

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: STATE STREET ONTRACK TARGET RETIREMENT 2025 FUND
1b Three-digit plan number (PN): 001
1c Effective date of plan
2a Plan sponsor's name (employer, if for a single-employer plan): ALTA TRUST COMPANY
2b Employer Identification Number (EIN): 86-3181503
2c Plan Sponsor's telephone number: 303-996-3781
2d Business code (see instructions)

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

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

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

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

<b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	<b>3b</b> Administrator's EIN  <b>3c</b> Administrator's telephone number  <div style="background-color: #cccccc; height: 40px; width: 100%;"></div>
<b>4</b> If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: <b>a</b> Sponsor's name <b>c</b> Plan Name	<b>4b</b> EIN  <b>4d</b> PN
<b>5</b> Total number of participants at the beginning of the plan year	<b>5</b>
<b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ). <b>a(1)</b> Total number of active participants at the beginning of the plan year ..... <b>a(2)</b> Total number of active participants at the end of the plan year ..... <b>b</b> Retired or separated participants receiving benefits..... <b>c</b> Other retired or separated participants entitled to future benefits ..... <b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> ..... <b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. .... <b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> ..... <b>g(1)</b> Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) ..... <b>g(2)</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) ..... <b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	<div style="background-color: #cccccc; height: 20px; width: 100%;"></div> <b>6a(1)</b> <b>6a(2)</b> <b>6b</b> <b>6c</b> <b>6d</b> <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>	OMB No. 1210-0110  <hr/> <b>2024</b>  <b>This Form is Open to Public Inspection.</b>
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

<b>A</b> Name of plan <u>STATE STREET ONTRACK TARGET RETIREMENT 2025 FUND</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>ALTA TRUST COMPANY</u>	<b>D</b> Employer Identification Number (EIN) <u>86-3181503</u>	

<b>Part I</b>	<b>Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)</b> (Complete as many entries as needed to report all interests in DFEs)
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<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>ALTA TRUST SHORT TERM INVESTMENT</u>		
<b>b</b> Name of sponsor of entity listed in (a): <u>ALTA TRUST</u>		
<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>180330</u>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>STATE STREET 1-10 YEAR US TIP CL I</u>		
<b>b</b> Name of sponsor of entity listed in (a): <u>STATE STREET GLOBAL ADVISORS TRUST COMPANY</u>		
<b>c</b> EIN-PN <u>90-0337987-496</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>2017390</u>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>STATE STREET BLOOMBERG ROLL SELECT</u>		
<b>b</b> Name of sponsor of entity listed in (a): <u>STATE STREET GLOBAL ADVISORS TRUST COMPANY</u>		
<b>c</b> EIN-PN <u>90-0337987-388</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>170586</u>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>STATE STREET GLOBAL ALL CAP EQUITY</u>		
<b>b</b> Name of sponsor of entity listed in (a): <u>STATE STREET GLOBAL ADVISORS TRUST COMPANY</u>		
<b>c</b> EIN-PN <u>32-6528132-037</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>5320078</u>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>STATE STREET RUSSELL SMALL/MID</u>		
<b>b</b> Name of sponsor of entity listed in (a): <u>STATE STREET GLOBAL ADVISORS TRUST COMPANY</u>		
<b>c</b> EIN-PN <u>04-0025081-091</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>1471102</u>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>STATE STREET S&amp;P 500 INDEX SEC</u>		
<b>b</b> Name of sponsor of entity listed in (a): <u>STATE STREET GLOBAL ADVISORS TRUST COMPANY</u>		
<b>c</b> EIN-PN <u>90-0337987-388</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>6273679</u>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>S&amp;P GLOBAL INFRASTR IND CL A</u>		
<b>b</b> Name of sponsor of entity listed in (a): <u>STATE STREET GLOBAL ADVISORS TRUST COMPANY</u>		
<b>c</b> EIN-PN <u>90-0337987-474</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>720508</u>

**a** Name of MTIA, CCT, PSA, or 103-12 IE: STATE STREET US BOND INDEX

**b** Name of sponsor of entity listed in (a): STATE STREET GLOBAL ADVISORS TRUST COMPANY

<b>c</b> EIN-PN 04-0025081-071	<b>d</b> Entity code C	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 150928
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**a** Name of MTIA, CCT, PSA, or 103-12 IE: STATE STREET US HIGH YIELD BOND

**b** Name of sponsor of entity listed in (a): STATE STREET GLOBAL ADVISORS TRUST COMPANY

<b>c</b> EIN-PN 32-6528132-006	<b>d</b> Entity code C	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1537753
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**a** Name of MTIA, CCT, PSA, or 103-12 IE: STATE STREET US LONG GOVERN BOND

**b** Name of sponsor of entity listed in (a): STATE STREET GLOBAL ADVISORS TRUST COMPANY

<b>c</b> EIN-PN 04-0025081-105	<b>d</b> Entity code C	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 967208
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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	3B AUTO, INC. 401K PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	3B AUTO, INC.	<b>c</b> EIN-PN 46-4675320-001
<b>a</b>	Plan name	805 LAW GROUP, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	805 LAW GROUP, INC.	<b>c</b> EIN-PN 85-4354396-001
<b>a</b>	Plan name	A LIFE ABOVE, INC. 401 (K) PLAN	
<b>b</b>	Name of plan sponsor	A LIFE ABOVE, INC	<b>c</b> EIN-PN 36-4593082-001
<b>a</b>	Plan name	AA SEAMLESS 401K PLAN	
<b>b</b>	Name of plan sponsor	AA SEAMLESS, LLC	<b>c</b> EIN-PN 26-1863075-001
<b>a</b>	Plan name	ABOVE AND BEYOND LEARNING CHILD CARE CTR, INC. 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	ABOVE & BEYOND LEARNING CHILD CARE CTR. INC.	<b>c</b> EIN-PN 76-0832732-001
<b>a</b>	Plan name	ABOVE AND BEYOND PLUMBING AND HEATING 401K PROFIT SHARING PLAN AND TRUST	
<b>b</b>	Name of plan sponsor	ABOVE AND BEYOND PLUMBING AND HEATING, INC.	<b>c</b> EIN-PN 83-0946690-001
<b>a</b>	Plan name	ACADA COMMUNICATIONS, LLC 401K PLAN	
<b>b</b>	Name of plan sponsor	ACADA COMMUNICATIONS, LLC	<b>c</b> EIN-PN 26-2048125-001
<b>a</b>	Plan name	ACTIVESTARS ATHLETICS 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ACTIVESTARS ATHLETICS, LLC	<b>c</b> EIN-PN 88-2276583-001
<b>a</b>	Plan name	ADVISE AND CONSULT 401K PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	ADVISE AND CONSULT, INC.	<b>c</b> EIN-PN 46-0509189-001
<b>a</b>	Plan name	ADVOCACY DIGITAL MEDIA, LLC 401K PLAN	
<b>b</b>	Name of plan sponsor	ADVOCACY DIGITAL MEDIA, LLC	<b>c</b> EIN-PN 82-1368769-001
<b>a</b>	Plan name	AGILE ADVISORS LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	AGILE ADVISORS LLC	<b>c</b> EIN-PN 81-1296196-001
<b>a</b>	Plan name	AGING EXCELLENCE 401(K) PLAN	
<b>b</b>	Name of plan sponsor	D&C CARE COMPANY, INC.	<b>c</b> EIN-PN 88-1982007-001

<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	AIDASH, INC. 401(K) PROFIT SHARING PLAN AND TRUST	
<b>b</b>	Name of plan sponsor	AIDASH, INC.	<b>c</b> EIN-PN 83-3368842-001
<b>a</b>	Plan name	AJ GENERAL CONSTRUCTION SERVICES, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	AJ GENERAL CONSTRUCTION SERVICES, INC.	<b>c</b> EIN-PN 82-0821263-001
<b>a</b>	Plan name	AJAX NW 401K PLAN	
<b>b</b>	Name of plan sponsor	AJAX NORTHWEST LLC	<b>c</b> EIN-PN 92-1585070-001
<b>a</b>	Plan name	ALL BE HEALTHY 401K PLAN	
<b>b</b>	Name of plan sponsor	ALL BE HEALTHY	<b>c</b> EIN-PN 87-4464334-001
<b>a</b>	Plan name	ALL BRITE FENCING PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	ALL BRITE FENCING, INC.	<b>c</b> EIN-PN 74-2798103-001
<b>a</b>	Plan name	ALLIANCE HEALTH SYSTEMS LLC 401K PLAN	
<b>b</b>	Name of plan sponsor	ALLIANCE HEALTH SYSTEMS LLC	<b>c</b> EIN-PN 46-3909652-001
<b>a</b>	Plan name	ALLIANCE IGP1 401K PLAN	
<b>b</b>	Name of plan sponsor	ALLIANCE IGP1	<b>c</b> EIN-PN 87-4464656-001
<b>a</b>	Plan name	ALPINE COUNTY CHAMBER OF COMMERCE 401K PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	ALPINE COUNTY CHAMBER OF COMMERCE	<b>c</b> EIN-PN 94-1698855-001
<b>a</b>	Plan name	AMERICAN REAL ESTATE ASSOCIATES, INC. 401K PLAN	
<b>b</b>	Name of plan sponsor	AMERICAN REAL ESTATE ASSOCIATES, INC.	<b>c</b> EIN-PN 87-0722947-001
<b>a</b>	Plan name	ANALYTICS LABS, LLC 401K RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	ANALYTICS LABS, LLC	<b>c</b> EIN-PN 83-3806495-001
<b>a</b>	Plan name	ANDERSON FRUIT RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	ANDERSON FRUIT, INC.	<b>c</b> EIN-PN 32-0169277-001
<b>a</b>	Plan name	APEX CRANE 401 (K) PLAN	
<b>b</b>	Name of plan sponsor	APEX CRANE SERVICE LLC	<b>c</b> EIN-PN 46-4850961-001

<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	AQUA IRRIGATION TECHNOLOGIES, LLC 401K PLAN
<b>b</b>	Name of plan sponsor	AQUA IRRIGATION TECHNOLOGIES, LLC
<b>c</b>	EIN-PN	27-4745566-001
<b>a</b>	Plan name	ARC SOLUTIONS 401K PLAN
<b>b</b>	Name of plan sponsor	ARC SOLUTIONS LLC
<b>c</b>	EIN-PN	85-4145099-001
<b>a</b>	Plan name	ARCHESYS INC. 401K PLAN
<b>b</b>	Name of plan sponsor	ARCHESYS INC.
<b>c</b>	EIN-PN	84-3510524-001
<b>a</b>	Plan name	ARCON 401(K) PLAN
<b>b</b>	Name of plan sponsor	ARCON SOLUTIONS, INC.
<b>c</b>	EIN-PN	27-0814481-001
<b>a</b>	Plan name	ARTHUR JAMES ASSET MANAGEMENT 401K PLAN
<b>b</b>	Name of plan sponsor	ARTHUR JAMES ASSET MANAGEMENT
<b>c</b>	EIN-PN	84-4416084-001
<b>a</b>	Plan name	ASAP PLUMBING, LLC 401(K) PLAN
<b>b</b>	Name of plan sponsor	ASAP PLUMBING, LLC
<b>c</b>	EIN-PN	85-3050351-001
<b>a</b>	Plan name	ASH EQUIPMENT 401 (K) PROFIT SHARING
<b>b</b>	Name of plan sponsor	PROSYS ONE, LLC
<b>c</b>	EIN-PN	92-1340929-002
<b>a</b>	Plan name	ASHLEY SMITH CONSTRUCTION 401K PROFIT SHARING PLAN
<b>b</b>	Name of plan sponsor	ASHLEY SMITH CONSTRUCTION
<b>c</b>	EIN-PN	82-3364581-001
<b>a</b>	Plan name	ASSET PRESERVATION & RESTORATION, LLC 401 (K) PLAN
<b>b</b>	Name of plan sponsor	ASSEST PRESERVATION & RESTORATION, LLC
<b>c</b>	EIN-PN	80-0276961-001
<b>a</b>	Plan name	ASSISTING HANDS ROCKFORD 401(K) PLAN
<b>b</b>	Name of plan sponsor	ROCKFORD FAMILY HOME CARE LLC
<b>c</b>	EIN-PN	87-4385503-001
<b>a</b>	Plan name	AULTEC, INC. 401K PLAN
<b>b</b>	Name of plan sponsor	AULTEC, INC.
<b>c</b>	EIN-PN	52-1873623-001
<b>a</b>	Plan name	AUNT CARRIE CONSULTING INC. 401(K) PLAN
<b>b</b>	Name of plan sponsor	AUNT CARRIE CONSULTING INC.
<b>c</b>	EIN-PN	46-1089070-001

<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	AURA LIVING 401(K) PLAN
<b>b</b>	Name of plan sponsor	MEG RESIDENTIAL LLC
<b>c</b>	EIN-PN	93-4684144-001
<b>a</b>	Plan name	AVITIA FRAMING 401(K) PLAN
<b>b</b>	Name of plan sponsor	AVITIA FRAMING
<b>c</b>	EIN-PN	16-1738421-001
<b>a</b>	Plan name	AVORS MEDICAL GROUP 401K PROFIT SHARING PLAN
<b>b</b>	Name of plan sponsor	AVORS MEDICAL GROUP
<b>c</b>	EIN-PN	26-1250331-001
<b>a</b>	Plan name	AZ WHOLESALE GROWERS 401K RETIREMENT PLAN
<b>b</b>	Name of plan sponsor	AZ WHOLESALE GROWERS, INC.
<b>c</b>	EIN-PN	86-0627015-001
<b>a</b>	Plan name	B AND C PACKING 401K PLAN
<b>b</b>	Name of plan sponsor	B&C PACKING, INC.
<b>c</b>	EIN-PN	77-0297064-001
<b>a</b>	Plan name	BACK TO BALANCE COUNSELING 401(K) PLAN
<b>b</b>	Name of plan sponsor	BACK TO BALANCE COUNSELING, LLC
<b>c</b>	EIN-PN	81-3339144-001
<b>a</b>	Plan name	BACKFLOW TECHNOLOGY, LLC 401K PLAN
<b>b</b>	Name of plan sponsor	BACKFLOW TECHNOLOGY, LLC
<b>c</b>	EIN-PN	54-2018666-001
<b>a</b>	Plan name	BALDWIN AND CLARKE 401K PLAN
<b>b</b>	Name of plan sponsor	BALDWIN & CLARKE HOLDING COMPANY, LLC
<b>c</b>	EIN-PN	84-4103717-001
<b>a</b>	Plan name	BARNETT FIRM 401K PLAN
<b>b</b>	Name of plan sponsor	THE BARNETT FIRM, LLC
<b>c</b>	EIN-PN	27-2578221-001
<b>a</b>	Plan name	BARRACUDA CONSTRUCTION, INC. 401(K) PROFIT SHARING PLAN
<b>b</b>	Name of plan sponsor	BARRACUDA CONSTRUCTION, INC.
<b>c</b>	EIN-PN	20-3147686-001
<b>a</b>	Plan name	BAY AREA PUMPS RETIREMENT PLAN
<b>b</b>	Name of plan sponsor	BAY AREA PUMPS, INC.
<b>c</b>	EIN-PN	20-3737061-001
<b>a</b>	Plan name	BAY WATER TRANSPORTATION 401K PLAN
<b>b</b>	Name of plan sponsor	MONOPOLY HOLDINGS LLC DBA BAY WATER TRANSPORTATION
<b>c</b>	EIN-PN	83-1513767-001

