

<b>Form 5500</b>  Department of the Treasury Internal Revenue Service  Department of Labor Employee Benefits Security Administration  Pension Benefit Guaranty Corporation	<b>Annual Return/Report of Employee Benefit Plan</b>  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).  <b>▶ Complete all entries in accordance with the instructions to the Form 5500.</b>	OMB Nos. 1210-0110 1210-0089  <h1 style="text-align: center;">2024</h1>  <b>This Form is Open to Public Inspection</b>
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<b>Part I</b>	<b>Annual Report Identification Information</b>
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

**A** This return/report is for:  a multiemployer plan  a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)

a single-employer plan  a DFE (specify) C

**B** This return/report is:  the first return/report  the final return/report

an amended return/report  a short plan year return/report (less than 12 months)

**C** If the plan is a collectively-bargained plan, check here. . . . .

**D** Check box if filing under:  Form 5558  automatic extension  the DFVC program

special extension (enter description)

**E** If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. . . . .

<b>Part II</b>	<b>Basic Plan Information—enter all requested information</b>
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<b>1a</b> Name of plan <u>RETIREGUIDE GROWTH</u>	<b>1b</b> Three-digit plan number (PN) ▶ <u>001</u>
<b>2a</b> Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>RETIREGUIDE GROWTH</u>  <u>ALTA TRUST COMPANY</u> <u>3500 S PHILLIPS AVE.</u> <u>STE. 201</u> <u>SIOUX FALLS, SD 57105</u>	<b>1c</b> Effective date of plan  <b>2b</b> Employer Identification Number (EIN) <u>84-4095754</u>  <b>2c</b> Plan Sponsor's telephone number <u>303-996-3781</u>  <b>2d</b> Business code (see instructions)

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

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

<b>SIGN HERE</b>		Date	
	Signature of plan administrator		Enter name of individual signing as plan administrator
<b>SIGN HERE</b>		Date	
	Signature of employer/plan sponsor		Enter name of individual signing as employer or plan sponsor
<b>SIGN HERE</b>	<u>Filed with authorized/valid electronic signature.</u>	<u>10/14/2025</u>	<u>MACKENZIE LOTHERT</u>
	Signature of DFE	Date	Enter name of individual signing as DFE

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

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

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

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

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

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

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

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

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

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

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

<b>A</b> Name of plan <u>RETIREGUIDE GROWTH</u>	<b>B</b> Three-digit plan number (PN) ▶	<u>001</u>
<b>C</b> Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>RETIREGUIDE GROWTH</u>	<b>D</b> Employer Identification Number (EIN) <u>84-4095754</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: ALTA PRIVATELY MANAGED ALTS CL2

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

<b>c</b> EIN-PN <u>99-2667326-001</u>	<b>d</b> Entity code <u>C</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>3698463</u>
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**a** Name of MTIA, CCT, PSA, or 103-12 IE: ALTA TRUST SHORT TERM INVESTMENT

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

<b>c</b> EIN-PN <u>92-0398350-001</u>	<b>d</b> Entity code <u>C</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>1014778</u>
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**a** Name of MTIA, CCT, PSA, or 103-12 IE: AMERICAN INNOVATION

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

<b>c</b> EIN-PN <u>88-1455698-001</u>	<b>d</b> Entity code <u>C</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>3627421</u>
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**a** Name of MTIA, CCT, PSA, or 103-12 IE: CORE PLUS BOND FUND II

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

<b>c</b> EIN-PN <u>38-7271377-758</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>368907</u>
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**a** Name of MTIA, CCT, PSA, or 103-12 IE: FRANKLIN SMALL CAP VALUE CLASS R

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

<b>c</b> EIN-PN <u>38-4126289-594</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>736499</u>
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**a** Name of MTIA, CCT, PSA, or 103-12 IE: FRANKLN S M CAP GROWTH GGT R

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

<b>c</b> EIN-PN <u>38-4116867-530</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>2162303</u>
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**a** Name of MTIA, CCT, PSA, or 103-12 IE: INTERNATIONAL GROWTH CIT CLASS R

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

<b>c</b> EIN-PN <u>26-3783561-911</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>3672208</u>
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**a** Name of MTIA, CCT, PSA, or 103-12 IE: **LARGE CAP VALUE CIT R1 CLASS R1**

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

<b>c</b> EIN-PN <b>86-1899009-676</b>	<b>d</b> Entity code <b>C</b>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <b>3310551</b>
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**a** Name of MTIA, CCT, PSA, or 103-12 IE: **MARTIN CURRIE EMERGING MARKET FUND**

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

<b>c</b> EIN-PN <b>82-4565709-376</b>	<b>d</b> Entity code <b>C</b>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <b>3292746</b>
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**a** Name of MTIA, CCT, PSA, or 103-12 IE: **PGIM SELECT REAL ESTATE CIT CL R**

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

<b>c</b> EIN-PN <b>38-7264543-706</b>	<b>d</b> Entity code <b>C</b>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <b>721169</b>
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**a** Name of MTIA, CCT, PSA, or 103-12 IE:

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

<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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**a** Name of MTIA, CCT, PSA, or 103-12 IE:

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

<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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**a** Name of MTIA, CCT, PSA, or 103-12 IE:

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

<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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**a** Name of MTIA, CCT, PSA, or 103-12 IE:

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

<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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**a** Name of MTIA, CCT, PSA, or 103-12 IE:

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

<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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**a** Name of MTIA, CCT, PSA, or 103-12 IE:

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

<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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**a** Name of MTIA, CCT, PSA, or 103-12 IE:

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

<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	3A PRESS CORP RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	3A PRESS CORP	<b>c</b> EIN-PN 66-0530750-001
<b>a</b>	Plan name	401(K) & PENSION PLAN FOR EMPLOYEES OF FINNAIR OYJ	
<b>b</b>	Name of plan sponsor	FINNAIR OYJ	<b>c</b> EIN-PN 13-1916110-002
<b>a</b>	Plan name	ABAL TECHNOLOGIES, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ABAL TECHNOLOGIES, INC.	<b>c</b> EIN-PN 27-3306024-001
<b>a</b>	Plan name	ACRO DEVELOPMENT SERVICES 401K PS PLAN ACRO DEVELOPMENT SERVICES 401K PS PLAN	
<b>b</b>	Name of plan sponsor	ACRO DEVELOPMENT SERVICES PLLC	<b>c</b> EIN-PN 86-2988745-001
<b>a</b>	Plan name	ADACEN, INC 401K & PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	ADACEN INC.	<b>c</b> EIN-PN 92-0543640-001
<b>a</b>	Plan name	ADMIN AMERICA, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	ADMIN AMERICA, INC.	<b>c</b> EIN-PN 20-3581707-001
<b>a</b>	Plan name	ADVANCED HARDWOODS, LLC 401K PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	ADVANCED HARDWOODS, LLC	<b>c</b> EIN-PN 88-6694130-001
<b>a</b>	Plan name	AFFINITY WOMEN'S HEALTH CARE RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	AFFINITY WOMEN'S HEALTH CARE, SC	<b>c</b> EIN-PN 46-4014469-001
<b>a</b>	Plan name	AFPI 401K PLAN	
<b>b</b>	Name of plan sponsor	AAAS FELLOWSHIP PROGRAMS, INC	<b>c</b> EIN-PN 35-2536631-001
<b>a</b>	Plan name	AG DENTAL STUDIO 401K PLAN	
<b>b</b>	Name of plan sponsor	AG DENTAL STUDIO	<b>c</b> EIN-PN 46-1175217-001
<b>a</b>	Plan name	AGRI-PRO ENTERPRISES OF IOWA, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	AGRI-PRO ENTERPRISES OF IOWA, INC.	<b>c</b> EIN-PN 42-1136930-001
<b>a</b>	Plan name	ALAMO FARMS INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	ALAMO FARMS INC.	<b>c</b> EIN-PN 73-1693156-001

<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	ALASKA CONSERVATION LAND TRUST 401 (K) PLAN	
<b>b</b>	Name of plan sponsor	ALASKA CONSERVATION LAND TRUST	<b>c</b> EIN-PN 82-2472154-001
<b>a</b>	Plan name	ALLIED OLD ENGLISH, INC. EMPLOYEES' PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	ALLIED OLD ENGLISH, INC.	<b>c</b> EIN-PN 22-1620386-001
<b>a</b>	Plan name	ALL-WAYS TRANSIT INC 401K SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	ALL-WAYS INC	<b>c</b> EIN-PN 39-1665280-001
<b>a</b>	Plan name	ALTAWORX, LLC 401K PLAN	
<b>b</b>	Name of plan sponsor	ALTAWORX, LLC	<b>c</b> EIN-PN 26-3574860-001
<b>a</b>	Plan name	AMERICAN DRILLING 401(K) PLAN & TRUST	
<b>b</b>	Name of plan sponsor	AMERICAN DRILLING, INC.	<b>c</b> EIN-PN 46-0507581-001
<b>a</b>	Plan name	AMERICAN EXPEDITION VEHICLES 401(K) PLAN	
<b>b</b>	Name of plan sponsor	AMERICAN EXPEDITION VEHICLES	<b>c</b> EIN-PN 20-5328810-001
<b>a</b>	Plan name	AMERICAN SPRAY-ON 401(K) PLAN	
<b>b</b>	Name of plan sponsor	AMERICAN SPRAY-ON CORPORATION	<b>c</b> EIN-PN 13-3359652-001
<b>a</b>	Plan name	AMERITECH GRAPHICS, INC. 401 (K) PLAN	
<b>b</b>	Name of plan sponsor	AMERITECH GRAPHICS, INC.	<b>c</b> EIN-PN 22-2540896-001
<b>a</b>	Plan name	AMSI RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	AMSI	<b>c</b> EIN-PN 66-0475971-001
<b>a</b>	Plan name	ANDERSON BROTHERS CONSTRUCTION COMPANY OF BRAINERD 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	ANDERSON BROTHERS CONSTRUCTION COMPANY OF BRAINERD	<b>c</b> EIN-PN 90-0952537-001
<b>a</b>	Plan name	ANDERSON, BAGLEY, & MAYO 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ANDERSON, BAGLEY, & MAYO INSURANCE AGENCY, INC.	<b>c</b> EIN-PN 04-2715738-001
<b>a</b>	Plan name	API MEDIA 401K PROFIT SHARING PLAN AND TRUST	
<b>b</b>	Name of plan sponsor	API MEDIA INNOVATIONS INC	<b>c</b> EIN-PN 84-4144585-001

