	Plan name PIMCO REALPATH BLEND 2030 COLLECTIVE TRUST	
b	Name of plan sponsor SEI TRUST COMPANY	c EIN-PN 84-4343577-020
a	Plan name PIMCO REALPATH BLEND 2035 COLLECTIVE TRUST	
b	Name of plan sponsor SEI TRUST COMPANY	c EIN-PN 84-4332975-021
a	Plan name PIMCO REALPATH BLEND 2040 COLLECTIVE TRUST	
b	Name of plan sponsor SEI TRUST COMPANY	c EIN-PN 84-4353277-022
a	Plan name PIMCO REALPATH BLEND 2045 COLLECTIVE TRUST	
b	Name of plan sponsor SEI TRUST COMPANY	c EIN-PN 84-4363123-023
a	Plan name PIMCO REALPATH BLEND 2050 COLLECTIVE TRUST	
b	Name of plan sponsor SEI TRUST COMPANY	c EIN-PN 84-4384278-024
a	Plan name PIMCO REALPATH BLEND 2055 COLLECTIVE TRUST	
b	Name of plan sponsor SEI TRUST COMPANY	c EIN-PN 84-4410629-025
a	Plan name PIMCO REALPATH BLEND 2060 COLLECTIVE TRUST	
b	Name of plan sponsor SEI TRUST COMPANY	c EIN-PN 84-4428760-026
a	Plan name PIMCO REALPATH BLEND 2065 COLLECTIVE TRUST	
b	Name of plan sponsor SEI TRUST COMPANY	c EIN-PN 92-1459838-032
a	Plan name PIMCO REALPATH BLEND COMPLETION COLLECTIVE TRUST	
b	Name of plan sponsor SEI TRUST COMPANY	c EIN-PN 87-3320480-031

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
a	Plan name PIMCO REALPATH BLEND INCOME COLLECTIVE TRUST	
b	Name of plan sponsor SEI TRUST COMPANY	c EIN-PN 84-4282179-013
a	Plan name PIRC COMPANY LANDSCAPING & SNOWPLOWING 401(K) PLAN	
b	Name of plan sponsor PIRC COMPANY LANDSCAPING & SNOWPLOWING LLC	c EIN-PN 40-0009708-001
a	Plan name PITNEY BOWES INC. 401(K) PLAN	
b	Name of plan sponsor PITNEY BOWES INC.	c EIN-PN 06-0495050-006
a	Plan name PITNEY BOWES PUERTO RICO SAVINGS PLAN	
b	Name of plan sponsor PITNEY BOWES PUERTO RICO, INC.	c EIN-PN 66-0197611-003
a	Plan name PJF PERSONALIZED MEDICAL CARE 401(K) PLAN	
b	Name of plan sponsor PJF PERSONALIZED MEDICAL CARE	c EIN-PN 87-3479409-001
a	Plan name PLUMBERS AND STEAMFITTERS LOCAL 440 DEFINED CONTRIBUTION PLAN	
b	Name of plan sponsor TRUSTEES OF PLUMBERS/STEAMFITTERS LOCAL 440 DEFINED CONTRIBUTION PENS	c EIN-PN 35-2078254-001
a	Plan name PLUMBERS, PIPE FITTERS & APPRENTICES LOCAL NO. 112 PENSION FUND	
b	Name of plan sponsor BD OF TTTEES PLUMBERS PIPE FITTERS & APPRENTICES	c EIN-PN 16-6052007-001
a	Plan name POLICEMAN'S & FIREMAN'S RETIREMENT FD OF LEXINGTON-FAYETTE URBAN GVT	
b	Name of plan sponsor BD OF TTESS POLICEMAN'S & FIREMAN'S RETIREMENT FD	c EIN-PN 61-0905245-002
a	Plan name POSH ORGANIZING 401(K) PLAN	
b	Name of plan sponsor POSH TODAY DBA POSH ORGANIZING	c EIN-PN 82-2640689-001
a	Plan name POTOMAC VALLEY BUILDERS 401(K) & PROFIT SHARING	
b	Name of plan sponsor POTOMAC VALLEY BUILDERS	c EIN-PN 54-1878585-001
a	Plan name POWDER KEG COATING & BLASTING 401(K) PLAN	
b	Name of plan sponsor POWDER KEG COATING & BLASTING	c EIN-PN 47-2661956-001
a	Plan name POWERS OF AUTOMATION 401(K) PLAN	
b	Name of plan sponsor POWERS OF AUTOMATION	c EIN-PN 93-1307577-001

