

**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**

<b>1a</b> Name of plan <u>SCHWAB INDEXED RETIREMENT TRUST FUND 2010</u>	<b>1b</b> Three-digit plan number (PN) ▶ <u>011</u> <b>1c</b> Effective date of plan
<b>2a</b> 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>	<b>2b</b> Employer Identification Number (EIN) <u>81-0625169</u> <b>2c</b> Plan Sponsor's telephone number <u>800-772-4922</u> <b>2d</b> 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.

<b>SIGN HERE</b>		Date	
	Signature of plan administrator		Enter name of individual signing as plan administrator
<b>SIGN HERE</b>		Date	
	Signature of employer/plan sponsor		Enter name of individual signing as employer or plan sponsor
<b>SIGN HERE</b>	<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.

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

**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:

<b>9a</b> 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	<b>9b</b> 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)

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

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**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.

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**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 \_\_\_\_\_

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

<b>A</b> Name of plan <u>SCHWAB INDEXED RETIREMENT TRUST FUND 2010</u>	<b>B</b> Three-digit plan number (PN) ▶	<u>011</u>
<b>C</b> Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>CHARLES SCHWAB TRUST BANK</u>	<b>D</b> Employer Identification Number (EIN) <u>81-0625169</u>	

<b>Part I</b>	<b>Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)</b> (Complete as many entries as needed to report all interests in DFEs)
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<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>BNYM NSL INTL STOCK INDEX FUND</u>		
<b>b</b> Name of sponsor of entity listed in (a): <u>THE BANK OF NEW YORK MELLON</u>		
<b>c</b> EIN-PN <u>25-6078093-221</u>	<b>d</b> Entity code <u>C</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>13119141</u>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>BNYM NSL LARGE CAP STOCK INDEX FUND</u>		
<b>b</b> Name of sponsor of entity listed in (a): <u>THE BANK OF NEW YORK MELLON</u>		
<b>c</b> EIN-PN <u>25-6078093-222</u>	<b>d</b> Entity code <u>C</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>41471676</u>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>BNYM DB SL SMALL CAP STOCK INDEX FD</u>		
<b>b</b> Name of sponsor of entity listed in (a): <u>THE BANK OF NEW YORK MELLON</u>		
<b>c</b> EIN-PN <u>25-6078093-009</u>	<b>d</b> Entity code <u>C</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>2375118</u>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>BNYM NSL AGGREGATE BOND INDEX FUND</u>		
<b>b</b> Name of sponsor of entity listed in (a): <u>THE BANK OF NEW YORK MELLON</u>		
<b>c</b> EIN-PN <u>25-6078093-219</u>	<b>d</b> Entity code <u>C</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>76687130</u>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>STATE ST US SHORT-TERM GOV/CRED BD</u>		
<b>b</b> Name of sponsor of entity listed in (a): <u>STATE STREET GLOBAL ADVISORS TRUST COMPANY</u>		
<b>c</b> EIN-PN <u>90-0337987-230</u>	<b>d</b> Entity code <u>C</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>14035495</u>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> 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

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

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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.)	
<b>a</b>	Plan name <a href="#">ADVANCED BONE &amp; JOINT PS PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">ADVANCED BONE AND JOINT</a>	<b>c</b> EIN-PN <a href="#">43-1216115-001</a>
<b>a</b>	Plan name <a href="#">AICPA 401(K) RETIREMENT PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">AMERICAN INSTITUTE OF CPA</a>	<b>c</b> EIN-PN <a href="#">13-0432265-001</a>
<b>a</b>	Plan name <a href="#">ALLEN MATKINS PS &amp; 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">ALLEN MATKINS LECK GAMBLE AND MALLORY</a>	<b>c</b> EIN-PN <a href="#">95-3605309-003</a>
<b>a</b>	Plan name <a href="#">ALLERGY CONSULTANTS 401K PSP</a>	
<b>b</b>	Name of plan sponsor <a href="#">ALLERGY CONSULTANTS</a>	<b>c</b> EIN-PN <a href="#">43-1201813-001</a>
<b>a</b>	Plan name <a href="#">ANDERSON WEBER INC 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">ANDERSON WEBER, INC.</a>	<b>c</b> EIN-PN <a href="#">42-0782245-001</a>
<b>a</b>	Plan name <a href="#">ANESTHESIA ASSOCIATES 401K PSP</a>	
<b>b</b>	Name of plan sponsor <a href="#">ANESTHESIA ASSOC BLLEVELLE</a>	<b>c</b> EIN-PN <a href="#">61-0673974-001</a>
<b>a</b>	Plan name <a href="#">ANOVA 401(K) SAVINGS PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">ANOVA FURNISHINGS, INC.</a>	<b>c</b> EIN-PN <a href="#">43-0957292-004</a>
<b>a</b>	Plan name <a href="#">ATHLETICS INVESTMENT GRP 401K</a>	
<b>b</b>	Name of plan sponsor <a href="#">OAKLAND ATHLETICS BASEBALL COMPANY</a>	<b>c</b> EIN-PN <a href="#">94-3232189-002</a>
<b>a</b>	Plan name <a href="#">ATLAS SUPPLY CO PS 401K PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">ATLAS SUPPLY CO</a>	<b>c</b> EIN-PN <a href="#">43-1018974-001</a>
<b>a</b>	Plan name <a href="#">AV STUMPFL US CO FRNKLIN 401K</a>	
<b>b</b>	Name of plan sponsor <a href="#">AV STUMPFL USA CORP</a>	<b>c</b> EIN-PN <a href="#">47-3803186-001</a>
<b>a</b>	Plan name <a href="#">AW HEALTH CARE 401K RET SVNGS</a>	
<b>b</b>	Name of plan sponsor <a href="#">AGING WELL HEALTH CARE, LLC</a>	<b>c</b> EIN-PN <a href="#">71-0868310-001</a>
<b>a</b>	Plan name <a href="#">BABC LLP RET PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">BRADLEY ARAND BOULT CUMMINGS LLP</a>	<b>c</b> EIN-PN <a href="#">63-0243316-001</a>

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	BANK OF HERRIN EMPLOYEES PSP	
<b>b</b>	Name of plan sponsor	BANK OF HERRIN	<b>c</b> EIN-PN 37-0207950-001
<b>a</b>	Plan name	BANK-FUND STAFF FED RET PLN	
<b>b</b>	Name of plan sponsor	BANK-FUND STAFF FEDERAL CREDIT UNION	<b>c</b> EIN-PN 53-0209950-002
<b>a</b>	Plan name	BARON CAPITAL, INC. 401(K) PSP	
<b>b</b>	Name of plan sponsor	BARON CAPITAL, INC.	<b>c</b> EIN-PN 13-3107580-001
<b>a</b>	Plan name	BAY MEDICAL 401 K P/S PLAN	
<b>b</b>	Name of plan sponsor	BAY MEDICAL MANAGEMENT, LLC	<b>c</b> EIN-PN 68-0423282-005
<b>a</b>	Plan name	BENJAMIN MOORE & CO. DEF. SVGS	
<b>b</b>	Name of plan sponsor	BENJAMIN MOORE AND CO.	<b>c</b> EIN-PN 13-5256230-003
<b>a</b>	Plan name	BIOMARIN RETIREMENT SVGS PLAN	
<b>b</b>	Name of plan sponsor	BIOMARIN PHARMACEUTICALS	<b>c</b> EIN-PN 68-0397820-001
<b>a</b>	Plan name	BIRITE RESTAURANT SUPPLY CO.,	
<b>b</b>	Name of plan sponsor	BIRITE RESTAURANT SUPPLY CO.	<b>c</b> EIN-PN 94-2266266-001
<b>a</b>	Plan name	BRAUER SUPPLY CO. SSP	
<b>b</b>	Name of plan sponsor	BRAUER SUPPLY CO.	<b>c</b> EIN-PN 43-0192360-003
<b>a</b>	Plan name	CALAMOS PROFIT SHARING 401K	
<b>b</b>	Name of plan sponsor	CALAMOS	<b>c</b> EIN-PN 20-1768357-001
<b>a</b>	Plan name	CAMPBELL & COMPANY 401K PLAN	
<b>b</b>	Name of plan sponsor	CAMPBELL AND COMPANY, LP	<b>c</b> EIN-PN 52-1179493-002
<b>a</b>	Plan name	CAPE RADIOLOGY GRP., EES PSP	
<b>b</b>	Name of plan sponsor	CAPE RADIOLOGY GROUP, INC.	<b>c</b> EIN-PN 43-0954380-001
<b>a</b>	Plan name	CDG ENGINEERS, INC RET SAV PL	
<b>b</b>	Name of plan sponsor	CDG ENGINEERS, INC	<b>c</b> EIN-PN 43-1593696-001

