

**Form 5500**Department of the Treasury  
Internal Revenue ServiceDepartment of Labor  
Employee Benefits Security  
Administration

Pension Benefit Guaranty Corporation

**Annual Return/Report of Employee Benefit Plan**

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

**▶ Complete all entries in accordance with the instructions to the Form 5500.**OMB Nos. 1210-0110  
1210-0089**2024****This Form is Open to Public Inspection****Part I Annual Report Identification Information**For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

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

**Part II Basic Plan Information—enter all requested information**

<b>1a</b> Name of plan T. ROWE PRICE RETIREMENT BLEND SELECT TRUST 2055	<b>1b</b> Three-digit plan number (PN) ▶ <u>743</u>
	<b>1c</b> Effective date of plan
<b>2a</b> Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) GREAT GRAY TRUST COMPANY, LLC  6725 VIA AUSTI PARKWAY, SUITE 260 LAS VEGAS, NV 89119	<b>2b</b> Employer Identification Number (EIN) <u>38-7271349</u>
	<b>2c</b> Plan Sponsor's telephone number <u>866-427-6885</u>
	<b>2d</b> Business code (see instructions)

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

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

<b>SIGN HERE</b>			
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
<b>SIGN HERE</b>			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
<b>SIGN HERE</b>	Filed with authorized/valid electronic signature.	10/13/2025	MATT FALCIANI
	Signature of DFE	Date	Enter name of individual signing as DFE

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

**Form 5500 (2024)**  
v. 240311

<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	
<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.....			
		<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)

**a Pension Schedules**

- (1)  **R** (Retirement Plan Information)
- (2)  **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- (3)  **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary
- (4)  **DCG** (Individual Plan Information) – Number Attached \_\_\_\_\_
- (5)  **MEP** (Multiple-Employer Retirement Plan Information)

**b General Schedules**

- (1)  **H** (Financial Information)
- (2)  **I** (Financial Information – Small Plan)
- (3)  **A** (Insurance Information) – Number Attached 0
- (4)  **C** (Service Provider Information)
- (5)  **D** (DFE/Participating Plan Information)
- (6)  **G** (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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**SCHEDULE D  
(Form 5500)**

Department of the Treasury  
Internal Revenue Service

Department of Labor  
Employee Benefits Security Administration

**DFE/Participating Plan Information**

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

► **File as an attachment to Form 5500.**

OMB No. 1210-0110

**2024**

**This Form is Open to Public Inspection.**

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 2055</u>	<b>B</b> Three-digit plan number (PN) <u>743</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>38-7271349</u>

**Part I Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)**  
(Complete as many entries as needed to report all interests in DFEs)

<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>229160</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>21513538</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>27319029</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>387258</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>37465698</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>9774271</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>11465365</u>

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

<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)	3169065
<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)	16626181
<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)	1193040
<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)	28661262
<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)	6696051
<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)	7506819
<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)	29313
<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)	9985956
<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)	4557497
<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)	7751349

**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) 5324216
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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) 4439440
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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) 753007
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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) 170642
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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) 65629249
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**a** Name of MTIA, CCT, PSA, or 103-12 IE: NT COLLECTIVE GOVERNMENT STIF**b** Name of sponsor of entity listed in (a): NORTHERN TRUST INVESTMENTS, INC.

<b>c</b> EIN-PN 45-6138589-058	<b>d</b> Entity code C	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
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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. 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	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	AGC, LAS VEGAS CHAPTER 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ASSOCIATED GENERAL CONTRACTORS, INC., LAS VEGAS CHAPTER	<b>c</b> EIN-PN 88-0173225-001
<b>a</b>	Plan name	AIAC INTERNATIONAL PHARMA RET PLAN	
<b>b</b>	Name of plan sponsor	AIAC INTERNATIONAL PHARMA LLC	<b>c</b> EIN-PN 66-0839778-001
<b>a</b>	Plan name	AINSWORTH GAME TECHNOLOGY INC. RETIREMENT PLAN & TRUST	
<b>b</b>	Name of plan sponsor	AINSWORTH GAME TECHNOLOGY INC.	<b>c</b> EIN-PN 86-1131097-001
<b>a</b>	Plan name	ALBERT & MACKENZIE, LLP 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	ALBERT & MACKENZIE, LLP	<b>c</b> EIN-PN 82-1962454-001

<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	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
<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