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	PRB ATTORNEYS AT LAW 401(K) PLAN	
b	Name of plan sponsor	PRB ATTORNEYS AT LAW	c EIN-PN 88-3800849-001
a	Plan name	PRECISION CPA 401(K) PLAN	
b	Name of plan sponsor	PRECISION CPA	c EIN-PN 92-1485388-001
a	Plan name	PREMIER RENAL CARE ASSOCIATES (PRCA) 401(K) PLAN	
b	Name of plan sponsor	PREMIER RENAL CARE ASSOCIATES, LLC (PRCA)	c EIN-PN 88-0655493-001
a	Plan name	PREMIER SURGICAL ARTS, LLC 401(K) PLAN	
b	Name of plan sponsor	PREMIER SURGICAL ARTS, LLC	c EIN-PN 87-4539419-001
a	Plan name	PRIMROSE SCHOOL OF FIVE FORKS 401(K) PLAN	
b	Name of plan sponsor	GB SCHOOLS INC. DBA PRIMROSE SCHOOL OF FIVE FORKS	c EIN-PN 45-5526369-001
a	Plan name	PROGRESS SOFTWARE CORPORATION 401(K) PLAN	
b	Name of plan sponsor	PROGRESS SOFTWARE CORPORATION	c EIN-PN 04-2746201-002
a	Plan name	PTAM RETIREMENT PLAN	
b	Name of plan sponsor	PT ASSET MANAGEMENT, LLC	c EIN-PN 20-8098335-001
a	Plan name	QUAD/GRAPHICS DIVERSIFIED PLAN	
b	Name of plan sponsor	QUAD/GRAPHICS, INC.	c EIN-PN 39-1152983-003
a	Plan name	QUALITY RENTALS PURCHASE 401(K) PLAN	
b	Name of plan sponsor	QUALITY CONSUMER RENTALS, LLC	c EIN-PN 46-5649129-002
a	Plan name	QUANTUM MEDICAL SUPPLY, INC 401(K) & PROFIT SHARING PLAN	
b	Name of plan sponsor	QUANTUM MEDICAL SUPPLY, INC	c EIN-PN 58-2672225-001
a	Plan name	RACONTEUR MEDIA 401(K) PLAN	
b	Name of plan sponsor	RACONTEUR MEDIA COMPANY, INC	c EIN-PN 03-0430996-001
a	Plan name	RADIO, TELEVISION & RECORDING ARTS PENSION FUND	
b	Name of plan sponsor	BOARD OF TRUSTEES OF THE RADIO, TELEVISION & RECOR	c EIN-PN 13-6159229-001

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 RANGEFORCE, INC.401(K) PLAN	
b	Name of plan sponsor RANGEFORCE, INC.	c EIN-PN 36-4817006-001
a	Plan name RENNARD EYECARE 401(K) PLAN	
b	Name of plan sponsor RENNARD EYECARE LLC	c EIN-PN 45-5086861-001
a	Plan name RESOURCE ONE 401K PLAN	
b	Name of plan sponsor RESOURCE ONE NEW ENGLAND SERVICES, INC.	c EIN-PN 01-0743998-001
a	Plan name RETIREMENT PLAN FOR EMPLOYEES OF EVRAZ STRATCOR INC.	
b	Name of plan sponsor EVRAZ NORTH AMERICA	c EIN-PN 94-0506370-001
a	Plan name RETIREMENT PLAN FOR EMPLOYEES REPRESENTED BY SHEET METAL WORKERS LOCAL UNION 18	
b	Name of plan sponsor BOARD OF TRUSTEES OF THE RETIREMENT PLAN FOR EMPLOYEES REPRESENTED BY	c EIN-PN 39-6135887-001
a	Plan name RIDGE VALLEY EXTERIORS INC 401K PLAN	
b	Name of plan sponsor RIDGE VALLEY EXTERIORS INC	c EIN-PN 26-4306586-001
a	Plan name RIO TINTO ALCAN 401(K) SAVINGS PLAN FOR FORMER EMPLOYEES	
b	Name of plan sponsor ALCAN CORPORATION C/O RIO TINTO AMERICA	c EIN-PN 41-2098316-075
a	Plan name RIO TINTO AMERICA INC. 401(K) SAVINGS PLAN AND INVESTMENT PARTNERSHIP PLAN	
b	Name of plan sponsor RIO TINTO AMERICA INC.	c EIN-PN 11-3359689-002
a	Plan name RIVIERA COUNTRY CLUB 401(K) RETIREMENT PLAN	
b	Name of plan sponsor RIVIERA COUNTRY CLUB OF CORAL GABLES, INC.	c EIN-PN 59-0539247-001
a	Plan name ROLLS ROYCE ENGINE SERVICES RETIREMENT SAVINGS PLAN FOR UNION HOURLY EMPLOYEES	
b	Name of plan sponsor ROLLS ROYCE N.A. INC.	c EIN-PN 95-2742753-015
a	Plan name ROLLS ROYCE NORTH AMERICA 401(K) SAVINGS PLAN	
b	Name of plan sponsor ROLLS ROYCE N.A. INC.	c EIN-PN 54-1967187-002
a	Plan name ROLLS-ROYCE CORPORATION PERSONAL SAVINGS PLAN FOR HOURLY-RATE EMPLOYEES	
b	Name of plan sponsor ROLLS-ROYCE CORPORATION	c EIN-PN 35-1899021-002

