

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 <h1 style="text-align: center;">2024</h1> This Form is Open to Public Inspection
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Part I Annual Report Identification Information
 For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

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

a single-employer plan a DFE (specify) C

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

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

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

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

special extension (enter description)

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

Part II Basic Plan Information—enter all requested information

1a Name of plan <u>STATE STREET ON-TRACK TARGET RETIREMENT 2055 FUND</u>	1b Three-digit plan number (PN) ▶ <u>001</u> 1c Effective date of plan
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>ALTA TRUST COMPANY</u> <u>3500 S PHILLIPS AVE.</u> <u>STE. 201</u> <u>SIOUX FALLS, SD 57105</u>	2b Employer Identification Number (EIN) <u>86-3363573</u> 2c Plan Sponsor's telephone number <u>303-996-3781</u> 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.

SIGN HERE			
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE	<u>Filed with authorized/valid electronic signature.</u>	<u>10/15/2025</u>	<u>MACKENZIE LOTHERT</u>
	Signature of DFE	Date	Enter name of individual signing as DFE

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

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:

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

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

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.

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 _____

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

A Name of plan <u>STATE STREET ON-TRACK TARGET RETIREMENT 2055 FUND</u>	B Three-digit plan number (PN) ▶	<u>001</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>ALTA TRUST COMPANY</u>	D Employer Identification Number (EIN) <u>86-3363573</u>	

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
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a Name of MTIA, CCT, PSA, or 103-12 IE: <u>ALTA TRUST SHORT TERM INVESTMENT</u>		
b Name of sponsor of entity listed in (a): <u>ALTA TRUST</u>		
c EIN-PN <u>92-0398350-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>143428</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>STATE STREET GLOBAL ALL CAP EQUITY</u>		
b Name of sponsor of entity listed in (a): <u>STATE STREET GLOBAL ADVISORS TRUST COMPANY</u>		
c EIN-PN <u>32-6528132-037</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>7305731</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>STATE STREET RUSSELL SMALL/MID CAP</u>		
b Name of sponsor of entity listed in (a): <u>STATE STREET GLOBAL ADVISORS TRUST COMPANY</u>		
c EIN-PN <u>04-0025081-091</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>3031225</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>STATE STREET S&P 500 INDEX SEC</u>		
b Name of sponsor of entity listed in (a): <u>STATE STREET GLOBAL ADVISORS TRUST COMPANY</u>		
c EIN-PN <u>90-0337987-388</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>6770855</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>STATE STREET US LONG GOV BOND</u>		
b Name of sponsor of entity listed in (a): <u>STATE STREET GLOBAL ADVISORS TRUST COMPANY</u>		
c EIN-PN <u>04-0025081-105</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>1153765</u>
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
a	Plan name BARTON POOL COMPANY LLC 401(K) PLAN	
b	Name of plan sponsor BARTON POOL COMPANY LLC	c EIN-PN 27-2617947-001
a	Plan name BEYOND ENERGY SERVICES AND TECHNOLOGY USA, INC 401(K) PLAN	
b	Name of plan sponsor BEYOND ENERGY SERVICES AND TECHNOLOGY USA, INC	c EIN-PN 35-2622453-001
a	Plan name BRINTON BUSINESS VENTURES, INC 401(K) PLAN	
b	Name of plan sponsor BRINTON BUSINESS VENTURES, INC	c EIN-PN 91-1326261-001
a	Plan name GRANITI GROUP RETIREMENT PLAN	
b	Name of plan sponsor GRANITI VICENTIA, LLC	c EIN-PN 46-0524570-001
a	Plan name JIMMY JOHNS CONSOLIDATED RETIREMENT PLAN	
b	Name of plan sponsor FORT WAYNE 1 LLC	c EIN-PN 81-1250940-001
a	Plan name KING FABRICATION, LLC 401(K) PLAN	
b	Name of plan sponsor KING FABRICATION, LLC	c EIN-PN 76-0532638-001
a	Plan name OPUS INSPECTION 401(K) PLAN	
b	Name of plan sponsor OPUS INSPECTION, INC.	c EIN-PN 74-3258141-001
a	Plan name PROVIDENCE COMMUNITY HOUSING 401(K) PLAN	
b	Name of plan sponsor PROVIDENCE COMMUNITY HOUSING	c EIN-PN 20-4627275-001
a	Plan name SHEPHERD POOLED EMPLOYER PLAN (PEP)	
b	Name of plan sponsor OUTDOOR ENVIRONMENTS GROUP LLC	c EIN-PN 20-8606927-104
a	Plan name 3B AUTO, INC. 401K PROFIT SHARING PLAN	
b	Name of plan sponsor 3B AUTO, INC.	c EIN-PN 46-4675320-001
a	Plan name 805 LAW GROUP, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor 805 LAW GROUP, INC.	c EIN-PN 85-4354396-001
a	Plan name A LIFE ABOVE, INC. 401 (K) PLAN	
b	Name of plan sponsor A LIFE ABOVE, INC	c EIN-PN 36-4593082-001

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.)	
a	Plan name AA SEAMLESS 401K PLAN	
b	Name of plan sponsor AA SEAMLESS, LLC	c EIN-PN 26-1863075-001
a	Plan name ABOVE AND BEYOND LEARNING CHILD CARE CTR, INC. 401(K) RETIREMENT PLAN	
b	Name of plan sponsor ABOVE & BEYOND LEARNING CHILD CARE CTR. INC.	c EIN-PN 76-0832732-001
a	Plan name ABOVE AND BEYOND PLUMBING AND HEATING 401K PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor ABOVE AND BEYOND PLUMBING AND HEATING, INC.	c EIN-PN 83-0946690-001
a	Plan name ACADA COMMUNICATIONS, LLC 401K PLAN	
b	Name of plan sponsor ACADA COMMUNICATIONS, LLC	c EIN-PN 26-2048125-001
a	Plan name ACTIVESTARS ATHLETICS 401(K) PLAN	
b	Name of plan sponsor ACTIVESTARS ATHLETICS, LLC	c EIN-PN 88-2276583-001
a	Plan name ADVISE AND CONSULT 401K PROFIT SHARING PLAN	
b	Name of plan sponsor ADVISE AND CONSULT, INC.	c EIN-PN 46-0509189-001
a	Plan name ADVOCACY DIGITAL MEDIA, LLC 401K PLAN	
b	Name of plan sponsor ADVOCACY DIGITAL MEDIA, LLC	c EIN-PN 82-1368769-001
a	Plan name AGILE ADVISORS LLC 401(K) PLAN	
b	Name of plan sponsor AGILE ADVISORS LLC	c EIN-PN 81-1296196-001
a	Plan name AGING EXCELLENCE 401(K) PLAN	
b	Name of plan sponsor D&C CARE COMPANY, INC.	c EIN-PN 88-1982007-001
a	Plan name AIDASH, INC. 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor AIDASH, INC.	c EIN-PN 83-3368842-001
a	Plan name AJ GENERAL CONSTRUCTION SERVICES, INC. 401(K) PLAN	
b	Name of plan sponsor AJ GENERAL CONSTRUCTION SERVICES, INC.	c EIN-PN 82-0821263-001
a	Plan name AJAX NW 401K PLAN	
b	Name of plan sponsor AJAX NORTHWEST LLC	c EIN-PN 92-1585070-001

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.)			
a	Plan name	ALL BE HEALTHY 401K PLAN	
b	Name of plan sponsor	ALL BE HEALTHY	c EIN-PN 87-4464334-001
a	Plan name	ALL BRITE FENCING PROFIT SHARING PLAN	
b	Name of plan sponsor	ALL BRITE FENCING, INC.	c EIN-PN 74-2798103-001
a	Plan name	ALLIANCE HEALTH SYSTEMS LLC 401K PLAN	
b	Name of plan sponsor	ALLIANCE HEALTH SYSTEMS LLC	c EIN-PN 46-3909652-001
a	Plan name	ALLIANCE IGP1 401K PLAN	
b	Name of plan sponsor	ALLIANCE IGP1	c EIN-PN 87-4464656-001
a	Plan name	ALPINE COUNTY CHAMBER OF COMMERCE 401K PROFIT SHARING PLAN	
b	Name of plan sponsor	ALPINE COUNTY CHAMBER OF COMMERCE	c EIN-PN 94-1698855-001
a	Plan name	AMERICAN REAL ESTATE ASSOCIATES, INC. 401K PLAN	
b	Name of plan sponsor	AMERICAN REAL ESTATE ASSOCIATES, INC.	c EIN-PN 87-0722947-001
a	Plan name	ANALYTICS LABS, LLC 401K RETIREMENT PLAN	
b	Name of plan sponsor	ANALYTICS LABS, LLC	c EIN-PN 83-3806495-001
a	Plan name	ANDERSON FRUIT RETIREMENT PLAN	
b	Name of plan sponsor	ANDERSON FRUIT, INC.	c EIN-PN 32-0169277-001
a	Plan name	APEX CRANE 401 (K) PLAN	
b	Name of plan sponsor	APEX CRANE SERVICE LLC	c EIN-PN 46-4850961-001
a	Plan name	AQUA IRRIGATION TECHNOLOGIES, LLC 401K PLAN	
b	Name of plan sponsor	AQUA IRRIGATION TECHNOLOGIES, LLC	c EIN-PN 27-4745566-001
a	Plan name	ARC SOLUTIONS 401K PLAN	
b	Name of plan sponsor	ARC SOLUTIONS LLC	c EIN-PN 85-4145099-001
a	Plan name	ARCHESYS INC. 401K PLAN	
b	Name of plan sponsor	ARCHESYS INC.	c EIN-PN 84-3510524-001

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.)	
a	Plan name ARCON 401(K) PLAN	
b	Name of plan sponsor ARCON SOLUTIONS, INC.	c EIN-PN 27-0814481-001
a	Plan name ARTHUR JAMES ASSET MANAGEMENT 401K PLAN	
b	Name of plan sponsor ARTHUR JAMES ASSET MANAGEMENT	c EIN-PN 84-4416084-001
a	Plan name ASAP PLUMBING, LLC 401(K) PLAN	
b	Name of plan sponsor ASAP PLUMBING, LLC	c EIN-PN 85-3050351-001
a	Plan name ASH EQUIPMENT 401 (K) PROFIT SHARING	
b	Name of plan sponsor PROSYS ONE, LLC	c EIN-PN 92-1340929-002
a	Plan name ASHLEY SMITH CONSTRUCTION 401K PROFIT SHARING PLAN	
b	Name of plan sponsor ASHLEY SMITH CONSTRUCTION	c EIN-PN 82-3364581-001
a	Plan name ASSET PRESERVATION & RESTORATION, LLC 401 (K) PLAN	
b	Name of plan sponsor ASSEST PRESERVATION & RESTORATION, LLC	c EIN-PN 80-0276961-001
a	Plan name ASSISTING HANDS ROCKFORD 401(K) PLAN	
b	Name of plan sponsor ROCKFORD FAMILY HOME CARE LLC	c EIN-PN 87-4385503-001
a	Plan name AULTEC, INC. 401K PLAN	
b	Name of plan sponsor AULTEC, INC.	c EIN-PN 52-1873623-001
a	Plan name AUNT CARRIE CONSULTING INC. 401(K) PLAN	
b	Name of plan sponsor AUNT CARRIE CONSULTING INC.	c EIN-PN 46-1089070-001
a	Plan name AURA LIVING 401(K) PLAN	
b	Name of plan sponsor MEG RESIDENTIAL LLC	c EIN-PN 93-4684144-001
a	Plan name AVITIA FRAMING 401(K) PLAN	
b	Name of plan sponsor AVITIA FRAMING	c EIN-PN 16-1738421-001
a	Plan name AVORS MEDICAL GROUP 401K PROFIT SHARING PLAN	
b	Name of plan sponsor AVORS MEDICAL GROUP	c EIN-PN 26-1250331-001