<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	ARCO DEVELOPMENT SERVICES 401K/PS PLAN	
<b>b</b>	Name of plan sponsor	ARCO DEVELOPMENT SERVICES PLLC	<b>c</b> EIN-PN 86-2988745-001
<b>a</b>	Plan name	ARQUETTE CONCRETE & SUPPLY, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ARQUETTE CONCRETE & SUPPLY, INC.	<b>c</b> EIN-PN 38-3393304-006
<b>a</b>	Plan name	ASOCIACION DE BANCOS DE PUERTO RICO RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	ASOCIACION DE BANCOS DE PUERTO RICO	<b>c</b> EIN-PN 66-0269027-001
<b>a</b>	Plan name	ATLANTIC CIVIL CONSTRUCTORS RETIRMENT TRUST	
<b>b</b>	Name of plan sponsor	ATLANTIC CIVIL CONSTRUCTORS	<b>c</b> EIN-PN 73-1707896-001
<b>a</b>	Plan name	ATLAS GENOMICS 401K PLAN	
<b>b</b>	Name of plan sponsor	ATLAS GENOMICS, LLC	<b>c</b> EIN-PN 47-1112316-001
<b>a</b>	Plan name	AZOMITE MINERAL PRODUCTS, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	AZOMITE MINERAL PRODUCTS, INC.	<b>c</b> EIN-PN 46-4123319-001
<b>a</b>	Plan name	BARNES AND BARNES, INC. DBA NORTH BAY TRUCK CENTER	
<b>b</b>	Name of plan sponsor	BARNES AND BARNES, INC.	<b>c</b> EIN-PN 13-3512977-001
<b>a</b>	Plan name	BARRY'S DOWNTOWN PRIME 401(K) PLAN	
<b>b</b>	Name of plan sponsor	BARRY'S DOWNTOWN PRIME	<b>c</b> EIN-PN 83-3499348-001
<b>a</b>	Plan name	BATES SONS & DAUGHTERS PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	BATES SONS & DAUGHTERS	<b>c</b> EIN-PN 65-0542061-001
<b>a</b>	Plan name	BAZINI ENGINEERING, PC RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	BAZINI ENGINEERING, PC	<b>c</b> EIN-PN 27-3622153-001
<b>a</b>	Plan name	BELGER & ASSOCIATES 401K PLAN	
<b>b</b>	Name of plan sponsor	BELGER & ASSOCIATES	<b>c</b> EIN-PN 38-3221968-001
<b>a</b>	Plan name	BEMCO OF WESTERN NEW YORK INC 401K PLAN	
<b>b</b>	Name of plan sponsor	BEMCO OF WESTERN NEW YORK INC	<b>c</b> EIN-PN 16-1539492-001

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>BIG BROTHERS BIG SISTERS OF CENTRAL NEW MEXICO 401K PLAN</b>	
<b>b</b>	Name of plan sponsor <b>BIG BROTHERS BIG SISTERS OF CENTRAL NEW MEXICO</b>	<b>c</b> EIN-PN <b>85-0271207-001</b>
<b>a</b>	Plan name <b>BLUE EYED THEATRICAL 401K</b>	
<b>b</b>	Name of plan sponsor <b>BLUE EYED THEATRICAL DBA MML WORLDWIDE</b>	<b>c</b> EIN-PN <b>20-4061565-001</b>
<b>a</b>	Plan name <b>BLUE RIBBON BUILDERS 401(K) PSP</b>	
<b>b</b>	Name of plan sponsor <b>BLUE RIBBON BUILDERS INC.</b>	<b>c</b> EIN-PN <b>81-0383673-001</b>
<b>a</b>	Plan name <b>BLUE RIDGE FARMERS COOPERATIVE 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>BLUE RIDGE FARMERS COOPERATIVE INC.</b>	<b>c</b> EIN-PN <b>54-0387162-001</b>
<b>a</b>	Plan name <b>BOCHETTO &amp; LENTZ 401K PROFIT SHARING PLAN</b>	
<b>b</b>	Name of plan sponsor <b>BOCHETTO &amp; LENTZ, PC</b>	<b>c</b> EIN-PN <b>23-2370800-001</b>
<b>a</b>	Plan name <b>BORINQUEN HEALTH CARE CENTER, INC. 401K</b>	
<b>b</b>	Name of plan sponsor <b>BORINQUEN HEALTH CARE CENTER, INC.</b>	<b>c</b> EIN-PN <b>59-1417397-002</b>
<b>a</b>	Plan name <b>BRAZOS PILOTS ASSOCIATION RETIREMENT PLAN</b>	
<b>b</b>	Name of plan sponsor <b>BRAZOS PILOTS ASSOCIATION</b>	<b>c</b> EIN-PN <b>76-0294908-001</b>
<b>a</b>	Plan name <b>BROGAN PAINTING &amp; REMODELING L 401(K) PROFIT SHARING PLAN A&amp; TRUST</b>	
<b>b</b>	Name of plan sponsor <b>BROGAN PAINTING &amp; REMODELING</b>	<b>c</b> EIN-PN <b>90-1140736-001</b>
<b>a</b>	Plan name <b>C.D. BARNES ASSOCIATES, INC. 401K &amp; PROFIT SHARING PLAN</b>	
<b>b</b>	Name of plan sponsor <b>C.D. BARNES ASSOCIATES, INC.</b>	<b>c</b> EIN-PN <b>38-1442303-001</b>
<b>a</b>	Plan name <b>CAMP CHAMPIONS 401(K)</b>	
<b>b</b>	Name of plan sponsor <b>CAMP CHAMPIONS</b>	<b>c</b> EIN-PN <b>74-2761313-001</b>
<b>a</b>	Plan name <b>CAROLINA DERMATOLOGY 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>CAROLINA DERMATOLOGY OF GREENVILLE</b>	<b>c</b> EIN-PN <b>99-2276464-001</b>
<b>a</b>	Plan name <b>CCR USA AIRPORT MANAGEMENT, INC. 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>CCR USA AIRPORT MANAGEMENT INC.</b>	<b>c</b> EIN-PN <b>47-5421686-001</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 CENOVUS ENERGY 401(K) PLAN	
<b>b</b>	Name of plan sponsor CENOVUS ENERGY US, LLC	<b>c</b> EIN-PN 98-1020836-001
<b>a</b>	Plan name CENTER CUT LANDSCAPING MANAGEMENT 401K PLAN	
<b>b</b>	Name of plan sponsor CENTER CUT LANDSCAPING, LLC	<b>c</b> EIN-PN 82-4776291-001
<b>a</b>	Plan name CENTER DEVELOPMENT CORPORATION 401(K) PLAN	
<b>b</b>	Name of plan sponsor CENTER DEVELOPMENT CORPORATION	<b>c</b> EIN-PN 13-3512977-001
<b>a</b>	Plan name CENTER FOR DIAGNOSIS AND TREATMENT LLC 401(K) PSP	
<b>b</b>	Name of plan sponsor CENTER FOR DIAGNOSIS & TREATMENT	<b>c</b> EIN-PN 20-1760960-001
<b>a</b>	Plan name CENTRAL PUMP COMPANY LLC 401K PLAN	
<b>b</b>	Name of plan sponsor CENTRAL PUMP COMPANY, LLC	<b>c</b> EIN-PN 47-2591315-001
<b>a</b>	Plan name CENTRAL SEMICONDUCTOR CORP. 401K PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor CENTRAL SEMICONDUCTOR CORP	<b>c</b> EIN-PN 11-2324629-001
<b>a</b>	Plan name CERVELLO GLOBAL CORPORATION 401(K) PLAN	
<b>b</b>	Name of plan sponsor CERVELLO GLOBAL CORPORATION	<b>c</b> EIN-PN 27-2488822-001
<b>a</b>	Plan name CERVELLO GLOBAL CORPORATION PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor CERVELLO GLOBAL CORPORATION	<b>c</b> EIN-PN 27-2488822-002
<b>a</b>	Plan name CERVELLO TECHNOLOGIES LLC 401(K) PROFIT SHARING PLAN & TRUST	
<b>b</b>	Name of plan sponsor CERVELLO GLOBAL CORPORATION	<b>c</b> EIN-PN 27-2488822-001
<b>a</b>	Plan name CHALFANT CORP 401K PLAN	
<b>b</b>	Name of plan sponsor CHALFANT CORP	<b>c</b> EIN-PN 90-0452856-001
<b>a</b>	Plan name CHAPVENTURES, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor CHAPVENTURES, LLC	<b>c</b> EIN-PN 27-1049515-001
<b>a</b>	Plan name CHARLOTTESVILLE COOPERATIVE 401K PLAN	
<b>b</b>	Name of plan sponsor CHARLOTTESVILLE COOPERATIVE	<b>c</b> EIN-PN 54-0387162-001

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 CHOICE FINANCIAL GROUP 401(K) PLAN	
<b>b</b>	Name of plan sponsor CHOICE BANK	<b>c</b> EIN-PN 45-0117790-001
<b>a</b>	Plan name CLASS 8 RENOVATIONS, INC 401K PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor CLASS 8 RENOVATIONS, INC	<b>c</b> EIN-PN 91-1875987-001
<b>a</b>	Plan name CLEAR FRONTIER AG MANAGEMENT L 401K PROFIT SHARING PLAN AND TRUST	
<b>b</b>	Name of plan sponsor CLEAR FRONTIER AG MANAGEMENT L	<b>c</b> EIN-PN 83-3602341-001
<b>a</b>	Plan name COASTAL EQUIPMENT CORP. 401K PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor COASTAL EQUIPMENT CORP	<b>c</b> EIN-PN 54-0990869-002
<b>a</b>	Plan name COBBLESTONE CONSTRUCTION 401(K) & PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor BENCHMARK CONTRACTING, INC DBA COBBLESTONE CONSTRUCTION	<b>c</b> EIN-PN 88-0414587-001
<b>a</b>	Plan name COLORADO BLUESKY ENTERPRISES INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor COLORADO BLUESKY ENTERPRISES, INC.	<b>c</b> EIN-PN 84-0561888-001
<b>a</b>	Plan name COMBER MILLER, LLC 401(K) RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor COMBER MILLER, LLC	<b>c</b> EIN-PN 26-3819438-001
<b>a</b>	Plan name COMMERCE INTERNAL MEDICINE, PC 401K PROFIT SHARING PLAN & TRUST	
<b>b</b>	Name of plan sponsor COMMERCE INTERNAL MEDICINE, PC	<b>c</b> EIN-PN 38-3492979-001
<b>a</b>	Plan name COMPASS YOUTH SERVICES, LLC 401K PLAN	
<b>b</b>	Name of plan sponsor COMPASS YOUTH SERVICES	<b>c</b> EIN-PN 20-0125300-001
<b>a</b>	Plan name COMPUTER PARADISE INC, 1165E	
<b>b</b>	Name of plan sponsor CP CORP, INC.	<b>c</b> EIN-PN 66-0436648-001
<b>a</b>	Plan name CONTROL FIRE SYSTEMS, INC. RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor CONTROL FIRE SYSTEMS COMPANY	<b>c</b> EIN-PN 73-1211777-002
<b>a</b>	Plan name COPAN RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor COPAN	<b>c</b> EIN-PN 66-0896138-001

