

<p style="text-align: center;"><b>Form 5500</b></p> <p style="font-size: small;">Department of the Treasury Internal Revenue Service</p> <hr/> <p style="font-size: small;">Department of Labor Employee Benefits Security Administration</p> <hr/> <p style="font-size: x-small;">Pension Benefit Guaranty Corporation</p>	<p><b>Annual Return/Report of Employee Benefit Plan</b></p> <p style="font-size: x-small;">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).</p> <p style="text-align: center;"><b>▶ Complete all entries in accordance with the instructions to the Form 5500.</b></p>	<p style="font-size: x-small;">OMB Nos. 1210-0110 1210-0089</p> <hr/> <p style="font-size: large; text-align: center;"><b>2024</b></p> <hr/> <p style="text-align: center;"><b>This Form is Open to Public Inspection</b></p>
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**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  the DFVC program

special extension (enter description)

**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**

<p><b>1a</b> Name of plan <u>T. ROWE PRICE RETIREMENT BLEND SELECT TRUST 2040</u></p>	<p><b>1b</b> Three-digit plan number (PN) ▶ <u>740</u></p> <p><b>1c</b> Effective date of plan</p>
<p><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>GREAT GRAY TRUST COMPANY, LLC</u></p> <p><u>6725 VIA AUSTI PARKWAY, SUITE 260</u> <u>LAS VEGAS, NV 89119</u></p>	<p><b>2b</b> Employer Identification Number (EIN) <u>38-7271346</u></p> <p><b>2c</b> Plan Sponsor's telephone number <u>866-427-6885</u></p> <p><b>2d</b> Business code (see instructions)</p>

**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>10/13/2025</u>	<u>MATT FALCIANI</u>
	Signature of DFE	Date	Enter name of individual signing as DFE

<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> 0 <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 <u>0</u> (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>T. ROWE PRICE RETIREMENT BLEND SELECT TRUST 2040</u>	<b>B</b> Three-digit plan number (PN) ▶	<u>740</u>
<b>C</b> Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>GREAT GRAY TRUST COMPANY, LLC</u>	<b>D</b> Employer Identification Number (EIN) <u>38-7271346</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>T. ROWE PRICE DYNAMIC GLOBAL BOND T</u>		
<b>b</b> Name of sponsor of entity listed in (a): <u>T. ROWE PRICE TRUST COMPANY</u>		
<b>c</b> EIN-PN <u>37-6652415-001</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>4015798</u>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>TRP EMERGING MARKETS BOND TRUST</u>		
<b>b</b> Name of sponsor of entity listed in (a): <u>T. ROWE PRICE TRUST COMPANY</u>		
<b>c</b> EIN-PN <u>38-7011723-001</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>2293778</u>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>T. ROWE PRICE EQUITY INDEX TRUST</u>		
<b>b</b> Name of sponsor of entity listed in (a): <u>T. ROWE PRICE TRUST COMPANY</u>		
<b>c</b> EIN-PN <u>52-6559833-001</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>30867266</u>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>T. ROWE PRICE FLOATING RATE TRUST</u>		
<b>b</b> Name of sponsor of entity listed in (a): <u>T. ROWE PRICE TRUST COMPANY</u>		
<b>c</b> EIN-PN <u>38-4044370-001</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>810770</u>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>T. ROWE PRICE GROWTH STOCK TRUST</u>		
<b>b</b> Name of sponsor of entity listed in (a): <u>T. ROWE PRICE TRUST COMPANY</u>		
<b>c</b> EIN-PN <u>52-6559833-013</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>41976877</u>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>T. ROWE PRICE HIGH YIELD TRUST</u>		
<b>b</b> Name of sponsor of entity listed in (a): <u>T. ROWE PRICE TRUST COMPANY</u>		
<b>c</b> EIN-PN <u>35-2425740-001</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>2481830</u>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>T. ROWE PRICE INTL BOND TRUST</u>		
<b>b</b> Name of sponsor of entity listed in (a): <u>T. ROWE PRICE TRUST COMPANY</u>		
<b>c</b> EIN-PN <u>30-6304154-001</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>6736334</u>

<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: T. ROWE PRICE INTL EQUITY IND TRUST		
<b>b</b> Name of sponsor of entity listed in (a): T. ROWE PRICE TRUST COMPANY		
<b>c</b> EIN-PN 61-6591055-001	<b>d</b> Entity code C	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 56480509
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: T. ROWE PRICE INTL GROWTH EQ TRUST		
<b>b</b> Name of sponsor of entity listed in (a): T. ROWE PRICE TRUST COMPANY		
<b>c</b> EIN-PN 35-6942416-001	<b>d</b> Entity code C	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 14969958
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: T. ROWE PRICE INTL VALUE EQ TRUST		
<b>b</b> Name of sponsor of entity listed in (a): T. ROWE PRICE TRUST COMPANY		
<b>c</b> EIN-PN 35-2425742-001	<b>d</b> Entity code C	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 17457883
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: T. ROWE PRICE NEW HORIZONS TRUST		
<b>b</b> Name of sponsor of entity listed in (a): T. ROWE PRICE TRUST COMPANY		
<b>c</b> EIN-PN 52-6559833-014	<b>d</b> Entity code C	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 4883390
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: T. ROWE PRICE REAL ASSETS TRUST		
<b>b</b> Name of sponsor of entity listed in (a): T. ROWE PRICE TRUST COMPANY		
<b>c</b> EIN-PN 35-6785642-017	<b>d</b> Entity code C	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 25209744
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: T. ROWE PRICE U.S. BOND INDEX TRUST		
<b>b</b> Name of sponsor of entity listed in (a): T. ROWE PRICE TRUST COMPANY		
<b>c</b> EIN-PN 36-4882015-001	<b>d</b> Entity code C	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 18742107
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: T. ROWE PRICE U.S. VALUE EQUITY TRU		
<b>b</b> Name of sponsor of entity listed in (a): T. ROWE PRICE TRUST COMPANY		
<b>c</b> EIN-PN 38-7010951-001	<b>d</b> Entity code C	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 43134836
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: TRP EMERGING MARKETS EQUITY TRUST		
<b>b</b> Name of sponsor of entity listed in (a): T. ROWE PRICE TRUST COMPANY		
<b>c</b> EIN-PN 52-1309931-006	<b>d</b> Entity code C	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 10057895
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: TRP EMERGING MKT DISCOV STOCK TRUST		
<b>b</b> Name of sponsor of entity listed in (a): T. ROWE PRICE TRUST COMPANY		
<b>c</b> EIN-PN 84-3612736-001	<b>d</b> Entity code C	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 11278513
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: TRP U.S. 1-5 YEAR TIPS INDEX TRUST		
<b>b</b> Name of sponsor of entity listed in (a): T. ROWE PRICE TRUST COMPANY		
<b>c</b> EIN-PN 32-6493592-001	<b>d</b> Entity code C	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 41088

<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: TRP U.S. MID-CAP INDEX TRUST		
<b>b</b> Name of sponsor of entity listed in (a): T. ROWE PRICE TRUST COMPANY		
<b>c</b> EIN-PN 61-6555368-001	<b>d</b> Entity code C	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 14888755
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: TRP U.S. MID-CAP VALUE EQUITY TRUST		
<b>b</b> Name of sponsor of entity listed in (a): T. ROWE PRICE TRUST COMPANY		
<b>c</b> EIN-PN 35-6941663-001	<b>d</b> Entity code C	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 6960076
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: TRP U.S. SMALL CAP INDEX TRUST FUND		
<b>b</b> Name of sponsor of entity listed in (a): T. ROWE PRICE TRUST COMPANY		
<b>c</b> EIN-PN 35-7124469-001	<b>d</b> Entity code C	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 11716945
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: TRP US MID-CAP GROWTH EQUITY TRUST		
<b>b</b> Name of sponsor of entity listed in (a): T. ROWE PRICE TRUST COMPANY		
<b>c</b> EIN-PN 35-2425738-001	<b>d</b> Entity code C	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 8224974
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: TRP US SMALL CAP VALUE EQUITY TRUST		
<b>b</b> Name of sponsor of entity listed in (a): T. ROWE PRICE TRUST COMPANY		
<b>c</b> EIN-PN 37-6495449-001	<b>d</b> Entity code C	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 6842252
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: TRP US TREASURY LONG-TERM IND TRUST		
<b>b</b> Name of sponsor of entity listed in (a): T. ROWE PRICE TRUST COMPANY		
<b>c</b> EIN-PN 61-6593158-001	<b>d</b> Entity code C	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 8273856
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: TRP US TREASURY MONEY MARKET TRUST		
<b>b</b> Name of sponsor of entity listed in (a): T. ROWE PRICE TRUST COMPANY		
<b>c</b> EIN-PN 52-6559833-004	<b>d</b> Entity code C	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 7748109
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: U.S. LARGE CAP STRUCTURED INDEX TRU		
<b>b</b> Name of sponsor of entity listed in (a): T. ROWE PRICE TRUST COMPANY		
<b>c</b> EIN-PN 38-7264567-732	<b>d</b> Entity code C	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 98510105
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: NT COLLECTIVE GOVERNMENT STIF		
<b>b</b> Name of sponsor of entity listed in (a): NORTHERN TRUST INVESTMENTS, INC.		
<b>c</b> EIN-PN 45-6138589-068	<b>d</b> Entity code C	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
<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>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	48FORTY SOLUTIONS 401(K) PLAN	
<b>b</b>	Name of plan sponsor	48FORTY SOLUTIONS, LLC	<b>c</b> EIN-PN 59-3593261-001
<b>a</b>	Plan name	A4 ACCESS 401(K) PLAN	
<b>b</b>	Name of plan sponsor	A4 ACCESS, LLC	<b>c</b> EIN-PN 46-3513988-001
<b>a</b>	Plan name	AAMIR STATIONS 401(K) PLAN	
<b>b</b>	Name of plan sponsor	AAMIR STATIONS, LLC	<b>c</b> EIN-PN 20-3455540-001
<b>a</b>	Plan name	ABL WHOLESALE DISTRIBUTORS, INC. COLLECTIVE BARGAINING EMPLOYEES 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ABL WHOLESALE DISTRIBUTORS, INC.	<b>c</b> EIN-PN 34-1439398-001
<b>a</b>	Plan name	ABL WHOLESALE DISTRIBUTORS, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	ABL WHOLESALE DISTRIBUTORS, INC.	<b>c</b> EIN-PN 34-1439398-002
<b>a</b>	Plan name	ACCION LABS US 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ACCION LABS US, INC.	<b>c</b> EIN-PN 27-4827982-001
<b>a</b>	Plan name	ACCUMETRICS LIMITED 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ACCUMETRICS LIMITED AND SUBSIDIARY	<b>c</b> EIN-PN 23-2147951-001
<b>a</b>	Plan name	ACORN ENGINEERING COMPANY, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ACORN ENGINEERING COMPANY, INC.	<b>c</b> EIN-PN 95-1864304-002
<b>a</b>	Plan name	AEGIS 401(K) PLAN	
<b>b</b>	Name of plan sponsor	AEGIS CHEMICAL SOLUTIONS, LLC	<b>c</b> EIN-PN 36-4753666-001
<b>a</b>	Plan name	AIAC INTERNATIONAL PHARMA RET PLAN	
<b>b</b>	Name of plan sponsor	AIAC INTERNATIONAL PHARMA LLC	<b>c</b> EIN-PN 66-0839778-001
<b>a</b>	Plan name	AINSWORTH GAME TECHNOLOGY INC. RETIREMENT PLAN & TRUST	
<b>b</b>	Name of plan sponsor	AINSWORTH GAME TECHNOLOGY INC.	<b>c</b> EIN-PN 86-1131097-001
<b>a</b>	Plan name	ALBERT & MACKENZIE, LLP 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	ALBERT & MACKENZIE, LLP	<b>c</b> EIN-PN 82-1962454-001