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="#">BEAM CIRCULAR RETIREMENT PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">BEAM CIRCULAR</a>	<b>c</b> EIN-PN <a href="#">99-3024237-001</a>
<b>a</b>	Plan name <a href="#">BENJAMIN L. CARRICO INC. PC 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">BENJAMIN L. CARRICO DMD INC. PC</a>	<b>c</b> EIN-PN <a href="#">26-2252236-001</a>
<b>a</b>	Plan name <a href="#">BENTON ROBERSON CPA'S, LLP 401K PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">BENTON ROBERSON CPA'S LLP</a>	<b>c</b> EIN-PN <a href="#">46-0557196-001</a>
<b>a</b>	Plan name <a href="#">BEVERLY GLEN PHARMACY INC. 401K PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">BEVERLY GLEN PHARMACY, INC.</a>	<b>c</b> EIN-PN <a href="#">95-3149987-001</a>
<b>a</b>	Plan name <a href="#">BIG GUY LANDSCAPE, LLC 401K PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">BIG GUY LANDSCAPE, LLC</a>	<b>c</b> EIN-PN <a href="#">47-3575601-001</a>
<b>a</b>	Plan name <a href="#">BILDER APPLIANCE 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">BILDER APPLIANCE SALES AND SERVICE, INC.</a>	<b>c</b> EIN-PN <a href="#">41-1648011-001</a>
<b>a</b>	Plan name <a href="#">BLACK STAR ACA LLC 401K PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">BLACK STAR ACA LLC</a>	<b>c</b> EIN-PN <a href="#">83-1787463-001</a>
<b>a</b>	Plan name <a href="#">BLUE SKY DISTRIBUTING 401K PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">BSR DISTRIBUTING, INC.</a>	<b>c</b> EIN-PN <a href="#">26-2308031-001</a>
<b>a</b>	Plan name <a href="#">BLUE SKY ELECTRICAL SOLUTIONS, INC. 401K PROFIT SHARING PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">BLUE SKY ELECTRICAL SOLUTIONS, INC.</a>	<b>c</b> EIN-PN <a href="#">47-5566409-001</a>
<b>a</b>	Plan name <a href="#">BLUE TRIDENT 401K PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">BLUE TRIDENT, LLC</a>	<b>c</b> EIN-PN <a href="#">46-0851775-001</a>
<b>a</b>	Plan name <a href="#">BOSTON HEALTH AND WELLNESS, LLC 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">BOSTON HEALTH &amp; WELLNESS, LLC</a>	<b>c</b> EIN-PN <a href="#">47-1309176-001</a>
<b>a</b>	Plan name <a href="#">BOSTON WEALTH STRATEGIES, INC. 401(K) PROFIT SHARING PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">BOSTON WEALTH STRATEGIES, INC</a>	<b>c</b> EIN-PN <a href="#">46-3096479-001</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	BOYS AND GIRLS CLUB OF LAKE TAHOE 401K PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	BOYS AND GIRLS CLUB OF LAKE TAHOE	<b>c</b> EIN-PN 68-0241891-001
<b>a</b>	Plan name	BPZOO 401K PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	BUTTONWOOD ZOOLOGICAL SOCIETY, INC.	<b>c</b> EIN-PN 04-2661467-001
<b>a</b>	Plan name	BQE WATER DELAWARE 401(K) PLAN	
<b>b</b>	Name of plan sponsor	BQE WATER DELAWARE INC.	<b>c</b> EIN-PN 86-3451811-001
<b>a</b>	Plan name	BRANDON SMITH LAW 401(K) PLAN	
<b>b</b>	Name of plan sponsor	BRANDON SMITH LAW, LLC	<b>c</b> EIN-PN 87-2601087-001
<b>a</b>	Plan name	BRAUSTIN HOMES 401K PLAN	
<b>b</b>	Name of plan sponsor	BRAUSTIN HOMES, INC	<b>c</b> EIN-PN 85-3602590-001
<b>a</b>	Plan name	BREAUX LAW FIRM APLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	BREAUX LAW FIRM, APLC	<b>c</b> EIN-PN 72-1296654-001
<b>a</b>	Plan name	BRICK AND MORTAR REAL ESTATE SERVICES 401K PROFIT SHARING PLAN AND TRUST	
<b>b</b>	Name of plan sponsor	BRICK AND MORTAR REAL ESTATE SERVICES	<b>c</b> EIN-PN 61-1752020-001
<b>a</b>	Plan name	BRIDGETOWN ENTERPRISES, INC. 401K P/S PLAN	
<b>b</b>	Name of plan sponsor	BRIDGETOWN ENTERPRISES, INC.	<b>c</b> EIN-PN 93-1307627-001
<b>a</b>	Plan name	BROADSUITE, INC. 401(K) AND PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	BROADSUITE, INC.	<b>c</b> EIN-PN 46-4397728-001
<b>a</b>	Plan name	BROWN AND ASSOCIATES 401K PLAN	
<b>b</b>	Name of plan sponsor	PKB MANAGEMENT LLC	<b>c</b> EIN-PN 88-2107632-001
<b>a</b>	Plan name	BROWN BOX DELIVERY 401K PLAN	
<b>b</b>	Name of plan sponsor	BROWN BOX DELIVERY CORP	<b>c</b> EIN-PN 38-3833519-001
<b>a</b>	Plan name	BUFFALO'S MECHANICAL, INC 401K PLAN	
<b>b</b>	Name of plan sponsor	BUFFALO'S MECHANICAL, INC.	<b>c</b> EIN-PN 15-5670693-001

<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	BUILDERS INTERIORS, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	BUILDERS INTERIORS, INC.	<b>c</b> EIN-PN 42-1748471-001
<b>a</b>	Plan name	BURKEY COX 401K PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	BURKEY, COX, EVANS & BRADFORD, ACCOUNTANCY CORPORATION	<b>c</b> EIN-PN 95-2868411-001
<b>a</b>	Plan name	BURNS PHARMACY 401K PLAN	
<b>b</b>	Name of plan sponsor	BURNS PHARMACY	<b>c</b> EIN-PN 83-2723444-001
<b>a</b>	Plan name	C. STEPHAN TRUCKING, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	C. STEPHAN TRUCKING, INC.	<b>c</b> EIN-PN 35-2039682-001
<b>a</b>	Plan name	CALGROVE RENTALS, INC. 401K PLAN	
<b>b</b>	Name of plan sponsor	CALGROVE RENTALS, INC.	<b>c</b> EIN-PN 20-2217663-001
<b>a</b>	Plan name	CALIFORNIA CAR WASH 401K PROFIT SHARING PLAN AND TRUST	
<b>b</b>	Name of plan sponsor	CALIFORNIA CAR WASH	<b>c</b> EIN-PN 68-0137924-001
<b>a</b>	Plan name	CALIFORNIA CUSTOM LAMINATE, INC. 401K PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	CALIFORNIA CUSTOM LAMINATE, INC.	<b>c</b> EIN-PN 77-0475133-001
<b>a</b>	Plan name	CALIFORNIA SHOWCASE CONSTRUCTION, INC. 401K PLAN	
<b>b</b>	Name of plan sponsor	CALIFORNIA SHOWCASE CONSTRUCTION, INC.	<b>c</b> EIN-PN 81-0885034-001
<b>a</b>	Plan name	CALL THE RIGHT HEATING AND AIR 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	CALL THE RIGHT HEATING AND AIR, LLC	<b>c</b> EIN-PN 27-0521696-001
<b>a</b>	Plan name	CAP MANAGEMENT SERVICES, LLC 401K SALARY REDUCTION PLAN & TRUST	
<b>b</b>	Name of plan sponsor	CAP MANAGEMENT SERVICES, LLC	<b>c</b> EIN-PN 20-5036186-001
<b>a</b>	Plan name	CAPUTO DENTAL WI, S.C. RETIREMENT TRUST	
<b>b</b>	Name of plan sponsor	CAPUTO DENTAL WI, S.C.	<b>c</b> EIN-PN 88-2013220-001
<b>a</b>	Plan name	CARA'S POOL SUPPLIES AND SPAS, LLC PROFIT SHARING 401K PLAN	
<b>b</b>	Name of plan sponsor	CARA'S POOL SUPPLIES & SPAS, LLC	<b>c</b> EIN-PN 81-0760567-001

<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	CARBONDALE CORPORATION 401(K) PLAN	
<b>b</b>	Name of plan sponsor	CARBONDALE CORPORATION	<b>c</b> EIN-PN 84-1186050-001
<b>a</b>	Plan name	CARNEY, ROY AND GERROL, P.C. 401 (K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	CARNEY, ROY AND GERROL P.C	<b>c</b> EIN-PN 06-1352068-001
<b>a</b>	Plan name	CARTWRIGHT'S MARKET 401K PLAN	
<b>b</b>	Name of plan sponsor	ORLINS MEAT SPECIALTIES, INC.	<b>c</b> EIN-PN 93-0568166-001
<b>a</b>	Plan name	CBA 401(K) PLAN	
<b>b</b>	Name of plan sponsor	COMBINED BENEFITS ADMINISTRATORS, INC.	<b>c</b> EIN-PN 72-1390261-001
<b>a</b>	Plan name	CELTIC RESTORATION 401K PLAN	
<b>b</b>	Name of plan sponsor	CELTIC RESTORATION GROUP, INC	<b>c</b> EIN-PN 81-3072363-001
<b>a</b>	Plan name	CENTER FOR ADVANCED UROLOGY LLC 401K PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	CENTER FOR ADVANCED UROLOGY LLC	<b>c</b> EIN-PN 20-2467634-001
<b>a</b>	Plan name	CENTRAL COVE 401K PLAN	
<b>b</b>	Name of plan sponsor	CENTRAL COVE CONSTRUCTION, LLC	<b>c</b> EIN-PN 84-4965319-001
<b>a</b>	Plan name	CERTAPRO PAINTERS OF NEEDHAM 401(K) PLAN	
<b>b</b>	Name of plan sponsor	E. HARRIS ENTERPRISES LLC	<b>c</b> EIN-PN 85-3598555-001
<b>a</b>	Plan name	CHANGING PERSPECTIVES EMPLOYEE RETIREMENT OPTION	
<b>b</b>	Name of plan sponsor	CHANGING PERSPECTIVES	<b>c</b> EIN-PN 46-3115902-001
<b>a</b>	Plan name	CHARLIE CHEN, M.D. 401K PLAN	
<b>b</b>	Name of plan sponsor	CHARLIE CHEN, M.D.	<b>c</b> EIN-PN 83-4434341-001
<b>a</b>	Plan name	CHARTER SENIOR LIVING 401K PLAN	
<b>b</b>	Name of plan sponsor	CHARTER SENIOR LIVING, LLC	<b>c</b> EIN-PN 81-1955685-001
<b>a</b>	Plan name	CHEYENNE COUNTRY CLUB 401(K) PLAN TRUST	
<b>b</b>	Name of plan sponsor	CHEYENNE COUNTRY CLUB	<b>c</b> EIN-PN 83-0109905-001

<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	CITY HOME, LLC 401K PLAN	
<b>b</b>	Name of plan sponsor	CITY HOME	<b>c</b> EIN-PN 46-3404309-001
<b>a</b>	Plan name	CJ INDUSTRIES 401(K) PROFIT SHARING PLAN AND TRUST	
<b>b</b>	Name of plan sponsor	C&J INDUSTRIES INC.	<b>c</b> EIN-PN 81-4144781-002
<b>a</b>	Plan name	CLARANIVIS 401K PLAN	
<b>b</b>	Name of plan sponsor	ACCURANT INTERNATIONAL, LLC	<b>c</b> EIN-PN 85-4004885-001
<b>a</b>	Plan name	CLARK COUNTY PAVING, INC. 401K PLAN	
<b>b</b>	Name of plan sponsor	CLARK COUNTY PAVING, INC.	<b>c</b> EIN-PN 32-0582375-001
<b>a</b>	Plan name	COLE PROFESSIONAL SERVICES 401K PLAN	
<b>b</b>	Name of plan sponsor	COLE PROFESSIONAL SERVICES, LLC	<b>c</b> EIN-PN 47-3770190-001
<b>a</b>	Plan name	COLLINS PLUMBING SERVICES, LLC 401K PLAN	
<b>b</b>	Name of plan sponsor	COLLINS PLUMBING SERVICES, LLC	<b>c</b> EIN-PN 85-2404371-001
<b>a</b>	Plan name	COLORADO CLEAN ENERGY FUND 401K PLAN	
<b>b</b>	Name of plan sponsor	COLORADO CLEAN ENERGY FUND	<b>c</b> EIN-PN 32-0586861-001
<b>a</b>	Plan name	COMEAX ENGINEERING AND CONSULTING, APC EMPLOYER 401(K) PLAN	
<b>b</b>	Name of plan sponsor	COMEAX ENGINEERING AND CONSULTING, APC	<b>c</b> EIN-PN 72-1301058-001
<b>a</b>	Plan name	COMFORT MASTERS HEATING COOLING 401K PLAN	
<b>b</b>	Name of plan sponsor	COMFORT MASTERS LLC	<b>c</b> EIN-PN 47-5556902-001
<b>a</b>	Plan name	COMMUNICARE MICHIGAN 401K AND PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	COMMUNICARE MICHIGAN	<b>c</b> EIN-PN 27-3645537-001
<b>a</b>	Plan name	COMMUNITY PEDIATRIC CLINIC, INC. 401K PLAN	
<b>b</b>	Name of plan sponsor	COMMUNITY PEDIATRIC CLINIC, INC.	<b>c</b> EIN-PN 26-2949502-001
<b>a</b>	Plan name	COMMUNITY TIES 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	COMMUNITY TIES OF AMERICA, INC.	<b>c</b> EIN-PN 62-1733882-001

