

Form 5500

Annual Return/Report of Employee Benefit Plan

OMB Nos. 1210-0110 1210-0089

2024

This Form is Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

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

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Part I Annual Report Identification Information

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

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

Part II Basic Plan Information—enter all requested information

1a Name of plan: T. ROWE PRICE RETIREMENT BLEND SELECT TRUST 2045
1b Three-digit plan number (PN): 741
1c Effective date of plan
2a Plan sponsor's name (employer, if for a single-employer plan): GREAT GRAY TRUST COMPANY, LLC
2b Employer Identification Number (EIN): 38-7271347
2c Plan Sponsor's telephone number: 866-427-6885
2d Business code (see instructions)

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

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

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

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

<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>	OMB No. 1210-0110  <hr/> <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 2045</u>	<b>B</b> Three-digit plan number (PN) ▶	<u>741</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>38-7271347</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</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>1062067</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>31608288</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>41126274</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>1709885</u>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>T. ROWE PRICE INTL EQUITY IND 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>61-6591055-001</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>56229543</u>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>T. ROWE PRICE INTL GROWTH EQ 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>35-6942416-001</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>14777419</u>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>T. ROWE PRICE INTL VALUE EQ 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>35-2425742-001</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>17242679</u>

<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) 4770539
<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) 24926406
<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) 5433578
<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) 42974881
<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) 10028732
<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) 11238736
<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) 31568
<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) 14932178
<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) 6844663
<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) 11615178

**a** Name of MTIA, CCT, PSA, or 103-12 IE: TRP US MID-CAP GROWTH EQUITY TRUST

**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) 8026353
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**a** Name of MTIA, CCT, PSA, or 103-12 IE: TRP US SMALL CAP VALUE EQUITY TRUST

**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) 6723653
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**a** Name of MTIA, CCT, PSA, or 103-12 IE: TRP US TREASURY LONG-TERM IND TRUST

**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) 3432265
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**a** Name of MTIA, CCT, PSA, or 103-12 IE: TRP US TREASURY MONEY MARKET TRUST

**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) 4051146
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**a** Name of MTIA, CCT, PSA, or 103-12 IE: U.S. LARGE CAP STRUCTURED INDEX TRU

**b** Name of sponsor of entity listed in (a): GREAT GRAY TRUST COMPANY, LLC

<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) 98369362
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**a** Name of MTIA, CCT, PSA, or 103-12 IE:

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

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

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

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

**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)
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<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	401(K) PROFIT-SHARING PLAN FOR EMPLOYEES OF RED ROCK CENTER FOR INDEPENDENCE	
<b>b</b>	Name of plan sponsor	401(K) PROFIT-SHARING PLAN FOR EMPLOYEES	<b>c</b> EIN-PN 84-1419008-001
<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	ACE ENTITIES, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ACE ENTITIES, LLC	<b>c</b> EIN-PN 27-2393539-001
<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

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 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
<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 ALDRICH & ELLIOTT PC 401(K) PROFIT SHARING PLAN AND TRUST	
<b>b</b>	Name of plan sponsor ALDRICH & ELLIOTT PC	<b>c</b> EIN-PN 03-0348593-001
<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 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 ALOHA NATURAL PET SUPPLY RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor CASCADE PET SUPPLY DBA ALOHA NATURAL PET SUPPLY	<b>c</b> EIN-PN 92-2582927-001
<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, 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 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 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>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

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 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 BILL MELENDEZ PRODUCTIONS INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor BILL MELENDEZ PRODUCTIONS INC.	<b>c</b> EIN-PN 95-2319431-001
<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
<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 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

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 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
<b>a</b>	Plan name CAL-TEX LUMBER CO., INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor CAL-TEX LUMBER CO., INC.	<b>c</b> EIN-PN 74-2466148-001
<b>a</b>	Plan name CAPITAL CONSULTING LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor CAPITAL CONSULTING, LLC	<b>c</b> EIN-PN 20-5254334-001
<b>a</b>	Plan name CAREONSITE MANAGEMENT, INC. EMPLOYEES' 401(K) & PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor CAREONSITE MANAGEMENT, INC.	<b>c</b> EIN-PN 88-1146270-002
<b>a</b>	Plan name CATALYST MARKETING GROUP, LLC RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor CATALYST MARKETING GROUP, LLC	<b>c</b> EIN-PN 47-4160345-001
<b>a</b>	Plan name CCFI COMPANIES LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor CCFI COMPANIES LLC	<b>c</b> EIN-PN 87-2161861-001

