

Form 5500

Annual Return/Report of Employee Benefit Plan

OMB Nos. 1210-0110 1210-0089

2024

This Form is Open to Public Inspection

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

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.

Part I Annual Report Identification Information

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

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

Part II Basic Plan Information—enter all requested information

1a Name of plan: SMALL CAP GROWTH FUND; 1b Three-digit plan number (PN): 487; 1c Effective date of plan; 2a Plan sponsor's name: GREAT GRAY TRUST COMPANY, LLC; 2b Employer Identification Number (EIN): 38-4097324; 2c Plan Sponsor's telephone number: 866-427-6885; 2d Business code

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

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

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

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

<b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	<b>3b</b> Administrator's EIN  <b>3c</b> Administrator's telephone number  <div style="background-color: #cccccc; height: 40px; width: 100%;"></div>
<b>4</b> If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: <b>a</b> Sponsor's name <b>c</b> Plan Name	<b>4b</b> EIN  <b>4d</b> PN
<b>5</b> Total number of participants at the beginning of the plan year	<b>5</b>
<b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ). <b>a(1)</b> Total number of active participants at the beginning of the plan year ..... <b>a(2)</b> Total number of active participants at the end of the plan year ..... <b>b</b> Retired or separated participants receiving benefits..... <b>c</b> Other retired or separated participants entitled to future benefits ..... <b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> ..... <b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. .... <b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> ..... <b>g(1)</b> Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) ..... <b>g(2)</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) ..... <b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	<div style="background-color: #cccccc; height: 20px; width: 100%;"></div> <b>6a(1)</b> <b>6a(2)</b> <b>6b</b> <b>6c</b> <b>6d</b> 0 <b>6e</b> <b>6f</b> <b>6g(1)</b> <b>6g(2)</b> <b>6h</b>
<b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) .....	<b>7</b>

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

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

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

<b>a Pension Schedules</b> (1) <input type="checkbox"/> <b>R</b> (Retirement Plan Information) (2) <input type="checkbox"/> <b>MB</b> (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) <input type="checkbox"/> <b>SB</b> (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary (4) <input type="checkbox"/> <b>DCG</b> (Individual Plan Information) – Number Attached _____ (5) <input type="checkbox"/> <b>MEP</b> (Multiple-Employer Retirement Plan Information)	<b>b General Schedules</b> (1) <input checked="" type="checkbox"/> <b>H</b> (Financial Information) (2) <input type="checkbox"/> <b>I</b> (Financial Information – Small Plan) (3) <input type="checkbox"/> <b>A</b> (Insurance Information) – Number Attached <u>0</u> (4) <input type="checkbox"/> <b>C</b> (Service Provider Information) (5) <input checked="" type="checkbox"/> <b>D</b> (DFE/Participating Plan Information) (6) <input type="checkbox"/> <b>G</b> (Financial Transaction Schedules)
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**Part III Form M-1 Compliance Information (to be completed by welfare benefit plans)**

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

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

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

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

Receipt Confirmation Code \_\_\_\_\_

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

<b>A</b> Name of plan <u>SMALL CAP GROWTH FUND</u>	<b>B</b> Three-digit plan number (PN) ▶	<u>487</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>38-4097324</u>	

<b>Part I</b>	<b>Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)</b> (Complete as many entries as needed to report all interests in DFEs)
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**a** Name of MTIA, CCT, PSA, or 103-12 IE: NEUBERGER BERMAN SMALL CAP GROWTH T

**b** Name of sponsor of entity listed in (a): NEUBERGER BERMAN TRUST COMPANY N.A.

<b>c</b> EIN-PN <u>20-4797982-013</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>169984584</u>
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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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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 1220 EXHIBITS, INC. 401(K) RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor 1220 EXHIBITS, INC.	<b>c</b> EIN-PN 62-0876762-001
<b>a</b>	Plan name 1ST CHOICE ROOFING COMPANY 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor 1ST CHOICE ROOFING COMPANY	<b>c</b> EIN-PN 11-3793690-001
<b>a</b>	Plan name 3E RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor 3E COMPANY	<b>c</b> EIN-PN 81-0551631-003
<b>a</b>	Plan name 401(K) PLAN FOR SALARIED AND CLERICAL EMPLOYEES OF WATTEREDGE, LLC	
<b>b</b>	Name of plan sponsor WATTEREDGE, LLC	<b>c</b> EIN-PN 35-2446090-001
<b>a</b>	Plan name A. M. CASTLE & CO. 401(K) SAVINGS AND RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor A. M. CASTLE & CO.	<b>c</b> EIN-PN 36-0879160-002
<b>a</b>	Plan name A.M. EXPRESS, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor A.M. EXPRESS, INC.	<b>c</b> EIN-PN 38-2568690-001
<b>a</b>	Plan name AAA BUSINESS SUPPLIES & INTERIORS 401(K) & PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor AAA BUSINESS SUPPLIES & INTERIORS	<b>c</b> EIN-PN 94-2660354-001
<b>a</b>	Plan name ABO 401K PLAN	
<b>b</b>	Name of plan sponsor AMERICAS BACK OFFICE INC	<b>c</b> EIN-PN 47-4975107-001
<b>a</b>	Plan name ABS GRAPHICS, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor ABS GRAPHICS, INC.	<b>c</b> EIN-PN 36-3161107-001
<b>a</b>	Plan name ACCELERATE RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor ACCELERATE RETIREMENT	<b>c</b> EIN-PN 83-1100364-001
<b>a</b>	Plan name ACCERTIFY RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor ACCERTIFY RETIREMENT SAVINGS PLAN	<b>c</b> EIN-PN 26-2708428-001
<b>a</b>	Plan name ACCORD HEALTHCARE INC 401(K) PROFIT SHARING PLAN AND TRUST	
<b>b</b>	Name of plan sponsor ACCORD HEALTHCARE INC.	<b>c</b> EIN-PN 20-2840435-001

<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	ACS BENEFIT SERVICES 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ACS BENEFIT SERVICES, LLC	<b>c</b> EIN-PN 56-1472467-003
<b>a</b>	Plan name	ACTION TRUCK CENTER, INC. 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	ACTION TRUCK CENTER, INC.	<b>c</b> EIN-PN 63-0706409-001
<b>a</b>	Plan name	ADS US EMPLOYEE 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ADS US, INC.	<b>c</b> EIN-PN 27-2135243-003
<b>a</b>	Plan name	ADVANCE 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ADVANCE PUBLICATIONS, INC.	<b>c</b> EIN-PN 13-5576716-012
<b>a</b>	Plan name	AEROFAB 401K PLAN	
<b>b</b>	Name of plan sponsor	AEROFAB INC	<b>c</b> EIN-PN 41-1936403-001
<b>a</b>	Plan name	AGP E-GLASS 401(K) PLAN	
<b>b</b>	Name of plan sponsor	AGP E-GLASS CO.	<b>c</b> EIN-PN 45-3817255-001
<b>a</b>	Plan name	AIR TEMPERATURE SPECIALISTS, INC. RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	AIR TEMPERATURE SPECIALISTS	<b>c</b> EIN-PN 33-0957411-001
<b>a</b>	Plan name	AKM CONSULTING ENGINEERS 401(K) PLAN	
<b>b</b>	Name of plan sponsor	AKM CONSULTING ENGINEERS	<b>c</b> EIN-PN 33-0422066-001
<b>a</b>	Plan name	ALARM MANAGEMENT II, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ALARM MANAGEMENT II, LLC	<b>c</b> EIN-PN 38-3264472-001
<b>a</b>	Plan name	ALFARO COMMUNICATIONS CONSTRUCTION INC. RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	ALFARO COMMUNICATIONS CONSTRUCTION, INC.	<b>c</b> EIN-PN 30-0545025-001
<b>a</b>	Plan name	ALL CONTROL ENTERPRISES, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	FEED CONTROL CORP. DBA ALL CONTROL ENTERPRISES, INC.	<b>c</b> EIN-PN 36-2534912-002
<b>a</b>	Plan name	ALLIANZ 401K PLAN	
<b>b</b>	Name of plan sponsor	ALLIANZ HEATING AND AIR INC	<b>c</b> EIN-PN 88-3057545-001

<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	ALTO PRECISION, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	ALTO PRECISION, INC.	<b>c</b> EIN-PN 38-2470858-001
<b>a</b>	Plan name	ALTOS FEDERAL GROUP, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	ALTOS FEDERAL GROUP, INC.	<b>c</b> EIN-PN 52-2013624-002
<b>a</b>	Plan name	AMERICAN ASPHALT REPAIR & RESURFACING CO., INC. RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	AMERICAN ASPHALT REPAIR & RESURFACING CO, INC.	<b>c</b> EIN-PN 94-2914200-001
<b>a</b>	Plan name	AMERICAN COMPUTER SERVICES, INC. 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	AMERICAN COMPUTER SERVICES, INC.	<b>c</b> EIN-PN 42-1414353-001
<b>a</b>	Plan name	AMERICAN PENSION BENEFITS, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	AMERICAN PENSION BENEFITS, INC.	<b>c</b> EIN-PN 25-1553566-001
<b>a</b>	Plan name	AMERICAN RESORT DEVELOPMENT ASSOCIATION EMPLOYEES 401(K) PLAN AND TRUST	
<b>b</b>	Name of plan sponsor	AMERICAN RESORT DEVELOPMENT ASSOCIATION	<b>c</b> EIN-PN 52-0895129-002
<b>a</b>	Plan name	ANCORA - MEP	
<b>b</b>	Name of plan sponsor	CLEVELAND KITCHEN CO.	<b>c</b> EIN-PN 83-0846896-001
<b>a</b>	Plan name	ANCORA - MEP	
<b>b</b>	Name of plan sponsor	TIMOTHY F. PRISTAS DDS, LLC	<b>c</b> EIN-PN 45-3754897-002
<b>a</b>	Plan name	ANCORA - MEP	
<b>b</b>	Name of plan sponsor	CONTRACTORS CHOICE READY MIX, LLC	<b>c</b> EIN-PN 92-1406001-001
<b>a</b>	Plan name	ANCORA - MEP	
<b>b</b>	Name of plan sponsor	LAKELAND ELECTRIC, INC.	<b>c</b> EIN-PN 34-1970162-001
<b>a</b>	Plan name	ANCORA - MEP	
<b>b</b>	Name of plan sponsor	CYRID MEDIA, INC.	<b>c</b> EIN-PN 34-1935993-001
<b>a</b>	Plan name	ANCORA - MEP	
<b>b</b>	Name of plan sponsor	NICHOLAS M KERNS DDS, MS, LLC	<b>c</b> EIN-PN 84-2031932-001

<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	ANCORA - MEP	
<b>b</b>	Name of plan sponsor	EMPIRE DENTAL ARTS, LLC	<b>c</b> EIN-PN 81-4755804-001
<b>a</b>	Plan name	ANCORA - MEP	
<b>b</b>	Name of plan sponsor	GENES REFRIGERATION, INC.	<b>c</b> EIN-PN 34-1335710-003
<b>a</b>	Plan name	ANCORA - MEP	
<b>b</b>	Name of plan sponsor	HENTON & ASSOCIATES, INC.	<b>c</b> EIN-PN 20-2026153-002
<b>a</b>	Plan name	ANCORA - MEP	
<b>b</b>	Name of plan sponsor	JOHN D. KOUTRAS, D.D.S. NICHOLAS D. SCHOOLEY, D.D.S.	<b>c</b> EIN-PN 31-1287440-001
<b>a</b>	Plan name	ANCORA - MEP	
<b>b</b>	Name of plan sponsor	CANTERBURY GOLF CLUB, INC.	<b>c</b> EIN-PN 34-0129600-002
<b>a</b>	Plan name	ANCORA - MEP	
<b>b</b>	Name of plan sponsor	WOMEN IN MANUFACTURING ASSOCIATION	<b>c</b> EIN-PN 47-3472686-001
<b>a</b>	Plan name	ANCORA - MEP	
<b>b</b>	Name of plan sponsor	WEBER WOOD MEDINGER CORP	<b>c</b> EIN-PN 34-1846429-001
<b>a</b>	Plan name	ANCORA - MEP	
<b>b</b>	Name of plan sponsor	KLEINS PHARMACY AND ORTHOPEDIC APPLIANCES, INC.	<b>c</b> EIN-PN 34-1151432-002
<b>a</b>	Plan name	ANCORA - MEP	
<b>b</b>	Name of plan sponsor	KMK PROMOTIONAL SALES, LLC	<b>c</b> EIN-PN 45-3113349-001
<b>a</b>	Plan name	ANCORA - MEP	
<b>b</b>	Name of plan sponsor	STERN ADVERTISING, INC.	<b>c</b> EIN-PN 34-0764951-002
<b>a</b>	Plan name	ANCORA - MEP	
<b>b</b>	Name of plan sponsor	SA GROUP, LLC	<b>c</b> EIN-PN 27-4911150-001
<b>a</b>	Plan name	ANCORA - MEP	
<b>b</b>	Name of plan sponsor	RIVERWEST MANAGEMENT, LLC	<b>c</b> EIN-PN 83-1450331-001

<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	ANCORA - MEP	
<b>b</b>	Name of plan sponsor	OPINIONROUTE, LLC	<b>c</b> EIN-PN 46-3674559-001
<b>a</b>	Plan name	ANCORA - MEP	
<b>b</b>	Name of plan sponsor	JACQUELINE MACY CERAR, D.D.S., INC.	<b>c</b> EIN-PN 34-1319326-004
<b>a</b>	Plan name	ANCORA - MEP	
<b>b</b>	Name of plan sponsor	CANTERBURY CAPITAL, LLC	<b>c</b> EIN-PN 47-5207696-001
<b>a</b>	Plan name	ANCORA - MEP	
<b>b</b>	Name of plan sponsor	NORTH COAST ENTERPRISE PARTNERS, LLC	<b>c</b> EIN-PN 87-3788671-001
<b>a</b>	Plan name	ANCORA - MEP	
<b>b</b>	Name of plan sponsor	AVDIS & CUCCHI, LLP	<b>c</b> EIN-PN 88-3921704-001
<b>a</b>	Plan name	ANCORA - MEP	
<b>b</b>	Name of plan sponsor	ANCORA HOLDINGS GROUP, LLC	<b>c</b> EIN-PN 87-2417854-001
<b>a</b>	Plan name	ANCORA - MEP	
<b>b</b>	Name of plan sponsor	AVVENIRE SOLUTIONS, LLC	<b>c</b> EIN-PN 74-3105791-002
<b>a</b>	Plan name	ANNELIESE SCHOOLS 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	ANNELIESES SCHOOLS, INC.	<b>c</b> EIN-PN 95-3663432-001
<b>a</b>	Plan name	APB ELITE EMPLOYER POOLED PLAN	
<b>b</b>	Name of plan sponsor	AXIOS ADVISORY GROUP	<b>c</b> EIN-PN 27-1716097-002
<b>a</b>	Plan name	AQUA SURVEY, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	AQUA SURVEY, INC.	<b>c</b> EIN-PN 22-2244754-001
<b>a</b>	Plan name	AQUATEC INTERNATIONAL, INC.401K PLAN	
<b>b</b>	Name of plan sponsor	AQUATEC INTERNATIONAL, INC.	<b>c</b> EIN-PN 33-0364575-001
<b>a</b>	Plan name	ARCO INNOVATIONS, INC.	
<b>b</b>	Name of plan sponsor	ARCO INNOVATIONS, INC.	<b>c</b> EIN-PN 54-0238570-001