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	ROSWELL U.S. LLC 401(K) & PROFIT SHARING PLAN	
b	Name of plan sponsor	ROSWELL U.S. LLC	c EIN-PN 20-8752962-001
a	Plan name	RUTRONIK, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	RUTRONIK, INC.	c EIN-PN 47-1511208-001
a	Plan name	SALIDA FAMILY DENTISTRY 401(K) PLAN	
b	Name of plan sponsor	SALIDA FAMILY DENTISTRY	c EIN-PN 36-6512667-001
a	Plan name	SANGUINE BIOSCIENCES 401(K) PLAN	
b	Name of plan sponsor	SANGUINE BIOSCIENCES, INC.	c EIN-PN 27-2874274-001
a	Plan name	SBQ TECH LLC 401(K) PLAN	
b	Name of plan sponsor	SBQ TECH LLC	c EIN-PN 99-1390459-001
a	Plan name	SCHAFFER PLUMBING, INC. 401(K) PLAN	
b	Name of plan sponsor	SCHAFFER PLUMBING, INC.	c EIN-PN 38-3822675-001
a	Plan name	SCOTT BROTHERS GLOBAL LLC 401(K) PLAN	
b	Name of plan sponsor	SCOTT BROTHERS GLOBAL LLC	c EIN-PN 82-2622469-001
a	Plan name	SDI COMMUNICATIONS 401(K) PLAN	
b	Name of plan sponsor	SDI COMMUNICATIONS, LLC	c EIN-PN 22-3823813-001
a	Plan name	SEACUBE 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	SEACUBE OPERATING COMPANY LTD	c EIN-PN 98-0659713-001
a	Plan name	SEED HOSPITALITY GROUP 401(K) PLAN	
b	Name of plan sponsor	HEIRLOOM KITCHEN & BAR, INC.	c EIN-PN 27-3817485-001
a	Plan name	SERNOVA 401(K) PLAN	
b	Name of plan sponsor	SERNOVA (US) CORP	c EIN-PN 20-5080534-001
a	Plan name	SEYMOUR OIL & LUBE INC 401(K) PLAN	
b	Name of plan sponsor	SEYMOUR OIL & LUBE INC	c EIN-PN 27-1254460-001

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	SHOW PROS ENTERTAINMENT SERVICES 401(K) PLAN	
b	Name of plan sponsor	SHOW PROS ENTERTAINMENT SERVICES	c EIN-PN 56-1772954-001
a	Plan name	SIDLEY AUSTIN LLP RETIREMENT PLAN FOR PARTNERS	
b	Name of plan sponsor	SIDLEY AUSTIN LLP	c EIN-PN 36-4474078-004
a	Plan name	SIDLEY AUSTIN LLP SAVINGS AND INVESTMENT PLAN	
b	Name of plan sponsor	SIDLEY AUSTIN LLP	c EIN-PN 36-4474078-100
a	Plan name	SIEMER INSTITUTE 401(K) PLAN	
b	Name of plan sponsor	SIEMER INSTITUTE	c EIN-PN 81-4859121-001
a	Plan name	SILKO MOTOR SALES, INC. 401(K) PLAN	
b	Name of plan sponsor	SILKO MOTOR SALES, INC.	c EIN-PN 04-2526885-001
a	Plan name	SIMONSON'S SALON & SPA 401(K) P/S PLAN	
b	Name of plan sponsor	SIMONSON'S SALON & SPA	c EIN-PN 73-1640039-001
a	Plan name	SISKO DENTISTRY 401(K) PLAN	
b	Name of plan sponsor	SISKO DENTISTRY	c EIN-PN 34-1852760-001
a	Plan name	SITEWORKS CONTRACTING CORP. 401(K) PLAN	
b	Name of plan sponsor	SITEWORKS CONTRACTING CORP.	c EIN-PN 13-3899729-001
a	Plan name	SKYTECH COMMUNICATIONS INC. 401K AND PROFIT SHARING PLAN	
b	Name of plan sponsor	SKYTECH COMMUNICATIONS INC.	c EIN-PN 58-2439587-001
a	Plan name	SMITHFIELD FOODS INC. BARGAINING 401(K) PLAN	
b	Name of plan sponsor	SMITHFIELD FOODS INC.	c EIN-PN 52-0845861-004
a	Plan name	SMITHFIELD FOODS INC. SALARIED 401(K) PLAN	
b	Name of plan sponsor	SMITHFIELD FOODS INC.	c EIN-PN 52-0845861-002
a	Plan name	SMITHFIELD FOODS, INC. HOURLY 401(K) PLAN	
b	Name of plan sponsor	SMITHFIELD FOODS INC.	c EIN-PN 52-0845861-009