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.)	
a	Plan name AZ WHOLESALE GROWERS 401K RETIREMENT PLAN	
b	Name of plan sponsor AZ WHOLESALE GROWERS, INC.	c EIN-PN 86-0627015-001
a	Plan name B AND C PACKING 401K PLAN	
b	Name of plan sponsor B&C PACKING, INC.	c EIN-PN 77-0297064-001
a	Plan name BACK TO BALANCE COUNSELING 401(K) PLAN	
b	Name of plan sponsor BACK TO BALANCE COUNSELING, LLC	c EIN-PN 81-3339144-001
a	Plan name BACKFLOW TECHNOLOGY, LLC 401K PLAN	
b	Name of plan sponsor BACKFLOW TECHNOLOGY, LLC	c EIN-PN 54-2018666-001
a	Plan name BALDWIN AND CLARKE 401K PLAN	
b	Name of plan sponsor BALDWIN & CLARKE HOLDING COMPANY, LLC	c EIN-PN 84-4103717-001
a	Plan name BARNETT FIRM 401K PLAN	
b	Name of plan sponsor THE BARNETT FIRM, LLC	c EIN-PN 27-2578221-001
a	Plan name BARRACUDA CONSTRUCTION, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor BARRACUDA CONSTRUCTION, INC.	c EIN-PN 20-3147686-001
a	Plan name BAY AREA PUMPS RETIREMENT PLAN	
b	Name of plan sponsor BAY AREA PUMPS, INC.	c EIN-PN 20-3737061-001
a	Plan name BAY WATER TRANSPORTATION 401K PLAN	
b	Name of plan sponsor MONOPOLY HOLDINGS LLC DBA BAY WATER TRANSPORTATION	c EIN-PN 83-1513767-001
a	Plan name BEAM CIRCULAR RETIREMENT PLAN	
b	Name of plan sponsor BEAM CIRCULAR	c EIN-PN 99-3024237-001
a	Plan name BENJAMIN L. CARRICO INC. PC 401(K) PLAN	
b	Name of plan sponsor BENJAMIN L. CARRICO DMD INC. PC	c EIN-PN 26-2252236-001
a	Plan name BENTON ROBERSON CPA'S, LLP 401K PLAN	
b	Name of plan sponsor BENTON ROBERSON CPA'S LLP	c EIN-PN 46-0557196-001

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.)			
a	Plan name	BEVERLY GLEN PHARMACY INC. 401K PLAN	
b	Name of plan sponsor	BEVERLY GLEN PHARMACY, INC.	c EIN-PN 95-3149987-001
a	Plan name	BIG GUY LANDSCAPE, LLC 401K PLAN	
b	Name of plan sponsor	BIG GUY LANDSCAPE, LLC	c EIN-PN 47-3575601-001
a	Plan name	BILDER APPLIANCE 401(K) PLAN	
b	Name of plan sponsor	BILDER APPLIANCE SALES AND SERVICE, INC.	c EIN-PN 41-1648011-001
a	Plan name	BLACK STAR ACA LLC 401K PLAN	
b	Name of plan sponsor	BLACK STAR ACA LLC	c EIN-PN 83-1787463-001
a	Plan name	BLUE SKY DISTRIBUTING 401K PLAN	
b	Name of plan sponsor	BSR DISTRIBUTING, INC.	c EIN-PN 26-2308031-001
a	Plan name	BLUE SKY ELECTRICAL SOLUTIONS, INC. 401K PROFIT SHARING PLAN	
b	Name of plan sponsor	BLUE SKY ELECTRICAL SOLUTIONS, INC.	c EIN-PN 47-5566409-001
a	Plan name	BLUE TRIDENT 401K PLAN	
b	Name of plan sponsor	BLUE TRIDENT, LLC	c EIN-PN 46-0851775-001
a	Plan name	BOSTON HEALTH AND WELLNESS, LLC 401(K) PLAN	
b	Name of plan sponsor	BOSTON HEALTH & WELLNESS, LLC	c EIN-PN 47-1309176-001
a	Plan name	BOSTON WEALTH STRATEGIES, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	BOSTON WEALTH STRATEGIES, INC	c EIN-PN 46-3096479-001
a	Plan name	BOYS AND GIRLS CLUB OF LAKE TAHOE 401K PROFIT SHARING PLAN	
b	Name of plan sponsor	BOYS AND GIRLS CLUB OF LAKE TAHOE	c EIN-PN 68-0241891-001
a	Plan name	BPZOO 401K PROFIT SHARING PLAN	
b	Name of plan sponsor	BUTTONWOOD ZOOLOGICAL SOCIETY, INC.	c EIN-PN 04-2661467-001
a	Plan name	BQE WATER DELAWARE 401(K) PLAN	
b	Name of plan sponsor	BQE WATER DELAWARE INC.	c EIN-PN 86-3451811-001

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.)	
a	Plan name BRANDON SMITH LAW 401(K) PLAN	
b	Name of plan sponsor BRANDON SMITH LAW, LLC	c EIN-PN 87-2601087-001
a	Plan name BRAUSTIN HOMES 401K PLAN	
b	Name of plan sponsor BRAUSTIN HOMES, INC	c EIN-PN 85-3602590-001
a	Plan name BREAUX LAW FIRM APLC 401(K) PLAN	
b	Name of plan sponsor BREAUX LAW FIRM, APLC	c EIN-PN 72-1296654-001
a	Plan name BRICK AND MORTAR REAL ESTATE SERVICES 401K PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor BRICK AND MORTAR REAL ESTATE SERVICES	c EIN-PN 61-1752020-001
a	Plan name BRIDGETOWN ENTERPRISES, INC. 401K P/S PLAN	
b	Name of plan sponsor BRIDGETOWN ENTERPRISES, INC.	c EIN-PN 93-1307627-001
a	Plan name BROADSUITE, INC. 401(K) AND PROFIT SHARING PLAN	
b	Name of plan sponsor BROADSUITE, INC.	c EIN-PN 46-4397728-001
a	Plan name BROWN AND ASSOCIATES 401K PLAN	
b	Name of plan sponsor PKB MANAGEMENT LLC	c EIN-PN 88-2107632-001
a	Plan name BROWN BOX DELIVERY 401K PLAN	
b	Name of plan sponsor BROWN BOX DELIVERY CORP	c EIN-PN 38-3833519-001
a	Plan name BRYAN CASEY CONSTRUCTION 401 (K) PLAN	
b	Name of plan sponsor BRYAN CASEY CONSTRUCTION LLC	c EIN-PN 47-1789916-001
a	Plan name BUFFALO'S MECHANICAL, INC 401K PLAN	
b	Name of plan sponsor BUFFALO'S MECHANICAL, INC.	c EIN-PN 15-5670693-001
a	Plan name BUILDERS INTERIORS, INC. 401(K) PLAN	
b	Name of plan sponsor BUILDERS INTERIORS, INC.	c EIN-PN 42-1748471-001
a	Plan name BURKEY COX 401K PROFIT SHARING PLAN	
b	Name of plan sponsor BURKEY, COX, EVANS & BRADFORD, ACCOUNTANCY CORPORATION	c EIN-PN 95-2868411-001

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.)			
a	Plan name	BURNS PHARMACY 401K PLAN	
b	Name of plan sponsor	BURNS PHARMACY	c EIN-PN 83-2723444-001
a	Plan name	C. STEPHAN TRUCKING, INC. 401(K) PLAN	
b	Name of plan sponsor	C. STEPHAN TRUCKING, INC.	c EIN-PN 35-2039682-001
a	Plan name	CALGROVE RENTALS, INC. 401K PLAN	
b	Name of plan sponsor	CALGROVE RENTALS, INC.	c EIN-PN 20-2217663-001
a	Plan name	CALIFORNIA CUSTOM LAMINATE, INC. 401K PROFIT SHARING PLAN	
b	Name of plan sponsor	CALIFORNIA CUSTOM LAMINATE, INC.	c EIN-PN 77-0475133-001
a	Plan name	CALIFORNIA SHOWCASE CONSTRUCTION, INC. 401K PLAN	
b	Name of plan sponsor	CALIFORNIA SHOWCASE CONSTRUCTION, INC.	c EIN-PN 81-0885034-001
a	Plan name	CALL THE RIGHT HEATING AND AIR 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	CALL THE RIGHT HEATING AND AIR, LLC	c EIN-PN 27-0521696-001
a	Plan name	CAP MANAGEMENT SERVICES, LLC 401K SALARY REDUCTION PLAN & TRUST	
b	Name of plan sponsor	CAP MANAGEMENT SERVICES, LLC	c EIN-PN 20-5036186-001
a	Plan name	CAPUTO DENTAL WI, S.C. RETIREMENT TRUST	
b	Name of plan sponsor	CAPUTO DENTAL WI, S.C.	c EIN-PN 88-2013220-001
a	Plan name	CARA'S POOL SUPPLIES AND SPAS, LLC PROFIT SHARING 401K PLAN	
b	Name of plan sponsor	CARA'S POOL SUPPLIES & SPAS, LLC	c EIN-PN 81-0760567-001
a	Plan name	CARBONDALE CORPORATION 401(K) PLAN	
b	Name of plan sponsor	CARBONDALE CORPORATION	c EIN-PN 84-1186050-001
a	Plan name	CARNEY, ROY AND GERROL, P.C. 401 (K) PROFIT SHARING PLAN	
b	Name of plan sponsor	CARNEY, ROY AND GERROL P.C	c EIN-PN 06-1352068-001
a	Plan name	CARTWRIGHT'S MARKET 401K PLAN	
b	Name of plan sponsor	ORLINS MEAT SPECIALTIES, INC.	c EIN-PN 93-0568166-001

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.)	
a Plan name	CBA 401(K) PLAN	
b Name of plan sponsor	COMBINED BENEFITS ADMINISTRATORS, INC.	c EIN-PN 72-1390261-001
a Plan name	CELTIC RESTORATION 401K PLAN	
b Name of plan sponsor	CELTIC RESTORATION GROUP, INC	c EIN-PN 81-3072363-001
a Plan name	CENTER FOR ADVANCED UROLOGY LLC 401K PROFIT SHARING PLAN	
b Name of plan sponsor	CENTER FOR ADVANCED UROLOGY LLC	c EIN-PN 20-2467634-001
a Plan name	CENTRAL COVE 401K PLAN	
b Name of plan sponsor	CENTRAL COVE CONSTRUCTION, LLC	c EIN-PN 84-4965319-001
a Plan name	CERTAPRO PAINTERS OF NEEDHAM 401(K) PLAN	
b Name of plan sponsor	E. HARRIS ENTERPRISES LLC	c EIN-PN 85-3598555-001
a Plan name	CHANGING PERSPECTIVES EMPLOYEE RETIREMENT OPTION	
b Name of plan sponsor	CHANGING PERSPECTIVES	c EIN-PN 46-3115902-001
a Plan name	CHARLIE CHEN, M.D. 401K PLAN	
b Name of plan sponsor	CHARLIE CHEN, M.D.	c EIN-PN 83-4434341-001
a Plan name	CHARTER SENIOR LIVING 401K PLAN	
b Name of plan sponsor	CHARTER SENIOR LIVING, LLC	c EIN-PN 81-1955685-001
a Plan name	CHEYENNE COUNTRY CLUB 401(K) PLAN TRUST	
b Name of plan sponsor	CHEYENNE COUNTRY CLUB	c EIN-PN 83-0109905-001
a Plan name	CITY HOME, LLC 401K PLAN	
b Name of plan sponsor	CITY HOME	c EIN-PN 46-3404309-001
a Plan name	CJ INDUSTRIES 401(K) PROFIT SHARING PLAN AND TRUST	
b Name of plan sponsor	C&J INDUSTRIES INC.	c EIN-PN 81-4144781-002
a Plan name	CLARANIVIS 401K PLAN	
b Name of plan sponsor	ACCURANT INTERNATIONAL, LLC	c EIN-PN 85-4004885-001