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 COMPASS ENGINEERING AND CONCRETE 401K RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor COMPASS ENGINEERING & CONCRETE	<b>c</b> EIN-PN 81-4496654-001
<b>a</b>	Plan name COMPLETE COMFORT HEATING AND AIR CONDITIONING, INC. 401(K) PLAN TRUST	
<b>b</b>	Name of plan sponsor COMPLETE COMFORT HEATING AND AIR CONDITIONING, INC.	<b>c</b> EIN-PN 27-2914838-501
<b>a</b>	Plan name COMPLETE GLASS GROUP, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor COMPLETE GLASS GROUP, LLC	<b>c</b> EIN-PN 93-4754536-001
<b>a</b>	Plan name CONDECK COMPANIES 401K PLAN	
<b>b</b>	Name of plan sponsor CONDECK CORPORATION	<b>c</b> EIN-PN 85-0336758-001
<b>a</b>	Plan name CONLEE-GARRETT MOVING & STORAGE 401K PLAN	
<b>b</b>	Name of plan sponsor CONLEE-GARRETT MOVING & STORAGE LLC	<b>c</b> EIN-PN 88-4351970-001
<b>a</b>	Plan name CONNECT FOR COLLECTIVE, INC. 401K PLAN	
<b>b</b>	Name of plan sponsor CONNECT FOR COLLECTIVE, INC.	<b>c</b> EIN-PN 88-3231452-001
<b>a</b>	Plan name CONTROLS AND COMPONENTS 401K PLAN	
<b>b</b>	Name of plan sponsor UNIVERSAL PNEUMATIC & ELECTRIC GROUP, LLC	<b>c</b> EIN-PN 90-0548020-001
<b>a</b>	Plan name CONVEX, INC. 401K PLAN	
<b>b</b>	Name of plan sponsor CONVEX, INC.	<b>c</b> EIN-PN 47-5571765-001
<b>a</b>	Plan name COPPERMAN ELECTRIC, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor COPPERMAN ELECTRIC, LLC	<b>c</b> EIN-PN 92-2688033-001
<b>a</b>	Plan name COPPERMINE RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor JUSTIN DUTTON DMD PC PC DBA COPPERMINE DENTAL STUDIO	<b>c</b> EIN-PN 20-8237494-001
<b>a</b>	Plan name CORNERSTONE DRYWALL AND PAINT, INC. RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor CORNERSTONE DRYWALL AND PAINT INC.	<b>c</b> EIN-PN 20-8274348-001
<b>a</b>	Plan name CORNERSTONE FINANCIAL GROUP LLC 401K PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor CORNERSTONE FINANCIAL GROUP LLC	<b>c</b> EIN-PN 84-3298037-001

<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	COTA 401K PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	CORNERSTONE ORTHOPAEDIC TRAUMA ASSOCIATES, INC.	<b>c</b> EIN-PN 88-1769433-001
<b>a</b>	Plan name	COUGAR 401K PLAN	
<b>b</b>	Name of plan sponsor	COUGAR CONSTRUCTION, INC.	<b>c</b> EIN-PN 93-1304503-001
<b>a</b>	Plan name	CRAFTED CONSTRUCTION, INC. 401K RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	CRAFTED CONSTRUCTION, INC.	<b>c</b> EIN-PN 87-1189281-001
<b>a</b>	Plan name	CROMWELL PLUMBING 401K PLAN	
<b>b</b>	Name of plan sponsor	CROMWELL PLUMBING, INC.	<b>c</b> EIN-PN 93-0845365-001
<b>a</b>	Plan name	CRS 401K PLAN	
<b>b</b>	Name of plan sponsor	C&R SERVICES, INC.	<b>c</b> EIN-PN 86-1150927-001
<b>a</b>	Plan name	CUPPA TAHOE, LLC 401K PLAN	
<b>b</b>	Name of plan sponsor	CUPPA TAHOE, LLC	<b>c</b> EIN-PN 84-3618351-001
<b>a</b>	Plan name	CYSTINE BIOSCIENCE LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	CYSTINE BIOSCIENCE LLC	<b>c</b> EIN-PN 88-3554112-001
<b>a</b>	Plan name	D AND D CONSTRUCTION 1, INC. 401K PLAN	
<b>b</b>	Name of plan sponsor	D & D CONSTRUCTION 1, INC.	<b>c</b> EIN-PN 91-1683251-001
<b>a</b>	Plan name	D AND D POULTRY SUPPLY 401K PLAN	
<b>b</b>	Name of plan sponsor	D&D POULTRY SUPPLY, INC	<b>c</b> EIN-PN 45-2139530-001
<b>a</b>	Plan name	D. HILL TRANSPORTATION, LLC 401K PLAN	
<b>b</b>	Name of plan sponsor	D. HILL TRANSPORTATION	<b>c</b> EIN-PN 13-4324526-001
<b>a</b>	Plan name	DANG LAW GROUP, INC. 401K PLAN	
<b>b</b>	Name of plan sponsor	DANG LAW GROUP	<b>c</b> EIN-PN 26-2945883-001
<b>a</b>	Plan name	DATABLY, INC. 401K PLAN	
<b>b</b>	Name of plan sponsor	DATABLY, INC.	<b>c</b> EIN-PN 85-2333105-001

<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	DCPT 401(K) PLAN	
<b>b</b>	Name of plan sponsor	DC POWER TECHNOLOGIES CO., INC.	<b>c</b> EIN-PN 46-3250242-001
<b>a</b>	Plan name	DEFINED FITNESS 401K PLAN	
<b>b</b>	Name of plan sponsor	DEFINED FITNESS, INC.	<b>c</b> EIN-PN 87-0810639-001
<b>a</b>	Plan name	DENIM TEARS LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	DENIM TEARS LLC	<b>c</b> EIN-PN 32-0592999-001
<b>a</b>	Plan name	DENVER PRECISION PRODUCTS 401 PLAN	
<b>b</b>	Name of plan sponsor	DENVER PRECISION PRODUCTS	<b>c</b> EIN-PN 84-0615395-001
<b>a</b>	Plan name	DESERT VIEW ANIMAL HOSPITAL 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	DVAH, PLLC DBA DESERT VIEW ANIMAL HOSPITAL	<b>c</b> EIN-PN 37-1868929-001
<b>a</b>	Plan name	DESIGN BUILD MAINTAIN 401K PLAN	
<b>b</b>	Name of plan sponsor	DESIGN BUILD MAINTAIN	<b>c</b> EIN-PN 90-1506562-001
<b>a</b>	Plan name	DIABLO ROOFING, INC. RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	DIABLO ROOFING, INC	<b>c</b> EIN-PN 46-3056253-001
<b>a</b>	Plan name	DIETARY PROS 401(K) PLAN	
<b>b</b>	Name of plan sponsor	DIETARY PROS, INC.	<b>c</b> EIN-PN 27-3696797-001
<b>a</b>	Plan name	DINELLI LAW FIRM 401(K) PLAN	
<b>b</b>	Name of plan sponsor	THE DINELLI LAW FIRM	<b>c</b> EIN-PN 82-1171546-001
<b>a</b>	Plan name	DINI VON MUEFFLING CONSULTING LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	DINI VON MUEFFLING CONSULTING LLC	<b>c</b> EIN-PN 46-3615018-001
<b>a</b>	Plan name	DISTILLERY PROJECT, LLC 401 (K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	DISTILLERY PROJECT, LLC	<b>c</b> EIN-PN 87-2930898-001
<b>a</b>	Plan name	DLH YORKVILLE SMOOTHIE LLC RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	DLH YORKVILLE SMOOTHIE LLC	<b>c</b> EIN-PN 85-0924088-001

<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	DME DESIGN, LLC 401K PLAN	
<b>b</b>	Name of plan sponsor	DME DESIGN, LLC	<b>c</b> EIN-PN 47-5061739-001
<b>a</b>	Plan name	DMG GLASS, LLC 401(K) P/S PLAN	
<b>b</b>	Name of plan sponsor	DMB GLASS, LLC	<b>c</b> EIN-PN 82-1224353-001
<b>a</b>	Plan name	DRIVE CAR WASH, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	DRIVE CAR WASH, INC.	<b>c</b> EIN-PN 85-1637861-001
<b>a</b>	Plan name	DSC USA LLC 401K RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	DSC USA LLC DBA ALL DAY PERFORMANCE	<b>c</b> EIN-PN 32-0586861-001
<b>a</b>	Plan name	DUCKY'S OFFICE FURNITURE 401K PLAN	
<b>b</b>	Name of plan sponsor	VRULE LLC	<b>c</b> EIN-PN 86-1497860-001
<b>a</b>	Plan name	DUPREE FINANCIAL GROUP PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	DUPREE FINANCIAL GROUP, LLC	<b>c</b> EIN-PN 27-0059167-001
<b>a</b>	Plan name	DURAPAC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	DURAPAC USA INC.	<b>c</b> EIN-PN 37-2113158-001
<b>a</b>	Plan name	DVMIMS 401(K) PLAN	
<b>b</b>	Name of plan sponsor	TILLMAN'S CORNER VETERINARY HOSPITAL	<b>c</b> EIN-PN 88-2371800-001
<b>a</b>	Plan name	DYNAMIC LANDSCAPING, INC. 401K PLAN	
<b>b</b>	Name of plan sponsor	DYNAMIC LANDSCAPING, INC.	<b>c</b> EIN-PN 81-3925763-001
<b>a</b>	Plan name	EAGLE RIVER SMILES 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ANDREW D. BAIRD DDS, PLLC	<b>c</b> EIN-PN 41-2199645-001
<b>a</b>	Plan name	EAGLE RIVER SMILES WEST 401(K) PLAN	
<b>b</b>	Name of plan sponsor	AARON BENJAMIN BAIRD DDS LLC	<b>c</b> EIN-PN 84-2583710-001
<b>a</b>	Plan name	EAGLECREST RECOVERY RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	EAGLECREST RECOVERY, LLC	<b>c</b> EIN-PN 84-2048678-001

<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	EASYSTREET SYSTEMS, INC. 401K PLAN	
<b>b</b>	Name of plan sponsor	EASYSTREET SYSTEMS INC.	<b>c</b> EIN-PN 85-0572500-001
<b>a</b>	Plan name	EDGE GEO, LLC 401 (K) PLAN	
<b>b</b>	Name of plan sponsor	EDGE GEO, LLC	<b>c</b> EIN-PN 27-4042478-001
<b>a</b>	Plan name	ELI CIRCLE CAPITAL, LP 401K PLAN	
<b>b</b>	Name of plan sponsor	ELI CIRCLE CAPITAL, LP	<b>c</b> EIN-PN 92-2690365-001
<b>a</b>	Plan name	ELITE CARE, INC. 401K PLAN	
<b>b</b>	Name of plan sponsor	ELITE CARE, INC. DBA BEGINNINGS TREATMENT CENTERS	<b>c</b> EIN-PN 61-1744825-001
<b>a</b>	Plan name	EMPLOYEE BENEFIT PLAN OF EL PASO SPORTS COMMISSION	
<b>b</b>	Name of plan sponsor	EL PASO SPORTS COMMISSION	<b>c</b> EIN-PN 20-0070512-001
<b>a</b>	Plan name	EMPOWERED OBGYN 401K PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	FREEMAN AND FALCONE PLLC	<b>c</b> EIN-PN 87-2255142-001
<b>a</b>	Plan name	ENDEAVOR, INC. 401K PLAN	
<b>b</b>	Name of plan sponsor	ENDEAVOR, INC.	<b>c</b> EIN-PN 32-0592371-001
<b>a</b>	Plan name	ENERGY ENVIRONMENTAL CONSTRUCTION LLC 401K PLAN	
<b>b</b>	Name of plan sponsor	ENERGY ENVIRONMENTAL CONSTRUCTION LLC	<b>c</b> EIN-PN 26-3158731-001
<b>a</b>	Plan name	ENHANCE ARTISTRY 401K PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	ENHANCE ARTISTRY 401K PROFIT SHARING PLAN	<b>c</b> EIN-PN 81-3444870-001
<b>a</b>	Plan name	ENVECO 401K RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	ENVECO ENVIRONMENTAL SOLUTIONS, LLC	<b>c</b> EIN-PN 86-1367390-001
<b>a</b>	Plan name	EPIC CONSTRUCTION LLC 401 (K) PLAN	
<b>b</b>	Name of plan sponsor	EPIC CONSTRUCTION LLC	<b>c</b> EIN-PN 46-4240731-001
<b>a</b>	Plan name	EPIC ENDEAVORS, LLC 401K RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	EPIC ENDEAVORS, LLC	<b>c</b> EIN-PN 85-1012177-001