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 CRAFT BUILDING SERVICES, INC 401K PLAN	
<b>b</b>	Name of plan sponsor CRAFT BUILDING SERVICES INC	<b>c</b> EIN-PN 26-4826406-001
<b>a</b>	Plan name CROSSROADS COMMUNITY CHURCH 403(B)(9) PLAN	
<b>b</b>	Name of plan sponsor CROSSROADS COMMUNITY CHURCH	<b>c</b> EIN-PN 34-1852508-001
<b>a</b>	Plan name D & O PARTNERS, INC. 401K PLAN	
<b>b</b>	Name of plan sponsor D & O PARTNERS	<b>c</b> EIN-PN 45-2967186-001
<b>a</b>	Plan name D.W. YOUNG 401K PLAN	
<b>b</b>	Name of plan sponsor DW YOUNG CONSTRUCTION CO, INC.	<b>c</b> EIN-PN 94-2518820-001
<b>a</b>	Plan name DAVIS BROTHERS CONSTRUCTION GROUP 401K PLAN	
<b>b</b>	Name of plan sponsor DAVIS BROTHERS CONSTRUCTION GROUP	<b>c</b> EIN-PN 59-1495341-001
<b>a</b>	Plan name DCSI DERMATOLOGY 401(K) AND PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor DERMATOLOGY & CUTANEOUS SURGERY INSTITUTE (DCSI DERMATOLOGY)	<b>c</b> EIN-PN 46-3024222-001
<b>a</b>	Plan name DELHI CHARTER TOWNSHIP 401(A) PLAN	
<b>b</b>	Name of plan sponsor DELHI CHARTER TOWNSHIP	<b>c</b> EIN-PN 38-6019639-001
<b>a</b>	Plan name DELHI CHARTER TOWNSHIP 457(B) DEFERRED COMPENSATION PLAN	
<b>b</b>	Name of plan sponsor DELHI CHARTER TOWNSHIP	<b>c</b> EIN-PN 38-6019639-001
<b>a</b>	Plan name DEMPSEY, DEMPSEY & SHEEHAN EMPLOYEES' PENSION TRUST	
<b>b</b>	Name of plan sponsor DEMPSEY, DEMPSEY & SHEEHAN	<b>c</b> EIN-PN 22-2027754-001
<b>a</b>	Plan name DISPLAY SALES CO 401K PLAN	
<b>b</b>	Name of plan sponsor DISPLAY SALES CO	<b>c</b> EIN-PN 41-1233161-003
<b>a</b>	Plan name DONALD J. SABOURIN DDS PLLC 401K PLAN	
<b>b</b>	Name of plan sponsor DONALD J. SABOURIN DDS PLLC	<b>c</b> EIN-PN 37-1440172-001
<b>a</b>	Plan name DORADO BEACH GOLF MANAGEMENT RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor DORADO BEACH GOLF MANAGEMENT, LLC	<b>c</b> EIN-PN 66-0782153-001

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 DOWNES SWIMMING POOL CO., INC. PROFIT SHARING PLAN & TRUST	
<b>b</b>	Name of plan sponsor DOWNES SWIMMING POOL CO., INC.	<b>c</b> EIN-PN 32-2767503-001
<b>a</b>	Plan name DUGAN AND DUGAN, P.C. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor DUGAN AND DUGAN, P.C.	<b>c</b> EIN-PN 81-0589522-002
<b>a</b>	Plan name E&L MEAT COMPANY 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor E&L MEAT COMPANY	<b>c</b> EIN-PN 38-2141947-001
<b>a</b>	Plan name E.I. MICROCIRCUITS, INC 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor E.I. MICROCIRCUITS, INC	<b>c</b> EIN-PN 41-1496497-001
<b>a</b>	Plan name EAGLE POINT SOLAR 401(K) PLAN	
<b>b</b>	Name of plan sponsor EAGLE POINT SOLAR, LLC	<b>c</b> EIN-PN 27-0380936-001
<b>a</b>	Plan name EAK PENSION PLAN	
<b>b</b>	Name of plan sponsor VCI, INC.	<b>c</b> EIN-PN 66-0500059-001
<b>a</b>	Plan name EAP RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor ELEGANT ALUMINUM PRODUCTS USA, LLC	<b>c</b> EIN-PN 46-3034570-001
<b>a</b>	Plan name EASTERN STAR HALL AND HOME, INC 401K SAVINGS PLAN	
<b>b</b>	Name of plan sponsor EASTERN STAR HALL AND HOME, INC	<b>c</b> EIN-PN 13-2683047-001
<b>a</b>	Plan name ELITE BEEF PRODUCERS 401K PLAN	
<b>b</b>	Name of plan sponsor ELITE BEEF PRODUCERS, INC	<b>c</b> EIN-PN 75-1926774-001
<b>a</b>	Plan name ENGINEERED COMPONENTS COMPANY 401K PLAN	
<b>b</b>	Name of plan sponsor ENGINEERED COMPONENTS CO.	<b>c</b> EIN-PN 36-3627390-001
<b>a</b>	Plan name FAIRFIELD MANAGEMENT SERVICES, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor FAIRFIELD MANAGEMENT SERVICES, INC.	<b>c</b> EIN-PN 54-2098518-001
<b>a</b>	Plan name FAMILY EYE CARE OF NEPA, PC 401K PLAN	
<b>b</b>	Name of plan sponsor FAMILY EYE CARE OF NEPA PC	<b>c</b> EIN-PN 20-1642828-001

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>FAMILY VISION 401K PLAN</b>	
<b>b</b>	Name of plan sponsor <b>FAMILY VISION CENTER OF LA CROSSE LLC</b>	<b>c</b> EIN-PN <b>81-4895832-001</b>
<b>a</b>	Plan name <b>FIRST COASTAL CONSTRUCTION CORP 401(K)PLAN PS PLAN</b>	
<b>b</b>	Name of plan sponsor <b>FIRST COASTAL CONSTRUCTION CORP</b>	<b>c</b> EIN-PN <b>46-3793642-001</b>
<b>a</b>	Plan name <b>FIRST SOUTHERN, LLC 1081.01(D) RETIREMENT PLAN</b>	
<b>b</b>	Name of plan sponsor <b>FIRST SOUTHERN, LLC</b>	<b>c</b> EIN-PN <b>66-0854460-001</b>
<b>a</b>	Plan name <b>FOOT HEALTHCARE ASSOCIATES PC 401K PROFIT SHARING PLAN &amp; TRUST</b>	
<b>b</b>	Name of plan sponsor <b>FOOT HEALTHCARE ASSOCIATES, P.C.</b>	<b>c</b> EIN-PN <b>38-2777871-002</b>
<b>a</b>	Plan name <b>FPI MANAGEMENT, INC 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>FPI MANAGEMENT, INC</b>	<b>c</b> EIN-PN <b>68-0217638-001</b>
<b>a</b>	Plan name <b>FRANCISCAN SISTERS OF DILLINGEN 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>FRANCISCAN SISTERS OF DILLINGEN</b>	<b>c</b> EIN-PN <b>45-0226432-001</b>
<b>a</b>	Plan name <b>FRANFUND 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>FRANFUND</b>	<b>c</b> EIN-PN <b>34-2064405-001</b>
<b>a</b>	Plan name <b>FREEDOM AG AND ENERGY COOPERATIVE 401K PLAN</b>	
<b>b</b>	Name of plan sponsor <b>FREEDOM AG AND ENERGY COOPERATIVE</b>	<b>c</b> EIN-PN <b>88-3687780-001</b>
<b>a</b>	Plan name <b>FRIENDLY HOLDING COMPANY RETIREMENT SAVINGS PLAN</b>	
<b>b</b>	Name of plan sponsor <b>BETTEN FRIENDLY MOTORS</b>	<b>c</b> EIN-PN <b>38-2023962-001</b>
<b>a</b>	Plan name <b>GAR-BRO MANUFACTURING CO &amp; GARLINGHOUSE BROTHERS INC. PROFIT SHARING PLAN</b>	
<b>b</b>	Name of plan sponsor <b>GAR-BRO MANUFACTURING</b>	<b>c</b> EIN-PN <b>95-2320529-001</b>
<b>a</b>	Plan name <b>GLADSTONE &amp; WEISSMAN PA 401(K) PROFIT SHARING PLAN</b>	
<b>b</b>	Name of plan sponsor <b>GLADSTONE &amp; WEISSMAN, P.A.</b>	<b>c</b> EIN-PN <b>65-0789924-002</b>
<b>a</b>	Plan name <b>GLENS POLISH AND PAINT 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>GLEN'S POLISH AND PAINT</b>	<b>c</b> EIN-PN <b>87-0291704-002</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 <b>GOLDEN BEAR HEATING &amp; AIR, LLC 401K</b>	
<b>b</b>	Name of plan sponsor <b>GOLDEN BEAR HEATING &amp; AIR, LLC</b>	<b>c</b> EIN-PN <b>26-3343963-001</b>
<b>a</b>	Plan name <b>GRACE BIBLE CHURCH OF VIRGINIA BEACH, INC. RETIREMENT PLAN</b>	
<b>b</b>	Name of plan sponsor <b>GRACE BIBLE CHURCH OF VIRGINIA BEACH, INC.</b>	<b>c</b> EIN-PN <b>27-2343832-001</b>
<b>a</b>	Plan name <b>GRAND LODGE A.F &amp; A.M OF MARYLAND 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>GRAND LODGE A.F &amp; A.M OF MARYLAND</b>	<b>c</b> EIN-PN <b>52-0226260-001</b>
<b>a</b>	Plan name <b>GRCH ARCHITECTURE PC 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>GRCH ARCHITECTURE PC</b>	<b>c</b> EIN-PN <b>27-2186737-001</b>
<b>a</b>	Plan name <b>GREY ROCK ENERGY PARTNERS 401(K) RETIREMENT SAVINGS PLAN</b>	
<b>b</b>	Name of plan sponsor <b>GREY ROCK ENERGY MANAGEMENT LLC</b>	<b>c</b> EIN-PN <b>46-2631848-001</b>
<b>a</b>	Plan name <b>GUILLERMO &amp; ROBERT, INC 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>GUILLERMO &amp; ROBERT, INC DBA MONROE'S NEW MEXICAN FOOD</b>	<b>c</b> EIN-PN <b>85-0406365-001</b>
<b>a</b>	Plan name <b>GULF COAST LIMESTONE INC 401(K) PROFIT SHARING PLAN &amp; TRUST</b>	
<b>b</b>	Name of plan sponsor <b>GULF COAST LIMESTONE INC</b>	<b>c</b> EIN-PN <b>74-1610650-001</b>
<b>a</b>	Plan name <b>HANSFORD COUNTY FEEDERS 401K PLAN</b>	
<b>b</b>	Name of plan sponsor <b>HANSFORD COUNTY FEEDERS, LP</b>	<b>c</b> EIN-PN <b>75-2737133-001</b>
<b>a</b>	Plan name <b>HBRA ARCHITECTS INC 401K PLAN</b>	
<b>b</b>	Name of plan sponsor <b>HBRA ARCHITECTS</b>	<b>c</b> EIN-PN <b>36-2473024-001</b>
<b>a</b>	Plan name <b>HEADWATERS DENTAL, LLC 401K PROFIT SHARING PLAN</b>	
<b>b</b>	Name of plan sponsor <b>HEADWATERS DENTAL, LLC</b>	<b>c</b> EIN-PN <b>20-3179169-001</b>
<b>a</b>	Plan name <b>HEALY LAW GROUP 401(K) PLAN &amp; TRUST</b>	
<b>b</b>	Name of plan sponsor <b>HEALY LAW GROUP, LLC DBA MILITARY JUSTICE ATTORNEYS</b>	<b>c</b> EIN-PN <b>84-1747994-001</b>
<b>a</b>	Plan name <b>HILL TRANSPORTATION SERVICES, LLC 401(K)</b>	
<b>b</b>	Name of plan sponsor <b>HILL TRANSPORTATION SERVICES, LLC</b>	<b>c</b> EIN-PN <b>82-3442493-001</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	HLADKY CONSTRUCTION 401(K) PLAN	
<b>b</b>	Name of plan sponsor	HLADKY CONSTRUCTION INC.	<b>c</b> EIN-PN 83-0217383-001
<b>a</b>	Plan name	HOUSTON PEDIATRIC DENTAL PARTNERS, PLLC 401(K) SAFE HARBOR PLAN	
<b>b</b>	Name of plan sponsor	HOUSTON PEDIATRIC DENTAL PARTNERS, PLLC	<b>c</b> EIN-PN 82-3032197-001
<b>a</b>	Plan name	INCITE DESIGN STUDIO 401K PLAN	
<b>b</b>	Name of plan sponsor	INCITE DESIGN STUDIO	<b>c</b> EIN-PN 48-1242931-001
<b>a</b>	Plan name	INFINITY PLATFORMS 401K PLAN	
<b>b</b>	Name of plan sponsor	INFINITY PLATFORMS	<b>c</b> EIN-PN 82-0598470-001
<b>a</b>	Plan name	INTEGRATED LOGISTICS 2000 LLC 401K PROFIT SHARING PLAN & TRUST	
<b>b</b>	Name of plan sponsor	INTEGRATED LOGISTICS 2000 LLC	<b>c</b> EIN-PN 54-1952915-001
<b>a</b>	Plan name	INTERACTIVE LEARNING SYSTEMS, INC. RETIREMENT SAVINGS PLANS	
<b>b</b>	Name of plan sponsor	INTERACTIVE LEARNING SYSTEMS, INC	<b>c</b> EIN-PN 58-1706229-001
<b>a</b>	Plan name	INTERNATIONAL PRODUCTS GROUP 401K PLAN	
<b>b</b>	Name of plan sponsor	INTERNATIONAL PRODUCTS GROUP	<b>c</b> EIN-PN 20-3357707-001
<b>a</b>	Plan name	IPG AUTOMOTIVE USA INC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	IPG AUTOMOTIVE USA, INC	<b>c</b> EIN-PN 36-4813731-001
<b>a</b>	Plan name	IPG AUTOMOTIVE USA, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	IPG AUTOMOTIVE USA, INC.	<b>c</b> EIN-PN 36-4813731-001
<b>a</b>	Plan name	IPOS SYSTEMS LLC 1081.01(D) PLAN	
<b>b</b>	Name of plan sponsor	IPOS SYSTEMS, LLC	<b>c</b> EIN-PN 20-5617459-001
<b>a</b>	Plan name	IRONCLAD MARKETING, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	IRONCLAD MARKETING, INC.	<b>c</b> EIN-PN 27-0969004-001
<b>a</b>	Plan name	JACOBSEN FAMILY DENTISTRY RETIREMENT PLAND & TRUST	
<b>b</b>	Name of plan sponsor	MILES JACOBSEN, DDS	<b>c</b> EIN-PN 93-3488083-001