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.)			
a	Plan name	CLARK COUNTY PAVING, INC. 401K PLAN	
b	Name of plan sponsor	CLARK COUNTY PAVING, INC.	c EIN-PN 32-0582375-001
a	Plan name	COLE PROFESSIONAL SERVICES 401K PLAN	
b	Name of plan sponsor	COLE PROFESSIONAL SERVICES, LLC	c EIN-PN 47-3770190-001
a	Plan name	COLLINS PLUMBING SERVICES, LLC 401K PLAN	
b	Name of plan sponsor	COLLINS PLUMBING SERVICES, LLC	c EIN-PN 85-2404371-001
a	Plan name	COLORADO CLEAN ENERGY FUND 401K PLAN	
b	Name of plan sponsor	COLORADO CLEAN ENERGY FUND	c EIN-PN 32-0586861-001
a	Plan name	COMEAX ENGINEERING AND CONSULTING, APC EMPLOYER 401(K) PLAN	
b	Name of plan sponsor	COMEAX ENGINEERING AND CONSULTING, APC	c EIN-PN 72-1301058-001
a	Plan name	COMFORT MASTERS HEATING COOLING 401K PLAN	
b	Name of plan sponsor	COMFORT MASTERS LLC	c EIN-PN 47-5556902-001
a	Plan name	COMMUNICARE MICHIGAN 401K AND PROFIT SHARING PLAN	
b	Name of plan sponsor	COMMUNICARE MICHIGAN	c EIN-PN 27-3645537-001
a	Plan name	COMMUNITY PEDIATRIC CLINIC, INC. 401K PLAN	
b	Name of plan sponsor	COMMUNITY PEDIATRIC CLINIC, INC.	c EIN-PN 26-2949502-001
a	Plan name	COMMUNITY TIES 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	COMMUNITY TIES OF AMERICA, INC.	c EIN-PN 62-1733882-001
a	Plan name	COMPASS ENGINEERING AND CONCRETE 401K RETIREMENT PLAN	
b	Name of plan sponsor	COMPASS ENGINEERING & CONCRETE	c EIN-PN 81-4496654-001
a	Plan name	COMPLETE COMFORT HEATING AND AIR CONDITIONING, INC. 401(K) PLAN TRUST	
b	Name of plan sponsor	COMPLETE COMFORT HEATING AND AIR CONDITIONING, INC.	c EIN-PN 27-2914838-501
a	Plan name	COMPLETE GLASS GROUP, LLC 401(K) PLAN	
b	Name of plan sponsor	COMPLETE GLASS GROUP, LLC	c EIN-PN 93-4754536-001

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.)	
a	Plan name CONDECK COMPANIES 401K PLAN	
b	Name of plan sponsor CONDECK CORPORATION	c EIN-PN 85-0336758-001
a	Plan name CONLEE-GARRETT MOVING & STORAGE 401K PLAN	
b	Name of plan sponsor CONLEE-GARRETT MOVING & STORAGE LLC	c EIN-PN 88-4351970-001
a	Plan name CONNECT FOR COLLECTIVE, INC. 401K PLAN	
b	Name of plan sponsor CONNECT FOR COLLECTIVE, INC.	c EIN-PN 88-3231452-001
a	Plan name CONTROLS AND COMPONENTS 401K PLAN	
b	Name of plan sponsor UNIVERSAL PNEUMATIC & ELECTRIC GROUP, LLC	c EIN-PN 90-0548020-001
a	Plan name CONVEX, INC. 401K PLAN	
b	Name of plan sponsor CONVEX, INC.	c EIN-PN 47-5571765-001
a	Plan name COPPERMAN ELECTRIC, LLC 401(K) PLAN	
b	Name of plan sponsor COPPERMAN ELECTRIC, LLC	c EIN-PN 92-2688033-001
a	Plan name COPPERMINE RETIREMENT PLAN	
b	Name of plan sponsor JUSTIN DUTTON DMD PC PC DBA COPPERMINE DENTAL STUDIO	c EIN-PN 20-8237494-001
a	Plan name CORNERSTONE DRYWALL AND PAINT, INC. RETIREMENT PLAN	
b	Name of plan sponsor CORNERSTONE DRYWALL AND PAINT INC.	c EIN-PN 20-8274348-001
a	Plan name CORNERSTONE FINANCIAL GROUP LLC 401K PROFIT SHARING PLAN	
b	Name of plan sponsor CORNERSTONE FINANCIAL GROUP LLC	c EIN-PN 84-3298037-001
a	Plan name COTA 401K PROFIT SHARING PLAN	
b	Name of plan sponsor CORNERSTONE ORTHOPAEDIC TRAUMA ASSOCIATES, INC.	c EIN-PN 88-1769433-001
a	Plan name COUGAR 401K PLAN	
b	Name of plan sponsor COUGAR CONSTRUCTION, INC.	c EIN-PN 93-1304503-001
a	Plan name CRAFTED CONSTRUCTION, INC. 401K RETIREMENT PLAN	
b	Name of plan sponsor CRAFTED CONSTRUCTION, INC.	c EIN-PN 87-1189281-001

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.)			
a	Plan name	CROMWELL PLUMBING 401K PLAN	
b	Name of plan sponsor	CROMWELL PLUMBING, INC.	c EIN-PN 93-0845365-001
a	Plan name	CRS 401K PLAN	
b	Name of plan sponsor	C&R SERVICES, INC.	c EIN-PN 86-1150927-001
a	Plan name	CUPPA TAHOE, LLC 401K PLAN	
b	Name of plan sponsor	CUPPA TAHOE, LLC	c EIN-PN 84-3618351-001
a	Plan name	CYSTINE BIOSCIENCE LLC 401(K) PLAN	
b	Name of plan sponsor	CYSTINE BIOSCIENCE LLC	c EIN-PN 88-3554112-001
a	Plan name	D AND D CONSTRUCTION 1, INC. 401K PLAN	
b	Name of plan sponsor	D & D CONSTRUCTION 1, INC.	c EIN-PN 91-1683251-001
a	Plan name	D AND D POULTRY SUPPLY 401K PLAN	
b	Name of plan sponsor	D&D POULTRY SUPPLY, INC	c EIN-PN 45-2139530-001
a	Plan name	D. HILL TRANSPORTATION, LLC 401K PLAN	
b	Name of plan sponsor	D. HILL TRANSPORTATION	c EIN-PN 13-4324526-001
a	Plan name	DANG LAW GROUP, INC. 401K PLAN	
b	Name of plan sponsor	DANG LAW GROUP	c EIN-PN 26-2945883-001
a	Plan name	DATABLY, INC. 401K PLAN	
b	Name of plan sponsor	DATABLY, INC.	c EIN-PN 85-2333105-001
a	Plan name	DCPT 401(K) PLAN	
b	Name of plan sponsor	DC POWER TECHNOLOGIES CO., INC.	c EIN-PN 46-3250242-001
a	Plan name	DEFINED FITNESS 401K PLAN	
b	Name of plan sponsor	DEFINED FITNESS, INC.	c EIN-PN 87-0810639-001
a	Plan name	DENIM TEARS LLC 401(K) PLAN	
b	Name of plan sponsor	DENIM TEARS LLC	c EIN-PN 32-0592999-001

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.)			
a	Plan name	DENVER PRECISION PRODUCTS 401 PLAN	
b	Name of plan sponsor	DENVER PRECISION PRODUCTS	c EIN-PN 84-0615395-001
a	Plan name	DESERT VIEW ANIMAL HOSPITAL 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	DVAH, PLLC DBA DESERT VIEW ANIMAL HOSPITAL	c EIN-PN 37-1868929-001
a	Plan name	DESIGN BUILD MAINTAIN 401K PLAN	
b	Name of plan sponsor	DESIGN BUILD MAINTAIN	c EIN-PN 90-1506562-001
a	Plan name	DIABLO ROOFING, INC. RETIREMENT PLAN	
b	Name of plan sponsor	DIABLO ROOFING, INC	c EIN-PN 46-3056253-001
a	Plan name	DIETARY PROS 401(K) PLAN	
b	Name of plan sponsor	DIETARY PROS, INC.	c EIN-PN 27-3696797-001
a	Plan name	DINELLI LAW FIRM 401(K) PLAN	
b	Name of plan sponsor	THE DINELLI LAW FIRM	c EIN-PN 82-1171546-001
a	Plan name	DINI VON MUEFFLING CONSULTING LLC 401(K) PLAN	
b	Name of plan sponsor	DINI VON MUEFFLING CONSULTING LLC	c EIN-PN 46-3615018-001
a	Plan name	DISTILLERY PROJECT, LLC 401 (K) RETIREMENT PLAN	
b	Name of plan sponsor	DISTILLERY PROJECT, LLC	c EIN-PN 87-2930898-001
a	Plan name	DLH YORKVILLE SMOOTHIE LLC RETIREMENT PLAN	
b	Name of plan sponsor	DLH YORKVILLE SMOOTHIE LLC	c EIN-PN 85-0924088-001
a	Plan name	DME DESIGN, LLC 401K PLAN	
b	Name of plan sponsor	DME DESIGN, LLC	c EIN-PN 47-5061739-001
a	Plan name	DMG GLASS, LLC 401(K) P/S PLAN	
b	Name of plan sponsor	DMB GLASS, LLC	c EIN-PN 82-1224353-001
a	Plan name	DRIVE CAR WASH, INC. 401(K) PLAN	
b	Name of plan sponsor	DRIVE CAR WASH, INC.	c EIN-PN 85-1637861-001