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)		
<b>a</b>	Plan name <b>ARES DYNAMIC HOLDINGS 401K PLAN</b>	
<b>b</b>	Name of plan sponsor <b>ARES DYNAMIC HOLDINGS LLC DBA DYNAMIC</b>	<b>c</b> EIN-PN <b>93-1453392-001</b>
<b>a</b>	Plan name <b>ARGEЕ CONSTRUCTION, INC. DBA CRAFTSMAN CONSTRUCTION RETIREMENT SAVINGS PLAN</b>	
<b>b</b>	Name of plan sponsor <b>ARGEЕ CONSTRUCTION, INC. DBA CRAFTS MAN CONSTRUCTION</b>	<b>c</b> EIN-PN <b>47-1242149-001</b>
<b>a</b>	Plan name <b>AROL NORTH AMERICA 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>AROL NORTH AMERICA, INC.</b>	<b>c</b> EIN-PN <b>27-3562064-001</b>
<b>a</b>	Plan name <b>AVAILITY, L.L.C. 401(K) RETIREMENT SAVINGS PLAN</b>	
<b>b</b>	Name of plan sponsor <b>AVAILITY, L.L.C.</b>	<b>c</b> EIN-PN <b>59-3715944-001</b>
<b>a</b>	Plan name <b>AVESTA HOUSING DEVELOPMENT CORP. 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>AVESTA HOUSING DEVELOPMENT CORP.</b>	<b>c</b> EIN-PN <b>01-0315296-001</b>
<b>a</b>	Plan name <b>AVID BIOSERVICES, INC. 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>AVID BIOSERVICES, INC.</b>	<b>c</b> EIN-PN <b>95-3698422-001</b>
<b>a</b>	Plan name <b>AVISA PARTNERS U.S., INC. 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>AVISA PARTNERS U.S., INC.</b>	<b>c</b> EIN-PN <b>84-3308851-001</b>
<b>a</b>	Plan name <b>AXIOM MEMORY SOLUTIONS, INC. 401(K) PROFIT SHARING PLAN</b>	
<b>b</b>	Name of plan sponsor <b>AXIOM MEMORY SOLUTIONS, INC.</b>	<b>c</b> EIN-PN <b>33-0869859-001</b>
<b>a</b>	Plan name <b>AXIOM SPACE 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>AXIOM SPACE, INC.</b>	<b>c</b> EIN-PN <b>81-3700519-001</b>
<b>a</b>	Plan name <b>AYRES, SHELTON, WILLIAMS, BENSON &amp; PAINE 401K</b>	
<b>b</b>	Name of plan sponsor <b>AYRES, SHELTON, WILLIAMS, BENSON &amp; PAINE</b>	<b>c</b> EIN-PN <b>26-1790443-001</b>
<b>a</b>	Plan name <b>BANNER ENVIRONMENTAL SERVICES, INC. 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>BANNER ENVIRONMENTAL SERVICES, INC.</b>	<b>c</b> EIN-PN <b>47-2625434-001</b>
<b>a</b>	Plan name <b>BARKBOX, INC. 401(K)</b>	
<b>b</b>	Name of plan sponsor <b>BARKBOX</b>	<b>c</b> EIN-PN <b>45-3720765-001</b>

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
<b>a</b>	Plan name <a href="#">BARROW AGEE LABORATORIES RETIREMENT 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">BARROW AGEE LABORATORIES, LLC</a>	<b>c</b> EIN-PN <a href="#">20-8124792-001</a>
<b>a</b>	Plan name <a href="#">BASSETT FURNITURE IND. INC. 401K PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">BASSETT FURNITURE</a>	<b>c</b> EIN-PN <a href="#">54-0135270-002</a>
<b>a</b>	Plan name <a href="#">BAY ANESTHESIA ASSOCIATES, LLC 401K PROFIT SHARING PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">BAY ANESTHESIA ASSOCIATES, LLC ATTN TAMMY PHILLIPS</a>	<b>c</b> EIN-PN <a href="#">20-8871650-001</a>
<b>a</b>	Plan name <a href="#">BAY VIEW FOOD PRODUCTS 401K</a>	
<b>b</b>	Name of plan sponsor <a href="#">SHARON JANICKE</a>	<b>c</b> EIN-PN <a href="#">38-1258834-001</a>
<b>a</b>	Plan name <a href="#">BCB COMMUNITY BANK 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">BCB COMMUNITY BANK</a>	<b>c</b> EIN-PN <a href="#">22-3760320-001</a>
<b>a</b>	Plan name <a href="#">BEEMOK CAPITAL LLC PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">BEEMOK CAPITAL LLC</a>	<b>c</b> EIN-PN <a href="#">82-4578874-001</a>
<b>a</b>	Plan name <a href="#">BEIER HOWLETT 401(K) PROFIT SHARING PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">BEIER HOWLETT, P.C.</a>	<b>c</b> EIN-PN <a href="#">38-1870559-001</a>
<b>a</b>	Plan name <a href="#">BELLES PROPERTY MANAGEMENT, LLC RETIREMENT SAVINGS PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">BELLES PROPERTY MANAGEMENT, LLC</a>	<b>c</b> EIN-PN <a href="#">47-3346178-003</a>
<b>a</b>	Plan name <a href="#">BELLOTA AGRISOLUTIONS &amp; TOOLS USA</a>	
<b>b</b>	Name of plan sponsor <a href="#">BELLOTA AGRISOLUTIONS &amp; TOOLS USA LLC 401K</a>	<b>c</b> EIN-PN <a href="#">75-3267235-001</a>
<b>a</b>	Plan name <a href="#">BELLWETHER ENTERPRISE REAL ESTATE CAPITAL 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">BELLWETHER ENTERPRISE REAL ESTATE CAPITAL, LLC</a>	<b>c</b> EIN-PN <a href="#">26-2916887-001</a>
<b>a</b>	Plan name <a href="#">BENEFIT RECOVERY 401(K) PROFIT SHARING PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">BENEFIT RECOVERY GROUP, LLC</a>	<b>c</b> EIN-PN <a href="#">47-2436944-001</a>
<b>a</b>	Plan name <a href="#">BERNARD EGAN &amp; COMPANY 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">BERNARD EGAN &amp; COMPANY</a>	<b>c</b> EIN-PN <a href="#">22-1730979-003</a>

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)		
<b>a</b>	Plan name <b>BID GROUP HOLDINGS (US) INC. 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>BID GROUP HOLDINGS (US) INC.</b>	<b>c</b> EIN-PN <b>47-4848512-001</b>
<b>a</b>	Plan name <b>BIEDERWOLF &amp; BURNS FAMILY DENTISTRY, S.C. 401(K) PROFIT SHARING PLAN</b>	
<b>b</b>	Name of plan sponsor <b>BIEDERWOLF &amp; BURNS FAMILY DENTISTRY, S.C.</b>	<b>c</b> EIN-PN <b>39-1752493-002</b>
<b>a</b>	Plan name <b>BIG BEN ENGINEERING RETIREMENT SAVINGS PLAN</b>	
<b>b</b>	Name of plan sponsor <b>BIG BEN INC DBA BIG BEN ENGINEERING</b>	<b>c</b> EIN-PN <b>33-0873500-001</b>
<b>a</b>	Plan name <b>BIOMEDICAL RESEARCH ALLIANCE OF NEW YORK LLC 401(K) PROFIT SHARING PLAN</b>	
<b>b</b>	Name of plan sponsor <b>BIOMEDICAL RESEARCH ALLIANCE OF NEW YORK LLC</b>	<b>c</b> EIN-PN <b>13-3999590-002</b>
<b>a</b>	Plan name <b>BIOVENTUS 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>BIOVENTUS LLC</b>	<b>c</b> EIN-PN <b>45-3935628-001</b>
<b>a</b>	Plan name <b>BLAIR RUBBER COMPANY 401(K) PROFIT SHARING PLAN AND TRUST</b>	
<b>b</b>	Name of plan sponsor <b>BLAIR RUBBER COMPANY</b>	<b>c</b> EIN-PN <b>34-1351173-001</b>
<b>a</b>	Plan name <b>BMD 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>BMD 401(K) PLAN</b>	<b>c</b> EIN-PN <b>95-3926637-004</b>
<b>a</b>	Plan name <b>BOSTON WINDOW &amp; DOOR, LLC 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>BOSTON WINDOW &amp; DOOR, LLC</b>	<b>c</b> EIN-PN <b>83-2294937-001</b>
<b>a</b>	Plan name <b>BRAASK, INC. 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>BRAASK, INC.</b>	<b>c</b> EIN-PN <b>72-1485569-001</b>
<b>a</b>	Plan name <b>BREMBO NORTH AMERICA, INC. EMPLOYEES' 401(K) RETIREMENT SAVINGS PLAN</b>	
<b>b</b>	Name of plan sponsor <b>BREMBO NORTH AMERICA, INC.</b>	<b>c</b> EIN-PN <b>95-4190804-001</b>
<b>a</b>	Plan name <b>BRIDGEFARMER &amp; ASSOCIATES, INC. 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>BRIDGEFARMER &amp; ASSOCIATES, INC.</b>	<b>c</b> EIN-PN <b>75-1571056-001</b>
<b>a</b>	Plan name <b>BROWN &amp; RIDING INSURANCE SERVICES, INC. EMPLOYEES' 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>BROWN &amp; RIDING INSURANCE SERVICES, INC.</b>	<b>c</b> EIN-PN <b>94-2679254-003</b>

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	BROWN GRAHAM & COMPANY, P.C. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	BROWN GRAHAM & COMPANY, P.C.	<b>c</b> EIN-PN 75-1386677-001
<b>a</b>	Plan name	BSA 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	BUSINESS SOFTWARE ALLIANCE	<b>c</b> EIN-PN 06-1242574-001
<b>a</b>	Plan name	BUCKEYE VET CLINIC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	BUCKEYE VETERINARY CLINIC LLC	<b>c</b> EIN-PN 27-2294734-001
<b>a</b>	Plan name	BUCKLEY THEROUX KLINE & COOLEY, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	BUCKLEY, THEROUX, KLINE AND COOLEY, LLC	<b>c</b> EIN-PN 22-3594244-001
<b>a</b>	Plan name	BUILD TO SUIT, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	BUILD TO SUIT, INC.	<b>c</b> EIN-PN 75-3024913-001
<b>a</b>	Plan name	BUTLER BALANCING CO INC 401K	
<b>b</b>	Name of plan sponsor	BUTLER BALANCING CO INC 401K	<b>c</b> EIN-PN 23-2657938-001
<b>a</b>	Plan name	C&D TECHNOLOGIES SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	C&D TECHNOLOGIES, INC.	<b>c</b> EIN-PN 13-3314599-001
<b>a</b>	Plan name	C&D TECHNOLOGIES, INC. PENSION PLAN	
<b>b</b>	Name of plan sponsor	C&D TECHNOLOGIES, INC.	<b>c</b> EIN-PN 13-3314599-111
<b>a</b>	Plan name	C. HARPER CHEVROLET, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	C. HARPER CHEVROLET, INC.	<b>c</b> EIN-PN 25-1445527-001
<b>a</b>	Plan name	C.J. DANNEMILLER CO., INC. PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	C. J. DANNEMILLER CO., INC	<b>c</b> EIN-PN 34-1026251-001
<b>a</b>	Plan name	C.T. GORHAM, INC. PROFIT SHARING 401(K) PLAN	
<b>b</b>	Name of plan sponsor	C. T. GORHAM, INC.	<b>c</b> EIN-PN 39-1132631-001
<b>a</b>	Plan name	CALCAGNO PEDIATRICS 401(K) PLAN & TRUST	
<b>b</b>	Name of plan sponsor	CALCAGNO PEDIATRICS	<b>c</b> EIN-PN 73-1655158-001

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 CALEDONIA IMPLEMENT COMPANY INC SAFE HARBOR 401(K) PLAN	
<b>b</b>	Name of plan sponsor CALEDONIA IMPLEMENT COMPANY	<b>c</b> EIN-PN 41-0630941-001
<b>a</b>	Plan name CALL AND GENTRY LAW GROUP 401K PLAN	
<b>b</b>	Name of plan sponsor CALL AND GENTRY LAW GROUP	<b>c</b> EIN-PN 46-3173296-001
<b>a</b>	Plan name CAMPBELL COMPANIES 401(K) PROFIT SHARING PLAN AND TRUST	
<b>b</b>	Name of plan sponsor CAMPBELL COMPANIES	<b>c</b> EIN-PN 84-3055712-001
<b>a</b>	Plan name CAMPBELL COMPANIES BARGAINING UNIT 401(K) PLAN	
<b>b</b>	Name of plan sponsor CAMPBELL COMPANIES	<b>c</b> EIN-PN 84-3055712-003
<b>a</b>	Plan name CANNONDESIGN	
<b>b</b>	Name of plan sponsor CANNONDESIGN	<b>c</b> EIN-PN 16-0698950-003
<b>a</b>	Plan name CAPITAL CONSULTANTS MANAGEMENT CORPORATION 401(K) SALARY REDUCTION	
<b>b</b>	Name of plan sponsor CAPITAL CONSULTANTS MANAGEMENT CORPORATION	<b>c</b> EIN-PN 75-2269391-001
<b>a</b>	Plan name CAPON VALLEY BANK 401K PLAN	
<b>b</b>	Name of plan sponsor CAPON VALLEY BANK	<b>c</b> EIN-PN 55-0136805-003
<b>a</b>	Plan name CAREL USA 401K PLAN	
<b>b</b>	Name of plan sponsor CAREL USA, LLC	<b>c</b> EIN-PN 23-2786822-001
<b>a</b>	Plan name CAREY COLOR, INC. EMPLOYEES PROFIT SHARING & 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor CAREY COLOR, INC.	<b>c</b> EIN-PN 31-1000581-001
<b>a</b>	Plan name CERRIS, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor CERRIS, INC.	<b>c</b> EIN-PN 36-3740049-001
<b>a</b>	Plan name CERTIFIED UTILITY SERVICES, INC. RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor CERTIFIED UTILITY SERVICES, INC.	<b>c</b> EIN-PN 06-1506699-003
<b>a</b>	Plan name CHANCE RIDES, LLC 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor CHANCE RIDES, LLC	<b>c</b> EIN-PN 93-1410090-001