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	CENTERWELL HOME HEALTH 401K PL	
<b>b</b>	Name of plan sponsor	HUMANA, INC.	<b>c</b> EIN-PN 61-0647538-008
<b>a</b>	Plan name	CENTURY CASTING CORP 401(K) PL	
<b>b</b>	Name of plan sponsor	CENTURY CASTING CORP	<b>c</b> EIN-PN 37-1056829-001
<b>a</b>	Plan name	CENTURY FENCE CO EES CONT PSP	
<b>b</b>	Name of plan sponsor	CENTURY FENCE CO.	<b>c</b> EIN-PN 39-0203700-001
<b>a</b>	Plan name	CHAMBERLAIN ET AL. PS & 401(K)	
<b>b</b>	Name of plan sponsor	CHAMBERLAIN HRDLICKA	<b>c</b> EIN-PN 74-1541761-002
<b>a</b>	Plan name	CHRISTIAN FOODS II, LC	
<b>b</b>	Name of plan sponsor	CHRISTIAN FOODS II, LC	<b>c</b> EIN-PN 04-3712304-001
<b>a</b>	Plan name	CHRISTIAN FOODS, LC 401(K) PL	
<b>b</b>	Name of plan sponsor	CHRISTIAN FOODS, LC	<b>c</b> EIN-PN 43-1667427-001
<b>a</b>	Plan name	CITY SUPPLY CORPORATION RET PL	
<b>b</b>	Name of plan sponsor	CITY SUPPLY CORPORATION	<b>c</b> EIN-PN 42-1233954-002
<b>a</b>	Plan name	CLEMENTINA-CLEMCO GROUP 401K	
<b>b</b>	Name of plan sponsor	CLEMENTINA-CLEMCO GROUP	<b>c</b> EIN-PN 94-3256223-001
<b>a</b>	Plan name	COGENTRIX RETIREMENT SAVINGS	
<b>b</b>	Name of plan sponsor	COGENTRIX ENERGY POWER MANAGEMENT	<b>c</b> EIN-PN 46-0647218-001
<b>a</b>	Plan name	COMMERCIAL TRANSPORT INC 401K	
<b>b</b>	Name of plan sponsor	COMMERCIAL TRANSPORT, INC.	<b>c</b> EIN-PN 37-0225015-002
<b>a</b>	Plan name	COMMUNITY BRANDS 401(K) PLAN	
<b>b</b>	Name of plan sponsor	COMMUNITY BRANDS PARENTCO, LLC	<b>c</b> EIN-PN 47-3250999-001
<b>a</b>	Plan name	COOLEY LLP SALARY DEFERRAL PSP	
<b>b</b>	Name of plan sponsor	COOLEY LLP	<b>c</b> EIN-PN 94-1140085-001

<b>Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>		
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)		
<b>a</b> Plan name	COVERCRESS INC. 401(K) PLAN	
<b>b</b> Name of plan sponsor	COVERCRESS, INC.	<b>c</b> EIN-PN 47-3764874-001
<b>a</b> Plan name	COVINGTON & BURLING LLP RET	
<b>b</b> Name of plan sponsor	COVINGTON AND BURLING LLP	<b>c</b> EIN-PN 53-0188411-001
<b>a</b> Plan name	COVINGTON PORTFOLIO PENSION PL	
<b>b</b> Name of plan sponsor	COVINGTON AND BURLING LLP	<b>c</b> EIN-PN 53-0188411-001
<b>a</b> Plan name	CRESTVIEW/KEMCO 401(K) RET PL	
<b>b</b> Name of plan sponsor	KEMCO TOOL & MACHINE CO., INC.	<b>c</b> EIN-PN 26-0480921-001
<b>a</b> Plan name	CRITICAL CARE & PULMONARY 401K	
<b>b</b> Name of plan sponsor	CRITICAL CARE & PULMONARY CONSULTANTS, P.C.	<b>c</b> EIN-PN 84-1325066-003
<b>a</b> Plan name	CRITICAL CARE & PULMONARY MPP	
<b>b</b> Name of plan sponsor	CRITICAL CARE AND PULMONARY CONSULTANTS PC	<b>c</b> EIN-PN 84-1325066-002
<b>a</b> Plan name	CURTIS-TOLEDO, INC. 401K PLAN	
<b>b</b> Name of plan sponsor	CURTIS-TOLEDO, INC.	<b>c</b> EIN-PN 43-1155653-001
<b>a</b> Plan name	DAVIS+GILBERT LLP P.S. PLAN	
<b>b</b> Name of plan sponsor	DAVIS+GILBERT LLP	<b>c</b> EIN-PN 13-1504385-001
<b>a</b> Plan name	DELTA DENTAL OF CA 401K	
<b>b</b> Name of plan sponsor	DELTA DENTAL OF CALIFORNIA	<b>c</b> EIN-PN 94-1461312-002
<b>a</b> Plan name	DELTA DENTAL PENNSYLVANIA 401K	
<b>b</b> Name of plan sponsor	DELTA DENTAL OF PENNSYLVANIA	<b>c</b> EIN-PN 23-1667011-002
<b>a</b> Plan name	DEVELOPMENT STRTEGIES INC 401K	
<b>b</b> Name of plan sponsor	DEVELOPMENT STRATEGIES, INC.	<b>c</b> EIN-PN 43-1472565-002
<b>a</b> Plan name	DIAGNOSTIC IMAGING ASSOC PSP	
<b>b</b> Name of plan sponsor	DIAGNOSTIC IMAGING ASSOCIATES, LTD.	<b>c</b> EIN-PN 43-1109990-001

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	DIAMONDBACK E & P LLC 401K PL	
<b>b</b>	Name of plan sponsor	DIAMONDBACK E AND P LLC	<b>c</b> EIN-PN 36-4728559-001
<b>a</b>	Plan name	DIERBERGS COLL BARGAIN EES 401	
<b>b</b>	Name of plan sponsor	DIERBERGS MARKETS, INC.	<b>c</b> EIN-PN 43-0863198-003
<b>a</b>	Plan name	DIERBERGS MARKETS INC 401K PLN	
<b>b</b>	Name of plan sponsor	DIERBERGS MARKETS, INC.	<b>c</b> EIN-PN 43-0863198-001
<b>a</b>	Plan name	DONATECH CORP SVGS & INVSTMT	
<b>b</b>	Name of plan sponsor	DONATECH CORP	<b>c</b> EIN-PN 42-1398523-001
<b>a</b>	Plan name	DONCASTERS, INC. EMPLOYEE SP	
<b>b</b>	Name of plan sponsor	DONCASTERS, INC.	<b>c</b> EIN-PN 13-3491053-001
<b>a</b>	Plan name	DUPAGE VALLEY EE SVG PLAN	
<b>b</b>	Name of plan sponsor	DUPAGE VALLEY ANESTHESIOLOGISTS, LTD.	<b>c</b> EIN-PN 36-3928515-001
<b>a</b>	Plan name	EDUCATION BRANDS 401(K) PLAN	
<b>b</b>	Name of plan sponsor	EDUCATION BRANDS, LLC	<b>c</b> EIN-PN 81-3027401-001
<b>a</b>	Plan name	EFSC INCENTIVE SVGS PLAN	
<b>b</b>	Name of plan sponsor	ENTERPRISE BANK	<b>c</b> EIN-PN 43-1706259-001
<b>a</b>	Plan name	EVANS AND DIXON, LLC 401K PL	
<b>b</b>	Name of plan sponsor	EVANS AND DIXON, LLC	<b>c</b> EIN-PN 43-0611994-002
<b>a</b>	Plan name	EXAMINETICS INC 401K SAV PLAN	
<b>b</b>	Name of plan sponsor	EXAMINETICS INC	<b>c</b> EIN-PN 68-0583591-001
<b>a</b>	Plan name	FAMILY PHYSICIANS GROUP 401(K)	
<b>b</b>	Name of plan sponsor	HUMANA, INC.	<b>c</b> EIN-PN 61-0647538-008
<b>a</b>	Plan name	FERGUSON CASE ORR 401K	
<b>b</b>	Name of plan sponsor	FERGUSON, CASE, ORR LLP	<b>c</b> EIN-PN 95-3764264-001