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 SOL - MILLENNIUM 401(K) PLAN	
b	Name of plan sponsor SOL - MILLENNIUM MEDICAL INC.	c EIN-PN 27-4281942-001
a	Plan name SOLUTIONS GROUP SERVICES 401(K) PLAN	
b	Name of plan sponsor SOLUTIONS GROUP SERVICES LLC	c EIN-PN 93-2017395-001
a	Plan name SOLUTIONSWEST, INC. 401(K) PLAN	
b	Name of plan sponsor SOLUTIONSWEST, INC.	c EIN-PN 94-3282484-001
a	Plan name SONOVA 401(K) RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor SONOVA U.S. CORPORATE SERVICES, LLC	c EIN-PN 35-2505921-001
a	Plan name SONOVA PREMIER 401(K) RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor CONNECT HEARING INC, SONOVA UNITED STATES CORPORATE SERVICES TOTAL REW	c EIN-PN 26-0811994-001
a	Plan name SOUTHWEST AIRLINES CO. PROFIT SHARING PLAN	
b	Name of plan sponsor SOUTHWEST AIRLINES CO.	c EIN-PN 74-1563240-001
a	Plan name SPECRETE 401(K) PLAN	
b	Name of plan sponsor SPECRETE-IP INCORPORATED	c EIN-PN 34-1676365-001
a	Plan name SPEECH PARTNERS LLC 401(K) PLAN	
b	Name of plan sponsor SPEECH PARTNERS LLC	c EIN-PN 45-2399487-001
a	Plan name SPROUT PEDIATRICS 401(K) PLAN	
b	Name of plan sponsor SPROUT PEDIATRICS	c EIN-PN 45-4992175-001
a	Plan name SPTCO DOWNING MD PLLC 401(K) PLAN	
b	Name of plan sponsor SEAN GERARD DOWNING MD PLLC	c EIN-PN 84-2883749-001
a	Plan name SPTCO MEP 401(K) FOR FOUNTAINHEAD CAPITAL MANAGEMENT	
b	Name of plan sponsor FOUNTAINHEAD CAPITAL MANAGEMENT LLC	c EIN-PN 83-1401367-001
a	Plan name SPTCO MEP 401(K) FOR GENPREX, INC	
b	Name of plan sponsor GENPREX, INC.	c EIN-PN 90-0772347-001

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 SPTCO MEP 401(K) FOR WOOLF & ASSOCIATES, INC.	
b	Name of plan sponsor CEW ENGINEERING, LLC DBA WOOLF & ASSOCIATES, INC.	c EIN-PN 87-1575198-001
a	Plan name SPTCO MEP 401K FOR BRADENTON AREA ECONOMIC DEVELOPMENT CORP	
b	Name of plan sponsor BRADENTON AREA ECONOMIC DEVELOPMENT CORPORATION	c EIN-PN 45-4006592-001
a	Plan name SPTCO MEP FOR PREMIER FOOT & ANKLE SPECIALIST	
b	Name of plan sponsor PREMIER FOOT AND ANKLE SPECIALIST, PA.	c EIN-PN 65-0823626-001
a	Plan name ST. ELIZABETH HOMES CLHF, INC. 401(K) PLAN	
b	Name of plan sponsor ST. ELIZABETH HOMES CLHF, INC.	c EIN-PN 46-1418865-001
a	Plan name STARBOARD INDUSTRIES 401(K) PLAN	
b	Name of plan sponsor STARBOARD INDUSTRIES	c EIN-PN 82-1136663-001
a	Plan name STAT WELLNESS 401(K) PLAN	
b	Name of plan sponsor STAT WELLNESS, INC.	c EIN-PN 46-4872668-001
a	Plan name STATE OF MICHIGAN 401(K) PLAN	
b	Name of plan sponsor STATE OF MICHIGAN	c EIN-PN 38-6000134-002
a	Plan name STATE OF MICHIGAN 457 PLAN	
b	Name of plan sponsor STATE OF MICHIGAN	c EIN-PN 38-6000134-999
a	Plan name STEEL DYNAMICS, INC. PROFIT SHARING AND RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor STEEL DYNAMICS, INC.	c EIN-PN 35-1929476-001
a	Plan name STEPTOE & JOHNSON LLP PROFIT SHARING PLAN & TRUST AGREEMENT FOR CLASS O EMP	
b	Name of plan sponsor STEPTOE & JOHNSON LLP	c EIN-PN 52-1349790-006
a	Plan name STEWARD HEALTH CARE 401K RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor STEWARD HEALTH CARE SYSTEM LLC	c EIN-PN 27-2473240-001
a	Plan name STILL WATER PROFESSIONAL COUNSELING 401(K) PLAN	
b	Name of plan sponsor STILL WATER PROFESSIONAL COUNSELING	c EIN-PN 46-4239282-001