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 ALCON INC INCENTIVE SAVINGS PLAN	
<b>b</b>	Name of plan sponsor ALCON INDUSTRIES, INC.	<b>c</b> EIN-PN 34-1242260-001
<b>a</b>	Plan name ALDO'S FROZEN FOODS INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor ALDOS FROZEN FOODS INC.	<b>c</b> EIN-PN 25-1262393-001
<b>a</b>	Plan name ALEX PARIS CONTRACTING COMPANY INC. SAFE HARBOR 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor ALEX E. PARIS CONTRACTING COMPANY	<b>c</b> EIN-PN 25-0934300-003
<b>a</b>	Plan name ALEXANDER BRAO, DDS, PA 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor ALEXANDER BRAO, DDS, PA	<b>c</b> EIN-PN 84-3308578-001
<b>a</b>	Plan name ALEXANDRIA NICOLE CELLARS 401(K) PLAN	
<b>b</b>	Name of plan sponsor ALEXANDRIA NICOLE CELLARS	<b>c</b> EIN-PN 75-3021651-001
<b>a</b>	Plan name ALL SERVICE PAINTING 401(K) PLAN	
<b>b</b>	Name of plan sponsor ALL SERVICE PAINTING, INC.	<b>c</b> EIN-PN 93-1146202-001
<b>a</b>	Plan name ALPINE REST HOME 401(K) PROFIT SHARING PLAN AND TRUST	
<b>b</b>	Name of plan sponsor ALPINE REST HOME	<b>c</b> EIN-PN 05-0365908-001
<b>a</b>	Plan name AMTRUST RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor AMTRUST NORTH AMERICA INC.	<b>c</b> EIN-PN 04-3106389-001
<b>a</b>	Plan name ANDERSON, MIKOS EMPLOYEES' 401(K) SAVINGS PLAN	
<b>b</b>	Name of plan sponsor ANDERSON, MIKOS ARCHITECTS, LTD.	<b>c</b> EIN-PN 36-3367188-001
<b>a</b>	Plan name ANDERSON, WILMARTH, VAN DER MAATEN AND FRETHEIM 401(K) PROFIT SHARING	
<b>b</b>	Name of plan sponsor ANDERSON, WILMARTH, VAN DER MAATEN, FRETHEIM, GIPP, EVELSIZER O	<b>c</b> EIN-PN 42-1221779-001
<b>a</b>	Plan name ANDREW J. KAPUST, DDS, P.S. 401(K) RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor ANDREW J. KAPUST, DDS, P.S.	<b>c</b> EIN-PN 20-0490740-001
<b>a</b>	Plan name ANESTHESIA ASSOCIATES, P.S. 401(K) PLAN	
<b>b</b>	Name of plan sponsor ANESTHESIA ASSOCIATES, P.S.	<b>c</b> EIN-PN 91-0854525-004

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.)		
<b>a</b>	Plan name AP THERAPY LLC 401K PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor A P REHAB LLC	<b>c</b> EIN-PN 88-3978140-001
<b>a</b>	Plan name APOLLON WEALTH MANAGEMENT, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor APOLLON WEALTH MANAGEMENT, LLC	<b>c</b> EIN-PN 82-3706323-001
<b>a</b>	Plan name AQUA LOGIC, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor AQUA LOGIC, INC.	<b>c</b> EIN-PN 41-1844724-001
<b>a</b>	Plan name AQUATIC CONTROL 401(K) PLAN	
<b>b</b>	Name of plan sponsor AQUATIC CONTROL INC.	<b>c</b> EIN-PN 35-1263215-001
<b>a</b>	Plan name ARCHITECTS ORANGE 401(K) RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor ARCHITECTS ORANGE LLP, DBA AO	<b>c</b> EIN-PN 95-3428586-004
<b>a</b>	Plan name ARROW SIGN COMPANY 401(K) AND PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor ARROW SIGN COMPANY	<b>c</b> EIN-PN 94-1746602-003
<b>a</b>	Plan name AVALON TEST EQUIPMENT 401(K) PLAN	
<b>b</b>	Name of plan sponsor AVALON TEST EQUIPMENT	<b>c</b> EIN-PN 33-0788090-001
<b>a</b>	Plan name AVM CARES, INC. DBA ADVANCED VETERINARY CARE CENTER EMPLOYEES RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor AVM CARES, INC. D/B/A ADVANCED VETERINARY CARE CENTER	<b>c</b> EIN-PN 47-4748628-001
<b>a</b>	Plan name AXIOM SYSTEMS, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor AXIOM SYSTEMS, INC.	<b>c</b> EIN-PN 23-2841822-001
<b>a</b>	Plan name B.H. 401(K) PLAN	
<b>b</b>	Name of plan sponsor B.H. MULTI COM CORP	<b>c</b> EIN-PN 13-3010860-001
<b>a</b>	Plan name B.H. MULTI COLOR CORP 401(K) PLAN	
<b>b</b>	Name of plan sponsor B.H. MULTI COLOR CORP	<b>c</b> EIN-PN 13-3744251-001
<b>a</b>	Plan name BALANCE OF NATURE MEP	
<b>b</b>	Name of plan sponsor BALANCE OF NATURE, INC.	<b>c</b> EIN-PN 27-1011855-001

<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	BEACHES ORAL AND MAXILLOFACIAL SURGERY 401(K) PLAN	
<b>b</b>	Name of plan sponsor	BEACHES ORAL AND MAXILLOFACIAL SURGERY	<b>c</b> EIN-PN 99-1844731-001
<b>a</b>	Plan name	BELLOWS PLUMBING, HEATING AND AIR INC. BAY AREA 401K PLAN	
<b>b</b>	Name of plan sponsor	BELLOWS PLUMBING, HEATING, AND AIR	<b>c</b> EIN-PN 95-3922199-002
<b>a</b>	Plan name	BELLOWS PLUMBING, HEATING AND AIR INC. SANTA CRUZ 401K PLAN	
<b>b</b>	Name of plan sponsor	BELLOWS PLUMBING, HEATING, AND AIR	<b>c</b> EIN-PN 95-3922199-001
<b>a</b>	Plan name	BENMIT 401(K) PLAN	
<b>b</b>	Name of plan sponsor	US TUBULAR PRODUCTS/BENMIT DIVISION	<b>c</b> EIN-PN 22-2363633-001
<b>a</b>	Plan name	BENSON HILL HOLDINGS, INC RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	BENSON HILL HOLDINGS, INC	<b>c</b> EIN-PN 45-5483749-001
<b>a</b>	Plan name	BETHEL HEIGHTS VINEYARD, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	BETHEL HEIGHTS VINEYARD, INC.	<b>c</b> EIN-PN 93-0719624-001
<b>a</b>	Plan name	BILLION DOLLAR BROWS 401(K) PROFIT-SHARING PLAN	
<b>b</b>	Name of plan sponsor	PETUNIA PRODUCTS, INC.	<b>c</b> EIN-PN 54-2168706-001
<b>a</b>	Plan name	BLACHFORD GROUP SAVINGS & RETIREMENT PLAN & TRUST	
<b>b</b>	Name of plan sponsor	BLACHFORD, INC.	<b>c</b> EIN-PN 36-3658961-003
<b>a</b>	Plan name	BLUE OX ENTERPRISES LLC 401(K) PROFIT SHARING PLAN AND TRUST	
<b>b</b>	Name of plan sponsor	BLUE OX ENTERPRISES LLC	<b>c</b> EIN-PN 20-2296476-001
<b>a</b>	Plan name	BONFIRE FUNDS INC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	BONFIRE FUNDS INC	<b>c</b> EIN-PN 46-2315572-001
<b>a</b>	Plan name	BOTSFORD AND GOODFELLOW, INC. PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	BOTSFORD & GOODFELLOW, INC.	<b>c</b> EIN-PN 93-0550578-001
<b>a</b>	Plan name	BRAD YOUNG & ASSOCIATES, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	BRAD YOUNG & ASSOCIATES, INC.	<b>c</b> EIN-PN 83-0379897-001

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 BRAFMAN FAMILY DENTISTRY, P.A. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor BRAFMAN FAMILY DENTISTRY, P.A.	<b>c</b> EIN-PN 51-0413028-001
<b>a</b>	Plan name BRANSON BUILDERS AND CONTRACTORS 401K PLAN	
<b>b</b>	Name of plan sponsor BRANSON BUILDERS AND CONTRACTORS	<b>c</b> EIN-PN 41-1847428-001
<b>a</b>	Plan name BREAKTHRU BEVERAGE	
<b>b</b>	Name of plan sponsor BREAKTHRU BEVERAGE CALIFORNIA	<b>c</b> EIN-PN 95-2460478-001
<b>a</b>	Plan name BRISTOL ID TECHNOLOGIES 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor BRISTOL GRAPHICS, INC. DBA BRISTOL ID TECHNOLOGIES, INC.	<b>c</b> EIN-PN 16-1423296-001
<b>a</b>	Plan name BROADDUS & ASSOCIATES, INC. 401(K) PLAN BROADDUS & ASSOCIATES, INC.	
<b>b</b>	Name of plan sponsor BROADDUS & ASSOCIATES, INC.	<b>c</b> EIN-PN 74-2985884-001
<b>a</b>	Plan name BUDDHIST CHURCHES OF AMERICA 403(B) PLAN	
<b>b</b>	Name of plan sponsor BUDDHIST CHURCHES OF AMERICA	<b>c</b> EIN-PN 94-1498382-001
<b>a</b>	Plan name BUDROVICH CONTRACTING CO., INC. EMPLOYEES PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor BUDROVICH CONTRACTING CO.	<b>c</b> EIN-PN 43-0916784-001
<b>a</b>	Plan name BUNN-O-MATIC CORPORATION 401(K) SAVINGS PLAN AND TRUST	
<b>b</b>	Name of plan sponsor BUNN-O-MATIC CORPORATION	<b>c</b> EIN-PN 37-0840805-002
<b>a</b>	Plan name BURROW GLOBAL 401(K) SAVINGS PLAN	
<b>b</b>	Name of plan sponsor BURROW GLOBAL, LLC	<b>c</b> EIN-PN 37-1619755-001
<b>a</b>	Plan name C & S SWEEPING SERVICES, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor C & S SWEEPING SERVICES, INC.	<b>c</b> EIN-PN 86-0747568-001
<b>a</b>	Plan name CACHEAUX, CAVAZOS & NEWTON LLP 401(K) PLAN	
<b>b</b>	Name of plan sponsor CACHEAUX, CAVAZOS & NEWTON, LLP	<b>c</b> EIN-PN 74-2720417-001
<b>a</b>	Plan name CALLIGO (US) INC. 401(K) PLAN AND T	
<b>b</b>	Name of plan sponsor CALLIGO (US) INC.	<b>c</b> EIN-PN 61-1868354-001