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	G.H. TOOL & MOLD, INC. 401(K)	
<b>b</b>	Name of plan sponsor	G.H. TOOL AND MOLD, INC.	<b>c</b> EIN-PN 43-1298245-002
<b>a</b>	Plan name	GARDNER CAP DEVELOPMENT 401K	
<b>b</b>	Name of plan sponsor	GARDNER CAP DEVELOPMENT	<b>c</b> EIN-PN 47-2704378-001
<b>a</b>	Plan name	GATEWAY INDUSTRIAL RET SVGS	
<b>b</b>	Name of plan sponsor	GATEWAY INDUSTRIAL POWER, INC.	<b>c</b> EIN-PN 20-1225632-001
<b>a</b>	Plan name	GATEWAY STUDIOS, LLC 401K	
<b>b</b>	Name of plan sponsor	GCRE	<b>c</b> EIN-PN 85-1766160-001
<b>a</b>	Plan name	GCRE 401(K) PLAN	
<b>b</b>	Name of plan sponsor	GRAY RITTER AND GRAHAM PC	<b>c</b> EIN-PN 43-0763769-002
<b>a</b>	Plan name	GRAY RITTER & GRAHAM PC 401(K)	
<b>b</b>	Name of plan sponsor	GRAY RITTER GRAHAM	<b>c</b> EIN-PN 43-1230744-003
<b>a</b>	Plan name	GREAT RIVER ORAL & MAX ASSOC	
<b>b</b>	Name of plan sponsor	GREAT RIVER ORAL AND MAXILLOFACIAL SURGERY ASSOCIATES, P.C.	<b>c</b> EIN-PN 42-1056006-002
<b>a</b>	Plan name	GREENBRIAR HILLS CNTRY CLUB PL	
<b>b</b>	Name of plan sponsor	GREENBRIAR HILLS CNTRY CLUB	<b>c</b> EIN-PN 43-0300764-001
<b>a</b>	Plan name	GRIMCO, INC 401K & PS PLAN	
<b>b</b>	Name of plan sponsor	GRIMCO INC	<b>c</b> EIN-PN 43-0955083-001
<b>a</b>	Plan name	GROUP360, INC SAV PLAN & TRUST	
<b>b</b>	Name of plan sponsor	GROUP 360, INC.	<b>c</b> EIN-PN 43-1747891-002
<b>a</b>	Plan name	GSI 401(K) PLAN	
<b>b</b>	Name of plan sponsor	GSI DIVERSIFIED, INC.	<b>c</b> EIN-PN 45-2516019-001
<b>a</b>	Plan name	HARBOUR GROUP IND., RET. PLAN	
<b>b</b>	Name of plan sponsor	HARBOUR GROUP INDUSTRIES, INC.	<b>c</b> EIN-PN 43-1322312-001

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	HAVERTY FURNITURE COS. THRIFT	
<b>b</b>	Name of plan sponsor	HAVERTY FURNITURE COS.	<b>c</b> EIN-PN 58-0281900-002
<b>a</b>	Plan name	HEALTH, EDUCATION & RES PSP	
<b>b</b>	Name of plan sponsor	HEALTH, EDUCATION AND RES	<b>c</b> EIN-PN 20-0820473-001
<b>a</b>	Plan name	HEXPOL RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	HEXPOL COMPOUNDING LLC	<b>c</b> EIN-PN 80-0314696-001
<b>a</b>	Plan name	HICUITY HEALTH RET SVGS PL	
<b>b</b>	Name of plan sponsor	HICUITY HEALTH	<b>c</b> EIN-PN 36-4584776-001
<b>a</b>	Plan name	HOMER G. PHILLIPS RET SVGS PL	
<b>b</b>	Name of plan sponsor	HOMER G. PHILLIPS HOSPITAL	<b>c</b> EIN-PN 47-1228347-001
<b>a</b>	Plan name	HONIGMAN LLP INCOME DEFERR PSP	
<b>b</b>	Name of plan sponsor	HONIGMAN LLP	<b>c</b> EIN-PN 38-1407377-003
<b>a</b>	Plan name	HORVITZ & LEVY 401(K) & PSP	
<b>b</b>	Name of plan sponsor	HORVITZ & LEVY LLP	<b>c</b> EIN-PN 95-3893974-005
<b>a</b>	Plan name	HOUS AUTH ST LOUIS CO DC PLAN	
<b>b</b>	Name of plan sponsor	HOUSING AUTHORITY OF ST. LOUIS CO	<b>c</b> EIN-PN 43-6003234-002
<b>a</b>	Plan name	HOUS AUTH ST. LOUIS CO RET	
<b>b</b>	Name of plan sponsor	HOUSING AUTHORITY OF ST. LOUIS CO	<b>c</b> EIN-PN 43-6003234-001
<b>a</b>	Plan name	HUMANA PARTNERSHIP SAV PLAN	
<b>b</b>	Name of plan sponsor	HUMANA, INC.	<b>c</b> EIN-PN 61-0647538-006
<b>a</b>	Plan name	HUMANA PUERTO RICO RET SAV PLA	
<b>b</b>	Name of plan sponsor	HUMANA INC.	<b>c</b> EIN-PN 61-0647538-004
<b>a</b>	Plan name	HUMANA RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	HUMANA INC.	<b>c</b> EIN-PN 61-0647538-002

<b>Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>		
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)		
<b>a</b>	Plan name	JAY HENGES ENTERPRISES PSP
<b>b</b>	Name of plan sponsor	JAY HENGES ENTERPRISES, INC.
<b>c</b>	EIN-PN	43-0916729-002
<b>a</b>	Plan name	JEFFERSON CITY MEDICAL GROUP
<b>b</b>	Name of plan sponsor	JEFFERSON CITY MEDICAL GROUP, P.C.
<b>c</b>	EIN-PN	43-0954586-001
<b>a</b>	Plan name	JUNIOR CHAMBER INT'L RET PLAN
<b>b</b>	Name of plan sponsor	JUNIOR CHAMBER INT'L
<b>c</b>	EIN-PN	59-0738429-001
<b>a</b>	Plan name	KARSTEN MANUFACTURING 401(K)
<b>b</b>	Name of plan sponsor	KARSTEN MANUFACTURING CORPORATION
<b>c</b>	EIN-PN	86-0210248-001
<b>a</b>	Plan name	KLEBERG BANK, N.A. 401(K) PLAN
<b>b</b>	Name of plan sponsor	KLEBERG BANK, N.A.
<b>c</b>	EIN-PN	74-0726853-002
<b>a</b>	Plan name	LACINY BROS INC 401K PSP
<b>b</b>	Name of plan sponsor	LACINY BROS INC
<b>c</b>	EIN-PN	43-0367870-001
<b>a</b>	Plan name	LADIES PROFESSIONAL GOLF 401K
<b>b</b>	Name of plan sponsor	LADIES PROFESSIONAL GOLF ASSOCIATION
<b>c</b>	EIN-PN	75-0055465-001
<b>a</b>	Plan name	LOCKE LORD LLP RETIREMENT SP
<b>b</b>	Name of plan sponsor	LOCKE LORD LLP
<b>c</b>	EIN-PN	74-1164324-001
<b>a</b>	Plan name	LOGITECH 401(K) PLAN
<b>b</b>	Name of plan sponsor	LOGITECH, INC.
<b>c</b>	EIN-PN	94-2810519-002
<b>a</b>	Plan name	M. L. P. 401(K) PLAN
<b>b</b>	Name of plan sponsor	MLP MANAGEMENT, LLC
<b>c</b>	EIN-PN	43-1852949-001
<b>a</b>	Plan name	MARTY CANCILA EMPLOYEE 401K
<b>b</b>	Name of plan sponsor	FLORISSANT DODGE SALES, INC. D/B/A MARTY CANCILA DODGE CHRYSLER JEEP
<b>c</b>	EIN-PN	43-1050468-001
<b>a</b>	Plan name	MATTHEWS BOOK CO. EE STOCK OWN
<b>b</b>	Name of plan sponsor	MATTHEWS BOOK COMPANY
<b>c</b>	EIN-PN	43-1619966-001

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	MAXIMUM INDEPENDENT BRKG 401K	
<b>b</b>	Name of plan sponsor	MAXIMUM INDEPENDENT BRKG	<b>c</b> EIN-PN 36-4247886-001
<b>a</b>	Plan name	MAZARS USA LLP RTRMT SAV PLAN	
<b>b</b>	Name of plan sponsor	MAZARS USA LLP	<b>c</b> EIN-PN 13-1459550-001
<b>a</b>	Plan name	MCCI GROUP HOLDINGS, LLC 401K	
<b>b</b>	Name of plan sponsor	MCCI GROUP HOLDINGS, LLC	<b>c</b> EIN-PN 20-5904436-001
<b>a</b>	Plan name	MCGINNIS LOCHRIDGE LLP SAVINGS	
<b>b</b>	Name of plan sponsor	MCGINNIS LOCHRIDGE LLP	<b>c</b> EIN-PN 74-1196349-002
<b>a</b>	Plan name	MECHANICAL SUPPLY CO. 401K	
<b>b</b>	Name of plan sponsor	MECHANICAL SUPPLY CO., INC.	<b>c</b> EIN-PN 43-0645850-001
<b>a</b>	Plan name	MINISTRY BRANDS 401(K) PLAN	
<b>b</b>	Name of plan sponsor	SITE ORGANIC LLC	<b>c</b> EIN-PN 46-1145297-001
<b>a</b>	Plan name	MISSIONWIRED 401K PLAN	
<b>b</b>	Name of plan sponsor	ANNE LEWIS STRATEGIES, LLC	<b>c</b> EIN-PN 87-0784424-001
<b>a</b>	Plan name	MONROE UNIVERSITY, LTD RET SVG	
<b>b</b>	Name of plan sponsor	MONROE COLLEGE, LTD.	<b>c</b> EIN-PN 13-2501225-002
<b>a</b>	Plan name	MONSTER WORLDWIDE 401K SAVINGS	
<b>b</b>	Name of plan sponsor	MONSTER WORLDWIDE	<b>c</b> EIN-PN 13-3906555-001
<b>a</b>	Plan name	MOORE CAPITAL MNGMT LP 401K	
<b>b</b>	Name of plan sponsor	MOORE CAPITAL MANAGEMENT, INC.	<b>c</b> EIN-PN 06-1270513-001
<b>a</b>	Plan name	NATIONAL SALES COMPANY P/S PLA	
<b>b</b>	Name of plan sponsor	NATIONAL SALES COMPANY	<b>c</b> EIN-PN 43-0658593-001
<b>a</b>	Plan name	NEW BRUNSWICK ANES SVGS & INV	
<b>b</b>	Name of plan sponsor	NEW BRUNSWICK ANESTHESIA ASSOCIATES	<b>c</b> EIN-PN 22-3630403-001

