

Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security
Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210-0110
1210-0089

2024

This Form is Open to Public Inspection

Part I Annual Report Identification Information

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

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

Part II Basic Plan Information—enter all requested information

1a Name of plan <u>SCHWAB INDEXED RETIREMENT TRUST FUND 2060</u>	1b Three-digit plan number (PN) ▶ <u>023</u> 1c Effective date of plan
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>CHARLES SCHWAB TRUST BANK</u> <u>2360 CORPORATE CIRCLE</u> <u>HENDERSON, NV 89074</u>	2b Employer Identification Number (EIN) <u>81-0625169</u> 2c Plan Sponsor's telephone number <u>800-772-4922</u> 2d Business code (see instructions)

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

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

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

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

Form 5500 (2024)
v. 240311

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

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

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

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

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

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

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

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

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

Receipt Confirmation Code _____

SCHEDULE D (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small>	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

A Name of plan <u>SCHWAB INDEXED RETIREMENT TRUST FUND 2060</u>	B Three-digit plan number (PN) ▶	<u>023</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>CHARLES SCHWAB TRUST BANK</u>	D Employer Identification Number (EIN) <u>81-0625169</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>BNYM NSL INTL STOCK INDEX FUND</u>		
b Name of sponsor of entity listed in (a): <u>THE BANK OF NEW YORK MELLON</u>		
c EIN-PN <u>25-6078093-221</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>127924322</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>BNYM NSL LARGE CAP STOCK INDEX FUND</u>		
b Name of sponsor of entity listed in (a): <u>THE BANK OF NEW YORK MELLON</u>		
c EIN-PN <u>25-6078093-222</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>271964878</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>BNYM DB SL SMALL CAP STOCK INDEX FD</u>		
b Name of sponsor of entity listed in (a): <u>THE BANK OF NEW YORK MELLON</u>		
c EIN-PN <u>25-6078093-009</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>34768880</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>BNYM NSL AGGREGATE BOND INDEX FUND</u>		
b Name of sponsor of entity listed in (a): <u>THE BANK OF NEW YORK MELLON</u>		
c EIN-PN <u>25-6078093-219</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>15471865</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>STATE ST EMERGING MKTS STOCK INDEX</u>		
b Name of sponsor of entity listed in (a): <u>STATE STREET GLOBAL ADVISORS TRUST COMPANY</u>		
c EIN-PN <u>04-0025081-496</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>36025243</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>STATE ST US SHORT-TERM GOV/CRED BD</u>		
b Name of sponsor of entity listed in (a): <u>STATE STREET GLOBAL ADVISORS TRUST COMPANY</u>		
c EIN-PN <u>90-0337987-230</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>2659954</u>
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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d Entity code

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

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
a Plan name	A.P. SMITHWICK III DDS 401K	
b Name of plan sponsor	A.P. SMITHWICK III, DDS, PLLC	c EIN-PN 46-1667926-001
a Plan name	ACADEMIC & COMM EM 401K PSP	
b Name of plan sponsor	ACADEMIC AND COMMUNITY EMERGENCY SPECIALISTS	c EIN-PN 34-1779226-001
a Plan name	ADAMSBROWN, LLC EES PS & 401K	
b Name of plan sponsor	ADAMS BROWN, LLC	c EIN-PN 84-3541096-001
a Plan name	ADIRONDACK ORAL 401K	
b Name of plan sponsor	ADIRONDACK ORAL & MAXILLOFACIAL SURGERY, P.C.	c EIN-PN 16-1534351-002
a Plan name	ADVANCED BONE & JOINT PS PLAN	
b Name of plan sponsor	ST PETERS BONE & JOINT SURGERY, INC .	c EIN-PN 43-1216115-002
a Plan name	AICPA 401(K) RETIREMENT PLAN	
b Name of plan sponsor	AMERICAN INSTITUTE OF CERTIFIED PUBLIC ACCOUNTANTS	c EIN-PN 13-0432265-001
a Plan name	ALLEN MATKINS PS & 401(K) PLAN	
b Name of plan sponsor	ALLEN MATKINS LECK GAMBLE MALLORY & NATSIS LLP	c EIN-PN 95-3605309-003
a Plan name	ALLIANCE TRUST OF NEVADA 401K	
b Name of plan sponsor	ALLIANCE TRUST OF NEVADA	c EIN-PN 20-3905946-001
a Plan name	AMERICAN BANK OF MISSOURI 401K	
b Name of plan sponsor	AMERICAN BANK OF MISSOURI	c EIN-PN 43-0170350-001
a Plan name	ANDERSON WEBER INC 401(K) PLAN	
b Name of plan sponsor	ANDERSON WEBER, INC.	c EIN-PN 42-0782245-001
a Plan name	ANESTHESIA ASSOCIATES 401K PSP	
b Name of plan sponsor	NESTHESIA ASSOCIATES, P.S.C	c EIN-PN 61-0673974-001
a Plan name	ANOVA 401(K) SAVINGS PLAN	
b Name of plan sponsor	ANOVA FURNISHINGS, INC.	c EIN-PN 43-0957292-004

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	ARGENT CAPITAL MGMT LLC 401K	
b	Name of plan sponsor	ARGENT CAPITAL MGMT LLC	c EIN-PN 43-1826950-001
a	Plan name	ATB TECHNOLOGIES 401(K) PSP&T	
b	Name of plan sponsor	ATB TECHNOLOGIES	c EIN-PN 33-1000435-001
a	Plan name	ATHLETICS INVESTMENT GRP 401K	
b	Name of plan sponsor	OAKLAND ATHLETICS BASEBALL COMPANY	c EIN-PN 94-3232189-002
a	Plan name	ATIS ELEVATOR INSPECTIONS 401K	
b	Name of plan sponsor	ATIS ELEVATOR INSPECTIONS, LLC	c EIN-PN 46-1471888-001
a	Plan name	ATLAS SUPPLY CO PS 401K PLAN	
b	Name of plan sponsor	ATLAS SUPPLY CO	c EIN-PN 43-1018974-001
a	Plan name	AW HEALTH CARE 401K RET SVNGS	
b	Name of plan sponsor	AGING WELL HEALTH CARE, LLC	c EIN-PN 71-0868310-001
a	Plan name	B & W HEATING & COOLING RET PL	
b	Name of plan sponsor	B & W HEATING & COOLING, INC.	c EIN-PN 37-1274283-002
a	Plan name	BABC LLP RET PLAN	
b	Name of plan sponsor	BRADLEY ARAND BOULT CUMMINGS LLP	c EIN-PN 63-0243316-001
a	Plan name	BANK OF HERRIN EMPLOYEES PSP	
b	Name of plan sponsor	BANK OF HERRIN	c EIN-PN 37-0207950-001
a	Plan name	BANK-FUND STAFF FED RET PLN	
b	Name of plan sponsor	BANK-FUND STAFF FED CRED UNION	c EIN-PN 53-0209950-002
a	Plan name	BARON CAPITAL, INC. 401(K) PSP	
b	Name of plan sponsor	BARON CAPITAL, INC.	c EIN-PN 13-3107580-001
a	Plan name	BARRY SALES PS PLAN	
b	Name of plan sponsor	BARRY SALES ENGINEERING, INC.	c EIN-PN 43-1092744-001

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	BAY MEDICAL 401 K P/S PLAN	
b	Name of plan sponsor	BAY MEDICAL MANAGEMENT, LLC	c EIN-PN 68-0423282-005
a	Plan name	BEHR,MCCARTER, ET AL 401K PSP	
b	Name of plan sponsor	ELLIS AND WATTS GLOBAL INDUSTRIES, LLC	c EIN-PN 43-1601162-001
a	Plan name	BENJAMIN MOORE & CO. DEF. SVGS	
b	Name of plan sponsor	BENJAMIN MOORE & CO.	c EIN-PN 13-5256230-003
a	Plan name	BIGWIDESKY 401(K) PLAN	
b	Name of plan sponsor	BIGWIDESKY, INC.	c EIN-PN 20-0550715-001
a	Plan name	BIOMARIN RETIREMENT SVGS PLAN	
b	Name of plan sponsor	BIOMARIN PHARMACEUTICALS	c EIN-PN 68-0397820-001
a	Plan name	BIRITE RESTAURANT SUPPLY CO.,	
b	Name of plan sponsor	BIRITE RESTAURANT SUPPLY CO.	c EIN-PN 94-2266266-001
a	Plan name	BISON GEAR & ENG UNION 401K	
b	Name of plan sponsor	BISON GEAR & ENGINEERING CORPORATIO	c EIN-PN 36-2435615-003
a	Plan name	BI-STATE FIRE 401K PSP TRUST	
b	Name of plan sponsor	BI-STATE FIRE PROTECTION CORPORATION	c EIN-PN 43-1583116-001
a	Plan name	BOONSLICK MED GROUP PS & 401K	
b	Name of plan sponsor	BOONSLICK MEDICAL GROUP, INC.	c EIN-PN 43-0954459-001
a	Plan name	BRAUER SUPPLY CO. SSP	
b	Name of plan sponsor	BRAUER SUPPLY CO.	c EIN-PN 43-0192360-003
a	Plan name	BRENTWOOD PEDIATRICS 401(K)	
b	Name of plan sponsor	BRENTWOOD PEDIATRICS, P.C.	c EIN-PN 52-2289858-001
a	Plan name	CALAMOS PROFIT SHARING 401K	
b	Name of plan sponsor	CALAMOS	c EIN-PN 20-1768357-001

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	CAMELLIA MET MINING 401K PLAN	
b	Name of plan sponsor	CAMELLIA MET MINING	c EIN-PN 82-5438018-001
a	Plan name	CAMPBELL & COMPANY 401K PLAN	
b	Name of plan sponsor	CAMPBELL AND COMPANY, LP	c EIN-PN 52-1179493-002
a	Plan name	CAPE RADIOLOGY GRP., EES PSP	
b	Name of plan sponsor	CAPE RADIOLOGY GROUP, INC.	c EIN-PN 43-0954380-001
a	Plan name	CAPRA BANK 401(K) PLAN	
b	Name of plan sponsor	CAPRA BANK	c EIN-PN 42-0630006-001
a	Plan name	CARDINAL ELEVATOR 401(K) PLAN	
b	Name of plan sponsor	CARDINAL ELEVATOR, LLC	c EIN-PN 83-2979982-001
a	Plan name	CAREPOINT HEALTH LLC 401K PSP	
b	Name of plan sponsor	CAREPOINT HEALTH LLC	c EIN-PN 83-1024601-001
a	Plan name	CARMODY MACDONALD, P.C. 401(K)	
b	Name of plan sponsor	CARMODY MACDONALD P.C.	c EIN-PN 43-1229825-001
a	Plan name	CDG ENGINEERS, INC RET SAV PL	
b	Name of plan sponsor	CDG ENGINEERS, INC	c EIN-PN 43-1593696-001
a	Plan name	CENTERWELL HOME HEALTH 401K PL	
b	Name of plan sponsor	HUMANA, INC.	c EIN-PN 61-0647538-008
a	Plan name	CENTRAL STATES BUS SALES PSP	
b	Name of plan sponsor	CENTRAL STATES BUS SALES, INC.	c EIN-PN 43-1051799-001
a	Plan name	CENTRAL STATES WATER RES RET	
b	Name of plan sponsor	FIRST ROUND CENTRAL STATES WATER RESOURCES, LLC	c EIN-PN 46-4754176-001
a	Plan name	CENTURION INVESTMENTS 401K PL	
b	Name of plan sponsor	CENTURION INVESTMENTS, INC.	c EIN-PN 43-1144531-001

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 CENTURY CASTING CORP 401(K) PL	
b	Name of plan sponsor CENTURY CASTING CORPORATION	c EIN-PN 37-1056829-001
a	Plan name CENTURY FENCE CO EES CONT PSP	
b	Name of plan sponsor CENTURY FENCE CO.	c EIN-PN 39-0203700-001
a	Plan name CHAMBERLAIN ET AL. PS & 401(K)	
b	Name of plan sponsor CHAMBERLAIN, HRDLICKA, WHITE, WILLIAMS & AUGHTRY	c EIN-PN 74-1541761-002
a	Plan name CHRISTIAN FOODS II, LC	
b	Name of plan sponsor CHRISTIAN FOODS II, LC	c EIN-PN 04-3712304-001
a	Plan name CHRISTIAN FOODS, LC 401(K) PL	
b	Name of plan sponsor CHRISTIAN FOODS, LC	c EIN-PN 43-1667427-001
a	Plan name CHRISTY EMPLOYEES PSP & TRUST	
b	Name of plan sponsor O'BRIEN INDUSTRIAL HOLDINGS, LLC	c EIN-PN 92-0198356-001
a	Plan name CITIZENS NATL BANK ST. LOUIS	
b	Name of plan sponsor CITIZENS NATIONAL BANK OF GREATER ST. LOUIS	c EIN-PN 20-3646758-003
a	Plan name CLAYTON FINANCIAL GRP 401K PSP	
b	Name of plan sponsor CLAYTON FINANCIAL GRP	c EIN-PN 47-3829020-001
a	Plan name CLEMENTINA-CLEMCO GROUP 401K	
b	Name of plan sponsor CLEMENTINA-CLEMCO HOLDINGS, INC.	c EIN-PN 94-3256223-006
a	Plan name COBRA FIRING SYSTEMS 401K PLAN	
b	Name of plan sponsor COBRA FIRING SYSTEMS, LLC	c EIN-PN 27-1159974-001
a	Plan name COGENTRIX RETIREMENT SAVINGS	
b	Name of plan sponsor COGENTRIX ENERGY POWER MANAGEMENT	c EIN-PN 46-0647218-001
a	Plan name COMMERCIAL TRANSPORT INC 401K	
b	Name of plan sponsor COMMERCIAL TRANSPORT, INC.	c EIN-PN 37-0225015-002