**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	APOLLON WEALTH MANAGEMENT, LLC 401(K) PLAN	<b>c</b>	EIN-PN	82-3706323-001
<b>b</b>	Name of plan sponsor	APOLLON WEALTH MANAGEMENT, LLC	<b>c</b>	EIN-PN	82-3706323-001
<b>a</b>	Plan name	AQUATIC CONTROL 401(K) PLAN	<b>c</b>	EIN-PN	35-1263215-001
<b>b</b>	Name of plan sponsor	AQUATIC CONTROL INC.	<b>c</b>	EIN-PN	35-1263215-001
<b>a</b>	Plan name	ARCHITECTS ORANGE 401(K) RETIREMENT SAVINGS PLAN	<b>c</b>	EIN-PN	95-3428586-004
<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>c</b>	EIN-PN	94-1746602-003
<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>c</b>	EIN-PN	33-0788090-001
<b>b</b>	Name of plan sponsor	AVALON TEST EQUIPMENT	<b>c</b>	EIN-PN	33-0788090-001
<b>a</b>	Plan name	AVM CARES, INC. DBA ADVANCED VETERINARY CARE CENTER EMPLOYEES RETIREMENT PLAN	<b>c</b>	EIN-PN	47-4748628-001
<b>b</b>	Name of plan sponsor	AVM CARES, INC. D/B/A ADVANCED VETERINARY CARE CENTER	<b>c</b>	EIN-PN	47-4748628-001
<b>a</b>	Plan name	AXIOM SYSTEMS, INC. 401(K) PLAN	<b>c</b>	EIN-PN	23-2841822-001
<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>c</b>	EIN-PN	13-3010860-001
<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>c</b>	EIN-PN	13-3744251-001
<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>c</b>	EIN-PN	27-1011855-001
<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>c</b>	EIN-PN	95-3922199-002
<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>c</b>	EIN-PN	95-3922199-001
<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	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	BEST LAW 401(K) PLAN	
<b>b</b> Name of plan sponsor	BEST LAW, P.A.	<b>c</b> EIN-PN 46-3051196-001
<b>a</b> Plan name	BETHEL HEIGHTS VINEYARD, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b> Name of plan sponsor	BETHEL HEIGHTS VINEYARD, INC.	<b>c</b> EIN-PN 93-0719624-001
<b>a</b> Plan name	BILLION DOLLAR BROWS 401(K) PROFIT-SHARING PLAN	
<b>b</b> Name of plan sponsor	PETUNIA PRODUCTS, INC.	<b>c</b> EIN-PN 54-2168706-001
<b>a</b> Plan name	BLACHFORD GROUP SAVINGS & RETIREMENT PLAN & TRUST	
<b>b</b> Name of plan sponsor	BLACHFORD, INC.	<b>c</b> EIN-PN 36-3658961-003
<b>a</b> Plan name	BLUE OX ENTERPRISES LLC 401(K) PROFIT SHARING PLAN AND TRUST	
<b>b</b> Name of plan sponsor	BLUE OX ENTERPRISES LLC	<b>c</b> EIN-PN 20-2296476-001
<b>a</b> Plan name	BONFIRE FUNDS INC 401(K) PLAN	
<b>b</b> Name of plan sponsor	BONFIRE FUNDS INC	<b>c</b> EIN-PN 46-2315572-001
<b>a</b> Plan name	BOTSFORD AND GOODFELLOW, INC. PROFIT SHARING PLAN	
<b>b</b> Name of plan sponsor	BOTSFORD & GOODFELLOW, INC.	<b>c</b> EIN-PN 93-0550578-001
<b>a</b> Plan name	BRAFMAN FAMILY DENTISTRY, P.A. 401(K) PROFIT SHARING PLAN	
<b>b</b> Name of plan sponsor	BRAFMAN FAMILY DENTISTRY, P.A.	<b>c</b> EIN-PN 51-0413028-001
<b>a</b> Plan name	BRANSON BUILDERS AND CONTRACTORS 401K PLAN	
<b>b</b> Name of plan sponsor	BRANSON BUILDERS AND CONTRACTORS	<b>c</b> EIN-PN 41-1847428-001
<b>a</b> Plan name	BREAKTHRU BEVERAGE	
<b>b</b> Name of plan sponsor	BREAKTHRU BEVERAGE CALIFORNIA	<b>c</b> EIN-PN 95-2460478-001
<b>a</b> Plan name	BRISTOL ID TECHNOLOGIES 401(K) PROFIT SHARING PLAN	
<b>b</b> Name of plan sponsor	BRISTOL GRAPHICS, INC. DBA BRISTOL ID TECHNOLOGIES, INC.	<b>c</b> EIN-PN 16-1423296-001

<b>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	BROADDUS & ASSOCIATES, INC. 401(K) PLAN BROADDUS & ASSOCIATES, INC.	
<b>b</b>	Name of plan sponsor	BROADDUS & ASSOCIATES, INC.	<b>c</b> EIN-PN 74-2985884-001
<b>a</b>	Plan name	BUDDHIST CHURCHES OF AMERICA 403(B) PLAN	
<b>b</b>	Name of plan sponsor	BUDDHIST CHURCHES OF AMERICA	<b>c</b> EIN-PN 94-1498382-001
<b>a</b>	Plan name	BUDROVICH CONTRACTING CO., INC. EMPLOYEES PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	BUDROVICH CONTRACTING CO.	<b>c</b> EIN-PN 43-0916784-001
<b>a</b>	Plan name	BUNN-O-MATIC CORPORATION 401(K) SAVINGS PLAN AND TRUST	
<b>b</b>	Name of plan sponsor	BUNN-O-MATIC CORPORATION	<b>c</b> EIN-PN 37-0840805-002
<b>a</b>	Plan name	BURROW GLOBAL 401(K) SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	BURROW GLOBAL, LLC	<b>c</b> EIN-PN 37-1619755-001
<b>a</b>	Plan name	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	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	CASCADE GOVERNMENT AFFAIRS 401(K) PLAN	
<b>b</b>	Name of plan sponsor	CASCADE GOVERNMENT AFFAIRS, LLC	<b>c</b> EIN-PN 27-0121963-001
<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
<b>a</b>	Plan name	CCINTEGRATION, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	CCINTEGRATION INC.	<b>c</b> EIN-PN 77-0197130-001

**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	CEDARCREEK COMMUNITY CHURCH 401(K) PLAN	
<b>b</b> Name of plan sponsor	CEDARCREEK CHURCH	<b>c</b> EIN-PN 34-1789315-001
<b>a</b> Plan name	CENTRAL VERMONT SOLID WASTE MANAGEMENT DISTRICT 457B	
<b>b</b> Name of plan sponsor	CENTRAL VERMONT SOLID WASTE MANAGEMENT DISTRICT	<b>c</b> EIN-PN 03-0318150-001
<b>a</b> Plan name	CENTURY GROUP 401(K) PLAN	
<b>b</b> Name of plan sponsor	CENTURY GROUP INTERNATIONAL, INC. DBA THE CENTURY GROUP	<b>c</b> EIN-PN 93-1022773-001
<b>a</b> Plan name	CLEARFIELD, INC. 401(K) PLAN & TRUST	
<b>b</b> Name of plan sponsor	CLEARFIELD, INC.	<b>c</b> EIN-PN 41-1347235-001
<b>a</b> Plan name	CLEVELAND HARDWARE & FORGING CO. HOURLY 401(K) PLAN	
<b>b</b> Name of plan sponsor	CLEVELAND HARDWARE & FORGING CO.	<b>c</b> EIN-PN 34-1028784-006
<b>a</b> Plan name	CLEVELAND HARDWARE & FORGING CO. SALARIED 401(K) PLAN	
<b>b</b> Name of plan sponsor	CLEVELAND HARDWARE & FORGING CO.	<b>c</b> EIN-PN 34-1028784-005
<b>a</b> Plan name	CLIFTON LAURITZEN, D.M.D., INC. 401(K) PROFIT SHARING PLAN	
<b>b</b> Name of plan sponsor	CLIFTON LAURITZEN, D.M.D., INC.	<b>c</b> EIN-PN 20-5114233-001
<b>a</b> Plan name	CMC TIRE, LLC 401(K) PLAN	
<b>b</b> Name of plan sponsor	CMC TIRE LLC	<b>c</b> EIN-PN 47-1350018-001
<b>a</b> Plan name	CMD AGENCY RETIREMENT PLAN	
<b>b</b> Name of plan sponsor	CREATIVE MEDIA DEVELOPMENT, INC.	<b>c</b> EIN-PN 93-1199469-001
<b>a</b> Plan name	COASTAL HORIZONS CENTER, INC. PROFIT SHARING PLAN	
<b>b</b> Name of plan sponsor	COASTAL HORIZONS CENTER, INC.	<b>c</b> EIN-PN 56-0950370-001
<b>a</b> Plan name	COKEBUSTERS USA 401(K) PLAN	
<b>b</b> Name of plan sponsor	COKEBUSTERS USA INC.	<b>c</b> EIN-PN 99-0380800-001
<b>a</b> Plan name	COLLECTION B. INC. 401(K) PLAN	
<b>b</b> Name of plan sponsor	COLLECTION B. INC.	<b>c</b> EIN-PN 90-0130436-001