<b>Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>		
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)		
<b>a</b>	Plan name	CHCA 401(K) PLAN
<b>b</b>	Name of plan sponsor	CANCER HEALTHCARE ASSOCIATES PL
<b>c</b>	EIN-PN	05-0629338-001
<b>a</b>	Plan name	CHEERWINE 401(K) PROFIT SHARING PLAN
<b>b</b>	Name of plan sponsor	PIEDMONT CHEERWINE BOTTLING COMPANY
<b>c</b>	EIN-PN	56-0887444-001
<b>a</b>	Plan name	CHESTER COUNTY FUEL INC. 401K
<b>b</b>	Name of plan sponsor	CHESTER COUNTY FUEL INC
<b>c</b>	EIN-PN	82-2368166-001
<b>a</b>	Plan name	CHICO EYE CENTER 401(K) PROFIT SHARING PLAN
<b>b</b>	Name of plan sponsor	CHICO EYE CENTER
<b>c</b>	EIN-PN	91-1841310-001
<b>a</b>	Plan name	CHITIMACHA TRIBE OF LOUISIANA 401(K) PROFIT SHARING PLAN
<b>b</b>	Name of plan sponsor	CHITIMACHA TRIBE OF LOUISIANA
<b>c</b>	EIN-PN	72-0705406-001
<b>a</b>	Plan name	CIELO, INC. 401(K) PLAN
<b>b</b>	Name of plan sponsor	CIELO, INC.
<b>c</b>	EIN-PN	76-0807472-001
<b>a</b>	Plan name	CIRCLE M
<b>b</b>	Name of plan sponsor	CIRCLE M CONTRACTORS, INC.
<b>c</b>	EIN-PN	27-3664871-001
<b>a</b>	Plan name	CLICK BOARDING, LLC 401(K) PLAN
<b>b</b>	Name of plan sponsor	CLICK BOARDING, LLC
<b>c</b>	EIN-PN	46-1355000-001
<b>a</b>	Plan name	CLINE CELLARS 401(K) SAVINGS PLAN
<b>b</b>	Name of plan sponsor	CLINE CELLARS, INC.
<b>c</b>	EIN-PN	68-0247575-001
<b>a</b>	Plan name	CMC ENGINEERING 401(K) PLAN
<b>b</b>	Name of plan sponsor	CMC ENGINEERING
<b>c</b>	EIN-PN	23-2149767-002
<b>a</b>	Plan name	CNC PRECISION MACHINE INC. 401(K) PROFIT SHARING PLAN
<b>b</b>	Name of plan sponsor	CNC PRECISION MACHINE
<b>c</b>	EIN-PN	04-3644614-001
<b>a</b>	Plan name	CO OPERATIVE FIRE INS OF VERMONT
<b>b</b>	Name of plan sponsor	COOPERATIVE INSURANCE COMPANIES
<b>c</b>	EIN-PN	03-0220844-001

<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	COASTHILLS CREDIT UNION 401(K) AND PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	COASTHILLS CREDIT UNION	<b>c</b> EIN-PN 95-2015359-003
<b>a</b>	Plan name	CODESECURE INC 401K	
<b>b</b>	Name of plan sponsor	CODESECURE, INC.	<b>c</b> EIN-PN 93-2730224-001
<b>a</b>	Plan name	COLONIAL POWER GROUP 401(K) PLAN	
<b>b</b>	Name of plan sponsor	COLONIAL POWER GROUP, INC.	<b>c</b> EIN-PN 16-1625665-001
<b>a</b>	Plan name	COLUMBUS RUBBER & GASKET, INC., 401(K) PLAN	
<b>b</b>	Name of plan sponsor	COLUMBUS RUBBER AND GASKET COMPANY, INC	<b>c</b> EIN-PN 64-0588011-001
<b>a</b>	Plan name	COM-CORP. INDUSTRIES, INC. EMPLOYEES SAVINGS PLAN AND TRUST	
<b>b</b>	Name of plan sponsor	COM-CORP. INDUSTRIES, INC.	<b>c</b> EIN-PN 31-1314332-001
<b>a</b>	Plan name	COMFORT RESEARCH 401(K) PLAN	
<b>b</b>	Name of plan sponsor	COMFORTRESEARCH, L.L.C.	<b>c</b> EIN-PN 38-3308162-001
<b>a</b>	Plan name	COMMAR SALES, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	COMMAR SALES, LLC	<b>c</b> EIN-PN 05-0496226-001
<b>a</b>	Plan name	COMMUNITY LINK 401(K) PLAN	
<b>b</b>	Name of plan sponsor	COMMUNITY LINK, INC.	<b>c</b> EIN-PN 37-0955971-002
<b>a</b>	Plan name	CONNECTED-HR RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	CONNECTED BUSINESS SERVICES, LLC	<b>c</b> EIN-PN 45-3734737-001
<b>a</b>	Plan name	CONN-WELD INDUSTRIES, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	CONN-WELD INDUSTRIES, LLC	<b>c</b> EIN-PN 85-2047885-001
<b>a</b>	Plan name	CONQUEST SOLUTIONS, LLC RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	CONQUEST SOLUTIONS LLC	<b>c</b> EIN-PN 26-4033869-001
<b>a</b>	Plan name	CONSILIO 401(K) PLAN	
<b>b</b>	Name of plan sponsor	CONSILIO, LLC	<b>c</b> EIN-PN 54-2019342-001

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 CONSTRUCTION SUPPLY SPECIALISTS 401K PROFIT SHARING PLAN & TRUST	
<b>b</b>	Name of plan sponsor CONSTRUCTION SUPPLY SPECIALISTS,	<b>c</b> EIN-PN 54-2188350-001
<b>a</b>	Plan name CORRIDOR PRIMARY CARE 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor CORRIDOR PRIMARY CARE, P.A.	<b>c</b> EIN-PN 74-2759858-001
<b>a</b>	Plan name COSENTINO CONTRACTING COMPANY, INC. RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor COSENTINO CONTRACTING COMPANY, INC.	<b>c</b> EIN-PN 52-0880312-001
<b>a</b>	Plan name COURTNEY HONDA 401(K) PLAN	
<b>b</b>	Name of plan sponsor MILFORD IMPORTS, INC.	<b>c</b> EIN-PN 43-4708400-001
<b>a</b>	Plan name CPAPERLESS LLC 401(K) PROFIT SHARING PLAN AND TRUST	
<b>b</b>	Name of plan sponsor CPAPERLESS LLC	<b>c</b> EIN-PN 26-3589251-001
<b>a</b>	Plan name CRAIL CAPITAL LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor CRAIL CAPITAL LLC	<b>c</b> EIN-PN 87-0790392-001
<b>a</b>	Plan name CREPS UNITED PUBLICATIONS 401K PLAN	
<b>b</b>	Name of plan sponsor CREPS UNITED PUBLICATIONS	<b>c</b> EIN-PN 25-1508436-001
<b>a</b>	Plan name CW GROUP LLC	
<b>b</b>	Name of plan sponsor CW GROUP LLC	<b>c</b> EIN-PN 81-1935663-001
<b>a</b>	Plan name CYGNUS HOME SERVICE RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor CYGNUS HOME SERVICE, LLC	<b>c</b> EIN-PN 41-0879087-001
<b>a</b>	Plan name DAKKOTA INTEGRATED SYSTEMS 401(K) PLAN	
<b>b</b>	Name of plan sponsor DAKKOTA INTEGRATED SYSTEMS, LLC	<b>c</b> EIN-PN 38-3609324-001
<b>a</b>	Plan name DANIELS SHARPSMART, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor DANIELS SHARPSMART, INC.	<b>c</b> EIN-PN 84-1617227-002
<b>a</b>	Plan name DARAG US SERVICES CO 401K P/S PLAN	
<b>b</b>	Name of plan sponsor DARAG US SERVICE COMPANY	<b>c</b> EIN-PN 47-3443751-001

<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	DECISIVEDGE, LLC 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	DECISIVEDGE, LLC	<b>c</b> EIN-PN 26-1440851-001
<b>a</b>	Plan name	DEJ HOLDINGS, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	DEJ HOLDINGS, LLC	<b>c</b> EIN-PN 56-2120168-001
<b>a</b>	Plan name	DELACO COMPANIES 401(K) PLAN	
<b>b</b>	Name of plan sponsor	DELACO STEEL CORPORATION	<b>c</b> EIN-PN 38-2194701-333
<b>a</b>	Plan name	DELTA HEALTH SYSTEMS 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	WM. MICHAEL STEMLER, INC. DBA DELTA HEALTH SYSTEMS	<b>c</b> EIN-PN 94-2353289-001
<b>a</b>	Plan name	DEN-COL SUPPLY CO. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	DEN-COL SUPPLY COMPANY/D-C ORNAMENTAL SUPPLY	<b>c</b> EIN-PN 84-0529526-003
<b>a</b>	Plan name	DESIGN ELECTRIC, INC. 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	DESIGN ELECTRIC INC.	<b>c</b> EIN-PN 41-1223438-001
<b>a</b>	Plan name	DIDION MILLING, INC 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	DIDION MILLING, INC	<b>c</b> EIN-PN 39-1251904-001
<b>a</b>	Plan name	DKP INDIANA 401(K) PLAN	
<b>b</b>	Name of plan sponsor	DELACO KASLE PROCESSING INDIANA, LLC	<b>c</b> EIN-PN 13-4252871-001
<b>a</b>	Plan name	DORSKY YUE INTERNATIONAL, LLC 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	DORSKY YUE INTERNATIONAL, LLC	<b>c</b> EIN-PN 27-1532615-001
<b>a</b>	Plan name	DRIESENKA & ASSOCIATES, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	DRIESENKA & ASSOCIATES, INC.	<b>c</b> EIN-PN 38-3212310-001
<b>a</b>	Plan name	DRS. SOROKIN & BERMAN, P.C. SECTION 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	DRS. SOROKIN & BERMAN, P.C.	<b>c</b> EIN-PN 06-0876644-001
<b>a</b>	Plan name	DRT STRATEGIES INC 401K PROFIT SHARING PLAN AND TRUST	
<b>b</b>	Name of plan sponsor	DRT STRATEGIES INC	<b>c</b> EIN-PN 20-0526356-001

<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	DSI 401(K) PLAN	
<b>b</b>	Name of plan sponsor	DOTHAN SECURITY INC.	<b>c</b> EIN-PN 63-0748641-002
<b>a</b>	Plan name	DYNAMIC MANUFACTURING, INC. 401(K) SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	DYNAMIC MANUFACTURING, INC.	<b>c</b> EIN-PN 36-3989759-001
<b>a</b>	Plan name	DYNAMIC NURSING SERVICES INC 401(K) PROFIT SHARING PLAN & TRUST	
<b>b</b>	Name of plan sponsor	DYNAMIC NURSING SERVICES INC	<b>c</b> EIN-PN 95-4401583-001
<b>a</b>	Plan name	E.R. STUEBNER CONSTRUCTION INC. RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	E.R. STUEBNER CONSTRUCTION, INC.	<b>c</b> EIN-PN 23-1462430-002
<b>a</b>	Plan name	EAST SIDE NEIGHBORHOOD SERVICES 401(K) PLAN	
<b>b</b>	Name of plan sponsor	EAST SIDE NEIGHBORHOOD SERVICES, INC.	<b>c</b> EIN-PN 41-0873798-004
<b>a</b>	Plan name	EASTERN OIL COMPANY 401K PLAN	
<b>b</b>	Name of plan sponsor	EASTERN OIL COMPANY	<b>c</b> EIN-PN 38-2311892-001
<b>a</b>	Plan name	EDSA EMPLOYEE SAVINGS AND PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	EDSA, INC.	<b>c</b> EIN-PN 59-1265229-001
<b>a</b>	Plan name	ELECTRICAL CONNECTION, INC. RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	ELECTRICAL CONNECTION, INC.	<b>c</b> EIN-PN 20-0318636-001
<b>a</b>	Plan name	ELEVATION, LLC RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	ELEVATION, LLC	<b>c</b> EIN-PN 20-4161785-001
<b>a</b>	Plan name	ELKINS CHEVROLET LLC 401K PLAN	
<b>b</b>	Name of plan sponsor	ELKINS CHEVROLET LLC	<b>c</b> EIN-PN 22-3630104-001
<b>a</b>	Plan name	EMCO 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ELECTRONIC MAINTENANCE COMPANY, INC.	<b>c</b> EIN-PN 72-0820982-003
<b>a</b>	Plan name	EMERGING MARKET SEPARATE ACCOUNT	
<b>b</b>	Name of plan sponsor	EMERGING MARKET SEPARATE ACCOUNT	<b>c</b> EIN-PN 46-3943208-001

<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	ENTERPRISE EMPLOYEES' PENSION AND 401(K) PLAN
<b>b</b>	Name of plan sponsor	ENTERPRISE
<b>c</b>	EIN-PN	52-1231931-333
<b>a</b>	Plan name	ENVIROTECH CONSULTANTS, INC. 401(K) AND PROFIT SHARING PLAN
<b>b</b>	Name of plan sponsor	ENVIROTECH CONSULTANTS, INC.
<b>c</b>	EIN-PN	52-2409533-001
<b>a</b>	Plan name	EOS FITNESS 401(K) PLAN
<b>b</b>	Name of plan sponsor	EOS FITNESS OPCO HOLDINGS LLC
<b>c</b>	EIN-PN	47-2848044-001
<b>a</b>	Plan name	EPES TRANSPORT SYSTEM 401(K) RETIREMENT PLAN
<b>b</b>	Name of plan sponsor	EPES TRANSPORT SYSTEM, LLC
<b>c</b>	EIN-PN	54-0409030-001
<b>a</b>	Plan name	ESCO CONSTRUCTION CO 401(K) PROFIT SHARING PLAN
<b>b</b>	Name of plan sponsor	ESCO CONSTRUCTION COMPANY
<b>c</b>	EIN-PN	84-0510732-001
<b>a</b>	Plan name	ESTATE ADMINISTRATIVE SERVICES LLC
<b>b</b>	Name of plan sponsor	ESTATE ADMINISTRATIVE SERVICES LLC
<b>c</b>	EIN-PN	99-0350528-001
<b>a</b>	Plan name	EVERGREEN REAL ESTATE SERVICES RETIREMENT SAVINGS PLAN
<b>b</b>	Name of plan sponsor	EVERGREEN REAL ESTATE SERVICES LLC
<b>c</b>	EIN-PN	36-4274778-001
<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	EXO-S US, LLC 401(K) PLAN
<b>b</b>	Name of plan sponsor	EXO-S US, LLC
<b>c</b>	EIN-PN	20-2683580-002
<b>a</b>	Plan name	EXPLORER PIPELINE COMPANY RETIREMENT PLAN
<b>b</b>	Name of plan sponsor	EXPLORER PIPELINE COMPANY
<b>c</b>	EIN-PN	73-0785982-001
<b>a</b>	Plan name	EYESOUTH PARTNERS 401(K) PLAN
<b>b</b>	Name of plan sponsor	SCP EYE CARE SERVICES, LLC
<b>c</b>	EIN-PN	81-5171738-001
<b>a</b>	Plan name	FACC PREMIUM DEFERRED 401(K) PLAN
<b>b</b>	Name of plan sponsor	FLORIDA ASSOCIATION OF COURT CLERKS
<b>c</b>	EIN-PN	59-1227589-251