<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	EPIC EVENT RENTAL 401(K) PLAN	
<b>b</b>	Name of plan sponsor	SWEET HAAS, LLC	<b>c</b> EIN-PN 93-2066354-001
<b>a</b>	Plan name	EQUIPMENT RENTAL 401K PLAN	
<b>b</b>	Name of plan sponsor	REDTAIL EQUIPMENT RENTAL, LLC	<b>c</b> EIN-PN 52-2048853-001
<b>a</b>	Plan name	EROOF 401(K) PLAN	
<b>b</b>	Name of plan sponsor	EROOF, LLC	<b>c</b> EIN-PN 85-4388755-001
<b>a</b>	Plan name	EVO ENTERTAINMENT GROUP 401K PLAN	
<b>b</b>	Name of plan sponsor	EVO GROUP MANAGEMENT, LLC	<b>c</b> EIN-PN 87-2386546-001
<b>a</b>	Plan name	EVOLUTION EVENT SOLUTIONS 401K PLAN	
<b>b</b>	Name of plan sponsor	EVOLUTION EVENT SOLUTIONS LLC	<b>c</b> EIN-PN 46-0797352-001
<b>a</b>	Plan name	EXCEL STAR ENERGY SERVICES 401K PLAN	
<b>b</b>	Name of plan sponsor	EXCEL STAR ENERGY SERVICES LLC	<b>c</b> EIN-PN 20-3343805-001
<b>a</b>	Plan name	EXHIBIT MEDICAL AESTHETICS 401 (K) PLAN	
<b>b</b>	Name of plan sponsor	EXHIBIT MEDICAL AESTHETICS, LLC	<b>c</b> EIN-PN 92-3028044-001
<b>a</b>	Plan name	EXPLORE, ENGAGE, ENJOY 401K PLAN	
<b>b</b>	Name of plan sponsor	EXPLORE, ENGAGE, ENJOY	<b>c</b> EIN-PN 88-2261805-001
<b>a</b>	Plan name	EZ BATHS LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	EZ BATHS LLC	<b>c</b> EIN-PN 46-0577723-001
<b>a</b>	Plan name	F&P CONSTRUCTION 401K PLAN	
<b>b</b>	Name of plan sponsor	F&P CONSTRUCTION, LLC	<b>c</b> EIN-PN 46-5203624-001
<b>a</b>	Plan name	FAITH CONSTRUCTION 401K PLAN	
<b>b</b>	Name of plan sponsor	FAITH CONSTRUCTION INC.	<b>c</b> EIN-PN 81-0570002-001
<b>a</b>	Plan name	FAMILY ORCHARDS 401K PLAN TRUST	
<b>b</b>	Name of plan sponsor	FAMILY ORCHARDS, INC.	<b>c</b> EIN-PN 87-3172508-001

<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	FBN SALES, INC. PROFIT SHARING AND 401(K) PLAN	
<b>b</b>	Name of plan sponsor	FBN SALES, INC.	<b>c</b> EIN-PN 38-2796294-001
<b>a</b>	Plan name	FIELDFISHER SILICON VALLEY LLP 401K PLAN	
<b>b</b>	Name of plan sponsor	FIELDFISHER SILICON VALLEY LLP	<b>c</b> EIN-PN 99-0378093-001
<b>a</b>	Plan name	FINANCIAL FREEDOM 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	FINANCIAL FREEDOM WEALTH MANAGEMENT	<b>c</b> EIN-PN 85-0533512-001
<b>a</b>	Plan name	FLAT BRANCH BANK 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	STATE HOLDING, INC. DBA FLAT BRANCH BANK	<b>c</b> EIN-PN 44-0274775-001
<b>a</b>	Plan name	FLETCHER'S GARAGE LLC 401 (K) PLAN	
<b>b</b>	Name of plan sponsor	FLETCHER'S GARAGE LLC	<b>c</b> EIN-PN 81-2166790-001
<b>a</b>	Plan name	FLOORPLAN XPRESS 401K PLAN	
<b>b</b>	Name of plan sponsor	FLOORPLAN XPRESS, LLC	<b>c</b> EIN-PN 20-4352277-001
<b>a</b>	Plan name	FLUID GAUGE 401K PLAN AND TRUST	
<b>b</b>	Name of plan sponsor	FLUID GAUGE COMPANY, INC.	<b>c</b> EIN-PN 94-3168643-001
<b>a</b>	Plan name	FORDEN AND CO. BUILDERS 401(K) PLAN	
<b>b</b>	Name of plan sponsor	FORDEN AND CO. BUILDERS	<b>c</b> EIN-PN 82-2495024-001
<b>a</b>	Plan name	FRAMEWORK INTEGRATIVE MEDICINE LLC 401K PLAN	
<b>b</b>	Name of plan sponsor	FRAMEWORK INTEGRATVIE MEDICINE LLC	<b>c</b> EIN-PN 87-3669765-001
<b>a</b>	Plan name	FREDERICK OAK CONSULTING 401(K) PLAN	
<b>b</b>	Name of plan sponsor	FREDERICK OAK CONSULTING	<b>c</b> EIN-PN 86-1193224-001
<b>a</b>	Plan name	FRESNO BOARD OF REALTORS EMPLOYEES 401K PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	FRESNO BOARD OF REALTORS	<b>c</b> EIN-PN 91-1825828-002
<b>a</b>	Plan name	FRONT STREET CLINIC, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	FRONT STREET CLINIC, INC	<b>c</b> EIN-PN 91-2065954-002

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 FS DESIGN GROUP 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor BIFIT, INC. A CAL CORP	<b>c</b> EIN-PN 20-1799295-002
<b>a</b>	Plan name FULL STEAM AHEAD, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor FULL STEAM AHEAD, LLC	<b>c</b> EIN-PN 33-1058758-001
<b>a</b>	Plan name GARDEN STATE ELDERCARE 401K PLAN	
<b>b</b>	Name of plan sponsor GARDEN STATE ELDERCARE, LLC	<b>c</b> EIN-PN 71-1018023-001
<b>a</b>	Plan name GATE SUPPLIES, INC. 401 (K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor GATE SUPPLIES	<b>c</b> EIN-PN 95-4678294-001
<b>a</b>	Plan name GAUGHAN ENTERPRISES INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor GAUGHAN ENTERPRISES INC.	<b>c</b> EIN-PN 41-1867830-001
<b>a</b>	Plan name GCI RESIDENTIAL INC 401K PROFIT SHARING PLAN AND TRUST	
<b>b</b>	Name of plan sponsor GCI RESIDENTIAL INC	<b>c</b> EIN-PN 82-4769224-002
<b>a</b>	Plan name GENIUS KIDS 401K PLAN	
<b>b</b>	Name of plan sponsor GENIUS KIDS, INC.	<b>c</b> EIN-PN 94-3410597-001
<b>a</b>	Plan name GEORGETOWN VILLAS ONE, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor GEORGETOWN VILLAS ONE,LLCGEORGETOWN VILLAS ONE, LLC	<b>c</b> EIN-PN 20-5706194-001
<b>a</b>	Plan name GFC 401(K) PLAN	
<b>b</b>	Name of plan sponsor GO FAST CAMPERS,LLC	<b>c</b> EIN-PN 82-3334823-001
<b>a</b>	Plan name GHUMMAN ENTERPRISES INC 401 (K) PLAN	
<b>b</b>	Name of plan sponsor GHUMMAN ENTERPRISES INC	<b>c</b> EIN-PN 95-4685377-001
<b>a</b>	Plan name GLASSYBABY LLC 401K PROFIT SHARING PLAN AND TRUST	
<b>b</b>	Name of plan sponsor GLASSYBABY, LLC	<b>c</b> EIN-PN 90-0187688-001
<b>a</b>	Plan name GLOBAL 401(K) PLAN	
<b>b</b>	Name of plan sponsor GLOBAL ENVIRONMENTAL ENGINEERING COMPANY, LLC	<b>c</b> EIN-PN 86-3658935-001

<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	GLOBAL SERVICES 401(K) PLAN	
<b>b</b>	Name of plan sponsor	WORKFORCE SERVICES INC.	<b>c</b> EIN-PN 35-2254264-001
<b>a</b>	Plan name	GOLDSTAR LONGEVITY AND WELLNESS CENTER LLC 401K PLAN	
<b>b</b>	Name of plan sponsor	GOLDSTAR LONGEVITY AND WELLNESS CLINIC LLC	<b>c</b> EIN-PN 83-1979962-001
<b>a</b>	Plan name	GONDWANA TOURS, LLC 401K RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	GONDWANA TOURS, LLC	<b>c</b> EIN-PN 46-2078921-001
<b>a</b>	Plan name	GOURMET BUTCHER BLOCK 401(K) PLAN	
<b>b</b>	Name of plan sponsor	GOURMET BUTCHER BLOCK, INC.	<b>c</b> EIN-PN 72-1260422-001
<b>a</b>	Plan name	GREENFIELD READY MIX 401(K) PLAN	
<b>b</b>	Name of plan sponsor	GREENFIELD READY MIX & MATERIALS, INC.	<b>c</b> EIN-PN 83-3116454-001
<b>a</b>	Plan name	GRIFFITTS LLP 401(K) PLAN	
<b>b</b>	Name of plan sponsor	GRIFFITTS LLP	<b>c</b> EIN-PN 32-0054441-001
<b>a</b>	Plan name	GROSSO TRUCKING AND SUPPLY 401(K) PLAN	
<b>b</b>	Name of plan sponsor	GROSSO TRUCKING & SUPPLY CO.	<b>c</b> EIN-PN 38-3327688-001
<b>a</b>	Plan name	GUARDIAN HARVEST, INC 401K PLAN	
<b>b</b>	Name of plan sponsor	GUARDIAN HARVEST	<b>c</b> EIN-PN 77-0512210-001
<b>a</b>	Plan name	HARDY AND MAN DESIGN GROUP 401(K) PLAN	
<b>b</b>	Name of plan sponsor	HARDY & MAN DESIGN GROUP, PC	<b>c</b> EIN-PN 82-4021053-001
<b>a</b>	Plan name	HAUNTED HISTORY TOURS, INC. 401K RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	HAUNTED HISTORY TOURS, INC.	<b>c</b> EIN-PN 72-1311066-001
<b>a</b>	Plan name	HEIDI SCHAUFFELE OD INC 401K AND PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	HEIDI SCHAUFFELE OD INC	<b>c</b> EIN-PN 82-3648037-001
<b>a</b>	Plan name	HENRIKSEN CONTRACTING LLC 401K PLAN	
<b>b</b>	Name of plan sponsor	HENRIKSEN CONTRACTING LLC	<b>c</b> EIN-PN 20-4117039-101

<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	HENRIKSEN WASHOUT SYSTEMS, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	HENRIKSEN WASHOUT SYSTEMS, INC.	<b>c</b> EIN-PN 46-1356990-002
<b>a</b>	Plan name	HERD CO. 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	HERD CO.	<b>c</b> EIN-PN 47-0619589-001
<b>a</b>	Plan name	HHL SOLUTIONS 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	HHL SOLUTIONS, LLC	<b>c</b> EIN-PN 93-2880429-001
<b>a</b>	Plan name	HIGHRIDGE OFFICE PARK LLC 401K PLAN	
<b>b</b>	Name of plan sponsor	HIGHRIDGEOFFICE PARK, LLC	<b>c</b> EIN-PN 46-3609995-001
<b>a</b>	Plan name	HKF LLC DBA FIVE CITIES FINANCIAL 401K PLAN	
<b>b</b>	Name of plan sponsor	HKF LLC DBA FIVE CITIES FINANCIAL	<b>c</b> EIN-PN 82-2643748-001
<b>a</b>	Plan name	HOLLAND FAMILY DENTAL 401K PLAN	
<b>b</b>	Name of plan sponsor	TIM R. HOLLAND, D.D.S. PA	<b>c</b> EIN-PN 41-1849707-001
<b>a</b>	Plan name	HUFF ENERGY SOLUTIONS, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	HUFF ENERGY SOLUTIONS, INC.	<b>c</b> EIN-PN 88-4126139-001
<b>a</b>	Plan name	I DES INC. 401K PLAN	
<b>b</b>	Name of plan sponsor	I DES INC.	<b>c</b> EIN-PN 20-2592848-001
<b>a</b>	Plan name	IBTEST 401(K) PLAN	
<b>b</b>	Name of plan sponsor	IBTEST SOLUTIONS, LLC	<b>c</b> EIN-PN 86-2595648-001
<b>a</b>	Plan name	IMAGINEERING MACHINE 401(K) PLAN	
<b>b</b>	Name of plan sponsor	IMAGINEERING MACHINE, INC.	<b>c</b> EIN-PN 46-1142054-001
<b>a</b>	Plan name	INDICOM ELECTRIC 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	INDICOM ELECTRIC COMPANY	<b>c</b> EIN-PN 86-0751485-001
<b>a</b>	Plan name	INDIGENOUS WOMEN RISING RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	INDIGENOUS WOMEN RISING	<b>c</b> EIN-PN 85-3336543-001

<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	INDO AMERICAN QUARTZ SURFACES LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	INDO AMERICAN QUARTZ SURFACES LLC	<b>c</b> EIN-PN 93-2847044-001
<b>a</b>	Plan name	INDUSTRIAL WELDING SUPPLY COMPANY, INC. 401K PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	INDUSTRIAL WELDING SUPPLY COMPANY, INC.	<b>c</b> EIN-PN 93-0575375-002
<b>a</b>	Plan name	INFINITY ROBOTICS 401K PLAN	
<b>b</b>	Name of plan sponsor	INFINITY ROBOTICS, LLC	<b>c</b> EIN-PN 84-2330112-001
<b>a</b>	Plan name	INSPECTA HOMES OF AMERICA, INC. RETIREMENT TRUST	
<b>b</b>	Name of plan sponsor	INSPECTA HOMES OF AMERICA, INC. RETIREMENT TRUST	<b>c</b> EIN-PN 41-1668039-001
<b>a</b>	Plan name	INTEGRAL PSYCHIATRY AND COUNSELING 401 (K) PLAN	
<b>b</b>	Name of plan sponsor	INTEGRAL PSYCHIATRY AND COUNSELING	<b>c</b> EIN-PN 87-2196640-001
<b>a</b>	Plan name	INTEGRATIVE WELLNESS AND COSMETICS INC. 401 (K) PLAN	
<b>b</b>	Name of plan sponsor	INTEGRATIVE WELLNESS & COSMETICS INC.	<b>c</b> EIN-PN 82-3096632-001
<b>a</b>	Plan name	IN-WEST ELECTRIC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	IN-WEST ELECTRIC, INC.	<b>c</b> EIN-PN 86-0463807-001
<b>a</b>	Plan name	IPR TECH GROUP LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	IPR TECH GROUP	<b>c</b> EIN-PN 83-1062141-001
<b>a</b>	Plan name	IZAR WELLNESS INSTITUTE PLLC 401K PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	IZAR WELLNESS INSTITUTE PLLC	<b>c</b> EIN-PN 81-4753184-001
<b>a</b>	Plan name	J.H.M., INC. 401K PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	J.H.M., INC.	<b>c</b> EIN-PN 88-0347042-001
<b>a</b>	Plan name	J+ MANAGEMENT 401(K) PLAN	
<b>b</b>	Name of plan sponsor	J+ MANAGEMENT, LLC	<b>c</b> EIN-PN 81-5215319-001
<b>a</b>	Plan name	JAMES ADRIAN 401 (K) PLAN	
<b>b</b>	Name of plan sponsor	JAMES ADRIAN, SOLE PROPRIETOR	<b>c</b> EIN-PN 27-2556879-001