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.)			
a	Plan name	DSC USA LLC 401K RETIREMENT PLAN	
b	Name of plan sponsor	DSC USA LLC DBA ALL DAY PERFORMANCE	c EIN-PN 32-0586861-001
a	Plan name	DUCKY'S OFFICE FURNITURE 401K PLAN	
b	Name of plan sponsor	VRULE LLC	c EIN-PN 86-1497860-001
a	Plan name	DUPREE FINANCIAL GROUP PROFIT SHARING PLAN	
b	Name of plan sponsor	DUPREE FINANCIAL GROUP, LLC	c EIN-PN 27-0059167-001
a	Plan name	DURAPAC 401(K) PLAN	
b	Name of plan sponsor	DURAPAC USA INC.	c EIN-PN 37-2113158-001
a	Plan name	DVMIMS 401(K) PLAN	
b	Name of plan sponsor	TILLMAN'S CORNER VETERINARY HOSPITAL	c EIN-PN 88-2371800-001
a	Plan name	DYNAMIC LANDSCAPING, INC. 401K PLAN	
b	Name of plan sponsor	DYNAMIC LANDSCAPING, INC.	c EIN-PN 81-3925763-001
a	Plan name	EAGLE RIVER SMILES 401(K) PLAN	
b	Name of plan sponsor	ANDREW D. BAIRD DDS, PLLC	c EIN-PN 41-2199645-001
a	Plan name	EAGLE RIVER SMILES WEST 401(K) PLAN	
b	Name of plan sponsor	AARON BENJAMIN BAIRD DDS LLC	c EIN-PN 84-2583710-001
a	Plan name	EAGLECREST RECOVERY RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	EAGLECREST RECOVERY, LLC	c EIN-PN 84-2048678-001
a	Plan name	EASYSTREET SYSTEMS, INC. 401K PLAN	
b	Name of plan sponsor	EASYSTREET SYSTEMS INC.	c EIN-PN 85-0572500-001
a	Plan name	EDGE GEO, LLC 401 (K) PLAN	
b	Name of plan sponsor	EDGE GEO, LLC	c EIN-PN 27-4042478-001
a	Plan name	ELI CIRCLE CAPITAL, LP 401K PLAN	
b	Name of plan sponsor	ELI CIRCLE CAPITAL, LP	c EIN-PN 92-2690365-001

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.)			
a	Plan name	ELITE CARE, INC. 401K PLAN	
b	Name of plan sponsor	ELITE CARE, INC. DBA BEGINNINGS TREATMENT CENTERS	c EIN-PN 61-1744825-001
a	Plan name	EMPLOYEE BENEFIT PLAN OF EL PASO SPORTS COMMISSION	
b	Name of plan sponsor	EL PASO SPORTS COMMISSION	c EIN-PN 20-0070512-001
a	Plan name	EMPOWERED OBGYN 401K PROFIT SHARING PLAN	
b	Name of plan sponsor	FREEMAN AND FALCONE PLLC	c EIN-PN 87-2255142-001
a	Plan name	ENDEAVOR, INC. 401K PLAN	
b	Name of plan sponsor	ENDEAVOR, INC.	c EIN-PN 32-0592371-001
a	Plan name	ENERGY ENVIRONMENTAL CONSTRUCTION LLC 401K PLAN	
b	Name of plan sponsor	ENERGY ENVIRONMENTAL CONSTRUCTION LLC	c EIN-PN 26-3158731-001
a	Plan name	ENHANCE ARTISTRY 401K PROFIT SHARING PLAN	
b	Name of plan sponsor	ENHANCE ARTISTRY 401K PROFIT SHARING PLAN	c EIN-PN 81-3444870-001
a	Plan name	ENVECO 401K RETIREMENT PLAN	
b	Name of plan sponsor	ENVECO ENVIRONMENTAL SOLUTIONS, LLC	c EIN-PN 86-1367390-001
a	Plan name	EPIC CONSTRUCTION LLC 401 (K) PLAN	
b	Name of plan sponsor	EPIC CONSTRUCTION LLC	c EIN-PN 46-4240731-001
a	Plan name	EPIC ENDEAVORS, LLC 401K RETIREMENT PLAN	
b	Name of plan sponsor	EPIC ENDEAVORS, LLC	c EIN-PN 85-1012177-001
a	Plan name	EPIC EVENT RENTAL 401(K) PLAN	
b	Name of plan sponsor	SWEET HAAS, LLC	c EIN-PN 93-2066354-001
a	Plan name	EQUIPMENT RENTAL 401K PLAN	
b	Name of plan sponsor	REDTAIL EQUIPMENT RENTAL, LLC	c EIN-PN 52-2048853-001
a	Plan name	EROOF 401(K) PLAN	
b	Name of plan sponsor	EROOF, LLC	c EIN-PN 85-4388755-001

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.)	
a	Plan name EVO ENTERTAINMENT GROUP 401K PLAN	
b	Name of plan sponsor EVO GROUP MANAGEMENT, LLC	c EIN-PN 87-2386546-001
a	Plan name EVOLUTION EVENT SOLUTIONS 401K PLAN	
b	Name of plan sponsor EVOLUTION EVENT SOLUTIONS LLC	c EIN-PN 46-0797352-001
a	Plan name EXCEL STAR ENERGY SERVICES 401K PLAN	
b	Name of plan sponsor EXCEL STAR ENERGY SERVICES LLC	c EIN-PN 20-3343805-001
a	Plan name EXHIBIT MEDICAL AESTHETICS 401 (K) PLAN	
b	Name of plan sponsor EXHIBIT MEDICAL AESTHETICS, LLC	c EIN-PN 92-3028044-001
a	Plan name EXPLORE, ENGAGE, ENJOY 401K PLAN	
b	Name of plan sponsor EXPLORE, ENGAGE, ENJOY	c EIN-PN 88-2261805-001
a	Plan name EZ BATHS LLC 401(K) PLAN	
b	Name of plan sponsor EZ BATHS LLC	c EIN-PN 46-0577723-001
a	Plan name F&P CONSTRUCTION 401K PLAN	
b	Name of plan sponsor F&P CONSTRUCTION, LLC	c EIN-PN 46-5203624-001
a	Plan name FAITH CONSTRUCTION 401K PLAN	
b	Name of plan sponsor FAITH CONSTRUCTION INC.	c EIN-PN 81-0570002-001
a	Plan name FAMILY ORCHARDS 401K PLAN TRUST	
b	Name of plan sponsor FAMILY ORCHARDS, INC.	c EIN-PN 87-3172508-001
a	Plan name FBN SALES, INC. PROFIT SHARING AND 401(K) PLAN	
b	Name of plan sponsor FBN SALES, INC.	c EIN-PN 38-2796294-001
a	Plan name FIELDFISHER SILICON VALLEY LLP 401K PLAN	
b	Name of plan sponsor FIELDFISHER SILICON VALLEY LLP	c EIN-PN 99-0378093-001
a	Plan name FINANCIAL FREEDOM 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor FINANCIAL FREEDOM WEALTH MANAGEMENT	c EIN-PN 85-0533512-001

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.)			
a	Plan name	FLAT BRANCH BANK 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	STATE HOLDING, INC. DBA FLAT BRANCH BANK	c EIN-PN 44-0274775-001
a	Plan name	FLETCHER'S GARAGE LLC 401 (K) PLAN	
b	Name of plan sponsor	FLETCHER'S GARAGE LLC	c EIN-PN 81-2166790-001
a	Plan name	FLOORPLAN XPRESS 401K PLAN	
b	Name of plan sponsor	FLOORPLAN XPRESS, LLC	c EIN-PN 20-4352277-001
a	Plan name	FLUID GAUGE 401K PLAN AND TRUST	
b	Name of plan sponsor	FLUID GAUGE COMPANY, INC.	c EIN-PN 94-3168643-001
a	Plan name	FORDEN AND CO. BUILDERS 401(K) PLAN	
b	Name of plan sponsor	FORDEN AND CO. BUILDERS	c EIN-PN 82-2495024-001
a	Plan name	FRAMEWORK INTEGRATIVE MEDICINE LLC 401K PLAN	
b	Name of plan sponsor	FRAMEWORK INTEGRATVIE MEDICINE LLC	c EIN-PN 87-3669765-001
a	Plan name	FREDERICK OAK CONSULTING 401(K) PLAN	
b	Name of plan sponsor	FREDERICK OAK CONSULTING	c EIN-PN 86-1193224-001
a	Plan name	FRESNO BOARD OF REALTORS EMPLOYEES 401K PROFIT SHARING PLAN	
b	Name of plan sponsor	FRESNO BOARD OF REALTORS	c EIN-PN 91-1825828-002
a	Plan name	FRONT STREET CLINIC, INC. 401(K) PLAN	
b	Name of plan sponsor	FRONT STREET CLINIC, INC	c EIN-PN 91-2065954-002
a	Plan name	FS DESIGN GROUP 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	BIFIT, INC. A CAL CORP	c EIN-PN 20-1799295-002
a	Plan name	FULL STEAM AHEAD, LLC 401(K) PLAN	
b	Name of plan sponsor	FULL STEAM AHEAD, LLC	c EIN-PN 33-1058758-001
a	Plan name	GARDEN STATE ELDERCARE 401K PLAN	
b	Name of plan sponsor	GARDEN STATE ELDERCARE, LLC	c EIN-PN 71-1018023-001

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.)	
a	Plan name GATE SUPPLIES, INC. 401 (K) PROFIT SHARING PLAN	
b	Name of plan sponsor GATE SUPPLIES	c EIN-PN 95-4678294-001
a	Plan name GAUGHAN ENTERPRISES INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor GAUGHAN ENTERPRISES INC.	c EIN-PN 41-1867830-001
a	Plan name GCI RESIDENTIAL INC 401K PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor GCI RESIDENTIAL INC	c EIN-PN 82-4769224-002
a	Plan name GENIUS KIDS 401K PLAN	
b	Name of plan sponsor GENIUS KIDS, INC.	c EIN-PN 94-3410597-001
a	Plan name GEORGETOWN VILLAS ONE, LLC 401(K) PLAN	
b	Name of plan sponsor GEORGETOWN VILLAS ONE,LLCGEORGETOWN VILLAS ONE, LLC	c EIN-PN 20-5706194-001
a	Plan name GFC 401(K) PLAN	
b	Name of plan sponsor GO FAST CAMPERS,LLC	c EIN-PN 82-3334823-001
a	Plan name GHUMMAN ENTERPRISES INC 401 (K) PLAN	
b	Name of plan sponsor GHUMMAN ENTERPRISES INC	c EIN-PN 95-4685377-001
a	Plan name GLASSYBABY LLC 401K PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor GLASSYBABY, LLC	c EIN-PN 90-0187688-001
a	Plan name GLOBAL 401(K) PLAN	
b	Name of plan sponsor GLOBAL ENVIRONMENTAL ENGINEERING COMPANY, LLC	c EIN-PN 86-3658935-001
a	Plan name GLOBAL SERVICES 401(K) PLAN	
b	Name of plan sponsor WORKFORCE SERVICES INC.	c EIN-PN 35-2254264-001
a	Plan name GOLDSTAR LONGEVITY AND WELLNESS CENTER LLC 401K PLAN	
b	Name of plan sponsor GOLDSTAR LONGEVITY AND WELLNESS CLINIC LLC	c EIN-PN 83-1979962-001
a	Plan name GONDWANA TOURS, LLC 401K RETIREMENT PLAN	
b	Name of plan sponsor GONDWANA TOURS, LLC	c EIN-PN 46-2078921-001