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	STITCH PEO MULTIPLE EMPLOYER 401(K) PLAN	
b	Name of plan sponsor	STITCH EMPLOYMENT SERVICES INC.	c EIN-PN 86-2633922-001
a	Plan name	STL SEDUCTION MEDIA LLC 401(K) PLAN	
b	Name of plan sponsor	STL SEDUCTION MEDIA LLC	c EIN-PN 46-4091425-001
a	Plan name	STONE SETTERS PENSION FUND, LOCAL 84	
b	Name of plan sponsor	BD OF TTEES OF THE STONE SETTERS PENSION FD LO. 84	c EIN-PN 13-6121379-001
a	Plan name	SUPERVALU INC. MASTER INVESTMENT TRUST	
b	Name of plan sponsor	UNITED NATURAL FOODS INC.	c EIN-PN 41-0617000-105
a	Plan name	SYSTEM METRICS GROUP, INC. RETIREMENT PLAN	
b	Name of plan sponsor	SYSTEM METRICS GROUP, INC.	c EIN-PN 94-3409653-001
a	Plan name	TAILOR RIDGE 401(K) & PROFIT SHARING PLAN	
b	Name of plan sponsor	TAILOR RIDGE CAPITAL MANAGEMENT LLC	c EIN-PN 85-0695380-001
a	Plan name	TAVOTEK LAB 401(K) PLAN	
b	Name of plan sponsor	TAVOTEK LAB INC	c EIN-PN 84-2064542-001
a	Plan name	TAX DEFENSE NETWORK 401(K) PLAN	
b	Name of plan sponsor	TAX DEFENSE NETWORK, LLC	c EIN-PN 14-1906885-001
a	Plan name	TBC CORPORATION SAFE HARBOR 401(K) PLAN	
b	Name of plan sponsor	TBC CORPORATION	c EIN-PN 31-0600670-003
a	Plan name	TEAM INTERNATIONAL GROUP OF AM, INC. 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor	TEAM INTERNATIONAL GROUP OF AM, INC.	c EIN-PN 20-3066366-001
a	Plan name	TELESIS, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	TELESIS, INC.	c EIN-PN 47-0752206-001
a	Plan name	THAD OLIVE STATE FARM RETIREMENT PLAN	
b	Name of plan sponsor	THAD OLIVE STATE FARM	c EIN-PN 45-0665413-001

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 ATLAS AIR, INC. RETIREMENT PLAN	
b	Name of plan sponsor	ATLAS AIR, INC.	c EIN-PN 84-1207329-001
a	Plan name	THE BANK OF AMERICA 401(K) PLAN	
b	Name of plan sponsor	BANK OF AMERICA CORP	c EIN-PN 56-0906609-003
a	Plan name	THE BANK OF AMERICA PENSION PLAN	
b	Name of plan sponsor	BANK OF AMERICA CORP	c EIN-PN 56-0906609-001
a	Plan name	THE BANK OF AMERICA TRANSFERRED SAVINGS ACCOUNT PLAN	
b	Name of plan sponsor	BANK OF AMERICA CORP	c EIN-PN 56-0906609-007
a	Plan name	THE BOEING COMPANY EMPLOYEE SAVINGS PLAN MASTER TRUST	
b	Name of plan sponsor	THE BOEING COMPANY	c EIN-PN 91-0425694-092
a	Plan name	THE DANIEL GROUP, LTD 401K AND PROFIT SHARING PLAN	
b	Name of plan sponsor	THE DANIEL GROUP, LTD	c EIN-PN 56-1803778-001
a	Plan name	THE DTE ENERGY COMPANY MASTER PLAN TRUST	
b	Name of plan sponsor	DTE ENERGY COMPANY	c EIN-PN 04-6767525-022
a	Plan name	THE EYE CENTER, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	THE EYE CENTER, INC.	c EIN-PN 43-0958560-002
a	Plan name	THE GESCO GROUP, LLC 401(K) PLAN	
b	Name of plan sponsor	THE GESCO GROUP, LLC	c EIN-PN 82-1134282-001
a	Plan name	THE HUNLEY GROUP, LLC 401(K) PLAN	
b	Name of plan sponsor	THE HUNLEY GROUP, LLC	c EIN-PN 45-2616255-001
a	Plan name	THE INTEGRATIVE VETERINARY CLINIC 401(K) PLAN	
b	Name of plan sponsor	THE INTEGRATIVE VETERINARY CLINIC	c EIN-PN 27-1676202-001
a	Plan name	THE MASSACHUSETTS BRICKLAYERS AND MASONS PENSION FUND	
b	Name of plan sponsor	BOARD OF TRUSTEES FOR THE MA BRICKLAYERS AND MASON	c EIN-PN 04-6128039-001