<b>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	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	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
<b>a</b>	Plan name	CREEDE-BLYTH LAW, APC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	CREEDE-BLYTH LAW APC	<b>c</b> EIN-PN 93-4297278-001
<b>a</b>	Plan name	CREW BUILDERS, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	CREW BUILDERS INC	<b>c</b> EIN-PN 20-5499129-001
<b>a</b>	Plan name	CURTIS + GINSBERG ARCHITECTS LLP 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	CURTIS + GINSBERG ARCHITECTS LLP	<b>c</b> EIN-PN 06-1305071-001

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 DAAR ENGINEERING, INC. 401(K) PROFIT SHARING PLAN & TRUST	
<b>b</b>	Name of plan sponsor DAAR ENGINEERING, INC.	<b>c</b> EIN-PN 39-2031716-002
<b>a</b>	Plan name DAC, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor DIGITAL AIR CONTROL, INC. DBA DAC, INC.	<b>c</b> EIN-PN 76-0403380-001
<b>a</b>	Plan name DAPRILE INSURANCE GROUP LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor DAPRILE INSURANCE GROUP LLC	<b>c</b> EIN-PN 45-4244862-001
<b>a</b>	Plan name DAVID E. HARVEY BUILDERS, INC. EMPLOYEE SAVINGS PLAN	
<b>b</b>	Name of plan sponsor DAVID E. HARVEY BUILDERS, INC.	<b>c</b> EIN-PN 76-0236902-001
<b>a</b>	Plan name DEDEKIAN, GEORGE, SMALL & MARKARIAN ACCOUNTANCY CORPORATION EMPLOYEES' RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor DEDEKIAN, GEORGE, SMALL & MARKARIAN ACCOUNTANCY CORPORATION	<b>c</b> EIN-PN 77-0000369-001
<b>a</b>	Plan name DEERPOINT GROUP, INC. 401K RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor DEERPOINT GROUP, INC.	<b>c</b> EIN-PN 36-3902451-001
<b>a</b>	Plan name DENIZEN, INC 401(K) PLAN	
<b>b</b>	Name of plan sponsor DENIZEN, INC	<b>c</b> EIN-PN 42-1309369-002
<b>a</b>	Plan name DERING PIERSON GROUP, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor DERING PIERSON GROUP, LLC	<b>c</b> EIN-PN 80-0696128-001
<b>a</b>	Plan name DERMATOLOGY SPECIALISTS, P.A. RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor DERMATOLOGY SPECIALISTS, P.A.	<b>c</b> EIN-PN 41-1264423-001
<b>a</b>	Plan name DETROIT EDGE TOOL COMPANY 401(K) PROFIT SHARING PLAN AND TRUST	
<b>b</b>	Name of plan sponsor DETROIT EDGE TOOL COMPANY	<b>c</b> EIN-PN 38-1292818-001
<b>a</b>	Plan name DON E. BOWER, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor DON E. BOWER INC.	<b>c</b> EIN-PN 23-2132575-001
<b>a</b>	Plan name DORSO REALTY GROUP, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor DORSO REALTY GROUP, INC.	<b>c</b> EIN-PN 22-1862306-002

<b>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	DOSWELL OPERATING GROUP 401(K) PLAN	
<b>b</b>	Name of plan sponsor	WOODFIN HEATING, INC.	<b>c</b> EIN-PN 54-1061638-002
<b>a</b>	Plan name	DOXO, INC. RETIREMENT TRUST	
<b>b</b>	Name of plan sponsor	DOXO, INC.	<b>c</b> EIN-PN 26-3272091-001
<b>a</b>	Plan name	DUFFY BROS. MANAGEMENT COMPANY 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	DUFFY BROS. MANAGEMENT CO., INC.	<b>c</b> EIN-PN 04-3107203-001
<b>a</b>	Plan name	DUNAWAY BROTHERS INC 401(K) PROFIT SHARING PLAN & TRUST	
<b>b</b>	Name of plan sponsor	DUNAWAY BROTHERS, INC	<b>c</b> EIN-PN 59-3833415-001
<b>a</b>	Plan name	EAP INDUSTRIES INC. SAFE HARBOR 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	EAP INDUSTRIES, INC	<b>c</b> EIN-PN 25-1249511-002
<b>a</b>	Plan name	EARLY LEARNING INDIANA, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	EARLY LEARNING INDIANA INC.	<b>c</b> EIN-PN 35-0888763-002
<b>a</b>	Plan name	ELDER DEMO LLC EMPLOYEE'S PROFIT SHARING 401K PLAN	
<b>b</b>	Name of plan sponsor	ELDER DEMO LLC	<b>c</b> EIN-PN 92-1190284-002
<b>a</b>	Plan name	EMERGENCY PHYSICIANS OF NORTHWEST OHIO, INC.	
<b>b</b>	Name of plan sponsor	EMERGENCY PHYSICIANS OF NORTHWEST OHIO, INC.	<b>c</b> EIN-PN 81-0547599-003
<b>a</b>	Plan name	EMPLOYEE BENEFIT PLAN OF DOWNTOWN WOMEN'S CENTER	
<b>b</b>	Name of plan sponsor	DOWNTOWN WOMENS CENTER	<b>c</b> EIN-PN 31-1597223-001
<b>a</b>	Plan name	EMPLOYEE BENEFIT PLAN OF WESTBAY COMMUNITY ACTION, INC.	
<b>b</b>	Name of plan sponsor	WESTBAY COMMUNITY ACTION, INC.	<b>c</b> EIN-PN 05-0311985-001
<b>a</b>	Plan name	EMPLOYEES' PROFIT SHARING PLAN AND TRUST OF BOCH ENTERPRISES	
<b>b</b>	Name of plan sponsor	BOCH ENTERPRISES	<b>c</b> EIN-PN 04-2050016-001
<b>a</b>	Plan name	EMPLOYSHARE, INC 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	EMPLOYSHARE, INC.	<b>c</b> EIN-PN 34-1832544-002