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>CCINTEGRATION, INC. 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>CCINTEGRATION INC.</b>	<b>c</b> EIN-PN <b>77-0197130-001</b>
<b>a</b>	Plan name <b>CEDARCREEK COMMUNITY CHURCH 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>CEDARCREEK CHURCH</b>	<b>c</b> EIN-PN <b>34-1789315-001</b>
<b>a</b>	Plan name <b>CENTRAL VERMONT SOLID WASTE MANAGEMENT DISTRICT 457B</b>	
<b>b</b>	Name of plan sponsor <b>CENTRAL VERMONT SOLID WASTE MANAGEMENT DISTRICT</b>	<b>c</b> EIN-PN <b>03-0318150-001</b>
<b>a</b>	Plan name <b>CENTURY GROUP 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>CENTURY GROUP INTERNATIONAL, INC. DBA THE CENTURY GROUP</b>	<b>c</b> EIN-PN <b>93-1022773-001</b>
<b>a</b>	Plan name <b>CHARLOTTESVILLE DENTAL HEALTH PARTNERS, INC. 401(K) PROFIT SHARING PLAN AND TRUST</b>	
<b>b</b>	Name of plan sponsor <b>CHARLOTTESVILLE DENTAL HEALTH PARTNERS, INC.</b>	<b>c</b> EIN-PN <b>54-1301231-001</b>
<b>a</b>	Plan name <b>CLEARFIELD, INC. 401(K) PLAN &amp; TRUST</b>	
<b>b</b>	Name of plan sponsor <b>CLEARFIELD, INC.</b>	<b>c</b> EIN-PN <b>41-1347235-001</b>
<b>a</b>	Plan name <b>CLEVELAND HARDWARE &amp; FORGING CO. SALARIED 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>CLEVELAND HARDWARE &amp; FORGING CO.</b>	<b>c</b> EIN-PN <b>34-1028784-005</b>
<b>a</b>	Plan name <b>CLIFTON LAURITZEN, D.M.D., INC. 401(K) PROFIT SHARING PLAN</b>	
<b>b</b>	Name of plan sponsor <b>CLIFTON LAURITZEN, D.M.D., INC.</b>	<b>c</b> EIN-PN <b>20-5114233-001</b>
<b>a</b>	Plan name <b>CMC TIRE, LLC 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>CMC TIRE LLC</b>	<b>c</b> EIN-PN <b>47-1350018-001</b>
<b>a</b>	Plan name <b>CMD AGENCY RETIREMENT PLAN</b>	
<b>b</b>	Name of plan sponsor <b>CREATIVE MEDIA DEVELOPMENT, INC.</b>	<b>c</b> EIN-PN <b>93-1199469-001</b>
<b>a</b>	Plan name <b>COASTAL HORIZONS CENTER, INC. PROFIT SHARING PLAN</b>	
<b>b</b>	Name of plan sponsor <b>COASTAL HORIZONS CENTER, INC.</b>	<b>c</b> EIN-PN <b>56-0950370-001</b>
<b>a</b>	Plan name <b>COKEBUSTERS USA 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>COKEBUSTERS USA INC.</b>	<b>c</b> EIN-PN <b>99-0380800-001</b>

<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	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	COLLINS SANITARY, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	COLLINS SANITARY, LLC	<b>c</b> EIN-PN 39-1962633-001
<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	CONDUCTIVE GROUP 40(K) PLAN	
<b>b</b>	Name of plan sponsor	CONDUCTIVE GROUP LLC	<b>c</b> EIN-PN 87-0512065-001
<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
<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	CORRELATION MANAGEMENT, LLC 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	CORRELATION MANAGEMENT, LLC	<b>c</b> EIN-PN 20-4584639-001