<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	JAMES R. CHILDERS ARCHITECT, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	JAMES R. CHILDERS ARCHITECT, INC.	<b>c</b> EIN-PN 62-1696085-001
<b>a</b>	Plan name	JEFFREY RAY MATTILA DDS, PC 401K PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	JEFFREY RAY MATTILA DDS, PC	<b>c</b> EIN-PN 85-0407726-001
<b>a</b>	Plan name	JUPITER MEDICAL GROUP	
<b>b</b>	Name of plan sponsor	JUPITER MEDICAL GROUP	<b>c</b> EIN-PN 65-1040979-002
<b>a</b>	Plan name	K DYMOND INDUSTRIES INC 401(K) PROFIT SHARING PLAN & TRUST	
<b>b</b>	Name of plan sponsor	K DYMOND INDUSTRIES INC	<b>c</b> EIN-PN 45-4690553-001
<b>a</b>	Plan name	KAPS WHOLESALE 401K RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	KAPS WHOLESALE FOOD SERVICES, INC.	<b>c</b> EIN-PN 38-2456300-001
<b>a</b>	Plan name	KATO CABLE, LLC 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	KATO CABLE, LLC	<b>c</b> EIN-PN 20-8250434-001
<b>a</b>	Plan name	KEET O'GARY CONSTRUCTION 401(K)	
<b>b</b>	Name of plan sponsor	KEET O'GARY CONSTRUCTION, LLC	<b>c</b> EIN-PN 46-4445388-001
<b>a</b>	Plan name	KEN'S REPRODUCTIONS	
<b>b</b>	Name of plan sponsor	KENS' REPRODUCTIONS	<b>c</b> EIN-PN 84-1187282-002
<b>a</b>	Plan name	KENTUCKY PLANNING PARTNERS 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	KENTUCKY PLANNING PARTNERS	<b>c</b> EIN-PN 42-1686045-001
<b>a</b>	Plan name	KESTREL 401(K) PLAN	
<b>b</b>	Name of plan sponsor	KESTREL ARCHITECTURE LLC DBA KESTREL DESIGN GROUP	<b>c</b> EIN-PN 45-5247352-001
<b>a</b>	Plan name	KESTRELDG 401K PLAN	
<b>b</b>	Name of plan sponsor	KESTREL ARCHITECTURE DBA KESTREL DESIGN GROUP	<b>c</b> EIN-PN 45-5247352-001
<b>a</b>	Plan name	KLEINMAN, GINZBERG 401(K) PLAN	
<b>b</b>	Name of plan sponsor	KLEINMAN GINZBERG LLP	<b>c</b> EIN-PN 88-3165415-001

<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	KLOPFENSTEIN HOMEROOMS FURNITURE 401K PLAN	
<b>b</b>	Name of plan sponsor	KLOPFENSTEIN HOMEROOMS FURNITURE	<b>c</b> EIN-PN 35-1887230-001
<b>a</b>	Plan name	KOPPERT BIOLOGICAL SYSTEMS, INC 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	KOPPERT BIOLOGICAL SYSTEMS, INC	<b>c</b> EIN-PN 38-3195931-002
<b>a</b>	Plan name	KPG INC. RETIREMENT PLAN TRUST	
<b>b</b>	Name of plan sponsor	KPG INC.	<b>c</b> EIN-PN 66-0687895-001
<b>a</b>	Plan name	L.A.S. CORPORATION 401K PLAN	
<b>b</b>	Name of plan sponsor	LABOR AIDING SYSTEMS CORPORATION	<b>c</b> EIN-PN 46-2427882-001
<b>a</b>	Plan name	LABORATORIO DE PATOLOGIA DR NOY, INC EMPLOYEES RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	LABORATORIO DE PATOLOGIA DR NOY, INC	<b>c</b> EIN-PN 66-0492237-007
<b>a</b>	Plan name	LACO TECHNOLOGIES, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	LACO TECHNOLOGIES, INC.	<b>c</b> EIN-PN 87-0367986-001
<b>a</b>	Plan name	LAFONDA HOTEL 401K PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	LFH MANAGEMENT LLC	<b>c</b> EIN-PN 47-1984926-002
<b>a</b>	Plan name	LAKE HARTWELL DENTISTRY 401(K) PLAN	
<b>b</b>	Name of plan sponsor	LAKE HARTWELL DENTISTRY LLC	<b>c</b> EIN-PN 99-3449656-001
<b>a</b>	Plan name	LAKES ORAL & MAXILLOFACIAL SURGERY P.C. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	LAKES ORAL & MAXILLOFACIAL SURGERY	<b>c</b> EIN-PN 76-0766579-001
<b>a</b>	Plan name	LAMANTIA DESIGN & CONSTRUCTION COMPANY, INC. PENSION	
<b>b</b>	Name of plan sponsor	LAMANTIA DESIGN & CONSTRUCTION COMPANY, INC.	<b>c</b> EIN-PN 36-2993129-001
<b>a</b>	Plan name	LANG FURNITURE 401K PLAN	
<b>b</b>	Name of plan sponsor	LANG FURNITURE	<b>c</b> EIN-PN 39-1768987-001
<b>a</b>	Plan name	LAW OFFICES OF PETER M. ANDERSON 401(K) PLAN	
<b>b</b>	Name of plan sponsor	LAW OFFICES OF PETER M. ANDERSON	<b>c</b> EIN-PN 80-0001016-001

<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	LEE DENTAL GROUP, P.C. 401 (K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	LEE DENTAL GROUP, P.C.	<b>c</b> EIN-PN 58-2516314-001
<b>a</b>	Plan name	LEONINE STUDIOS US INC. 401K PLAN	
<b>b</b>	Name of plan sponsor	LEONINE STUDIOS US INC	<b>c</b> EIN-PN 13-2953709-001
<b>a</b>	Plan name	LIFECHANGE CHURCH 403(B)(9)	
<b>b</b>	Name of plan sponsor	LIFE CHANGE CHURCH	<b>c</b> EIN-PN 20-1458894-001
<b>a</b>	Plan name	MANDA MACHINE 401K PLAN	
<b>b</b>	Name of plan sponsor	MANDA MACHINE COMPANY INC	<b>c</b> EIN-PN 75-1231525-001
<b>a</b>	Plan name	MARTIN RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	MARTIN SULLIVAN INC	<b>c</b> EIN-PN 37-1322641-001
<b>a</b>	Plan name	MATT'S AUTOMOTIVE SERVICE CENTER, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	MATT'S AUTOMOTIVE SERVICE CENTER, LLC	<b>c</b> EIN-PN 45-3459495-001
<b>a</b>	Plan name	MAXWELL LIGHTNING PROTECTION OF FLORIDA 401K PLAN	
<b>b</b>	Name of plan sponsor	MAXWELL LIGHTNING PROTECTION OF FLORIDA	<b>c</b> EIN-PN 59-3206689-001
<b>a</b>	Plan name	MAYA 401K PLAN	
<b>b</b>	Name of plan sponsor	MAYA AMERICA LLC	<b>c</b> EIN-PN 46-3912538-001
<b>a</b>	Plan name	MAYSER USA, INC. 401(K) SALARY SAVINGS PLAN & TRUST	
<b>b</b>	Name of plan sponsor	MAYSER USA, INC.	<b>c</b> EIN-PN 26-3237361-001
<b>a</b>	Plan name	MCDONOUGH EYE ASSOCIATES P.C. 401K PLAN	
<b>b</b>	Name of plan sponsor	MCDONOUGH EYE ASSOCIATES, P.C.	<b>c</b> EIN-PN 37-1369889-001
<b>a</b>	Plan name	MCM 401K PLAN	
<b>b</b>	Name of plan sponsor	MPF MANAGEMENT, INC	<b>c</b> EIN-PN 26-3991822-003
<b>a</b>	Plan name	MEDICAL ALUMNI ASSOCIATION UNIVERSITY OF MARYLAND DC RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	MEDICAL ALUMNI ASSOCIATION OF THE UNIVERSITY OF MARYLAND, INC.	<b>c</b> EIN-PN 52-0615433-001