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.)			
a	Plan name	GOURMET BUTCHER BLOCK 401(K) PLAN	
b	Name of plan sponsor	GOURMET BUTCHER BLOCK, INC.	c EIN-PN 72-1260422-001
a	Plan name	GREENFIELD READY MIX 401(K) PLAN	
b	Name of plan sponsor	GREENFIELD READY MIX & MATERIALS, INC.	c EIN-PN 83-3116454-001
a	Plan name	GRIFFITTS LLP 401(K) PLAN	
b	Name of plan sponsor	GRIFFITTS LLP	c EIN-PN 32-0054441-001
a	Plan name	GROSSO TRUCKING AND SUPPLY 401(K) PLAN	
b	Name of plan sponsor	GROSSO TRUCKING & SUPPLY CO.	c EIN-PN 38-3327688-001
a	Plan name	GUARDIAN HARVEST, INC 401K PLAN	
b	Name of plan sponsor	GUARDIAN HARVEST	c EIN-PN 77-0512210-001
a	Plan name	HARDY AND MAN DESIGN GROUP 401(K) PLAN	
b	Name of plan sponsor	HARDY & MAN DESIGN GROUP, PC	c EIN-PN 82-4021053-001
a	Plan name	HAUNTED HISTORY TOURS, INC. 401K RETIREMENT PLAN	
b	Name of plan sponsor	HAUNTED HISTORY TOURS, INC.	c EIN-PN 72-1311066-001
a	Plan name	HEIDI SCHAUFFELE OD INC 401K AND PROFIT SHARING PLAN	
b	Name of plan sponsor	HEIDI SCHAUFFELE OD INC	c EIN-PN 82-3648037-001
a	Plan name	HENRIKSEN CONTRACTING LLC 401K PLAN	
b	Name of plan sponsor	HENRIKSEN CONTRACTING LLC	c EIN-PN 20-4117039-101
a	Plan name	HENRIKSEN WASHOUT SYSTEMS, INC. 401(K) PLAN	
b	Name of plan sponsor	HENRIKSEN WASHOUT SYSTEMS, INC.	c EIN-PN 46-1356990-002
a	Plan name	HERD CO. 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	HERD CO.	c EIN-PN 47-0619589-001
a	Plan name	HHL SOLUTIONS 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	HHL SOLUTIONS, LLC	c EIN-PN 93-2880429-001

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.)			
a	Plan name	HIGHRIDGE OFFICE PARK LLC 401K PLAN	
b	Name of plan sponsor	HIGHRIDGEOFFICE PARK, LLC	c EIN-PN 46-3609995-001
a	Plan name	HKF LLC DBA FIVE CITIES FINANCIAL 401K PLAN	
b	Name of plan sponsor	HKF LLC DBA FIVE CITIES FINANCIAL	c EIN-PN 82-2643748-001
a	Plan name	HOLLAND FAMILY DENTAL 401K PLAN	
b	Name of plan sponsor	TIM R. HOLLAND, D.D.S. PA	c EIN-PN 41-1849707-001
a	Plan name	HUFF ENERGY SOLUTIONS, INC. 401(K) PLAN	
b	Name of plan sponsor	HUFF ENERGY SOLUTIONS, INC.	c EIN-PN 88-4126139-001
a	Plan name	I DES INC. 401K PLAN	
b	Name of plan sponsor	I DES INC.	c EIN-PN 20-2592848-001
a	Plan name	IBTEST 401(K) PLAN	
b	Name of plan sponsor	IBTEST SOLUTIONS, LLC	c EIN-PN 86-2595648-001
a	Plan name	IMAGINEERING MACHINE 401(K) PLAN	
b	Name of plan sponsor	IMAGINEERING MACHINE, INC.	c EIN-PN 46-1142054-001
a	Plan name	INDICOM ELECTRIC 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	INDICOM ELECTRIC COMPANY	c EIN-PN 86-0751485-001
a	Plan name	INDIGENOUS WOMEN RISING RETIREMENT PLAN	
b	Name of plan sponsor	INDIGENOUS WOMEN RISING	c EIN-PN 85-3336543-001
a	Plan name	INDO AMERICAN QUARTZ SURFACES LLC 401(K) PLAN	
b	Name of plan sponsor	INDO AMERICAN QUARTZ SURFACES LLC	c EIN-PN 93-2847044-001
a	Plan name	INDUSTRIAL WELDING SUPPLY COMPANY, INC. 401K PROFIT SHARING PLAN	
b	Name of plan sponsor	INDUSTRIAL WELDING SUPPLY COMPANY, INC.	c EIN-PN 93-0575375-002
a	Plan name	INFINITY ROBOTICS 401K PLAN	
b	Name of plan sponsor	INFINITY ROBOTICS, LLC	c EIN-PN 84-2330112-001

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.)	
a	Plan name INSPECTA HOMES OF AMERICA, INC. RETIREMENT TRUST	
b	Name of plan sponsor INSPECTA HOMES OF AMERICA, INC. RETIREMENT TRUST	c EIN-PN 41-1668039-001
a	Plan name INTEGRAL PSYCHIATRY AND COUNSELING 401 (K) PLAN	
b	Name of plan sponsor INTEGRAL PSYCHIATRY AND COUNSELING	c EIN-PN 87-2196640-001
a	Plan name INTEGRATIVE WELLNESS AND COSMETICS INC. 401 (K) PLAN	
b	Name of plan sponsor INTEGRATIVE WELLNESS & COSMETICS INC.	c EIN-PN 82-3096632-001
a	Plan name IN-WEST ELECTRIC 401(K) PLAN	
b	Name of plan sponsor IN-WEST ELECTRIC, INC.	c EIN-PN 86-0463807-001
a	Plan name IPR TECH GROUP LLC 401(K) PLAN	
b	Name of plan sponsor IPR TECH GROUP	c EIN-PN 83-1062141-001
a	Plan name IZAR WELLNESS INSTITUTE PLLC 401K PROFIT SHARING PLAN	
b	Name of plan sponsor IZAR WELLNESS INSTITUTE PLLC	c EIN-PN 81-4753184-001
a	Plan name J.H.M., INC. 401K PROFIT SHARING PLAN	
b	Name of plan sponsor J.H.M., INC.	c EIN-PN 88-0347042-001
a	Plan name J+ MANAGEMENT 401(K) PLAN	
b	Name of plan sponsor J+ MANAGEMENT, LLC	c EIN-PN 81-5215319-001
a	Plan name JAMES ADRIAN 401 (K) PLAN	
b	Name of plan sponsor JAMES ADRIAN, SOLE PROPRIETOR	c EIN-PN 27-2556879-001
a	Plan name JAMES MORGAN LEACH INC 401K PROFIT SHARING PLAN	
b	Name of plan sponsor JAMES MORGAN LEACH INC	c EIN-PN 83-3612452-001
a	Plan name JB PAIN FREE, MD, PLLC 401 (K) PROFIT SHARING PLAN	
b	Name of plan sponsor JB PAIN FREE, MD, PLLC	c EIN-PN 82-3510712-001
a	Plan name JEFFREY TAKAHASHU DDS, INC. 401K PLAN	
b	Name of plan sponsor JEFFREY TAKAHASHI DDS, INC.	c EIN-PN 81-5064972-001

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.)

a Plan name	JENNIE BISHOP - STUDIO GILD LLC 401(K) PLAN TRUST	
b Name of plan sponsor	JENNIE BISHOP - STUDIO GILD LLC	c EIN-PN 93-2553607-001
a Plan name	JESSEN, INC. 401K PLAN	
b Name of plan sponsor	JESSEN, INC.	c EIN-PN 47-2626638-001
a Plan name	JESSICA LOVE DESIGN 401K PLAN	
b Name of plan sponsor	JESSICA LOVE DESIGN LLC	c EIN-PN 45-4716474-001
a Plan name	JF4 ENTERPRISES, INC. 401K PLAN	
b Name of plan sponsor	JF4 ENTERPRISES, INC.	c EIN-PN 88-3731721-001
a Plan name	JOE EAST ENTERPRISES, INC. 401K PLAN	
b Name of plan sponsor	JOE EAST ENTERPRISES, INC.	c EIN-PN 75-2037639-001
a Plan name	JOHNSON'S WRECKER SERVICE 401K PLAN	
b Name of plan sponsor	JOHNSON'S WRECKER SERVICE, INC	c EIN-PN 59-1635639-001
a Plan name	JOLLIE CONSTRUCTION 401(K) PLAN	
b Name of plan sponsor	JOLLIE CONSTRUCTION CO.	c EIN-PN 93-1648239-001
a Plan name	JP PHYSICAL THERAPY, LLC 401K PROFIT SHARING PLAN	
b Name of plan sponsor	JP PHYSICAL THERAPY, LLC	c EIN-PN 88-4099288-001
a Plan name	JUST IN TIME ENTERPRISES INC. 401(K) PLAN	
b Name of plan sponsor	JUST IN TIME ENTERPRISES, INC.	c EIN-PN 85-2854221-001
a Plan name	JZ ELECTRIC, INC. 401(K) PLAN	
b Name of plan sponsor	JZ ELECTRIC, INC.	c EIN-PN 77-0619065-001
a Plan name	KIDZONE LLC 401K PLAN	
b Name of plan sponsor	KIDZONE LLC	c EIN-PN 30-0893058-001
a Plan name	KILOWATT BOY, INC. RETIREMENT PLAN	
b Name of plan sponsor	KILOWATT BOY, INC.	c EIN-PN 20-4198245-001

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
<small>(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)</small>			
a	Plan name	KMR BUILDERS, INC. 401 (K) PROFIT SHARING PLAN	
b	Name of plan sponsor	KMR BUILDERS, INC.	c EIN-PN 26-2666600-001
a	Plan name	KRAMER INDUSTRIES 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor	KRAMER INDUSTRIES, INC.	c EIN-PN 52-2190297-001
a	Plan name	LABEL SOLUTIONS 401K PLAN	
b	Name of plan sponsor	LABEL SOLUTIONS, INC.	c EIN-PN 20-5186416-001
a	Plan name	LARCH CAPITAL PARTNERS LLC 401(K) PLAN	
b	Name of plan sponsor	LARCH CAPITAL PARTNERS LLC	c EIN-PN 84-3782944-001
a	Plan name	LAW OFFICE OF J. ALISON CIMINO 401K PROFIT SHARING PLAN	
b	Name of plan sponsor	LAW OFFICE OF J. ALISON CIMINO, P.C.	c EIN-PN 26-4685692-001
a	Plan name	LAW OFFICE OF MARK S. NELSON 401K PLAN	
b	Name of plan sponsor	LAW OFFICE OF MARK S. NELSON	c EIN-PN 77-0224452-001
a	Plan name	LEADING AGE PA 401(K) PLAN	
b	Name of plan sponsor	LEADINGAGE	c EIN-PN 81-2276039-001
a	Plan name	LEARNINGQUEST 401(K) PLAN	
b	Name of plan sponsor	LEARNINGQUEST-STANISLAUS LITERACY CENTERS	c EIN-PN 94-2671824-001
a	Plan name	LEWIS HOME SOURCE, INC. 401K PROFIT SHARING PLAN	
b	Name of plan sponsor	LEWIS HOME SOURCE, INC.	c EIN-PN 93-1171238-001
a	Plan name	LEXINGTON CEMETERY 401K PLAN	
b	Name of plan sponsor	LEXINGTON CEMETERY COMPANY	c EIN-PN 61-0258835-001
a	Plan name	LIAM 2004 FILMS, LLC PROFIT SHARING PLAN	
b	Name of plan sponsor	LIAM 2004 FILMS, LLC	c EIN-PN 20-5815719-001
a	Plan name	LINCOLN WASTE SOLUTIONS, LLC 401(K) PLAN	
b	Name of plan sponsor	LINCOLN WASTE SOLUTIONS, LLC	c EIN-PN 20-3184969-001