<b>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	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	ESTRADA LAW GROUP APC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ESTRADA LAW GROUP APC	<b>c</b> EIN-PN 86-1805181-001
<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
<b>a</b>	Plan name	FARMERS & MERCHANTS BANK 401(K) PLAN	
<b>b</b>	Name of plan sponsor	FARMERS & MERCHANTS BANK	<b>c</b> EIN-PN 39-0273347-001
<b>a</b>	Plan name	FARTHER FINANCE, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	FARTHER FINANCE, INC	<b>c</b> EIN-PN 83-4348882-001
<b>a</b>	Plan name	FIRST NATIONAL BANK OF SYCAMORE 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	FIRST NATIONAL BANK OF SYCAMORE	<b>c</b> EIN-PN 34-4370555-002

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 FLUIDMASTER, INC. SAVINGS PLAN	
<b>b</b>	Name of plan sponsor FLUIDMASTER, INC.	<b>c</b> EIN-PN 95-1942465-003
<b>a</b>	Plan name FLUX LABS, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor FLUX LABS, INC.	<b>c</b> EIN-PN 47-3953732-001
<b>a</b>	Plan name FOCKE & CO., INC. 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor FOCKE & CO., INC.	<b>c</b> EIN-PN 22-2288745-001
<b>a</b>	Plan name FORMATION BIO 401(K) PLAN	
<b>b</b>	Name of plan sponsor TRIALSPARK INC. DBA FORMATION BIO	<b>c</b> EIN-PN 47-1134239-001
<b>a</b>	Plan name FORWARD IN FAITH, LLC.	
<b>b</b>	Name of plan sponsor FORWARD IN FAITH, LLC.	<b>c</b> EIN-PN 85-4400903-001
<b>a</b>	Plan name FRANK WOOD & SON 401K PLAN	
<b>b</b>	Name of plan sponsor FRANK WOOD & SON PLUMBING & ELECTRICAL LLC	<b>c</b> EIN-PN 83-0929533-001
<b>a</b>	Plan name FREEDOM ARC 401K POOLED PLAN	
<b>b</b>	Name of plan sponsor 401(K) FREEDOM INC.	<b>c</b> EIN-PN 45-4454161-011
<b>a</b>	Plan name FRONTIER ELECTRIC OF WASHINGTON, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor FRONTIER ELECTRIC OF WASHINGTON, INC.	<b>c</b> EIN-PN 91-1456222-001
<b>a</b>	Plan name FSI, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor FSI, INC	<b>c</b> EIN-PN 62-1552567-101
<b>a</b>	Plan name FURTHERED INC 401K PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor FURTHERED INC	<b>c</b> EIN-PN 37-1535185-001
<b>a</b>	Plan name 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>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	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	GB MACHINE 401(K) PLAN	
<b>b</b>	Name of plan sponsor	GB MACHINE, LLC	<b>c</b> EIN-PN 93-4227565-001
<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	GIBBS & FUERST RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	GIBBS & FUERST LLP	<b>c</b> EIN-PN 33-0873092-001
<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>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 <b>GLOBALED SOLUTIONS 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>GLOBALED SOLUTIONS INC. / PBC</b>	<b>c</b> EIN-PN <b>45-2042705-001</b>
<b>a</b>	Plan name <b>GLT COMPANIES 2 401(K) &amp; PROFIT SHARING PLAN</b>	
<b>b</b>	Name of plan sponsor <b>SPEEDLINE CORPORATION</b>	<b>c</b> EIN-PN <b>34-1771775-001</b>
<b>a</b>	Plan name <b>GLT COMPANIES 3 401(K) &amp; PROFIT SHARING PLAN</b>	
<b>b</b>	Name of plan sponsor <b>WALTON PLASTICS</b>	<b>c</b> EIN-PN <b>34-1705898-001</b>
<b>a</b>	Plan name <b>GMI COMPANIES, INC. 401(K) PROFIT SHARING PLAN</b>	
<b>b</b>	Name of plan sponsor <b>GMI COMPANIES, INC.</b>	<b>c</b> EIN-PN <b>31-0895928-001</b>
<b>a</b>	Plan name <b>GODBERSEN-SMITH CONSTRUCTION CO. 401(K) PS PL</b>	
<b>b</b>	Name of plan sponsor <b>GOMACO CORP</b>	<b>c</b> EIN-PN <b>42-0823217-001</b>
<b>a</b>	Plan name <b>GONDOLA ADVENTURES, INC. 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>GONDOLA ADVENTURES, INC.</b>	<b>c</b> EIN-PN <b>33-0579403-001</b>
<b>a</b>	Plan name <b>GRATITUDE WITH AN ATTITUDE 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>BENEFIT PLANS PLUS, LLC</b>	<b>c</b> EIN-PN <b>43-1829594-001</b>
<b>a</b>	Plan name <b>GREAT LAKES NEUROSURGICAL ASSOCIATES, P.C. PROFIT SHARING AND RETIREMENT SAVINGS PLAN</b>	
<b>b</b>	Name of plan sponsor <b>GREAT LAKES NEUROSURGICAL ASSOCIATES, P.C.</b>	<b>c</b> EIN-PN <b>38-2702183-001</b>
<b>a</b>	Plan name <b>GREAT OAKS 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>GREAT OAKS LANDSCAPE ASSOCIATES, INC.</b>	<b>c</b> EIN-PN <b>38-2402712-001</b>
<b>a</b>	Plan name <b>GREENEVILLE OIL &amp; PETROLEUM, INC.</b>	
<b>b</b>	Name of plan sponsor <b>GREENEVILLE OIL &amp; PETROLEUM, INC.</b>	<b>c</b> EIN-PN <b>62-1552776-002</b>
<b>a</b>	Plan name <b>HAGOOD HOMES INC 401(K) PROFIT SHARING PLAN AND TRUST</b>	
<b>b</b>	Name of plan sponsor <b>HAGOOD HOMES INC.</b>	<b>c</b> EIN-PN <b>56-1965580-001</b>
<b>a</b>	Plan name <b>HAMILTON MATERIALS WASHINGTON 401(K) PROFIT SHARING PLAN</b>	
<b>b</b>	Name of plan sponsor <b>HAMILTON MATERIALS WASHINGTON</b>	<b>c</b> EIN-PN <b>91-1851623-002</b>

<b>Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>		
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)		
<b>a</b>	Plan name	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	HELLERMANNTYTON CORPORATION 401(K) RETIREMENT AND PROFIT SHARING PLAN
<b>b</b>	Name of plan sponsor	HELLERMANNTYTON 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>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	HOLZ BROTHERS, INC. 401(K) PLAN
<b>b</b>	Name of plan sponsor	HOLZ BROTHERS, INC
<b>c</b>	EIN-PN	42-0852060-001
<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