<b>Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>		
<small>(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)</small>		
<b>a</b>	Plan name	NEW COVENANT BIBLE CHURCH 401K
<b>b</b>	Name of plan sponsor	NEW COVENANT BIBLE CHURCH
<b>c</b>	EIN-PN	51-0139200-002
<b>a</b>	Plan name	NEWGROUND RETIREMENT SAVINGS
<b>b</b>	Name of plan sponsor	NEWGROUND
<b>c</b>	EIN-PN	36-4264767-001
<b>a</b>	Plan name	NISA INVESTMENT ADVISORS PSP
<b>b</b>	Name of plan sponsor	NISA INVESTMENT ADVISORS, LLC
<b>c</b>	EIN-PN	48-1140940-001
<b>a</b>	Plan name	NORTHEAST MISSOURI 401K
<b>b</b>	Name of plan sponsor	NORTHEAST MISSOURI AMBULATORY SURGERY CENTER, LLC
<b>c</b>	EIN-PN	43-1857277-001
<b>a</b>	Plan name	OPUS SOLUTIONS, LLC 401(K) RET
<b>b</b>	Name of plan sponsor	OPUS SOLUTIONS, LLC
<b>c</b>	EIN-PN	93-1262577-001
<b>a</b>	Plan name	ORAL SURGERY PARTNERS MSO 401K
<b>b</b>	Name of plan sponsor	ORAL SURGERY PARTNERS MSO, LLC
<b>c</b>	EIN-PN	83-4654354-001
<b>a</b>	Plan name	PARADOWSKI CREATIVE 401K RET
<b>b</b>	Name of plan sponsor	PARADOWSKI CREATIVE
<b>c</b>	EIN-PN	45-5592818-001
<b>a</b>	Plan name	PARIC CORPORATION 401(K) PLAN
<b>b</b>	Name of plan sponsor	PARIC CORPORATION
<b>c</b>	EIN-PN	43-1165266-001
<b>a</b>	Plan name	PERCHERON INVESTMENT MGMT 401K
<b>b</b>	Name of plan sponsor	PERCHERON INVESTMENT MANAGEMENT LP
<b>c</b>	EIN-PN	85-0967280-001
<b>a</b>	Plan name	PHOENIX TEXTILE CORP 401K PLAN
<b>b</b>	Name of plan sponsor	PHOENIX TEXTILE CORPORATION
<b>c</b>	EIN-PN	43-1291118-001
<b>a</b>	Plan name	PROVISION LIVING ASSOC 401K
<b>b</b>	Name of plan sponsor	PROVISION LIVING ASSOCIATES, LLC
<b>c</b>	EIN-PN	27-1418924-001
<b>a</b>	Plan name	PS 401K EES CONTINENTAL WEB PR
<b>b</b>	Name of plan sponsor	CONTINENTAL WEB PR
<b>c</b>	EIN-PN	36-2756889-001

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	RBO PRINT LOGISTIX, INC PS PLN	
<b>b</b>	Name of plan sponsor	RBO PRINT LOGISTIX, INC.	<b>c</b> EIN-PN 43-1384444-001
<b>a</b>	Plan name	REDSTONE 401K PLAN	
<b>b</b>	Name of plan sponsor	REDSTONE FEDERAL CREDIT UNION	<b>c</b> EIN-PN 63-0322374-001
<b>a</b>	Plan name	REINTJES CAPITAL HOLDINGS 401K	
<b>b</b>	Name of plan sponsor	REINTJES CAPITAL HOLDINGS	<b>c</b> EIN-PN 76-0040967-001
<b>a</b>	Plan name	REINTJES SERVICES 401K PLAN	
<b>b</b>	Name of plan sponsor	REINTJES SERVICES, INC.	<b>c</b> EIN-PN 43-1306685-002
<b>a</b>	Plan name	ROANOKE CONSTRUCTION 401K PLAN	
<b>b</b>	Name of plan sponsor	ROANOKE CONSTRUCTION COMPANY	<b>c</b> EIN-PN 46-0630341-001
<b>a</b>	Plan name	ROBINSON, BRADSHAW HINSON PSP	
<b>b</b>	Name of plan sponsor	ROBINSON, BRADSHAW AND HINSON, P.A.	<b>c</b> EIN-PN 56-0944079-001
<b>a</b>	Plan name	ROCKY BRANDS 401K PLAN & TRUST	
<b>b</b>	Name of plan sponsor	ROCKY BRANDS	<b>c</b> EIN-PN 31-1364046-004
<b>a</b>	Plan name	ROESLEIN & ASSOCIATES RET SAV	
<b>b</b>	Name of plan sponsor	ROESLEIN AND ASSOCIATES	<b>c</b> EIN-PN 43-1539282-001
<b>a</b>	Plan name	ROGERS GROUP & AFFILIATES RET	
<b>b</b>	Name of plan sponsor	ROGERS GROUP & AFFILIATES	<b>c</b> EIN-PN 35-1418333-003
<b>a</b>	Plan name	ROOSEVELT PAPER PS PLAN	
<b>b</b>	Name of plan sponsor	ROOSEVELT PAPER COMPANY	<b>c</b> EIN-PN 23-1514696-002
<b>a</b>	Plan name	SCHROEDER & TREMAYNE 401K PLAN	
<b>b</b>	Name of plan sponsor	SCHROEDER AND TREMAYNE, INC.	<b>c</b> EIN-PN 43-1084178-002
<b>a</b>	Plan name	SEAKR ENGINEERING	
<b>b</b>	Name of plan sponsor	SEAKR ENGINEERING, INC.	<b>c</b> EIN-PN 84-1318847-001

**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.)

<b>a</b>	Plan name	SEYFARTH SHAW LLP 401K	
<b>b</b>	Name of plan sponsor	SEYFARTH SHAW LLP	<b>c</b> EIN-PN 36-2152202-004
<b>a</b>	Plan name	SHAPIRO SALES COMPANY EMP 401K	
<b>b</b>	Name of plan sponsor	SHAPIRO SALES COMPANY	<b>c</b> EIN-PN 43-0836237-003
<b>a</b>	Plan name	SHARON YOUNG, INC. 401(K) PSP	
<b>b</b>	Name of plan sponsor	SHARON YOUNG, INC.	<b>c</b> EIN-PN 75-2122740-001
<b>a</b>	Plan name	SHEERTRANS SOLUTIONS LLC 401K	
<b>b</b>	Name of plan sponsor	SHEERTRANS SOLUTIONS LLC	<b>c</b> EIN-PN 27-4415526-001
<b>a</b>	Plan name	SHUTTS & BOWEN 401K PSP A	
<b>b</b>	Name of plan sponsor	SHUTTS & BOWEN LLP	<b>c</b> EIN-PN 59-0447122-021
<b>a</b>	Plan name	SHUTTS & BOWEN LLP 401K PSP B	
<b>b</b>	Name of plan sponsor	SHUTTS & BOWEN LLP	<b>c</b> EIN-PN 59-0447122-022
<b>a</b>	Plan name	SILICON LABORATORIES INC 401K	
<b>b</b>	Name of plan sponsor	SILICON LABORATORIES INC.	<b>c</b> EIN-PN 74-2793174-001
<b>a</b>	Plan name	SINCLAIR & RUSH INC RET SAV PL	
<b>b</b>	Name of plan sponsor	SINCLAIR AND RUSH INC	<b>c</b> EIN-PN 43-1153069-001
<b>a</b>	Plan name	SSE, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	SSE, INC.	<b>c</b> EIN-PN 43-0796654-001
<b>a</b>	Plan name	ST. LOUIS CNTY LIBRARY 457B	
<b>b</b>	Name of plan sponsor	ST. LOUIS CNTY LIBRARY	<b>c</b> EIN-PN 43-6003246-001
<b>a</b>	Plan name	ST. LOUIS COUNTY LIBRARY 401A	
<b>b</b>	Name of plan sponsor	ST. LOUIS COUNTY LIBRARY	<b>c</b> EIN-PN 43-6003246-001
<b>a</b>	Plan name	SUBTEXT 401(K) PLAN	
<b>b</b>	Name of plan sponsor	SUBTEXT	<b>c</b> EIN-PN 47-1051022-001