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 <a href="#">CAL-TEX LUMBER CO., INC. 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">CAL-TEX LUMBER CO., INC.</a>	<b>c</b> EIN-PN <a href="#">74-2466148-001</a>
<b>a</b>	Plan name <a href="#">CAPITAL CONSULTING LLC 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">CAPITAL CONSULTING, LLC</a>	<b>c</b> EIN-PN <a href="#">20-5254334-001</a>
<b>a</b>	Plan name <a href="#">CARBON REDUCTION CAPITAL, LLC</a>	
<b>b</b>	Name of plan sponsor <a href="#">CARBON REDUCTION CAPITAL, LLC</a>	<b>c</b> EIN-PN <a href="#">27-4646060-001</a>
<b>a</b>	Plan name <a href="#">CAREONSITE MANAGEMENT, INC. EMPLOYEES' 401(K) &amp; PROFIT SHARING PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">CAREONSITE MANAGEMENT, INC.</a>	<b>c</b> EIN-PN <a href="#">88-1146270-002</a>
<b>a</b>	Plan name <a href="#">CCFI COMPANIES LLC 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">CCFI COMPANIES LLC</a>	<b>c</b> EIN-PN <a href="#">87-2161861-001</a>
<b>a</b>	Plan name <a href="#">CCINTEGRATION, INC. 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">CCINTEGRATION INC.</a>	<b>c</b> EIN-PN <a href="#">77-0197130-001</a>
<b>a</b>	Plan name <a href="#">CEDARCREEK COMMUNITY CHURCH 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">CEDARCREEK CHURCH</a>	<b>c</b> EIN-PN <a href="#">34-1789315-001</a>
<b>a</b>	Plan name <a href="#">CENTURY GROUP 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">CENTURY GROUP INTERNATIONAL, INC. DBA THE CENTURY GROUP</a>	<b>c</b> EIN-PN <a href="#">93-1022773-001</a>
<b>a</b>	Plan name <a href="#">CITY OF MUSTANG RIDGE 457(B)</a>	
<b>b</b>	Name of plan sponsor <a href="#">CITY OF MUSTANG RIDGE</a>	<b>c</b> EIN-PN <a href="#">74-2422418-001</a>
<b>a</b>	Plan name <a href="#">CLEARFIELD, INC. 401(K) PLAN &amp; TRUST</a>	
<b>b</b>	Name of plan sponsor <a href="#">CLEARFIELD, INC.</a>	<b>c</b> EIN-PN <a href="#">41-1347235-001</a>
<b>a</b>	Plan name <a href="#">CLEVELAND HARDWARE &amp; FORGING CO. HOURLY 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">CLEVELAND HARDWARE &amp; FORGING CO.</a>	<b>c</b> EIN-PN <a href="#">34-1028784-006</a>
<b>a</b>	Plan name <a href="#">CLEVELAND HARDWARE &amp; FORGING CO. SALARIED 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">CLEVELAND HARDWARE &amp; FORGING CO.</a>	<b>c</b> EIN-PN <a href="#">34-1028784-005</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	CLIFTON LAURITZEN, D.M.D., INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	CLIFTON LAURITZEN, D.M.D., INC.	<b>c</b> EIN-PN 20-5114233-001
<b>a</b>	Plan name	CMC TIRE, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	CMC TIRE LLC	<b>c</b> EIN-PN 47-1350018-001
<b>a</b>	Plan name	CMD AGENCY RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	CREATIVE MEDIA DEVELOPMENT, INC.	<b>c</b> EIN-PN 93-1199469-001
<b>a</b>	Plan name	COASTAL HORIZONS CENTER, INC. PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	COASTAL HORIZONS CENTER, INC.	<b>c</b> EIN-PN 56-0950370-001
<b>a</b>	Plan name	COKEBUSTERS USA 401(K) PLAN	
<b>b</b>	Name of plan sponsor	COKEBUSTERS USA INC.	<b>c</b> EIN-PN 99-0380800-001
<b>a</b>	Plan name	COLLECTION B. INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	COLLECTION B. INC.	<b>c</b> EIN-PN 90-0130436-001
<b>a</b>	Plan name	COLUMBUS FAMILY DENTAL 401(K) PLAN	
<b>b</b>	Name of plan sponsor	COLUMBUS FAMILY DENTAL, INC.	<b>c</b> EIN-PN 20-4884633-001
<b>a</b>	Plan name	COMFORT DENTAL OF ANDERSON PC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	COMFORT DENTAL OF ANDERSON PC	<b>c</b> EIN-PN 35-2086990-001
<b>a</b>	Plan name	COMPANION ASSOCIATES INC. 401(K) P/S PLAN	
<b>b</b>	Name of plan sponsor	COMPANION ASSOCIATES INC.	<b>c</b> EIN-PN 58-2351307-001
<b>a</b>	Plan name	COMPANY NURSE, LLC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	COMPANY NURSE LLC	<b>c</b> EIN-PN 86-0888412-001
<b>a</b>	Plan name	CONFECTIONS OPERATIONS, LLC 401(K) PROFIT SHARING PLAN & TRUST	
<b>b</b>	Name of plan sponsor	CONFECTIONS OPERATIONS LLC	<b>c</b> EIN-PN 85-3034963-001
<b>a</b>	Plan name	CONKLIN METAL INDUSTRIES INC. 401(K) EMPLOYEE SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	CONKLIN METAL INDUSTRIES INC	<b>c</b> EIN-PN 58-0203580-001

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 CONTROL SOUTHERN INC. PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor CONTROL SOUTHERN INC.	<b>c</b> EIN-PN 58-0807099-001
<b>a</b>	Plan name COREL INC. 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor COREL INC.	<b>c</b> EIN-PN 87-0557105-001
<b>a</b>	Plan name CRESCENT REAL ESTATE LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor CRESCENT REAL ESTATE LLC	<b>c</b> EIN-PN 75-2752117-001
<b>a</b>	Plan name CREW BUILDERS, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor CREW BUILDERS INC	<b>c</b> EIN-PN 20-5499129-001
<b>a</b>	Plan name CURTIS + GINSBERG ARCHITECTS LLP 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor CURTIS + GINSBERG ARCHITECTS LLP	<b>c</b> EIN-PN 06-1305071-001
<b>a</b>	Plan name DAAR ENGINEERING, INC. 401(K) PROFIT SHARING PLAN & TRUST	
<b>b</b>	Name of plan sponsor DAAR ENGINEERING, INC.	<b>c</b> EIN-PN 39-2031716-002
<b>a</b>	Plan name DAC, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor DIGITAL AIR CONTROL, INC. DBA DAC, INC.	<b>c</b> EIN-PN 76-0403380-001
<b>a</b>	Plan name DAPRILE INSURANCE GROUP LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor DAPRILE INSURANCE GROUP LLC	<b>c</b> EIN-PN 45-4244862-001
<b>a</b>	Plan name DEDEKIAN, GEORGE, SMALL & MARKARIAN ACCOUNTANCY CORPORATION EMPLOYEES' RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor DEDEKIAN, GEORGE, SMALL & MARKARIAN ACCOUNTANCY CORPORATION	<b>c</b> EIN-PN 77-0000369-001
<b>a</b>	Plan name DEERPOINT GROUP, INC. 401K RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor DEERPOINT GROUP, INC.	<b>c</b> EIN-PN 36-3902451-001
<b>a</b>	Plan name DENIZEN, INC 401(K) PLAN	
<b>b</b>	Name of plan sponsor DENIZEN, INC	<b>c</b> EIN-PN 42-1309369-002
<b>a</b>	Plan name DERING PIERSON GROUP, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor DERING PIERSON GROUP, LLC	<b>c</b> EIN-PN 80-0696128-001

<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	DERMATOLOGY SPECIALISTS, P.A. RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	DERMATOLOGY SPECIALISTS, P.A.	<b>c</b> EIN-PN 41-1264423-001
<b>a</b>	Plan name	DETROIT EDGE TOOL COMPANY 401(K) PROFIT SHARING PLAN AND TRUST	
<b>b</b>	Name of plan sponsor	DETROIT EDGE TOOL COMPANY	<b>c</b> EIN-PN 38-1292818-001
<b>a</b>	Plan name	DEXTON ENTERPRISES, INC. PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	DEXTON ENTERPRISES, INC.	<b>c</b> EIN-PN 36-3002798-001
<b>a</b>	Plan name	DON E. BOWER, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	DON E. BOWER INC.	<b>c</b> EIN-PN 23-2132575-001
<b>a</b>	Plan name	DORSO REALTY GROUP, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	DORSO REALTY GROUP, INC.	<b>c</b> EIN-PN 22-1862306-002
<b>a</b>	Plan name	DOSWELL OPERATING GROUP 401(K) PLAN	
<b>b</b>	Name of plan sponsor	WOODFIN HEATING, INC.	<b>c</b> EIN-PN 54-1061638-002
<b>a</b>	Plan name	DOXO, INC. RETIREMENT TRUST	
<b>b</b>	Name of plan sponsor	DOXO, INC.	<b>c</b> EIN-PN 26-3272091-001
<b>a</b>	Plan name	DRS. HERMAN & MACK, P.C. PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	DRS. HERMAN & MACK P.C.	<b>c</b> EIN-PN 45-0375803-001
<b>a</b>	Plan name	DUFFY BROS. MANAGEMENT COMPANY 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	DUFFY BROS. MANAGEMENT CO., INC.	<b>c</b> EIN-PN 04-3107203-001
<b>a</b>	Plan name	DUNAWAY BROTHERS INC 401(K) PROFIT SHARING PLAN & TRUST	
<b>b</b>	Name of plan sponsor	DUNAWAY BROTHERS, INC	<b>c</b> EIN-PN 59-3833415-001
<b>a</b>	Plan name	EAP INDUSTRIES INC. SAFE HARBOR 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	EAP INDUSTRIES, INC	<b>c</b> EIN-PN 25-1249511-002
<b>a</b>	Plan name	EARLY LEARNING INDIANA, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	EARLY LEARNING INDIANA INC.	<b>c</b> EIN-PN 35-0888763-002