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 FARWEST INSULATION CONTRACTING 401(K) PLAN	
<b>b</b>	Name of plan sponsor FARWEST INSULATION CONTRACTING	<b>c</b> EIN-PN 20-0393110-002
<b>a</b>	Plan name FC ZIEGLER CO 401(K) PLAN	
<b>b</b>	Name of plan sponsor F.C. ZIEGLER CO.	<b>c</b> EIN-PN 73-0700938-002
<b>a</b>	Plan name FCC DESIGN BUILD 401(K) PLAN	
<b>b</b>	Name of plan sponsor FCCDB CORP	<b>c</b> EIN-PN 85-1240424-001
<b>a</b>	Plan name FENTURA FINANCIAL, INC. EE DEFERRED COMP & ESOP	
<b>b</b>	Name of plan sponsor FENTURA FINANCIAL INC.	<b>c</b> EIN-PN 38-2806518-002
<b>a</b>	Plan name FERGUSON CASE ORR PATERSON LLP 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor FERGUSON CASE ORR PATERSON LLP	<b>c</b> EIN-PN 95-3764264-001
<b>a</b>	Plan name FHLBANK DALLAS 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor FEDERAL HOME LOAN BANK OF DALLAS	<b>c</b> EIN-PN 71-6013989-003
<b>a</b>	Plan name FILM AND MUSIC, LLC	
<b>b</b>	Name of plan sponsor FILM AND MUSIC, LLC	<b>c</b> EIN-PN 04-7440524-001
<b>a</b>	Plan name FINEPOINT CAPITAL LP 401(K) PROFIT SHARING PLAN & TRUST	
<b>b</b>	Name of plan sponsor FINEPOINT CAPITAL LP	<b>c</b> EIN-PN 46-2183973-001
<b>a</b>	Plan name FLASH 401(K) PLAN	
<b>b</b>	Name of plan sponsor FLASHPARKING INC.	<b>c</b> EIN-PN 45-1867889-001
<b>a</b>	Plan name FLEETWOOD - FIBRE PACKAGING & GRAPHICS, INC. RETIREMENT SAVINGS AND PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor FLEETWOOD - FIBRE PACKAGING & GRAPHICS, INC.	<b>c</b> EIN-PN 82-1709584-002
<b>a</b>	Plan name FLIGHT CHECK 401(K) PLAN	
<b>b</b>	Name of plan sponsor FLIGHT CHECK, LLC	<b>c</b> EIN-PN 36-4569600-001
<b>a</b>	Plan name FOCUS LEARNING CORPORATION	
<b>b</b>	Name of plan sponsor JAMES STEELE	<b>c</b> EIN-PN 77-0086563-001

<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	FORMANT INC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	FORMANT INC	<b>c</b> EIN-PN 82-1479341-001
<b>a</b>	Plan name	FOX RIVER MILLS 401(K) PLAN	
<b>b</b>	Name of plan sponsor	FRM SOCKS LLC	<b>c</b> EIN-PN 61-1804624-001
<b>a</b>	Plan name	FRONTIER COMPUTER CORP. EMPLOYEES 401(K) PLAN	
<b>b</b>	Name of plan sponsor	FRONTIER COMPUTER CORP.	<b>c</b> EIN-PN 11-2800031-003
<b>a</b>	Plan name	FRONTIER COOPERATIVE 401(K) PLAN	
<b>b</b>	Name of plan sponsor	FRONTIER CO-OP	<b>c</b> EIN-PN 20-3013069-001
<b>a</b>	Plan name	FUTURAMIC TOOL & ENGINEERING COMPANY	
<b>b</b>	Name of plan sponsor	FUTURAMIC TOOL AND ENGINEERING COMPANY	<b>c</b> EIN-PN 38-1528262-002
<b>a</b>	Plan name	GANDY INK 401(K) PLAN	
<b>b</b>	Name of plan sponsor	G & G INVESTMENTS, INC. DBA GANDY INK	<b>c</b> EIN-PN 75-2228883-001
<b>a</b>	Plan name	GENTIVA 401K PLAN	
<b>b</b>	Name of plan sponsor	CURO HEALTH SERVICES LLC	<b>c</b> EIN-PN 32-0307955-001
<b>a</b>	Plan name	GLEN DIMPLEX AMERICAS COMPANY RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	GLEN DIMPLEX AMERICAS COMPANY	<b>c</b> EIN-PN 91-1593365-001
<b>a</b>	Plan name	GLOBAL INTEGRATED FLOORING SOLUTIONS INC 401K	
<b>b</b>	Name of plan sponsor	GLOBAL INTEGRATED FLOORING SOLUT	<b>c</b> EIN-PN 82-2301882-001
<b>a</b>	Plan name	GLOBALFOUNDRIES U.S. INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	GLOBALFOUNDRIES	<b>c</b> EIN-PN 26-3122131-001
<b>a</b>	Plan name	GODSHALL'S QUALITY MEATS, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	GODSHALLS QUALITY MEATS, INC.	<b>c</b> EIN-PN 23-2267598-001
<b>a</b>	Plan name	GOLDEN VALLEY BANK 401K PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	GOLDEN VALLEY BANK	<b>c</b> EIN-PN 20-4148098-001

<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	GOODWILL-EASTER SEALS MN 401(K) PLAN	
<b>b</b>	Name of plan sponsor	GOODWILL-EASTER SEALS MINNESOTA	<b>c</b> EIN-PN 99-6869763-002
<b>a</b>	Plan name	GOSSI, INC CASH BALANCE PLAN	
<b>b</b>	Name of plan sponsor	GOSSI, INC	<b>c</b> EIN-PN 20-0782823-001
<b>a</b>	Plan name	GOULD MEDICAL GROUP, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	GOULD MEDICAL GROUP, INC.	<b>c</b> EIN-PN 94-2151374-003
<b>a</b>	Plan name	GOURMET CULINARY PARTNERS 401(K) RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	GOURMET CULINARY PARTNERS, LLC	<b>c</b> EIN-PN 83-3649071-001
<b>a</b>	Plan name	GRAND RIVER BANK 401(K) PROFIT SHARING PLAN AND TRUST	
<b>b</b>	Name of plan sponsor	GRAND RIVER BANK	<b>c</b> EIN-PN 26-4733625-001
<b>a</b>	Plan name	GREENSCAPE, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	GREENSCAPE, INC.	<b>c</b> EIN-PN 56-1228417-001
<b>a</b>	Plan name	GTS LIVING FOODS 401(K) PLAN	
<b>b</b>	Name of plan sponsor	GTS LIVING FOODS, LLC	<b>c</b> EIN-PN 95-4526003-001
<b>a</b>	Plan name	H HICKS & COMPANY, INC 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	H HICKS & COMPANY, INC	<b>c</b> EIN-PN 38-3160702-001
<b>a</b>	Plan name	HARRIS, GREENE LLP PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	HARRIS, GREENE LLP	<b>c</b> EIN-PN 33-0109175-001
<b>a</b>	Plan name	HAWKINS ELECTRIC SERVICE, INC. RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	HAWKINS ELECTRIC SERVICE, INC.	<b>c</b> EIN-PN 52-0631489-001
<b>a</b>	Plan name	HEALTHWISE INCORPORATED 401(K) PLAN	
<b>b</b>	Name of plan sponsor	HEALTHWISE INCORPORATED	<b>c</b> EIN-PN 23-7455145-002
<b>a</b>	Plan name	HEATHER WARREN LAND SURVEYOR, PLLC DBA WARREN RAMIE SURVEYING RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	HEATHER WARREN LAND SURVEYOR, PLLC DBA WARREN RAMIE SURVEYING	<b>c</b> EIN-PN 16-1572523-001

<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	HEMOSONICS, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	HEMOSONICS, LLC	<b>c</b> EIN-PN 20-4483346-001
<b>a</b>	Plan name	HERITAGE SCHOOLS, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	HERITAGE SCHOOLS, INC.	<b>c</b> EIN-PN 87-0514958-001
<b>a</b>	Plan name	HF GROUP LLC 401 K PLAN	
<b>b</b>	Name of plan sponsor	HF GROUP LLC 401 K PLAN	<b>c</b> EIN-PN 20-4101469-001
<b>a</b>	Plan name	HICAPS, INC. 401(K) RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	HICAPS, INC.	<b>c</b> EIN-PN 56-1561637-001
<b>a</b>	Plan name	HORIBA INSTRUMENTS INCORPORATED 401(K) PLAN	
<b>b</b>	Name of plan sponsor	HORIBA INSTRUMENTS INCORPORATED	<b>c</b> EIN-PN 33-0820160-001
<b>a</b>	Plan name	HORIZON INDUSTRIES, LIMITED 401(K) PLAN	
<b>b</b>	Name of plan sponsor	HORIZON INDUSTRIES, LIMITED	<b>c</b> EIN-PN 52-2004291-001
<b>a</b>	Plan name	HORROCKS ENGINEERS 401(K) PLAN	
<b>b</b>	Name of plan sponsor	HORROCKS ENGINEERS, INC.	<b>c</b> EIN-PN 87-0296502-001
<b>a</b>	Plan name	HOSPITAL HOUSEKEEPING SYSTEMS 401(K) PLAN	
<b>b</b>	Name of plan sponsor	HOSPITAL HOUSEKEEPING SYSTEMS, LLC	<b>c</b> EIN-PN 74-2983259-001
<b>a</b>	Plan name	HP-UOV 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	THE HEALTH PLAN OF WEST VIRGINIA, INC.	<b>c</b> EIN-PN 55-0585592-002
<b>a</b>	Plan name	HUB GROUP EMPLOYEE PROFIT SHARING AND TRUST PLAN	
<b>b</b>	Name of plan sponsor	HUB GROUP, INC.	<b>c</b> EIN-PN 36-4007085-001
<b>a</b>	Plan name	HULLS NOR CAL WINDOW & DOOR INC 401K PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	HULLS NOR CAL WINDOW & DOOR INC	<b>c</b> EIN-PN 68-0421700-001
<b>a</b>	Plan name	HUTCHINSON & WALTER LLC 401K PROFIT	
<b>b</b>	Name of plan sponsor	HUTCHINSON AND WALTER CPAS	<b>c</b> EIN-PN 91-1004812-001

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 IKO HOURLY EMPLOYEE SAVINGS PLAN	
<b>b</b>	Name of plan sponsor IKO INDUSTRIES, INC.	<b>c</b> EIN-PN 16-1007213-002
<b>a</b>	Plan name INNOVATIVE INJECTION TECHNOLOGIES, INC. 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor INNOVATIVE INJECTION TECHNOLOGIES, INC.	<b>c</b> EIN-PN 16-1668785-001
<b>a</b>	Plan name INSPIRE MEDICAL SYSTEMS, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor INSPIRE MEDICAL SYSTEMS, INC.	<b>c</b> EIN-PN 26-1377674-001
<b>a</b>	Plan name INSTITUTE FOR ENERGY RESEARCH 401(K) PLAN	
<b>b</b>	Name of plan sponsor INSTITUTE FOR ENERGY RESEARCH	<b>c</b> EIN-PN 76-0149778-001
<b>a</b>	Plan name INSTITUTE OF INTERNAL AUDITORS 401(K) PLAN	
<b>b</b>	Name of plan sponsor INSTITUTE OF INTERNAL AUDITORS	<b>c</b> EIN-PN 13-5532538-001
<b>a</b>	Plan name INTEGRATED SECURITY, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor INTEGRATED SECURITY, INC.	<b>c</b> EIN-PN 04-2861662-001
<b>a</b>	Plan name INTEGRITY MECHANICAL, INC. RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor INTEGRITY MECHANICAL, INC.	<b>c</b> EIN-PN 23-2792860-001
<b>a</b>	Plan name INTERACTIVE LIFE FORMS LLC 401(K) PROFIT SHARING	
<b>b</b>	Name of plan sponsor INTERACTIVE LIFE FORMS LLC	<b>c</b> EIN-PN 77-0367193-001
<b>a</b>	Plan name INTERIOR REMOVAL SPECIALIST, INC RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor INTERIOR REMOVAL SPECIALIST INC	<b>c</b> EIN-PN 95-4462657-001
<b>a</b>	Plan name INTERMOUNTAIN ELECTRONICS, INC. OF PRICE, UTAH 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor INTERMOUNTAIN ELECTRONICS, INC. OF PRICE, UTAH	<b>c</b> EIN-PN 87-0465100-001
<b>a</b>	Plan name IRON MECHANICAL, INC. RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor IRON MECHANICAL, INC.	<b>c</b> EIN-PN 27-0252085-001
<b>a</b>	Plan name IROQUOIS INDUSTRIES, INC. & AFFILIATES 401(K) PLAN	
<b>b</b>	Name of plan sponsor IROQUOIS INDUSTRIES, INC.	<b>c</b> EIN-PN 38-1744499-001

<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	J R ZUKIN CORPORATION 401K PLAN
<b>b</b>	Name of plan sponsor	JR ZUKIN CORPORATION
<b>c</b>	EIN-PN	95-1478121-002
<b>a</b>	Plan name	J-BERD MECHANICAL CONTRACTORS, INC. 401(K) PLAN
<b>b</b>	Name of plan sponsor	J-BERD MECHANICAL CONTRACTORS, INC.
<b>c</b>	EIN-PN	41-1716695-001
<b>a</b>	Plan name	JESSE N. VEIL, D.D.S. P.A. 401K PLAN
<b>b</b>	Name of plan sponsor	JESSE N. VEIL, D.D.S., M.S., P.A. DBA VEIL & WILD ORTHODONTICS
<b>c</b>	EIN-PN	41-1951549-001
<b>a</b>	Plan name	JOHN B. CRUZ CONSTRUCTION COMPANY, INC. RETIREMENT SAVINGS PLAN
<b>b</b>	Name of plan sponsor	JOHN B. CRUZ CONSTRUCTION COMPANY, INC.
<b>c</b>	EIN-PN	04-2467908-001
<b>a</b>	Plan name	JOHN HENRY FOSTER MINNESOTA, INC. 401(K) PROFIT SHARING PLAN
<b>b</b>	Name of plan sponsor	JOHN HENRY FOSTER MINNESOTA, INC 401(K) PS PLAN
<b>c</b>	EIN-PN	41-1464257-001
<b>a</b>	Plan name	JOINING METALS 401K PLAN
<b>b</b>	Name of plan sponsor	JOINING METALS LLC
<b>c</b>	EIN-PN	87-3358183-001
<b>a</b>	Plan name	JONNS INTERIORS 401(K) PLAN
<b>b</b>	Name of plan sponsor	JONNS LLC
<b>c</b>	EIN-PN	46-0512474-001
<b>a</b>	Plan name	JORDANO'S, INC. 401(K) PLAN
<b>b</b>	Name of plan sponsor	JORDANOS INC.
<b>c</b>	EIN-PN	95-1519497-002
<b>a</b>	Plan name	JOTUL NORTH AMERICA INC 401(K) PROFIT SHARING PLAN AND TRUST
<b>b</b>	Name of plan sponsor	JOTUL NORTH AMERICA INC
<b>c</b>	EIN-PN	01-0371493-001
<b>a</b>	Plan name	JULABO USA, INC. RETIREMENT PLAN
<b>b</b>	Name of plan sponsor	JULABO USA, INC.
<b>c</b>	EIN-PN	23-2740061-001
<b>a</b>	Plan name	KAJKO, WEISMAN & COLASANTI LLP 401(K) RETIREMENT PLAN
<b>b</b>	Name of plan sponsor	KAJKO, WEISMAN & COLASANTI LLP
<b>c</b>	EIN-PN	04-2590609-002
<b>a</b>	Plan name	KALISHER 401(K) RETIREMENT PLAN
<b>b</b>	Name of plan sponsor	ART IS LOVE, LLC (DBA KALISHER)
<b>c</b>	EIN-PN	82-3446101-001