**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	HOPEWELL FUND 401(K) PLAN	<b>c</b>	EIN-PN	47-3681860-001
<b>b</b>	Name of plan sponsor	HOPEWELL FUND			
<b>a</b>	Plan name	HOUNDER LLC 401(K) PLAN	<b>c</b>	EIN-PN	45-2390948-001
<b>b</b>	Name of plan sponsor	HOUNDER LLC			
<b>a</b>	Plan name	HOWARD FISCHER ASSOCIATES, INC. 401(K) PROFIT SHARING PLAN	<b>c</b>	EIN-PN	23-2044665-001
<b>b</b>	Name of plan sponsor	HOWARD FISCHER ASSOCIATES, INC.			
<b>a</b>	Plan name	HUDSON COLLISION CENTER, INC. PROFIT SHARING PLAN AND TRUST	<b>c</b>	EIN-PN	34-1346938-001
<b>b</b>	Name of plan sponsor	HUDSON COLLISION CENTER, INC.			
<b>a</b>	Plan name	HUGHES USA, INC. 401(K) PLAN	<b>c</b>	EIN-PN	83-1084513-001
<b>b</b>	Name of plan sponsor	HUGHES USA INC.			
<b>a</b>	Plan name	HUSTEADS AUTO BODY 401(K) PLAN	<b>c</b>	EIN-PN	38-3676002-001
<b>b</b>	Name of plan sponsor	HUSTEADS COLLISION CENTER, INC.			
<b>a</b>	Plan name	IDEA AUTO GROUP 401(K) PLAN	<b>c</b>	EIN-PN	92-1263510-001
<b>b</b>	Name of plan sponsor	IDEA AUTO GROUP, LLC			
<b>a</b>	Plan name	IMS RETIREMENT PLAN	<b>c</b>	EIN-PN	37-1712330-001
<b>b</b>	Name of plan sponsor	INTERNAL MEDICINE SPECIALISTS MEDICAL GROUP, INC			
<b>a</b>	Plan name	INFORMATION TODAY, INC. & ITS AFFILIATES 401(K) PLAN	<b>c</b>	EIN-PN	22-2327396-001
<b>b</b>	Name of plan sponsor	INFORMATION TODAY, INC.			
<b>a</b>	Plan name	INNOVATIVE MEDICAL SYSTEMS, INC.	<b>c</b>	EIN-PN	86-0907769-002
<b>b</b>	Name of plan sponsor	INNOVATIVE MEDICAL SYSTEMS, INC.			
<b>a</b>	Plan name	INSPIRED RESULTS, INC. 401(K) SAVINGS PLAN	<b>c</b>	EIN-PN	93-0756550-001
<b>b</b>	Name of plan sponsor	INSPIRED RESULTS, INC.			
<b>a</b>	Plan name	INSURANCE MANAGEMENT COMPANY PROFIT SHARING PLAN	<b>c</b>	EIN-PN	25-1142710-001
<b>b</b>	Name of plan sponsor	INSURANCE MANAGEMENT COMPANY			

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 IOWA COVER CROP 401(K) PLAN	
<b>b</b>	Name of plan sponsor IA COVER CROP DBA IOWA COVER CROP	<b>c</b> EIN-PN 88-2844542-001
<b>a</b>	Plan name ITS 401(K) PLAN	
<b>b</b>	Name of plan sponsor INDUSTRIAL TENT SYSTEMS, LLC	<b>c</b> EIN-PN 81-1286596-001
<b>a</b>	Plan name ITV US HOLDINGS INC. 401(K) PLAN & TRUST	
<b>b</b>	Name of plan sponsor ITV US HOLDINGS, INC.	<b>c</b> EIN-PN 43-2115900-001
<b>a</b>	Plan name JAIN AMERICA HOLDINGS, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor JAIN AMERICA HOLDINGS LLC	<b>c</b> EIN-PN 81-1519531-001
<b>a</b>	Plan name JARRETT ENTERPRISES 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor BILL JARRETT FORD, INC.	<b>c</b> EIN-PN 59-1637589-001
<b>a</b>	Plan name JMG SECURITY SYSTEMS, INC. EMPLOYEES' 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor JMG SECURITY SYSTEMS, INC.	<b>c</b> EIN-PN 33-0298100-001
<b>a</b>	Plan name JR MERIT ADMINISTRATION 401(K) PLAN	
<b>b</b>	Name of plan sponsor JR MERIT, INC.	<b>c</b> EIN-PN 91-1803313-002
<b>a</b>	Plan name KEANE & BEANE, P.C. 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor KEANE & BEANE, P.C.	<b>c</b> EIN-PN 13-3026461-001
<b>a</b>	Plan name KEYWORDS US HOLDINGS, INC. 401(K) P/S PLAN	
<b>b</b>	Name of plan sponsor KEYWORDS US HOLDINGS, INC.	<b>c</b> EIN-PN 61-1859078-001
<b>a</b>	Plan name KINNEY MANUFACTURING 401(K) PLAN	
<b>b</b>	Name of plan sponsor KINNEY MANUFACTURING, LLC	<b>c</b> EIN-PN 45-2976898-001
<b>a</b>	Plan name KUPFERLE, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor KUPFERLE, LLC	<b>c</b> EIN-PN 92-1245064-001
<b>a</b>	Plan name KYLE HOUSE GROUP 401(K) PLAN	
<b>b</b>	Name of plan sponsor KYLE HOUSE GROUP, LLC	<b>c</b> EIN-PN 27-4229663-001

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 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 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 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 LYDIG CONSTRUCTION, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor LYDIG CONSTRUCTION, INC.	<b>c</b> EIN-PN 91-0672331-001
<b>a</b>	Plan name MARCUS & COLVIN, LLP 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor MARCUS & COLVIN, LLP	<b>c</b> EIN-PN 27-4438950-001
<b>a</b>	Plan name MARK AUTO GROUP 401(K) PLAN	
<b>b</b>	Name of plan sponsor MARK ENTERPRISES CAR COMPANY, II LLC	<b>c</b> EIN-PN 86-0967171-001
<b>a</b>	Plan name MARSHALL CARPET & TILE CO., INC. 401(K) & PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor MARSHALL CARPET & TILE CO. INC.	<b>c</b> EIN-PN 34-1476597-001
<b>a</b>	Plan name MARY'S TACK & FEED 401K PLAN	
<b>b</b>	Name of plan sponsor RANCHO TRADE, INC	<b>c</b> EIN-PN 95-3414522-002