<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	ELDER DEMO LLC EMPLOYEE'S PROFIT SHARING 401K PLAN	
<b>b</b>	Name of plan sponsor	ELDER DEMO LLC	<b>c</b> EIN-PN 92-1190284-002
<b>a</b>	Plan name	ELITE MECHANICAL, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	ELITE MECHANICAL, INC.	<b>c</b> EIN-PN 99-0320681-001
<b>a</b>	Plan name	EMERGENCY PHYSICIANS OF NORTHWEST OHIO, INC.	
<b>b</b>	Name of plan sponsor	EMERGENCY PHYSICIANS OF NORTHWEST OHIO, INC.	<b>c</b> EIN-PN 81-0547599-003
<b>a</b>	Plan name	EMPLOYEE BENEFIT PLAN OF DOWNTOWN WOMEN'S CENTER	
<b>b</b>	Name of plan sponsor	DOWNTOWN WOMENS CENTER	<b>c</b> EIN-PN 31-1597223-001
<b>a</b>	Plan name	EMPLOYEE BENEFIT PLAN OF WESTBAY COMMUNITY ACTION, INC.	
<b>b</b>	Name of plan sponsor	WESTBAY COMMUNITY ACTION, INC.	<b>c</b> EIN-PN 05-0311985-001
<b>a</b>	Plan name	EMPLOYEES' PROFIT SHARING PLAN AND TRUST OF BOCH ENTERPRISES	
<b>b</b>	Name of plan sponsor	BOCH ENTERPRISES	<b>c</b> EIN-PN 04-2050016-001
<b>a</b>	Plan name	EMPLOYSHARE, INC 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	EMPLOYSHARE, INC.	<b>c</b> EIN-PN 34-1832544-002
<b>a</b>	Plan name	EMPLOYSHARE, INC 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	THE FINWAY GROUP	<b>c</b> EIN-PN 42-1468222-010
<b>a</b>	Plan name	EMPOWERME WELLNESS, LLC. RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	EMPOWERME WELLNESS, LLC	<b>c</b> EIN-PN 82-1906428-002
<b>a</b>	Plan name	END2END SOLUTION, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	END2END SOLUTION, LLC	<b>c</b> EIN-PN 82-2049495-001
<b>a</b>	Plan name	ENTREPRENEUR MEDIA, INC. 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	ENTREPRENEUR MEDIA, INC.	<b>c</b> EIN-PN 33-0197877-001
<b>a</b>	Plan name	ESCAPE LODGING, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ESCAPE LODGING, LLC	<b>c</b> EIN-PN 93-1328932-001

<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	EVERTRUE, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	EVERTRUE INC.	<b>c</b> EIN-PN 90-0810465-002
<b>a</b>	Plan name	EXCEPTIONAL PARENTS UNLIMITED PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	EXCEPTIONAL PARENTS UNLIMITED	<b>c</b> EIN-PN 77-0263702-001
<b>a</b>	Plan name	FARTHER FINANCE, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	FARTHER FINANCE, INC	<b>c</b> EIN-PN 83-4348882-001
<b>a</b>	Plan name	FED SERVE LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	FED SERV LLC	<b>c</b> EIN-PN 82-0847681-001
<b>a</b>	Plan name	FETZER ELECTRIC, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	FETZER ELECTRIC, LLC	<b>c</b> EIN-PN 45-4144319-001
<b>a</b>	Plan name	FIRST METHODIST MONROE 403(B)9 PLAN	
<b>b</b>	Name of plan sponsor	FIRST METHODIST MONROE	<b>c</b> EIN-PN 92-1406666-001
<b>a</b>	Plan name	FIRST NATIONAL BANK OF SYCAMORE 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	FIRST NATIONAL BANK OF SYCAMORE	<b>c</b> EIN-PN 34-4370555-002
<b>a</b>	Plan name	FLUIDMASTER, INC. SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	FLUIDMASTER, INC.	<b>c</b> EIN-PN 95-1942465-003
<b>a</b>	Plan name	FLUXX LABS, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	FLUXX LABS, INC.	<b>c</b> EIN-PN 47-3953732-001
<b>a</b>	Plan name	FOCKE & CO., INC. 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	FOCKE & CO., INC.	<b>c</b> EIN-PN 22-2288745-001
<b>a</b>	Plan name	FORMATION BIO 401(K) PLAN	
<b>b</b>	Name of plan sponsor	TRIALSPARK INC. DBA FORMATION BIO	<b>c</b> EIN-PN 47-1134239-001
<b>a</b>	Plan name	FOUNDATION DEFENSE SERVICES, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	FOUNDATION DEFENSE SERVICES, INC.	<b>c</b> EIN-PN 92-1861395-001

<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	FRANK WOOD & SON 401K PLAN	
<b>b</b>	Name of plan sponsor	FRANK WOOD & SON PLUMBING & ELECTRICAL LLC	<b>c</b> EIN-PN 83-0929533-001
<b>a</b>	Plan name	FREEDOM ARC 401K POOLED PLAN	
<b>b</b>	Name of plan sponsor	401(K) FREEDOM INC.	<b>c</b> EIN-PN 45-4454161-011
<b>a</b>	Plan name	FRONTIER ELECTRIC OF WASHINGTON, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	FRONTIER ELECTRIC OF WASHINGTON, INC.	<b>c</b> EIN-PN 91-1456222-001
<b>a</b>	Plan name	FSI, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	FSI, INC	<b>c</b> EIN-PN 62-1552567-101
<b>a</b>	Plan name	FURTHERED INC 401K PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	FURTHERED INC	<b>c</b> EIN-PN 37-1535185-001
<b>a</b>	Plan name	FUSION MEDIA SYSTEMS 401(K) PLAN	
<b>b</b>	Name of plan sponsor	FUSION MEDIA SYSTEMS, LLC	<b>c</b> EIN-PN 26-3187064-001
<b>a</b>	Plan name	G&J TRUCK SALES, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	G & J TRUCK SALES, INC	<b>c</b> EIN-PN 77-0394472-001
<b>a</b>	Plan name	GALLOWAY & COMPANY, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	GALLOWAY & COMPANY, INC.	<b>c</b> EIN-PN 84-1072642-001
<b>a</b>	Plan name	GARDNER 401(K) PLAN FOR AFSCME LOCAL 101 REPRESENTED EMPLOYEES	
<b>b</b>	Name of plan sponsor	GARDNER FAMILY HEALTH NETWORK, INC	<b>c</b> EIN-PN 94-1743078-005
<b>a</b>	Plan name	GARDNER 401(K) PLAN FOR NON-UNION EMPLOYEES	
<b>b</b>	Name of plan sponsor	GARDNER FAMILY HEALTH NETWORK, INC	<b>c</b> EIN-PN 94-1743078-004
<b>a</b>	Plan name	GARDNER 401(K) PLAN FOR SEIU REPRESENTED EMPLOYEES	
<b>b</b>	Name of plan sponsor	GARDNER FAMILY HEALTH NETWORK	<b>c</b> EIN-PN 94-1743078-006
<b>a</b>	Plan name	GATTI, KELTNER, BIENVENU & MONTESI 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	GATTI, KELTNER, BIENVENU & MONTESI	<b>c</b> EIN-PN 62-1224687-001

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 GEO OWL LLC 401(K) PROFIT SHARING PLAN AND TRUST	
<b>b</b>	Name of plan sponsor GEO OWL LLC	<b>c</b> EIN-PN 46-2832568-001
<b>a</b>	Plan name GEO. M. MARTIN COMPANY SECTION 401(K) SAVINGS & RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor GEO. M. MARTIN COMPANY	<b>c</b> EIN-PN 94-1379226-001
<b>a</b>	Plan name GFHN UNION UAPD 401(K) PLAN	
<b>b</b>	Name of plan sponsor GARDNER FAMILY HEALTH NETWORK	<b>c</b> EIN-PN 94-1743078-007
<b>a</b>	Plan name GLOBAL IMMIGRATION PARTNERS, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor GLOBAL IMMIGRATION PARTNERS, INC.	<b>c</b> EIN-PN 26-4750036-001
<b>a</b>	Plan name GLOBALED SOLUTIONS 401(K) PLAN	
<b>b</b>	Name of plan sponsor GLOBALED SOLUTIONS INC. / PBC	<b>c</b> EIN-PN 45-2042705-001
<b>a</b>	Plan name GMI COMPANIES, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor GMI COMPANIES, INC.	<b>c</b> EIN-PN 31-0895928-001
<b>a</b>	Plan name GODBERSEN EQUIPMENT COMPANY 401(K) PS PLAN	
<b>b</b>	Name of plan sponsor GODBERSEN EQUIPMENT COMPANY	<b>c</b> EIN-PN 42-1485959-001
<b>a</b>	Plan name GODBERSEN-SMITH CONSTRUCTION CO. 401(K) PS PL	
<b>b</b>	Name of plan sponsor GOMACO CORP	<b>c</b> EIN-PN 42-0823217-001
<b>a</b>	Plan name GONDOLA ADVENTURES, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor GONDOLA ADVENTURES, INC.	<b>c</b> EIN-PN 33-0579403-001
<b>a</b>	Plan name GRATITUDE WITH AN ATTITUDE 401(K) PLAN	
<b>b</b>	Name of plan sponsor BENEFIT PLANS PLUS, LLC	<b>c</b> EIN-PN 43-1829594-001
<b>a</b>	Plan name GREAT LAKES NEUROSURGICAL ASSOCIATES, P.C. PROFIT SHARING AND RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor GREAT LAKES NEUROSURGICAL ASSOCIATES, P.C.	<b>c</b> EIN-PN 38-2702183-001
<b>a</b>	Plan name GREAT OAKS 401(K) PLAN	
<b>b</b>	Name of plan sponsor GREAT OAKS LANDSCAPE ASSOCIATES, INC.	<b>c</b> EIN-PN 38-2402712-001

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 GREENEVILLE OIL & PETROLEUM, INC.	
<b>b</b>	Name of plan sponsor GREENEVILLE OIL & PETROLEUM, INC.	<b>c</b> EIN-PN 62-1552776-002
<b>a</b>	Plan name HAGOOD HOMES INC 401(K) PROFIT SHARING PLAN AND TRUST	
<b>b</b>	Name of plan sponsor HAGOOD HOMES INC.	<b>c</b> EIN-PN 56-1965580-001
<b>a</b>	Plan name HAMILTON MATERIALS WASHINGTON 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor HAMILTON MATERIALS WASHINGTON	<b>c</b> EIN-PN 91-1851623-002
<b>a</b>	Plan name HAMILTON SAFE GROUP 401(K) PLAN	
<b>b</b>	Name of plan sponsor HAMILTON SAFE CO.	<b>c</b> EIN-PN 31-0729027-002
<b>a</b>	Plan name HANFORD SAND & GRAVEL, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor HANFORD SAND & GRAVEL, INC.	<b>c</b> EIN-PN 94-2282138-001
<b>a</b>	Plan name HANKINS PLASTIC SURGERY 401(K) PLAN	
<b>b</b>	Name of plan sponsor HANKINS PLASTIC SURGERY	<b>c</b> EIN-PN 26-4281396-001
<b>a</b>	Plan name HAPCO, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor HAPCO, INC.	<b>c</b> EIN-PN 34-1314175-002
<b>a</b>	Plan name HAWTHORNE PARTNERS, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor HAWTHORNE PARTNERS, INC.	<b>c</b> EIN-PN 25-1850557-001
<b>a</b>	Plan name HELLERMANN TYTON CORPORATION 401(K) RETIREMENT AND PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor HELLERMANN TYTON CORPORATION	<b>c</b> EIN-PN 39-1154824-001
<b>a</b>	Plan name HIGGINBOTHAM PEP	
<b>b</b>	Name of plan sponsor THE FINWAY GROUP	<b>c</b> EIN-PN 42-1468222-011
<b>a</b>	Plan name HIRSCHBACH COMPANIES 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor HIRSCHBACH MOTOR LINES, INC.	<b>c</b> EIN-PN 42-0883252-001
<b>a</b>	Plan name HM LOPES, LLC 401(K) PROFIT SHARING PLAN & TRUST	
<b>b</b>	Name of plan sponsor HM LOPES	<b>c</b> EIN-PN 82-5253361-001