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	COMMERCIAL TRANSPORT INC. 401K	
b	Name of plan sponsor	COMMERCIAL TRANSPORT, INC.	c EIN-PN 37-0225015-002
a	Plan name	COMMUNITY BRANDS 401(K) PLAN	
b	Name of plan sponsor	COMMUNITY BRANDS PARENTCO, LLC	c EIN-PN 47-3250999-001
a	Plan name	COMPREHENSIVE ANESTHESIA PSP	
b	Name of plan sponsor	COMPREHENSIVE ANESTHESIA	c EIN-PN 43-1727554-001
a	Plan name	CONLCO 401K PROFIT SHARING	
b	Name of plan sponsor	JOHN J. CONNELL COMPANY, INC.	c EIN-PN 43-0666182-002
a	Plan name	CONSTRUCTION MANNING ESRP	
b	Name of plan sponsor	CONSTRUCTION MANNING	c EIN-PN 43-1540092-001
a	Plan name	CONSULTANTS IN WOMEN'S 401K PS	
b	Name of plan sponsor	CONSULTANTS IN WOMEN'S HEALTHCARE, INC.	c EIN-PN 43-1607209-001
a	Plan name	CONTEGRA CONSTRUCTION 401K PL	
b	Name of plan sponsor	CONTEGRA CONSTRUCTION	c EIN-PN 20-0451287-001
a	Plan name	COOLEY LLP SALARY DEFERRAL PSP	
b	Name of plan sponsor	COOLEY LLP	c EIN-PN 94-1140085-001
a	Plan name	COVERCRESS INC. 401(K) PLAN	
b	Name of plan sponsor	COVERCRESS, INC.	c EIN-PN 47-3764874-001
a	Plan name	COVINGTON & BURLING LLP RET	
b	Name of plan sponsor	COVINGTON & BURLING LLP	c EIN-PN 53-0188411-001
a	Plan name	COVINGTON PORTFOLIO PENSION PL	
b	Name of plan sponsor	COVINGTON AND BURLING LLP	c EIN-PN 53-0188411-010
a	Plan name	CRESTVIEW/KEMCO 401(K) RET PL	
b	Name of plan sponsor	KEMCO TOOL & MACHINE CO., INC.	c EIN-PN 26-0480921-001

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	CRITICAL CARE & PULMONARY 401K	
b	Name of plan sponsor	CRITICAL CARE & PULMONARY CONSULTANTS, P.C.	c EIN-PN 84-1325066-003
a	Plan name	CRITICAL CARE & PULMONARY MPP	
b	Name of plan sponsor	CRITICAL CARE AND PULMONARY CONSULTANTS PC	c EIN-PN 84-1325066-002
a	Plan name	CURTIS-TOLEDO, INC. 401K PLAN	
b	Name of plan sponsor	CURTIS-TOLEDO, INC.	c EIN-PN 43-1155653-001
a	Plan name	CUSTOM STEEL PROCESSING 401K	
b	Name of plan sponsor	CUSTOM STEEL PROCESSING	c EIN-PN 03-0456218-001
a	Plan name	D & D DISTRIBUTORS NON-UN 401K	
b	Name of plan sponsor	D & D DISTRIBUTORS, LLLP	c EIN-PN 20-3258724-002
a	Plan name	D & D DISTRIBUTORS UNION DCP	
b	Name of plan sponsor	D & D DISTRIBUTORS, LLLP	c EIN-PN 20-3258724-005
a	Plan name	DANUSER MACHINE CO. SVGS PLAN	
b	Name of plan sponsor	DANUSER MACHINE COMPANY, INC.	c EIN-PN 20-2332274-002
a	Plan name	DAVIS+GILBERT LLP ASSOC.401K	
b	Name of plan sponsor	DAVIS & GILBERT LLP	c EIN-PN 13-1504385-002
a	Plan name	DAVIS+GILBERT LLP P.S. PLAN	
b	Name of plan sponsor	DAVIS & GILBERT LLP	c EIN-PN 13-1504385-001
a	Plan name	DEFERRED COMP & SAV SAL EE	
b	Name of plan sponsor	HERMANN OAK LEATHER COMPANY	c EIN-PN 43-0319840-001
a	Plan name	DELTA DENTAL OF CA 401K	
b	Name of plan sponsor	DELTA DENTAL OF CALIFORNIA	c EIN-PN 94-1461312-002
a	Plan name	DELTA DENTAL PENNSYLVANIA 401K	
b	Name of plan sponsor	DELTA DENTAL OF PENNSYLVANIA	c EIN-PN 23-1667011-002

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	DEVELOPMENT STRTEGIES INC 401K	
b	Name of plan sponsor	DEVELOPMENT STRATEGIES, INC.	c EIN-PN 43-1472565-002
a	Plan name	DIAGNOSTIC IMAGING ASSOC PSP	
b	Name of plan sponsor	DIAGNOSTIC IMAGING ASSOCIATES, LTD.	c EIN-PN 43-1109990-001
a	Plan name	DIAMONDBACK E & P LLC 401K PL	
b	Name of plan sponsor	DIAMONDBACK E & P LLC	c EIN-PN 36-4728559-001
a	Plan name	DIERBERGS COLL BARGAIN EES 401	
b	Name of plan sponsor	DIERBERGS MARKETS, INC.	c EIN-PN 43-0863198-003
a	Plan name	DIERBERGS MARKETS INC 401K PLN	
b	Name of plan sponsor	DIERBERGS MARKETS, INC.	c EIN-PN 43-0863198-001
a	Plan name	DISCOVERY LIVING INC 401K	
b	Name of plan sponsor	DISCOVERY LIVING INC	c EIN-PN 42-1082773-001
a	Plan name	DJD MEDICAL, LLC 401(K) PLAN	
b	Name of plan sponsor	DJD MEDICAL, LLC	c EIN-PN 87-4227419-001
a	Plan name	DONCASTERS, INC. EMPLOYEE SP	
b	Name of plan sponsor	DONCASTERS, INC.	c EIN-PN 13-3491053-001
a	Plan name	DSS 401(K) PLAN	
b	Name of plan sponsor	DIVERSIFIED STRUCTURE SOLUTIONS, LLC	c EIN-PN 81-3454084-001
a	Plan name	DUPAGE VALLEY EE SVG PLAN	
b	Name of plan sponsor	DUPAGE VALLEY ANESTHESIOLOGISTS, LTD.	c EIN-PN 36-3928515-001
a	Plan name	DYNAMIC BULK SYSTEMS 401K PSP	
b	Name of plan sponsor	DYNAMIC BULK SYSTEMS	c EIN-PN 43-1607344-001
a	Plan name	ECNY ELECTRIC INC 401K PLAN	
b	Name of plan sponsor	ECNY ELECTRIC INC	c EIN-PN 13-3689848-001

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	EDUCATION BRANDS 401(K) PLAN	
b	Name of plan sponsor	EDUCATION BRANDS, LLC	c EIN-PN 81-3027401-001
a	Plan name	EFC INTERNATIONAL 401K PLAN	
b	Name of plan sponsor	EFC INTERNATIONAL	c EIN-PN 43-1039328-001
a	Plan name	EFSC INCENTIVE SVGS PLAN	
b	Name of plan sponsor	ENTERPRISE BANK	c EIN-PN 43-1706259-001
a	Plan name	ENGRAPHIX ARCHITECTURAL 401K	
b	Name of plan sponsor	ENGRAPHIX ARCHITECTURAL SIGNAGE, INC.	c EIN-PN 43-0993006-001
a	Plan name	ENI US OPERATING CO SVGS PLAN	
b	Name of plan sponsor	ENI US OPERATING CO	c EIN-PN 87-0715446-001
a	Plan name	ENVIRONMENTAL OPERATIONS 401K	
b	Name of plan sponsor	ENVIRONMENTAL OPERATIONS, INC.	c EIN-PN 43-1419813-001
a	Plan name	ERIC W HICKMANN DDS 401K PSP	
b	Name of plan sponsor	ERIC W. HICKMAN, D.D.S., INC.	c EIN-PN 31-1513515-001
a	Plan name	ETHOS TECHNOLOGIES 401K PLAN	
b	Name of plan sponsor	ETHOS TECHNOLOGIES, INC.	c EIN-PN 47-4474775-001
a	Plan name	EVANS AND DIXON, LLC 401K PL	
b	Name of plan sponsor	EVANS AND DIXON, LLC	c EIN-PN 43-0611994-002
a	Plan name	EXACORE 401(K) PLAN	
b	Name of plan sponsor	EXACORE, LLC	c EIN-PN 87-2249778-001
a	Plan name	EXAMINETICS INC 401K SAV PLAN	
b	Name of plan sponsor	EXAMINETICS INC	c EIN-PN 68-0583591-001
a	Plan name	EXLINE INC PS/401K PLAN	
b	Name of plan sponsor	EXLINE INC	c EIN-PN 48-1143335-001

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	FAMILY EYE CARE O'FALLON 401K	
b	Name of plan sponsor	FAMILY EYE CARE O'FALLON	c EIN-PN 42-1557344-001
a	Plan name	FAMILY PHYSICIANS GROUP 401(K)	
b	Name of plan sponsor	HUMANA, INC.	c EIN-PN 61-0647538-009
a	Plan name	FAR WEST MANAGEMENT CORP PSP	
b	Name of plan sponsor	FAR WEST MANAGEMENT CORP.	c EIN-PN 95-2575351-001
a	Plan name	FARM TO MARKET BREAD CO 401K	
b	Name of plan sponsor	FARM TO MARKET BREAD CO	c EIN-PN 43-1653326-001
a	Plan name	FERGUSON CASE ORR 401K	
b	Name of plan sponsor	FERGUSON, CASE, ORR LLP	c EIN-PN 95-3764264-001
a	Plan name	FLEXIBLE CUTTING SYSTEMS 401K	
b	Name of plan sponsor	FLEXIBLE CUTTING SYSTEMS, LLC	c EIN-PN 41-2028066-001
a	Plan name	FOGEL-ANDERSON CONSTRUCT 401K	
b	Name of plan sponsor	FOGELANDERSON CONSTRUCT	c EIN-PN 44-0517571-001
a	Plan name	FORWARD TILT, LLC 401(K) PLAN	
b	Name of plan sponsor	FORWARD TILT, LLC	c EIN-PN 80-0925475-001
a	Plan name	FOSTER & MOTLEY PROFIT SHARING	
b	Name of plan sponsor	FOSTER & MOTLEY, INC.	c EIN-PN 31-1482336-001
a	Plan name	FREEARK DENNIS MURPHY PSP	
b	Name of plan sponsor	FREEARK, DENNIS, MURPHY & MOSKOP, P.C.	c EIN-PN 37-0971359-002
a	Plan name	FREUDENTHAL HOME HEALTH 401K	
b	Name of plan sponsor	FREUDENTHAL HOME HEALTH	c EIN-PN 47-0919117-001
a	Plan name	FUERSTE EYE CLINIC 401(K) PLAN	
b	Name of plan sponsor	FUERSTE EYE CLINIC	c EIN-PN 42-0983552-001