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 <a href="#">MATALON MANAGEMENT GROUP, LLC 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">MATALON MANAGEMENT GROUP, LLC</a>	<b>c</b> EIN-PN <a href="#">93-2965488-001</a>
<b>a</b>	Plan name <a href="#">MAYFRAN INTERNATIONAL, INC. RETIREMENT SAVINGS PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">MAYFRAN INTERNATIONAL, INC.</a>	<b>c</b> EIN-PN <a href="#">48-0959871-001</a>
<b>a</b>	Plan name <a href="#">MBC HOLDINGS OF OHIO INC. 401(K) SAVINGS &amp; RETIREMENT PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">MBC HOLDINGS OF OHIO INC.</a>	<b>c</b> EIN-PN <a href="#">34-4456871-002</a>
<b>a</b>	Plan name <a href="#">MCR LABS 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">MCR LABS LLC</a>	<b>c</b> EIN-PN <a href="#">46-3124709-001</a>
<b>a</b>	Plan name <a href="#">MERCY MULTIPLIED 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">MERCY MULTIPLIED AMERICA, INC.</a>	<b>c</b> EIN-PN <a href="#">72-0973419-001</a>
<b>a</b>	Plan name <a href="#">MERUELO GROUP 401(K) PLAN AND TRUST</a>	
<b>b</b>	Name of plan sponsor <a href="#">MERUELO GROUP LLC</a>	<b>c</b> EIN-PN <a href="#">90-1017707-001</a>
<b>a</b>	Plan name <a href="#">MILLER BROS. CONST., INC. UNION SUPERVISORS PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">MILLER BROS. CONST., INC.</a>	<b>c</b> EIN-PN <a href="#">34-4456871-003</a>
<b>a</b>	Plan name <a href="#">MONORAIL ESPRESSO 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">MONORAIL COFFEE LLC</a>	<b>c</b> EIN-PN <a href="#">46-0868204-001</a>
<b>a</b>	Plan name <a href="#">MORRIS COUPLING COMPANY PROFIT SHARING PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">MORRIS COUPLING COMPANY</a>	<b>c</b> EIN-PN <a href="#">25-0901157-001</a>
<b>a</b>	Plan name <a href="#">MORTIMER LUMBER 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">MORTIMER &amp; SON LUMBER CO., INC.</a>	<b>c</b> EIN-PN <a href="#">38-1736310-001</a>
<b>a</b>	Plan name <a href="#">MYCOMPLIANCEOFFICE, INC. 401(K) PLAN 2</a>	
<b>b</b>	Name of plan sponsor <a href="#">MYCOMPLIANCEOFFICE TECHNOLOGIES INC.</a>	<b>c</b> EIN-PN <a href="#">68-0609697-001</a>
<b>a</b>	Plan name <a href="#">MYERS CARPET COMPANY, INC. 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">MYERS CARPET CO., INC</a>	<b>c</b> EIN-PN <a href="#">58-0941550-001</a>

<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	NAMRED, LLC EMPLOYEES PROFIT SHARING 401(K) PLAN	
<b>b</b>	Name of plan sponsor	NAMRED, LLC	<b>c</b> EIN-PN 03-0462594-001
<b>a</b>	Plan name	NATIONAL AUTOMOBILE DEALERS ASSN 401(K) PLAN	
<b>b</b>	Name of plan sponsor	NATIONAL AUTOMOBILE DEALERS ASSOCIATION	<b>c</b> EIN-PN 53-0114725-001
<b>a</b>	Plan name	NATIONAL OIL AND GAS, INC. EMPLOYEES' SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	NATIONAL OIL & GAS INC.	<b>c</b> EIN-PN 35-0540872-002
<b>a</b>	Plan name	NEW VENTURE FUND 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	NEW VENTURE FUND	<b>c</b> EIN-PN 20-5806345-001
<b>a</b>	Plan name	NEVVUE PLASTIC SURGERY, PC 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	NEVVUE PLASTIC SURGERY, PC	<b>c</b> EIN-PN 26-3374369-001
<b>a</b>	Plan name	NO WASTE GRINDINGS 401(K) PLAN	
<b>b</b>	Name of plan sponsor	NO WASTE GRINDINGS, LLC	<b>c</b> EIN-PN 32-0218051-001
<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>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>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 OEP 401(K) PLAN	
<b>b</b>	Name of plan sponsor ORAZEN EXTRUDED POLYMERS	<b>c</b> EIN-PN 45-0830121-001
<b>a</b>	Plan name ONE PLANET GROUP, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor ONE PLANET GROUP, LLC	<b>c</b> EIN-PN 85-1221674-001
<b>a</b>	Plan name ONEDIGITAL POOLED EMPLOYER PLAN	
<b>b</b>	Name of plan sponsor PLAN COMPLIANCE SERVICES, INC.	<b>c</b> EIN-PN 59-3708427-003
<b>a</b>	Plan name ORANGE COVE - SANGER CITRUS ASS. 401K PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor KLINK ORANGE COVE CITRUS	<b>c</b> EIN-PN 94-2215652-001
<b>a</b>	Plan name OXBOW MANAGEMENT LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor OXBOW MANAGEMENT LLC	<b>c</b> EIN-PN 88-3361305-001
<b>a</b>	Plan name PEI DOWNEAST TOYOTA 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor DOWNEAST TOYOTA	<b>c</b> EIN-PN 01-0420117-001
<b>a</b>	Plan name PERSPECTUS ARCHITECTURE, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor PERSPECTUS ARCHITECTURE, LLC	<b>c</b> EIN-PN 03-0484121-001
<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 PHALEN STEEL CONSTRUCTION COMPANY 401(K) PLAN	
<b>b</b>	Name of plan sponsor PHALEN STEEL CONSTRUCTION COMPANY	<b>c</b> EIN-PN 36-2478301-001
<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
<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

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 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
<b>a</b>	Plan name QUALITYHUB, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor QUALITYHUB, INC.	<b>c</b> EIN-PN 20-0561319-001

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	REGENCY INVESTMENT ADVISORS RETIREMENT PLAN	
<b>b</b> Name of plan sponsor	REGENCY INVESTMENT ADVISORS	<b>c</b> EIN-PN 77-0344391-001
<b>a</b> Plan name	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 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>a</b>	Plan name SBOPCO, LLC EMPLOYEE 401(K) PLAN	
<b>b</b>	Name of plan sponsor SBOPCO, LLC	<b>c</b> EIN-PN 84-4188080-001