<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	HOPEWELL FUND 401(K) PLAN	
<b>b</b>	Name of plan sponsor	HOPEWELL FUND	<b>c</b> EIN-PN 47-3681860-001
<b>a</b>	Plan name	HOWARD FISCHER ASSOCIATES, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	HOWARD FISCHER ASSOCIATES, INC.	<b>c</b> EIN-PN 23-2044665-001
<b>a</b>	Plan name	HUGHES USA, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	HUGHES USA INC.	<b>c</b> EIN-PN 83-1084513-001
<b>a</b>	Plan name	HUSTEADS AUTO BODY 401(K) PLAN	
<b>b</b>	Name of plan sponsor	HUSTEADS COLLISION CENTER, INC.	<b>c</b> EIN-PN 38-3676002-001
<b>a</b>	Plan name	IDEA AUTO GROUP 401(K) PLAN	
<b>b</b>	Name of plan sponsor	IDEA AUTO GROUP, LLC	<b>c</b> EIN-PN 92-1263510-001
<b>a</b>	Plan name	IMS RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	INTERNAL MEDICINE SPECIALISTS MEDICAL GROUP, INC	<b>c</b> EIN-PN 37-1712330-001
<b>a</b>	Plan name	INFORMATION TODAY, INC. & ITS AFFILIATES 401(K) PLAN	
<b>b</b>	Name of plan sponsor	INFORMATION TODAY, INC.	<b>c</b> EIN-PN 22-2327396-001
<b>a</b>	Plan name	INSPIRED RESULTS, INC. 401(K) SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	INSPIRED RESULTS, INC.	<b>c</b> EIN-PN 93-0756550-001
<b>a</b>	Plan name	ITS 401(K) PLAN	
<b>b</b>	Name of plan sponsor	INDUSTRIAL TENT SYSTEMS, LLC	<b>c</b> EIN-PN 81-1286596-001
<b>a</b>	Plan name	ITV US HOLDINGS INC. 401(K) PLAN & TRUST	
<b>b</b>	Name of plan sponsor	ITV US HOLDINGS, INC.	<b>c</b> EIN-PN 43-2115900-001
<b>a</b>	Plan name	IVY REALTY SERVICES, LLC 401(K) PS PLAN	
<b>b</b>	Name of plan sponsor	IVY REALTY SERVICES, LLC	<b>c</b> EIN-PN 20-1826316-001
<b>a</b>	Plan name	JAIN AMERICA HOLDINGS, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	JAIN AMERICA HOLDINGS LLC	<b>c</b> EIN-PN 81-1519531-001

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 JARRETT ENTERPRISES 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor BILL JARRETT FORD, INC.	<b>c</b> EIN-PN 59-1637589-001
<b>a</b>	Plan name JMG SECURITY SYSTEMS, INC. EMPLOYEES' 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor JMG SECURITY SYSTEMS, INC.	<b>c</b> EIN-PN 33-0298100-001
<b>a</b>	Plan name JUAN A. MANTILLA, M.D., P.A. 401(K) PLAN	
<b>b</b>	Name of plan sponsor JUAN A. MANTILLA, M.D., P.A.	<b>c</b> EIN-PN 04-3721515-001
<b>a</b>	Plan name KEANE & BEANE, P.C. 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor KEANE & BEANE, P.C.	<b>c</b> EIN-PN 13-3026461-001
<b>a</b>	Plan name KEYWORDS US HOLDINGS, INC. 401(K) P/S PLAN	
<b>b</b>	Name of plan sponsor KEYWORDS US HOLDINGS, INC.	<b>c</b> EIN-PN 61-1859078-001
<b>a</b>	Plan name KINNEY MANUFACTURING 401(K) PLAN	
<b>b</b>	Name of plan sponsor KINNEY MANUFACTURING, LLC	<b>c</b> EIN-PN 45-2976898-001
<b>a</b>	Plan name KUPFERLE, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor KUPFERLE, LLC	<b>c</b> EIN-PN 92-1245064-001
<b>a</b>	Plan name LAC DU FLAMBEAU CHIPPEWA HOUSING AUTHORITY 401(K) PROFIT SHARING PLAN AND TRUST	
<b>b</b>	Name of plan sponsor LAC DU FLAMBEAU CHIPPEWA HOUSING AUTHORITY	<b>c</b> EIN-PN 39-1051019-001
<b>a</b>	Plan name LANDSCAPE DESIGN SERVICES, INC. PROFIT SHARING 401(K) PLAN	
<b>b</b>	Name of plan sponsor LANDSCAPE DESIGN SERVICES, INC.	<b>c</b> EIN-PN 38-2056069-001
<b>a</b>	Plan name LCM ARCHITECTS, LLC RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor LCM ARCHITECTS, LLC	<b>c</b> EIN-PN 36-4078383-001
<b>a</b>	Plan name LEATHERMAN TOOL GROUP 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor LEATHERMAN TOOL GROUP, INC.	<b>c</b> EIN-PN 93-0841712-001
<b>a</b>	Plan name LEWIS & ROBERTS, PLLC RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor LEWIS & ROBERTS, PLLC	<b>c</b> EIN-PN 56-2022568-001

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>LITTLE ROCK ENDOCRINOLOGY 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>LITTLE ROCK ENDOCRINOLOGY SERVICES</b>	<b>c</b> EIN-PN <b>45-3949590-001</b>
<b>a</b>	Plan name <b>LODGE MANUFACTURING COMPANY DEFERRED PROFIT SHARING PLAN</b>	
<b>b</b>	Name of plan sponsor <b>LODGE MANUFACTURING COMPANY</b>	<b>c</b> EIN-PN <b>62-0273720-002</b>
<b>a</b>	Plan name <b>LUDMAN INDUSTRIES 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>LUDMAN INDUSTRIES</b>	<b>c</b> EIN-PN <b>80-0695276-001</b>
<b>a</b>	Plan name <b>LYDIG CONSTRUCTION, INC. 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>LYDIG CONSTRUCTION, INC.</b>	<b>c</b> EIN-PN <b>91-0672331-001</b>
<b>a</b>	Plan name <b>LYRIC FOUNDATION, INC. RETIREMENT PLAN</b>	
<b>b</b>	Name of plan sponsor <b>LYRIC FOUNDATION, INC.</b>	<b>c</b> EIN-PN <b>52-6080460-001</b>
<b>a</b>	Plan name <b>MARK AUTO GROUP 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>MARK ENTERPRISES CAR COMPANY, II LLC</b>	<b>c</b> EIN-PN <b>86-0967171-001</b>
<b>a</b>	Plan name <b>MARY'S TACK &amp; FEED 401K PLAN</b>	
<b>b</b>	Name of plan sponsor <b>RANCHO TRADE, INC</b>	<b>c</b> EIN-PN <b>95-3414522-002</b>
<b>a</b>	Plan name <b>MATALON MANAGEMENT GROUP, LLC 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>MATALON MANAGEMENT GROUP, LLC</b>	<b>c</b> EIN-PN <b>93-2965488-001</b>
<b>a</b>	Plan name <b>MAYFRAN INTERNATIONAL, INC. RETIREMENT SAVINGS PLAN</b>	
<b>b</b>	Name of plan sponsor <b>MAYFRAN INTERNATIONAL, INC.</b>	<b>c</b> EIN-PN <b>48-0959871-001</b>
<b>a</b>	Plan name <b>MCR LABS 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>MCR LABS LLC</b>	<b>c</b> EIN-PN <b>46-3124709-001</b>
<b>a</b>	Plan name <b>MERCY MULTIPLIED 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>MERCY MULTIPLIED AMERICA, INC.</b>	<b>c</b> EIN-PN <b>72-0973419-001</b>
<b>a</b>	Plan name <b>MERUELO GROUP 401(K) PLAN AND TRUST</b>	
<b>b</b>	Name of plan sponsor <b>MERUELO GROUP LLC</b>	<b>c</b> EIN-PN <b>90-1017707-001</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 MILLER BROS. CONST., INC. UNION SUPERVISORS PLAN	
<b>b</b>	Name of plan sponsor MILLER BROS. CONST., INC.	<b>c</b> EIN-PN 34-4456871-003
<b>a</b>	Plan name MONORAIL ESPRESSO 401(K) PLAN	
<b>b</b>	Name of plan sponsor MONORAIL COFFEE LLC	<b>c</b> EIN-PN 46-0868204-001
<b>a</b>	Plan name MORRIS COUPLING COMPANY PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor MORRIS COUPLING COMPANY	<b>c</b> EIN-PN 25-0901157-001
<b>a</b>	Plan name MORTIMER LUMBER 401(K) PLAN	
<b>b</b>	Name of plan sponsor MORTIMER & SON LUMBER CO., INC.	<b>c</b> EIN-PN 38-1736310-001
<b>a</b>	Plan name MYCOMPLIANCEOFFICE, INC. 401(K) PLAN 2	
<b>b</b>	Name of plan sponsor MYCOMPLIANCEOFFICE TECHNOLOGIES INC.	<b>c</b> EIN-PN 68-0609697-001
<b>a</b>	Plan name MYERS CARPET COMPANY, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor MYERS CARPET CO., INC	<b>c</b> EIN-PN 58-0941550-001
<b>a</b>	Plan name NAMRED, LLC EMPLOYEES PROFIT SHARING 401(K) PLAN	
<b>b</b>	Name of plan sponsor NAMRED, LLC	<b>c</b> EIN-PN 03-0462594-001
<b>a</b>	Plan name NATIONAL AUTOMOBILE DEALERS ASSN 401(K) PLAN	
<b>b</b>	Name of plan sponsor NATIONAL AUTOMOBILE DEALERS ASSOCIATION	<b>c</b> EIN-PN 53-0114725-001
<b>a</b>	Plan name NATIONAL OIL AND GAS, INC. EMPLOYEES' SAVINGS PLAN	
<b>b</b>	Name of plan sponsor NATIONAL OIL & GAS INC.	<b>c</b> EIN-PN 35-0540872-002
<b>a</b>	Plan name NEW VENTURE FUND 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor NEW VENTURE FUND	<b>c</b> EIN-PN 20-5806345-001
<b>a</b>	Plan name NEWVUE PLASTIC SURGERY, PC 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor NEWVUE PLASTIC SURGERY, PC	<b>c</b> EIN-PN 26-3374369-001
<b>a</b>	Plan name NORCAL RENTAL GROUP 401(K) PLAN	
<b>b</b>	Name of plan sponsor NORCAL RENTAL GROUP	<b>c</b> EIN-PN 94-3263537-001