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 WELLS AGENCY 401(K) PLAN	
b	Name of plan sponsor	THE WELLS AGENCY, INC.	c EIN-PN 80-0303133-001
a	Plan name	THG LLC 401(K) PLAN	
b	Name of plan sponsor	TROUTMAN HOSPITALITY GROUP, LLC	c EIN-PN 47-5287471-001
a	Plan name	THIRD COAST COMMODITIES, LLC 401(K) PLAN	
b	Name of plan sponsor	THIRD COAST COMMODITIES, LLC	c EIN-PN 46-3533497-001
a	Plan name	THOMAS & WEBBER, PLLC RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	THOMAS & WEBBER, PLLC	c EIN-PN 84-4733357-001
a	Plan name	THOMPSON CUSTOM HOMES 401(K) & PROFIT SHARING PLAN	
b	Name of plan sponsor	THOMPSON CONSTRUCTION LP	c EIN-PN 76-0552398-001
a	Plan name	TICKETNETWORK, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	TICKETNETWORK, INC.	c EIN-PN 35-2353385-001
a	Plan name	TINA NICHOLS DDS 401K PLAN	
b	Name of plan sponsor	TINA NICHOLS DDS	c EIN-PN 87-3545167-001
a	Plan name	TIOGA MANAGEMENT 401(K) PLAN	
b	Name of plan sponsor	TIOGA MANAGEMENT, LLC	c EIN-PN 83-1281301-001
a	Plan name	TITAN AMERICA LLC 401(K) RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	TITAN AMERICA LLC	c EIN-PN 98-0124782-001
a	Plan name	TMTC 401(K) PLAN	
b	Name of plan sponsor	TEXAS MOTOR TRANSPORTATION CONSULTANTS, LLC	c EIN-PN 46-3333517-001
a	Plan name	TOMAHAWK WAREHOUSING SERVICES 401K PLAN	
b	Name of plan sponsor	TOMAHAWK WAREHOUSING SERVICES, LLC	c EIN-PN 20-1567974-001
a	Plan name	TRANE TECHNOLOGIES EMPLOYEE SAVINGS PLAN MASTER TRUST	
b	Name of plan sponsor	TRANE TECHNOLOGIES COMPANY LLC	c EIN-PN 47-6602897-002

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	TRIMBLE INC. SAVINGS AND RETIREMENT PLAN	
b	Name of plan sponsor	TRIMBLE INC.	c EIN-PN 94-2802192-001
a	Plan name	TRI-V TOOL AND MFG. COMPANY 401(K) SAVINGS PLAN	
b	Name of plan sponsor	TRIV TOOL AND MFG. COMPANY	c EIN-PN 47-0686033-001
a	Plan name	TRUCK DRIVERS & HELPERS LOCAL 355 RETIREMENT PENSION FUND	
b	Name of plan sponsor	THE BOARD OF TRUSTEES FOR TRUCK DRIVERS & HELPERS	c EIN-PN 52-0951433-001
a	Plan name	TULIPTREE BUSINESS GROWTH 401(K) TRUST	
b	Name of plan sponsor	TULIPTREE BUSINESS GROWTH CORP.	c EIN-PN 99-4154194-001
a	Plan name	U.A. LOCAL 13 PENSION FUND	
b	Name of plan sponsor	JOINT BOARD OF TRUSTEES OF THE U.A. LOC 13 PENSION	c EIN-PN 16-0778864-001
a	Plan name	U.S. SMALL-MID CAP EQUITY FUND	
b	Name of plan sponsor	SEI TRUST COMPANY	c EIN-PN 47-4476876-015
a	Plan name	UNITED AIRLINES PILOT RETIREMENT ACCOUNT PLAN	
b	Name of plan sponsor	UNITED AIRLINES, INC.	c EIN-PN 68-0620935-202
a	Plan name	UNITED FOOD AND COMMERCIAL WORKERS INTERNATIONAL UNION PENSION PLAN FOR EMP	
b	Name of plan sponsor	EXECUTIVE COMMITTEE OF THE UFCW INTERNATIONAL UNIO	c EIN-PN 53-0220586-002
a	Plan name	UNITED THERAPEUTICS CORPORATION EMPLOYEES' RETIREMENT PLAN	
b	Name of plan sponsor	UNITED THERAPEUTICS CORPORATION	c EIN-PN 52-1984749-001
a	Plan name	UNITEK 401(K) PLAN	
b	Name of plan sponsor	UNITEK LEARNING EDUCATION GROUP CORP.	c EIN-PN 84-3760384-001
a	Plan name	UNIVERSITY OF MINNESOTA PHYSICIANS RETIREMENT SAVINGS AND 401(K) PLAN	
b	Name of plan sponsor	UNIVERSITY OF MINNESOTA PHYSICIANS	c EIN-PN 41-1843943-002
a	Plan name	UNSTUDIO 401(K) PLAN	
b	Name of plan sponsor	UNSTUDIO NORTH AMERICA LLC	c EIN-PN 88-4337732-001