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	G.H. TOOL & MOLD, INC. 401(K)	
b	Name of plan sponsor	G.H. TOOL & MOLD, INC.	c EIN-PN 43-1298245-002
a	Plan name	GARDNER CAP DEVELOPMENT 401K	
b	Name of plan sponsor	GARDNER CAP DEVELOPMENT	c EIN-PN 47-2704378-001
a	Plan name	GATEWAY FIRE 401(K) AND PSP	
b	Name of plan sponsor	GATEWAY FIRE PROTECTION SYSTEMS, INC.	c EIN-PN 43-1605387-001
a	Plan name	GATEWAY INDUSTRIAL RET SVGS	
b	Name of plan sponsor	GATEWAY INDUSTRIAL POWER, INC.	c EIN-PN 20-1225632-001
a	Plan name	GATEWAY STUDIOS, LLC 401K	
b	Name of plan sponsor	GATEWAY STUDIOS, LLC	c EIN-PN 85-1766160-001
a	Plan name	GCRE 401(K) PLAN	
b	Name of plan sponsor	GCRE	c EIN-PN 43-0763769-001
a	Plan name	GENERAL AUTOMATIC TRNSFR 401K	
b	Name of plan sponsor	GENERAL AUTOMATIC TRANSFER COMPANY	c EIN-PN 43-1729573-001
a	Plan name	GLOBAL GRANITE & MARBLE 401(K)	
b	Name of plan sponsor	GLOBAL GRANITE AND MARBLE LLC	c EIN-PN 43-1821467-001
a	Plan name	GRANTS FARM 401(K) PLAN	
b	Name of plan sponsor	GRANTS FARM	c EIN-PN 87-3159308-001
a	Plan name	GREAT RIVER ORAL & MAX ASSOC	
b	Name of plan sponsor	GREAT RIVER ORAL AND MAXILLOFACIAL SURGERY ASSOCIATES, P.C.	c EIN-PN 42-1056006-002
a	Plan name	GREENBRIAR HILLS CNTRY CLUB PL	
b	Name of plan sponsor	GREENBRIAR HILLS CNTRY CLUB	c EIN-PN 43-0300764-001
a	Plan name	GRIMCO, INC 401K & PS PLAN	
b	Name of plan sponsor	GRIMCO INC	c EIN-PN 43-0955083-001

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	GSI 401(K) PLAN	
b	Name of plan sponsor	GSI	c EIN-PN 45-2516019-001
a	Plan name	H.W. HERRELL 401(K) PSP	
b	Name of plan sponsor	H. W. HERRELL DISTRIBUTING CO.	c EIN-PN 43-0810878-002
a	Plan name	HARBOUR GROUP IND., RET. PLAN	
b	Name of plan sponsor	HARBOUR GROUP INDUSTRIES, INC.	c EIN-PN 43-1322312-001
a	Plan name	HAROLD K SCHOLZ CO 401K PSP	
b	Name of plan sponsor	HAROLD K SCHOLZ CO	c EIN-PN 47-0542046-001
a	Plan name	HARRISONVILLE TEL CO NONMGMT	
b	Name of plan sponsor	HARRISONVILLE TELEPHONE COMP	c EIN-PN 37-0315345-001
a	Plan name	HARRISONVILLE TELEPHONE CO RET	
b	Name of plan sponsor	HARRISONVILLE TELEPHONE COMP	c EIN-PN 37-0315345-002
a	Plan name	HAVERTY FURNITURE COS. THRIFT	
b	Name of plan sponsor	HAVERTY FURNITURE COS.	c EIN-PN 58-0281900-002
a	Plan name	HEALTH, EDUCATION & RES PSP	
b	Name of plan sponsor	HEALTH, EDUCATION AND RES	c EIN-PN 20-0820473-001
a	Plan name	HEALTHTEXAS MEDICAL GRP 401K	
b	Name of plan sponsor	HEALTHTEXAS MEDICAL GROUP	c EIN-PN 20-2148889-001
a	Plan name	HEDY & HOPP, LLC 401(K) PSP	
b	Name of plan sponsor	HEDY & HOPP, LLC	c EIN-PN 47-5541250-001
a	Plan name	HERMANN OAK LEATHER CO 401K PL	
b	Name of plan sponsor	HERMANN OAK LEATHER CO	c EIN-PN 43-0319840-002
a	Plan name	HEXPOL RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	HEXPOL COMPOUNDING LLC	c EIN-PN 80-0314696-001

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	HICUITY HEALTH RET SVGS PL	
b	Name of plan sponsor	HICUITY HEALTH	c EIN-PN 36-4584776-001
a	Plan name	HILLIS AUTO SALES EE 401K PSP	
b	Name of plan sponsor	HILLIS AUTO SALES, INC.	c EIN-PN 43-1514017-001
a	Plan name	HOFF HEATING & A/C, INC. PSP	
b	Name of plan sponsor	HOFF HEATING & A/C, INC.	c EIN-PN 43-2021290-001
a	Plan name	HOMER G. PHILLIPS RET SVGS PL	
b	Name of plan sponsor	HOMER G. PHILLIPS HOSPITAL	c EIN-PN 47-1228347-001
a	Plan name	HOMESTEAD FINANCIAL 401K PLAN	
b	Name of plan sponsor	ENDEAVOR CAPITAL, LLC	c EIN-PN 43-1826060-001
a	Plan name	HONIGMAN LLP INCOME DEFERR PSP	
b	Name of plan sponsor	HONIGMAN LLP	c EIN-PN 38-1407377-003
a	Plan name	HORVITZ & LEVY 401(K) & PSP	
b	Name of plan sponsor	HORVITZ & LEVY LLP	c EIN-PN 95-3893974-005
a	Plan name	HORVITZ & LEVY 401(K) PLAN	
b	Name of plan sponsor	HORVITZ & LEVY LLP	c EIN-PN 95-3893974-005
a	Plan name	HOUS AUTH ST LOUIS CO DC PLAN	
b	Name of plan sponsor	HOUSING AUTHORITY OF ST. LOUIS CO	c EIN-PN 43-6003234-001
a	Plan name	HOUS AUTH ST. LOUIS CO RET	
b	Name of plan sponsor	HOUSING AUTHORITY OF ST. LOUIS CO	c EIN-PN 43-6003234-002
a	Plan name	HUELS VETERINARY SERVICES 401K	
b	Name of plan sponsor	HUELS VETERINARY SERVICES	c EIN-PN 37-1279766-001
a	Plan name	HUMANA PARTNERSHIP SAV PLAN	
b	Name of plan sponsor	HUMANA, INC.	c EIN-PN 61-0647538-009

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	HUMANA PUERTO RICO RET SAV PLA	
b	Name of plan sponsor	HUMANA, INC.	c EIN-PN 61-0647538-009
a	Plan name	HUMANA RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	HUMANA, INC.	c EIN-PN 61-0647538-009
a	Plan name	HUSCH BLACKWELL STRATEGY 401K	
b	Name of plan sponsor	HUSCH BLACKWELL STRATEGY	c EIN-PN 35-2612034-001
a	Plan name	I.V. HOUSE 401(K) PLAN	
b	Name of plan sponsor	I.V. HOUSE, INC.	c EIN-PN 43-1572706-001
a	Plan name	IMPACT STRATEGIES EES 401K PL	
b	Name of plan sponsor	HE HINRICHS GROUP, INC.	c EIN-PN 38-3649889-001
a	Plan name	IMPERIAL ANIMAL HOSPITAL 401(K)	
b	Name of plan sponsor	IMPERIAL ANIMAL HOSPITAL, LLC	c EIN-PN 43-1288267-002
a	Plan name	IUOE LOCAL 30 401(K) PLAN	
b	Name of plan sponsor	CORE FACILITY SERVICES, LLC	c EIN-PN 27-4450918-001
a	Plan name	JAY HENGES ENTERPRISES PSP	
b	Name of plan sponsor	JAY HENGES ENTERPRISES, INC.	c EIN-PN 43-0916729-002
a	Plan name	JC PEDS LLC 401(K) PLAN	
b	Name of plan sponsor	JC PEDS LLC	c EIN-PN 86-2854010-001
a	Plan name	JEFFERSON CITY MEDICAL GROUP	
b	Name of plan sponsor	JEFFERSON CITY MEDICAL GROUP, P.C.	c EIN-PN 43-0954586-001
a	Plan name	JUSTIN M SCHLAIKJER 401K PSP	
b	Name of plan sponsor	JUSTIN M SCHLAIKJER DDS LLC	c EIN-PN 46-2017650-001
a	Plan name	KAISER ELECTRIC, INC. PSP	
b	Name of plan sponsor	KAISER ELECTRIC, INC.	c EIN-PN 43-0646283-001

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	KARSTEN MANUFACTURING 401(K)	
b Name of plan sponsor	KARSTEN MANUFACTURING CORPORATION	c EIN-PN 86-0210248-001
a Plan name	KEYWAY CENTER 401(K) PLAN	
b Name of plan sponsor	CENTER FOR WOMEN IN TRANSITION, INC	c EIN-PN 43-1799627-001
a Plan name	KIAWAH ISLAND COMM 401K PS	
b Name of plan sponsor	KIAWAH ISLAND COMM ASSOCIATION	c EIN-PN 57-0713010-001
a Plan name	KINDLE COMMUNICATIONS LLC 401K	
b Name of plan sponsor	KINDLE COMMUNICATIONS LLC	c EIN-PN 26-3203695-001
a Plan name	KISWE MOBILE 401K PSP & TRUST	
b Name of plan sponsor	KISWE MOBILE INC	c EIN-PN 46-3962360-001
a Plan name	KLEBERG BANK, N.A. 401(K) PLAN	
b Name of plan sponsor	KLEBERG BANK, N.A.	c EIN-PN 74-0726853-002
a Plan name	KOZENY-WAGNER, INC. 401(K) PSP	
b Name of plan sponsor	KOZENYWAGNER, INC.	c EIN-PN 43-0823552-001
a Plan name	LACINY BROS INC 401K PSP	
b Name of plan sponsor	LACINY BROS INC	c EIN-PN 43-0367870-001
a Plan name	LADIES PROFESSIONAL GOLF 401K	
b Name of plan sponsor	LADIES PROFESSIONAL GOLF ASSOCIATION	c EIN-PN 75-0055465-001
a Plan name	LAWRENCIAN OMNISCIENT TRUST	
b Name of plan sponsor	THE LAWRENCE GROUP, INC.	c EIN-PN 26-2962674-001
a Plan name	LAWSON SCREEN PRODUCTS 401K	
b Name of plan sponsor	LAWSON SCREEN PRODUCTS	c EIN-PN 43-0950416-001
a Plan name	LOCKE LORD LLP RETIREMENT SP	
b Name of plan sponsor	LOCKE LORD LLP	c EIN-PN 74-1164324-001

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	LOGITECH 401(K) PLAN	
b	Name of plan sponsor	LOGITECH, INC.	c EIN-PN 94-2810519-002
a	Plan name	M. L. P. 401(K) PLAN	
b	Name of plan sponsor	M. L. P.	c EIN-PN 43-1852949-001
a	Plan name	M1 BANCSHARES INC 401K PSP	
b	Name of plan sponsor	M1 BANCSHARES INC.	c EIN-PN 82-1788822-001
a	Plan name	MADDEN & ASSOCIATES INC 401K	
b	Name of plan sponsor	MADDEN & ASSOCIATES, INC.	c EIN-PN 59-3254044-001
a	Plan name	MATTHEWS BOOK CO. EE STOCK OWN	
b	Name of plan sponsor	MATTHEWS BOOK COMPANY, INC.	c EIN-PN 43-1619966-001
a	Plan name	MAZARS USA LLP RTRMT SAV PLAN	
b	Name of plan sponsor	MAZARS USA LLP	c EIN-PN 13-1459550-001
a	Plan name	MCCI GROUP HOLDINGS, LLC 401K	
b	Name of plan sponsor	MCCI GROUP HOLDINGS, LLC	c EIN-PN 20-5904436-001
a	Plan name	MCDONALD TINKER PA 401(K) PSP	
b	Name of plan sponsor	MCDONALD TINKER SKAER QUINN AND HERRINGTON, PA	c EIN-PN 48-0966729-001
a	Plan name	MCGINNIS LOCHRIDGE LLP SAVINGS	
b	Name of plan sponsor	MCGINNIS LOCHRIDGE LLP	c EIN-PN 74-1196349-002
a	Plan name	MECHANICAL SUPPLY CO. 401K	
b	Name of plan sponsor	MECHANICAL SUPPLY CO., INC.	c EIN-PN 43-0645850-001
a	Plan name	MEDICAL VENTURES, INC 401K	
b	Name of plan sponsor	MEDICAL VENTURES, INC.	c EIN-PN 35-2776904-001
a	Plan name	MERAMEC DENTAL 401(K) PLAN	
b	Name of plan sponsor	MERAMEC DENTAL CENTER	c EIN-PN 43-1715872-001