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
<b>a</b>	Plan name <b>KAMAX INC. 401(K) SAVINGS PLAN</b>	
<b>b</b>	Name of plan sponsor <b>KAMAX INC.</b>	<b>c</b> EIN-PN <b>84-2136876-001</b>
<b>a</b>	Plan name <b>KEMPOWER INC</b>	
<b>b</b>	Name of plan sponsor <b>KEMPOWER INC</b>	<b>c</b> EIN-PN <b>34-4239699-001</b>
<b>a</b>	Plan name <b>KEWA PUEBLO HEALTH CORPORATION 401(K) PROFIT SHARING PLAN</b>	
<b>b</b>	Name of plan sponsor <b>KEWA PUEBLO HEALTH CORPORATION</b>	<b>c</b> EIN-PN <b>27-5303526-001</b>
<b>a</b>	Plan name <b>KIRKWOOD DENTAL ASSOCIATES, P.A. PROFIT SHARING PLAN</b>	
<b>b</b>	Name of plan sponsor <b>KIRKWOOD DENTAL ASSOCIATES, P.A.</b>	<b>c</b> EIN-PN <b>51-0214005-003</b>
<b>a</b>	Plan name <b>KKW TRUCKING, INC. 401(K) PROFIT SHARING AND RETIREMENT TRUST</b>	
<b>b</b>	Name of plan sponsor <b>KKW TRUCKING, INC.</b>	<b>c</b> EIN-PN <b>95-2234403-002</b>
<b>a</b>	Plan name <b>K-MAR INDUSTRIES, INC. RETIREMENT SAVINGS PLAN</b>	
<b>b</b>	Name of plan sponsor <b>K-MAR INDUSTRIES, INC.</b>	<b>c</b> EIN-PN <b>51-0319001-002</b>
<b>a</b>	Plan name <b>KMM GROUP LTD 401K PLAN</b>	
<b>b</b>	Name of plan sponsor <b>KMM GROUP LTD</b>	<b>c</b> EIN-PN <b>84-4109846-001</b>
<b>a</b>	Plan name <b>KNEELAND PLUMBING &amp; HEATING, INC. RETIREMENT SAVINGS PLAN</b>	
<b>b</b>	Name of plan sponsor <b>KNEELAND PLUMBING &amp; HEATING, INC.</b>	<b>c</b> EIN-PN <b>04-2687185-011</b>
<b>a</b>	Plan name <b>KOLBENSCHMIDT PISTON</b>	
<b>b</b>	Name of plan sponsor <b>KS KOLBENSCHMIDT US, INC.</b>	<b>c</b> EIN-PN <b>39-1681963-001</b>
<b>a</b>	Plan name <b>LA CROSSE CPAS LLC 401(K) P/S PLAN</b>	
<b>b</b>	Name of plan sponsor <b>LA CROSSE CPAS LLC</b>	<b>c</b> EIN-PN <b>46-1410019-001</b>
<b>a</b>	Plan name <b>LAKES AREA DENTAL, LTD. SAFE HARBOR 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>LAKES AREA DENTAL</b>	<b>c</b> EIN-PN <b>41-0984617-001</b>
<b>a</b>	Plan name <b>LAMINATORS INCORPORATED EMPLOYEES 401(K) PROFIT SHARING PLAN</b>	
<b>b</b>	Name of plan sponsor <b>LAMINATORS INCORPORATED</b>	<b>c</b> EIN-PN <b>23-1636067-002</b>

<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	LAN-CO COMPANIES, INC. RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	LAN-CO COMPANIES, INC.	<b>c</b> EIN-PN 16-1580369-001
<b>a</b>	Plan name	LANG LIGHTING DESIGN, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	LANG LIGHTING DESIGN, INC.	<b>c</b> EIN-PN 90-0036783-001
<b>a</b>	Plan name	LANSDALE AUTO GROUP PROFIT SHARING & 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	LANSDALE AUTO GROUP DBA LANSDALE CHRYSLER	<b>c</b> EIN-PN 23-1685040-001
<b>a</b>	Plan name	LAZY DOG 401(K) PLAN	
<b>b</b>	Name of plan sponsor	LAZY DOG RESTAURANTS, LLC	<b>c</b> EIN-PN 46-1351268-001
<b>a</b>	Plan name	LEGEND PICTURES, LLC 401(K) RETIREMENT SAVINGS	
<b>b</b>	Name of plan sponsor	LEGEND PICTURES, LLC	<b>c</b> EIN-PN 20-1394866-001
<b>a</b>	Plan name	LEGGETT, INC. PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	LEGGETT, INC.	<b>c</b> EIN-PN 23-1878059-002
<b>a</b>	Plan name	LEVY WEALTH MANAGEMENT GROUP 401K	
<b>b</b>	Name of plan sponsor	LEVY WEALTH MANAGEMENT GROUP	<b>c</b> EIN-PN 45-5378898-001
<b>a</b>	Plan name	LEWIS YOUNG ROBERTSON & BURNINGHAM, INC. 401(K) AND PROF	
<b>b</b>	Name of plan sponsor	LEWIS YOUNG ROBERTSON & BURNINGH	<b>c</b> EIN-PN 87-0543133-001
<b>a</b>	Plan name	LIBERTY ROOFING CENTER INC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	LIBERTY ROOFING CENTER INC	<b>c</b> EIN-PN 13-4350807-001
<b>a</b>	Plan name	LIFE EQUITY, LLC	
<b>b</b>	Name of plan sponsor	BRECK PLATNER	<b>c</b> EIN-PN 34-1935387-001
<b>a</b>	Plan name	LITTLE GIANT LADDER SYSTEMS 401(K) PLAN	
<b>b</b>	Name of plan sponsor	LITTLE GIANT LADDER SYSTEMS, LLC	<b>c</b> EIN-PN 87-0375210-001
<b>a</b>	Plan name	LUMOS PHARMA, INC. 401K PLAN	
<b>b</b>	Name of plan sponsor	LUMOS PHARMA, INC.	<b>c</b> EIN-PN 42-1491350-001

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 M.S.D., INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor M.S.D., INC.	<b>c</b> EIN-PN 95-3447698-001
<b>a</b>	Plan name MACHINE SPECIALTIES INC 401(K) PROFIT SHARING PLAN & TRUST	
<b>b</b>	Name of plan sponsor MACHINE SPECIALTIES, INC.	<b>c</b> EIN-PN 56-0939724-001
<b>a</b>	Plan name MACI ASSOCIATES' SAVINGS PLAN	
<b>b</b>	Name of plan sponsor MICHIGAN AUTOMOTIVE COMPRESSOR	<b>c</b> EIN-PN 38-2853246-001
<b>a</b>	Plan name MAGUIRE'S FORD, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor MAGUIRES FORD, INC.	<b>c</b> EIN-PN 23-1663308-001
<b>a</b>	Plan name MARKETSTAR 401(K) PLAN	
<b>b</b>	Name of plan sponsor MARKETSTAR QOZ BUSINESS LLC	<b>c</b> EIN-PN 83-3522848-001
<b>a</b>	Plan name MCKENNA BOILER WORKS, INC. RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor MCKENNA BOILER WORKS, INC	<b>c</b> EIN-PN 95-1516558-002
<b>a</b>	Plan name MCKENNA MOTOR COMPANY, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor MCKENNA MOTOR COMPANY, INC.	<b>c</b> EIN-PN 95-3379374-002
<b>a</b>	Plan name MDT, INC. (DBA) MDT SOFTWARE	
<b>b</b>	Name of plan sponsor MDT, INC. (DBA) MDT SOFTWARE	<b>c</b> EIN-PN 58-1768687-001
<b>a</b>	Plan name MECHANICAL INSULATION CONTRACTORS, INC. 401(K) SAVINGS PLAN	
<b>b</b>	Name of plan sponsor MECHANICAL INSULATION CONTRACTOR S, INC	<b>c</b> EIN-PN 75-2924139-001
<b>a</b>	Plan name MEKIS CONSTRUCTION CORPORATION 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor MEKIS CONSTRUCTION CORPORATION	<b>c</b> EIN-PN 25-1147270-001
<b>a</b>	Plan name MERIDIANLINK 401(K) PROFIT SHARING PLAN & TRUST	
<b>b</b>	Name of plan sponsor MERIDIANLINK, INC.	<b>c</b> EIN-PN 82-4844620-001
<b>a</b>	Plan name MG ELECTRIC, INC. 401(K) PROFIT SHARING PLAN AND TRUST	
<b>b</b>	Name of plan sponsor MG ELECTRIC, INC.	<b>c</b> EIN-PN 47-5207669-001

<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	MGF SOURCING US LLC	
<b>b</b>	Name of plan sponsor	MGF SOURCING US LLC	<b>c</b> EIN-PN 45-3132513-001
<b>a</b>	Plan name	MIDWEST ENERGY RESOURCES COMPANY RETIREMENT PLAN FOR UNION EMPLOYEES	
<b>b</b>	Name of plan sponsor	MIDWEST ENERGY RESOURCES COMPANY	<b>c</b> EIN-PN 38-2049779-002
<b>a</b>	Plan name	MILLER BARONDESS 401(K) PLAN	
<b>b</b>	Name of plan sponsor	MILLER BARONDESS, LLP	<b>c</b> EIN-PN 20-4939800-001
<b>a</b>	Plan name	MISSION CRITICAL GROUP 401(K) PLAN	
<b>b</b>	Name of plan sponsor	MISSION CRITICAL GROUP, LLC	<b>c</b> EIN-PN 92-3164405-002
<b>a</b>	Plan name	MONAGHAN AND ASSOCIATES, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	MONAGHAN AND ASSOCIATES, INC.	<b>c</b> EIN-PN 31-1192973-001
<b>a</b>	Plan name	MONTEREY PENINSULA ENGINEERING RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	MONTEREY PENINSULA ENGINEERING	<b>c</b> EIN-PN 94-2697245-002
<b>a</b>	Plan name	MORISON COGEN LLP 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	MORISON COGEN LLP	<b>c</b> EIN-PN 23-1406493-001
<b>a</b>	Plan name	MORRISETTE PACKAGING, INC. PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	MORRISETTE PACKAGING, INC.	<b>c</b> EIN-PN 56-0770162-001
<b>a</b>	Plan name	MOSAIC HEALTH SYSTEM 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	MOSAIC HEALTH SYSTEM	<b>c</b> EIN-PN 43-1283316-002
<b>a</b>	Plan name	MOTOR CITY WASH WORKS, INC. 401( K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	MOTOR CITY WASH WORKS, INC.	<b>c</b> EIN-PN 74-3103694-001
<b>a</b>	Plan name	MOTOR PARTS & EQUIPMENT CORPORATION 401K	
<b>b</b>	Name of plan sponsor	MOTOR PARTS EQUIPMENT CORPORATION	<b>c</b> EIN-PN 36-1508055-001
<b>a</b>	Plan name	MUTUAL OF OMAHA MORTGAGE 401(K) PLAN	
<b>b</b>	Name of plan sponsor	MUTUAL OF OMAHA MORTGAGE, INC.	<b>c</b> EIN-PN 46-1728831-002

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 <b>N.R.F. DISTRIBUTORS RETIREMENT SAVINGS PLAN</b>	
<b>b</b>	Name of plan sponsor <b>N.R.F. DISTRIBUTORS INC.</b>	<b>c</b> EIN-PN <b>01-0319607-002</b>
<b>a</b>	Plan name <b>NASHUA CENTER 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>NASHUA CENTER</b>	<b>c</b> EIN-PN <b>02-0329407-002</b>
<b>a</b>	Plan name <b>NATIONAL DESIGN MART 401(K) &amp; PROFIT SHARING PLAN</b>	
<b>b</b>	Name of plan sponsor <b>NATIONAL CARPET MILL OUTLET DBA NATIONAL DESIGN MART</b>	<b>c</b> EIN-PN <b>34-1865728-001</b>
<b>a</b>	Plan name <b>NATIONWIDE SEPARATE ACCOUNT</b>	
<b>b</b>	Name of plan sponsor <b>NATIONWIDE TRUST COMPANY</b>	<b>c</b> EIN-PN <b>31-1592130-001</b>
<b>a</b>	Plan name <b>NATIVEX LLC EMPLOYEE 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>NATIVEX LLC EMPLOYEE 401(K) PLAN</b>	<b>c</b> EIN-PN <b>27-2844643-001</b>
<b>a</b>	Plan name <b>NCC SYSTEMS, INC. RETIREMENT SAVINGS PLAN</b>	
<b>b</b>	Name of plan sponsor <b>N C C SYSTEMS INC.</b>	<b>c</b> EIN-PN <b>16-1161663-001</b>
<b>a</b>	Plan name <b>NEBRASKA ORTHOPAEDIC CENTER, P.C. 401(K) PROFIT SHARING PLAN</b>	
<b>b</b>	Name of plan sponsor <b>NEBRASKA ORTHOPAEDIC CENTER, P.C.</b>	<b>c</b> EIN-PN <b>91-1779832-002</b>
<b>a</b>	Plan name <b>NEON ELECTRIC CORPORATION RETIREMENT PLAN</b>	
<b>b</b>	Name of plan sponsor <b>NEON ELECTRIC CORPORATION</b>	<b>c</b> EIN-PN <b>74-1079811-002</b>
<b>a</b>	Plan name <b>NETWORK EXECUTIVE SOFTWARE, INC 401(K) RETIREMENT PLAN</b>	
<b>b</b>	Name of plan sponsor <b>NETWORK EXECUTIVE SOFTWARE, INC.</b>	<b>c</b> EIN-PN <b>41-1931406-001</b>
<b>a</b>	Plan name <b>NEW ENGLAND FOOD BROKERAGE, INC. RETIREMENT PLAN</b>	
<b>b</b>	Name of plan sponsor <b>NEW ENGLAND FOOD BROKERAGE, INC.</b>	<b>c</b> EIN-PN <b>04-2824841-002</b>
<b>a</b>	Plan name <b>NEW MEXICO ORTHOPAEDIC ASSOCIATES, PC 401(K) PROFIT SHARING PLAN</b>	
<b>b</b>	Name of plan sponsor <b>NEW MEXICO ORTHOPAEDIC ASSOCIATES, P.C.</b>	<b>c</b> EIN-PN <b>85-0291612-002</b>
<b>a</b>	Plan name <b>NEW VITAE WELLNESS AND RECOVERY 401(K) RETIREMENT PLAN</b>	
<b>b</b>	Name of plan sponsor <b>MOUNT TREXLER MANOR, INC.</b>	<b>c</b> EIN-PN <b>23-2627394-001</b>