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.)			
a	Plan name	LMA DESIGNS 401K PLAN	
b	Name of plan sponsor	LAUREN MARIE ATKINSON DESIGNS	c EIN-PN 46-2816078-001
a	Plan name	LOCAL LOGISTICS 401K PLAN	
b	Name of plan sponsor	LOCAL LOGISTICS, LLC	c EIN-PN 46-2327431-001
a	Plan name	LOCO CREDIT UNION 401(K) PLAN	
b	Name of plan sponsor	LOCO CREDIT UNIO	c EIN-PN 80-0241088-033
a	Plan name	LOLO'S BOWLS 401K PLAN	
b	Name of plan sponsor	TEAM BRAILLE INCORPORATED	c EIN-PN 83-1868962-001
a	Plan name	LONG'S BAKERY, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	LONG'S BAKERY, INC.	c EIN-PN 35-1414684-001
a	Plan name	LOUISVILLE DENTAL ASSOCIATES 401K PLAN	
b	Name of plan sponsor	LOUISVILLE DENTAL ASSOCIATES, LLC	c EIN-PN 82-2833862-001
a	Plan name	LUNCHBOX, INC. 401K PLAN	
b	Name of plan sponsor	LUNCHBOX, INC.	c EIN-PN 83-1430687-001
a	Plan name	LV CLEANING, LLC 401K PLAN	
b	Name of plan sponsor	LV CLEANING, LLC	c EIN-PN 87-2211257-001
a	Plan name	LYNN SAFETY, INC. PROFIT SHARING 401K PLAN	
b	Name of plan sponsor	LYNN SAFETY, INC	c EIN-PN 94-3398353-001
a	Plan name	LYRA BREAST CENTER 401(K) PLAN	
b	Name of plan sponsor	BBC VENTURES	c EIN-PN 92-3961805-001
a	Plan name	M. THERESA RUSCH, M.D., INC. 401K PROFIT SHARING PLAN	
b	Name of plan sponsor	M. THERESA RUSCH, M.D. INC	c EIN-PN 27-0738289-001
a	Plan name	MACORE MARKETING, LLC 401K PROFIT SHARING PLAN	
b	Name of plan sponsor	MACORE MARKETING, LLC	c EIN-PN 47-4313243-001

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
<small>(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)</small>			
a	Plan name	MAD PRIEST COFFEE ROASTERS, LLC 401K PLAN	
b	Name of plan sponsor	MAD PRIEST COFFEE ROASTERS, LLC	c EIN-PN 81-2187212-001
a	Plan name	MAJESTIC TITLE AGENCY 401(K) PLAN	
b	Name of plan sponsor	MAJESTIC TITLE AGENCY	c EIN-PN 26-3003811-001
a	Plan name	MAKE IT WRIGHT HVAC LLC 401K PLAN	
b	Name of plan sponsor	MAKE IT WRIGHT HVAC LLC	c EIN-PN 84-2065961-001
a	Plan name	MARIN H2O 401K PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor	MARIN H2O	c EIN-PN 20-1585900-001
a	Plan name	MARK A FLORES ELECTRIC INC. 401K PLAN	
b	Name of plan sponsor	MARK A FLORES ELECTRIC INC	c EIN-PN 81-3576880-001
a	Plan name	MARQUISE, INC. 401K PLAN	
b	Name of plan sponsor	MARQUISE, INC.	c EIN-PN 26-1441098-001
a	Plan name	MARY ANNE FUCHS, M.D., INC. RETIREMENT PLAN	
b	Name of plan sponsor	MARY ANNE FUCHS, M.D., INC.	c EIN-PN 20-2353344-001
a	Plan name	MARYLAND ELECTRIC COMPANY 401K PROFIT SHARING PLAN	
b	Name of plan sponsor	MARYLAND ELECTRIC COMPANY LLC	c EIN-PN 46-5454388-001
a	Plan name	MASON MEALS, INC 401(K) PLAN	
b	Name of plan sponsor	MASON MEALS, INC	c EIN-PN 82-2720929-001
a	Plan name	MATHEWS DENTAL GROUP 401(K) PROFIT SHARING PLAN TRUST	
b	Name of plan sponsor	LAUREN A. MATHEWS D.D.S. INC.	c EIN-PN 47-2716682-001
a	Plan name	MAVERICK J. ENTERPRISE, INC. 401K PROFIT SHARING PLAN	
b	Name of plan sponsor	MAVERICK J ENTERPRISE, INC	c EIN-PN 85-3568246-001
a	Plan name	MAXUS EXCAVATING, LLC 401K PLAN	
b	Name of plan sponsor	MAXUS EXCAVATING, LLC	c EIN-PN 84-2765384-001

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.)			
a	Plan name	METALSPUN PRODUCTS COMPANY, INC 401(K) PLAN	
b	Name of plan sponsor	METALSPUN PRODUCTS COMPANY, INC	c EIN-PN 39-0964037-001
a	Plan name	METAL-TECH, INC. 401K	
b	Name of plan sponsor	METAL-TECH, INC.	c EIN-PN 51-0111036-001
a	Plan name	MHS ADVISORY GROUP 401K PLAN	
b	Name of plan sponsor	MHS ADVISORY GROUP, LLC	c EIN-PN 47-2306223-001
a	Plan name	MICHIGAN EDUCATOR WORKFORCE INITIATIVE 401(K) PLAN	
b	Name of plan sponsor	MICHIGAN EDUCATOR WORKFORCE INITIATIVE	c EIN-PN 88-2716490-001
a	Plan name	MID-ILLINI 401(K) PLAN	
b	Name of plan sponsor	JIM SHANKS AUTO SALES, INC	c EIN-PN 20-8858711-001
a	Plan name	MISSION MOBILE VETERINARY 401K PLAN	
b	Name of plan sponsor	MISSION MOBILE VETERINARY SERVICES	c EIN-PN 84-1797488-001
a	Plan name	MODEL WORKS 401(K) PLAN	
b	Name of plan sponsor	MODEL WORKS L.A., INC.	c EIN-PN 26-1738003-001
a	Plan name	MODESTO CHILDREN'S MUSEUM, INC. 401K PLAN	
b	Name of plan sponsor	MODESTO CHILDREN'S MUSEUM, INC.	c EIN-PN 84-2442152-001
a	Plan name	MODESTO DIRECT APPLIANCE INC 401K PLAN AND TRUST	
b	Name of plan sponsor	MODESTO DIRECT APPLIANCE, INC	c EIN-PN 01-0550631-001
a	Plan name	MONTREUX GOLF CLUB, INC. 401K PLAN	
b	Name of plan sponsor	MONTREUX GOLF & COUNTRY CLUB, INC.	c EIN-PN 88-0390138-001
a	Plan name	MORGAN FAMILY INVESTMENTS LLC 401K PLAN	
b	Name of plan sponsor	MORGAN FAMILY INVESTMENTS LLC	c EIN-PN 82-2279159-001
a	Plan name	MORTGAGETECH INC. 401(K) PLAN TRUST	
b	Name of plan sponsor	MORTGAGETECH INC.	c EIN-PN 46-4823598-001

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.)			
a	Plan name	MOTION SHADING 401K PLAN	
b	Name of plan sponsor	MOTION SHADING, LLC	c EIN-PN 58-2613598-001
a	Plan name	MSP INTERNATIONAL CORPORATION 401K PLAN	
b	Name of plan sponsor	MSP INTERNATIONAL CORPORATION	c EIN-PN 84-2307115-001
a	Plan name	MURRAY DRYWALL CORP. 401K PROFIT SHARING PLAN	
b	Name of plan sponsor	MURRAY DRYWALL CORP.	c EIN-PN 83-3653294-001
a	Plan name	MUSIC WORKSHOP 401 (K) RETIRMENT PLAN	
b	Name of plan sponsor	MUSIC WORKSHOP	c EIN-PN 90-0866667-001
a	Plan name	MYEZPAY, INC. 401 (K) PLAN	
b	Name of plan sponsor	MYEZPAY, INC.	c EIN-PN 86-1154480-001
a	Plan name	N FAROOQI ENTERPRISES LLC 401K PLAN	
b	Name of plan sponsor	N FAROOQI ENTERPRISES LLC	c EIN-PN 20-5901083-001
a	Plan name	NCADD SFV 401K PLAN	
b	Name of plan sponsor	ALCOHOLISM & DRUG DEPENDENCE OF THE SAN FERNANDO VALLEY	c EIN-PN 95-3374623-001
a	Plan name	NEW TACOMA CEMETERIES, FUNERAL HOME AND CREMATORY 401K PROFIT SHARING PLAN	
b	Name of plan sponsor	NEW TACOMA CEMETERIES, FUNERAL HOME & CREMATORY	c EIN-PN 91-0434820-001
a	Plan name	NEXUS STONE GALLERY 401K PLAN	
b	Name of plan sponsor	NEXUS GRANITE & STONE, LLC	c EIN-PN 83-0563120-001
a	Plan name	NONPAREIL BUILDING BETTER FUTURES 401K PLAN	
b	Name of plan sponsor	NONPAREIL INSTITUTE	c EIN-PN 26-3351005-001
a	Plan name	NORTH SCOTTSDALE ANIMAL HOSPITAL 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	SOSNOW ANIMAL HOSPITAL, PC DBA NORTH SCOTTSDALE ANIMAL HOSPITAL	c EIN-PN 20-1413036-001
a	Plan name	NORTHERN CALIFORNIA PEDIATRIC HOSPITALISTS, INC. 401K PLAN	
b	Name of plan sponsor	NORTHERN CALIFORNIA PEDIATRIC HOSPITALISTS, INC.	c EIN-PN 83-3267818-001

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.)		
a	Plan name NOURISH WELLNESS FAMILY MEDICINE 401(K) PLAN	
b	Name of plan sponsor NOURISH WELLNESS FAMILY MEDICINE, LLC	c EIN-PN 47-4738992-001
a	Plan name NYBO PETERSON PLUMBING 401(K) PLAN	
b	Name of plan sponsor NYBO PETERSON PLUMBING, INC.	c EIN-PN 41-1508729-001
a	Plan name OLIPHANT BREWING, LLC 401(K) PLAN	
b	Name of plan sponsor OLIPHANT BREWING, LLC	c EIN-PN 45-5343982-001
a	Plan name ONE TECHNOLOGY CORPORATION 401K PLAN	
b	Name of plan sponsor ONE TECHNOLOGY CORPORATION	c EIN-PN 82-3040445-001
a	Plan name OPTIMAL PIPELINE SOLUTIONS RETIREMENT PLAN	
b	Name of plan sponsor OPTIMAL PIPELINE SOLUTIONS LLC	c EIN-PN 92-2693512-001
a	Plan name OPTIMAL RDN SOLUTIONS 401K PLAN	
b	Name of plan sponsor OPTIMAL RDN SOLUTIONS LLC	c EIN-PN 47-1502789-001
a	Plan name ORANGE BOX 401K PLAN	
b	Name of plan sponsor ORANGE BOX PRODUCTIONS, INC.	c EIN-PN 82-1841880-001
a	Plan name OSWEGO VISION, LTD. 401(K) PLAN	
b	Name of plan sponsor OSWEGO VISION, LTD.	c EIN-PN 36-4003567-001
a	Plan name PACIFIC CUSTOM PRODUCTS, INC. 401K PLAN	
b	Name of plan sponsor PACIFIC CUSTOM PRODUCTS, INC.	c EIN-PN 93-0934171-001
a	Plan name PALAZZO LAW FIRM 401(K) PLAN	
b	Name of plan sponsor PALAZZO LAW FIRM	c EIN-PN 72-1260983-001
a	Plan name PARTI DENTAL CORPORATION 401K PROFIT SHARING PLAN	
b	Name of plan sponsor PARTI DENTAL CORPORATION	c EIN-PN 80-0498308-001
a	Plan name PAUL M. SCHWARTZ, M.D., P.A. 401(K) PROFIT SHARING PLAN TRUST	
b	Name of plan sponsor PAUL M. SCHWARTZ, M.D., P.A.	c EIN-PN 65-0613527-001