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 JAMES MORGAN LEACH INC 401K PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor JAMES MORGAN LEACH INC	<b>c</b> EIN-PN 83-3612452-001
<b>a</b>	Plan name JB PAIN FREE, MD, PLLC 401 (K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor JB PAIN FREE, MD, PLLC	<b>c</b> EIN-PN 82-3510712-001
<b>a</b>	Plan name JEFFREY TAKAHASHU DDS, INC. 401K PLAN	
<b>b</b>	Name of plan sponsor JEFFREY TAKAHASHI DDS, INC.	<b>c</b> EIN-PN 81-5064972-001
<b>a</b>	Plan name JENNIE BISHOP - STUDIO GILD LLC 401(K) PLAN TRUST	
<b>b</b>	Name of plan sponsor JENNIE BISHOP - STUDIO GILD LLC	<b>c</b> EIN-PN 93-2553607-001
<b>a</b>	Plan name JESSEN, INC. 401K PLAN	
<b>b</b>	Name of plan sponsor JESSEN, INC.	<b>c</b> EIN-PN 47-2626638-001
<b>a</b>	Plan name JESSICA LOVE DESIGN 401K PLAN	
<b>b</b>	Name of plan sponsor JESSICA LOVE DESIGN LLC	<b>c</b> EIN-PN 45-4716474-001
<b>a</b>	Plan name JF4 ENTERPRISES, INC. 401K PLAN	
<b>b</b>	Name of plan sponsor JF4 ENTERPRISES, INC.	<b>c</b> EIN-PN 88-3731721-001
<b>a</b>	Plan name JOE EAST ENTERPRISES, INC. 401K PLAN	
<b>b</b>	Name of plan sponsor JOE EAST ENTERPRISES, INC.	<b>c</b> EIN-PN 75-2037639-001
<b>a</b>	Plan name JOHNSON'S WRECKER SERVICE 401K PLAN	
<b>b</b>	Name of plan sponsor JOHNSON'S WRECKER SERVICE, INC	<b>c</b> EIN-PN 59-1635639-001
<b>a</b>	Plan name JOLLIE CONSTRUCTION 401(K) PLAN	
<b>b</b>	Name of plan sponsor JOLLIE CONSTRUCTION CO.	<b>c</b> EIN-PN 93-1648239-001
<b>a</b>	Plan name JP PHYSICAL THERAPY, LLC 401K PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor JP PHYSICAL THERAPY, LLC	<b>c</b> EIN-PN 88-4099288-001
<b>a</b>	Plan name JUST IN TIME ENTERPRISES INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor JUST IN TIME ENTERPRISES, INC.	<b>c</b> EIN-PN 85-2854221-001

<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	JZ ELECTRIC, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	JZ ELECTRIC, INC.	<b>c</b> EIN-PN 77-0619065-001
<b>a</b>	Plan name	KIDZONE LLC 401K PLAN	
<b>b</b>	Name of plan sponsor	KIDZONE LLC	<b>c</b> EIN-PN 30-0893058-001
<b>a</b>	Plan name	KILOWATT BOY, INC. RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	KILOWATT BOY, INC.	<b>c</b> EIN-PN 20-4198245-001
<b>a</b>	Plan name	KMR BUILDERS, INC. 401 (K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	KMR BUILDERS, INC.	<b>c</b> EIN-PN 26-2666600-001
<b>a</b>	Plan name	KRAMER INDUSTRIES 401(K) PROFIT SHARING PLAN AND TRUST	
<b>b</b>	Name of plan sponsor	KRAMER INDUSTRIES, INC.	<b>c</b> EIN-PN 52-2190297-001
<b>a</b>	Plan name	KROGH & DECKER 401K PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	KROGH & DECKER, LLP	<b>c</b> EIN-PN 47-2191473-001
<b>a</b>	Plan name	LABEL SOLUTIONS 401K PLAN	
<b>b</b>	Name of plan sponsor	LABEL SOLUTIONS, INC.	<b>c</b> EIN-PN 20-5186416-001
<b>a</b>	Plan name	LARCH CAPITAL PARTNERS LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	LARCH CAPITAL PARTNERS LLC	<b>c</b> EIN-PN 84-3782944-001
<b>a</b>	Plan name	LAW OFFICE OF J. ALISON CIMINO 401K PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	LAW OFFICE OF J. ALISON CIMINO, P.C.	<b>c</b> EIN-PN 26-4685692-001
<b>a</b>	Plan name	LAW OFFICE OF MARK S. NELSON 401K PLAN	
<b>b</b>	Name of plan sponsor	LAW OFFICE OF MARK S. NELSON	<b>c</b> EIN-PN 77-0224452-001
<b>a</b>	Plan name	LEADING AGE PA 401(K) PLAN	
<b>b</b>	Name of plan sponsor	LEADINGAGE	<b>c</b> EIN-PN 81-2276039-001
<b>a</b>	Plan name	LEARNINGQUEST 401(K) PLAN	
<b>b</b>	Name of plan sponsor	LEARNINGQUEST-STANISLAUS LITERACY CENTERS	<b>c</b> EIN-PN 94-2671824-001

<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	LEWIS HOME SOURCE, INC. 401K PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	LEWIS HOME SOURCE, INC.	<b>c</b> EIN-PN 93-1171238-001
<b>a</b>	Plan name	LEXINGTON CEMETERY 401K PLAN	
<b>b</b>	Name of plan sponsor	LEXINGTON CEMETERY COMPANY	<b>c</b> EIN-PN 61-0258835-001
<b>a</b>	Plan name	LIAM 2004 FILMS, LLC PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	LIAM 2004 FILMS, LLC	<b>c</b> EIN-PN 20-5815719-001
<b>a</b>	Plan name	LINCOLN WASTE SOLUTIONS, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	LINCOLN WASTE SOLUTIONS, LLC	<b>c</b> EIN-PN 20-3184969-001
<b>a</b>	Plan name	LMA DESIGNS 401K PLAN	
<b>b</b>	Name of plan sponsor	LAUREN MARIE ATKINSON DESIGNS	<b>c</b> EIN-PN 46-2816078-001
<b>a</b>	Plan name	LOCAL LOGISTICS 401K PLAN	
<b>b</b>	Name of plan sponsor	LOCAL LOGISTICS, LLC	<b>c</b> EIN-PN 46-2327431-001
<b>a</b>	Plan name	LOCO CREDIT UNION 401(K) PLAN	
<b>b</b>	Name of plan sponsor	LOCO CREDIT UNIO	<b>c</b> EIN-PN 80-0241088-033
<b>a</b>	Plan name	LOLO'S BOWLS 401K PLAN	
<b>b</b>	Name of plan sponsor	TEAM BRAILLE INCORPORATED	<b>c</b> EIN-PN 83-1868962-001
<b>a</b>	Plan name	LONG'S BAKERY, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	LONG'S BAKERY, INC.	<b>c</b> EIN-PN 35-1414684-001
<b>a</b>	Plan name	LOUISVILLE DENTAL ASSOCIATES 401K PLAN	
<b>b</b>	Name of plan sponsor	LOUISVILLE DENTAL ASSOCIATES, LLC	<b>c</b> EIN-PN 82-2833862-001
<b>a</b>	Plan name	LUNCHBOX, INC. 401K PLAN	
<b>b</b>	Name of plan sponsor	LUNCHBOX, INC.	<b>c</b> EIN-PN 83-1430687-001
<b>a</b>	Plan name	LV CLEANING, LLC 401K PLAN	
<b>b</b>	Name of plan sponsor	LV CLEANING, LLC	<b>c</b> EIN-PN 87-2211257-001

<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	LYNN SAFETY, INC. PROFIT SHARING 401K PLAN	
<b>b</b>	Name of plan sponsor	LYNN SAFETY, INC	<b>c</b> EIN-PN 94-3398353-001
<b>a</b>	Plan name	LYRA BREAST CENTER 401(K) PLAN	
<b>b</b>	Name of plan sponsor	BBC VENTURES	<b>c</b> EIN-PN 92-3961805-001
<b>a</b>	Plan name	M. THERESA RUSCH, M.D., INC. 401K PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	M. THERESA RUSCH, M.D. INC	<b>c</b> EIN-PN 27-0738289-001
<b>a</b>	Plan name	MACORE MARKETING, LLC 401K PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	MACORE MARKETING, LLC	<b>c</b> EIN-PN 47-4313243-001
<b>a</b>	Plan name	MAD PRIEST COFFEE ROASTERS, LLC 401K PLAN	
<b>b</b>	Name of plan sponsor	MAD PRIEST COFFEE ROASTERS, LLC	<b>c</b> EIN-PN 81-2187212-001
<b>a</b>	Plan name	MAJESTIC TITLE AGENCY 401(K) PLAN	
<b>b</b>	Name of plan sponsor	MAJESTIC TITLE AGENCY	<b>c</b> EIN-PN 26-3003811-001
<b>a</b>	Plan name	MAKE IT WRIGHT HVAC LLC 401K PLAN	
<b>b</b>	Name of plan sponsor	MAKE IT WRIGHT HVAC LLC	<b>c</b> EIN-PN 84-2065961-001
<b>a</b>	Plan name	MARIN H2O 401K PROFIT SHARING PLAN AND TRUST	
<b>b</b>	Name of plan sponsor	MARIN H2O	<b>c</b> EIN-PN 20-1585900-001
<b>a</b>	Plan name	MARK A FLORES ELECTRIC INC. 401K PLAN	
<b>b</b>	Name of plan sponsor	MARK A FLORES ELECTRIC INC	<b>c</b> EIN-PN 81-3576880-001
<b>a</b>	Plan name	MARQUISE, INC. 401K PLAN	
<b>b</b>	Name of plan sponsor	MARQUISE, INC.	<b>c</b> EIN-PN 26-1441098-001
<b>a</b>	Plan name	MARY ANNE FUCHS, M.D., INC. RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	MARY ANNE FUCHS, M.D., INC.	<b>c</b> EIN-PN 20-2353344-001
<b>a</b>	Plan name	MARYLAND ELECTRIC COMPANY 401K PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	MARYLAND ELECTRIC COMPANY LLC	<b>c</b> EIN-PN 46-5454388-001

<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	MASON MEALS, INC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	MASON MEALS, INC	<b>c</b> EIN-PN 82-2720929-001
<b>a</b>	Plan name	MATHEWS DENTAL GROUP 401(K) PROFIT SHARING PLAN TRUST	
<b>b</b>	Name of plan sponsor	LAUREN A. MATHEWS D.D.S. INC.	<b>c</b> EIN-PN 47-2716682-001
<b>a</b>	Plan name	MAVERICK J. ENTERPRISE, INC. 401K PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	MAVERICK J ENTERPRISE, INC	<b>c</b> EIN-PN 85-3568246-001
<b>a</b>	Plan name	MAXUS EXCAVATING, LLC 401K PLAN	
<b>b</b>	Name of plan sponsor	MAXUS EXCAVATING, LLC	<b>c</b> EIN-PN 84-2765384-001
<b>a</b>	Plan name	METALSPUN PRODUCTS COMPANY, INC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	METALSPUN PRODUCTS COMPANY, INC	<b>c</b> EIN-PN 39-0964037-001
<b>a</b>	Plan name	METAL-TECH, INC. 401K	
<b>b</b>	Name of plan sponsor	METAL-TECH, INC.	<b>c</b> EIN-PN 51-0111036-001
<b>a</b>	Plan name	MHS ADVISORY GROUP 401K PLAN	
<b>b</b>	Name of plan sponsor	MHS ADVISORY GROUP, LLC	<b>c</b> EIN-PN 47-2306223-001
<b>a</b>	Plan name	MICHIGAN EDUCATOR WORKFORCE INITIATIVE 401(K) PLAN	
<b>b</b>	Name of plan sponsor	MICHIGAN EDUCATOR WORKFORCE INITIATIVE	<b>c</b> EIN-PN 88-2716490-001
<b>a</b>	Plan name	MID-ILLINI 401(K) PLAN	
<b>b</b>	Name of plan sponsor	JIM SHANKS AUTO SALES, INC	<b>c</b> EIN-PN 20-8858711-001
<b>a</b>	Plan name	MISSION MOBILE VETERINARY 401K PLAN	
<b>b</b>	Name of plan sponsor	MISSION MOBILE VETERINARY SERVICES	<b>c</b> EIN-PN 84-1797488-001
<b>a</b>	Plan name	MODEL WORKS 401(K) PLAN	
<b>b</b>	Name of plan sponsor	MODEL WORKS L.A., INC.	<b>c</b> EIN-PN 26-1738003-001
<b>a</b>	Plan name	MODESTO CHILDREN'S MUSEUM, INC. 401K PLAN	
<b>b</b>	Name of plan sponsor	MODESTO CHILDREN'S MUSEUM, INC.	<b>c</b> EIN-PN 84-2442152-001