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	NEW WORLD VAN LINES RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	NEW WORLD VAN LINES, INC.	<b>c</b> EIN-PN 36-3189568-001
<b>a</b>	Plan name	NORTH AMERICAN ARMS 401K PS PLAN	
<b>b</b>	Name of plan sponsor	NORTH AMERICAN ARMS, INC.	<b>c</b> EIN-PN 87-0500601-001
<b>a</b>	Plan name	NORTHEAST ENTREPRENEUR FUND, INC. 401K	
<b>b</b>	Name of plan sponsor	NORTHEAST ENTREPRENEUR FUND, INC.	<b>c</b> EIN-PN 36-3566632-002
<b>a</b>	Plan name	NORTHWEST DENTAL GROUP OF ROCHESTER 401(K) PLAN	
<b>b</b>	Name of plan sponsor	NORTHWEST DENTAL GROUP OF ROCHESTER	<b>c</b> EIN-PN 41-0967165-002
<b>a</b>	Plan name	NORTHWEST FEDERAL CREDIT UNION 401(K) SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	NORTHWEST FEDERAL CREDIT UNION	<b>c</b> EIN-PN 53-0216888-001
<b>a</b>	Plan name	NORTHWEST WISCONSIN CEP, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	NORTHWEST WISCONSIN CEP, INC.	<b>c</b> EIN-PN 39-1202378-001
<b>a</b>	Plan name	NTM ENGINEERING INC 401K	
<b>b</b>	Name of plan sponsor	NTM ENGINEERING INC	<b>c</b> EIN-PN 20-5823136-001
<b>a</b>	Plan name	NULO 401(K) PLAN	
<b>b</b>	Name of plan sponsor	NULO INC.	<b>c</b> EIN-PN 27-0703666-001
<b>a</b>	Plan name	OAKLAND HILLS COUNTRY CLUB NON UNION RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	OAKLAND HILLS COUNTRY CLUB	<b>c</b> EIN-PN 38-0888860-002
<b>a</b>	Plan name	OHIO VALLEY INDUSTRIAL SERVICES INC.	
<b>b</b>	Name of plan sponsor	OHIO VALLEY INDUSTRIAL SERVICES INC	<b>c</b> EIN-PN 31-1013309-001
<b>a</b>	Plan name	OMI INDUSTRIES, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	OMI INDUSTRIES, INC.	<b>c</b> EIN-PN 41-1681053-001
<b>a</b>	Plan name	ONEAMERICA SEPARATE ACCOUNT	
<b>b</b>	Name of plan sponsor	AMERICAN UNITED LIFE INSURANCE COMPANY	<b>c</b> EIN-PN 35-0145825-100

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 ONETOUCHPOINT RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor ONETOUCHPOINT HOLDINGS, LLC	<b>c</b> EIN-PN 32-0369438-001
<b>a</b>	Plan name ONPOINT TAX AND CONSULTING SERVICES PLLC	
<b>b</b>	Name of plan sponsor ONPOINT TAX AND CONSULTING SERVICES PLL	<b>c</b> EIN-PN 92-3587739-001
<b>a</b>	Plan name ONPOINT WEALTH PARTNERS 401(K) PLAN	
<b>b</b>	Name of plan sponsor ONPOINT WEALTH PARTNERS	<b>c</b> EIN-PN 85-4026670-001
<b>a</b>	Plan name ONSITE MAMMOGRAPHY LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor ONSITE MAMMOGRAPHY, LLC	<b>c</b> EIN-PN 26-3693194-001
<b>a</b>	Plan name ORANGE COUNTY BANCORP, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor ORANGE COUNTY BANCORP, INC	<b>c</b> EIN-PN 26-1135778-004
<b>a</b>	Plan name ORNDORF & ASSOCIATES, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor ORNDORF & ASSOCIATES, INC.	<b>c</b> EIN-PN 23-2965169-001
<b>a</b>	Plan name PACIFIC SERVICE CREDIT UNION 401(K) PLAN	
<b>b</b>	Name of plan sponsor PACIFIC SERVICE CREDIT UNION	<b>c</b> EIN-PN 94-6061277-001
<b>a</b>	Plan name PAISLEYHR 401K PLAN	
<b>b</b>	Name of plan sponsor FINGERCHECK PEO LLC DBA PAISLEYHR	<b>c</b> EIN-PN 92-1788164-001
<b>a</b>	Plan name PALM BEACH TAN INC. 401K PLAN	
<b>b</b>	Name of plan sponsor PALM BEACH TAN INC.	<b>c</b> EIN-PN 75-2338010-001
<b>a</b>	Plan name PARWINS CAPITAL 401(K) PLAN	
<b>b</b>	Name of plan sponsor PARWINS CAPITAL	<b>c</b> EIN-PN 47-2876219-001
<b>a</b>	Plan name PASTERNAK & FIDIS, P.C. 401(K) PLAN	
<b>b</b>	Name of plan sponsor PASTERNAK & FIDIS, P.C.	<b>c</b> EIN-PN 52-1186677-001
<b>a</b>	Plan name PATRIOT FEDERAL CREDIT UNION CAPITAL ACCUMULATION PLAN	
<b>b</b>	Name of plan sponsor PATRIOT FEDERAL CREDIT UNION	<b>c</b> EIN-PN 25-1150379-003

<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	PAULSEN, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	PAULSEN, INC.	<b>c</b> EIN-PN 47-0397153-001
<b>a</b>	Plan name	PDAMC, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	PDAMC, LLC	<b>c</b> EIN-PN 20-0612371-001
<b>a</b>	Plan name	PENN VALLEY GAS, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	PENN VALLEY GAS	<b>c</b> EIN-PN 23-1600215-001
<b>a</b>	Plan name	PENNOCK INSURANCE, INC. PROFIT SHARING 401(K) PLAN	
<b>b</b>	Name of plan sponsor	PENNOCK INSURANCE, INC.	<b>c</b> EIN-PN 23-1898112-001
<b>a</b>	Plan name	PEOPLES SERVICES INC. 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	PEOPLES SERVICES INC	<b>c</b> EIN-PN 34-1692443-002
<b>a</b>	Plan name	PHARNEXT INC. 401K PLAN	
<b>b</b>	Name of plan sponsor	PHARNEXT	<b>c</b> EIN-PN 98-1500183-001
<b>a</b>	Plan name	PIRANHA MARKETING, INC. EMPLOYEE STOCK OWNERSHIP 401(K) PLAN	
<b>b</b>	Name of plan sponsor	PIRANHA MARKETING, INC.	<b>c</b> EIN-PN 86-0807537-002
<b>a</b>	Plan name	PLSI 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	PYRAMID LOGISTICS SERVICES, INC.	<b>c</b> EIN-PN 33-0794075-001
<b>a</b>	Plan name	POMS & ASSOCIATES INSURANCE BROKERS, LLC 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	POMS & ASSOCIATES INSURANCE BROKERS, LLC	<b>c</b> EIN-PN 95-4314381-001
<b>a</b>	Plan name	POTATO KING, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	THE POTATO KING, INC.	<b>c</b> EIN-PN 39-1166637-001
<b>a</b>	Plan name	PRESTAGE FARMS EMPLOYEES 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	PRESTAGE FARMS EMPLOYEES 401(K) PSP	<b>c</b> EIN-PN 56-1368357-001
<b>a</b>	Plan name	PRO IMAGE FRANCHISE, L.C. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	PRO IMAGE FRANCHISE, L.C.	<b>c</b> EIN-PN 87-0567849-001

<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	PROJECT44, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	PROJECT44, INC. 401(K) PLAN	<b>c</b> EIN-PN 81-2970923-001
<b>a</b>	Plan name	PRUETT AIR CONDITIONING COMPANY 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	PRUETT AIR CONDITIONING COMPANY	<b>c</b> EIN-PN 58-2453509-001
<b>a</b>	Plan name	PRUITT COMMUNICATIONS, INC. EMPLOYEES SAVINGS TRUST	
<b>b</b>	Name of plan sponsor	PRUITT COMMUNICATIONS, INC.	<b>c</b> EIN-PN 63-1204773-001
<b>a</b>	Plan name	PTAM RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	PT ASSET MANAGEMENT, LLC	<b>c</b> EIN-PN 20-8098335-001
<b>a</b>	Plan name	PTC 401K SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	PTC INC	<b>c</b> EIN-PN 04-2866152-001
<b>a</b>	Plan name	PTC THERAPEUTICS INC. 401(K) RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	PTC THERAPEUTICS, INC.	<b>c</b> EIN-PN 04-3416587-002
<b>a</b>	Plan name	PURA SCENTS, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	PURA SCENTS, INC.	<b>c</b> EIN-PN 47-4157710-001
<b>a</b>	Plan name	QUADRANT, INCORPORATED 401(K) PLAN	
<b>b</b>	Name of plan sponsor	QUADRANT, INCORPORATED	<b>c</b> EIN-PN 02-0565405-001
<b>a</b>	Plan name	QUALICAPS 401(K) PLAN	
<b>b</b>	Name of plan sponsor	QUALICAPS, INC.	<b>c</b> EIN-PN 35-1875434-001
<b>a</b>	Plan name	QUALITY SAUSAGE COMPANY LLC 401(K) DEFINED CONTRIBUTION PLAN	
<b>b</b>	Name of plan sponsor	QUALITY SAUSAGE COMPANY LLC	<b>c</b> EIN-PN 47-1685337-001
<b>a</b>	Plan name	R.E.C., INC. AND AFFILIATES 401K RETIREMENT AND SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	R.E.C., INC.	<b>c</b> EIN-PN 41-1486936-001
<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

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="#">RAMIREZ MASONRY, INC. RETIREMENT SAVINGS PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">RAMIREZ MASONRY, INC.</a>	<b>c</b> EIN-PN <a href="#">95-4067311-001</a>
<b>a</b>	Plan name <a href="#">RAYONIER ADVANCED MATERIALS INC. RETIREMENT PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">RAYONIER ADVANCED MATERIALS INC.</a>	<b>c</b> EIN-PN <a href="#">46-4559529-001</a>
<b>a</b>	Plan name <a href="#">RCI POWER AND LIGHTING, INC. RETIREMENT SAVINGS PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">RCI POWER AND LIGHTING, INC.</a>	<b>c</b> EIN-PN <a href="#">20-2087491-001</a>
<b>a</b>	Plan name <a href="#">READY PAC FOODS, INC. 401(K) RETIREMENT SAVINGS PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">READY PAC PRODUCE, INC.</a>	<b>c</b> EIN-PN <a href="#">95-2628613-001</a>
<b>a</b>	Plan name <a href="#">RED LEDGES LAND DEVELOPMENT, INC. 401K PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">RED LEDGES LAND DEVELOPMENT, INC.</a>	<b>c</b> EIN-PN <a href="#">20-8808493-001</a>
<b>a</b>	Plan name <a href="#">REED CONSTRUCTION 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">REED CONSTRUCTION, LLC</a>	<b>c</b> EIN-PN <a href="#">36-1672190-001</a>
<b>a</b>	Plan name <a href="#">RENMATIX, INC. 401(K) PROFIT SHARING PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">RENMATIX, INC.</a>	<b>c</b> EIN-PN <a href="#">26-1641190-001</a>
<b>a</b>	Plan name <a href="#">REPROGRAPHIC PRODUCTS GROUP, INC. 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">REPROGRAPHIC PRODUCTS GROUP, INC.</a>	<b>c</b> EIN-PN <a href="#">52-1716844-001</a>
<b>a</b>	Plan name <a href="#">RESILIENCE MANAGEMENT, INC 401K PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">RESILIENCE MANAGEMENT LLC</a>	<b>c</b> EIN-PN <a href="#">34-1961750-001</a>
<b>a</b>	Plan name <a href="#">RESURGENT CAPITAL SERVICES GROUP RETIREMENT SAVINGS PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">RESURGENT CAPITAL SERVICES, LP</a>	<b>c</b> EIN-PN <a href="#">76-0609845-001</a>
<b>a</b>	Plan name <a href="#">RETIREMENT PLAN FOR EMPLOYEES OF JOHNNY R. ADCKOCK, CLU &amp; ASSOCIATES, INC.</a>	
<b>b</b>	Name of plan sponsor <a href="#">JOHNNY R. ADCKOCK, CLU &amp; ASSOC., INC.</a>	<b>c</b> EIN-PN <a href="#">59-3216303-001</a>
<b>a</b>	Plan name <a href="#">RETIREMENT PLAN FOR SALARIED EMPLOYEES OF RAYONIER INC.</a>	
<b>b</b>	Name of plan sponsor <a href="#">RAYONIER INC.</a>	<b>c</b> EIN-PN <a href="#">13-2607329-040</a>

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	RETLAW INDUSTRIES, INC. PROFIT SHARING 401(K) PLAN	
<b>b</b>	Name of plan sponsor	RETLAW INDUSTRIES, INC.	<b>c</b> EIN-PN 39-1274753-001
<b>a</b>	Plan name	REVERE PLASTICS SYSTEMS, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	REVERE PLASTICS SYSTEMS, LLC	<b>c</b> EIN-PN 20-3851963-001
<b>a</b>	Plan name	RHEINMETALL 401(K)	
<b>b</b>	Name of plan sponsor	RHEINMETALL GROUP	<b>c</b> EIN-PN 51-0257461-335
<b>a</b>	Plan name	RHEUMATOLOGY ASSOCIATES 401(K) PLAN	
<b>b</b>	Name of plan sponsor	RHEUMATOLOGY ASSOCIATES	<b>c</b> EIN-PN 62-1366951-001
<b>a</b>	Plan name	RINGLER MANAGEMENT SERVICES, INC. EMPLOYEES' PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	RINGLER MANAGEMENT SERVICES, INC.	<b>c</b> EIN-PN 95-3862316-005
<b>a</b>	Plan name	RIVERSIDE MEDICAL CLINIC, INC. 401(K) PROFIT-SHARING PLAN	
<b>b</b>	Name of plan sponsor	RIVERSIDE MEDICAL CLINIC, INC.	<b>c</b> EIN-PN 33-0587303-005
<b>a</b>	Plan name	RIVERSIDE RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	RIVERSIDE ASSESSMENTS, LLC	<b>c</b> EIN-PN 83-1794965-001
<b>a</b>	Plan name	ROB REYNOLDS CONSTRUCTION, INC. RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	ROB REYNOLDS CONSTRUCTION, INC.	<b>c</b> EIN-PN 80-0812265-001
<b>a</b>	Plan name	ROBERT E. MASON & ASSOCIATES INC.	
<b>b</b>	Name of plan sponsor	ROBERT E MASON ASSOCIATES INC	<b>c</b> EIN-PN 56-1782982-001
<b>a</b>	Plan name	ROMANOFF ELECTRIC, INC. RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	ROMANOFF ELECTRIC, INC.	<b>c</b> EIN-PN 31-1020367-002
<b>a</b>	Plan name	RONALD MCDONALD HOUSE CHARITIES OF KANSAS CITY, INC. 401K RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	RONALD MCDONALD HOUSE CHARITIES OF KANSAS CITY	<b>c</b> EIN-PN 43-1190760-001
<b>a</b>	Plan name	ROYAL AIRE 401K PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	ROYAL AIRE	<b>c</b> EIN-PN 45-4939449-001