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>CREW BUILDERS, INC. 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>CREW BUILDERS INC</b>	<b>c</b> EIN-PN <b>20-5499129-001</b>
<b>a</b>	Plan name <b>CURTIS + GINSBERG ARCHITECTS LLP 401(K) PROFIT SHARING PLAN</b>	
<b>b</b>	Name of plan sponsor <b>CURTIS + GINSBERG ARCHITECTS LLP</b>	<b>c</b> EIN-PN <b>06-1305071-001</b>
<b>a</b>	Plan name <b>DAAR ENGINEERING, INC. 401(K) PROFIT SHARING PLAN &amp; TRUST</b>	
<b>b</b>	Name of plan sponsor <b>DAAR ENGINEERING, INC.</b>	<b>c</b> EIN-PN <b>39-2031716-002</b>
<b>a</b>	Plan name <b>DAC, INC. 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>DIGITAL AIR CONTROL, INC. DBA DAC, INC.</b>	<b>c</b> EIN-PN <b>76-0403380-001</b>
<b>a</b>	Plan name <b>DAPRILE INSURANCE GROUP LLC 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>DAPRILE INSURANCE GROUP LLC</b>	<b>c</b> EIN-PN <b>45-4244862-001</b>
<b>a</b>	Plan name <b>DAVID E. HARVEY BUILDERS, INC. EMPLOYEE SAVINGS PLAN</b>	
<b>b</b>	Name of plan sponsor <b>DAVID E. HARVEY BUILDERS, INC.</b>	<b>c</b> EIN-PN <b>76-0236902-001</b>
<b>a</b>	Plan name <b>DEDEKIAN, GEORGE, SMALL &amp; MARKARIAN ACCOUNTANCY CORPORATION EMPLOYEES' RETIREMENT PLAN</b>	
<b>b</b>	Name of plan sponsor <b>DEDEKIAN, GEORGE, SMALL &amp; MARKARIAN ACCOUNTANCY CORPORATION</b>	<b>c</b> EIN-PN <b>77-0000369-001</b>
<b>a</b>	Plan name <b>DEERPOINT GROUP, INC. 401K RETIREMENT PLAN</b>	
<b>b</b>	Name of plan sponsor <b>DEERPOINT GROUP, INC.</b>	<b>c</b> EIN-PN <b>36-3902451-001</b>
<b>a</b>	Plan name <b>DENIZEN, INC 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>DENIZEN, INC</b>	<b>c</b> EIN-PN <b>42-1309369-002</b>
<b>a</b>	Plan name <b>DERING PIERSON GROUP, LLC 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>DERING PIERSON GROUP, LLC</b>	<b>c</b> EIN-PN <b>80-0696128-001</b>
<b>a</b>	Plan name <b>DERMATOLOGY SPECIALISTS, P.A. RETIREMENT PLAN</b>	
<b>b</b>	Name of plan sponsor <b>DERMATOLOGY SPECIALISTS, P.A.</b>	<b>c</b> EIN-PN <b>41-1264423-001</b>
<b>a</b>	Plan name <b>DETROIT EDGE TOOL COMPANY 401(K) PROFIT SHARING PLAN AND TRUST</b>	
<b>b</b>	Name of plan sponsor <b>DETROIT EDGE TOOL COMPANY</b>	<b>c</b> EIN-PN <b>38-1292818-001</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 <a href="#">DON E. BOWER, INC. 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">DON E. BOWER INC.</a>	<b>c</b> EIN-PN <a href="#">23-2132575-001</a>
<b>a</b>	Plan name <a href="#">DORSO REALTY GROUP, INC. 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">DORSO REALTY GROUP, INC.</a>	<b>c</b> EIN-PN <a href="#">22-1862306-002</a>
<b>a</b>	Plan name <a href="#">DOSWELL OPERATING GROUP 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">WOODFIN HEATING, INC.</a>	<b>c</b> EIN-PN <a href="#">54-1061638-002</a>
<b>a</b>	Plan name <a href="#">DOXO, INC. RETIREMENT TRUST</a>	
<b>b</b>	Name of plan sponsor <a href="#">DOXO, INC.</a>	<b>c</b> EIN-PN <a href="#">26-3272091-001</a>
<b>a</b>	Plan name <a href="#">DUFFY BROS. MANAGEMENT COMPANY 401(K) PROFIT SHARING PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">DUFFY BROS. MANAGEMENT CO., INC.</a>	<b>c</b> EIN-PN <a href="#">04-3107203-001</a>
<b>a</b>	Plan name <a href="#">DUNAWAY BROTHERS INC 401(K) PROFIT SHARING PLAN &amp; TRUST</a>	
<b>b</b>	Name of plan sponsor <a href="#">DUNAWAY BROTHERS, INC</a>	<b>c</b> EIN-PN <a href="#">59-3833415-001</a>
<b>a</b>	Plan name <a href="#">E.J. MILITELLO CONCRETE 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">E.J. MILITELLO CONCRETE INC.</a>	<b>c</b> EIN-PN <a href="#">16-1499372-001</a>
<b>a</b>	Plan name <a href="#">EAP INDUSTRIES INC. SAFE HARBOR 401(K) PROFIT SHARING PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">EAP INDUSTRIES, INC</a>	<b>c</b> EIN-PN <a href="#">25-1249511-002</a>
<b>a</b>	Plan name <a href="#">EARLY LEARNING INDIANA, INC. 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">EARLY LEARNING INDIANA INC.</a>	<b>c</b> EIN-PN <a href="#">35-0888763-002</a>
<b>a</b>	Plan name <a href="#">ELDER DEMO LLC EMPLOYEE'S PROFIT SHARING 401K PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">ELDER DEMO LLC</a>	<b>c</b> EIN-PN <a href="#">92-1190284-002</a>
<b>a</b>	Plan name <a href="#">ELITE MECHANICAL, INC. 401(K) PROFIT SHARING PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">ELITE MECHANICAL, INC.</a>	<b>c</b> EIN-PN <a href="#">99-0320681-001</a>
<b>a</b>	Plan name <a href="#">EMERGENCY PHYSICIANS OF NORTHWEST OHIO, INC.</a>	
<b>b</b>	Name of plan sponsor <a href="#">EMERGENCY PHYSICIANS OF NORTHWEST OHIO, INC.</a>	<b>c</b> EIN-PN <a href="#">81-0547599-003</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	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	EPL 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ENERGY PERFORMANCE LIGHTING	<b>c</b> EIN-PN 86-1054818-001
<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>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