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	SUMMERS COMPTON WELLS 401K PLN	
<b>b</b>	Name of plan sponsor	SUMMERS COMPTON WELLS LLC	<b>c</b> EIN-PN 46-3084251-001
<b>a</b>	Plan name	SUNSET HILLS DENTAL, LLC PSP	
<b>b</b>	Name of plan sponsor	SUNSET HILLS DENTAL, LLC	<b>c</b> EIN-PN 43-1755295-001
<b>a</b>	Plan name	TERRACON 401(K) AND ESOP PLAN	
<b>b</b>	Name of plan sponsor	THE TERRACON CO.'S INC.	<b>c</b> EIN-PN 06-1664428-002
<b>a</b>	Plan name	TEXAS MUNICIPAL POWER EE PENS	
<b>b</b>	Name of plan sponsor	TEXAS MUNICIPAL POWER EE PENS	<b>c</b> EIN-PN 74-1881816-001
<b>a</b>	Plan name	THE DANIEL & HENRY CO SALARY	
<b>b</b>	Name of plan sponsor	THE DANIEL AND HENRY COMPANY	<b>c</b> EIN-PN 43-0634945-003
<b>a</b>	Plan name	THE ENERGEN CORP ESOP	
<b>b</b>	Name of plan sponsor	DIAMONDBACK E AND P LLC	<b>c</b> EIN-PN 36-4728559-002
<b>a</b>	Plan name	THE IVINS PHILLIPS BARKER SAV	
<b>b</b>	Name of plan sponsor	IVINS, PHILLIPS AND BARKER, CHARTERED	<b>c</b> EIN-PN 52-1229560-003
<b>a</b>	Plan name	THE MAGIC HOUSE PENSION PLAN	
<b>b</b>	Name of plan sponsor	THE MAGIC HOUSE	<b>c</b> EIN-PN 51-0138441-001
<b>a</b>	Plan name	THE WESTERN UNION CO INCENTIVE	
<b>b</b>	Name of plan sponsor	WESTERN UNION COMPANY	<b>c</b> EIN-PN 20-4531180-001
<b>a</b>	Plan name	TIDEWATER PHYSICIANS GRP 401K	
<b>b</b>	Name of plan sponsor	TIDEWATER PHYSICIANS MULTISPECIALTY GROUP, P.C.	<b>c</b> EIN-PN 54-1634477-002
<b>a</b>	Plan name	TONKON TORP LLP P/S AND 401K	
<b>b</b>	Name of plan sponsor	TONKON TORP	<b>c</b> EIN-PN 93-0633194-004
<b>a</b>	Plan name	TP ICAP 401(K) PLAN	
<b>b</b>	Name of plan sponsor	TP ICAP AMERICAS HOLDINGS INC.	<b>c</b> EIN-PN 51-0631562-002

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	TZB & RJB ENTERPRISES 401K PLN	
<b>b</b>	Name of plan sponsor	TZB AND RJB ENTERPRISES	<b>c</b> EIN-PN 47-0861720-001
<b>a</b>	Plan name	US INSP. & NDT, LLC 401(K) RSP	
<b>b</b>	Name of plan sponsor	US INSP AND NDT, LLC	<b>c</b> EIN-PN 83-2461210-001
<b>a</b>	Plan name	USSEC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	U.S. SOYBEAN EXPORT COUNCIL INC.	<b>c</b> EIN-PN 20-2462213-001
<b>a</b>	Plan name	VIENNA BEEF LTD. 401(K) PSP	
<b>b</b>	Name of plan sponsor	VIENNA BEEF, LTD	<b>c</b> EIN-PN 20-8038724-002
<b>a</b>	Plan name	VISIBLE CHANGES 401K C.A.P.	
<b>b</b>	Name of plan sponsor	VISIBLE CHANGES, INC.	<b>c</b> EIN-PN 74-1940259-002
<b>a</b>	Plan name	VOYANT BEAUTY, LLC 401(K)	
<b>b</b>	Name of plan sponsor	VOYANT BEAUTY, LLC	<b>c</b> EIN-PN 81-5395969-001
<b>a</b>	Plan name	VPP GROUP SAVINGS & RET PLAN	
<b>b</b>	Name of plan sponsor	VPP GROUP, LLC	<b>c</b> EIN-PN 20-3092488-001
<b>a</b>	Plan name	WAGSTAFF, INC. 401 K S/R PLAN	
<b>b</b>	Name of plan sponsor	WAGSTAFF, INC.	<b>c</b> EIN-PN 91-0722578-002
<b>a</b>	Plan name	WALSH & ASSOCIATES PS 401(K)	
<b>b</b>	Name of plan sponsor	WALSH AND ASSOCIATES	<b>c</b> EIN-PN 43-1646120-001
<b>a</b>	Plan name	WALTERS METAL FABRICATION INC	
<b>b</b>	Name of plan sponsor	WALTERS METAL FABRICATION INC	<b>c</b> EIN-PN 37-1170212-001
<b>a</b>	Plan name	WAREHOUSE OF FIXTURES RSP	
<b>b</b>	Name of plan sponsor	AFFORDABLE OFFICE INTERIORS DBA WAREHOOURS OF FIXTURES, TNG	<b>c</b> EIN-PN 34-2019939-001
<b>a</b>	Plan name	WASHINGTON CAPITAL MNGNT 401K	
<b>b</b>	Name of plan sponsor	WASHINGTON CAPITAL MANAGEMENT, INC.	<b>c</b> EIN-PN 91-1042342-001

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	WCG 401(K) PLAN	
<b>b</b>	Name of plan sponsor	WCG	<b>c</b> EIN-PN 81-3500129-001
<b>a</b>	Plan name	WEBBANK 401(K) SAFE HARBOR PL	
<b>b</b>	Name of plan sponsor	WEBBANK CORPORATION	<b>c</b> EIN-PN 87-0528836-001
<b>a</b>	Plan name	WILLERT HOME PRO UNION EE 401K	
<b>b</b>	Name of plan sponsor	WILLERT HOME PRODUCTS, INC	<b>c</b> EIN-PN 43-0678433-002
<b>a</b>	Plan name	WILLERT HOME PRODUCTS, INC PSP	
<b>b</b>	Name of plan sponsor	WILLERT HOME PRODUCTS, INC	<b>c</b> EIN-PN 43-0678433-001
<b>a</b>	Plan name	WOODARD CLN & RESTORATN 401K	
<b>b</b>	Name of plan sponsor	WOOD BASEMENT SYSTEMS, INC.	<b>c</b> EIN-PN 43-1072204-001
<b>a</b>	Plan name	WOODS BASEMENT SYS 401K PLAN	
<b>b</b>	Name of plan sponsor	WOODS BASEMENT SYSTEMS, INC.	<b>c</b> EIN-PN 37-1210874-001
<b>a</b>	Plan name	WORLD GROUP SAVINGS AND INVEST	
<b>b</b>	Name of plan sponsor	WORLD SHIPPING, INC.	<b>c</b> EIN-PN 34-0895033-002
<b>a</b>	Plan name	YOKOGAWA WEALTH BUILDER PLAN	
<b>b</b>	Name of plan sponsor	YOKOGAWA USA INC.	<b>c</b> EIN-PN 58-1874832-001
<b>a</b>	Plan name	ZOLTEK CORP SAVINGS & PSP	
<b>b</b>	Name of plan sponsor	ZOLTEK CORP	<b>c</b> EIN-PN 43-0549050-001
<b>a</b>	Plan name	ADVANTEK LLC 401K PLAN	
<b>b</b>	Name of plan sponsor	ADVANTEK, LLC	<b>c</b> EIN-PN 41-1717163-001
<b>a</b>	Plan name	AEGLEA BIOTHERAPEUTICS, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	SPYRE THERAPEUTICS	<b>c</b> EIN-PN 46-4312787-001
<b>a</b>	Plan name	ALVARIA, INC. 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	ALVARIA, INC.	<b>c</b> 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.)	
<b>a</b>	Plan name AM 830 KLAA 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor AM830 KLAA	<b>c</b> EIN-PN 20-4166519-001
<b>a</b>	Plan name AMERICAN BANK EMPLOYEES SAVINGS PLAN	
<b>b</b>	Name of plan sponsor AMERICAN BANK	<b>c</b> EIN-PN 74-1650800-001
<b>a</b>	Plan name ANGELS BASEBALL 401(K) RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor ANGELS BASEBALL	<b>c</b> EIN-PN 05-0564428-001
<b>a</b>	Plan name ARCO MURRAY GROUP PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor ARCO/MURRAY GROUP	<b>c</b> EIN-PN 43-1615415-001
<b>a</b>	Plan name ATC DRIVETRAIN LLC RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor ATC DRIVETRAIN, LLC	<b>c</b> EIN-PN 90-0857545-001
<b>a</b>	Plan name BIOMERICS 401(K)	
<b>b</b>	Name of plan sponsor BIOMERICS	<b>c</b> EIN-PN 26-4327437-001
<b>a</b>	Plan name BLENDTEC, INC 401K TRUST	
<b>b</b>	Name of plan sponsor BLENDTEC, INC.	<b>c</b> EIN-PN 87-0471667-001
<b>a</b>	Plan name BUILDING SERVICE 32BJ SUPPLEMENTAL RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor BUILDING SERVICE 32BJ	<b>c</b> EIN-PN 13-3507075-001
<b>a</b>	Plan name BUTLER CHEMICALS EMPLOYEES' SALARY SAVINGS PLAN	
<b>b</b>	Name of plan sponsor BUTLER CHEMICALS	<b>c</b> EIN-PN 33-0887267-001
<b>a</b>	Plan name C.L. SMITH COMPANY 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor C.L. SMITH COMPANY	<b>c</b> EIN-PN 43-1051754-001
<b>a</b>	Plan name CAREVET RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor CAREVET LLC	<b>c</b> EIN-PN 83-1579193-001
<b>a</b>	Plan name CENTER 401(K) PLAN	
<b>b</b>	Name of plan sponsor VERITAS MANAGE	<b>c</b> EIN-PN 27-2876769-001