<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	MODESTO DIRECT APPLIANCE INC 401K PLAN AND TRUST	
<b>b</b>	Name of plan sponsor	MODESTO DIRECT APPLIANCE, INC	<b>c</b> EIN-PN 01-0550631-001
<b>a</b>	Plan name	MONTREUX GOLF CLUB, INC. 401K PLAN	
<b>b</b>	Name of plan sponsor	MONTREUX GOLF & COUNTRY CLUB, INC.	<b>c</b> EIN-PN 88-0390138-001
<b>a</b>	Plan name	MORGAN FAMILY INVESTMENTS LLC 401K PLAN	
<b>b</b>	Name of plan sponsor	MORGAN FAMILY INVESTMENTS LLC	<b>c</b> EIN-PN 82-2279159-001
<b>a</b>	Plan name	MORTGAGETECH INC. 401(K) PLAN TRUST	
<b>b</b>	Name of plan sponsor	MORTGAGETECH INC.	<b>c</b> EIN-PN 46-4823598-001
<b>a</b>	Plan name	MOTION SHADING 401K PLAN	
<b>b</b>	Name of plan sponsor	MOTION SHADING, LLC	<b>c</b> EIN-PN 58-2613598-001
<b>a</b>	Plan name	MSP INTERNATIONAL CORPORATION 401K PLAN	
<b>b</b>	Name of plan sponsor	MSP INTERNATIONAL CORPORATION	<b>c</b> EIN-PN 84-2307115-001
<b>a</b>	Plan name	MURRAY DRYWALL CORP. 401K PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	MURRAY DRYWALL CORP.	<b>c</b> EIN-PN 83-3653294-001
<b>a</b>	Plan name	MUSIC WORKSHOP 401 (K) RETIRMENT PLAN	
<b>b</b>	Name of plan sponsor	MUSIC WORKSHOP	<b>c</b> EIN-PN 90-0866667-001
<b>a</b>	Plan name	MYEZPAY, INC. 401 (K) PLAN	
<b>b</b>	Name of plan sponsor	MYEZPAY, INC.	<b>c</b> EIN-PN 86-1154480-001
<b>a</b>	Plan name	N FAROOQI ENTERPRISES LLC 401K PLAN	
<b>b</b>	Name of plan sponsor	N FAROOQI ENTERPRISES LLC	<b>c</b> EIN-PN 20-5901083-001
<b>a</b>	Plan name	NCADD SFV 401K PLAN	
<b>b</b>	Name of plan sponsor	ALCOHOLISM & DRUG DEPENDENCE OF THE SAN FERNANDO VALLEY	<b>c</b> EIN-PN 95-3374623-001
<b>a</b>	Plan name	NEW TACOMA CEMETERIES, FUNERAL HOME AND CREMATORY 401K PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	NEW TACOMA CEMETERIES, FUNERAL HOME & CREMATORY	<b>c</b> EIN-PN 91-0434820-001

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 NEXUS STONE GALLERY 401K PLAN	
<b>b</b>	Name of plan sponsor NEXUS GRANITE & STONE, LLC	<b>c</b> EIN-PN 83-0563120-001
<b>a</b>	Plan name NONPAREIL BUILDING BETTER FUTURES 401K PLAN	
<b>b</b>	Name of plan sponsor NONPAREIL INSTITUTE	<b>c</b> EIN-PN 26-3351005-001
<b>a</b>	Plan name NORTH SCOTTSDALE ANIMAL HOSPITAL 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor SOSNOW ANIMAL HOSPITAL, PC DBA NORTH SCOTTSDALE ANIMAL HOSPITAL	<b>c</b> EIN-PN 20-1413036-001
<b>a</b>	Plan name NORTHERN CALIFORNIA PEDIATRIC HOSPITALISTS, INC. 401K PLAN	
<b>b</b>	Name of plan sponsor NORTHERN CALIFORNIA PEDIATRIC HOSPITALISTS, INC.	<b>c</b> EIN-PN 83-3267818-001
<b>a</b>	Plan name NOURISH WELLNESS FAMILY MEDICINE 401(K) PLAN	
<b>b</b>	Name of plan sponsor NOURISH WELLNESS FAMILY MEDICINE, LLC	<b>c</b> EIN-PN 47-4738992-001
<b>a</b>	Plan name NYBO PETERSON PLUMBING 401(K) PLAN	
<b>b</b>	Name of plan sponsor NYBO PETERSON PLUMBING, INC.	<b>c</b> EIN-PN 41-1508729-001
<b>a</b>	Plan name OLIPHANT BREWING, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor OLIPHANT BREWING, LLC	<b>c</b> EIN-PN 45-5343982-001
<b>a</b>	Plan name ONE TECHNOLOGY CORPORATION 401K PLAN	
<b>b</b>	Name of plan sponsor ONE TECHNOLOGY CORPORATION	<b>c</b> EIN-PN 82-3040445-001
<b>a</b>	Plan name OPTIMAL PIPELINE SOLUTIONS RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor OPTIMAL PIPELINE SOLUTIONS LLC	<b>c</b> EIN-PN 92-2693512-001
<b>a</b>	Plan name OPTIMAL RDN SOLUTIONS 401K PLAN	
<b>b</b>	Name of plan sponsor OPTIMAL RDN SOLUTIONS LLC	<b>c</b> EIN-PN 47-1502789-001
<b>a</b>	Plan name ORANGE BOX 401K PLAN	
<b>b</b>	Name of plan sponsor ORANGE BOX PRODUCTIONS, INC.	<b>c</b> EIN-PN 82-1841880-001
<b>a</b>	Plan name OSWEGO VISION, LTD. 401(K) PLAN	
<b>b</b>	Name of plan sponsor OSWEGO VISION, LTD.	<b>c</b> EIN-PN 36-4003567-001

<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	PACIFIC CUSTOM PRODUCTS, INC. 401K PLAN	
<b>b</b>	Name of plan sponsor	PACIFIC CUSTOM PRODUCTS, INC.	<b>c</b> EIN-PN 93-0934171-001
<b>a</b>	Plan name	PALAZZO LAW FIRM 401(K) PLAN	
<b>b</b>	Name of plan sponsor	PALAZZO LAW FIRM	<b>c</b> EIN-PN 72-1260983-001
<b>a</b>	Plan name	PARTI DENTAL CORPORATION 401K PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	PARTI DENTAL CORPORATION	<b>c</b> EIN-PN 80-0498308-001
<b>a</b>	Plan name	PAUL M. SCHWARTZ, M.D., P.A. 401(K) PROFIT SHARING PLAN TRUST	
<b>b</b>	Name of plan sponsor	PAUL M. SCHWARTZ, M.D., P.A.	<b>c</b> EIN-PN 65-0613527-001
<b>a</b>	Plan name	PAUL'S PANTRY 401(K) PLAN TRUST	
<b>b</b>	Name of plan sponsor	PAUL'S PANTRY	<b>c</b> EIN-PN 39-1708806-001
<b>a</b>	Plan name	PDR OF WPA INC 401K PLAN	
<b>b</b>	Name of plan sponsor	PDR OF WPA INC.	<b>c</b> EIN-PN 03-0528944-001
<b>a</b>	Plan name	PERFECT PITCH ROOFING LLC 401K PLAN	
<b>b</b>	Name of plan sponsor	PERFECT PITCH ROOFING LLC	<b>c</b> EIN-PN 82-2582049-001
<b>a</b>	Plan name	PERFORMANCE SALES AND MARKETING GROUP, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	PERFORMANCE SALES AND MARKETING GROUP, LLC	<b>c</b> EIN-PN 83-4669106-001
<b>a</b>	Plan name	PERMA MENTAL HEALTH 401K PLAN	
<b>b</b>	Name of plan sponsor	PERMA MENTAL HEALTH, PLLC	<b>c</b> EIN-PN 46-5512107-001
<b>a</b>	Plan name	PETS4LIFE 401K PLAN	
<b>b</b>	Name of plan sponsor	PETS4LIFE, LLC	<b>c</b> EIN-PN 84-4942441-001
<b>a</b>	Plan name	PHRESH PICKS 401(K) PLAN	
<b>b</b>	Name of plan sponsor	PRESH PICKS DISTRIBUTING, INC.	<b>c</b> EIN-PN 27-2895973-001
<b>a</b>	Plan name	PLASTIC FERN STUDIOS RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	PLASTIC FERN STUDIOS, LLC	<b>c</b> EIN-PN 82-4504975-001

<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	PLEASANT VALLEY PEDIATRIC DENTISTRY 401K PLAN	
<b>b</b> Name of plan sponsor	KURT TRUONG, DDS, MSD, PLLC	<b>c</b> EIN-PN 43-5477300-001
<b>a</b> Plan name	PLENARY 401(K) PLAN	
<b>b</b> Name of plan sponsor	PLENARY ENTERPRISE, LLC	<b>c</b> EIN-PN 46-0988928-001
<b>a</b> Plan name	PLS GROUP, INC. 401K PLAN	
<b>b</b> Name of plan sponsor	PLS GROUP, INC.	<b>c</b> EIN-PN 47-3074162-001
<b>a</b> Plan name	PORTAGE BANK 401K PLAN	
<b>b</b> Name of plan sponsor	PORTAGE BANK	<b>c</b> EIN-PN 41-0556760-002
<b>a</b> Plan name	PORTLAND HOSPITAL SERVICE CORPORATION 401K PLAN	
<b>b</b> Name of plan sponsor	PORTLAND HOSPITAL SERVICE CORPORATION	<b>c</b> EIN-PN 93-0588988-002
<b>a</b> Plan name	POWER PLUS DOUBLE STAR 401(K) PLAN	
<b>b</b> Name of plan sponsor	DOUBLE STAR, LLC	<b>c</b> EIN-PN 83-3662357-001
<b>a</b> Plan name	POWER SOURCE ELECTRIC 401(K) PROFIT SHARING PLAN	
<b>b</b> Name of plan sponsor	POWER SOURCE ELECTRIC LLC	<b>c</b> EIN-PN 87-3260921-001
<b>a</b> Plan name	PRAIRIE PLUMBING CONTACTORS, INC. 401 (K) PLAN	
<b>b</b> Name of plan sponsor	PRAIRIE PLUMBING CONTRACTORS, INC.	<b>c</b> EIN-PN 81-1963898-001
<b>a</b> Plan name	PREFERRED ASPHALT AND CONCRETE, LLC 401(K) PLAN TRUST	
<b>b</b> Name of plan sponsor	PREFERRED ASPHALT AND CONCRETE, LLC	<b>c</b> EIN-PN 81-2566699-001
<b>a</b> Plan name	PREMIER BUILDING RESTORATION, INC. 401K PLAN	
<b>b</b> Name of plan sponsor	PREMIER BUILDING RESTORATION, INC.	<b>c</b> EIN-PN 20-2664847-001
<b>a</b> Plan name	PRIAMBA SOFT LLC 401K PLAN	
<b>b</b> Name of plan sponsor	PRIAMBA SOFT LLC	<b>c</b> EIN-PN 46-2435519-001
<b>a</b> Plan name	PRO COUNT WEST 401(K) PLAN	
<b>b</b> Name of plan sponsor	PRO COUNT WEST, L.L.C.	<b>c</b> EIN-PN 71-0932090-001

<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	PRO DIESEL WORX 401(K) PLAN	
<b>b</b>	Name of plan sponsor	PRO DIESEL WORX, LLC	<b>c</b> EIN-PN 46-2968177-001
<b>a</b>	Plan name	PRO SERV 401K PLAN	
<b>b</b>	Name of plan sponsor	PRO SERV PLUMBING HEATING COOLING, LLC	<b>c</b> EIN-PN 20-2613406-001
<b>a</b>	Plan name	PROFESSIONAL TECHNICAL SECURITY SERVICE INC. 401K PROFIT SHARING PLAN AND TRUST	
<b>b</b>	Name of plan sponsor	PROFESSIONAL TECHNICAL SECURITY SERVICE INC	<b>c</b> EIN-PN 94-3204647-001
<b>a</b>	Plan name	PROSOLARCLEAN, LLC 401K PLAN	
<b>b</b>	Name of plan sponsor	PROSOLARCLEAN, LLC	<b>c</b> EIN-PN 46-4198779-001
<b>a</b>	Plan name	PROVIDENCE HEALTH BENEFITS, INC. 401K PLAN	
<b>b</b>	Name of plan sponsor	PROVIDENCE HEALTH BENEFITS, INC.	<b>c</b> EIN-PN 83-4371853-001
<b>a</b>	Plan name	PS BAJWA INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	PS BAJWA INC.	<b>c</b> EIN-PN 26-0566260-001
<b>a</b>	Plan name	PUGET SOUND PILOTS	
<b>b</b>	Name of plan sponsor	PUGET SOUND PILOTS	<b>c</b> EIN-PN 91-1170751-003
<b>a</b>	Plan name	PYONGSAN AMERICA 401 (K) PLAN	
<b>b</b>	Name of plan sponsor	PYONGSAN AMERICA, INC.	<b>c</b> EIN-PN 20-0814472-001
<b>a</b>	Plan name	R2 TECHNOLOGIES, INC. 401K PLAN	
<b>b</b>	Name of plan sponsor	R2 TECHNOLGIES, INC.	<b>c</b> EIN-PN 47-2464622-001
<b>a</b>	Plan name	RAE LEE BELLE, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	RAE LEE BELLE, INC.	<b>c</b> EIN-PN 92-3913972-001
<b>a</b>	Plan name	RED HAUS PHARMACY, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	RED HAUS PHARMACY, LLC	<b>c</b> EIN-PN 83-1976762-001
<b>a</b>	Plan name	REVENUE CYCLE MANAGEMENT SOLUTIONS 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	REVENUE CYCLE MANAGEMENT SOLUTIONS, LLC	<b>c</b> EIN-PN 27-0783575-001