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>FARMERS &amp; MERCHANTS BANK 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>FARMERS &amp; MERCHANTS BANK</b>	<b>c</b> EIN-PN <b>39-0273347-001</b>
<b>a</b>	Plan name <b>FARTHER FINANCE, INC. 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>FARTHER FINANCE, INC</b>	<b>c</b> EIN-PN <b>83-4348882-001</b>
<b>a</b>	Plan name <b>FIRST METHODIST MONROE 403(B)9 PLAN</b>	
<b>b</b>	Name of plan sponsor <b>FIRST METHODIST MONROE</b>	<b>c</b> EIN-PN <b>92-1406666-001</b>
<b>a</b>	Plan name <b>FIRST NATIONAL BANK OF SYCAMORE 401(K) PROFIT SHARING PLAN</b>	
<b>b</b>	Name of plan sponsor <b>FIRST NATIONAL BANK OF SYCAMORE</b>	<b>c</b> EIN-PN <b>34-4370555-002</b>
<b>a</b>	Plan name <b>FLUIDMASTER, INC. SAVINGS PLAN</b>	
<b>b</b>	Name of plan sponsor <b>FLUIDMASTER, INC.</b>	<b>c</b> EIN-PN <b>95-1942465-003</b>
<b>a</b>	Plan name <b>FLUXX LABS, INC. 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>FLUXX LABS, INC.</b>	<b>c</b> EIN-PN <b>47-3953732-001</b>
<b>a</b>	Plan name <b>FOCKE &amp; CO., INC. 401(K) RETIREMENT PLAN</b>	
<b>b</b>	Name of plan sponsor <b>FOCKE &amp; CO., INC.</b>	<b>c</b> EIN-PN <b>22-2288745-001</b>
<b>a</b>	Plan name <b>FORMATION BIO 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>TRIALSPARK INC. DBA FORMATION BIO</b>	<b>c</b> EIN-PN <b>47-1134239-001</b>
<b>a</b>	Plan name <b>FORWARD IN FAITH, LLC.</b>	
<b>b</b>	Name of plan sponsor <b>FORWARD IN FAITH, LLC.</b>	<b>c</b> EIN-PN <b>85-4400903-001</b>
<b>a</b>	Plan name <b>FRANK WOOD &amp; SON 401K PLAN</b>	
<b>b</b>	Name of plan sponsor <b>FRANK WOOD &amp; SON PLUMBING &amp; ELECTRICAL LLC</b>	<b>c</b> EIN-PN <b>83-0929533-001</b>
<b>a</b>	Plan name <b>FREEDOM ARC 401K POOLED PLAN</b>	
<b>b</b>	Name of plan sponsor <b>401(K) FREEDOM INC.</b>	<b>c</b> EIN-PN <b>45-4454161-011</b>
<b>a</b>	Plan name <b>FREEMANS CAR STEREO, INC. 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>FREEMANS CAR STEREO, INC.</b>	<b>c</b> EIN-PN <b>56-1678602-001</b>