<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	MEDICAL VENTURE SOLUTIONS 401K PLAN	
<b>b</b>	Name of plan sponsor	MEDICAL VENTURE SOLUTIONS, LLC	<b>c</b> EIN-PN 85-0598207-001
<b>a</b>	Plan name	MEIDEN AMERICA SWITCHGEAR, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	MEIDEN AMERICA SWITCHGEAR, INC.	<b>c</b> EIN-PN 84-5091754-001
<b>a</b>	Plan name	MERCER STREET HOSPITALITY 401K PLAN	
<b>b</b>	Name of plan sponsor	MERCER STREET HOSPITALITY LLC	<b>c</b> EIN-PN 47-1029934-001
<b>a</b>	Plan name	MERCY CHEFS 401K PLAN	
<b>b</b>	Name of plan sponsor	MERCY CHEFS, INC.	<b>c</b> EIN-PN 20-5050449-001
<b>a</b>	Plan name	METAMETRICS, INC. RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	METAMETRICS, INC.	<b>c</b> EIN-PN 56-1520095-002
<b>a</b>	Plan name	METERING AND TECHNOLOGY SOLUTIONS 401K PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	METERING AND TECHNOLOGY SOLUTIONS	<b>c</b> EIN-PN 46-3837120-001
<b>a</b>	Plan name	MEYER PRO RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	MEYER PRO	<b>c</b> EIN-PN 47-4920962-001
<b>a</b>	Plan name	MICHIGAN PHARMACISTS ASSOC EEF DEFERRED COMP PLAN	
<b>b</b>	Name of plan sponsor	MICHIGAN PHARMACISTS ASSOC	<b>c</b> EIN-PN 38-0830740-002
<b>a</b>	Plan name	MILLER-STEPHENSON & ASSOCIATES, P.C. 401K PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	MILLER-STEPHENSON & ASSOCIATES, P.C	<b>c</b> EIN-PN 54-1109225-001
<b>a</b>	Plan name	MIRRORWEB 401(K) PLAN	
<b>b</b>	Name of plan sponsor	MIRRORWEB	<b>c</b> EIN-PN 32-0578428-001
<b>a</b>	Plan name	MIXON FIRM, LLC 401K PLAN	
<b>b</b>	Name of plan sponsor	MIXON FIRM, LLC	<b>c</b> EIN-PN 45-5543472-001
<b>a</b>	Plan name	MOMENTOUS HEALTH CARE BATTLE CREEK 401K PLAN	
<b>b</b>	Name of plan sponsor	MOMENTOUS HEALTH CARE	<b>c</b> EIN-PN 86-2476347-001

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="#">MONROES 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">GUILLERMO &amp; ROBERT, INC DBA MONROES NEW MEXICAN FOOD</a>	<b>c</b> EIN-PN <a href="#">85-0406365-001</a>
<b>a</b>	Plan name <a href="#">MORRISH-WALLACE CONSTRUCTION, INC. 401(K) PROFIT SHARING PLAN AND TRUST</a>	
<b>b</b>	Name of plan sponsor <a href="#">MORRISH-WALLACE CONSTRUCTION, INC. DBA RYBA MARINE CONSTRUCTION CO.</a>	<b>c</b> EIN-PN <a href="#">38-2745465-001</a>
<b>a</b>	Plan name <a href="#">MORTENSON KIM RAIDIOUS INC 401K PROFIT SHARING PLAN AND TRUST</a>	
<b>b</b>	Name of plan sponsor <a href="#">MORTENSON KIM RAIDIOUS INC</a>	<b>c</b> EIN-PN <a href="#">39-1091017-001</a>
<b>a</b>	Plan name <a href="#">MP SQUARED STRUCTURAL ENGINEERS, LLC 401K</a>	
<b>b</b>	Name of plan sponsor <a href="#">MP-SQUARED STRUCTURAL ENGINEERS, LLC</a>	<b>c</b> EIN-PN <a href="#">20-2023337-001</a>
<b>a</b>	Plan name <a href="#">MRO BUILT 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">MRO BUILT LLC</a>	<b>c</b> EIN-PN <a href="#">34-1217343-001</a>
<b>a</b>	Plan name <a href="#">MS DISTRIBUTORS RETIREMENT PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">MS DISTRIBUTORS, LLC</a>	<b>c</b> EIN-PN <a href="#">66-0822618-001</a>
<b>a</b>	Plan name <a href="#">NATIVE FORWARD SCHOLARS FUND 401(K) PLAN FKA AMERICAN INDIAN GRADUATE CTR 401K PROFIT SHARING PLAN TRUST</a>	
<b>b</b>	Name of plan sponsor <a href="#">AMERICAN INDIAN GRADUATE CTR</a>	<b>c</b> EIN-PN <a href="#">85-0222386-001</a>
<b>a</b>	Plan name <a href="#">NEISD DEFERRED COMPENSATION RETIREMENT PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">NORTH EAST INDEPENDENT SCHOOL DISTRICT</a>	<b>c</b> EIN-PN <a href="#">74-6015301-001</a>
<b>a</b>	Plan name <a href="#">NES FINANCIAL CORP. 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">NES FINANCIAL CORP</a>	<b>c</b> EIN-PN <a href="#">20-2830487-001</a>
<b>a</b>	Plan name <a href="#">NEXVEL CONSULTING LLC RETIREMENT PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">NEXVEL CONSULTING LLC</a>	<b>c</b> EIN-PN <a href="#">66-0678233-001</a>
<b>a</b>	Plan name <a href="#">NICOLAS E. KRAVANYA DMD DBA KRAVANYA AND BOENTE FAMILY DENTISTRY</a>	
<b>b</b>	Name of plan sponsor <a href="#">KRAVANYA &amp; BOENTE FAMILY DENTISTY</a>	<b>c</b> EIN-PN <a href="#">36-4680991-001</a>
<b>a</b>	Plan name <a href="#">NORTH BLOOM 401K</a>	
<b>b</b>	Name of plan sponsor <a href="#">NORTH BLOOM CONSTRUCTION GROUP INC</a>	<b>c</b> EIN-PN <a href="#">87-1580710-001</a>

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
<b>a</b>	Plan name NORTH COAST OCCUPATIONAL, PHYSICAL & SPEECH THERAPY, LLC 401K PLAN	
<b>b</b>	Name of plan sponsor NORTH COAST OCCUPATIONAL, PHYSICAL & SPEECH THERAPY, LLC	<b>c</b> EIN-PN 16-1466479-001
<b>a</b>	Plan name NORTH COAST OCCUPATIONAL, PHYSICAL, AND SPEECH THERAPY, PLLC 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor NORTH COAST OCCUPATIONAL, PHYSICAL, AND SPEECH THERAPY, PLLC	<b>c</b> EIN-PN 16-1466479-001
<b>a</b>	Plan name NORTHFIELD MANUFACTURING, INC. EMPLOYEES P.S. PLAN 401K	
<b>b</b>	Name of plan sponsor NORTHFIELD MANUFACTURING, INC.	<b>c</b> EIN-PN 38-2062374-002
<b>a</b>	Plan name ONE OFF HOSPITALITY GROUP LTD 401K PLAN	
<b>b</b>	Name of plan sponsor ONE OFF HOSPITALITY GROUP LTD	<b>c</b> EIN-PN 20-2337928-001
<b>a</b>	Plan name ORBRAY NEW JERSERY INC 401K PLAN	
<b>b</b>	Name of plan sponsor ORBRAY NEW JERSEY INC	<b>c</b> EIN-PN 22-3617871-001
<b>a</b>	Plan name OREGON MOBILE PHYSICAL THERAPY LLC 401K PSP	
<b>b</b>	Name of plan sponsor OREGON MOBILE PHYSICAL THERAPY LLC	<b>c</b> EIN-PN 88-3358823-001
<b>a</b>	Plan name P&C AUTO	
<b>b</b>	Name of plan sponsor CARRIBEAN AUTO DISTRIBUTIONS	<b>c</b> EIN-PN 66-0661674-001
<b>a</b>	Plan name P.I.E. FACILITIES OF NEW YORK, INC. 401 (K) PLAN	
<b>b</b>	Name of plan sponsor P.I.E. FACILITIES OF NEW YORK, INC.	<b>c</b> EIN-PN 13-3271193-001
<b>a</b>	Plan name PAIN AND HEALING INSTITUTE 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor PAIN AND HEALING INSTITUTE	<b>c</b> EIN-PN 90-0940389-001
<b>a</b>	Plan name PALMER ELECTRIC 401K PLAN	
<b>b</b>	Name of plan sponsor PALMER ELECTRIC, INC	<b>c</b> EIN-PN 88-0361721-001
<b>a</b>	Plan name PAMELA J VEITH ATTORNEY AT LAW 401K PLAN	
<b>b</b>	Name of plan sponsor PAMELA J VEITH ATTORNEY AT LAW	<b>c</b> EIN-PN 39-2044263-001
<b>a</b>	Plan name PAYFLUENCE 401(K) PLAN	
<b>b</b>	Name of plan sponsor PAYFLUENCE HCM LLC	<b>c</b> EIN-PN 87-2429104-001