<b>Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>			
<small>(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)</small>			
<b>a</b>	Plan name	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	SIXTEEN THIRTY FUND 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	SIXTEEN THIRTY FUND	<b>c</b> EIN-PN 26-4486735-001
<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>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	SMITH INDUSTRIES, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	SMITH INDUSTRIES, INC.	<b>c</b> EIN-PN 27-2803061-001
<b>a</b>	Plan name	SOLTIS EZ 401K	
<b>b</b>	Name of plan sponsor	MOMENTA, INC.	<b>c</b> EIN-PN 85-4166502-001
<b>a</b>	Plan name	SORREN 401(K) PLAN	
<b>b</b>	Name of plan sponsor	SORREN, INC.	<b>c</b> EIN-PN 45-2904270-001
<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>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	ST. ANDREW'S SCHOOL INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	ST. ANDREWS SCHOOL, INC.	<b>c</b> EIN-PN 94-1523245-001
<b>a</b>	Plan name	ST. FRANCIS ANIMAL AND BIRD HOSPITAL, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ST. FRANCIS ANIMAL AND BIRD HOSPITAL	<b>c</b> EIN-PN 41-1719710-001
<b>a</b>	Plan name	STANTON PUBLIC RELATIONS & MARKETING, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	STANTON PUBLIC RELATIONS & MARKETING, LLC	<b>c</b> EIN-PN 26-4745720-001
<b>a</b>	Plan name	STAR FURNITURE 401(K) PLAN	
<b>b</b>	Name of plan sponsor	STAR FURNITURE COMPANY	<b>c</b> EIN-PN 74-0920070-001
<b>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 TAKE2 CONSULTING, LLC 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor TAKE2 CONSULTING, LLC	<b>c</b> EIN-PN 47-2507011-001
<b>a</b>	Plan name TENNESSE TUBEBENDING PRODUCTS PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor TENNESSEE TUBEBENDING PRODUCTS	<b>c</b> EIN-PN 25-1841598-004
<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 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>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 OPRW 401(K) PLAN	
<b>b</b>	Name of plan sponsor PROFORMANCE ASSOCIATES, INC.	<b>c</b> EIN-PN 68-0007693-003

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)		
a	Plan name THE PIEDMONT GROUP 401(K) PLAN	
b	Name of plan sponsor THE PIEDMONT GROUP OF ATLANTA, LLC	c EIN-PN 46-0782308-001
a	Plan name THE PRAIRIE PLANS RETIREMENT PEP	
b	Name of plan sponsor THE FINWAY GROUP	c EIN-PN 42-1468222-027
a	Plan name THE PROPERTY PEOPLE FL PA 401(K) PLAN	
b	Name of plan sponsor THE PROPERTY PEOPLE	c EIN-PN 84-4131521-001
a	Plan name THE REESE GROUP, INC. 401(K) PLAN	
b	Name of plan sponsor THE REESE GROUP, INC.	c EIN-PN 62-1077825-001
a	Plan name THE SYNERGY COMPANY OF UTAH RETIREMENT PLAN	
b	Name of plan sponsor THE SYNERGY COMPANY OF UTAH, LLC	c EIN-PN 87-0497272-001
a	Plan name THE WELD TRUST 401(K) PLAN	
b	Name of plan sponsor THE WELD TRUST 401(K) PLAN	c EIN-PN 74-2358522-002
a	Plan name THIRTY MADISON 401(K) PLAN	
b	Name of plan sponsor THIRTY MADISON INC.	c EIN-PN 81-3709209-001
a	Plan name THOMAS PLASTIC MACHINERY, INC. 401(K) PLAN	
b	Name of plan sponsor THOMAS PLASTIC MACHINERY INC	c EIN-PN 35-1925080-001
a	Plan name TOBY SEXTON TIRE COMPANY, INC. PROFIT SHARING PLAN	
b	Name of plan sponsor TOBY SEXTON TIRE COMPANY, INC.	c EIN-PN 58-1030407-001
a	Plan name TRADEMARK PLASTICS RETIREMENT PLAN	
b	Name of plan sponsor TRADEMARK PLASTICS, INC.	c EIN-PN 47-3688260-003
a	Plan name TRANER SMITH & COMPANY 401(K) PLAN	
b	Name of plan sponsor TRANER SMITH & CO, PLLC	c EIN-PN 91-1657150-001
a	Plan name TRI 3, INC. 401(K) RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor TRI 3, INC.	c EIN-PN 48-1097531-001

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

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
<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	VALLEY TIRE RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	VALLEY TIRE COMPANY, INC.	<b>c</b> EIN-PN 25-1370485-001
<b>a</b>	Plan name	VASCULAR SURGERY ASSOCIATES EMPLOYEE'S 401(K) PLAN	
<b>b</b>	Name of plan sponsor	VASCULAR SURGERY ASSOCIATES MEDICAL GROUP, APC	<b>c</b> EIN-PN 92-1249712-001
<b>a</b>	Plan name	VERNIS & BOWLING, P.A. 401K PLAN	
<b>b</b>	Name of plan sponsor	VERNIS & BOWLING, P.A.	<b>c</b> EIN-PN 65-0299372-001
<b>a</b>	Plan name	VETCELERATOR LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	VETCELERATOR LLC	<b>c</b> EIN-PN 88-2041264-001
<b>a</b>	Plan name	VFC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	LIGHTNING PROTECTION SERVICES, LLC DBA VFC	<b>c</b> EIN-PN 20-5533182-001
<b>a</b>	Plan name	VICTORY CDJR 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	VICTORY AUTOMOTIVE GROUP	<b>c</b> EIN-PN 46-5336631-001
<b>a</b>	Plan name	VIRTUS 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	VIRTUS 401(K) PROFIT SHARING PLAN	<b>c</b> EIN-PN 46-3745376-001
<b>a</b>	Plan name	VISION 401(K) PLAN	
<b>b</b>	Name of plan sponsor	401(K) ADMINISTRATION MANAGEMENT PROGRAM, INC.	<b>c</b> EIN-PN 85-4019239-003
<b>a</b>	Plan name	VISTA BANCSHARES, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	VISTA BANCSHARES, INC.	<b>c</b> EIN-PN 75-1940062-001
<b>a</b>	Plan name	VVG RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	VVG RETIREMENT SAVINGS PLAN	<b>c</b> EIN-PN 86-3119853-001
<b>a</b>	Plan name	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>Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>		
<small>(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)</small>		
<b>a</b>	Plan name	WASTE RESOURCE RECOVERY 401(K) PLAN
<b>b</b>	Name of plan sponsor	WASTE RESOURCE RECOVERY, INC. <b>c</b> EIN-PN 98-4883890-001
<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>a</b>	Plan name	WENSPOK COMPANIES 401(K) PLAN
<b>b</b>	Name of plan sponsor	WENSPOK RESOURCES LLC <b>c</b> EIN-PN 46-1396496-001
<b>a</b>	Plan name	WEYLAND VENTURES HOLDINGS 401(K) PLAN
<b>b</b>	Name of plan sponsor	WEYLAND VENTURES HOLDINGS, LLC <b>c</b> EIN-PN 81-4790722-001
<b>a</b>	Plan name	WIFM 401(K) PLAN
<b>b</b>	Name of plan sponsor	PAUSE MEDICAL CENTER, LLC <b>c</b> EIN-PN 85-3680876-001
<b>a</b>	Plan name	WINDWARD FUND 401(K) PLAN
<b>b</b>	Name of plan sponsor	WINDWARD FUND <b>c</b> EIN-PN 47-3522162-001
<b>a</b>	Plan name	WORCESTER COUNTY 401(A) PLAN
<b>b</b>	Name of plan sponsor	WORCESTER COUNTY GOVERNMENT <b>c</b> EIN-PN 52-6001064-001
<b>a</b>	Plan name	WORCESTER COUNTY DEFERRED COMPENSATION PLAN 457
<b>b</b>	Name of plan sponsor	WORCESTER COUNTY GOVERNMENT <b>c</b> EIN-PN 52-6001064-002
<b>a</b>	Plan name	WRIGHT CHILDCARE SOLUTIONS LLC 401(K) PROFIT SHARING PLAN
<b>b</b>	Name of plan sponsor	WRIGHT CHILDCARE SOLUTIONS LLC <b>c</b> EIN-PN 46-2902442-001