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 MHS LEGACY GROUP 401(K) PLAN	
b	Name of plan sponsor MHS LEGACY GROUP, INC.	c EIN-PN 26-4128041-001
a	Plan name MIDVALE INDUSTRIES DEF CONT PL	
b	Name of plan sponsor MIDVALE INDUSTRIES INC	c EIN-PN 43-0410210-002
a	Plan name MIDWEST AUTOMATION EE BENEFIT	
b	Name of plan sponsor MIDWEST AUTOMATION, INC.	c EIN-PN 43-1434686-001
a	Plan name MIDWEST POOL MANAGEMENT RET PL	
b	Name of plan sponsor MODERN POOL MANAGEMENT CORP.	c EIN-PN 37-0925897-001
a	Plan name MIDWEST SCIENTIFIC, INC 401(K)	
b	Name of plan sponsor MIDWEST SCIENTIFIC, INC	c EIN-PN 43-1395185-001
a	Plan name MINISTRY BRANDS 401(K) PLAN	
b	Name of plan sponsor SITE ORGANIC LLC	c EIN-PN 46-1145297-001
a	Plan name MISSIONWIRED 401K PLAN	
b	Name of plan sponsor ANNE LEWIS STRATEGIES LLC	c EIN-PN 87-0784424-001
a	Plan name MISSOURI COBALT 401(K) PLAN	
b	Name of plan sponsor MISSOURI COBALT, LLC	c EIN-PN 82-4409627-001
a	Plan name MONETA GROUP SALARY SVGS PLAN	
b	Name of plan sponsor MONETA GROUP, LLC	c EIN-PN 43-6804983-001
a	Plan name MONROE UNIVERSITY, LTD RET SVG	
b	Name of plan sponsor MONROE COLLEGE LTD	c EIN-PN 13-2501225-002
a	Plan name MONSTER WORLDWIDE 401K SAVINGS	
b	Name of plan sponsor MONSTER WORLDWIDE	c EIN-PN 13-3906555-001
a	Plan name MOORE CAPITAL MNGMT LP 401K	
b	Name of plan sponsor MOORE CAPITAL MANAGEMENT, INC.	c EIN-PN 06-1270513-001

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	NATIONAL SALES COMPANY P/S PLA	
b Name of plan sponsor	NATIONAL SALES COMPANY	c EIN-PN 43-0658593-001
a Plan name	NB WEST CONTRACTING PSP & TR	
b Name of plan sponsor	NB WEST CONTRACTING	c EIN-PN 43-0794720-001
a Plan name	NEW COVENANT BIBLE CHURCH 401K	
b Name of plan sponsor	NEW COVENANT BIBLE CHURCH	c EIN-PN 51-0139200-002
a Plan name	NGK LAW 401(K) PLAN	
b Name of plan sponsor	NGK LAW	c EIN-PN 46-4927279-001
a Plan name	NICHE FOOD GROUP 401(K) PLAN	
b Name of plan sponsor	CRAFT RESTAURANTS. LTD.	c EIN-PN 20-2752866-001
a Plan name	NICKS ELECTRIC SVC OF NY 401K	
b Name of plan sponsor	NICKS ELECTRIC SERVICE OF NY, LLC	c EIN-PN 46-3263199-001
a Plan name	NISA INVESTMENT ADVISORS PSP	
b Name of plan sponsor	NISA INVESTMENT ADVISORS	c EIN-PN 48-1140940-001
a Plan name	NORTHEAST MISSOURI 401K	
b Name of plan sponsor	NORTHEAST MISSOURI AMBULATORY SURGERY CENTER, LLC	c EIN-PN 43-1857277-001
a Plan name	NORTHSTAR MANAGEMENT CO 401K	
b Name of plan sponsor	NORTHSTAR MANAGEMENT CO., LLC	c EIN-PN 43-1832643-001
a Plan name	O.J. LAUGHLIN PLUMBING PSP	
b Name of plan sponsor	O.J. LAUGHLIN PLUMBING CO., INC.	c EIN-PN 43-1243058-001
a Plan name	OPUS SOLUTIONS, LLC 401(K) RET	
b Name of plan sponsor	OPUS SOLUTIONS, LLC	c EIN-PN 93-1262577-001
a Plan name	ORAL SURGERY PARTNERS MSO 401K	
b Name of plan sponsor	ORAL SURGERY PARTNERS MSO, LLC	c EIN-PN 83-4654354-001

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 ORTHOPAEDIC ASSOC OF MARLBORO	
b	Name of plan sponsor ORTHOPAEDIC ASSOCIATES OF MARLBORO, P.C.	c EIN-PN 04-2531447-002
a	Plan name ORTHOPEDIC SPECIALISTS 401K PS	
b	Name of plan sponsor ORTHOPEDIC SPECIALISTS	c EIN-PN 43-1853506-001
a	Plan name OZARKS DERMATOLOGY SPECIALISTS	
b	Name of plan sponsor OZARKS DERMATOLOGY SPECIALISTS	c EIN-PN 27-0301358-001
a	Plan name P & A DRYWALL SUPPLY, INC 401K	
b	Name of plan sponsor P AND A DRYWALL SUPPLY, INC	c EIN-PN 43-1034297-001
a	Plan name PALLADIUM POINT 401(K) AND PSP	
b	Name of plan sponsor PALLADIUM POINT, LLC	c EIN-PN 88-2178980-001
a	Plan name PARADOWSKI CREATIVE 401K RET	
b	Name of plan sponsor PARADOWSKI CREATIVE	c EIN-PN 45-5592818-001
a	Plan name PARIC CORPORATION 401(K) PLAN	
b	Name of plan sponsor PARIC CORPORATION	c EIN-PN 43-1165266-001
a	Plan name PASCO SYSTEMS CORP. 401K PLAN	
b	Name of plan sponsor PRODUCTIVE AUTOMATED SYSTEMS C	c EIN-PN 43-1330573-001
a	Plan name PEDIATRIC DENTISTRY OF SUNSET	
b	Name of plan sponsor M. FERNANDEZ, DDS, D. AUTRY, DMD, E. BROWN, DDS, J. OSDIECK, DMD, LLC	c EIN-PN 47-5541911-001
a	Plan name PENDLECO, LLC 401(K) PLAN	
b	Name of plan sponsor PENDLECO LLC	c EIN-PN 47-2400712-002
a	Plan name PERCHERON INVESTMENT MGMT 401K	
b	Name of plan sponsor PERCHERON INVESTMENT MANAGEMENT LP	c EIN-PN 85-0967280-001
a	Plan name PHOENIX TEXTILE CORP 401K PLAN	
b	Name of plan sponsor PHOENIX TEXTILE CORPORATION	c EIN-PN 43-1291118-001

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	PINNACLE ASSOCIATES LTD 401(K)	
b	Name of plan sponsor	PINNACLE ASSOCIATES LTD	c EIN-PN 68-0640893-001
a	Plan name	PRIO WEALTH 401K AND PS	
b	Name of plan sponsor	PRIO WEALTH LP	c EIN-PN 26-1697934-001
a	Plan name	PRITCHARD INDUSTRIES 401K PSP	
b	Name of plan sponsor	PRITCHARD INDUSTRIES, INC.	c EIN-PN 13-3353489-001
a	Plan name	PROVIDENCE ANESTHESIOLOGY 401K	
b	Name of plan sponsor	PROVIDENCE ANESTHESIOLOGY	c EIN-PN 56-1748928-001
a	Plan name	PROVISION LIVING ASSOC 401K	
b	Name of plan sponsor	PROVISION LIVING ASSOCIATES, LLC	c EIN-PN 27-1418924-001
a	Plan name	PURSANG PEOPLE 401(K) PLAN	
b	Name of plan sponsor	PURSANG COMPANIES, LLC DBA PURSANG PEOPLE	c EIN-PN 27-1371659-001
a	Plan name	PWM ADVISORY GROUP LLC 401K PL	
b	Name of plan sponsor	PWM ADVISORY GROUP LLC	c EIN-PN 90-0729936-001
a	Plan name	RAINIERI BUILDING MATERIAL 401K	
b	Name of plan sponsor	RAINIERI BUILDING MATERIALS, INC.	c EIN-PN 43-0792027-001
a	Plan name	RBO PRINT LOGISTIX, INC PS PLN	
b	Name of plan sponsor	RBO PRINT LOGISTIX, INC.	c EIN-PN 43-1384444-001
a	Plan name	RED WAGON 401(K) PLAN	
b	Name of plan sponsor	RED WAGON	c EIN-PN 82-2791198-001
a	Plan name	REDSTONE 401K PLAN	
b	Name of plan sponsor	REDSTONE FEDERAL CREDIT UNION	c EIN-PN 63-0322374-001
a	Plan name	REIFERS,HOLMES & PETERS RET PL	
b	Name of plan sponsor	REIFERS,HOLMES & PETERS	c EIN-PN 90-0433777-001

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	REINTJES SERVICES 401K PLAN	
b	Name of plan sponsor	REINTJES SERVICES, INC.	c EIN-PN 43-1306685-002
a	Plan name	RELIANCE LABEL SOLUTIONS 401K	
b	Name of plan sponsor	RELIANCE LABEL SOLUTIONS, INC.	c EIN-PN 87-0689605-001
a	Plan name	RESOLUTE INVESTMENT MNGRS 401K	
b	Name of plan sponsor	RESOLUTE INVESTMENT MANAGERS	c EIN-PN 75-2147195-001
a	Plan name	REVITALIFE WELLNESS CNTR 401K	
b	Name of plan sponsor	REVITALIFE WELLNESS CNTR	c EIN-PN 45-5181819-001
a	Plan name	RITE-A-WAY TREE SERVICE 401(K)	
b	Name of plan sponsor	RITE-A-WAY LAWN CARE, LLC	c EIN-PN 57-1200137-001
a	Plan name	RNY LAW 401(K) PLAN	
b	Name of plan sponsor	REICHARDT, NOCE & YOUNG, LLC	c EIN-PN 86-2391781-001
a	Plan name	ROANOKE CONSTRUCTION 401K PLAN	
b	Name of plan sponsor	ROANOKE CONSTRUCTION COMPANY	c EIN-PN 46-0630341-001
a	Plan name	ROBBINS, KELLY ET AL 401K PSP	
b	Name of plan sponsor	ROBBINS, KELLY, PATTERSON & TUCKER	c EIN-PN 31-0796417-001
a	Plan name	ROBINSON, BRADSHAW HINSON PSP	
b	Name of plan sponsor	ROBINSON, BRADSHAW AND HINSON, P.A.	c EIN-PN 56-0944079-001
a	Plan name	ROCKY BRANDS 401K PLAN & TRUST	
b	Name of plan sponsor	ROCKY BRANDS	c EIN-PN 31-1364046-004
a	Plan name	ROESLEIN & ASSOCIATES RET SAV	
b	Name of plan sponsor	ROESLEIN AND ASSOCIATES	c EIN-PN 43-1539282-001
a	Plan name	ROGERS GROUP & AFFILIATES RET	
b	Name of plan sponsor	ROGERS GROUP & AFFILIATES	c EIN-PN 35-1418333-003

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	ROOSEVELT PAPER PS PLAN	
b	Name of plan sponsor	ROOSEVELT PAPER COMPANY	c EIN-PN 23-1514696-002
a	Plan name	ROUTE ONE INVESTMENT CO 401K	
b	Name of plan sponsor	ROUTE ONE INVESTMENT COMPANY, L.P.	c EIN-PN 27-2885117-001
a	Plan name	SAN DIEGO RETINA ASSOC 401(K)	
b	Name of plan sponsor	MARK D. SMITH, M.D. & FANE L. ROBINSON, M.D., INC.	c EIN-PN 33-0885407-002
a	Plan name	SCARBROUGH INTERNATIONAL 401K	
b	Name of plan sponsor	SCARBROUGH INTERNATIONAL	c EIN-PN 43-1629341-001
a	Plan name	SCHROEDER & TREMAYNE 401K PLAN	
b	Name of plan sponsor	SCHROEDER AND TREMAYNE, INC.	c EIN-PN 43-1084178-002
a	Plan name	SEAKR ENGINEERING	
b	Name of plan sponsor	SEAKR ENGINEERING, INC.	c EIN-PN 84-1318847-001
a	Plan name	SEYFARTH SHAW LLP 401K	
b	Name of plan sponsor	SEYFARTH SHAW LLP	c EIN-PN 36-2152202-004
a	Plan name	SHAPIRO SALES - IBT LOCAL 401K	
b	Name of plan sponsor	SHAPIRO SALES - IBT LOCAL	c EIN-PN 43-0836237-001
a	Plan name	SHAPIRO SALES COMPANY EMP 401K	
b	Name of plan sponsor	SHAPIRO SALES COMPANY	c EIN-PN 43-0836237-003
a	Plan name	SHARON YOUNG, INC. 401(K) PSP	
b	Name of plan sponsor	SHARON YOUNG, INC.	c EIN-PN 75-2122740-001
a	Plan name	SHEERTRANS SOLUTIONS LLC 401K	
b	Name of plan sponsor	SHEERTRANS SOLUTIONS LLC	c EIN-PN 27-4415526-001
a	Plan name	SHELTER WORKS 401(K) PLAN	
b	Name of plan sponsor	SWITZER INDUSTRIES, INC. DBA SHELTER WORKS	c EIN-PN 38-3260486-001