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.)	
<b>a</b>	Plan name COLE INFORMATION SERVICES 401K PLAN	
<b>b</b>	Name of plan sponsor COLE INFORMATION	<b>c</b> EIN-PN 14-1897080-001
<b>a</b>	Plan name CONCORDANCE HEALTHCARE SOLUTIONS 401K RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor CONCORDANCE HEALTHCARE SOLUTIONS	<b>c</b> EIN-PN 38-3986849-001
<b>a</b>	Plan name CONTAINER SUPPLY, INC. SAFE HARBOR PLAN	
<b>b</b>	Name of plan sponsor CONTAINER SUPPLY, INC.	<b>c</b> EIN-PN 75-1308328-001
<b>a</b>	Plan name CONTINENTAL DISC CORP LLC, 401K PLAN	
<b>b</b>	Name of plan sponsor CONTINENTAL DISC	<b>c</b> EIN-PN 43-0834253-001
<b>a</b>	Plan name CORDELL LAW LLP 401K PLAN	
<b>b</b>	Name of plan sponsor CORDELL LAW, LLP	<b>c</b> EIN-PN 26-4467572-002
<b>a</b>	Plan name DEFLECTO 401(K) PLAN	
<b>b</b>	Name of plan sponsor DEFLECTO, LLC	<b>c</b> EIN-PN 27-2701695-001
<b>a</b>	Plan name DENTISTRY WITH A SMILE INC 401(K) PROFIT SHARING PLAN AND TRUST	
<b>b</b>	Name of plan sponsor DENTISTRY WITH A SMILE, INC.	<b>c</b> EIN-PN 22-3660909-001
<b>a</b>	Plan name DUCKETT CREEK SEWRE DISTRICT 401(K) PLAN	
<b>b</b>	Name of plan sponsor DUCKETT CREEK SANITARY DIST	<b>c</b> EIN-PN 43-1125121-001
<b>a</b>	Plan name DUKE MANUFACTURING COMPANY RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor DUKE	<b>c</b> EIN-PN 43-1548196-002
<b>a</b>	Plan name EMPLOYEE BENEFIT PLAN OF PAVERITE, INC.	
<b>b</b>	Name of plan sponsor PAVERITE, INC.	<b>c</b> EIN-PN 27-2565358-001
<b>a</b>	Plan name ERIC SCOTT LEATHERS, LTD. 401(K) SAVINGS PLAN	
<b>b</b>	Name of plan sponsor ERIC SCOTT LEATHERS LLC	<b>c</b> EIN-PN 84-4679090-001
<b>a</b>	Plan name EVOLVE VACATION RENTAL 401(K) PLAN	
<b>b</b>	Name of plan sponsor EVOLVE VACATION RENTAL	<b>c</b> EIN-PN 27-4745991-001

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	EWING IRRIGATION PRODUCTS, INC. PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	EWING IRRIGATION PRODUCTS, INC.	<b>c</b> EIN-PN 94-1351799-001
<b>a</b>	Plan name	FIRST NATIONAL BANK OF WATERLOO PSP	
<b>b</b>	Name of plan sponsor	FIRST NATIONAL BANK OF WATERLOO	<b>c</b> EIN-PN 37-0573575-001
<b>a</b>	Plan name	GRANDE ASSOCIATES ASSET ACCUMULATION PLAN	
<b>b</b>	Name of plan sponsor	GRANDE CHEESE COMPANY	<b>c</b> EIN-PN 39-0867071-001
<b>a</b>	Plan name	HAMMER & STEEL, INC PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	HAMMER STEEL	<b>c</b> EIN-PN 43-1514838-001
<b>a</b>	Plan name	HERITAGE MEDICAL GROUP RETIREMENT SAVINGS 401(K) PLAN	
<b>b</b>	Name of plan sponsor	HERITAGE MEDICAL GRO	<b>c</b> EIN-PN 95-3930862-002
<b>a</b>	Plan name	H-J ENTERPRISE EMPLOYEE PSP	
<b>b</b>	Name of plan sponsor	H-J ENTERPRISES	<b>c</b> EIN-PN 43-0925854-001
<b>a</b>	Plan name	HYDROMAT, INC. OF ST. LOUIS MO 401(K) PLAN	
<b>b</b>	Name of plan sponsor	HYDROMAT, INC. OF ST. LOUIS MO	<b>c</b> EIN-PN 43-1177255-333
<b>a</b>	Plan name	INDEX FRESH, INC. 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	INDEX FRESH, INC	<b>c</b> EIN-PN 33-0862019-001
<b>a</b>	Plan name	INDUSTRIAL SERVICE SOLUTIONS 401K PLAN	
<b>b</b>	Name of plan sponsor	INDUSTRIAL SERVICE SOLUTIONS	<b>c</b> EIN-PN 58-2577037-001
<b>a</b>	Plan name	INMOMENT 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	INMOMENT	<b>c</b> EIN-PN 57-1137115-001
<b>a</b>	Plan name	INVESTOR FORCE, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	INVESTOR FORCE, INC.	<b>c</b> EIN-PN 13-4038723-001
<b>a</b>	Plan name	IPD US 401(K) PLAN	
<b>b</b>	Name of plan sponsor	IPD US	<b>c</b> EIN-PN 13-4038723-001

<b>Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>		
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)		
<b>a</b>	Plan name	IVC 401(K) PLAN
<b>b</b>	Name of plan sponsor	INTERNATIONAL VITAMIN CORP
<b>c</b>	EIN-PN	27-1354354-001
<b>a</b>	Plan name	JAMES H. HAMILL ASSOC., INC. RETIREMENT PLAN
<b>b</b>	Name of plan sponsor	JAMES H. HAMILL ASSOCIATES, INC.
<b>c</b>	EIN-PN	16-0767228-001
<b>a</b>	Plan name	JETCO DELIVERY, LLC 401(K) PLAN
<b>b</b>	Name of plan sponsor	JETCO DELIVERY, LLC
<b>c</b>	EIN-PN	20-4272510-001
<b>a</b>	Plan name	KELLY MITCHELL GROUP, INC. 401(K) PROFIT SHARING PLAN
<b>b</b>	Name of plan sponsor	KELLY MITCHELL GROUP, INC.
<b>c</b>	EIN-PN	43-1810274-001
<b>a</b>	Plan name	LAKE REGIONAL HEALTH SYSTEM EMPLOYEES' RETIREMENT PLAN
<b>b</b>	Name of plan sponsor	LAKE REGIONAL HEALTH SYSTEM
<b>c</b>	EIN-PN	23-7339737-001
<b>a</b>	Plan name	LEGENDARY SVS LLC 401(K)
<b>b</b>	Name of plan sponsor	LEGENDARY SVS, LLC
<b>c</b>	EIN-PN	37-1915944-001
<b>a</b>	Plan name	LENOIR MEMORIAL HOSPITAL INC SAVINGS & PROTECTION PLAN
<b>b</b>	Name of plan sponsor	LENOIR MEMORIAL HOSPITAL, INC.
<b>c</b>	EIN-PN	56-6000674-002
<b>a</b>	Plan name	LISA'S LIQUOR BARN 401(K)
<b>b</b>	Name of plan sponsor	LISA'S LIQUOR BARN
<b>c</b>	EIN-PN	16-1321684-001
<b>a</b>	Plan name	LONG LIVE THE KINGS 401K PSP & TRUST
<b>b</b>	Name of plan sponsor	LONG LIVE THE KINGS
<b>c</b>	EIN-PN	91-1353982-001
<b>a</b>	Plan name	MARKETSTAR 401K
<b>b</b>	Name of plan sponsor	MARKETSTAR
<b>c</b>	EIN-PN	83-3522848-001
<b>a</b>	Plan name	MARYVILLE CONSULTING GROUP, INC. RETIREMENT SAVINGS PLAN
<b>b</b>	Name of plan sponsor	MARYVILLE CONSULTING
<b>c</b>	EIN-PN	43-1669059-001
<b>a</b>	Plan name	MCCORMACK BARON SALAZAR 401K
<b>b</b>	Name of plan sponsor	MCCORMACK BARON
<b>c</b>	EIN-PN	43-1053637-001