<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	NORTH SHORE BANK 401(K) PLAN	
<b>b</b>	Name of plan sponsor	NORTH SHORE BANK OF COMMERCE	<b>c</b> EIN-PN 41-0138390-002
<b>a</b>	Plan name	NORTHBOUND 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	NORTHBOUND LLC	<b>c</b> EIN-PN 90-0896068-001
<b>a</b>	Plan name	O&H DANISH BAKERY, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	O & H DANISH BAKERY, INC.	<b>c</b> EIN-PN 39-1258596-001
<b>a</b>	Plan name	OCEAN GROUP, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	OCEAN GROUP INC	<b>c</b> EIN-PN 35-2183963-001
<b>a</b>	Plan name	OEP 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ORAZEN EXTRUDED POLYMERS	<b>c</b> EIN-PN 45-0830121-001
<b>a</b>	Plan name	ONE PLANET GROUP, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ONE PLANET GROUP, LLC	<b>c</b> EIN-PN 85-1221674-001
<b>a</b>	Plan name	ONEDIGITAL POOLED EMPLOYER PLAN	
<b>b</b>	Name of plan sponsor	PLAN COMPLIANCE SERVICES, INC.	<b>c</b> EIN-PN 59-3708427-003
<b>a</b>	Plan name	ORANGE COVE - SANGER CITRUS ASS. 401K PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	KLINK ORANGE COVE CITRUS	<b>c</b> EIN-PN 94-2215652-001
<b>a</b>	Plan name	OXBOW MANAGEMENT LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	OXBOW MANAGEMENT LLC	<b>c</b> EIN-PN 88-3361305-001
<b>a</b>	Plan name	PEI DOWNEAST TOYOTA 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	DOWNEAST TOYOTA	<b>c</b> EIN-PN 01-0420117-001
<b>a</b>	Plan name	PETVET CARE CENTERS MANAGEMENT, LLC RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	PETVET CARE CENTERS MANAGEMENT, LLC	<b>c</b> EIN-PN 45-4459242-001
<b>a</b>	Plan name	PILOT VENTURES 401(K) PLAN	
<b>b</b>	Name of plan sponsor	PILOT VENTURES LLC	<b>c</b> EIN-PN 81-3657022-001

<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	PINAL COUNTY FEDERAL CREDIT UNION 401(K) PLAN	
<b>b</b>	Name of plan sponsor	PINAL COUNTY FEDERAL CREDIT UNION	<b>c</b> EIN-PN 86-0134699-002
<b>a</b>	Plan name	PLEASANT RIVER LUMBER COMPANY 401(K)	
<b>b</b>	Name of plan sponsor	PLEASANT RIVER LUMBER COMPANY	<b>c</b> EIN-PN 01-0465420-001
<b>a</b>	Plan name	POWER 401K PLAN	
<b>b</b>	Name of plan sponsor	PA ORGANIZATION FOR WOMEN IN EARLY RECOVERY	<b>c</b> EIN-PN 25-1643651-002
<b>a</b>	Plan name	POWER PARTS INTERNATIONAL, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	POWER PARTS INTERNATIONAL INC	<b>c</b> EIN-PN 39-1612713-001
<b>a</b>	Plan name	PRECISION ASSOCIATES, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	PRECISION ASSOCIATES, INC.	<b>c</b> EIN-PN 41-0763581-001
<b>a</b>	Plan name	PRIORITY DESIGNS 401K PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	PRIORITY DESIGNS	<b>c</b> EIN-PN 31-1345997-001
<b>a</b>	Plan name	PRO EM OPERATIONS, LLC 401(K) PROFIT SHARING PLAN AND TRUST	
<b>b</b>	Name of plan sponsor	PRO EM OPERATIONS, LLC	<b>c</b> EIN-PN 30-0950767-001
<b>a</b>	Plan name	PROFESSIONAL PRINT & MAIL, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	PROFESSIONAL PRINT AND MAIL, INC.	<b>c</b> EIN-PN 77-0365808-001
<b>a</b>	Plan name	PTH & AB STAFFING 401(K) PLAN	
<b>b</b>	Name of plan sponsor	PRIME TIME HEALTHCARE, LLC	<b>c</b> EIN-PN 45-4687406-001
<b>a</b>	Plan name	QSC, LLC 401(K) RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	QSC, LLC	<b>c</b> EIN-PN 95-3412527-001
<b>a</b>	Plan name	QUALITYHUB, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	QUALITYHUB, INC.	<b>c</b> EIN-PN 20-0561319-001
<b>a</b>	Plan name	R RANCH MARKET, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	R RANCH MARKET, INC.	<b>c</b> EIN-PN 95-3372605-002

<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	R.L. LIPTON DISTRIBUTING COMPANY COLLECTIVE BARGAINING 401(K) PLAN	
<b>b</b>	Name of plan sponsor	R. L. LIPTON DISTRIBUTING COMPANY	<b>c</b> EIN-PN 34-0978334-002
<b>a</b>	Plan name	R.L. LIPTON DISTRIBUTING COMPANY EMPLOYEES PROFIT SHARING 401(K) PLAN	
<b>b</b>	Name of plan sponsor	R. L. LIPTON DISTRIBUTING COMPANY	<b>c</b> EIN-PN 34-0978334-001
<b>a</b>	Plan name	R.W. GRIFFIN FEED SEED & FERTILIZER 401(K) PLAN	
<b>b</b>	Name of plan sponsor	R.W. GRIFFIN FEED SEED & FERTILIZER, INC.	<b>c</b> EIN-PN 58-1095836-001
<b>a</b>	Plan name	RADIAN GROUP 401(K) PLAN	
<b>b</b>	Name of plan sponsor	RADIAN GROUP, INC.	<b>c</b> EIN-PN 58-2395300-001
<b>a</b>	Plan name	READY ELECTRIC CO., INC. PST	
<b>b</b>	Name of plan sponsor	READY ELECTRIC COMPANY, INC.	<b>c</b> EIN-PN 61-0517797-001
<b>a</b>	Plan name	READY MADE TRUSSES AND BUILDERS' SUPPLY, LLC. 401(K) PROFIT SHARING PLAN & TRUST	
<b>b</b>	Name of plan sponsor	READY MADE TRUSSES AND BUILDERS SUPPLY, LLC	<b>c</b> EIN-PN 88-3727869-001
<b>a</b>	Plan name	REDDING DERMATOLOGY MEDICAL GROUP, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	REDDING DERMATOLOGY MEDICAL GROUP, INC.	<b>c</b> EIN-PN 33-0735011-001
<b>a</b>	Plan name	REGENCY INVESTMENT ADVISORS RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	REGENCY INVESTMENT ADVISORS	<b>c</b> EIN-PN 77-0344391-001
<b>a</b>	Plan name	REV 401(K) PLAN	
<b>b</b>	Name of plan sponsor	REV ROBOTICS LLC	<b>c</b> EIN-PN 26-1138709-001
<b>a</b>	Plan name	REVIVA INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	REVIVA, INC.	<b>c</b> EIN-PN 41-0840959-002
<b>a</b>	Plan name	RICHARD HEATH & ASSOCIATES, INC. 401(K) PSP	
<b>b</b>	Name of plan sponsor	RICHARD HEATH & ASSOCIATES, INC.	<b>c</b> EIN-PN 94-2625839-001
<b>a</b>	Plan name	RITCHIE LAKELAND OIL RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	RITCHIE LAKELAND OIL CO. INC.	<b>c</b> EIN-PN 39-1512513-001

<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	RIVERMONT COLLEGIATE 401(K) PLAN
<b>b</b>	Name of plan sponsor	RIVERMONT COLLEGIATE
<b>c</b>	EIN-PN	42-0703279-001
<b>a</b>	Plan name	ROBERT L. LIPTON, INC. DBA LIPTON TOYOTA EMPLOYEES PROFIT SHARING 401(K) PLAN
<b>b</b>	Name of plan sponsor	ROBERT L. LIPTON, INC. DBA LIPTON TOYOTA
<b>c</b>	EIN-PN	65-0131357-001
<b>a</b>	Plan name	ROBERT R. MCGILL AIR CONDITIONING, INC. 401(K) PROFIT SHARING PLAN
<b>b</b>	Name of plan sponsor	ROBERT R. MCGILL AIR CONDITIONING, INC.
<b>c</b>	EIN-PN	59-1923208-001
<b>a</b>	Plan name	ROCKSIDE EQUIPMENT COMPANY, INC. 401(K) RETIREMENT PLAN
<b>b</b>	Name of plan sponsor	ROCKSIDE EQUIPMENT COMPANY, INC.
<b>c</b>	EIN-PN	34-1055492-001
<b>a</b>	Plan name	RODELCO ELECTRONICS CORP. 401K SAVINGS & RETIREMENT PLAN
<b>b</b>	Name of plan sponsor	RODELCO ELECTRONICS CORP.
<b>c</b>	EIN-PN	11-2297295-001
<b>a</b>	Plan name	ROLLER DERBY SKATE CORP. SAVINGS PLAN
<b>b</b>	Name of plan sponsor	ROLLER DERBY SKATE CORP.
<b>c</b>	EIN-PN	37-0676319-001
<b>a</b>	Plan name	SAATVA RETIREMENT PLAN AND TRUST
<b>b</b>	Name of plan sponsor	WHITESTONE HOME FURNISHINGS, LLC
<b>c</b>	EIN-PN	32-0526953-001
<b>a</b>	Plan name	SAFETY VISION LLC 401(K) PLAN
<b>b</b>	Name of plan sponsor	SAFETY VISION LLC
<b>c</b>	EIN-PN	76-0390640-001
<b>a</b>	Plan name	SAN FRANCISCO BALLET ASSOCIATION RETIREMENT PLAN
<b>b</b>	Name of plan sponsor	SAN FRANCISCO BALLET ASSOCIATION
<b>c</b>	EIN-PN	94-1415298-002
<b>a</b>	Plan name	SARGENT METAL FABRICATORS, INC. 401(K) PROFIT SHARING PLAN
<b>b</b>	Name of plan sponsor	SARGENT METAL
<b>c</b>	EIN-PN	57-0632244-001
<b>a</b>	Plan name	SBOPCO, LLC EMPLOYEE 401(K) PLAN
<b>b</b>	Name of plan sponsor	SBOPCO, LLC
<b>c</b>	EIN-PN	84-4188080-001
<b>a</b>	Plan name	SCELZI ENTERPRISES, INC. 401(K) PROFIT SHARING PLAN
<b>b</b>	Name of plan sponsor	SCELZI ENTERPRISES, INC.
<b>c</b>	EIN-PN	77-0195640-001