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	SHERWOOD FOREST CAMP INC. RET
b	Name of plan sponsor	SHERWOOD FOREST CAMP INC.
c	EIN-PN	43-0653401-001
a	Plan name	SHUTTS & BOWEN 401K PSP A
b	Name of plan sponsor	SHUTTS & BOWEN LLP
c	EIN-PN	59-0447122-021
a	Plan name	SHUTTS & BOWEN LLP 401K PSP B
b	Name of plan sponsor	SHUTTS & BOWEN LLP
c	EIN-PN	59-0447122-022
a	Plan name	SILICON LABORATORIES INC 401K
b	Name of plan sponsor	SILICON LABORATORIES INC.
c	EIN-PN	74-2793174-001
a	Plan name	SINCLAIR & RUSH INC RET SAV PL
b	Name of plan sponsor	SINCLAIR & RUSH, INC.
c	EIN-PN	43-1153069-001
a	Plan name	SLINGSHOT ECOMMERCE 401K PSP
b	Name of plan sponsor	SLINGSHOT ECOMMERCE
c	EIN-PN	81-0985795-001
a	Plan name	SNYDER ENGINEERING RET SVGS PL
b	Name of plan sponsor	SNYDER ENGINEERING
c	EIN-PN	43-1802354-001
a	Plan name	SOUTHERN METAL PROCS 401K
b	Name of plan sponsor	SOUTHERN METAL PROCS
c	EIN-PN	82-2985108-001
a	Plan name	SSE, INC. 401(K) PLAN
b	Name of plan sponsor	S.S.E., INC.
c	EIN-PN	43-0796654-001
a	Plan name	ST. LOUIS CNTY LIBRARY 457B
b	Name of plan sponsor	ST. LOUIS CNTY LIBRARY
c	EIN-PN	43-6003246-001
a	Plan name	ST. LOUIS COUNTY LIBRARY 401A
b	Name of plan sponsor	ST. LOUIS COUNTY LIBRARY
c	EIN-PN	43-6003246-001
a	Plan name	ST. LOUIS CREMATION 401K PLAN
b	Name of plan sponsor	ST. LOUIS CREMATION SERVICE, INC.
c	EIN-PN	43-1769392-001

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	ST. LOUIS PEDIATRIC ASSOCIATES	
b	Name of plan sponsor	ST. LOUIS PEDIATRIC ASSOCIATES, INC.	c EIN-PN 68-0319254-001
a	Plan name	ST. LOUIS SKIN SOL RET PLAN	
b	Name of plan sponsor	ST. LOUIS SKIN SOL	c EIN-PN 20-0262815-001
a	Plan name	STINGRAY 401(K) PLAN	
b	Name of plan sponsor	STINGRAY	c EIN-PN 27-0741131-001
a	Plan name	STOKES DISTRIB NON-UNION 401K	
b	Name of plan sponsor	STOKES DISTRIBUTING	c EIN-PN 46-0664106-001
a	Plan name	STOKES DISTRIBUTING UNION 401K	
b	Name of plan sponsor	STOKES DISTRIBUTING	c EIN-PN 46-0664106-001
a	Plan name	STRAIGHTUP SOLAR 401(K) PLAN	
b	Name of plan sponsor	STRAIGHTUP SOLAR	c EIN-PN 20-5499873-001
a	Plan name	SUBTEXT 401(K) PLAN	
b	Name of plan sponsor	COLLEGIATE DEVELOPMENT GROUP	c EIN-PN 47-1051022-001
a	Plan name	SUMMERS COMPTON WELLS 401K PLN	
b	Name of plan sponsor	SUMMERS COMPTON WELLS LLC	c EIN-PN 46-3084251-001
a	Plan name	SUMMITRY 401K PLAN & TRUST	
b	Name of plan sponsor	SUMMITRY, LLC	c EIN-PN 20-2133053-001
a	Plan name	SUNSET HILLS DENTAL, LLC PSP	
b	Name of plan sponsor	SUNSET HILLS DENTAL, LLC	c EIN-PN 43-1755295-001
a	Plan name	SUNSET TRANSPORTATION 401K PSP	
b	Name of plan sponsor	SUNSET TRANSPORTATION, INC.	c EIN-PN 43-1584993-002
a	Plan name	TARLTON CORP PS SAVINGS PLAN	
b	Name of plan sponsor	TARLTON CORPORATION	c EIN-PN 43-0613116-001

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 TAYLOR LAW OFFICES PC 401K PSP	
b	Name of plan sponsor TAYLOR LAW OFFICES PC	c EIN-PN 37-1075744-002
a	Plan name TECHNOLOGY PARTNERS INC 401(K)	
b	Name of plan sponsor TECHNOLOGY PARTNERS INC	c EIN-PN 20-3193515-001
a	Plan name TEKLINE ELECTRICAL 401(K) PLAN	
b	Name of plan sponsor TEKLINE ELECTRICAL SERVICES LLC	c EIN-PN 45-4662227-001
a	Plan name TELLE TIRE RETIREMENT PSP	
b	Name of plan sponsor TELLE TIRE	c EIN-PN 43-0783301-001
a	Plan name TERRACON 401(K) AND ESOP PLAN	
b	Name of plan sponsor THE TERRACON CO.'S INC.	c EIN-PN 06-1664428-002
a	Plan name THE 401K PSP EMPLOYEES CHILDRE	
b	Name of plan sponsor THE 401K PSP EMPLYS CHLDRNS	c EIN-PN 32-0505028-001
a	Plan name THE 401K PSP EMPLYS CHLDRNS	
b	Name of plan sponsor THE 401K PSP EMPLYS CHLDRNS	c EIN-PN 32-0505028-001
a	Plan name THE DANIEL & HENRY CO SALARY	
b	Name of plan sponsor THE DANIEL AND HENRY COMPANY	c EIN-PN 43-0634945-003
a	Plan name THE IVINS PHILLIPS BARKER SAV	
b	Name of plan sponsor IVINS, PHILLIPS AND BARKER, CHARTERED	c EIN-PN 52-1229560-003
a	Plan name THE MAGIC HOUSE PENSION PLAN	
b	Name of plan sponsor THE MAGIC HOUSE	c EIN-PN 51-0138441-001
a	Plan name THE VROMAN GROUP 401K SH PLAN	
b	Name of plan sponsor THE VROMAN GROUP	c EIN-PN 20-4498454-001
a	Plan name THE WATERWAYS JOURNAL 401K	
b	Name of plan sponsor THE WATERWAYS JOURNAL INC.	c EIN-PN 43-0833503-002

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	THE WESTERN UNION CO INCENTIVE	
b	Name of plan sponsor	WESTERN UNION COMPANY	c EIN-PN 20-4531180-001
a	Plan name	TIDEWATER PHYSICIANS GRP 401K	
b	Name of plan sponsor	TIDEWATER PHYSICIANS MULTISPECIALTY GROUP, P.C.	c EIN-PN 54-1634477-002
a	Plan name	T-N-T PLASTICS 401K PSP	
b	Name of plan sponsor	TNT PLASTICS, INC.	c EIN-PN 43-1507807-001
a	Plan name	TONKON TORP LLP P/S AND 401K	
b	Name of plan sponsor	TONKON TORP LLP	c EIN-PN 93-0633194-005
a	Plan name	TOWN AND COUNTRY CROSSING 401K	
b	Name of plan sponsor	TOWN AND COUNTRY CROSSING ORTHOPEDICS, LLC	c EIN-PN 46-4660425-001
a	Plan name	TP ICAP 401(K) PLAN	
b	Name of plan sponsor	TP ICAP AMERICAS HOLDINGS INC.	c EIN-PN 51-0631562-002
a	Plan name	TRENDWOOD 401(K) PLAN	
b	Name of plan sponsor	TRENDWOOD, INC.	c EIN-PN 86-0502466-003
a	Plan name	TRIAD BANK 401K PLAN	
b	Name of plan sponsor	TRIAD BANK	c EIN-PN 34-2033556-001
a	Plan name	TRIUMPH PHARMACEUTICALS 401K	
b	Name of plan sponsor	TRIUMPH PHARMACEUTICALS, INC.	c EIN-PN 84-1360869-001
a	Plan name	TWI OF DUBUQUE, INC. 401K PLAN	
b	Name of plan sponsor	TWI OF DUBUQUE, INC.	c EIN-PN 42-1486813-001
a	Plan name	ULTIMATE HEARING SOLUTIONS LLC	
b	Name of plan sponsor	ULTIMATE HEARING SOLUTIONS LLC	c EIN-PN 26-2409381-001
a	Plan name	U-MARK, INC. 401(K) PLAN	
b	Name of plan sponsor	U-MARK, INC.	c EIN-PN 06-1650046-001

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	UNITED CONTRACTORS INC DAVIS	
b	Name of plan sponsor	UNITED CONTRACTORS INC	c EIN-PN 42-0822018-002
a	Plan name	UNITED CONTRACTORS, EES PSP	
b	Name of plan sponsor	UNITED CONTRACTORS, INC.	c EIN-PN 42-0822018-001
a	Plan name	US INSP. & NDT, LLC 401(K) RSP	
b	Name of plan sponsor	U.S. INSPECTION & NDT, LLC	c EIN-PN 83-2461210-001
a	Plan name	USSEC 401(K) PLAN	
b	Name of plan sponsor	U.S. SOYBEAN EXPORT COUNCIL INC.	c EIN-PN 20-2462213-001
a	Plan name	VIENNA BEEF LTD. 401(K) PSP	
b	Name of plan sponsor	VIENNA BEEF, LTD	c EIN-PN 20-8038724-002
a	Plan name	VISIBLE CHANGES 401K C.A.P.	
b	Name of plan sponsor	VISIBLE CHANGES, INC.	c EIN-PN 74-1940259-002
a	Plan name	VOYANT BEAUTY, LLC 401(K)	
b	Name of plan sponsor	VOYANT BEAUTY, LLC	c EIN-PN 81-5395969-001
a	Plan name	VPP GROUP SAVINGS & RET PLAN	
b	Name of plan sponsor	VPP GROUP LLC	c EIN-PN 20-3092488-001
a	Plan name	VSM 401K EES RET SAVINGS PLAN	
b	Name of plan sponsor	VSM ABRASIVES CORPORATION	c EIN-PN 43-1136835-001
a	Plan name	W. SCHILLER & CO, INC.401K PL	
b	Name of plan sponsor	W. SCHILLER & CO., INC.	c EIN-PN 43-0503560-002
a	Plan name	WADLEIGH STARR PETERS 401K PSP	
b	Name of plan sponsor	WADLEIGH, STARR & PETERS, PLLC	c EIN-PN 20-0504984-013
a	Plan name	WAGSTAFF, INC. 401 K S/R PLAN	
b	Name of plan sponsor	WAGSTAFF, INC.	c EIN-PN 91-0722578-002

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	WALSH & ASSOCIATES PS 401(K)
b	Name of plan sponsor	WALSH AND ASSOCIATES
c	EIN-PN	43-1646120-001
a	Plan name	WALTERS METAL FABRICATION INC
b	Name of plan sponsor	WALTERS METAL FABRICATION, INC.
c	EIN-PN	37-1170212-001
a	Plan name	WAREHOUSE OF FIXTURES RSP
b	Name of plan sponsor	WAREHOUSE OF FIXTURES
c	EIN-PN	34-2019939-001
a	Plan name	WASHINGTON CAPITAL MNGNT 401K
b	Name of plan sponsor	WASHINGTON CAPITAL MANAGEMENT, INC.
c	EIN-PN	91-1042342-001
a	Plan name	WCG 401(K) PLAN
b	Name of plan sponsor	WCG
c	EIN-PN	81-3500129-001
a	Plan name	WEBBANK 401(K) SAFE HARBOR PL
b	Name of plan sponsor	WEBBANK CORPORATION
c	EIN-PN	87-0528836-001
a	Plan name	WEISSMAN DESIGN FOR DANCE 401K
b	Name of plan sponsor	WEISSMAN DESIGN FOR DANCE
c	EIN-PN	43-0764447-001
a	Plan name	WILLERT HOME PRO UNION EE 401K
b	Name of plan sponsor	WILLERT HOME PRODUCTS, INC
c	EIN-PN	43-0678433-002
a	Plan name	WILLERT HOME PRODUCTS, INC PSP
b	Name of plan sponsor	WILLERT HOME PRODUCTS, INC
c	EIN-PN	43-0678433-001
a	Plan name	WILSON MANUFACTURING CO 401K
b	Name of plan sponsor	WILSON MANUFACTURING
c	EIN-PN	43-1168547-001
a	Plan name	WILSON'S STRUCTURAL STEEL 401K
b	Name of plan sponsor	WILSON'S STRUCTURAL STEEL, LLC
c	EIN-PN	90-0989438-001
a	Plan name	WOMEN'S CARE SAFE HRBR 401K PS
b	Name of plan sponsor	WOMEN'S CARE
c	EIN-PN	43-1800826-001