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.)			
a	Plan name	PAUL'S PANTRY 401(K) PLAN TRUST	
b	Name of plan sponsor	PAUL'S PANTRY	c EIN-PN 39-1708806-001
a	Plan name	PDR OF WPA INC 401K PLAN	
b	Name of plan sponsor	PDR OF WPA INC.	c EIN-PN 03-0528944-001
a	Plan name	PERFECT PITCH ROOFING LLC 401K PLAN	
b	Name of plan sponsor	PERFECT PITCH ROOFING LLC	c EIN-PN 82-2582049-001
a	Plan name	PERFORMANCE SALES AND MARKETING GROUP, LLC 401(K) PLAN	
b	Name of plan sponsor	PERFORMANCE SALES AND MARKETING GROUP, LLC	c EIN-PN 83-4669106-001
a	Plan name	PERMA MENTAL HEALTH 401K PLAN	
b	Name of plan sponsor	PERMA MENTAL HEALTH, PLLC	c EIN-PN 46-5512107-001
a	Plan name	PETS4LIFE 401K PLAN	
b	Name of plan sponsor	PETS4LIFE, LLC	c EIN-PN 84-4942441-001
a	Plan name	PHRESH PICKS 401(K) PLAN	
b	Name of plan sponsor	PRESH PICKS DISTRIBUTING, INC.	c EIN-PN 27-2895973-001
a	Plan name	PLASTIC FERN STUDIOS RETIREMENT PLAN	
b	Name of plan sponsor	PLASTIC FERN STUDIOS, LLC	c EIN-PN 82-4504975-001
a	Plan name	PLEASANT VALLEY PEDIATRIC DENTISTRY 401K PLAN	
b	Name of plan sponsor	KURT TRUONG, DDS, MSD, PLLC	c EIN-PN 43-5477300-001
a	Plan name	PLENARY 401(K) PLAN	
b	Name of plan sponsor	PLENARY ENTERPRISE, LLC	c EIN-PN 46-0988928-001
a	Plan name	PLS GROUP, INC. 401K PLAN	
b	Name of plan sponsor	PLS GROUP, INC.	c EIN-PN 47-3074162-001
a	Plan name	PORTAGE BANK 401K PLAN	
b	Name of plan sponsor	PORTAGE BANK	c EIN-PN 41-0556760-002

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.)		
a	Plan name PORTLAND HOSPITAL SERVICE CORPORATION 401K PLAN	
b	Name of plan sponsor PORTLAND HOSPITAL SERVICE CORPORATION	c EIN-PN 93-0588988-002
a	Plan name POWER PLUS DOUBLE STAR 401(K) PLAN	
b	Name of plan sponsor DOUBLE STAR, LLC	c EIN-PN 83-3662357-001
a	Plan name POWER SOURCE ELECTRIC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor POWER SOURCE ELECTRIC LLC	c EIN-PN 87-3260921-001
a	Plan name PRAIRIE PLUMBING CONTACTORS, INC. 401 (K) PLAN	
b	Name of plan sponsor PRAIRIE PLUMBING CONTRACTORS, INC.	c EIN-PN 81-1963898-001
a	Plan name PREFERRED ASPHALT AND CONCRETE, LLC 401(K) PLAN TRUST	
b	Name of plan sponsor PREFERRED ASPHALT AND CONCRETE, LLC	c EIN-PN 81-2566699-001
a	Plan name PREMIER BUILDING RESTORATION, INC. 401K PLAN	
b	Name of plan sponsor PREMIER BUILDING RESTORATION, INC.	c EIN-PN 20-2664847-001
a	Plan name PRIAMBA SOFT LLC 401K PLAN	
b	Name of plan sponsor PRIAMBA SOFT LLC	c EIN-PN 46-2435519-001
a	Plan name PRO COUNT WEST 401(K) PLAN	
b	Name of plan sponsor PRO COUNT WEST, L.L.C.	c EIN-PN 71-0932090-001
a	Plan name PRO DIESEL WORX 401(K) PLAN	
b	Name of plan sponsor PRO DIESEL WORX, LLC	c EIN-PN 46-2968177-001
a	Plan name PRO SERV 401K PLAN	
b	Name of plan sponsor PRO SERV PLUMBING HEATING COOLING, LLC	c EIN-PN 20-2613406-001
a	Plan name PROFESSIONAL TECHNICAL SECURITY SERVICE INC. 401K PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor PROFESSIONAL TECHNICAL SECURITY SERVICE INC	c EIN-PN 94-3204647-001
a	Plan name PROSOLARCLEAN, LLC 401K PLAN	
b	Name of plan sponsor PROSOLARCLEAN, LLC	c EIN-PN 46-4198779-001

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.)			
a	Plan name	PROVIDENCE HEALTH BENEFITS, INC. 401K PLAN	
b	Name of plan sponsor	PROVIDENCE HEALTH BENEFITS, INC.	c EIN-PN 83-4371853-001
a	Plan name	PS BAJWA INC. 401(K) PLAN	
b	Name of plan sponsor	PS BAJWA INC.	c EIN-PN 26-0566260-001
a	Plan name	PUGET SOUND PILOTS	
b	Name of plan sponsor	PUGET SOUND PILOTS	c EIN-PN 91-1170751-003
a	Plan name	PYONGSAN AMERICA 401 (K) PLAN	
b	Name of plan sponsor	PYONGSAN AMERICA, INC.	c EIN-PN 20-0814472-001
a	Plan name	R2 TECHNOLOGIES, INC. 401K PLAN	
b	Name of plan sponsor	R2 TECHNOLGIES, INC.	c EIN-PN 47-2464622-001
a	Plan name	RAE LEE BELLE, INC. 401(K) PLAN	
b	Name of plan sponsor	RAE LEE BELLE, INC.	c EIN-PN 92-3913972-001
a	Plan name	RED HAUS PHARMACY, LLC 401(K) PLAN	
b	Name of plan sponsor	RED HAUS PHARMACY, LLC	c EIN-PN 83-1976762-001
a	Plan name	REVENUE CYCLE MANAGEMENT SOLUTIONS 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	REVENUE CYCLE MANAGEMENT SOLUTIONS, LLC	c EIN-PN 27-0783575-001
a	Plan name	RH LOMBARD SMOOTHIE LLC RETIREMENT PLAN	
b	Name of plan sponsor	RH LOMBARD SMOOTHIE LLC	c EIN-PN 84-4767361-001
a	Plan name	RICK BALL AUTO GROUP 401K	
b	Name of plan sponsor	RICK BALL CHEVROLET BUICK GMC, INC.	c EIN-PN 44-0500901-001
a	Plan name	RIVER ROCK TREATMENT 401(K) PLAN	
b	Name of plan sponsor	RIVER ROCK TREATMENT	c EIN-PN 85-3117365-001
a	Plan name	RIVERBEND WEALTH RETIREMENT PLAN	
b	Name of plan sponsor	RIVERBEND WEALTH, INC	c EIN-PN 87-4181461-001

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
<small>(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)</small>			
a	Plan name	ROLENN MANUFACTURING, INC. 401(K) PLAN	
b	Name of plan sponsor	ROLENN MANUFACTURING, INC.	c EIN-PN 95-3654217-001
a	Plan name	ROOF DESIGN AND SHEET METAL LLC 401K PLAN	
b	Name of plan sponsor	ROOF DESIGN AND SHEET METAL LLC	c EIN-PN 84-1913337-001
a	Plan name	RUMLEY FINANCIAL SERVICES, LLC 401K PLAN	
b	Name of plan sponsor	RUMLEY FINANCIAL SERVICES, LLC	c EIN-PN 87-4163951-001
a	Plan name	S-2 CONTRACTORS 401(K) PLAN	
b	Name of plan sponsor	S-2 CONTRACTORS, INC. - K7268	c EIN-PN 93-1025924-001
a	Plan name	SAILOR HARDING WEALTH MANAGEMENT GROUP 401K PLAN	
b	Name of plan sponsor	KEVIN T. SAILOR DBA SAILOR HARDING WEALTH MANAGEMENT	c EIN-PN 20-1217013-001
a	Plan name	SANAD PHYSICAL THERAPY LLC RETIREMENT PLAN	
b	Name of plan sponsor	SANAD PHYSICAL THERAPY LLC	c EIN-PN 87-2906538-001
a	Plan name	SAVE FIRST FINANCIAL 401(K) PLAN	
b	Name of plan sponsor	LIGHTHOUSE FINANCIAL WELLNESS	c EIN-PN 93-1531729-001
a	Plan name	SBG NEWCO, LLC 401K PLAN	
b	Name of plan sponsor	SBG NEWCO, LLC	c EIN-PN 86-3497451-001
a	Plan name	SCJ CONSULTING SERVICES LLC 401K PROFIT SHARING PLAN	
b	Name of plan sponsor	SCJ CONSULTING SERVICES LLC	c EIN-PN 83-1749719-001
a	Plan name	SEASONS OF LIFE LLC 401 (K) PLAN	
b	Name of plan sponsor	SEASONS OF LIFE LLC	c EIN-PN 81-3722506-001
a	Plan name	SEB G LLC 401K PLAN	
b	Name of plan sponsor	SEB G LLC	c EIN-PN 86-3297692-001
a	Plan name	SEDAGHAT LAW GROUP 401 (K) PROFIT SHARING PLAN	
b	Name of plan sponsor	SEDAGHAT LAW GROUP	c EIN-PN 86-3324499-001

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.)	
a	Plan name SEMINOLE UNISERV 401 (K) PLAN	
b	Name of plan sponsor SEMINOLE UNIVERSITY	c EIN-PN 59-2893387-001
a	Plan name SHADEWORKS 401K PLAN	
b	Name of plan sponsor SHADEWORKS, INC	c EIN-PN 20-8015978-001
a	Plan name SHEET METAL WERKS INC. 401K PLAN	
b	Name of plan sponsor SHEET METAL WERKS, INC	c EIN-PN 36-3712699-001
a	Plan name SHREVEPORT EYE CENTRAL 401(K) PLAN	
b	Name of plan sponsor SHREVEPORT EYE CENTRAL	c EIN-PN 47-1724599-001
a	Plan name SIERRA CASEWORK, INC. 401K PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor SIERRA CASEWORK, INC.	c EIN-PN 68-0479728-001
a	Plan name SILVER FOX BAR AND GRILL, LLC 401(K) PLAN TRUST	
b	Name of plan sponsor SILVER FOX BAR AND GRILL, LLC	c EIN-PN 85-3006815-001
a	Plan name SIMPLIAGE 401K PLAN	
b	Name of plan sponsor SIMPLIAGE LLC	c EIN-PN 84-2442200-001
a	Plan name SITE SUPPLY INC 401 (K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor SITE SUPPLY INC	c EIN-PN 38-3113303-001
a	Plan name SLOAN BOUTIQUE 401K PSP	
b	Name of plan sponsor SLOAN BOUTIQUE	c EIN-PN 36-4626640-001
a	Plan name SMART MOBILE TECHS 401K RETIREMENT PLAN	
b	Name of plan sponsor SMART MOBILE TECHS, LLC	c EIN-PN 81-3006081-001
a	Plan name SMITH FIVE ELECTRIC LLC 401(K) PLAN	
b	Name of plan sponsor SMITH FIVE ELECTRIC LLC	c EIN-PN 47-3665791-001
a	Plan name SOCIAL CONNECTIONS 401K PLAN	
b	Name of plan sponsor SOCIAL CONNECTIONS LEARNING CENTER KATY, LLC	c EIN-PN 81-2869646-001