<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	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	GASTON TREE DEBRIS RECYCLING, LLC RETIREMENT PLAN & TRUST.	
<b>b</b>	Name of plan sponsor	GASTON TREE SERVICE	<b>c</b> EIN-PN 59-3691567-001
<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
<b>a</b>	Plan name	GB MACHINE 401(K) PLAN	
<b>b</b>	Name of plan sponsor	GB MACHINE, LLC	<b>c</b> EIN-PN 93-4227565-001

<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	GCOMMERCE SOLUTIONS, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	GCOMMERCE SOLUTIONS, LLC	<b>c</b> EIN-PN 20-4731551-001
<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	GILL FAMILY MEDICINE 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	GILL FAMILY MEDICINE, PC	<b>c</b> EIN-PN 63-0968329-001
<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	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

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	HOLZ & HENRY, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	HOLZ & HENRY, INC.	<b>c</b> EIN-PN 23-1738342-001
<b>a</b>	Plan name	HOMAGE, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	HOMAGE HOLDINGS, INC	<b>c</b> EIN-PN 20-8826851-002
<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	INNOVATIVE MEDICAL SYSTEMS, INC.	
<b>b</b>	Name of plan sponsor	INNOVATIVE MEDICAL SYSTEMS, INC.	<b>c</b> EIN-PN 86-0907769-002
<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	INTEGRATED MARKETING & INSURANCE SERVICES, INC. 401(K) & PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	INTEGRATED MARKETING & INSURANCE SERVICES INC.	<b>c</b> EIN-PN 33-0696814-001
<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

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="#">ITV US HOLDINGS INC. 401(K) PLAN &amp; TRUST</a>	
<b>b</b>	Name of plan sponsor <a href="#">ITV US HOLDINGS, INC.</a>	<b>c</b> EIN-PN <a href="#">43-2115900-001</a>
<b>a</b>	Plan name <a href="#">IVY REALTY SERVICES, LLC 401(K) PS PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">IVY REALTY SERVICES, LLC</a>	<b>c</b> EIN-PN <a href="#">20-1826316-001</a>
<b>a</b>	Plan name <a href="#">JAIN AMERICA HOLDINGS, INC. 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">JAIN AMERICA HOLDINGS LLC</a>	<b>c</b> EIN-PN <a href="#">81-1519531-001</a>
<b>a</b>	Plan name <a href="#">JARRETT ENTERPRISES 401(K) PROFIT SHARING PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">BILL JARRETT FORD, INC.</a>	<b>c</b> EIN-PN <a href="#">59-1637589-001</a>
<b>a</b>	Plan name <a href="#">JMG SECURITY SYSTEMS, INC. EMPLOYEES' 401(K) PROFIT SHARING PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">JMG SECURITY SYSTEMS, INC.</a>	<b>c</b> EIN-PN <a href="#">33-0298100-001</a>
<b>a</b>	Plan name <a href="#">JR MERIT ADMINISTRATION 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">JR MERIT, INC.</a>	<b>c</b> EIN-PN <a href="#">91-1803313-002</a>
<b>a</b>	Plan name <a href="#">JUAN A. MANTILLA, M.D., P.A. 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">JUAN A. MANTILLA, M.D., P.A.</a>	<b>c</b> EIN-PN <a href="#">04-3721515-001</a>
<b>a</b>	Plan name <a href="#">KEANE &amp; BEANE, P.C. 401(K) RETIREMENT PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">KEANE &amp; BEANE, P.C.</a>	<b>c</b> EIN-PN <a href="#">13-3026461-001</a>
<b>a</b>	Plan name <a href="#">KEYWORDS US HOLDINGS, INC. 401(K) P/S PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">KEYWORDS US HOLDINGS, INC.</a>	<b>c</b> EIN-PN <a href="#">61-1859078-001</a>
<b>a</b>	Plan name <a href="#">KINNEY MANUFACTURING 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">KINNEY MANUFACTURING, LLC</a>	<b>c</b> EIN-PN <a href="#">45-2976898-001</a>
<b>a</b>	Plan name <a href="#">KUPFERLE, LLC 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">KUPFERLE, LLC</a>	<b>c</b> EIN-PN <a href="#">92-1245064-001</a>
<b>a</b>	Plan name <a href="#">KYLE HOUSE GROUP 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">KYLE HOUSE GROUP, LLC</a>	<b>c</b> EIN-PN <a href="#">27-4229663-001</a>