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 WOODARD CLN & RESTORATN 401K	
b	Name of plan sponsor WOODARD CLEANING & RESTORATION, INC	c EIN-PN 43-1072204-002
a	Plan name WOODS BASEMENT SYS 401K PLAN	
b	Name of plan sponsor WOODS BASEMENT SYS	c EIN-PN 37-1210874-001
a	Plan name WORLD GROUP SAVINGS AND INVEST	
b	Name of plan sponsor WORLD SHIPPING, INC.	c EIN-PN 34-0895033-002
a	Plan name YOKOGAWA WEALTH BUILDER PLAN	
b	Name of plan sponsor YOKOGAWA USA INC.	c EIN-PN 58-1874832-001
a	Plan name ZOLTEK CORP SAVINGS & PSP	
b	Name of plan sponsor ZOLTEK CORP	c EIN-PN 43-0549050-001
a	Plan name A DENTIST 4 KIDS 401(K) PLAN	
b	Name of plan sponsor A DENTIST 4 KIDS	c EIN-PN 84-1738428-001
a	Plan name ADRIAN JULES LTD. 401K PLAN	
b	Name of plan sponsor ADRIAN JULES, LTD.	c EIN-PN 16-0873017-001
a	Plan name ADVANTEK LLC 401K PLAN	
b	Name of plan sponsor ADVANTEK, LLC	c EIN-PN 41-1717163-001
a	Plan name AEGLEA BIOTHERAPEUTICS, INC. 401(K) PLAN	
b	Name of plan sponsor SPYRE THERAPEUTICS	c EIN-PN 46-4312787-001
a	Plan name ALLENS CREEK ORAL AND IMPLANT SURGERY 401K	
b	Name of plan sponsor HEATHER CHANCE DMD PLLC DBA ALLENS CREEK ORAL AND IMPLANT SURGERY	c EIN-PN 62-1874769-002
a	Plan name ALLSPRING 401(K)	
b	Name of plan sponsor ALLSPRING	c EIN-PN 86-2098962-001
a	Plan name ALVARIA, INC. 401(K) RETIREMENT PLAN	
b	Name of plan sponsor ALVARIA, INC.	c EIN-PN 02-0364368-001

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 AM 830 KLAA 401(K) RETIREMENT PLAN	
b	Name of plan sponsor AM830 KLAA	c EIN-PN 20-4166519-001
a	Plan name AMERICAN BANK EMPLOYEES SAVINGS PLAN	
b	Name of plan sponsor AMERICAN BANK	c EIN-PN 74-1650800-001
a	Plan name ANGELS BASEBALL 401(K) RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor ANGELS BASEBALL	c EIN-PN 05-0564428-001
a	Plan name APPLIFY LLC DBA BRANDMINT 401(K) PLAN	
b	Name of plan sponsor APPLIFY LLC DBA BRANDMINT	c EIN-PN 46-4594046-001
a	Plan name ARCO MURRAY GROUP PROFIT SHARING PLAN	
b	Name of plan sponsor ARCO/MURRAY GROUP	c EIN-PN 43-1615415-001
a	Plan name ARIANA AVIATION 401K PLAN	
b	Name of plan sponsor AFFORDABLE AVIONICS DBA ARIANA AVIATION	c EIN-PN 20-5019863-001
a	Plan name ASPECT MANAGEMENT CORP 401(K)	
b	Name of plan sponsor ASPECT MANAGEMENT	c EIN-PN 84-1217391-001
a	Plan name ATC DRIVETRAIN LLC RETIREMENT PLAN	
b	Name of plan sponsor ATC DRIVETRAIN, LLC	c EIN-PN 90-0857545-001
a	Plan name BALLANTINE COMMUNICATIONS INC 401K	
b	Name of plan sponsor BALLANTINE COMMUNICA	c EIN-PN 84-0621590-002
a	Plan name BARR FACIAL PLASTIC SURGERY 401K	
b	Name of plan sponsor LUCY BARR MD PC	c EIN-PN 26-2588705-001
a	Plan name BEER NUTS INC 401K PS PLAN	
b	Name of plan sponsor BEER NUTS, INC.	c EIN-PN 37-0728557-001
a	Plan name BH ARCHITECHTURE, PLLC 401(K)	
b	Name of plan sponsor BH ARCHITECTURE, PLLC	c EIN-PN 83-4443442-001

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	BIOMERICS 401(K)	
b Name of plan sponsor	BIOMERICS	c EIN-PN 26-4327437-001
a Plan name	BLENDTEC, INC 401K TRUST	
b Name of plan sponsor	BLENDTEC, INC.	c EIN-PN 87-0471667-001
a Plan name	BNGF EQUIPMENT COMPANY 401K PLAN	
b Name of plan sponsor	BNGF EQUIPMENT COMPANY	c EIN-PN 26-1572826-001
a Plan name	BODY RENOVATION PHYSICAL THERAPY, SC 401(K) PROFIT SHARING PLAN	
b Name of plan sponsor	BODY RENOVATION PHYSICAL THERAPY, SC	c EIN-PN 20-5705585-001
a Plan name	BRIAN L. MATTIACIO, DDS, MS, PC 401(K)	
b Name of plan sponsor	BRIAN L. MATTIACIO, DDS, MS, PC	c EIN-PN 26-0350161-001
a Plan name	BUILDING SERVICE 32BJ SUPPLEMENTAL RETIREMENT SAVINGS PLAN	
b Name of plan sponsor	BUILDING SERVICE 32BJ	c EIN-PN 13-3507075-001
a Plan name	BURTONSVILLE FAMILY HEALTH 401(K)	
b Name of plan sponsor	BURTONSVILLE FAMILY HEALTH LLC	c EIN-PN 47-5685108-001
a Plan name	BUTLER CHEMICALS EMPLOYEES' SALARY SAVINGS PLAN	
b Name of plan sponsor	BUTLER CHEMICALS	c EIN-PN 33-0887267-001
a Plan name	C.L. SMITH COMPANY 401(K) PROFIT SHARING PLAN	
b Name of plan sponsor	C.L. SMITH COMPANY	c EIN-PN 43-1051754-001
a Plan name	CAPSTONE RESTAURANT GROUP 401K PLAN	
b Name of plan sponsor	CAPSTONE RESTAURANT	c EIN-PN 35-2488578-001
a Plan name	CAREVET RETIREMENT SAVINGS PLAN	
b Name of plan sponsor	CAREVET LLC	c EIN-PN 83-1579193-001
a Plan name	CCS FACILITY SERVICES 401(K) PLAN	
b Name of plan sponsor	CCS FACILITY SERVICES	c EIN-PN 80-0947923-001

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 CENTER 401(K) PLAN	
b	Name of plan sponsor VERITAS MANAGE	c EIN-PN 27-2876769-001
a	Plan name CITY OF WHEAT RIDGE MONEY PURCHASE PENSION PLAN	
b	Name of plan sponsor CITY OF WHEAT RIDGE	c EIN-PN 20-3832976-001
a	Plan name COASTAL BRIDGE ADVISORS LLC PROFIT SHARING PLAN	
b	Name of plan sponsor COASTAL BRIDGE ADVISORS, LLC	c EIN-PN 27-1359517-001
a	Plan name COLE INFORMATION SERVICES 401K PLAN	
b	Name of plan sponsor COLE INFORMATION	c EIN-PN 14-1897080-001
a	Plan name COLUMBUS FITNESS CONSULTANTS 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor FAWCETT BIOMEDICAL, LLC DBA COLUMBUS FITNESS CONSULTANTS	c EIN-PN 87-2405449-001
a	Plan name COMMERCIAL PAVING COMPANY LLC 401(K)	
b	Name of plan sponsor COMMERCIAL PAVING COMPANY, LLC	c EIN-PN 27-2896589-001
a	Plan name CONCORDANCE HEALTHCARE SOLUTIONS 401K RETIREMENT PLAN	
b	Name of plan sponsor CONCORDANCE HEALTHCARE SOLUTIONS	c EIN-PN 38-3986849-001
a	Plan name CONTAINER SUPPLY, INC. SAFE HARBOR PLAN	
b	Name of plan sponsor CONTAINER SUPPLY, INC.	c EIN-PN 75-1308328-001
a	Plan name CONTINENTAL DISC CORP LLC, 401K PLAN	
b	Name of plan sponsor CONTINENTAL DISC	c EIN-PN 43-0834253-001
a	Plan name CORDELL LAW LLP 401K PLAN	
b	Name of plan sponsor CORDELL LAW, LLP	c EIN-PN 26-4467572-002
a	Plan name CORE CAPITAL MANAGEMENT LLC 401(K)	
b	Name of plan sponsor CORE CAPITAL	c EIN-PN 03-0534180-001
a	Plan name CORNERSTONE TECHNOLOGIES LLC 401K PLAN	
b	Name of plan sponsor CORNERSTONE TECHNOLOGIES LLC	c EIN-PN 87-0643761-001

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	DATASERV LLC 401K RETIREMENT PLAN & TRUST	
b	Name of plan sponsor	DATASERV, L.L.C.	c EIN-PN 43-1696564-001
a	Plan name	DEFINITIVE TITLE LLC 401(K) PROFIT	
b	Name of plan sponsor	DEFINITIVE TITLE LLC	c EIN-PN 56-2414129-001
a	Plan name	DEFLECTO 401(K) PLAN	
b	Name of plan sponsor	DEFLECTO, LLC	c EIN-PN 27-2701695-001
a	Plan name	DENTISTRY WITH A SMILE INC 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor	DENTISTRY WITH A SMILE, INC.	c EIN-PN 22-3660909-001
a	Plan name	DESERT VALLEY AUDIOLOGY LLC, 401K PLAN	
b	Name of plan sponsor	DESERT VALLEY AUDIOLOGY LLC	c EIN-PN 27-2387543-001
a	Plan name	DESIGN BUILDERS OF MONROE COUNTY LLC 401(K)	
b	Name of plan sponsor	DESIGN BUILDERS OF MONROE COUNTY, LLC	c EIN-PN 37-1706072-001
a	Plan name	DEXTER MAGNETIC HOLDINGS, LLC 401K PLAN	
b	Name of plan sponsor	MAGNETIC HOLDINGS	c EIN-PN 88-0868607-001
a	Plan name	DIGITAL DATA TECHNOLOGIES, INC. 401(K) SAFE HARBOR PLAN	
b	Name of plan sponsor	DIGITAL DATA TECHNOLOGIES, INC.	c EIN-PN 31-1618012-001
a	Plan name	DR. ANDREW MACK DENTISTRY, LLC 401(K) PLAN	
b	Name of plan sponsor	DR. ANDREW MACK DENTISTRY, LLC	c EIN-PN 47-3472605-001
a	Plan name	DR. BRITTANY KRAFT, DDS 401(K)	
b	Name of plan sponsor	DR. BRITTANY KRAFT, DDS DBA BC DENTAL DESIGN	c EIN-PN 86-2076579-001
a	Plan name	DUCKETT CREEK SEWRE DISTRICT 401(K) PLAN	
b	Name of plan sponsor	DUCKETT CREEK SANITARY DIST	c EIN-PN 43-1125121-001
a	Plan name	DUKE MANUFACTURING COMPANY RETIREMENT PLAN	
b	Name of plan sponsor	DUKE	c EIN-PN 43-1548196-002