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 RH LOMBARD SMOOTHIE LLC RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor RH LOMBARD SMOOTHIE LLC	<b>c</b> EIN-PN 84-4767361-001
<b>a</b>	Plan name RICK BALL AUTO GROUP 401K	
<b>b</b>	Name of plan sponsor RICK BALL CHEVROLET BUICK GMC, INC.	<b>c</b> EIN-PN 44-0500901-001
<b>a</b>	Plan name RIVER ROCK TREATMENT 401(K) PLAN	
<b>b</b>	Name of plan sponsor RIVER ROCK TREATMENT	<b>c</b> EIN-PN 85-3117365-001
<b>a</b>	Plan name RIVERBEND WEALTH RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor RIVERBEND WEALTH, INC	<b>c</b> EIN-PN 87-4181461-001
<b>a</b>	Plan name ROLENN MANUFACTURING, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor ROLENN MANUFACTURING, INC.	<b>c</b> EIN-PN 95-3654217-001
<b>a</b>	Plan name ROOF DESIGN AND SHEET METAL LLC 401K PLAN	
<b>b</b>	Name of plan sponsor ROOF DESIGN AND SHEET METAL LLC	<b>c</b> EIN-PN 84-1913337-001
<b>a</b>	Plan name RUMLEY FINANCIAL SERVICES, LLC 401K PLAN	
<b>b</b>	Name of plan sponsor RUMLEY FINANCIAL SERVICES, LLC	<b>c</b> EIN-PN 87-4163951-001
<b>a</b>	Plan name S-2 CONTRACTORS 401(K) PLAN	
<b>b</b>	Name of plan sponsor S-2 CONTRACTORS, INC. - K7268	<b>c</b> EIN-PN 93-1025924-001
<b>a</b>	Plan name SAILOR HARDING WEALTH MANAGEMENT GROUP 401K PLAN	
<b>b</b>	Name of plan sponsor KEVIN T. SAILOR DBA SAILOR HARDING WEALTH MANAGEMENT	<b>c</b> EIN-PN 20-1217013-001
<b>a</b>	Plan name SANAD PHYSICAL THERAPY LLC RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor SANAD PHYSICAL THERAPY LLC	<b>c</b> EIN-PN 87-2906538-001
<b>a</b>	Plan name SAVE FIRST FINANCIAL 401(K) PLAN	
<b>b</b>	Name of plan sponsor LIGHTHOUSE FINANCIAL WELLNESS	<b>c</b> EIN-PN 93-1531729-001
<b>a</b>	Plan name SBG NEWCO. LLC 401K PLAN	
<b>b</b>	Name of plan sponsor SBG NEWCO, LLC	<b>c</b> EIN-PN 86-3497451-001

<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	SCJ CONSULTING SERVICES LLC 401K PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	SCJ CONSULTING SERVICES LLC	<b>c</b> EIN-PN 83-1749719-001
<b>a</b>	Plan name	SEASONS OF LIFE LLC 401 (K) PLAN	
<b>b</b>	Name of plan sponsor	SEASONS OF LIFE LLC	<b>c</b> EIN-PN 81-3722506-001
<b>a</b>	Plan name	SEB G LLC 401K PLAN	
<b>b</b>	Name of plan sponsor	SEB G LLC	<b>c</b> EIN-PN 86-3297692-001
<b>a</b>	Plan name	SEDAGHAT LAW GROUP 401 (K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	SEDAGHAT LAW GROUP	<b>c</b> EIN-PN 86-3324499-001
<b>a</b>	Plan name	SEMINOLE UNISERV 401 (K) PLAN	
<b>b</b>	Name of plan sponsor	SEMINOLE UNIVERSITY	<b>c</b> EIN-PN 59-2893387-001
<b>a</b>	Plan name	SHADEWORKS 401K PLAN	
<b>b</b>	Name of plan sponsor	SHADEWORKS, INC	<b>c</b> EIN-PN 20-8015978-001
<b>a</b>	Plan name	SHEET METAL WERKS INC. 401K PLAN	
<b>b</b>	Name of plan sponsor	SHEET METAL WERKS, INC	<b>c</b> EIN-PN 36-3712699-001
<b>a</b>	Plan name	SHREVEPORT EYE CENTRAL 401(K) PLAN	
<b>b</b>	Name of plan sponsor	SHREVEPORT EYE CENTRAL	<b>c</b> EIN-PN 47-1724599-001
<b>a</b>	Plan name	SIERRA CASEWORK, INC. 401K PROFIT SHARING PLAN AND TRUST	
<b>b</b>	Name of plan sponsor	SIERRA CASEWORK, INC.	<b>c</b> EIN-PN 68-0479728-001
<b>a</b>	Plan name	SILVER FOX BAR AND GRILL, LLC 401(K) PLAN TRUST	
<b>b</b>	Name of plan sponsor	SILVER FOX BAR AND GRILL, LLC	<b>c</b> EIN-PN 85-3006815-001
<b>a</b>	Plan name	SIMPLIAGE 401K PLAN	
<b>b</b>	Name of plan sponsor	SIMPLIAGE LLC	<b>c</b> EIN-PN 84-2442200-001
<b>a</b>	Plan name	SITE SUPPLY INC 401 (K) PROFIT SHARING PLAN AND TRUST	
<b>b</b>	Name of plan sponsor	SITE SUPPLY INC	<b>c</b> EIN-PN 38-3113303-001

<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	SLOAN BOUTIQUE 401K PSP	
<b>b</b>	Name of plan sponsor	SLOAN BOUTIQUE	<b>c</b> EIN-PN 36-4626640-001
<b>a</b>	Plan name	SMART MOBILE TECHS 401K RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	SMART MOBILE TECHS, LLC	<b>c</b> EIN-PN 81-3006081-001
<b>a</b>	Plan name	SMITH FIVE ELECTRIC LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	SMITH FIVE ELECTRIC LLC	<b>c</b> EIN-PN 47-3665791-001
<b>a</b>	Plan name	SOCIAL CONNECTIONS 401K PLAN	
<b>b</b>	Name of plan sponsor	SOCIAL CONNECTIONS LEARNING CENTER KATY, LLC	<b>c</b> EIN-PN 81-2869646-001
<b>a</b>	Plan name	SONDE HEALTH 401K PLAN	
<b>b</b>	Name of plan sponsor	SONDE HEALTH INC	<b>c</b> EIN-PN 81-1628619-001
<b>a</b>	Plan name	SOUND PRODUCE, INC. 401K PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	SOUND PRODUCE, INC.	<b>c</b> EIN-PN 91-1477363-001
<b>a</b>	Plan name	SOUTH COAST COUNSELING, INC. 401K PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	SOUTH COAST COUNSELING, INC.	<b>c</b> EIN-PN 95-6220759-001
<b>a</b>	Plan name	SOUTH COUNTY STEEL, INC. 401K PLAN	
<b>b</b>	Name of plan sponsor	SOUTH COUNTY STEEL, INC.	<b>c</b> EIN-PN 05-0442362-001
<b>a</b>	Plan name	SOUTH HILLS LINCOLN 401K PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	SOUTH HILLS LINCOLN, INC.	<b>c</b> EIN-PN 25-1431539-001
<b>a</b>	Plan name	SOUTHEASTERN ENT 401K PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	SOUTHEASTERN EAR NOSE THROAT ALLERGY AND SLEEP DISORDERS INSTITUTE LLC	<b>c</b> EIN-PN 27-2374754-001
<b>a</b>	Plan name	SOUTHERN WEALTH STRATEGIES 401K PROFIT SHARING PLAN AND TRUST	
<b>b</b>	Name of plan sponsor	SOUTHERN WEALTH STRATEGIES	<b>c</b> EIN-PN 82-4587452-001
<b>a</b>	Plan name	SPARROW BAKERY RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	THE SPARROW BAKERY ACQUISITION LLC	<b>c</b> EIN-PN 27-4360994-001

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 SPECTACLE SHOPPE 401K PLAN	
<b>b</b>	Name of plan sponsor SPECTACLE SHOPPE INC.	<b>c</b> EIN-PN 41-1308513-001
<b>a</b>	Plan name SPOKANE ROOFING COMPANY, LLC SAFE HARBOR 401K AND PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor SPOKANE ROOFING COMPANY, LLC	<b>c</b> EIN-PN 52-2381393-001
<b>a</b>	Plan name SPROUT THERAPY PDX, LLC 401 (K) PLAN	
<b>b</b>	Name of plan sponsor SPROUT THERAPY PDX, LLC	<b>c</b> EIN-PN 82-4853702-001
<b>a</b>	Plan name SS VASCULAR 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor SASHA SALLOUM, M.D., INC., APMC	<b>c</b> EIN-PN 46-2477378-001
<b>a</b>	Plan name STAND UP GUYS JUNK REMOVAL LLC 401K PROFIT SHARING PLAN AND TRUST	
<b>b</b>	Name of plan sponsor STAND UP GUYS JUNK REMOVAL LLC	<b>c</b> EIN-PN 45-3210884-001
<b>a</b>	Plan name STEVEN STRATTON, INC. 401K PLAN	
<b>b</b>	Name of plan sponsor STEVEN STRATTON, INC.	<b>c</b> EIN-PN 58-2527884-001
<b>a</b>	Plan name STRATITECH SERVICES, LLC 401K PLAN	
<b>b</b>	Name of plan sponsor STRATITECH SERVICES, LLC	<b>c</b> EIN-PN 87-3637671-001
<b>a</b>	Plan name STUART B. RATNER, P.C. 401(K) PLAN	
<b>b</b>	Name of plan sponsor STUART B. RATNER, P.C.	<b>c</b> EIN-PN 06-1388150-002
<b>a</b>	Plan name SUN BADGER SOLAR, LLC 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor SUN BADGER SOLAR, LLC	<b>c</b> EIN-PN 82-4451706-001
<b>a</b>	Plan name SUN CITY KIDZ CLINIC, PA 401(K) PLAN	
<b>b</b>	Name of plan sponsor SUN CITY KIDZ CLINIC, PA	<b>c</b> EIN-PN 27-0345062-001
<b>a</b>	Plan name SUN MARKETING AGENTS, INC. PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor SUN MARKETING AGENTS, INC.	<b>c</b> EIN-PN 59-2983812-001
<b>a</b>	Plan name SUNRISE TELECOM 401 (K) PROFIT SHARING PLAN AND TRUST	
<b>b</b>	Name of plan sponsor SUNRISE TELECOM	<b>c</b> EIN-PN 46-1381519-001

<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	SUNSOLAR SOLUTIONS 401K PLAN	
<b>b</b>	Name of plan sponsor	SUNSOLAR SOLUTIONS, INC.	<b>c</b> EIN-PN 47-3334574-001
<b>a</b>	Plan name	SUPERIOR SURFACE SOLUTIONS INC 401K PLAN	
<b>b</b>	Name of plan sponsor	SUPERIOR SURFACE SOLUTIONS INC	<b>c</b> EIN-PN 43-1545015-001
<b>a</b>	Plan name	SURFACE EXPERTS 401K PLAN	
<b>b</b>	Name of plan sponsor	SURFACE EXPERTS FRANCHISING LLC	<b>c</b> EIN-PN 83-1283035-001
<b>a</b>	Plan name	SWAN CONTRACTING LLC 401K PLAN	
<b>b</b>	Name of plan sponsor	SWAN CONTRACTING LLC	<b>c</b> EIN-PN 45-4189247-001
<b>a</b>	Plan name	SWIMRIGHT POOL SERVICE AND REPAIR 401(K)	
<b>b</b>	Name of plan sponsor	SWIMRIGHT POOL SERVICE AND REPAIR	<b>c</b> EIN-PN 46-3156922-001
<b>a</b>	Plan name	SYNERGY CONTRACTORS GROUP 401K PLAN	
<b>b</b>	Name of plan sponsor	SYNERGY CONTRACTORS GROUP LLC	<b>c</b> EIN-PN 81-2548576-001
<b>a</b>	Plan name	SYNERGY PAIN, PLLC 401K PLAN	
<b>b</b>	Name of plan sponsor	SYNERGY PAIN, PLLC	<b>c</b> EIN-PN 87-1244133-001
<b>a</b>	Plan name	T R A H 401(K) PLAN	
<b>b</b>	Name of plan sponsor	THREE RIVERS ANIMAL HOSPITAL, LLC	<b>c</b> EIN-PN 46-5279214-001
<b>a</b>	Plan name	TAMBA 401K PLAN	
<b>b</b>	Name of plan sponsor	TAHOE AREA MOUNTAIN BIKING ASSOCIATION DBA TAMBA	<b>c</b> EIN-PN 91-1852297-001
<b>a</b>	Plan name	TANGLEWIRE, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	TANGLEWIRE, INC.	<b>c</b> EIN-PN 36-3754861-001
<b>a</b>	Plan name	TECHLAB FINANCIAL PREPAREDNESS 401K PLAN	
<b>b</b>	Name of plan sponsor	TECHNOLOGY LAB, LLC	<b>c</b> EIN-PN 83-3214120-001
<b>a</b>	Plan name	TELEGRAPH CREATIVE 401K PLAN	
<b>b</b>	Name of plan sponsor	TELEGRAPH BRANDING LLC	<b>c</b> EIN-PN 45-3168879-001

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 TF STRATEGIES, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor TF STRATEGIES, LLC	<b>c</b> EIN-PN 99-3064512-001
<b>a</b>	Plan name TFI, LLC 401K PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor TFI, LLC	<b>c</b> EIN-PN 47-3152534-001
<b>a</b>	Plan name TGOC, INC. 401(K) PROFIT SHARING PLAN AND TRUST	
<b>b</b>	Name of plan sponsor TGOC, INC	<b>c</b> EIN-PN 82-3407368-001
<b>a</b>	Plan name THE ACOSTA AGENCY 401(K) PLAN	
<b>b</b>	Name of plan sponsor THE ACOSTA INSURANCE AGENCY, LLC.	<b>c</b> EIN-PN 83-2995192-001
<b>a</b>	Plan name THE BEHAVIORAL EFFECT RETIREMENT PLAN TRUST	
<b>b</b>	Name of plan sponsor SANSOVA COPORATION	<b>c</b> EIN-PN 87-3124780-001
<b>a</b>	Plan name THE BROWN COW ICE CREAM PARLOR 401(K) PLAN	
<b>b</b>	Name of plan sponsor THE BROWN COW ICE CREAM PARLOR	<b>c</b> EIN-PN 20-0215987-001
<b>a</b>	Plan name THE CITY SCHOOL 401(K) PLAN	
<b>b</b>	Name of plan sponsor CITY SCHOOL, INC.	<b>c</b> EIN-PN 82-2778857-001
<b>a</b>	Plan name THE CONTRACT INTERIORS LLC 401K PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor THE CONTRACT INTERIORS LLC	<b>c</b> EIN-PN 93-1268004-001
<b>a</b>	Plan name THE DOBRO GROUP 401(K) PLAN	
<b>b</b>	Name of plan sponsor THE DOBRO GROUP	<b>c</b> EIN-PN 82-3014795-001
<b>a</b>	Plan name THE GOODE COMPANIES OF FLORIDA INC 401K PLAN	
<b>b</b>	Name of plan sponsor THE GOODE COMPANIES OF FLORIDA INC	<b>c</b> EIN-PN 88-3861831-001
<b>a</b>	Plan name THE HODGES COMPANY 401K PLAN	
<b>b</b>	Name of plan sponsor THE HODGES COMPANY, INC.	<b>c</b> EIN-PN 54-0654822-001
<b>a</b>	Plan name THE LEYTON CONDOMINIUM 401K PLAN	
<b>b</b>	Name of plan sponsor THE LEYTON CONDOMINIUM	<b>c</b> EIN-PN 88-0715519-001