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 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 LAKE AND POND SOLUTIONS 401(K) PLAN	
<b>b</b>	Name of plan sponsor LAKE AND POND SOLUTIONS, LLC	<b>c</b> EIN-PN 87-2631355-001
<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
<b>a</b>	Plan name LIL' BLOOMERS 401(K) PLAN	
<b>b</b>	Name of plan sponsor LIL BLOOMERS CHILD CARE & PRESCHOOL, INC.	<b>c</b> EIN-PN 26-1607158-001
<b>a</b>	Plan name LINTERN CORPORATION 401(K) SAVINGS PLAN	
<b>b</b>	Name of plan sponsor LINTERN CORPORATION	<b>c</b> EIN-PN 34-0361330-003
<b>a</b>	Plan name LITTLE ROCK ENDOCRINOLOGY 401(K) PLAN	
<b>b</b>	Name of plan sponsor LITTLE ROCK ENDOCRINOLOGY SERVICES	<b>c</b> EIN-PN 45-3949590-001
<b>a</b>	Plan name LODGE MANUFACTURING COMPANY DEFERRED PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor LODGE MANUFACTURING COMPANY	<b>c</b> EIN-PN 62-0273720-002
<b>a</b>	Plan name LUDMAN INDUSTRIES 401(K) PLAN	
<b>b</b>	Name of plan sponsor LUDMAN INDUSTRIES	<b>c</b> EIN-PN 80-0695276-001
<b>a</b>	Plan name LYDIG CONSTRUCTION, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor LYDIG CONSTRUCTION, INC.	<b>c</b> EIN-PN 91-0672331-001

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>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>MARSHALL CARPET &amp; TILE CO., INC. 401(K) &amp; PROFIT SHARING PLAN</b>	
<b>b</b>	Name of plan sponsor <b>MARSHALL CARPET &amp; TILE CO. INC.</b>	<b>c</b> EIN-PN <b>34-1476597-001</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>MBC HOLDINGS OF OHIO INC. 401(K) SAVINGS &amp; RETIREMENT PLAN</b>	
<b>b</b>	Name of plan sponsor <b>MBC HOLDINGS OF OHIO INC.</b>	<b>c</b> EIN-PN <b>34-4456871-002</b>
<b>a</b>	Plan name <b>MCCRITE MILLING PROFIT SHARING PLAN</b>	
<b>b</b>	Name of plan sponsor <b>MCCRITE MILLING &amp; CONSTRUCTION CO., INC.</b>	<b>c</b> EIN-PN <b>35-2009351-001</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>
<b>a</b>	Plan name <b>MIDWEST WELLNESS &amp; RECOVERY, INC. 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>MIDWEST WELLNESS &amp; RECOVERY</b>	<b>c</b> EIN-PN <b>93-3554359-001</b>
<b>a</b>	Plan name <b>MONORAIL ESPRESSO 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>MONORAIL COFFEE LLC</b>	<b>c</b> EIN-PN <b>46-0868204-001</b>

<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	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	NEPHROLOGY CONSULTANTS, P.A. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	NEPHROLOGY CONSULTANTS, P.A.	<b>c</b> EIN-PN 20-2122858-001
<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>a</b>	Plan name	NORMAN PAPER AND FOAM 401(K) PLAN	
<b>b</b>	Name of plan sponsor	NORMAN PAPER AND FOAM COMPANY, INC.	<b>c</b> EIN-PN 95-3502638-001

<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	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>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

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 PIONEER ELECTRICAL SERVICES LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor PIONEER ELECTRICAL SERVICES LL	<b>c</b> EIN-PN 82-2584275-001
<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 PREFERRED BUSINESS SYSTEMS, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor PREFERRED BUSINESS SYSTEMS, INC.	<b>c</b> EIN-PN 22-3511726-001
<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 PRODUCT HUNT 401(K)	
<b>b</b>	Name of plan sponsor PRODUCT HUNT INC.	<b>c</b> EIN-PN 46-5540176-001
<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

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 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>a</b>	Plan name R.J. LANG SALES, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor R. J. LANG SALES, INC.	<b>c</b> EIN-PN 34-1115891-004
<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 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 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>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