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	MELALEUCA INC 401K	
<b>b</b>	Name of plan sponsor	MELALEUCA INC.	<b>c</b> EIN-PN 82-0399405-001
<b>a</b>	Plan name	METRO HEART GROUP OF SAINT LOUIS, INC (MHG) 401K PLAN	
<b>b</b>	Name of plan sponsor	MHG	<b>c</b> EIN-PN 43-1659850-001
<b>a</b>	Plan name	MII ASSOCIATES' RETIREMENT SAVINGS 401K PLAN	
<b>b</b>	Name of plan sponsor	MII	<b>c</b> EIN-PN 43-1531931-010
<b>a</b>	Plan name	MSCI INC. 401(K) RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	MSCI INC.	<b>c</b> EIN-PN 13-4038723-001
<b>a</b>	Plan name	NOVVIA GROUP 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	C.L. SMITH COMPANY	<b>c</b> EIN-PN 43-1051754-001
<b>a</b>	Plan name	NOVVIA GROUP 401K - FOX VALLEY, LLC	
<b>b</b>	Name of plan sponsor	FOX VALLEY, LLC	<b>c</b> EIN-PN 36-3585405-001
<b>a</b>	Plan name	NOVVIA GROUP 401K - SOUTHERN CONTAINER, LLC	
<b>b</b>	Name of plan sponsor	SOUTHERN CONTAINER, LLC	<b>c</b> EIN-PN 20-2928061-001
<b>a</b>	Plan name	NYMAT MACHINE TOOL CORP 401(K) PROFIT SHARING PLAN AND TRUST	
<b>b</b>	Name of plan sponsor	NYMAT MACHINE TOOL CORP.	<b>c</b> EIN-PN 16-1171775-002
<b>a</b>	Plan name	OCEANS HEALTHCARE 401(K) PLAN	
<b>b</b>	Name of plan sponsor	OCEANS HEALTHCARE	<b>c</b> EIN-PN 46-1595657-001
<b>a</b>	Plan name	OIL CHANGERS 401K PLAN	
<b>b</b>	Name of plan sponsor	OIL CHANGERS	<b>c</b> EIN-PN 68-0031624-001
<b>a</b>	Plan name	PAYNECREST ELECTRIC PROFIT SHARING	
<b>b</b>	Name of plan sponsor	PAYNECREST ELECTRIC	<b>c</b> EIN-PN 43-1463306-001
<b>a</b>	Plan name	PERFICIENT, INC. 401(K) EMPLOYEE SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	PERFICIENT, INC.	<b>c</b> EIN-PN 74-2853258-001

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
<small>(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)</small>			
<b>a</b>	Plan name	QCI ASSET MANAGEMENT 401K	
<b>b</b>	Name of plan sponsor	QCI ASSET MANAGEMENT	<b>c</b> EIN-PN 16-1364522-003
<b>a</b>	Plan name	RENSA FILTRATION RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	RENSA FILTRATION	<b>c</b> EIN-PN 82-1253707-001
<b>a</b>	Plan name	RHINO CONTAINER 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	RHINO CONTAINER	<b>c</b> EIN-PN 33-0858850-001
<b>a</b>	Plan name	SALINA VORTEX EMPLOYEES' RET PLAN	
<b>b</b>	Name of plan sponsor	SALINA VORTEX	<b>c</b> EIN-PN 48-0864772-001
<b>a</b>	Plan name	SANTA MONICA SEAFOOD COMPANY 401K PLAN	
<b>b</b>	Name of plan sponsor	SANTA MONICA SEAFOOD	<b>c</b> EIN-PN 95-3616163-001
<b>a</b>	Plan name	SAPIENS AMERICAS CORPORATION EMPLOYEE SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	SAPIENS AMERICAS CORPORATION	<b>c</b> EIN-PN 13-3621430-001
<b>a</b>	Plan name	SAUSE BROS. RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	SAUSE BROS.	<b>c</b> EIN-PN 93-1258785-001
<b>a</b>	Plan name	SCOTT EQUIPMENT INC. 401(K) PSP	
<b>b</b>	Name of plan sponsor	SCOTT EQUIPMENT, INC	<b>c</b> EIN-PN 33-0483223-001
<b>a</b>	Plan name	SERA ARCHITECTS, INC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	SERA ARCHITECTS, INC.	<b>c</b> EIN-PN 93-0723380-001
<b>a</b>	Plan name	SIMPSON HOUSING 401K	
<b>b</b>	Name of plan sponsor	SIMPSON HOUSING	<b>c</b> EIN-PN 26-0136283-001
<b>a</b>	Plan name	SNELL & WILMER PROFIT SHARING AND SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	SNELL & WILMER, LLP	<b>c</b> EIN-PN 86-0089371-001
<b>a</b>	Plan name	SUNNEN EMPLOYEE'S RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	SUNNEN PRODUCTS COMP	<b>c</b> EIN-PN 43-0543500-001

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.)	
<b>a</b>	Plan name <b>TECO - WESTINGHOUSE MOTOR COMPANY 401(K) EMPLOYEE SAVINGS PLAN</b>	
<b>b</b>	Name of plan sponsor <b>TECO WESTINGHOUSE</b>	<b>c</b> EIN-PN <b>74-2482708-001</b>
<b>a</b>	Plan name <b>THE FNB COMMUNITY BANK 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>THE FNB COMMUNITY BANK</b>	<b>c</b> EIN-PN <b>37-0562445-001</b>
<b>a</b>	Plan name <b>THE GLIK COMPANY 401K</b>	
<b>b</b>	Name of plan sponsor <b>THE GLIK COMPANY</b>	<b>c</b> EIN-PN <b>37-0294640-001</b>
<b>a</b>	Plan name <b>THE NEWBERRY GROUP INC 401K PSP</b>	
<b>b</b>	Name of plan sponsor <b>THE NEWBERRY GROUP</b>	<b>c</b> EIN-PN <b>43-1755637-001</b>
<b>a</b>	Plan name <b>THE SPECTRIS GROUP SAFE HARBOR 401K RETIREMENT PLAN</b>	
<b>b</b>	Name of plan sponsor <b>THE SPECTRIS GROUP</b>	<b>c</b> EIN-PN <b>51-0363173-003</b>
<b>a</b>	Plan name <b>THOMPSON COBURN LLP 401K PSP</b>	
<b>b</b>	Name of plan sponsor <b>THOMPSON COBURN LLP</b>	<b>c</b> EIN-PN <b>43-0666662-002</b>
<b>a</b>	Plan name <b>TIERPOINT 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>TIERPOINT</b>	<b>c</b> EIN-PN <b>32-0356624-001</b>
<b>a</b>	Plan name <b>TRUE FITNESS TECHNOLOGY, INC. PROFIT SHARING PLAN</b>	
<b>b</b>	Name of plan sponsor <b>TRUE FITNESS TECHNOLOGY, INC.</b>	<b>c</b> EIN-PN <b>43-1240135-001</b>
<b>a</b>	Plan name <b>UNITY 401(K) POOLED EMPLOYER PLAN</b>	
<b>b</b>	Name of plan sponsor <b>NEWPORT GROUP, INC.</b>	<b>c</b> EIN-PN <b>27-2037969-003</b>
<b>a</b>	Plan name <b>WASATCH PROPERTY MANAGEMENT 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>WASATCH PROPERTY MANAGEMENT</b>	<b>c</b> EIN-PN <b>87-0484108-001</b>
<b>a</b>	Plan name <b>WEINTRAUB TOBIN CHEDIAK COLEMAN GRODIN LAW CORPORATION 401(K)</b>	
<b>b</b>	Name of plan sponsor <b>WEINTRAUB TOBIN</b>	<b>c</b> EIN-PN <b>68-0231351-001</b>
<b>a</b>	Plan name <b>WINSTON INDUSTRIES, LLC EMPLOYEE INVESTMENT PLAN</b>	
<b>b</b>	Name of plan sponsor <b>WINSTON INDUSTRIES, LLC</b>	<b>c</b> EIN-PN <b>61-0703831-001</b>

**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.)

<b>a</b> Plan name	WOLTER INC. SALARY SAVINGS PLAN	
<b>b</b> Name of plan sponsor	WOLTER INC.	<b>c</b> EIN-PN 43-2044052-001

<b>a</b> Plan name	WORKCARE INC. RETIREMENT SAVINGS PLAN	
<b>b</b> Name of plan sponsor	WORKCARE, INC	<b>c</b> EIN-PN 33-0779311-003

<b>a</b> Plan name	ZAYO GROUP HOLDINGS INC 401K	
<b>b</b> Name of plan sponsor	ZAYO GROUP HOLDINGS	<b>c</b> EIN-PN 26-1398293-002

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

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

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

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

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

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

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

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

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

<b>SCHEDULE H</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Financial Information</b>  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).  <b>▶ File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2024</b>  <b>This Form is Open to Public Inspection</b>
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For calendar plan year 2024 or fiscal plan year beginning <b>01/01/2024</b> and ending <b>12/31/2024</b>	
<b>A</b> Name of plan <b>SCHWAB INDEXED RETIREMENT TRUST FUND 2010</b>	<b>B</b> Three-digit plan number (PN) ▶ <b>011</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>CHARLES SCHWAB TRUST BANK</b>	<b>D</b> Employer Identification Number (EIN) <b>81-0625169</b>

<b>Part I</b>	<b>Asset and Liability Statement</b>
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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.