<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	SCHIRM USA, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	SCHIRM USA, INC.	<b>c</b> EIN-PN 75-2595474-001
<b>a</b>	Plan name	SCHUMANN PRINTERS, INC. RETIREMENT PROGRAM	
<b>b</b>	Name of plan sponsor	SCHUMANN PRINTERS, INC.	<b>c</b> EIN-PN 39-1078568-001
<b>a</b>	Plan name	SCHWAB-EATON, PA 401(K) PLAN	
<b>b</b>	Name of plan sponsor	SCHWAB-EATON, P.A.	<b>c</b> EIN-PN 48-0880169-001
<b>a</b>	Plan name	SERENITY LIVING CENTER, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	SERENITY LIVING CENTER	<b>c</b> EIN-PN 46-1128000-001
<b>a</b>	Plan name	SHARKSKIN FINISHINGS RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	SHARKSKIN FINISHINGS	<b>c</b> EIN-PN 16-1645059-001
<b>a</b>	Plan name	SHELCO, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	SHELCO, LLC	<b>c</b> EIN-PN 56-1190111-001
<b>a</b>	Plan name	SHEPARD & WALTON LIFE INSURANCE AGENCY, INC. DBA SHEPARD & WALTON EMPLOYEE BENEFITS 401(K) PLAN	
<b>b</b>	Name of plan sponsor	SHEPARD & WALTON EMPLOYEE BENEFITS	<b>c</b> EIN-PN 74-1672472-001
<b>a</b>	Plan name	SHORT AND PAULK SUPPLY COMPANY 401(K) PLAN	
<b>b</b>	Name of plan sponsor	SHORT AND PAULK SUPPLY COMPANY	<b>c</b> EIN-PN 58-0627731-001
<b>a</b>	Plan name	SLEEPY HOLLOW AUTO GROUP 401(K) PLAN	
<b>b</b>	Name of plan sponsor	SLEEPY HOLLOW CHEVROLET BUICK GMC INC.	<b>c</b> EIN-PN 39-1930264-001
<b>a</b>	Plan name	SMITH INDUSTRIES, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	SMITH INDUSTRIES, INC.	<b>c</b> EIN-PN 27-2803061-001
<b>a</b>	Plan name	SOLTIS EZ 401K	
<b>b</b>	Name of plan sponsor	MOMENTA, INC.	<b>c</b> EIN-PN 85-4166502-001
<b>a</b>	Plan name	SORREN 401(K) PLAN	
<b>b</b>	Name of plan sponsor	SORREN, INC.	<b>c</b> EIN-PN 45-2904270-001

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 SOUTHERN CHAMPION TRAY LP 401K PLAN	
<b>b</b>	Name of plan sponsor SOUTHERN CHAMPION TRAY L P	<b>c</b> EIN-PN 62-0452437-001
<b>a</b>	Plan name SOUTHERN CONCRETE CONSTRUCTION COMPANY, INC. EMPLOYEES' INCENTIVE SAVINGS PLAN	
<b>b</b>	Name of plan sponsor SOUTHERN CONCRETE CONSTRUCTION COMPANY, INC.	<b>c</b> EIN-PN 58-0827830-002
<b>a</b>	Plan name SOUTHWEST IDAHO ENT & SURGERY CENTER EMPLOYEE 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor SOUTHWEST IDAHO ENT & SOUTHWEST IDAHO SURGERY CENTER, INC.	<b>c</b> EIN-PN 84-1394139-002
<b>a</b>	Plan name SOUTHWEST STEEL CASTING CO. 401(K) PLAN	
<b>b</b>	Name of plan sponsor SOUTHWEST STEEL CASTING CO.	<b>c</b> EIN-PN 75-2940613-001
<b>a</b>	Plan name SPECTRUMVOIP, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor SPECTRUMVOIP, INC.	<b>c</b> EIN-PN 26-4657666-001
<b>a</b>	Plan name SPENCER ENTERPRISES, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor SPENCER ENTERPRISES, INC.	<b>c</b> EIN-PN 94-2396533-001
<b>a</b>	Plan name SPERBER LANDSCAPE COMPANIES AND SUBSIDIARIES 401(K) PLAN	
<b>b</b>	Name of plan sponsor SPERBER LANDSCAPE COMPANIES, LLC	<b>c</b> EIN-PN 82-4405778-001
<b>a</b>	Plan name SPINPLAY GAMES INC 401(K) PROFIT SHARING PLAN AND TRUST	
<b>b</b>	Name of plan sponsor SPINPLAY GAMES INC.	<b>c</b> EIN-PN 83-2475407-001
<b>a</b>	Plan name ST. ANDREW'S SCHOOL INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor ST. ANDREWS SCHOOL, INC.	<b>c</b> EIN-PN 94-1523245-001
<b>a</b>	Plan name ST. FRANCIS ANIMAL AND BIRD HOSPITAL, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor ST. FRANCIS ANIMAL AND BIRD HOSPITAL	<b>c</b> EIN-PN 41-1719710-001
<b>a</b>	Plan name STANTON PUBLIC RELATIONS & MARKETING, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor STANTON PUBLIC RELATIONS & MARKETING, LLC	<b>c</b> EIN-PN 26-4745720-001
<b>a</b>	Plan name STAR FURNITURE 401(K) PLAN	
<b>b</b>	Name of plan sponsor STAR FURNITURE COMPANY	<b>c</b> EIN-PN 74-0920070-001

<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	STATE INDUSTRIAL PRODUCTS SAVINGS AND INVESTMENT PLAN AND TRUST	
<b>b</b>	Name of plan sponsor	STATE INDUSTRIAL PRODUCTS	<b>c</b> EIN-PN 34-0552740-001
<b>a</b>	Plan name	STEPHENS MFG. CO., INC. 401(K) RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	STEPHENS MFG. CO., INC.	<b>c</b> EIN-PN 61-1083572-001
<b>a</b>	Plan name	STINGRAY BOAT COMPANY 401(K) PLAN	
<b>b</b>	Name of plan sponsor	PFC, INC. D/B/A STINGRAY BOAT COMPANY	<b>c</b> EIN-PN 57-0682030-001
<b>a</b>	Plan name	STROMQUIST & COMPANY, INC. PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	STROMQUIST & COMPANY, INC.	<b>c</b> EIN-PN 58-0684488-001
<b>a</b>	Plan name	SUBURBAN HEMATOLOGY-ONCOLOGY ASSOCIATES, P.C. PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	SUBURBAN HEMATOLOGY-ONCOLOGY ASSOCIATES, P.C.	<b>c</b> EIN-PN 58-2590501-001
<b>a</b>	Plan name	SUMMER HILL 401(K) SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	SUMMER HILL, INC.	<b>c</b> EIN-PN 31-1185783-001
<b>a</b>	Plan name	SUN AMERICA LLC 401(K) PROFIT SHARING PLAN AND TRUST	
<b>b</b>	Name of plan sponsor	SUN AMERICA LLC	<b>c</b> EIN-PN 47-2960116-002
<b>a</b>	Plan name	SUN GRO HOLDINGS, INC. RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	SUN GRO HOLDINGS INC.	<b>c</b> EIN-PN 02-0550339-001
<b>a</b>	Plan name	SUN LAKES PEST CONTROL 401(K) PLAN	
<b>b</b>	Name of plan sponsor	SUN LAKES PEST CONTROL	<b>c</b> EIN-PN 20-0415054-001
<b>a</b>	Plan name	T&T ELECTRIC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	T&T ELECTRIC CO. INC.	<b>c</b> EIN-PN 84-0719869-001
<b>a</b>	Plan name	TAKE2 CONSULTING, LLC 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	TAKE2 CONSULTING, LLC	<b>c</b> EIN-PN 47-2507011-001
<b>a</b>	Plan name	TENNESSE TUBEBENDING PRODUCTS PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	TENNESSEE TUBEBENDING PRODUCTS	<b>c</b> EIN-PN 25-1841598-004

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.)	
<b>a</b>	Plan name <a href="#">TERMINAL-ANDRAE 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">T-A ACQUISTION COMPANY LLC DBA TERMINAL-ANDRAE</a>	<b>c</b> EIN-PN <a href="#">85-4187924-001</a>
<b>a</b>	Plan name <a href="#">TEXAS PUBLIC EMPLOYEES ASSOCIATION CAPITAL ACCUMULATION PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">TEXAS PUBLIC EMPLOYEES ASSOCIATION</a>	<b>c</b> EIN-PN <a href="#">74-1032369-002</a>
<b>a</b>	Plan name <a href="#">THE CAVENDER EMPLOYEE CAPITAL ACCUMULATION PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">CAVENDER OLDSMOBILE CO., INC.</a>	<b>c</b> EIN-PN <a href="#">74-1619391-001</a>
<b>a</b>	Plan name <a href="#">THE DDC 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">DONORA DOCK COMPANY</a>	<b>c</b> EIN-PN <a href="#">47-1865902-001</a>
<b>a</b>	Plan name <a href="#">THE HEALING HAVEN, LLC 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">THE HEALING HAVEN, LLC</a>	<b>c</b> EIN-PN <a href="#">27-3412587-001</a>
<b>a</b>	Plan name <a href="#">THE JUICE PLUS 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">THE JUICE PLUS</a>	<b>c</b> EIN-PN <a href="#">20-4819292-001</a>
<b>a</b>	Plan name <a href="#">THE KIECKER CORPORATION 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">THE KIECKER CORPORATION</a>	<b>c</b> EIN-PN <a href="#">45-5580045-001</a>
<b>a</b>	Plan name <a href="#">THE LIBERTY COMPANY 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">THE LIBERTY COMPANY INSURANCE BROKERS, INC.</a>	<b>c</b> EIN-PN <a href="#">27-0063026-001</a>
<b>a</b>	Plan name <a href="#">THE OBSTETRICAL ASSOCIATES 401(K) AND PROFIT SHARING PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">OBSTETRICAL ASSOCIATES, INC.</a>	<b>c</b> EIN-PN <a href="#">04-2438726-001</a>
<b>a</b>	Plan name <a href="#">THE OPRW 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">PROFORMANCE ASSOCIATES, INC.</a>	<b>c</b> EIN-PN <a href="#">68-0007693-003</a>
<b>a</b>	Plan name <a href="#">THE PIEDMONT GROUP 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">THE PIEDMONT GROUP OF ATLANTA, LLC</a>	<b>c</b> EIN-PN <a href="#">46-0782308-001</a>
<b>a</b>	Plan name <a href="#">THE PRAIRIE PLANS RETIREMENT PEP</a>	
<b>b</b>	Name of plan sponsor <a href="#">THE FINWAY GROUP</a>	<b>c</b> EIN-PN <a href="#">42-1468222-027</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	THE REESE GROUP, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	THE REESE GROUP, INC.	<b>c</b> EIN-PN 62-1077825-001
<b>a</b>	Plan name	THE SYNERGY COMPANY OF UTAH RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	THE SYNERGY COMPANY OF UTAH, LLC	<b>c</b> EIN-PN 87-0497272-001
<b>a</b>	Plan name	THE WELD TRUST 401(K) PLAN	
<b>b</b>	Name of plan sponsor	THE WELD TRUST 401(K) PLAN	<b>c</b> EIN-PN 74-2358522-002
<b>a</b>	Plan name	THIRTY MADISON 401(K) PLAN	
<b>b</b>	Name of plan sponsor	THIRTY MADISON INC.	<b>c</b> EIN-PN 81-3709209-001
<b>a</b>	Plan name	THOMAS PLASTIC MACHINERY, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	THOMAS PLASTIC MACHINERY INC	<b>c</b> EIN-PN 35-1925080-001
<b>a</b>	Plan name	TIVOLI MIDSTREAM CB1 401(K) PLAN	
<b>b</b>	Name of plan sponsor	TIVOLI MIDSTREAM CB1 LLC	<b>c</b> EIN-PN 99-2247290-001
<b>a</b>	Plan name	TIVOLI SERVICES 401(K) PLAN	
<b>b</b>	Name of plan sponsor	TIVOLI SERVICES LLC	<b>c</b> EIN-PN 93-2492280-001
<b>a</b>	Plan name	TOBY SEXTON TIRE COMPANY, INC. PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	TOBY SEXTON TIRE COMPANY, INC.	<b>c</b> EIN-PN 58-1030407-001
<b>a</b>	Plan name	TRADEMARK PLASTICS RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	TRADEMARK PLASTICS, INC.	<b>c</b> EIN-PN 47-3688260-003
<b>a</b>	Plan name	TRANER SMITH & COMPANY 401(K) PLAN	
<b>b</b>	Name of plan sponsor	TRANER SMITH & CO, PLLC	<b>c</b> EIN-PN 91-1657150-001
<b>a</b>	Plan name	TRANSCENDENT BRANDS 401(K) PLAN	
<b>b</b>	Name of plan sponsor	TRANSCENDENT BRANDS, LLC	<b>c</b> EIN-PN 86-3522576-001
<b>a</b>	Plan name	TRI 3, INC. 401(K) RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	TRI 3, INC.	<b>c</b> EIN-PN 48-1097531-001