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 US BORAX INC 401(K) SAVINGS & RETIREMENT CONTRIBUTION PLAN FOR REPRESENTED EMPLOYEES	
b	Name of plan sponsor US BORAX INC.	c EIN-PN 98-0047580-007
a	Plan name USC-BUSINESS PARTNERSHIP FOUNDATION 401(K) AND PS PLAN	
b	Name of plan sponsor UNIVERSITY OF SOUTH CAROLINA-BUSINESS PARTNERSHIP FOUNDATION	c EIN-PN 23-7042391-001
a	Plan name UTI INVESTMENTS AMERICA LIMITED 401(K) PLAN	
b	Name of plan sponsor UTI INVESTMENTS AMERICA LIMITED	c EIN-PN 92-1011056-001
a	Plan name VALLEY GRACE HOME, INC. 401(K) PLAN	
b	Name of plan sponsor VALLEY GRACE HOME, INC.	c EIN-PN 47-4159140-001
a	Plan name VALTA ENERGY/CPM 401(K) PLAN	
b	Name of plan sponsor VALTA ENERGY LLC	c EIN-PN 46-3645115-001
a	Plan name VASCULAR SURGICAL SPECIALISTS, PLLC 401(K) PLAN	
b	Name of plan sponsor VASCULAR SURGICAL SPECIALISTS, PLLC	c EIN-PN 82-2776881-001
a	Plan name VERICAST CORP. 401(K) PLAN	
b	Name of plan sponsor VERICAST CORP.	c EIN-PN 58-0278260-003
a	Plan name VERTEX MECHANICAL INSULATION, LLC 401(K) PLAN	
b	Name of plan sponsor VERTEX MECHANICAL INSULATION, LLC	c EIN-PN 81-1900460-001
a	Plan name VERTICAL IQ 401(K) PLAN	
b	Name of plan sponsor VERTICAL IQ	c EIN-PN 27-2862545-001
a	Plan name VIALTO PARTNERS US RETIREMENT PLAN	
b	Name of plan sponsor GALAXY US OPCO INC.	c EIN-PN 87-3913943-001
a	Plan name VIRGINIA HOSPITAL CENTER 401(K) PLAN	
b	Name of plan sponsor VIRGINIA HOSPITAL CENTER ARLINGTON	c EIN-PN 54-0505989-002
a	Plan name VITALE INSTITUTE 401(K) PLAN	
b	Name of plan sponsor VITALE INSTITUTE	c EIN-PN 46-3510729-001

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 VMPC 401(K) PLAN	
b	Name of plan sponsor VLADIMIR MOLIVER PHYSICIAN, PC	c EIN-PN 13-4070608-004
a	Plan name VTV SOLUTIONS 401(K) PLAN	
b	Name of plan sponsor VTV PARENT LLC	c EIN-PN 82-2485860-001
a	Plan name WALDEN SECURITY FEDERAL SERVICES RETIREMENT PLAN	
b	Name of plan sponsor METROPOLITAN SECURITY SERVICES, INC. D/B/A WALDEN SECURITY	c EIN-PN 62-1448519-003
a	Plan name WASHINGTON METROPOLITAN AREA TRANSIT AUTHORITY DEFERRED COMPENSATION PLAN AND TRUST	
b	Name of plan sponsor THE ADMINISTRATIVE COMMITTEE OF THE WASHINGTON METROPOLITAN AREA TRANS	c EIN-PN 52-0847040-999
a	Plan name WASTE MANAGEMENT RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor WASTE MANAGEMENT, INC.	c EIN-PN 73-1309529-001
a	Plan name WAYNE-SANDERSON FARMS 401(K) RETIREMENT PLAN	
b	Name of plan sponsor WAYNE FARMS LLC	c EIN-PN 58-2530930-001
a	Plan name WEATHERSEAL HOME SERVICES, INC. 401(K) PLAN	
b	Name of plan sponsor WEATHERSEAL HOME SERVICES, INC.	c EIN-PN 27-1524776-001
a	Plan name WEISHAAPT AMERICA INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor WEISHAAPT AMERICA INC	c EIN-PN 20-1967430-001
a	Plan name WENCO CONSTRUCTION COMPANY, LLC 401(K) SAVINGS PLAN	
b	Name of plan sponsor WENCO CONSTRUCTION COMPANY, LLC	c EIN-PN 46-4333648-001
a	Plan name WEST METAL WORKS INC. 401(K) PLAN	
b	Name of plan sponsor WEST METAL WORKS INC.	c EIN-PN 81-4674320-001
a	Plan name WESTERN MIDSTREAM SAVINGS PLAN	
b	Name of plan sponsor WESTERN MIDSTREAM SERVICES, LLC	c EIN-PN 84-2835090-001
a	Plan name WESTERN RESERVE HEALTH EDUCATION 401(K) RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor WESTERN RESERVE HEALTH EDUCATION, INC.	c EIN-PN 45-2409508-001