<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	PCI 401K AKA PROFESSIONAL CONSULTANTS	
<b>b</b>	Name of plan sponsor	PCI	<b>c</b> EIN-PN 81-0351030-001
<b>a</b>	Plan name	PESCO 401K PLAN	
<b>b</b>	Name of plan sponsor	PROCESS EQUIPMENT & SERVICE CO., INC	<b>c</b> EIN-PN 85-0237928-001
<b>a</b>	Plan name	PIZARRO & GONZALEZ RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	PIZARRO & GONZALEZ	<b>c</b> EIN-PN 66-0874652-001
<b>a</b>	Plan name	PLACER PRIVATE PHYSICIANS 401K	
<b>b</b>	Name of plan sponsor	PLACER PRIVATE PHYSICIANS	<b>c</b> EIN-PN 47-1159090-001
<b>a</b>	Plan name	PLANESENSE, INC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	PLANESENSE, INC.	<b>c</b> EIN-PN 04-3161509-001
<b>a</b>	Plan name	PLANO HOUSING AUTHORITY 401 (A) PLAN	
<b>b</b>	Name of plan sponsor	PLANO HOUSING AUTHORITY	<b>c</b> EIN-PN 75-1609245-001
<b>a</b>	Plan name	PMDSOFT 401 (K)	
<b>b</b>	Name of plan sponsor	PMDSOFT, INC.	<b>c</b> EIN-PN 58-2424430-001
<b>a</b>	Plan name	POKY FEEDERS INC. EMPLOYEE SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	POKY FEEDERS INC.	<b>c</b> EIN-PN 36-3052749-001
<b>a</b>	Plan name	POYDRAS JUNCTION HARDWARE & MARINE, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	POYDRAS JUNCTION HARDWARE & MARINE SUPPLY, INC.	<b>c</b> EIN-PN 72-1156649-001
<b>a</b>	Plan name	PRECISION CUTTING TECHNOLOGIES INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	PRECISION CUTTING TECHNOLOGIES INC.	<b>c</b> EIN-PN 91-1938901-001
<b>a</b>	Plan name	PRECISION FLUID CONTROL 401(K) PLAN & TRUST	
<b>b</b>	Name of plan sponsor	PRECISION FLUID CONTROL	<b>c</b> EIN-PN 20-1155852-001
<b>a</b>	Plan name	PREFERRED BEEF GROUP 401(K) PLAN	
<b>b</b>	Name of plan sponsor	PREFERRED BEEF GROUP	<b>c</b> EIN-PN 75-2737133-001

<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	PREMIER LIGHTING LLC 401K PROFIT SHARING PLAN TRUST	
<b>b</b>	Name of plan sponsor	PREMIER LIGHTLING LLC	<b>c</b> EIN-PN 27-4529574-001
<b>a</b>	Plan name	PREMIER MEDICAL RESOURCES 401(K)	
<b>b</b>	Name of plan sponsor	PREMIER MEDICAL RESOURCES	<b>c</b> EIN-PN 82-4466632-501
<b>a</b>	Plan name	PREMIER MEDICAL RESOURCES, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	PREMIER MEDICAL RESOURCES, LLC	<b>c</b> EIN-PN 82-4466632-001
<b>a</b>	Plan name	PRIME PAYROLL SOLUTIONS 401(K) PLAN	
<b>b</b>	Name of plan sponsor	PRIME PAYROLL SOLUTIONS	<b>c</b> EIN-PN 81-0773205-001
<b>a</b>	Plan name	PRIME PAYROLL SOLUTIONS SAFE HARBOR 401(K) PLAN	
<b>b</b>	Name of plan sponsor	PRIME PAYROLL SOLUTIONS	<b>c</b> EIN-PN 81-0773205-001
<b>a</b>	Plan name	PROVIDER NETWORKS SOLUTIONS OF PR 1081.01(D) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	AGILERTA, LLC	<b>c</b> EIN-PN 66-6050780-001
<b>a</b>	Plan name	PUMA ENERGY PUERTO RICO RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	PUMA ENERGY CARIBE, LLC	<b>c</b> EIN-PN 66-0759525-001
<b>a</b>	Plan name	QUALIFICATION & REGULATORY CONSULTANTS GROUP RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	QRC GROUP, LLC	<b>c</b> EIN-PN 66-0657276-001
<b>a</b>	Plan name	QUALITY CARE FOR CHILDREN, INC. 401K PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	QUALITY CARE FOR CHILDREN, INC.	<b>c</b> EIN-PN 58-2400285-001
<b>a</b>	Plan name	QUESTEK 401K PLAN AND TRUST	
<b>b</b>	Name of plan sponsor	QUEST TEK INNOVATIONS LLC	<b>c</b> EIN-PN 36-4116425-001
<b>a</b>	Plan name	R & D TOOL & ENGINEERING COMPANY PROFIT SHARING PLAN AND TRUST	
<b>b</b>	Name of plan sponsor	R & D TOOL & ENGINEERING COMPANY	<b>c</b> EIN-PN 43-1237713-001
<b>a</b>	Plan name	R LAWSON INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	R LAWSON INC.	<b>c</b> EIN-PN 05-0601742-001

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
<b>a</b>	Plan name R&R CONCRETE AND SUPPLY, LLC 401(K)	
<b>b</b>	Name of plan sponsor R&R CONCRETE AND SUPPLY, LLC	<b>c</b> EIN-PN 82-1382367-001
<b>a</b>	Plan name R&R READY MIX, INC. MONEY PURCHASE PENSION PLAN	
<b>b</b>	Name of plan sponsor R&R READY MIX, INC.	<b>c</b> EIN-PN 38-2233017-001
<b>a</b>	Plan name R&R READY MIX, INC. NON-UNION 401K PLAN	
<b>b</b>	Name of plan sponsor R&R READY MIX, INC. NON-UNION	<b>c</b> EIN-PN 38-2233017-001
<b>a</b>	Plan name R&R READY MIX, INC. UNION PLAN	
<b>b</b>	Name of plan sponsor R&R READY MIX, INC. UNION	<b>c</b> EIN-PN 38-2233017-001
<b>a</b>	Plan name RAB-COM LTD. 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor RAB-COM LTD.	<b>c</b> EIN-PN 94-3049616-001
<b>a</b>	Plan name RAPID RESPONSE 401K PLAN	
<b>b</b>	Name of plan sponsor RAPID RESPONSE, INC.	<b>c</b> EIN-PN 43-1925523-001
<b>a</b>	Plan name REGEN PROJECTS PROFIT SHARING PLAN AND TRUST	
<b>b</b>	Name of plan sponsor STUART REGEN GALLERY INC. DBA REGEN PROJECTS	<b>c</b> EIN-PN 95-4239553-001
<b>a</b>	Plan name RIVERA-MUNICH & HERNANDEZ LAW OFFICES P.S.C. RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor RIVERA-MUNICH & HERNANDEZ LAW OFFICES P.S.C.	<b>c</b> EIN-PN 66-0691976-001
<b>a</b>	Plan name ROBOWORLD LLC 401K PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor ROBOWORLD, LLC	<b>c</b> EIN-PN 39-1930182-001
<b>a</b>	Plan name ROCAFORT GROUP RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor ROCAFORT GROUP	<b>c</b> EIN-PN 66-0786829-001
<b>a</b>	Plan name RONAN ENGINEERING COMPANY PROFIT SHARING PLAN AND TRUST	
<b>b</b>	Name of plan sponsor RONAN ENGINEERING COMPANY	<b>c</b> EIN-PN 95-2313212-001
<b>a</b>	Plan name SAN DIEGO COUNTY SCHOOLS FRINGE BENEFITS CONSORTIUM 457(B)	
<b>b</b>	Name of plan sponsor SAN DIEGO & IMPERIAL COUNTY SCHOOLS FBC INSURANCE SERVICES, LLC	<b>c</b> EIN-PN 91-1235432-001

<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	SAN PATRICIO MEDFLIX RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	SAN PATRICIO MRI & CT CENTER DBA SAN PATRICIOI MEDCLIX	<b>c</b> EIN-PN 66-0615561-001
<b>a</b>	Plan name	SANDERS HOME COMFORT 401 (K) PLAN	
<b>b</b>	Name of plan sponsor	SANDERS HOME COMFORT	<b>c</b> EIN-PN 99-0923441-001
<b>a</b>	Plan name	SARRALLE USA 401K PLAN	
<b>b</b>	Name of plan sponsor	SARRALLE USA INC.	<b>c</b> EIN-PN 46-2705839-001
<b>a</b>	Plan name	SCOTT FAMILY DENTISTRY 401(K) PLAN	
<b>b</b>	Name of plan sponsor	SCOTT FAMILY DENTISTRY	<b>c</b> EIN-PN 37-1451726-001
<b>a</b>	Plan name	SDS HOLDINGS INCORPORATED 401K PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	SDS HOLDINGS INCORPORATED	<b>c</b> EIN-PN 20-3955937-001
<b>a</b>	Plan name	SEA RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	HAGE CONSULTING GROUP, PSC	<b>c</b> EIN-PN 66-0800962-001
<b>a</b>	Plan name	SECOND SAMUEL TRANSPORT INC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	SECOND SAMUEL TRANSPORT INC.	<b>c</b> EIN-PN 45-4702768-001
<b>a</b>	Plan name	SIDNEY REHAB LLC 401 (K) PLAN	
<b>b</b>	Name of plan sponsor	SIDNEY REHAB LLC	<b>c</b> EIN-PN 88-1395276-001
<b>a</b>	Plan name	SMA CPA 401(K) PLAN	
<b>b</b>	Name of plan sponsor	SCOTT MILLER CPA & ASSOCIATES INC. DBA SMA CPA	<b>c</b> EIN-PN 87-3523115-001
<b>a</b>	Plan name	SMH OPERATIONS LLC, 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	SMH OPERATIONS LLC	<b>c</b> EIN-PN 82-4217476-001
<b>a</b>	Plan name	SNYDER CONSTRUCTION 401K PLAN	
<b>b</b>	Name of plan sponsor	SNYDER CONSTRUCTION LLC	<b>c</b> EIN-PN 45-4346950-001
<b>a</b>	Plan name	SOCIEDAD TEXTIL LONIA CORP 401K PROFIT SHARING PLAN & TRUST	
<b>b</b>	Name of plan sponsor	SOCIEDAD TEXTIL LONIA CORP	<b>c</b> EIN-PN 30-0081333-001