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 THE PAVEMENT GROUP 401K PLAN	
<b>b</b>	Name of plan sponsor THE PAVEMENT GROUP, INC.	<b>c</b> EIN-PN 83-2899321-001
<b>a</b>	Plan name THE SUITCASE OF COURAGE, LLC 401K PLAN	
<b>b</b>	Name of plan sponsor THE SUITCASE OF COURAGE, LLC	<b>c</b> EIN-PN 81-4976698-001
<b>a</b>	Plan name THE UGLY COMPANY 401(K) PLAN	
<b>b</b>	Name of plan sponsor THE UGLY COMPANY, INC.	<b>c</b> EIN-PN 83-3562445-001
<b>a</b>	Plan name THE WEALTHY STYLIST'S 401K PLAN	
<b>b</b>	Name of plan sponsor SDG MURRAY, LTD	<b>c</b> EIN-PN 47-1713117-001
<b>a</b>	Plan name THE WOODLANDS HEARING CENTER, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor THE WOODLANDS HEARING CENTER, LLC	<b>c</b> EIN-PN 90-1209749-001
<b>a</b>	Plan name THEWILD-CONSULTING PARTNERS LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor THE WILD-CONSULTING PARTNERS LLC	<b>c</b> EIN-PN 93-3741488-001
<b>a</b>	Plan name THRIVING FAMILIES 401K PLAN	
<b>b</b>	Name of plan sponsor THRIVING FAMILIES	<b>c</b> EIN-PN 84-1993572-001
<b>a</b>	Plan name THUNDERBIRD AUTOMOTIVE SPECIALISTS 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor JOHN HEAT AUTOMOTIVE, LLC	<b>c</b> EIN-PN 20-5527413-001
<b>a</b>	Plan name TIMOTHY J KENT LANDSCAPE AND TREE SERVICE, INC. 401K PLAN	
<b>b</b>	Name of plan sponsor TIMOTHY J KENT LANDSCAPE & TREE SERVICE, INC.	<b>c</b> EIN-PN 04-3257706-001
<b>a</b>	Plan name TORQUE AERO 401 (K) PLAN	
<b>b</b>	Name of plan sponsor TORQUE AERO	<b>c</b> EIN-PN 88-3625132-001
<b>a</b>	Plan name TORRADO CONSTRUCTION CO., INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor TORRADO CONSTRUCTION CO., INC.	<b>c</b> EIN-PN 23-2825954-001
<b>a</b>	Plan name TRAVIS PRICE MASONRY AND PLASTERING, LLC 401(K) PLAN TRUST	
<b>b</b>	Name of plan sponsor TRAVIS PRICE MASONRY AND PLASTERING, LLC	<b>c</b> EIN-PN 30-0998659-001

<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	TRENDSETTER HOMES, LLC 401K PLAN	
<b>b</b>	Name of plan sponsor	TRENDSETTER HOMES, LLC	<b>c</b> EIN-PN 82-3736627-001
<b>a</b>	Plan name	TRIANGLE BENEFITS, INC. 401K PLAN	
<b>b</b>	Name of plan sponsor	TRIANGLE BENEFITS, INC.	<b>c</b> EIN-PN 82-1572838-001
<b>a</b>	Plan name	TRINITY CONSULTING AND DESIGN INC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	TRINITY CONSULTING AND DESIGN INC	<b>c</b> EIN-PN 92-2972809-001
<b>a</b>	Plan name	TRI-STATE MARINE 401(K) PLAN	
<b>b</b>	Name of plan sponsor	BLUEWATER CAPITAL, INC.	<b>c</b> EIN-PN 85-2008340-001
<b>a</b>	Plan name	UNDIARTO LLC 401K PLAN	
<b>b</b>	Name of plan sponsor	UNDIARTO LLC	<b>c</b> EIN-PN 88-2020839-001
<b>a</b>	Plan name	UNITED DELIVERY 401K PLAN	
<b>b</b>	Name of plan sponsor	UNITED DELIVERY INCORPORATED	<b>c</b> EIN-PN 06-1523004-001
<b>a</b>	Plan name	UNIVERSAL PAINTING CORPORATION 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	UNIVERSAL PAINTING CORPORATION	<b>c</b> EIN-PN 59-3157869-001
<b>a</b>	Plan name	USQRISK SERVICES 401(K) PLAN	
<b>b</b>	Name of plan sponsor	USQRISK SERVICES, LLC	<b>c</b> EIN-PN 85-1387205-001
<b>a</b>	Plan name	UTAH VALLEY VISION CARE 401K PLAN	
<b>b</b>	Name of plan sponsor	UTAH VALLEY OPTOMETRIC PHYSICIANS	<b>c</b> EIN-PN 57-1190130-001
<b>a</b>	Plan name	VACAVILLE VISITORS BUREAU 401(K) PLAN	
<b>b</b>	Name of plan sponsor	VACAVILLE VISITORS BUREAU	<b>c</b> EIN-PN 20-1430959-001
<b>a</b>	Plan name	VALENTINA YASINKSY, D.D.S. INC 401K PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	VALENTINA YASINSKY, D.D.S. INC	<b>c</b> EIN-PN 47-0462189-001
<b>a</b>	Plan name	VALLEY ENT 401 (K) PLAN	
<b>b</b>	Name of plan sponsor	VALLEY ENT	<b>c</b> EIN-PN 87-0973873-001

<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	VISIT YOLO 401(K) PLAN TRUST	
<b>b</b>	Name of plan sponsor	YOLO COUNTY VISITORS BUREAU	<b>c</b> EIN-PN 68-0449489-001
<b>a</b>	Plan name	VM3 BUILDING & INVESTING LLC 401(K) PS PLAN AND TRUST	
<b>b</b>	Name of plan sponsor	VM3 BUILDING AND INVESTING, LLC	<b>c</b> EIN-PN 81-1501359-001
<b>a</b>	Plan name	VSW RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	VITAL SIGNS WELLNESS LLC	<b>c</b> EIN-PN 88-0870704-001
<b>a</b>	Plan name	WALTERS INDUSTRIES, LLC 401K PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	WALTERS INDUSTRIES, LLC	<b>c</b> EIN-PN 86-2942964-001
<b>a</b>	Plan name	WARD COVE DOCK GROUP 401K PLAN	
<b>b</b>	Name of plan sponsor	WARD COVE DOCK GROUP LLC	<b>c</b> EIN-PN 84-2034716-001
<b>a</b>	Plan name	WARREN E. WOLSCHLAGER, PC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	WARREN E. WOLSCHLAGER, PC	<b>c</b> EIN-PN 36-3908717-001
<b>a</b>	Plan name	WASATCH POST- ACUTE SERVICES, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	WASATCH POST-ACUTE SERVICES, LLC	<b>c</b> EIN-PN 92-2043461-001
<b>a</b>	Plan name	WE THE PEOPLE ACTION FUND 401 (K) PLAN	
<b>b</b>	Name of plan sponsor	WE THE PEOPLE ACTION FUND	<b>c</b> EIN-PN 84-3528071-001
<b>a</b>	Plan name	WEST USA REALTY, INC. 401K RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	WEST USA REALTY, INC.	<b>c</b> EIN-PN 86-0564751-001
<b>a</b>	Plan name	WESTCOAT SPECIALTY COATING SYSTEMS, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	WESTCOAT SPECIALTY COATING SYSTEMS INC.	<b>c</b> EIN-PN 83-1500209-001
<b>a</b>	Plan name	WESTERN INFECTIOUS DISEASE CONSULTANTS, P.C. PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	WESTERN INFECTIOUS DISEASE CONSULTANTS PC	<b>c</b> EIN-PN 84-0928330-001
<b>a</b>	Plan name	WESTWARD BUILDERS LLC 401K PROFIT SHARING PLAN & TRUST	
<b>b</b>	Name of plan sponsor	WESTWARD BUILDERS LLC	<b>c</b> EIN-PN 83-2506594-001

<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	WV PEDIATRIC DENTISTRY 401K PLAN	
<b>b</b>	Name of plan sponsor	WV PEDIATRIC DENTISTRY PLLC	<b>c</b> EIN-PN 87-3773205-001
<b>a</b>	Plan name	YESHIVA GEDOLAH OF WATERBURY RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	YESHIVA GEDOLAH OF WATERBURY	<b>c</b> EIN-PN 06-1594648-001
<b>a</b>	Plan name	YOR LABS 401K PLAN	
<b>b</b>	Name of plan sponsor	YOR LABS, INC.	<b>c</b> EIN-PN 81-2647569-001
<b>a</b>	Plan name	YOU'VE GOT MAIDS OF NORTHERN VIRGINIA 401(K) PLAN	
<b>b</b>	Name of plan sponsor	MNM OF CHANTILLY, LLC DBA YOU'VE GOT MAIDS OF NORTHERN VIRGINIA	<b>c</b> EIN-PN 81-5394941-001
<b>a</b>	Plan name	ZEITLIN AND COMPANY REALTORS 401(K) PLAN TRUST	
<b>b</b>	Name of plan sponsor	ZEITLIN AND COMPANY REALTORS	<b>c</b> EIN-PN 62-1045805-002
<b>a</b>	Plan name	ZYNERGY SKIN & MED SPA 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ZYNERGY SKIN & MED SPA, LLC	<b>c</b> EIN-PN 93-2972539-001
<b>a</b>	Plan name	BARTON POOL COMPANY LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	BARTON POOL COMPANY LLC	<b>c</b> EIN-PN 27-2617947-001
<b>a</b>	Plan name	BEYOND ENERGY SERVICES AND TECHNOLOGY USA, INC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	BEYOND ENERGY SERVICES AND TECHNOLOGY USA, INC	<b>c</b> EIN-PN 35-2622453-001
<b>a</b>	Plan name	BRINTON BUSINESS VENTURES, INC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	BRINTON BUSINESS VENTURES, INC	<b>c</b> EIN-PN 91-1326261-001
<b>a</b>	Plan name	BRYAN CASEY CONSTRUCTION 401 (K) PLAN	
<b>b</b>	Name of plan sponsor	BRYAN CASEY CONSTRUCTION LLC	<b>c</b> EIN-PN 47-1789916-001
<b>a</b>	Plan name	GRANITI GROUP RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	GRANITI VICENTIA, LLC	<b>c</b> EIN-PN 46-0524570-001
<b>a</b>	Plan name	JIMMY JOHNS CONSOLIDATED RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	FORT WAYNE 1 LLC	<b>c</b> EIN-PN 81-1250940-001

**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	KING FABRICATION, LLC 401(K) PLAN	
<b>b</b> Name of plan sponsor	KING FABRICATION, LLC	<b>c</b> EIN-PN 76-0532638-001

<b>a</b> Plan name	OPUS INSPECTION 401(K) PLAN	
<b>b</b> Name of plan sponsor	OPUS INSPECTION, INC.	<b>c</b> EIN-PN 74-3258141-001

<b>a</b> Plan name	PROVIDENCE COMMUNITY HOUSING 401(K) PLAN	
<b>b</b> Name of plan sponsor	PROVIDENCE COMMUNITY HOUSING	<b>c</b> EIN-PN 20-4627275-001

<b>a</b> Plan name	SHEPHERD POOLED EMPLOYER PLAN (PEP)	
<b>b</b> Name of plan sponsor	OUTDOOR ENVIRONMENTS GROUP LLC	<b>c</b> EIN-PN 20-8606927-104

<b>a</b> Plan name		
<b>b</b> Name of plan sponsor		<b>c</b> EIN-PN

<b>a</b> Plan name		
<b>b</b> Name of plan sponsor		<b>c</b> EIN-PN

<b>a</b> Plan name		
<b>b</b> Name of plan sponsor		<b>c</b> EIN-PN

<b>a</b> Plan name		
<b>b</b> Name of plan sponsor		<b>c</b> EIN-PN

<b>a</b> Plan name		
<b>b</b> Name of plan sponsor		<b>c</b> EIN-PN

<b>a</b> Plan name		
<b>b</b> Name of plan sponsor		<b>c</b> EIN-PN

<b>a</b> Plan name		
<b>b</b> Name of plan sponsor		<b>c</b> EIN-PN

<b>a</b> Plan name		
<b>b</b> Name of plan sponsor		<b>c</b> EIN-PN

<b>SCHEDULE H</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Financial Information</b>  This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).  <b>▶ File as an attachment to Form 5500.</b>	<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>STATE STREET ONTRACK TARGET RETIREMENT 2025 FUND</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>ALTA TRUST COMPANY</b>	<b>D</b> Employer Identification Number (EIN) <b>86-3181503</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>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>	16060	15136
<b>c</b> General investments:			
<b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....	<b>1c(1)</b>	322367	72645
<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>	7602586	18809562
<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>	2021664	5055066
<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	9962677	23952409
<b>Liabilities</b>			
g Benefit claims payable.....	1g		
h Operating payables.....	1h	2000	5274
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j	298181	277165
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	300181	282439
<b>Net Assets</b>			
l Net assets (subtract line 1k from line 1f).....	1l	9662496	23669970

**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)	108043	
(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)		108043
(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)		
(D) Total dividends. Add lines 2b(2)(A), (B), and (C).....	2b(2)(D)		
(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>		1383844
<b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total .....	<b>2d</b>		1491887

**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>		
(11) Other expenses .....	<b>2i(11)</b>	30510	
(12) Total administrative expenses. Add lines <b>2i(1)</b> through <b>(11)</b> .....	<b>2i(12)</b>		30510
<b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total .....	<b>2j</b>		30510

**Net Income and Reconciliation**

<b>k</b> Net income (loss). Subtract line <b>2j</b> from line <b>2d</b> .....	<b>2k</b>		1461377
<b>l</b> Transfers of assets:			
(1) To this plan .....	<b>2l(1)</b>		17667631
(2) From this plan .....	<b>2l(2)</b>		5121534

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