<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	RTM & ASSOCIATES, INC. PROFIT SHARING/401(K) PLAN	
<b>b</b>	Name of plan sponsor	RTM & ASSOCIATES, INC.	<b>c</b> EIN-PN 36-3129785-002
<b>a</b>	Plan name	S2I2, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	S2I2, INC.	<b>c</b> EIN-PN 81-2768193-001
<b>a</b>	Plan name	SAN LUIS AMBULANCE SERVICE, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	SAN LUIS AMBULANCE SERVICE, INC.	<b>c</b> EIN-PN 95-2999699-001
<b>a</b>	Plan name	SANCTUARY SOFTWARE STUDIO, INC. 401(K) PROFIT SHARING PLAN & TRUST	
<b>b</b>	Name of plan sponsor	SANCTUARY SOFTWARE STUDIO, INC.	<b>c</b> EIN-PN 34-1759656-001
<b>a</b>	Plan name	SCALECO MANAGEMENT LLC	
<b>b</b>	Name of plan sponsor	AMY STICHNOTH	<b>c</b> EIN-PN 88-1398028-001
<b>a</b>	Plan name	SCHULER SHOES, INC. 401(K) SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	SCHULER SHOES, INC.	<b>c</b> EIN-PN 41-0528210-002
<b>a</b>	Plan name	SEALED AIR CORPORATION 401(K) AND PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	SEALED AIR CORPORATION	<b>c</b> EIN-PN 65-0654331-002
<b>a</b>	Plan name	SELIGMAN GROUP RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	PENTEGRA SERVICES, INC.	<b>c</b> EIN-PN 13-3745616-008
<b>a</b>	Plan name	SEMPER VALENS SOLUTIONS, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	SEMPER VALENS SOLUTIONS, INC.	<b>c</b> EIN-PN 46-4750154-001
<b>a</b>	Plan name	SENTA PARTNERS 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	SCP ENT & ALLERGY SERVICES, LLC	<b>c</b> EIN-PN 83-3648129-001
<b>a</b>	Plan name	SEPARATE ACCOUNT A	
<b>b</b>	Name of plan sponsor	STANDARD INSURANCE COMPANY	<b>c</b> EIN-PN 93-0242990-005
<b>a</b>	Plan name	SHAMIEH LAW 401(K) PLAN	
<b>b</b>	Name of plan sponsor	SHAMIEH LAW, PLLC	<b>c</b> EIN-PN 81-2754808-001

<b>Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>		
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)		
<b>a</b>	Plan name	SHIPPERS SUPPLY, INC 401(K) PLAN
<b>b</b>	Name of plan sponsor	SHIPPERS SUPPLY, INC
<b>c</b>	EIN-PN	41-1326205-001
<b>a</b>	Plan name	SIERRA CANYON FOUNDATION 401(K) PLAN
<b>b</b>	Name of plan sponsor	SIERRA CANYON HIGH SCHOOL FOUNDATION
<b>c</b>	EIN-PN	95-4823704-001
<b>a</b>	Plan name	SIMPLYSLIM MEDICAL 401(K) PLAN
<b>b</b>	Name of plan sponsor	SIMPLYSLIM MEDICAL OF VIRGINIA, LLC
<b>c</b>	EIN-PN	81-3469742-001
<b>a</b>	Plan name	SITWISE CONSTRUCTION, INC. RETIREMENT SAVINGS PLAN
<b>b</b>	Name of plan sponsor	SITWISE CONSTRUCTION, INC.
<b>c</b>	EIN-PN	86-1360460-001
<b>a</b>	Plan name	SKILLMAN GROUP, PLC EMPLOYEES SAVINGS PLAN
<b>b</b>	Name of plan sponsor	SKILLMAN GROUP, PLC
<b>c</b>	EIN-PN	38-3269666-001
<b>a</b>	Plan name	SKOOG & CO. 401(K) PLAN
<b>b</b>	Name of plan sponsor	SKOOG & COMPANY
<b>c</b>	EIN-PN	41-1616649-001
<b>a</b>	Plan name	SMART CIRCLE INTERNATIONAL LLC
<b>b</b>	Name of plan sponsor	SMART CIRCLE INTERNATIONAL LLC
<b>c</b>	EIN-PN	20-8341858-002
<b>a</b>	Plan name	SNYDER ENVIRONMENTAL SERVICES, INC. RETIREMENT PLAN
<b>b</b>	Name of plan sponsor	SNYDER ENVIRONMENTAL SERVICES, INC.
<b>c</b>	EIN-PN	55-0595347-002
<b>a</b>	Plan name	SOFTRAMS, LLC 401(K) P/S PLAN
<b>b</b>	Name of plan sponsor	SOFTRAMS, LLC
<b>c</b>	EIN-PN	20-8761455-001
<b>a</b>	Plan name	SOUTH BAY HEALTH & INSURANCE SERVICES, INC. 401(K) PLAN
<b>b</b>	Name of plan sponsor	SOUTH BAY HEALTH & INSURANCE SER
<b>c</b>	EIN-PN	26-0485597-002
<b>a</b>	Plan name	SOUTH DES MOINES DENTAL PRACTICE, INC PROFIT SHARING PLAN
<b>b</b>	Name of plan sponsor	SOUTH DES MOINES DENTAL PRACTICE, INC
<b>c</b>	EIN-PN	47-5526998-001
<b>a</b>	Plan name	SOUTHWORTH INTERNATIONAL GROUP, INC. 401K
<b>b</b>	Name of plan sponsor	SOUTHWORTH INTERNATIONAL GROUP, INC.
<b>c</b>	EIN-PN	01-0419894-003

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.)	
<b>a</b>	Plan name SPINUTECH 401(K) PLAN	
<b>b</b>	Name of plan sponsor SPINUTECH, LLC	<b>c</b> EIN-PN 84-1687048-001
<b>a</b>	Plan name SPRINGVILLE CITY CORP K - 107165	
<b>b</b>	Name of plan sponsor SPRINGVILLE CITY CORP	<b>c</b> EIN-PN 87-6000285-001
<b>a</b>	Plan name SRC WORLDWIDE, INC.	
<b>b</b>	Name of plan sponsor MICHAEL CARIS	<b>c</b> EIN-PN 46-4444750-001
<b>a</b>	Plan name SSCP MANAGEMENT GROUP 401(K) PLAN	
<b>b</b>	Name of plan sponsor SSCP MANAGEMENT, INC.	<b>c</b> EIN-PN 27-4937438-001
<b>a</b>	Plan name ST. LOUIS CITY SC 401(K) PLAN	
<b>b</b>	Name of plan sponsor TKFC LC DBA ST. LOUIS CITY SC	<b>c</b> EIN-PN 84-1769892-001
<b>a</b>	Plan name SUN DENTAL ASSOCIATES 401(K) PLAN	
<b>b</b>	Name of plan sponsor SUN DENTAL ASSOCIATES	<b>c</b> EIN-PN 52-1744262-001
<b>a</b>	Plan name SUN GARDEN SPECIALTY TEA, INC 401(K) PLAN	
<b>b</b>	Name of plan sponsor SUN GARDEN SPECIALTY TEA, INC	<b>c</b> EIN-PN 77-0593802-001
<b>a</b>	Plan name SUNPRO COATINGS, INC. RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor SUNPRO COATINGS INC.	<b>c</b> EIN-PN 46-1840820-001
<b>a</b>	Plan name SUPER CARE INC 401(K) PROFIT SHARING PLAN & TRUST	
<b>b</b>	Name of plan sponsor SUPER CARE INC	<b>c</b> EIN-PN 95-4021787-001
<b>a</b>	Plan name SURECOMP SERVICES, INC. RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor SURECOMP SERVICES, INC.	<b>c</b> EIN-PN 22-3452518-001
<b>a</b>	Plan name SYMPHONY TALENT 401(K) SAVINGS RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor SYMPHONY TALENT, LLC	<b>c</b> EIN-PN 26-0214960-001
<b>a</b>	Plan name SYSTECON LLC 401K PROFIT SHARING	
<b>b</b>	Name of plan sponsor SYSTECON	<b>c</b> EIN-PN 31-0605258-001

<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	SYSTEMS MANAGEMENT & BALANCING, INC. 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	SYSTEMS MANAGEMENT & BALANCING, INC.	<b>c</b> EIN-PN 86-3237083-001
<b>a</b>	Plan name	TARGAN INC. RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	TARGAN INC. RETIREMENT PLAN	<b>c</b> EIN-PN 82-0946945-001
<b>a</b>	Plan name	TAYLOR OIL CO., INC. PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	TAYLOR OIL CO., INC.	<b>c</b> EIN-PN 22-1739466-001
<b>a</b>	Plan name	TC CONSTRUCTION COMPANY, INC. RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	TC CONSTRUCTION COMPANY, INC.	<b>c</b> EIN-PN 95-3646005-002
<b>a</b>	Plan name	TDS PHARMACY INC	
<b>b</b>	Name of plan sponsor	TDS PHARMCY INC	<b>c</b> EIN-PN 38-3056691-001
<b>a</b>	Plan name	TEAM BELVEDERE LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	TEAM BELVEDERE LLC	<b>c</b> EIN-PN 80-0959280-001
<b>a</b>	Plan name	TECAN U.S. INC. 401K PLAN	
<b>b</b>	Name of plan sponsor	TECAN US INC	<b>c</b> EIN-PN 56-1337248-001
<b>a</b>	Plan name	TECOLOTE RESEARCH, INC. MONEY PURCHASE PENSION PLAN	
<b>b</b>	Name of plan sponsor	TECOLOTE RESEARCH, INC.	<b>c</b> EIN-PN 95-2834773-002
<b>a</b>	Plan name	TEXAS COUNTRY BANCSHARES, INC. 401(K) EMPLOYEE STOCK OWNERSHIP PLAN	
<b>b</b>	Name of plan sponsor	TEXAS COUNTRY BANCSHARES, INC.	<b>c</b> EIN-PN 75-1788352-002
<b>a</b>	Plan name	TEXAS INSTITUTE FOR SURGERY, LLP 401(K) PLAN	
<b>b</b>	Name of plan sponsor	TEXAS INSTITUTE FOR SURGERY, LLP	<b>c</b> EIN-PN 77-0628004-002
<b>a</b>	Plan name	TEXSUN ELECTRICAL CONTRACTORS, INC. RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	TEXSUN ELECTRICAL CONTRACTORS, INC.	<b>c</b> EIN-PN 75-1879972-001
<b>a</b>	Plan name	TEX-TECH INDUSTRIES INVESTMENT PLAN	
<b>b</b>	Name of plan sponsor	TEX-TECH INDUSTRIES, INC.	<b>c</b> EIN-PN 04-2809865-001

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	THE CALIFORNIA ENDOWMENT 401(K)	
<b>b</b>	Name of plan sponsor	THE CALIFORNIA ENDOWMENT	<b>c</b> EIN-PN 95-4523232-001
<b>a</b>	Plan name	THE CHRISTIAN BARTON PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	THE CHRISTIAN BARTON PROFIT SHARING PLAN	<b>c</b> EIN-PN 54-0515971-002
<b>a</b>	Plan name	THE CITIZENS BANK PROFIT SHARING AND SAVINGS PLAN AND TRUST	
<b>b</b>	Name of plan sponsor	THE CITIZENS BANK OF PHILADELPHIA	<b>c</b> EIN-PN 64-0134511-002
<b>a</b>	Plan name	THE GOODMAN GROUP, ITS MEMBERS & AFFIL. RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	THE GOODMAN GROUP, INC.	<b>c</b> EIN-PN 41-1914496-001
<b>a</b>	Plan name	THE GRAHAM GROUP RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	THE GRAHAM GROUP, INC.	<b>c</b> EIN-PN 42-0867219-001
<b>a</b>	Plan name	THE HUNTER SAVINGS INVESTMENT PLAN	
<b>b</b>	Name of plan sponsor	HUNTER INDUSTRIES INCORPORATED	<b>c</b> EIN-PN 33-0592522-001
<b>a</b>	Plan name	THE IMAGE GROUP, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	THE IMAGE GROUP, INC.	<b>c</b> EIN-PN 34-1629768-001
<b>a</b>	Plan name	THE KNOX COMPANY RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	KNOX ASSOCIATES, INC.	<b>c</b> EIN-PN 95-3617858-003
<b>a</b>	Plan name	THE LOS ANGELES COUNTRY CLUB 401(K) PLAN	
<b>b</b>	Name of plan sponsor	LOS ANGELES COUNTRY CLUB	<b>c</b> EIN-PN 95-0948160-002
<b>a</b>	Plan name	THE MANAGEMENT TRUST EMPLOYEE 401(K) SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	THE MANAGEMENT TRUST	<b>c</b> EIN-PN 20-3911881-001
<b>a</b>	Plan name	THE MCNAUGHTON COMPANY PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	THE MCNAUGHTON COMPANY	<b>c</b> EIN-PN 23-1890542-002
<b>a</b>	Plan name	THE OXFORD INDUSTRIES, INC. RETIREMENT SAVINGS PLA	
<b>b</b>	Name of plan sponsor	OXFORD INDUSTRIES, INC.	<b>c</b> EIN-PN 58-0831862-004