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	EAGLELIFT 401K	
b	Name of plan sponsor	EAGLELIFT, INC.	c EIN-PN 95-4723482-001
a	Plan name	EMPLOYEE BENEFIT PLAN OF PAVERITE, INC.	
b	Name of plan sponsor	PAVERITE, INC.	c EIN-PN 27-2565358-001
a	Plan name	EQUATEK INTERACTIVE, INC. 401(K)	
b	Name of plan sponsor	EQUATEK INTERACTIVE, INC.	c EIN-PN 04-3745118-001
a	Plan name	ERIC SCOTT LEATHERS, LTD. 401(K) SAVINGS PLAN	
b	Name of plan sponsor	ERIC SCOTT LEATHERS LLC	c EIN-PN 84-4679090-001
a	Plan name	EVOLVE VACATION RENTAL 401(K) PLAN	
b	Name of plan sponsor	EVOLVE VACATION RENTAL	c EIN-PN 27-4745991-001
a	Plan name	EWING IRRIGATION PRODUCTS, INC. PROFIT SHARING PLAN	
b	Name of plan sponsor	EWING IRRIGATION PRODUCTS, INC.	c EIN-PN 94-1351799-001
a	Plan name	FFCP 401K	
b	Name of plan sponsor	FAMILIES FIRST COUNSELING & PSYCHIATRY	c EIN-PN 47-4115672-001
a	Plan name	FINGER LAKES INTERNISTS, LLP 401(K)	
b	Name of plan sponsor	FINGER LAKES INTERNIST, LLP	c EIN-PN 16-1583605-001
a	Plan name	FIRST NATIONAL BANK OF WATERLOO PSP	
b	Name of plan sponsor	FIRST NATIONAL BANK OF WATERLOO	c EIN-PN 37-0573575-001
a	Plan name	GENESE0 ORTHODONTICS AND PEDIATRIC DENTISTRY 401(K) PLAN	
b	Name of plan sponsor	GENESE0 ORTHODONTICS AND PEDIATRIC DENTISTRY, PLLC	c EIN-PN 82-4697944-001
a	Plan name	GILBANK CONSTRUCTION, INC. 401(K) PLAN	
b	Name of plan sponsor	GILBANK CONSTRUCTION, INC.	c EIN-PN 39-1183713-001
a	Plan name	GILLESPIE & POWERS REFRACTORY & ENGINEERING, INC. 401K PLAN	
b	Name of plan sponsor	GILLESPIE & POWERS	c EIN-PN 43-0648117-002

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	GM JOHNSON COMPANIES INC, 401K	
b	Name of plan sponsor	G.M. JOHNSON	c EIN-PN 43-1578328-001
a	Plan name	GRANDE ASSOCIATES ASSET ACCUMULATION PLAN	
b	Name of plan sponsor	GRANDE CHEESE COMPANY	c EIN-PN 39-0867071-001
a	Plan name	HAMMER & STEEL, INC PROFIT SHARING PLAN	
b	Name of plan sponsor	HAMMER STEEL	c EIN-PN 43-1514838-001
a	Plan name	HARDING ROAD PHARMACY, INC. 401(K)	
b	Name of plan sponsor	HARDING ROAD PHARMACY, INC.	c EIN-PN 31-1021752-001
a	Plan name	HEDGES, 401(K) PLAN	
b	Name of plan sponsor	HEDGES AND ASSOCIATES	c EIN-PN 03-0517385-002
a	Plan name	HERITAGE MEDICAL GROUP RETIREMENT SAVINGS 401(K) PLAN	
b	Name of plan sponsor	HERITAGE MEDICAL GRO	c EIN-PN 95-3930862-002
a	Plan name	HILLIARD LAWN & GARDEN 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	HILLIARD LAWN AND GARDEN	c EIN-PN 31-0952891-001
a	Plan name	H-J ENTERPRISE EMPLOYEE PSP	
b	Name of plan sponsor	H-J ENTERPRISES	c EIN-PN 43-0925854-001
a	Plan name	HYDROMAT, INC. OF ST. LOUIS MO 401(K) PLAN	
b	Name of plan sponsor	HYDROMAT, INC. OF ST. LOUIS MO	c EIN-PN 43-1177255-333
a	Plan name	INDEX FRESH, INC. 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	INDEX FRESH, INC	c EIN-PN 33-0862019-001
a	Plan name	INDUSTRIAL SERVICE SOLUTIONS 401K PLAN	
b	Name of plan sponsor	INDUSTRIAL SERVICE SOLUTIONS	c EIN-PN 58-2577037-001
a	Plan name	INMOMENT 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	INMOMENT	c EIN-PN 57-1137115-001

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	IVC 401(K) PLAN
b	Name of plan sponsor	INTERNATIONAL VITAMIN CORP
c	EIN-PN	27-1354354-001
a	Plan name	JAMES H. HAMILL ASSOC., INC. RETIREMENT PLAN
b	Name of plan sponsor	JAMES H. HAMILL ASSOCIATES, INC.
c	EIN-PN	16-0767228-001
a	Plan name	JBS ROOFING 401(K) PLAN
b	Name of plan sponsor	JIM BROWN & SONS ROOFING CO INC.
c	EIN-PN	86-0482466-001
a	Plan name	JETCO DELIVERY, LLC 401(K) PLAN
b	Name of plan sponsor	JETCO DELIVERY, LLC
c	EIN-PN	20-4272510-001
a	Plan name	JOSEPH RUSSO 401(K) PROFIT SHARING PLAN AND TRUST
b	Name of plan sponsor	RUSSO FAMILY DENTAL LLC
c	EIN-PN	83-1665665-001
a	Plan name	JUSTICE LAW COLLABORATIVE 401K
b	Name of plan sponsor	JUSTICE LAW COLLABORATIVE, LLC
c	EIN-PN	86-2115166-001
a	Plan name	KELLY MITCHELL GROUP, INC. 401(K) PROFIT SHARING PLAN
b	Name of plan sponsor	KELLY MITCHELL GROUP, INC.
c	EIN-PN	43-1810274-001
a	Plan name	KNOX AMUSEMENT 401(K) PLAN
b	Name of plan sponsor	KNOX AMUSEMENT LLC
c	EIN-PN	83-1152364-001
a	Plan name	LAKE REGIONAL HEALTH SYSTEM EMPLOYEES' RETIREMENT PLAN
b	Name of plan sponsor	LAKE REGIONAL HEALTH SYSTEM
c	EIN-PN	23-7339737-001
a	Plan name	LEGENDARY SVS LLC 401(K)
b	Name of plan sponsor	LEGENDARY SVS, LLC
c	EIN-PN	37-1915944-001
a	Plan name	LENOIR MEMORIAL HOSPITAL INC SAVINGS & PROTECTION PLAN
b	Name of plan sponsor	LENOIR MEMORIAL HOSPITAL, INC.
c	EIN-PN	56-6000674-002
a	Plan name	LISA'S LIQUOR BARN 401(K)
b	Name of plan sponsor	LISA'S LIQUOR BARN
c	EIN-PN	16-1321684-001

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 LITTLEJOHN & BARBI ORTHODONTICS 401	
b	Name of plan sponsor LITTLEJOHN & BARBI ORTHODONTICS	c EIN-PN 84-2247742-001
a	Plan name LONG LIVE THE KINGS 401K PSP & TRUST	
b	Name of plan sponsor LONG LIVE THE KINGS	c EIN-PN 91-1353982-001
a	Plan name LUCAS ORTHODONTICS 401(K)	
b	Name of plan sponsor LUCAS DENTAL GROUP	c EIN-PN 82-4161459-001
a	Plan name MADISON MUTUAL INSURANCE CO. 401(K)	
b	Name of plan sponsor MADISON MUTUAL INSURANCE CO.	c EIN-PN 37-0396180-002
a	Plan name MAGNERA CORPORATION 401(K) SAVINGS PLAN	
b	Name of plan sponsor MAGNERA CORPORATION	c EIN-PN 23-0628360-017
a	Plan name MARKETSTAR 401K	
b	Name of plan sponsor MARKETSTAR	c EIN-PN 83-3522848-001
a	Plan name MARYVILLE CONSULTING GROUP, INC. RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor MARYVILLE CONSULTING	c EIN-PN 43-1669059-001
a	Plan name MCCORMACK BARON SALAZAR 401K	
b	Name of plan sponsor MCCORMACK BARON	c EIN-PN 43-1053637-001
a	Plan name MELALEUCA INC 401K	
b	Name of plan sponsor MELALEUCA INC.	c EIN-PN 82-0399405-001
a	Plan name MIDWAY 401(K)	
b	Name of plan sponsor MIDWAY CONTEMPORARY ART	c EIN-PN 41-1974608-001
a	Plan name MII ASSOCIATES' RETIREMENT SAVINGS 401K PLAN	
b	Name of plan sponsor MII	c EIN-PN 43-1531931-010
a	Plan name MILLS GROUP INC 401(K) PLAN	
b	Name of plan sponsor MILLS GROUP, INC.	c EIN-PN 43-1166720-001

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	MISSOURI FOUNDATION FOR HEALTH 401K (MFH)	
b	Name of plan sponsor	MFH	c EIN-PN 43-1880952-001
a	Plan name	MITCHELL CONSTRUCTION 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor	MITCHELL CONSTRUCTION CONTRACTORS INC.	c EIN-PN 16-1383159-001
a	Plan name	MNG 2005, INC 401(K) PL	
b	Name of plan sponsor	MNG 2005, INC	c EIN-PN 90-1009418-001
a	Plan name	MSCI INC. 401(K) RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	MSCI INC.	c EIN-PN 13-4038723-001
a	Plan name	NAED 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	NAED	c EIN-PN 22-2864272-003
a	Plan name	NGG LTD., INCOPORATED, 401K PLAN	
b	Name of plan sponsor	NGG LTD., INCORPORAT	c EIN-PN 43-1463560-001
a	Plan name	NOORDA COLLEGE 401K PLAN	
b	Name of plan sponsor	NOORDA COLLEGE	c EIN-PN 82-0885956-001
a	Plan name	NORRIS ELECTRIC COOPERTIVE PENSION PLAN	
b	Name of plan sponsor	NORRIS ELECTRIC	c EIN-PN 37-0442695-001
a	Plan name	NORTH NORWICH MOTORS TRAILER SALES LLC 401(K)	
b	Name of plan sponsor	NORTH NORWICH MOTORS TRAILER SALES, LLC	c EIN-PN 16-1615898-001
a	Plan name	NOVVIA GROUP 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	C.L. SMITH COMPANY	c EIN-PN 43-1051754-001
a	Plan name	NOVVIA GROUP 401K - SOUTHERN CONTAINER, LLC	
b	Name of plan sponsor	SOUTHERN CONTAINER, LLC	c EIN-PN 20-2928061-001
a	Plan name	NYMAT MACHINE TOOL CORP 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor	NYMAT MACHINE TOOL CORP.	c EIN-PN 16-1171775-002

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 OCEANS HEALTHCARE 401(K) PLAN	
b	Name of plan sponsor OCEANS HEALTHCARE	c EIN-PN 46-1595657-001
a	Plan name OIL CHANGERS 401K PLAN	
b	Name of plan sponsor OIL CHANGERS	c EIN-PN 68-0031624-001
a	Plan name OPEN PROFESSIONAL GROUP INC 401(K) PROFIT SHARING PLAN TRUST	
b	Name of plan sponsor OPEN PROFESSIONAL GROUP, INC.	c EIN-PN 20-3297002-001
a	Plan name PAIN & SPINE SPECIALIST OF MARYLAND LLC 401K	
b	Name of plan sponsor PAIN & SPINE SPECIALISTS OF MARYLAND, LLC	c EIN-PN 45-4981040-001
a	Plan name PANDION HEALTHCARE ADVOCACY, INC. EE RET SVGS PLAN	
b	Name of plan sponsor PANDION HEALTHCARE ADVOCACY, INC.	c EIN-PN 16-1566018-002
a	Plan name PAYNECREST ELECTRIC PROFIT SHARING	
b	Name of plan sponsor PAYNECREST ELECTRIC	c EIN-PN 43-1463306-001
a	Plan name PEACE AT HOMECARE LLC 401(K)	
b	Name of plan sponsor PEACE AT HOMECARE LLC	c EIN-PN 81-4216550-001
a	Plan name PERFICIENT, INC. 401(K) EMPLOYEE SAVINGS PLAN	
b	Name of plan sponsor PERFICIENT, INC.	c EIN-PN 74-2853258-001
a	Plan name PERMANENT EQUITY 401(K) PLAN	
b	Name of plan sponsor PERMANENT EQUITY	c EIN-PN 20-8705924-001
a	Plan name QCI ASSET MANAGEMENT, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor QCI ASSET MANAGEMENT	c EIN-PN 16-1364522-003
a	Plan name RAWSON PARTNERS 401(K)	
b	Name of plan sponsor RAWSON PARTNERS LLC	c EIN-PN 85-2728319-001
a	Plan name REAL BARK MULCH LLC 401(K)	
b	Name of plan sponsor REAL BARK MULCH, LLC	c EIN-PN 20-2505567-001