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 WESTERN WISCONSIN ELECTRICAL WORKERS RETIREMENT PLAN	
b	Name of plan sponsor BOARD OF TRUSTEES OF THE WESTERN WISCONSIN ELECTRICAL WORKERS RETIREME	c EIN-PN 39-1761679-001
a	Plan name WESTFIELD ASSOCIATES INC. INTERNAL MEDICINE AND GASTROENTEROLOGY EMPLOYEES PROFIT SHARING PLAN	
b	Name of plan sponsor WESTFIELD ASSOCIATES	c EIN-PN 22-1908639-001
a	Plan name WESTSHORE FAMILY DENTAL, CHRISTOPHER G. CHAPMAN DDS LLC 401(K) PLAN	
b	Name of plan sponsor WESTSHORE FAMILY DENTAL, CHRISTOPHER G. CHAPMAN DDS LLC	c EIN-PN 87-2826566-001
a	Plan name WHITEHAWK RETIREMENT PLAN	
b	Name of plan sponsor NORTH TEXAS INVESTORS GROUP, INC. DBA WHITEHAWK WORLDWIDE	c EIN-PN 20-4586167-002
a	Plan name WILMINGTON TRUST DB GROWTH PORTFOLIO	
b	Name of plan sponsor WILMINGTON TRUST, N.A.	c EIN-PN 82-0737797-187
a	Plan name WILMORE ELECTRONICS AND SUBSIDIARIES 401(K) PLAN	
b	Name of plan sponsor WILMORE ELECTRONICS CO., INC.	c EIN-PN 56-0792368-001
a	Plan name WINNEBAGO INDUSTRIES PROFIT SHARING AND DEFERRED SAVINGS AND INVESTMENT PLAN	
b	Name of plan sponsor WINNEBAGO INDUSTRIES INC.	c EIN-PN 42-0802678-001
a	Plan name WISCONSIN NECA-IBEW RETIREMENT PLAN	
b	Name of plan sponsor BOARD OF TRUSTEES OF THE WISCONSIN NECA-IBEW RETIREMENT PLAN	c EIN-PN 39-1571911-001
a	Plan name XSELL TECHNOLOGIES, INC. 401(K) PLAN	
b	Name of plan sponsor XSELL TECHNOLOGIES, INC.	c EIN-PN 45-3063533-001
a	Plan name ZYSMAN LAW FIRM PC 401K PROFIT SHARING PLAN	
b	Name of plan sponsor ZYSMAN LAW FIRM PC	c EIN-PN 26-0207998-001
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.	<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 PIMCO COLLECTIVE INVESTMENT TRUST	B Three-digit plan number (PN) ▶ 035
C Plan sponsor's name as shown on line 2a of Form 5500 SEI TRUST COMPANY	D Employer Identification Number (EIN) 27-0834899

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)	2184831000	4947615000
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	22324000	16343000
(2) U.S. Government securities	1c(2)	3174329000	6233190000
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)	1226498000	1826238000
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)	78000	116161000
(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)	179000	16680000
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)	928677000	1386754000
(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)	3813240000	5016822000
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other.....	1c(15)	1678429000	2663595000

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	13028585000	22223398000
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h		
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j	3438600000	7849678000
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	3438600000	7849678000
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	9589985000	14373720000

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)	460000	
(B) U.S. Government securities.....	2b(1)(B)	175455000	
(C) Corporate debt instruments.....	2b(1)(C)	51406000	
(D) Loans (other than to participants).....	2b(1)(D)	470000	
(E) Participant loans.....	2b(1)(E)		
(F) Other.....	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		227791000
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)		
(B) Common stock.....	2b(2)(B)	2255000	
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)	131019000	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		133274000
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)	66545812000	
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	66536184000	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		9628000
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)	-120805000	
(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)		-1165000
(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)		311902000
c Other income	2c		183916000
d Total income. Add all income amounts in column (b) and enter total	2d		744541000

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)	26951000	
(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)	4101000	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		31052000
j Total expenses. Add all expense amounts in column (b) and enter total	2j		31052000

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		713489000
l Transfers of assets:			
(1) To this plan	2l(1)		7835710000
(2) From this plan	2l(2)		3765464000

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 _____.