Assets	(a) Beginning of Year	(b) End of Year
<b>a</b> Total noninterest-bearing cash .....	<b>1a</b>	
<b>b</b> Receivables (less allowance for doubtful accounts):		
<b>(1)</b> Employer contributions .....	<b>1b(1)</b>	
<b>(2)</b> Participant contributions .....	<b>1b(2)</b>	
<b>(3)</b> Other .....	<b>1b(3)</b>	995002      768216
<b>c</b> General investments:		
<b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....	<b>1c(1)</b>	6946495      5505606
<b>(2)</b> U.S. Government securities .....	<b>1c(2)</b>	
<b>(3)</b> Corporate debt instruments (other than employer securities):		
<b>(A)</b> Preferred .....	<b>1c(3)(A)</b>	
<b>(B)</b> All other .....	<b>1c(3)(B)</b>	
<b>(4)</b> Corporate stocks (other than employer securities):		
<b>(A)</b> Preferred .....	<b>1c(4)(A)</b>	
<b>(B)</b> Common .....	<b>1c(4)(B)</b>	
<b>(5)</b> Partnership/joint venture interests .....	<b>1c(5)</b>	
<b>(6)</b> Real estate (other than employer real property) .....	<b>1c(6)</b>	
<b>(7)</b> Loans (other than to participants) .....	<b>1c(7)</b>	
<b>(8)</b> Participant loans .....	<b>1c(8)</b>	
<b>(9)</b> Value of interest in common/collective trusts .....	<b>1c(9)</b>	129775877      147688560
<b>(10)</b> Value of interest in pooled separate accounts .....	<b>1c(10)</b>	
<b>(11)</b> Value of interest in master trust investment accounts .....	<b>1c(11)</b>	
<b>(12)</b> Value of interest in 103-12 investment entities .....	<b>1c(12)</b>	
<b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds) .....	<b>1c(13)</b>	
<b>(14)</b> Value of funds held in insurance company general account (unallocated contracts) .....	<b>1c(14)</b>	
<b>(15)</b> Other .....	<b>1c(15)</b>	17470404      19581208

<b>1d</b> Employer-related investments:		<b>(a)</b> Beginning of Year	<b>(b)</b> End of Year
(1) Employer securities.....	<b>1d(1)</b>		
(2) Employer real property.....	<b>1d(2)</b>		
<b>e</b> Buildings and other property used in plan operation.....	<b>1e</b>		
<b>f</b> Total assets (add all amounts in lines 1a through 1e).....	<b>1f</b>	155187778	173543590
<b>Liabilities</b>			
<b>g</b> Benefit claims payable.....	<b>1g</b>		
<b>h</b> Operating payables.....	<b>1h</b>		
<b>i</b> Acquisition indebtedness.....	<b>1i</b>		
<b>j</b> Other liabilities.....	<b>1j</b>	742391	943862
<b>k</b> Total liabilities (add all amounts in lines 1g through 1j).....	<b>1k</b>	742391	943862
<b>Net Assets</b>			
<b>l</b> Net assets (subtract line 1k from line 1f).....	<b>1l</b>	154445387	172599728

**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.

<b>Income</b>		<b>(a)</b> Amount	<b>(b)</b> Total
<b>a Contributions:</b>			
(1) Received or receivable in cash from: <b>(A)</b> Employers.....	<b>2a(1)(A)</b>		
<b>(B)</b> Participants.....	<b>2a(1)(B)</b>		
<b>(C)</b> Others (including rollovers).....	<b>2a(1)(C)</b>		
(2) Noncash contributions.....	<b>2a(2)</b>		
(3) Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> .....	<b>2a(3)</b>		
<b>b Earnings on investments:</b>			
(1) Interest:			
<b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit).....	<b>2b(1)(A)</b>	264929	
<b>(B)</b> U.S. Government securities.....	<b>2b(1)(B)</b>		
<b>(C)</b> Corporate debt instruments.....	<b>2b(1)(C)</b>		
<b>(D)</b> Loans (other than to participants).....	<b>2b(1)(D)</b>		
<b>(E)</b> Participant loans.....	<b>2b(1)(E)</b>		
<b>(F)</b> Other.....	<b>2b(1)(F)</b>		
<b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....	<b>2b(1)(G)</b>		264929
(2) Dividends: <b>(A)</b> Preferred stock.....	<b>2b(2)(A)</b>		
<b>(B)</b> Common stock.....	<b>2b(2)(B)</b>		
<b>(C)</b> Registered investment company shares (e.g. mutual funds).....	<b>2b(2)(C)</b>		
<b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....	<b>2b(2)(D)</b>		
(3) Rents.....	<b>2b(3)</b>		
(4) Net gain (loss) on sale of assets: <b>(A)</b> Aggregate proceeds.....	<b>2b(4)(A)</b>		
<b>(B)</b> Aggregate carrying amount (see instructions).....	<b>2b(4)(B)</b>		
<b>(C)</b> Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result.....	<b>2b(4)(C)</b>		
(5) Unrealized appreciation (depreciation) of assets: <b>(A)</b> Real estate.....	<b>2b(5)(A)</b>		
<b>(B)</b> Other.....	<b>2b(5)(B)</b>		
<b>(C)</b> Total unrealized appreciation of assets. Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....	<b>2b(5)(C)</b>		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts .....	<b>2b(6)</b>		10997881
(7) Net investment gain (loss) from pooled separate accounts .....	<b>2b(7)</b>		
(8) Net investment gain (loss) from master trust investment accounts .....	<b>2b(8)</b>		
(9) Net investment gain (loss) from 103-12 investment entities .....	<b>2b(9)</b>		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds) .....	<b>2b(10)</b>		
<b>c</b> Other income .....	<b>2c</b>		503888
<b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total .....	<b>2d</b>		11766698

**Expenses**

<b>e</b> Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers .....	<b>2e(1)</b>		
(2) To insurance carriers for the provision of benefits .....	<b>2e(2)</b>		
(3) Other .....	<b>2e(3)</b>		
(4) Total benefit payments. Add lines <b>2e(1)</b> through <b>(3)</b> .....	<b>2e(4)</b>		
<b>f</b> Corrective distributions (see instructions) .....	<b>2f</b>		
<b>g</b> Certain deemed distributions of participant loans (see instructions) .....	<b>2g</b>		
<b>h</b> Interest expense .....	<b>2h</b>		
<b>i</b> Administrative expenses:			
(1) Salaries and allowances .....	<b>2i(1)</b>		
(2) Contract administrator fees .....	<b>2i(2)</b>		
(3) Recordkeeping fees .....	<b>2i(3)</b>		
(4) IQPA audit fees .....	<b>2i(4)</b>		
(5) Investment advisory and investment management fees .....	<b>2i(5)</b>		
(6) Bank or trust company trustee/custodial fees .....	<b>2i(6)</b>		
(7) Actuarial fees .....	<b>2i(7)</b>		
(8) Legal fees .....	<b>2i(8)</b>		
(9) Valuation/appraisal fees .....	<b>2i(9)</b>		
(10) Other trustee fees and expenses .....	<b>2i(10)</b>	87849	
(11) Other expenses .....	<b>2i(11)</b>		
(12) Total administrative expenses. Add lines <b>2i(1)</b> through <b>(11)</b> .....	<b>2i(12)</b>		87849
<b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total .....	<b>2j</b>		87849

**Net Income and Reconciliation**

<b>k</b> Net income (loss). Subtract line <b>2j</b> from line <b>2d</b> .....	<b>2k</b>		11678849
<b>l</b> Transfers of assets:			
(1) To this plan .....	<b>2l(1)</b>		69195795
(2) From this plan .....	<b>2l(2)</b>		62720303

**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
<b>a</b> 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>b</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.)			
<b>c</b> 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.)			
<b>d</b> 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.)			
<b>e</b> Was this plan covered by a fidelity bond?			
<b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?			
<b>g</b> 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?			
<b>h</b> 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?			
<b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)			
<b>j</b> 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.)			
<b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?			
<b>l</b> Has the plan failed to provide any benefit when due under the plan?			
<b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
<b>n</b> 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.)

<b>5b(1)</b> Name of plan(s)	<b>5b(2)</b> EIN(s)	<b>5b(3)</b> 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 \_\_\_\_\_.