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
<b>a</b>	Plan name THE PARKER POE ADAMS & BERNSTEIN LLP 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor PARKER POE ADAMS & BERNSTEIN LLP	<b>c</b> EIN-PN 56-0928467-001
<b>a</b>	Plan name THE PEDIATRIC MANAGEMENT GROUP, LLC RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor PEDIATRIC MANAGEMENT GROUP, LLC	<b>c</b> EIN-PN 95-4602048-001
<b>a</b>	Plan name THE UHLMANN COMPANY 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor THE UHLMANN COMPANY	<b>c</b> EIN-PN 44-0564793-005
<b>a</b>	Plan name THE VALLEY CLUB OF MONTECITO 401(K) SH P&T	
<b>b</b>	Name of plan sponsor THE VALLEY CLUB OF MONTECITO	<b>c</b> EIN-PN 94-1324620-001
<b>a</b>	Plan name THRAILKILL ALL METALS FABRICATING, INC. PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor THRAILKILL ALL METALS FABRICATING, INC.	<b>c</b> EIN-PN 75-1626647-001
<b>a</b>	Plan name THUNDER TECH INC RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor THUNDER TECH INC	<b>c</b> EIN-PN 16-1637756-001
<b>a</b>	Plan name TIPP DISTRIBUTORS, INC. DBA NOVAMEX 401(K) PLAN	
<b>b</b>	Name of plan sponsor TIPP DISTRIBUTORS, INC. DBA NOVAMEX	<b>c</b> EIN-PN 74-2444846-002
<b>a</b>	Plan name TITAN WEALTH ADVISORS, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor TITAN WEALTH ADVISORS, LLC	<b>c</b> EIN-PN 43-3001778-001
<b>a</b>	Plan name TOSHIBA 401(K) PLAN	
<b>b</b>	Name of plan sponsor TOSHIBA	<b>c</b> EIN-PN 45-5236414-001
<b>a</b>	Plan name TREEHOUSE PRODUCTIONS 401(K) PROFIT SHARING PLAN AND TRUST	
<b>b</b>	Name of plan sponsor TREEHOUSE PRODUCTIONS MANAGEMENT, INC.	<b>c</b> EIN-PN 05-0434660-001
<b>a</b>	Plan name TRELIS COMPANY 401(K) PLAN	
<b>b</b>	Name of plan sponsor TRELIS COMPANY	<b>c</b> EIN-PN 74-2094204-003
<b>a</b>	Plan name TRIANGLE ENTERPRISES, INC. RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor TRIANGLE ENTERPRISES, INC.	<b>c</b> EIN-PN 95-4624276-001

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 TRIANGLE PRESS INC. 401K PLAN	
<b>b</b>	Name of plan sponsor TRIANGLE PRESS INC.	<b>c</b> EIN-PN 23-1726842-002
<b>a</b>	Plan name TRIBE CAPITAL MANAGEMENT 401(K) PLAN	
<b>b</b>	Name of plan sponsor TRIBE CAPITAL MANAGEMENT, LLC	<b>c</b> EIN-PN 83-1604594-001
<b>a</b>	Plan name TRICO TOWER SERVICE INC. 401K PLAN	
<b>b</b>	Name of plan sponsor TRICO TOWER SERVICE INC	<b>c</b> EIN-PN 76-0095412-001
<b>a</b>	Plan name TRI-COUNTIES BANK 401(K) PLAN	
<b>b</b>	Name of plan sponsor TRI-COUNTIES BANK	<b>c</b> EIN-PN 94-2261923-002
<b>a</b>	Plan name TRIONETICS, INC. 401K PLAN	
<b>b</b>	Name of plan sponsor TRIONETICS, INC.	<b>c</b> EIN-PN 34-1621817-001
<b>a</b>	Plan name TUCOWS (DELAWARE) INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor TUCOWS (DELAWARE) INC.	<b>c</b> EIN-PN 23-2707366-002
<b>a</b>	Plan name TUNNEL VISION HOOPS LLC	
<b>b</b>	Name of plan sponsor CHRISTOPHER TODD ALEXANDER	<b>c</b> EIN-PN 27-2819601-001
<b>a</b>	Plan name TURF EQUIPMENT 401(K) PLAN	
<b>b</b>	Name of plan sponsor TURF EQUIPMENT AND AGRONOMICS, LLC	<b>c</b> EIN-PN 46-3624599-002
<b>a</b>	Plan name UHLIG LLC 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor UHLIG LLC	<b>c</b> EIN-PN 90-0175078-001
<b>a</b>	Plan name UNIVERSAL TRADE SERVICES INC	
<b>b</b>	Name of plan sponsor UNIVERSAL TRADE SERVICES INC	<b>c</b> EIN-PN 27-3766989-001
<b>a</b>	Plan name UNIVERSITY PEDIATRICIANS 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor UNIVERSITY PEDIATRICIANS	<b>c</b> EIN-PN 38-3336414-002
<b>a</b>	Plan name UNIVERSITY PEDIATRICIANS 457 B PLAN	
<b>b</b>	Name of plan sponsor UNIVERSITY PEDIATRICIANS	<b>c</b> EIN-PN 38-3336414-457

<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	USA BUILDING MAINTENANCE INC. RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	USA BUILDING MAINTENANCE INC.	<b>c</b> EIN-PN 83-4065069-001
<b>a</b>	Plan name	UTAH YOUTH VILLAGE, INC. PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	UTAH YOUTH VILLAGE, INC.	<b>c</b> EIN-PN 87-0301014-001
<b>a</b>	Plan name	VALLEY PIPELINE SERVICES, INC. RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	VALLEY PIPELINE SERVICES, INC.	<b>c</b> EIN-PN 46-3475229-001
<b>a</b>	Plan name	VANTAGE WEST CREDIT UNION 401 K PLAN	
<b>b</b>	Name of plan sponsor	VANTAGE WEST CREDIT UNION	<b>c</b> EIN-PN 86-0120482-002
<b>a</b>	Plan name	VAULT COMMUNICATIONS, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	VAULT COMMUNICATIONS, INC.	<b>c</b> EIN-PN 23-2571161-001
<b>a</b>	Plan name	VECTOR FLEET MANAGEMENT, LLC RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	VECTOR FLEET MANAGEMENT, LLC	<b>c</b> EIN-PN 20-5680368-001
<b>a</b>	Plan name	VERUNA, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	VERUNA, INC.	<b>c</b> EIN-PN 83-4401239-001
<b>a</b>	Plan name	VILLAGE FARMS, L.P. 401(K) RETIREMENT SAVING PLAN	
<b>b</b>	Name of plan sponsor	VILLAGE FARMS, L.P.	<b>c</b> EIN-PN 22-3694947-001
<b>a</b>	Plan name	VILLAGE OF WELLINGTON 457 B PLAN	
<b>b</b>	Name of plan sponsor	VILLAGE OF WELLINGTON	<b>c</b> EIN-PN 65-0645105-001
<b>a</b>	Plan name	VISUAL DATA MEDIA SERVICES, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	VISUAL DATA MEDIA SERVICES, LLC	<b>c</b> EIN-PN 95-4606661-001
<b>a</b>	Plan name	VITAMIN ANGELS 401(K) PLAN	
<b>b</b>	Name of plan sponsor	VITAMIN ANGEL ALLIANCE, INC.	<b>c</b> EIN-PN 77-0485881-001
<b>a</b>	Plan name	VLCM 401(K) PLAN	
<b>b</b>	Name of plan sponsor	VALCOM SALT LAKE CITY, LC DBA VLCM	<b>c</b> EIN-PN 87-0574827-001

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
<b>a</b>	Plan name <a href="#">W.H. GREENE &amp; ASSOCIATES, INC. 401(K) PROFIT SHARING PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">W.H. GREENE &amp; ASSOCIATES, INC.</a>	<b>c</b> EIN-PN <a href="#">16-1292476-002</a>
<b>a</b>	Plan name <a href="#">WAGNER GREENHOUSES, INC. 401(K) RETIREMENT SAVINGS PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">WAGNER GREENHOUSES, INC.</a>	<b>c</b> EIN-PN <a href="#">41-0912308-002</a>
<b>a</b>	Plan name <a href="#">WALTON CONSTRUCTION, INC. RETIREMENT SAVINGS PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">WALTON CONSTRUCTION, INC</a>	<b>c</b> EIN-PN <a href="#">82-3421806-001</a>
<b>a</b>	Plan name <a href="#">WASATCH PROPERTY MANAGEMENT 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">WASATCH PROPERTY MANAGEMENT, INC.</a>	<b>c</b> EIN-PN <a href="#">87-0484108-001</a>
<b>a</b>	Plan name <a href="#">WATSON ELECTRICAL 401K PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">WATSON ELECTRICAL CONSTRUCTION CO LLC</a>	<b>c</b> EIN-PN <a href="#">61-1440043-001</a>
<b>a</b>	Plan name <a href="#">WAVELINK SAFE HARBOR 401K PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">WAVELINK INC</a>	<b>c</b> EIN-PN <a href="#">63-1270903-001</a>
<b>a</b>	Plan name <a href="#">WCJ CONSULTANTS, LLC RETIREMENT SAVINGS PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">WCJ CONSULTANTS, LLC</a>	<b>c</b> EIN-PN <a href="#">01-0907258-001</a>
<b>a</b>	Plan name <a href="#">WEALTH MANAGING PARTNERS, INC. 401(K) PROFIT SHARING PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">WEALTH MANAGING PARTNERS, INC.</a>	<b>c</b> EIN-PN <a href="#">26-1170223-001</a>
<b>a</b>	Plan name <a href="#">WEBER ELECTRIC, INC. RETIREMENT SAVINGS PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">WEBER ELECTRIC, INC.</a>	<b>c</b> EIN-PN <a href="#">74-2714235-001</a>
<b>a</b>	Plan name <a href="#">WELLBE SENIOR MEDICAL 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">WELLBE SENIOR MEDICAL, LLC</a>	<b>c</b> EIN-PN <a href="#">83-3843209-001</a>
<b>a</b>	Plan name <a href="#">WESCAST INDUSTRIES, INC. 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">UNITED MACHINING. INC.</a>	<b>c</b> EIN-PN <a href="#">26-1595414-001</a>
<b>a</b>	Plan name <a href="#">WEST MAUI CONSTRUCTION LLC. RETIREMENT SAVINGS PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">WEST MAUI CONSTRUCTION LLC</a>	<b>c</b> EIN-PN <a href="#">27-2305765-001</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	WEST MAUI LAND COMPANY, INC. RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	WEST MAUI LAND COMPANY, INC.	<b>c</b> EIN-PN 99-0325376-001
<b>a</b>	Plan name	WEST WALKER STEEL 401(K) PLAN	
<b>b</b>	Name of plan sponsor	WEST WALKER STEEL	<b>c</b> EIN-PN 38-2618671-001
<b>a</b>	Plan name	WESTHILL FINANCIAL ADVISORS INC 401K	
<b>b</b>	Name of plan sponsor	WESTHILL FINANCIAL ADVISORS INC	<b>c</b> EIN-PN 20-8060365-001
<b>a</b>	Plan name	WHEELER FINANCIAL, INC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	WHEELER ASSOCIATES	<b>c</b> EIN-PN 41-0806066-001
<b>a</b>	Plan name	WILLITS ABBE LLC	
<b>b</b>	Name of plan sponsor	COURTNEY PAGE	<b>c</b> EIN-PN 46-4545600-001
<b>a</b>	Plan name	WILLS EYE SURGICAL NETWORK, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	WILLS EYE SURGICAL NETWORK, LLC	<b>c</b> EIN-PN 23-2861316-002
<b>a</b>	Plan name	WKS, INC. 401(K) SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	WKS, INC.	<b>c</b> EIN-PN 02-0389941-001
<b>a</b>	Plan name	WNBC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	WASHINGTON NATIONALS BASEBALL	<b>c</b> EIN-PN 20-5145890-002
<b>a</b>	Plan name	ZEL TECHNOLOGIES, LLC PROFIT SHARING & 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ZEL TECHNOLOGIES, LLC	<b>c</b> EIN-PN 54-1788344-001
<b>a</b>	Plan name	ZWANGER & PESIRI RADIOLOGY GROUP 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ZWANGER & PESIRI RADIOLOGY GROUP	<b>c</b> EIN-PN 11-1980085-001
<b>a</b>	Plan name	ZYRIS INC. 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	ZYRIS, INC.	<b>c</b> EIN-PN 77-0563769-001
<b>a</b>	Plan name		
<b>b</b>	Name of plan sponsor		<b>c</b> EIN-PN

<b>SCHEDULE H</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Financial Information</b>  This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).  ▶ <b>File as an attachment to Form 5500.</b>	OMB No. 1210-0110  <b>2024</b>  <b>This Form is Open to Public Inspection</b>
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For calendar plan year 2024 or fiscal plan year beginning <b>01/01/2024</b> and ending <b>12/31/2024</b>	
<b>A</b> Name of plan <b>SMALL CAP GROWTH FUND</b>	<b>B</b> Three-digit plan number (PN) ▶ <b>487</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>38-4097324</b>

<b>Part I</b>	<b>Asset and Liability Statement</b>
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**1** Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. **Round off amounts to the nearest dollar.** MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.

		(a) Beginning of Year	(b) End of Year
<b>Assets</b>			
<b>a</b> Total noninterest-bearing cash .....	<b>1a</b>	37	0
<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>	1320169	438481
<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>	95666394	169984584
<b>(10)</b> Value of interest in pooled separate accounts .....	<b>1c(10)</b>		
<b>(11)</b> Value of interest in master trust investment accounts .....	<b>1c(11)</b>		
<b>(12)</b> Value of interest in 103-12 investment entities .....	<b>1c(12)</b>		
<b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds) .....	<b>1c(13)</b>		
<b>(14)</b> Value of funds held in insurance company general account (unallocated contracts) .....	<b>1c(14)</b>		
<b>(15)</b> Other .....	<b>1c(15)</b>		

<b>1d</b> Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	<b>1d(1)</b>		
(2) Employer real property.....	<b>1d(2)</b>		
<b>e</b> Buildings and other property used in plan operation.....	<b>1e</b>		
<b>f</b> Total assets (add all amounts in lines 1a through 1e).....	<b>1f</b>	96986600	170423065
<b>Liabilities</b>			
<b>g</b> Benefit claims payable.....	<b>1g</b>		
<b>h</b> Operating payables.....	<b>1h</b>	0	35895
<b>i</b> Acquisition indebtedness.....	<b>1i</b>		
<b>j</b> Other liabilities.....	<b>1j</b>	1336651	438480
<b>k</b> Total liabilities (add all amounts in lines 1g through 1j).....	<b>1k</b>	1336651	474375
<b>Net Assets</b>			
<b>l</b> Net assets (subtract line 1k from line 1f).....	<b>1l</b>	95649949	169948690

**Part II Income and Expense Statement**

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

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

	(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts .....	2b(6)	27501803
(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	27501803

**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)	6695
(5) Investment advisory and investment management fees .....	2i(5)	26831
(6) Bank or trust company trustee/custodial fees .....	2i(6)	68313
(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)	101839
<b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total.....	2j	101839

**Net Income and Reconciliation**

<b>k</b> Net income (loss). Subtract line 2j from line 2d.....	2k	27399964
<b>l</b> Transfers of assets:		
(1) To this plan.....	2l(1)	102657077
(2) From this plan .....	2l(2)	55758300

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