<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	TRICAL GROUP 401(K) SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	TSS CORPORATE SERVICES, LLC	<b>c</b> EIN-PN 83-3977647-001
<b>a</b>	Plan name	TRUE TERPENES 401(K) PLAN	
<b>b</b>	Name of plan sponsor	BULK NATURAL LLC	<b>c</b> EIN-PN 81-1034149-001
<b>a</b>	Plan name	TSC 401K PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	TSC 401K	<b>c</b> EIN-PN 41-0955056-001
<b>a</b>	Plan name	TSE INDUSTRIES INC. PROFIT SHARING/401K PLAN	
<b>b</b>	Name of plan sponsor	TSE INDUSTRIES, INC.	<b>c</b> EIN-PN 59-1089552-001
<b>a</b>	Plan name	TWIN CITIES HABITAT FOR HUMANITY, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	TWIN CITIES HABITAT FOR HUMANITY, INC.	<b>c</b> EIN-PN 36-3363171-001
<b>a</b>	Plan name	TY, INC. EMPLOYEES 401(K) PROFIT SHARING PLAN & TRUST	
<b>b</b>	Name of plan sponsor	TY, INC.	<b>c</b> EIN-PN 58-1666131-001
<b>a</b>	Plan name	UHA 401K PLAN	
<b>b</b>	Name of plan sponsor	UNIVERSITY HEALTH ALLIANCE	<b>c</b> EIN-PN 99-0263440-001
<b>a</b>	Plan name	ULTRA GRO, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ULTRA GRO, LLC	<b>c</b> EIN-PN 26-1819803-002
<b>a</b>	Plan name	UNITED FIRE PROTECTION CORPORATION 401(K) PLAN A	
<b>b</b>	Name of plan sponsor	UNITED FIRE PROTECTION CORPORATION	<b>c</b> EIN-PN 22-2882889-001
<b>a</b>	Plan name	UNITED FIRE PROTECTION CORPORATION 401(K) PLAN B	
<b>b</b>	Name of plan sponsor	UNITED FIRE PROTECTION CORPORATION	<b>c</b> EIN-PN 22-2882889-002
<b>a</b>	Plan name	USA ROLLER CHAIN & SPROCKETS 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	SCREAMN EXPRESS METAL WORKS, INC. USA ROLLER CHAIN & SPROCKETS	<b>c</b> EIN-PN 26-3954867-001
<b>a</b>	Plan name	UTAH COUNTY PUBLIC DEFENDERS ASSOCIATION 401(K) PLAN	
<b>b</b>	Name of plan sponsor	UTAH COUNTY PUBLIC DEFENDERS ASSOCIATION	<b>c</b> EIN-PN 87-0511100-001

<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	VALLEY TIRE RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	VALLEY TIRE COMPANY, INC.	<b>c</b> EIN-PN 25-1370485-001
<b>a</b>	Plan name	VASCULAR SURGERY ASSOCIATES EMPLOYEE'S 401(K) PLAN	
<b>b</b>	Name of plan sponsor	VASCULAR SURGERY ASSOCIATES MEDICAL GROUP, APC	<b>c</b> EIN-PN 92-1249712-001
<b>a</b>	Plan name	VERNIS & BOWLING, P.A. 401K PLAN	
<b>b</b>	Name of plan sponsor	VERNIS & BOWLING, P.A.	<b>c</b> EIN-PN 65-0299372-001
<b>a</b>	Plan name	VETCELERATOR LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	VETCELERATOR LLC	<b>c</b> EIN-PN 88-2041264-001
<b>a</b>	Plan name	VFC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	LIGHTNING PROTECTION SERVICES, LLC DBA VFC	<b>c</b> EIN-PN 20-5533182-001
<b>a</b>	Plan name	VICTORY CDJR 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	VICTORY AUTOMOTIVE GROUP	<b>c</b> EIN-PN 46-5336631-001
<b>a</b>	Plan name	VIRTUS 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	VIRTUS 401(K) PROFIT SHARING PLAN	<b>c</b> EIN-PN 46-3745376-001
<b>a</b>	Plan name	VISION 401(K) PLAN	
<b>b</b>	Name of plan sponsor	401(K) ADMINISTRATION MANAGEMENT PROGRAM, INC.	<b>c</b> EIN-PN 85-4019239-003
<b>a</b>	Plan name	VISTA BANCSHARES, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	VISTA BANCSHARES, INC.	<b>c</b> EIN-PN 75-1940062-001
<b>a</b>	Plan name	VVG RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	VVG RETIREMENT SAVINGS PLAN	<b>c</b> EIN-PN 86-3119853-001
<b>a</b>	Plan name	WARREN - HANKS CONSTRUCTION COMPANY, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	WARREN - HANKS CONSTRUCTION COMPANY	<b>c</b> EIN-PN 58-2129491-001
<b>a</b>	Plan name	WATERTOWN PIGGLY WIGGLY RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	CHRISTIAN BROTHERS OF WATERTOWN, LLC	<b>c</b> EIN-PN 20-8387018-001

<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	WELL PHARMA MEDICAL RESEARCH CORP. 401(K) PLAN
<b>b</b>	Name of plan sponsor	WELL PHARMA MEDICAL RESEARCH CORP.
<b>c</b>	EIN-PN	20-8725496-001
<b>a</b>	Plan name	WELLSPRING DENTAL OF BEDFORD 401(K) PROFIT SHARING PLAN
<b>b</b>	Name of plan sponsor	WELLSPRING DENTAL OF BEDFORD, LLC
<b>c</b>	EIN-PN	46-5631337-001
<b>a</b>	Plan name	WELLVANA 401(K) PLAN
<b>b</b>	Name of plan sponsor	WELLVANA HEALTH
<b>c</b>	EIN-PN	86-3069354-001
<b>a</b>	Plan name	WENSPOK COMPANIES 401(K) PLAN
<b>b</b>	Name of plan sponsor	WENSPOK RESOURCES LLC
<b>c</b>	EIN-PN	46-1396496-001
<b>a</b>	Plan name	WEST VIRGINIA SPINE CENTER 401K RETIREMENT PLAN
<b>b</b>	Name of plan sponsor	WEST VIRGINIA SPINE CENTER PLLC
<b>c</b>	EIN-PN	87-2562107-001
<b>a</b>	Plan name	WINDWARD FUND 401(K) PLAN
<b>b</b>	Name of plan sponsor	WINDWARD FUND
<b>c</b>	EIN-PN	47-3522162-001
<b>a</b>	Plan name	WORCESTER COUNTY 401(A) PLAN
<b>b</b>	Name of plan sponsor	WORCESTER COUNTY GOVERNMENT
<b>c</b>	EIN-PN	52-6001064-001
<b>a</b>	Plan name	WORCESTER COUNTY DEFERRED COMPENSATION PLAN 457
<b>b</b>	Name of plan sponsor	WORCESTER COUNTY GOVERNMENT
<b>c</b>	EIN-PN	52-6001064-002
<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>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>	OMB No. 1210-0110  <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>T. ROWE PRICE RETIREMENT BLEND SELECT TRUST 2040</b>	<b>B</b> Three-digit plan number (PN) ▶ <b>740</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>GREAT GRAY TRUST COMPANY, LLC</b>	<b>D</b> Employer Identification Number (EIN) <b>38-7271346</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.

		(a) Beginning of Year	(b) End of Year
<b>Assets</b>			
<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>	614397	2707740
<b>c</b> General investments:			
<b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....	<b>1c(1)</b>		
<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>	146648020	454603648
<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>		

<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>	147262417	457311388
<b>Liabilities</b>			
<b>g</b> Benefit claims payable.....	<b>1g</b>		
<b>h</b> Operating payables.....	<b>1h</b>	0	239098
<b>i</b> Acquisition indebtedness.....	<b>1i</b>		
<b>j</b> Other liabilities.....	<b>1j</b>	936018	2680957
<b>k</b> Total liabilities (add all amounts in lines 1g through 1j).....	<b>1k</b>	936018	2920055
<b>Net Assets</b>			
<b>l</b> Net assets (subtract line 1k from line 1f).....	<b>1l</b>	146326399	454391333

**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>		0
<b>b Earnings on investments:</b>			
<b>(1) Interest:</b>			
<b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit).....	<b>2b(1)(A)</b>		
<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>		0
<b>(2) Dividends:</b>			
<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>		0
<b>(3)</b> Rents.....	<b>2b(3)</b>		
<b>(4) Net gain (loss) on sale of assets:</b>			
<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>		0
<b>(5) Unrealized appreciation (depreciation) of assets:</b>			
<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>		0

	(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts .....	2b(6)	29227178
(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)	
<b>c</b> Other income .....	2c	
<b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total.....	2d	29227178

**Expenses**

<b>e</b> 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)	0
<b>f</b> Corrective distributions (see instructions) .....	2f	
<b>g</b> Certain deemed distributions of participant loans (see instructions).....	2g	
<b>h</b> Interest expense.....	2h	
<b>i</b> 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)	14492
(5) Investment advisory and investment management fees .....	2i(5)	504097
(6) Bank or trust company trustee/custodial fees .....	2i(6)	128010
(7) Actuarial fees .....	2i(7)	
(8) Legal fees .....	2i(8)	
(9) Valuation/appraisal fees .....	2i(9)	
(10) Other trustee fees and expenses .....	2i(10)	
(11) Other expenses.....	2i(11)	
(12) Total administrative expenses. Add lines 2i(1) through (11) .....	2i(12)	646599
<b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total.....	2j	646599

**Net Income and Reconciliation**

<b>k</b> Net income (loss). Subtract line 2j from line 2d.....	2k	28580579
<b>l</b> Transfers of assets:		
(1) To this plan.....	2l(1)	355393973
(2) From this plan .....	2l(2)	75909618

**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 \_\_\_\_\_.