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 RIVERSIDE AUTOMOTIVE SERVICE & PARTS, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor RIVERSIDE AUTOMOTIVE SERVICE & PARTS, INC	<b>c</b> EIN-PN 39-1339939-001
<b>a</b>	Plan name RIVERSIDE DENTAL GROUP AND DENTAL ASSOCIATE OFFICES 401(K) PLAN	
<b>b</b>	Name of plan sponsor ELIAS, ELLIOTT, LAMPASI, FEHN, HARRIS, AND NGUYEN A DENTAL PRATICE, I	<b>c</b> EIN-PN 33-0874160-001
<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 ROGERS DRUG STORES, INC. NEW COMPARABILITY PROFIT SHARING 401(K) PLAN	
<b>b</b>	Name of plan sponsor ROGERS DRUG STORES, INC.	<b>c</b> EIN-PN 20-8201738-002
<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>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	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>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	SEIDEL TANNING CORPORATION SAVINGS AND RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	SEIDEL TANNING CORPORATION	<b>c</b> EIN-PN 39-0744143-002
<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

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	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
<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	SOUTHSHORE ORTHODONTICS, PA PROFIT SHARING PLAN
<b>b</b>	Name of plan sponsor	SOUTHSHORE ORTHODONTICS
<b>c</b>	EIN-PN	47-1100536-001
<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

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 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 STACEY BOEHMAN 401(K) PLAN	
<b>b</b>	Name of plan sponsor STACEY SMITH COACHING LLC	<b>c</b> EIN-PN 82-1295271-001
<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>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 SUMMER RRH 401(K) PLAN	
<b>b</b>	Name of plan sponsor SUMMER RRH DBA RIVER RIDGE HARDWARE & PETERS HARDWARE	<b>c</b> EIN-PN 81-5002881-002
<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

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 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 SYSTEC LIMITED OF WISCONS IN INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor SYSTEC LIMITED OF WISCONSIN INC.	<b>c</b> EIN-PN 39-1408613-001
<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 TUBE BENDING PRODUCTS PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor TENNESSEE TUBE BENDING PRODUCTS	<b>c</b> EIN-PN 25-1841598-004
<b>a</b>	Plan name TEREMANA 401(K) PLAN	
<b>b</b>	Name of plan sponsor SIETE BUCKS SPIRITS, LLC	<b>c</b> EIN-PN 84-3948373-002
<b>a</b>	Plan name TERMINAL-ANDRAE 401(K) PLAN	
<b>b</b>	Name of plan sponsor T-A ACQUISTION COMPANY LLC DBA TERMINAL-ANDRAE	<b>c</b> EIN-PN 85-4187924-001
<b>a</b>	Plan name THALNER ELECTRONIC LABORATORIES 401(K) PLAN	
<b>b</b>	Name of plan sponsor THALNER ELECTRONIC LABORATORIES, INC.	<b>c</b> EIN-PN 38-1794617-003
<b>a</b>	Plan name THE CAVENDER EMPLOYEE CAPITAL ACCUMULATION PLAN	
<b>b</b>	Name of plan sponsor CAVENDER OLDSMOBILE CO., INC.	<b>c</b> EIN-PN 74-1619391-001
<b>a</b>	Plan name THE DDC 401(K) PLAN	
<b>b</b>	Name of plan sponsor DONORA DOCK COMPANY	<b>c</b> EIN-PN 47-1865902-001
<b>a</b>	Plan name THE HEALING HAVEN, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor THE HEALING HAVEN, LLC	<b>c</b> EIN-PN 27-3412587-001
<b>a</b>	Plan name THE JUICE PLUS 401(K) PLAN	
<b>b</b>	Name of plan sponsor THE JUICE PLUS	<b>c</b> EIN-PN 20-4819292-001

<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	THE KIECKER CORPORATION 401(K) PLAN	
<b>b</b>	Name of plan sponsor	THE KIECKER CORPORATION	<b>c</b> EIN-PN 45-5580045-001
<b>a</b>	Plan name	THE LIBERTY COMPANY 401(K) PLAN	
<b>b</b>	Name of plan sponsor	THE LIBERTY COMPANY INSURANCE BROKERS, INC.	<b>c</b> EIN-PN 27-0063026-001
<b>a</b>	Plan name	THE MORNING GROUP 401(K) PLAN	
<b>b</b>	Name of plan sponsor	THE MORNING GROUP LLC	<b>c</b> EIN-PN 81-2019753-001
<b>a</b>	Plan name	THE OBSTETRICAL ASSOCIATES 401(K) AND PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	OBSTETRICAL ASSOCIATES, INC.	<b>c</b> EIN-PN 04-2438726-001
<b>a</b>	Plan name	THE OPRW 401(K) PLAN	
<b>b</b>	Name of plan sponsor	PROFORMANCE ASSOCIATES, INC.	<b>c</b> EIN-PN 68-0007693-003
<b>a</b>	Plan name	THE PIEDMONT GROUP 401(K) PLAN	
<b>b</b>	Name of plan sponsor	THE PIEDMONT GROUP OF ATLANTA, LLC	<b>c</b> EIN-PN 46-0782308-001
<b>a</b>	Plan name	THE PRAIRIE PLANS RETIREMENT PEP	
<b>b</b>	Name of plan sponsor	THE FINWAY GROUP	<b>c</b> EIN-PN 42-1468222-027
<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