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>SOMERSET COUNSELING 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>SOMERSET COUNSELING</b>	<b>c</b> EIN-PN <b>47-5115736-001</b>
<b>a</b>	Plan name <b>SONIDA SENIOR LIVING 401(K) PLAN PKA CAPITAL SENIOR LIVING PLAN</b>	
<b>b</b>	Name of plan sponsor <b>CAPITAL SENIOR LIVING</b>	<b>c</b> EIN-PN <b>75-2678809-001</b>
<b>a</b>	Plan name <b>SONNY OLIVER REALTY RETIREMENT PLAN</b>	
<b>b</b>	Name of plan sponsor <b>OLIVER OIL COMPANY, SONNY OLIVER REALTY COMPANY</b>	<b>c</b> EIN-PN <b>56-2150863-001</b>
<b>a</b>	Plan name <b>SOUTHERN RECOGNITION, INC. 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>SOUTHERN RECOGNITION, INC.</b>	<b>c</b> EIN-PN <b>47-5380764-001</b>
<b>a</b>	Plan name <b>SOUTHWEST MONTANA COMMUNITY FEDERAL CREDIT UNION 401(K) PLAN AND TRUST</b>	
<b>b</b>	Name of plan sponsor <b>SOUTHWEST MONTANA COMMUNITY FEDERAL CREDIT UNION</b>	<b>c</b> EIN-PN <b>81-0231128-001</b>
<b>a</b>	Plan name <b>SPAN TECH, LLC SAVINGS PLAN</b>	
<b>b</b>	Name of plan sponsor <b>SPAN TECH, LLC</b>	<b>c</b> EIN-PN <b>61-0936809-001</b>
<b>a</b>	Plan name <b>SPECTRA CENTERS, INC. 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>SPECTRA CENTERS, INC.</b>	<b>c</b> EIN-PN <b>45-5568760-001</b>
<b>a</b>	Plan name <b>SPORTSMED PT LLC 401(K) PROFIT SHARING PLAN &amp; TRUST</b>	
<b>b</b>	Name of plan sponsor <b>SPORTSMED PT LLC</b>	<b>c</b> EIN-PN <b>82-4913997-001</b>
<b>a</b>	Plan name <b>SPUD SOFTWARE 401K PLAN</b>	
<b>b</b>	Name of plan sponsor <b>SPUD SOFTWARE INC</b>	<b>c</b> EIN-PN <b>38-3344039-001</b>
<b>a</b>	Plan name <b>ST JOSEPH THE WORKER 401 (K)</b>	
<b>b</b>	Name of plan sponsor <b>ST JOSEPH THE WORKER</b>	<b>c</b> EIN-PN <b>86-0600437-001</b>
<b>a</b>	Plan name <b>ST. JOHN OF GOD 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>ST. JOHN OF GOD</b>	<b>c</b> EIN-PN <b>22-6088881-001</b>
<b>a</b>	Plan name <b>ST. PHILOMENA SCHOOL RETIREMENT PLAN</b>	
<b>b</b>	Name of plan sponsor <b>ST. PHILOMENA SCHOOL</b>	<b>c</b> EIN-PN <b>05-0301473-001</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 STANDARD ENTERPRISES INC 401(K) PLAN	
<b>b</b>	Name of plan sponsor STANDARD ENTERPRISES, INC.	<b>c</b> EIN-PN 72-0683436-001
<b>a</b>	Plan name STARLINGER-SAHM INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor AMERICAN STARLINGER-SAHM, INC.	<b>c</b> EIN-PN 30-0126360-001
<b>a</b>	Plan name STATE BAR OF MONTANA 401(A) PLAN	
<b>b</b>	Name of plan sponsor STATE BAR OF MONTANA	<b>c</b> EIN-PN 81-0351903-001
<b>a</b>	Plan name STATEWOOD, INC. 401 (K) PROFIT SHARING PLAN - 510655-01	
<b>b</b>	Name of plan sponsor STATEWOOD, INC.	<b>c</b> EIN-PN 06-0710046-002
<b>a</b>	Plan name STRATEGIC SOLUTIONS INTERNATIONAL 401(K) PLAN	
<b>b</b>	Name of plan sponsor STRATEGIC SOLUTIONS INTERNATIONAL	<b>c</b> EIN-PN 47-3486699-001
<b>a</b>	Plan name STRUCTURAL STEEL SERVICES, INC. 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor STRUCTURAL STEEL SERVICES, INC.	<b>c</b> EIN-PN 64-0568108-001
<b>a</b>	Plan name SUN MOUNTAIN LUMBER COMPANY 401(K) PLAN AND TRUST	
<b>b</b>	Name of plan sponsor SUN MOUNTAIN LUMBER COMPANY	<b>c</b> EIN-PN 20-1017670-001
<b>a</b>	Plan name SUPERIOR EXHIBITS & DESIGN, INC 401K PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor SUPERIOR EXHIBITS & DESIGN, INC.	<b>c</b> EIN-PN 36-4155854-001
<b>a</b>	Plan name SUPPLY LINE INTERNATIONAL, LLC PROFIT SHARING 401K	
<b>b</b>	Name of plan sponsor SUPPLY LINE INTERNATIONAL, LLC	<b>c</b> EIN-PN 46-0720013-001
<b>a</b>	Plan name TAITEM 401(K) PLAN	
<b>b</b>	Name of plan sponsor TAITEM ENGINEERING, D.P.C	<b>c</b> EIN-PN 16-1495508-001
<b>a</b>	Plan name TARANTIN INDUSTRIES, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor TARANTIN INDUSTRIES, INC.	<b>c</b> EIN-PN 22-2461286-001
<b>a</b>	Plan name TEAM NEISLER 401 (K) PLAN	
<b>b</b>	Name of plan sponsor DECK FOOD, INC	<b>c</b> EIN-PN 04-3762944-002

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
<b>a</b>	Plan name <a href="#">TEC-TEL COMMUNICATIONS, LLC 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">TEL-TEC COMMUNICATIONS, LLC</a>	<b>c</b> EIN-PN <a href="#">27-5060051-001</a>
<b>a</b>	Plan name <a href="#">TEN PERCENT HAPPIER 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">10% HAPPIER, INC.</a>	<b>c</b> EIN-PN <a href="#">46-2001415-001</a>
<b>a</b>	Plan name <a href="#">TERRA INNOVATIONS 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">TERRA INNOVATIONS</a>	<b>c</b> EIN-PN <a href="#">26-1697841-001</a>
<b>a</b>	Plan name <a href="#">THALER OIL CO., INC. 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">THALER OIL CO., INC.</a>	<b>c</b> EIN-PN <a href="#">39-1027806-001</a>
<b>a</b>	Plan name <a href="#">THAMES AND HUDSON, INC. SAVINGS AND INVESTMENT PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">THAMES AND HUDSON, INC.</a>	<b>c</b> EIN-PN <a href="#">13-2892372-001</a>
<b>a</b>	Plan name <a href="#">THE ANTERO GROUP 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">THE ANTERO GROUP</a>	<b>c</b> EIN-PN <a href="#">47-3959204-001</a>
<b>a</b>	Plan name <a href="#">THE BOYER COMPANY 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">THE BOYER COMPANY</a>	<b>c</b> EIN-PN <a href="#">87-0357186-001</a>
<b>a</b>	Plan name <a href="#">THE CONVERSE PROFESSIONAL GROUP 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">THE CONVERSE PROFESSIONAL GROUP</a>	<b>c</b> EIN-PN <a href="#">95-4020122-002</a>
<b>a</b>	Plan name <a href="#">THE HUNT CORPORATE SERVICES INC. 401K SAVINGS PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">THE HUNT CORPORATE SERVICES, INC.</a>	<b>c</b> EIN-PN <a href="#">11-2557534-001</a>
<b>a</b>	Plan name <a href="#">THE MANAGEMENT COMPANY HOLDING, LLC 401K PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">THE MANAGEMENT COMPANY HOLDING, LLC</a>	<b>c</b> EIN-PN <a href="#">84-5076399-001</a>
<b>a</b>	Plan name <a href="#">THE OFFICE OF MARVEL &amp; MARCHAND ARCHITECTS, LLP RETIREMENT PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">THE OFFICE OF MARVEL &amp; MARCHAND ARCHITECTS</a>	<b>c</b> EIN-PN <a href="#">66-0542558-001</a>
<b>a</b>	Plan name <a href="#">THE THOMPSON CENTER FOR PLASTIC SURGERY 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">THE THOMPSON CENTER FOR PLASTIC SURGERY</a>	<b>c</b> EIN-PN <a href="#">20-2827755-001</a>

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	THE TITLE COMPANY 401K PLAN	
<b>b</b>	Name of plan sponsor	THE TITLE COMPANY	<b>c</b> EIN-PN 45-0416750-001
<b>a</b>	Plan name	TOLEDO & CO. LLC 1081.01(D) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	TOLEDO & CO. LLC	<b>c</b> EIN-PN 66-0617160-001
<b>a</b>	Plan name	TOLIC GROUP RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	TRANS-OCEANIC GROUP, LLC	<b>c</b> EIN-PN 66-0760550-001
<b>a</b>	Plan name	TOLIC US RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	TOLIC-US	<b>c</b> EIN-PN 66-0235829-001
<b>a</b>	Plan name	TOLIC-US	
<b>b</b>	Name of plan sponsor	TRANS-OCEANIC LIFE INSURANCE COMP.	<b>c</b> EIN-PN 66-0235829-001
<b>a</b>	Plan name	TORGESON ELECTRIC CO. INC SALARY SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	TORGESON ELECTRIC CO, INC	<b>c</b> EIN-PN 48-0891707-001
<b>a</b>	Plan name	TORGESON TRENCHING, INC SALARY SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	TORGESON TRENCHING, INC	<b>c</b> EIN-PN 48-1196882-001
<b>a</b>	Plan name	TOWNSEN 401(K)	
<b>b</b>	Name of plan sponsor	SOUTHEAST TEXAS MEDICAL VENTURES LLC	<b>c</b> EIN-PN 36-4867084-001
<b>a</b>	Plan name	TRI STATE TEXTILE RESTORATION LLC 401K PLAN	
<b>b</b>	Name of plan sponsor	TRI STATE TEXTILE RESTORATION LLC	<b>c</b> EIN-PN 46-4234541-001
<b>a</b>	Plan name	TRI-CITY CONCRETE CONTRACTORS INC., 401K PLAN	
<b>b</b>	Name of plan sponsor	TRI-CITY CONCRETE CONTRACTORS INC	<b>c</b> EIN-PN 39-1721021-001
<b>a</b>	Plan name	TRIPLE R TRUCKING, INC. MONEY PRUCHASE PENSION PLAN	
<b>b</b>	Name of plan sponsor	TRIPLE R TRUCKING, INC.	<b>c</b> EIN-PN 38-2457095-001
<b>a</b>	Plan name	TROPICAL SMILES DENTAL RETIREMENT PLAN AND TRUST	
<b>b</b>	Name of plan sponsor	MELISSA M. NITTA, DDS, LLC DBA TROPICAL SMILES DENTAL	<b>c</b> EIN-PN 20-5205682-001