**SCHEDULE H  
(Form 5500)**

Department of the Treasury  
Internal Revenue Service

Department of Labor  
Employee Benefits Security Administration  
Pension Benefit Guaranty Corporation

**Financial Information**

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

**2024**

**This Form is Open to Public Inspection**

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

<b>A</b> Name of plan <b>T. ROWE PRICE RETIREMENT BLEND SELECT TRUST 2055</b>		<b>B</b> Three-digit plan number (PN) ▶	<b>743</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>38-7271349</b>	

**Part I Asset and Liability Statement**

**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.

<b>Assets</b>	<b>(a) Beginning of Year</b>	<b>(b) End of Year</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>	<b>1069181</b>
		<b>2321533</b>
<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>	<b>80840130</b>
<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>270647406</b>

<b>1d Employer-related investments:</b>		<b>(a) Beginning of Year</b>	<b>(b) End of Year</b>
(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>	81909311	272968939
<b>Liabilities</b>			
<b>g</b> Benefit claims payable .....	<b>1g</b>		
<b>h</b> Operating payables .....	<b>1h</b>	0	143351
<b>i</b> Acquisition indebtedness .....	<b>1i</b>		
<b>j</b> Other liabilities .....	<b>1j</b>	1159942	2323289
<b>k</b> Total liabilities (add all amounts in lines 1g through 1j) .....	<b>1k</b>	1159942	2466640
<b>Net Assets</b>			
<b>l</b> Net assets (subtract line 1k from line 1f) .....	<b>1l</b>	80749369	270502299

**Part II Income and Expense Statement**

**2** Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

<b>Income</b>		<b>(a) Amount</b>	<b>(b) Total</b>
<b>a Contributions:</b>			
(1) Received or receivable in cash from:			
(A) Employers .....	<b>2a(1)(A)</b>		
(B) Participants .....	<b>2a(1)(B)</b>		
(C) 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>			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit) .....	<b>2b(1)(A)</b>		
(B) U.S. Government securities .....	<b>2b(1)(B)</b>		
(C) Corporate debt instruments .....	<b>2b(1)(C)</b>		
(D) Loans (other than to participants) .....	<b>2b(1)(D)</b>		
(E) Participant loans .....	<b>2b(1)(E)</b>		
(F) Other .....	<b>2b(1)(F)</b>		
(G) Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....	<b>2b(1)(G)</b>		0
(2) Dividends: (A) Preferred stock .....	<b>2b(2)(A)</b>		
(B) Common stock .....	<b>2b(2)(B)</b>		
(C) Registered investment company shares (e.g. mutual funds) .....	<b>2b(2)(C)</b>		
(D) Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....	<b>2b(2)(D)</b>		0
(3) Rents .....	<b>2b(3)</b>		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds .....	<b>2b(4)(A)</b>		
(B) Aggregate carrying amount (see instructions) .....	<b>2b(4)(B)</b>		
(C) Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result .....	<b>2b(4)(C)</b>		0
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate .....	<b>2b(5)(A)</b>		
(B) Other .....	<b>2b(5)(B)</b>		
(C) Total unrealized appreciation of assets. Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....	<b>2b(5)(C)</b>		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts .....	2b(6)		18785200
(7) Net investment gain (loss) from pooled separate accounts .....	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts .....	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities .....	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds) .....	2b(10)		
<b>c</b> Other income .....	2c		
<b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total .....	2d		18785200

**Expenses**

<b>e</b> Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers .....	2e(1)		
(2) To insurance carriers for the provision of benefits .....	2e(2)		
(3) Other .....	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3) .....	2e(4)		0
<b>f</b> Corrective distributions (see instructions) .....	2f		
<b>g</b> Certain deemed distributions of participant loans (see instructions) .....	2g		
<b>h</b> Interest expense .....	2h		
<b>i</b> Administrative expenses:			
(1) Salaries and allowances .....	2i(1)		
(2) Contract administrator fees .....	2i(2)		
(3) Recordkeeping fees .....	2i(3)		
(4) IQPA audit fees .....	2i(4)	8611	
(5) Investment advisory and investment management fees .....	2i(5)	299861	
(6) Bank or trust company trustee/custodial fees .....	2i(6)	75982	
(7) Actuarial fees .....	2i(7)		
(8) Legal fees .....	2i(8)		
(9) Valuation/appraisal fees .....	2i(9)		
(10) Other trustee fees and expenses .....	2i(10)		
(11) Other expenses .....	2i(11)		
(12) Total administrative expenses. Add lines 2i(1) through (11) .....	2i(12)		384454
<b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total .....	2j		384454

**Net Income and Reconciliation**

<b>k</b> Net income (loss). Subtract line 2j from line 2d .....	2k		18400746
<b>l</b> Transfers of assets:			
(1) To this plan .....	2l(1)		217144469
(2) From this plan .....	2l(2)		45792285

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