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	RECOVERY WORKS HOLDING COMPANY LLC 401K	
b	Name of plan sponsor	RECOVERY WORKS HEALING CENTER, LLC	c EIN-PN 33-2113134-001
a	Plan name	RED ENVELOPE CONSULTING 401K PLAN	
b	Name of plan sponsor	RED ENVELOPE CONSULTING, LLC	c EIN-PN 47-2610078-001
a	Plan name	RENSA FILTRATION RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	RENSA FILTRATION	c EIN-PN 82-1253707-001
a	Plan name	RENT ONE 401K	
b	Name of plan sponsor	SKC ENTERPRISES INC	c EIN-PN 37-1211032-001
a	Plan name	REYNOLDS MANUFACTURING, INC 401(K)	
b	Name of plan sponsor	REYNOLDS MANUFACTURING, INC.	c EIN-PN 26-3004748-001
a	Plan name	RHINO CONTAINER 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	RHINO CONTAINER	c EIN-PN 33-0858850-001
a	Plan name	ROCKVILLE DAY CARE ASSOCIATION 401 K PROFIT SHARING PLAN TRUST	
b	Name of plan sponsor	ROCKVILLE DAY CARE ASSOCIATION INC	c EIN-PN 52-0898527-001
a	Plan name	RPG ENTERPRISES 401(K) PLAN	
b	Name of plan sponsor	RPG ENTERPRISES LLC, DBA PLANET DIRECT	c EIN-PN 32-0222820-001
a	Plan name	RTL NETWORKS RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	RTL NETWORKS	c EIN-PN 81-0565568-002
a	Plan name	RUBINBROWN LLC 401K PLAN	
b	Name of plan sponsor	RUBINBROWN LLP	c EIN-PN 43-0765316-002
a	Plan name	SAFARI SMILES PEDIATRIC DENTISTRY 401(K)	
b	Name of plan sponsor	HYUN SHIK CHOI DDS PLLC	c EIN-PN 83-0782420-001
a	Plan name	SAGARSOFT, INC. 401(K) PLAN	
b	Name of plan sponsor	SAGARSOFT, INC.	c EIN-PN 11-3483319-001

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	SALINA VORTEX EMPLOYEES' RET PLAN	
b	Name of plan sponsor	SALINA VORTEX	c EIN-PN 48-0864772-001
a	Plan name	SANTA MONICA SEAFOOD COMPANY 401K PLAN	
b	Name of plan sponsor	SANTA MONICA SEAFOOD	c EIN-PN 95-3616163-001
a	Plan name	SAPIENS AMERICAS CORPORATION EMPLOYEE SAVINGS PLAN	
b	Name of plan sponsor	SAPIENS AMERICAS CORPORATION	c EIN-PN 13-3621430-001
a	Plan name	SAUSE BROS. RETIREMENT PLAN	
b	Name of plan sponsor	SAUSE BROS.	c EIN-PN 93-1258785-001
a	Plan name	SCOTT EQUIPMENT INC. 401(K) PSP	
b	Name of plan sponsor	SCOTT EQUIPMENT, INC	c EIN-PN 33-0483223-001
a	Plan name	SERA ARCHITECTS, INC 401(K) PLAN	
b	Name of plan sponsor	SERA ARCHITECTS, INC.	c EIN-PN 93-0723380-001
a	Plan name	SEVEN EIGHT CAPITAL LP 401K PLAN	
b	Name of plan sponsor	SEVEN EIGHT CAPITAL LP	c EIN-PN 81-1493633-001
a	Plan name	SHULER DENTAL OFFICE SC 401K PLAN	
b	Name of plan sponsor	SHULER DENTAL OFFICE, S.C.	c EIN-PN 39-1884385-001
a	Plan name	SILVER STATE HEARING & BALANCE 401K	
b	Name of plan sponsor	SILVER STATE HEARING & BALANCE	c EIN-PN 26-0139402-001
a	Plan name	SIMPLE AUDIO VISUAL SOLUTIONS INC. 401(K) PLAN	
b	Name of plan sponsor	SIMPLE AUDIO VIDEO SOLUTIONS INC.	c EIN-PN 81-3308842-001
a	Plan name	SIMPSON HOUSING 401K	
b	Name of plan sponsor	SIMPSON HOUSING	c EIN-PN 26-0136283-001
a	Plan name	SNELL & WILMER PROFIT SHARING AND SAVINGS PLAN	
b	Name of plan sponsor	SNELL & WILMER, LLP	c EIN-PN 86-0089371-001

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	SOUTHERN SURGICAL ARTS 401(K) PROFI	
b	Name of plan sponsor	SOUTHERN SURGICAL ARTS	c EIN-PN 46-3049236-001
a	Plan name	SPELLMAN BRADY & COMPANY 401(K) PS	
b	Name of plan sponsor	SPELLMAN BRADY & COMPANY	c EIN-PN 43-1701829-001
a	Plan name	SUNNEN EMPLOYEE'S RETIREMENT PLAN	
b	Name of plan sponsor	SUNNEN PRODUCTS COMP	c EIN-PN 43-0543500-001
a	Plan name	TAINTED SQUID PRODUCTIONS 401K PLAN PSP & TRUST	
b	Name of plan sponsor	TAINTED SQUID PRODUCTIONS	c EIN-PN 95-3913470-002
a	Plan name	TECO - WESTINGHOUSE MOTOR COMPANY 401(K) EMPLOYEE SAVINGS PLAN	
b	Name of plan sponsor	TECO WESTINGHOUSE	c EIN-PN 74-2482708-001
a	Plan name	THE FNB COMMUNITY BANK 401(K) PLAN	
b	Name of plan sponsor	THE FNB COMMUNITY BANK	c EIN-PN 37-0562445-001
a	Plan name	THE GLIK COMPANY 401K	
b	Name of plan sponsor	THE GLIK COMPANY	c EIN-PN 37-0294640-001
a	Plan name	THE NEWBERRY GROUP INC 401K PSP	
b	Name of plan sponsor	THE NEWBERRY GROUP	c EIN-PN 43-1755637-001
a	Plan name	THE SPECTRIS GROUP SAFE HARBOR 401K RETIREMENT PLAN	
b	Name of plan sponsor	THE SPECTRIS GROUP	c EIN-PN 51-0363173-003
a	Plan name	THE WEG SOLO(K) EXCHANGE	
b	Name of plan sponsor	WEALTH ENHANCEMENT GROUP	c EIN-PN 16-1045618-003
a	Plan name	THOMPSON COBURN LLP 401K PSP	
b	Name of plan sponsor	THOMPSON COBURN LLP	c EIN-PN 43-0666662-002
a	Plan name	TIERPOINT 401(K)	
b	Name of plan sponsor	TIERPOINT	c EIN-PN 32-0356624-001

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 TIPPING POINT COMMUNICATIONS PROFIT SHARING AND TRUST 401(K)	
b	Name of plan sponsor TIPPING POINT COMMUNICATIONS	c EIN-PN 20-3847628-001
a	Plan name TRONICOM CORPORATION AND SUBSIDIARY RETIREMENT SVINGS PLAN	
b	Name of plan sponsor TRONICOM CORPORATION	c EIN-PN 43-1306403-001
a	Plan name TRUE FITNESS TECHNOLOGY, INC. PROFIT SHARING PLAN	
b	Name of plan sponsor TRUE FITNESS TECHNOLOGY, INC.	c EIN-PN 43-1240135-001
a	Plan name UNITY 401(K) POOLED EMPLOYER PLAN	
b	Name of plan sponsor NEWPORT GROUP, INC.	c EIN-PN 27-2037969-003
a	Plan name UTAH AUTISM ACADEMY 401K PLAN	
b	Name of plan sponsor UTAH AUSTISM ACADEMY	c EIN-PN 46-4197992-001
a	Plan name VIANT TECHNOLOGY LLC 401K	
b	Name of plan sponsor VIANT	c EIN-PN 81-1358701-001
a	Plan name VIATEK CONSUMER PRODUCTS GROUP 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor VIATEK CONSUMER PRODUCTS GROUP	c EIN-PN 27-0094703-001
a	Plan name WAGSDOGCLUB 401(K) PLAN	
b	Name of plan sponsor WAGS DOG CLUB	c EIN-PN 82-3352215-001
a	Plan name WASATCH PROPERTY MANAGEMENT 401(K) PLAN	
b	Name of plan sponsor WASATCH PROPERTY MANAGEMENT	c EIN-PN 87-0484108-001
a	Plan name WEIGHT IN GOLD WELLNESS S.C. 401(K) PLAN	
b	Name of plan sponsor WEIGHT IN GOLD WELLNESS S.C.	c EIN-PN 92-1890105-001
a	Plan name WEINTRAUB TOBIN CHEDIAK COLEMAN GRODIN LAW CORPORATION 401(K)	
b	Name of plan sponsor WEINTRAUB TOBIN	c EIN-PN 68-0231351-001
a	Plan name WELD WORKS LLC 401(K) PLAN	
b	Name of plan sponsor WELD WORKS LLC	c EIN-PN 47-3001316-001

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	WELL BUILT CONSTRUCTION 401(K) PLAN	c	EIN-PN	
b	Name of plan sponsor	WELL BUILT CONSTRUCTION CONSULTING, LLC	c	EIN-PN	86-2601943-001
a	Plan name	WHITEHOUSE LIQUOR & WINE 401(K) PLAN	c	EIN-PN	
b	Name of plan sponsor	P&G TOBIN INC. DBA WHITEHOUSE LIQUOR & WINE	c	EIN-PN	16-1185720-001
a	Plan name	WINSTON INDUSTRIES, LLC EMPLOYEE INVESTMENT PLAN	c	EIN-PN	
b	Name of plan sponsor	WINSTON INDUSTRIES, LLC	c	EIN-PN	61-0703831-001
a	Plan name	WOLTER INC. SALARY SAVINGS PLAN	c	EIN-PN	
b	Name of plan sponsor	WOLTER INC.	c	EIN-PN	43-2044052-001
a	Plan name	WORKCARE INC. RETIREMENT SAVINGS PLAN	c	EIN-PN	
b	Name of plan sponsor	WORKCARE, INC	c	EIN-PN	33-0779311-003
a	Plan name	WORLDLY RETIREMENT SAVINGS PLAN	c	EIN-PN	
b	Name of plan sponsor	WORLDLY	c	EIN-PN	83-4312755-001
a	Plan name	YORKE ENGINEERING LLC 401K PSP	c	EIN-PN	
b	Name of plan sponsor	YORKE ENGINEERING	c	EIN-PN	51-0454756-001
a	Plan name	ZAYO GROUP HOLDINGS INC 401K	c	EIN-PN	
b	Name of plan sponsor	ZAYO GROUP HOLDINGS	c	EIN-PN	26-1398293-002
a	Plan name		c	EIN-PN	
b	Name of plan sponsor		c	EIN-PN	
a	Plan name		c	EIN-PN	
b	Name of plan sponsor		c	EIN-PN	
a	Plan name		c	EIN-PN	
b	Name of plan sponsor		c	EIN-PN	
a	Plan name		c	EIN-PN	
b	Name of plan sponsor		c	EIN-PN	

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
A Name of plan SCHWAB INDEXED RETIREMENT TRUST FUND 2060	B Three-digit plan number (PN) ▶ 023
C Plan sponsor's name as shown on line 2a of Form 5500 CHARLES SCHWAB TRUST BANK	D Employer Identification Number (EIN) 81-0625169

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)	3424804	4059946
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	2222812	3366353
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)	341451652	488815142
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)		
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)	27075076	39226996

		(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:		
(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	374174344 535468437
Liabilities			
g	Benefit claims payable.....	1g	
h	Operating payables.....	1h	
i	Acquisition indebtedness.....	1i	
j	Other liabilities.....	1j	3149483 4256263
k	Total liabilities (add all amounts in lines 1g through 1j).....	1k	3149483 4256263
Net Assets			
l	Net assets (subtract line 1k from line 1f).....	1l	371024861 531212174

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.

		(a) Amount	(b) Total
Income			
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)	136060
(B)	U.S. Government securities.....	2b(1)(B)	
(C)	Corporate debt instruments.....	2b(1)(C)	
(D)	Loans (other than to participants).....	2b(1)(D)	
(E)	Participant loans.....	2b(1)(E)	
(F)	Other.....	2b(1)(F)	
(G)	Total interest. Add lines 2b(1)(A) through (F).....	2b(1)(G)	136060
(2)	Dividends: (A) Preferred stock.....	2b(2)(A)	
	(B) Common stock.....	2b(2)(B)	
	(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)	
	(D) Total dividends. Add lines 2b(2)(A), (B), and (C).....	2b(2)(D)	
(3)	Rents.....	2b(3)	
(4)	Net gain (loss) on sale of assets: (A) Aggregate proceeds.....	2b(4)(A)	
	(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	
	(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)	
(5)	Unrealized appreciation (depreciation) of assets: (A) Real estate.....	2b(5)(A)	
	(B) Other.....	2b(5)(B)	
	(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B).....	2b(5)(C)	

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		60393659
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		1053857
d Total income. Add all income amounts in column (b) and enter total	2d		61583576

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)		
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)	234560	
(11) Other expenses	2i(11)		
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		234560
j Total expenses. Add all expense amounts in column (b) and enter total	2j		234560

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		61349016
l Transfers of assets:			
(1) To this plan	2l(1)		264826279
(2) From this plan	2l(2)		165987982

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 _____.