<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	TWO RIVERS VETERINARY HOSPITAL 401 (K) PLAN	
<b>b</b> Name of plan sponsor	HOGGARTH-JAMES VETERINARY PROFESSIONAL CORPORATION	<b>c</b> EIN-PN 45-2530239-001
<b>a</b> Plan name	TWO3 SOLUTIONS 401K PLAN	
<b>b</b> Name of plan sponsor	TWO3 SOLUTIONS, LLC	<b>c</b> EIN-PN 85-1480000-001
<b>a</b> Plan name	TWO3 SOLUTIONS BREW CITY INSTALL 401K SAVINGS PLAN	
<b>b</b> Name of plan sponsor	TWO3 SOLUTIONS, LLC	<b>c</b> EIN-PN 85-1480000-001
<b>a</b> Plan name	UNITED NORTHERN MORTGAGE BANKERS LTD 401K RETIREMENT PLAN	
<b>b</b> Name of plan sponsor	UNITED NORTHERN MORTGAGE BANKERS, LTD	<b>c</b> EIN-PN 11-2590182-001
<b>a</b> Plan name	UTB 401(K) RETIREMENT SAVINGS PLAN	
<b>b</b> Name of plan sponsor	UNITED TEXAS BANK	<b>c</b> EIN-PN 75-2008275-001
<b>a</b> Plan name	VALLEY FARM TRANSPORT 401(K) PLAN	
<b>b</b> Name of plan sponsor	VALLEY FARM TRANSPORT	<b>c</b> EIN-PN 38-3893563-002
<b>a</b> Plan name	VANDALIA REHAB, LLC 401K PLAN	
<b>b</b> Name of plan sponsor	VANDALIA REHAB, LLC	<b>c</b> EIN-PN 88-1291851-001
<b>a</b> Plan name	VARILEASE FINANCE, INC. 401(K) PLAN	
<b>b</b> Name of plan sponsor	VARILEASE FINANCE, INC.	<b>c</b> EIN-PN 38-3620014-001
<b>a</b> Plan name	VERITAS 401(K) PLAN	
<b>b</b> Name of plan sponsor	VERITAS EST LLC	<b>c</b> EIN-PN 87-4450447-001
<b>a</b> Plan name	VGSC SAVINGS PLAN	
<b>b</b> Name of plan sponsor	VISIT GREENVILLE SC	<b>c</b> EIN-PN 57-0777611-001
<b>a</b> Plan name	VSR TECHNOLOGIES	
<b>b</b> Name of plan sponsor	VSR TECHNOLOGIES IN	<b>c</b> EIN-PN 38-3332406-001
<b>a</b> Plan name	WALDEN SAVINGS BANK 401(K) PLAN	
<b>b</b> Name of plan sponsor	WALDEN SAVINGS BANKS	<b>c</b> EIN-PN 14-1155630-002

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>WARMOTH GUITAR PRODUCTS INC. 401K PLAN</b>	
<b>b</b>	Name of plan sponsor <b>WARMOTH GUITAR PRODUCTS INC.</b>	<b>c</b> EIN-PN <b>91-1256833-001</b>
<b>a</b>	Plan name <b>WASKER, DOR, WIMMER &amp; MARCOUILLER PC 401K PROFIT SHARING PLAN &amp; TRUST</b>	
<b>b</b>	Name of plan sponsor <b>WASKER DORR WIMMER &amp; MARCOUILLER P.C.</b>	<b>c</b> EIN-PN <b>42-1388229-001</b>
<b>a</b>	Plan name <b>WETTERMAN INC. 401(K) RETIREMENT SAVINGS PLAN FKA HACKMANN LUMBER</b>	
<b>b</b>	Name of plan sponsor <b>HACKMANN LUMBER &amp; HOME CENTER</b>	<b>c</b> EIN-PN <b>43-1677023-002</b>
<b>a</b>	Plan name <b>WHITE CUBE 401K PLAN</b>	
<b>b</b>	Name of plan sponsor <b>WHITE CUBE INC</b>	<b>c</b> EIN-PN <b>81-0779024-001</b>
<b>a</b>	Plan name <b>WIERS FARM, INC./DUTCH MAID LOGISTICS, INC. 401K RETIREMENT PLAN</b>	
<b>b</b>	Name of plan sponsor <b>WIERS FARM INC./DUTCH MAID LOGISTICS, INC.</b>	<b>c</b> EIN-PN <b>34-1342768-001</b>
<b>a</b>	Plan name <b>WIESER CONCRETE PRODUCTS, INC 401K PLAN</b>	
<b>b</b>	Name of plan sponsor <b>WIESER CONCRETE PRODUCTS, INC</b>	<b>c</b> EIN-PN <b>39-1093327-001</b>
<b>a</b>	Plan name <b>WILCOX BUILDING SPECIALTIES INC. 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>WILCOX BUILDING SPECIALTIES INC.</b>	<b>c</b> EIN-PN <b>16-1492627-001</b>
<b>a</b>	Plan name <b>WILLIAM SCHENK CONSTRUCTION CO, INC. EMPLOYEES PROFIT SHARING PLAN</b>	
<b>b</b>	Name of plan sponsor <b>WILLIAM SCHENK CONSTRUCTION CO, INC.</b>	<b>c</b> EIN-PN <b>23-2340632-001</b>
<b>a</b>	Plan name <b>WINDERMERE NORTH SPOKANE, LLC 401K PLAN</b>	
<b>b</b>	Name of plan sponsor <b>WINDERMERE NORTH SPOKANE, LLC</b>	<b>c</b> EIN-PN <b>26-0164460-001</b>
<b>a</b>	Plan name <b>WOMEN IN MECHANICAL PIPING CORP 401(K) PROFIT SHARING PLAN FKA ASHLAR MECHANICAL CORPORATION 401K PLAN</b>	
<b>b</b>	Name of plan sponsor <b>ASHLAR MECHANICAL CORPORATION</b>	<b>c</b> EIN-PN <b>11-2689180-001</b>
<b>a</b>	Plan name <b>WOOSHIN NORTH AMERICA LLC 401K PLAN</b>	
<b>b</b>	Name of plan sponsor <b>WOOSHIN NORTH AMERICA LLC</b>	<b>c</b> EIN-PN <b>47-4359221-001</b>
<b>a</b>	Plan name <b>WYOMING DIESEL SERVICE 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>BARTLETT VENTURES, LLC DBA WYOMING DIESEL SERVICE</b>	<b>c</b> EIN-PN <b>84-3409571-001</b>



<b>SCHEDULE H</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Financial Information</b>  This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).  <b>▶ File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2024</b>  <b>This Form is Open to Public Inspection</b>
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For calendar plan year 2024 or fiscal plan year beginning <b>01/01/2024</b> and ending <b>12/31/2024</b>	
<b>A</b> Name of plan <b>REIREGUIDE GROWTH</b>	<b>B</b> Three-digit plan number (PN) ▶ <b>001</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>REIREGUIDE GROWTH</b>	<b>D</b> Employer Identification Number (EIN) <b>84-4095754</b>

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

Assets	(a) Beginning of Year	(b) End of Year
<b>a</b> Total noninterest-bearing cash .....	<b>1a</b>	
<b>b</b> Receivables (less allowance for doubtful accounts):		
<b>(1)</b> Employer contributions .....	<b>1b(1)</b>	
<b>(2)</b> Participant contributions .....	<b>1b(2)</b>	
<b>(3)</b> Other .....	<b>1b(3)</b>	38775 29908
<b>c</b> General investments:		
<b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....	<b>1c(1)</b>	46312 234456
<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>	12523621 22605045
<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>	9531294 12045650
<b>(14)</b> Value of funds held in insurance company general account (unallocated contracts).....	<b>1c(14)</b>	440556 1865136
<b>(15)</b> Other.....	<b>1c(15)</b>	

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)		
(2) Employer real property.....	1d(2)		
e Buildings and other property used in plan operation.....	1e		
f Total assets (add all amounts in lines 1a through 1e).....	1f	22580558	36780195
<b>Liabilities</b>			
g Benefit claims payable.....	1g		
h Operating payables.....	1h	4766	9555
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j	9754	2220
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	14520	11775
<b>Net Assets</b>			
l Net assets (subtract line 1k from line 1f).....	1l	22566038	36768420

**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.

Income		(a) Amount	(b) Total
<b>a Contributions:</b>			
(1) Received or receivable in cash from: (A) Employers.....	2a(1)(A)		
(B) Participants.....	2a(1)(B)		
(C) Others (including rollovers).....	2a(1)(C)		
(2) Noncash contributions.....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A), (B), (C), and line 2a(2).....	2a(3)		
<b>b Earnings on investments:</b>			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	45106	
(B) U.S. Government securities.....	2b(1)(B)		
(C) Corporate debt instruments.....	2b(1)(C)		
(D) Loans (other than to participants).....	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)		
(F) Other.....	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F).....	2b(1)(G)		45106
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)		
(B) Common stock.....	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)	273914	
(D) Total dividends. Add lines 2b(2)(A), (B), and (C).....	2b(2)(D)		273914
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)		
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B).....	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts .....	<b>2b(6)</b>		
(7) Net investment gain (loss) from pooled separate accounts .....	<b>2b(7)</b>		
(8) Net investment gain (loss) from master trust investment accounts .....	<b>2b(8)</b>		
(9) Net investment gain (loss) from 103-12 investment entities .....	<b>2b(9)</b>		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds) .....	<b>2b(10)</b>		
<b>c</b> Other income .....	<b>2c</b>		3355979
<b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total .....	<b>2d</b>		3674999

**Expenses**

<b>e</b> Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers .....	<b>2e(1)</b>		
(2) To insurance carriers for the provision of benefits .....	<b>2e(2)</b>		
(3) Other .....	<b>2e(3)</b>		
(4) Total benefit payments. Add lines <b>2e(1)</b> through <b>(3)</b> .....	<b>2e(4)</b>		
<b>f</b> Corrective distributions (see instructions) .....	<b>2f</b>		
<b>g</b> Certain deemed distributions of participant loans (see instructions) .....	<b>2g</b>		
<b>h</b> Interest expense .....	<b>2h</b>		
<b>i</b> Administrative expenses:			
(1) Salaries and allowances .....	<b>2i(1)</b>		
(2) Contract administrator fees .....	<b>2i(2)</b>		
(3) Recordkeeping fees .....	<b>2i(3)</b>		
(4) IQPA audit fees .....	<b>2i(4)</b>		
(5) Investment advisory and investment management fees .....	<b>2i(5)</b>		
(6) Bank or trust company trustee/custodial fees .....	<b>2i(6)</b>		
(7) Actuarial fees .....	<b>2i(7)</b>		
(8) Legal fees .....	<b>2i(8)</b>		
(9) Valuation/appraisal fees .....	<b>2i(9)</b>		
(10) Other trustee fees and expenses .....	<b>2i(10)</b>	25969	
(11) Other expenses .....	<b>2i(11)</b>	8838	
(12) Total administrative expenses. Add lines <b>2i(1)</b> through <b>(11)</b> .....	<b>2i(12)</b>		34807
<b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total .....	<b>2j</b>		34807

**Net Income and Reconciliation**

<b>k</b> Net income (loss). Subtract line <b>2j</b> from line <b>2d</b> .....	<b>2k</b>		3640192
<b>l</b> Transfers of assets:			
(1) To this plan .....	<b>2l(1)</b>		19220152
(2) From this plan .....	<b>2l(2)</b>		8657962

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