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 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>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>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	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>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	VERITY JET GROUP, LLC PROFIT SHARING/401(K) PLAN AND TRUST	
<b>b</b>	Name of plan sponsor	VERITY JET GROUP, LLC	<b>c</b> EIN-PN 83-3277809-001
<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

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 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 WALKER ELLIOTT 401(K) PLAN	
<b>b</b>	Name of plan sponsor WALKER ELLIOTT, LP	<b>c</b> EIN-PN 26-3925998-001
<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>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>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 2045</b>	<b>B</b> Three-digit plan number (PN) ▶ <b>741</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>38-7271347</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>	1268472	3298359
<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>	132165800	417155393
<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:		(a) Beginning of Year	(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>	133434272	420453752
<b>Liabilities</b>			
<b>g</b> Benefit claims payable.....	<b>1g</b>		
<b>h</b> Operating payables.....	<b>1h</b>	0	216092
<b>i</b> Acquisition indebtedness.....	<b>1i</b>		
<b>j</b> Other liabilities.....	<b>1j</b>	1324324	3285614
<b>k</b> Total liabilities (add all amounts in lines 1g through 1j).....	<b>1k</b>	1324324	3501706
<b>Net Assets</b>			
<b>l</b> Net assets (subtract line 1k from line 1f).....	<b>1l</b>	132109948	416952046

**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>		(a) Amount	(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 .....	<b>2b(6)</b>		27764772
(7) Net investment gain (loss) from pooled separate accounts .....	<b>2b(7)</b>		
(8) Net investment gain (loss) from master trust investment accounts .....	<b>2b(8)</b>		
(9) Net investment gain (loss) from 103-12 investment entities .....	<b>2b(9)</b>		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds) .....	<b>2b(10)</b>		
<b>c</b> Other income .....	<b>2c</b>		
<b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total .....	<b>2d</b>		27764772

**Expenses**

<b>e</b> Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers .....	<b>2e(1)</b>		
(2) To insurance carriers for the provision of benefits .....	<b>2e(2)</b>		
(3) Other .....	<b>2e(3)</b>		
(4) Total benefit payments. Add lines <b>2e(1)</b> through <b>(3)</b> .....	<b>2e(4)</b>		0
<b>f</b> Corrective distributions (see instructions) .....	<b>2f</b>		
<b>g</b> Certain deemed distributions of participant loans (see instructions) .....	<b>2g</b>		
<b>h</b> Interest expense .....	<b>2h</b>		
<b>i</b> Administrative expenses:			
(1) Salaries and allowances .....	<b>2i(1)</b>		
(2) Contract administrator fees .....	<b>2i(2)</b>		
(3) Recordkeeping fees .....	<b>2i(3)</b>		
(4) IQPA audit fees .....	<b>2i(4)</b>	13044	
(5) Investment advisory and investment management fees .....	<b>2i(5)</b>	452442	
(6) Bank or trust company trustee/custodial fees .....	<b>2i(6)</b>	115104	
(7) Actuarial fees .....	<b>2i(7)</b>		
(8) Legal fees .....	<b>2i(8)</b>		
(9) Valuation/appraisal fees .....	<b>2i(9)</b>		
(10) Other trustee fees and expenses .....	<b>2i(10)</b>		
(11) Other expenses .....	<b>2i(11)</b>		
(12) Total administrative expenses. Add lines <b>2i(1)</b> through <b>(11)</b> .....	<b>2i(12)</b>		580590
<b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total .....	<b>2j</b>		580590

**Net Income and Reconciliation**

<b>k</b> Net income (loss). Subtract line <b>2j</b> from line <b>2d</b> .....	<b>2k</b>		27184182
<b>l</b> Transfers of assets:			
(1) To this plan .....	<b>2l(1)</b>		320231249
(2) From this plan .....	<b>2l(2)</b>		62573333

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