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.)			
a	Plan name	SONDE HEALTH 401K PLAN	
b	Name of plan sponsor	SONDE HEALTH INC	c EIN-PN 81-1628619-001
a	Plan name	SOUND PRODUCE, INC. 401K PROFIT SHARING PLAN	
b	Name of plan sponsor	SOUND PRODUCE, INC.	c EIN-PN 91-1477363-001
a	Plan name	SOUTH COAST COUNSELING, INC. 401K PROFIT SHARING PLAN	
b	Name of plan sponsor	SOUTH COAST COUNSELING, INC.	c EIN-PN 95-6220759-001
a	Plan name	SOUTH COUNTY STEEL, INC. 401K PLAN	
b	Name of plan sponsor	SOUTH COUNTY STEEL, INC.	c EIN-PN 05-0442362-001
a	Plan name	SOUTH HILLS LINCOLN 401K PROFIT SHARING PLAN	
b	Name of plan sponsor	SOUTH HILLS LINCOLN, INC.	c EIN-PN 25-1431539-001
a	Plan name	SOUTHEASTERN ENT 401K PROFIT SHARING PLAN	
b	Name of plan sponsor	SOUTHEASTERN EAR NOSE THROAT ALLERGY AND SLEEP DISORDERS INSTITUTE LLC	c EIN-PN 27-2374754-001
a	Plan name	SOUTHERN WEALTH STRATEGIES 401K PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor	SOUTHERN WEALTH STRATEGIES	c EIN-PN 82-4587452-001
a	Plan name	SPARROW BAKERY RETIREMENT PLAN	
b	Name of plan sponsor	THE SPARROW BAKERY ACQUISITION LLC	c EIN-PN 27-4360994-001
a	Plan name	SPECTACLE SHOPPE 401K PLAN	
b	Name of plan sponsor	SPECTACLE SHOPPE INC.	c EIN-PN 41-1308513-001
a	Plan name	SPOKANE ROOFING COMPANY, LLC SAFE HARBOR 401K AND PROFIT SHARING PLAN	
b	Name of plan sponsor	SPOKANE ROOFING COMPANY, LLC	c EIN-PN 52-2381393-001
a	Plan name	SPROUT THERAPY PDX, LLC 401 (K) PLAN	
b	Name of plan sponsor	SPROUT THERAPY PDX, LLC	c EIN-PN 82-4853702-001
a	Plan name	SS VASCULAR 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	SASHA SALLOUM, M.D., INC., APMC	c EIN-PN 46-2477378-001

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.)	
a	Plan name STAND UP GUYS JUNK REMOVAL LLC 401K PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor STAND UP GUYS JUNK REMOVAL LLC	c EIN-PN 45-3210884-001
a	Plan name STEVEN STRATTON, INC. 401K PLAN	
b	Name of plan sponsor STEVEN STRATTON, INC.	c EIN-PN 58-2527884-001
a	Plan name STRATITECH SERVICES, LLC 401K PLAN	
b	Name of plan sponsor STRATITECH SERVICES, LLC	c EIN-PN 87-3637671-001
a	Plan name STUART B. RATNER, P.C. 401(K) PLAN	
b	Name of plan sponsor STUART B. RATNER, P.C.	c EIN-PN 06-1388150-002
a	Plan name SUN BADGER SOLAR, LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor SUN BADGER SOLAR, LLC	c EIN-PN 82-4451706-001
a	Plan name SUN CITY KIDZ CLINIC, PA 401(K) PLAN	
b	Name of plan sponsor SUN CITY KIDZ CLINIC, PA	c EIN-PN 27-0345062-001
a	Plan name SUN MARKETING AGENTS, INC. PROFIT SHARING PLAN	
b	Name of plan sponsor SUN MARKETING AGENTS, INC.	c EIN-PN 59-2983812-001
a	Plan name SUNRISE TELECOM 401 (K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor SUNRISE TELECOM	c EIN-PN 46-1381519-001
a	Plan name SUNSOLAR SOLUTIONS 401K PLAN	
b	Name of plan sponsor SUNSOLAR SOLUTIONS, INC.	c EIN-PN 47-3334574-001
a	Plan name SUPERIOR SURFACE SOLUTIONS INC 401K PLAN	
b	Name of plan sponsor SUPERIOR SURFACE SOLUTIONS INC	c EIN-PN 43-1545015-001
a	Plan name SURFACE EXPERTS 401K PLAN	
b	Name of plan sponsor SURFACE EXPERTS FRANCHISING LLC	c EIN-PN 83-1283035-001
a	Plan name SWAN CONTRACTING LLC 401K PLAN	
b	Name of plan sponsor SWAN CONTRACTING LLC	c EIN-PN 45-4189247-001

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.)			
a	Plan name	SWIMRIGHT POOL SERVICE AND REPAIR 401(K)	
b	Name of plan sponsor	SWIMRIGHT POOL SERVICE AND REPAIR	c EIN-PN 46-3156922-001
a	Plan name	SYNERGY CONTRACTORS GROUP 401K PLAN	
b	Name of plan sponsor	SYNERGY CONTRACTORS GROUP LLC	c EIN-PN 81-2548576-001
a	Plan name	SYNERGY PAIN, PLLC 401K PLAN	
b	Name of plan sponsor	SYNERGY PAIN, PLLC	c EIN-PN 87-1244133-001
a	Plan name	T R A H 401(K) PLAN	
b	Name of plan sponsor	THREE RIVERS ANIMAL HOSPITAL, LLC	c EIN-PN 46-5279214-001
a	Plan name	TAMBA 401K PLAN	
b	Name of plan sponsor	TAHOE AREA MOUNTAIN BIKING ASSOCIATION DBA TAMBA	c EIN-PN 91-1852297-001
a	Plan name	TANGLEWIRE, INC. 401(K) PLAN	
b	Name of plan sponsor	TANGLEWIRE, INC.	c EIN-PN 36-3754861-001
a	Plan name	TECHLAB FINANCIAL PREPAREDNESS 401K PLAN	
b	Name of plan sponsor	TECHNOLOGY LAB, LLC	c EIN-PN 83-3214120-001
a	Plan name	TELEGRAPH CREATIVE 401K PLAN	
b	Name of plan sponsor	TELEGRAPH BRANDING LLC	c EIN-PN 45-3168879-001
a	Plan name	TF STRATEGIES, LLC 401(K) PLAN	
b	Name of plan sponsor	TF STRATEGIES, LLC	c EIN-PN 99-3064512-001
a	Plan name	TFI, LLC 401K PROFIT SHARING PLAN	
b	Name of plan sponsor	TFI, LLC	c EIN-PN 47-3152534-001
a	Plan name	TGOC, INC. 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor	TGOC, INC	c EIN-PN 82-3407368-001
a	Plan name	THE ACOSTA AGENCY 401(K) PLAN	
b	Name of plan sponsor	THE ACOSTA INSURANCE AGENCY, LLC.	c EIN-PN 83-2995192-001

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.)			
a	Plan name	THE BEHAVIORAL EFFECT RETIREMENT PLAN TRUST	
b	Name of plan sponsor	SANSOVA COPORATION	c EIN-PN 87-3124780-001
a	Plan name	THE BROWN COW ICE CREAM PARLOR 401(K) PLAN	
b	Name of plan sponsor	THE BROWN COW ICE CREAM PARLOR	c EIN-PN 20-0215987-001
a	Plan name	THE CITY SCHOOL 401(K) PLAN	
b	Name of plan sponsor	CITY SCHOOL, INC.	c EIN-PN 82-2778857-001
a	Plan name	THE CONTRACT INTERIORS LLC 401K PROFIT SHARING PLAN	
b	Name of plan sponsor	THE CONTRACT INTERIORS LLC	c EIN-PN 93-1268004-001
a	Plan name	THE DOBRO GROUP 401(K) PLAN	
b	Name of plan sponsor	THE DOBRO GROUP	c EIN-PN 82-3014795-001
a	Plan name	THE GOODE COMPANIES OF FLORIDA INC 401K PLAN	
b	Name of plan sponsor	THE GOODE COMPANIES OF FLORIDA INC	c EIN-PN 88-3861831-001
a	Plan name	THE HODGES COMPANY 401K PLAN	
b	Name of plan sponsor	THE HODGES COMPANY, INC.	c EIN-PN 54-0654822-001
a	Plan name	THE LEYTON CONDOMINIUM 401K PLAN	
b	Name of plan sponsor	THE LEYTON CONDOMINIUM	c EIN-PN 88-0715519-001
a	Plan name	THE PAVEMENT GROUP 401K PLAN	
b	Name of plan sponsor	THE PAVEMENT GROUP, INC.	c EIN-PN 83-2899321-001
a	Plan name	THE SUITCASE OF COURAGE, LLC 401K PLAN	
b	Name of plan sponsor	THE SUITCASE OF COURAGE, LLC	c EIN-PN 81-4976698-001
a	Plan name	THE UGLY COMPANY 401(K) PLAN	
b	Name of plan sponsor	THE UGLY COMPANY, INC.	c EIN-PN 83-3562445-001
a	Plan name	THE WEALTHY STYLIST'S 401K PLAN	
b	Name of plan sponsor	SDG MURRAY, LTD	c EIN-PN 47-1713117-001

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.)	
a	Plan name THE WOODLANDS HEARING CENTER, LLC 401(K) PLAN	
b	Name of plan sponsor THE WOODLANDS HEARING CENTER, LLC	c EIN-PN 90-1209749-001
a	Plan name THEWILD-CONSULTING PARTNERS LLC 401(K) PLAN	
b	Name of plan sponsor THE WILD-CONSULTING PARTNERS LLC	c EIN-PN 93-3741488-001
a	Plan name THRIVING FAMILIES 401K PLAN	
b	Name of plan sponsor THRIVING FAMILIES	c EIN-PN 84-1993572-001
a	Plan name THUNDERBIRD AUTOMOTIVE SPECIALISTS 401(K) RETIREMENT PLAN	
b	Name of plan sponsor JOHN HEAT AUTOMOTIVE, LLC	c EIN-PN 20-5527413-001
a	Plan name TIMOTHY J KENT LANDSCAPE AND TREE SERVICE, INC. 401K PLAN	
b	Name of plan sponsor TIMOTHY J KENT LANDSCAPE & TREE SERVICE, INC.	c EIN-PN 04-3257706-001
a	Plan name TORQUE AERO 401 (K) PLAN	
b	Name of plan sponsor TORQUE AERO	c EIN-PN 88-3625132-001
a	Plan name TORRADO CONSTRUCTION CO., INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor TORRADO CONSTRUCTION CO., INC.	c EIN-PN 23-2825954-001
a	Plan name TRAVIS PRICE MASONRY AND PLASTERING, LLC 401(K) PLAN TRUST	
b	Name of plan sponsor TRAVIS PRICE MASONRY AND PLASTERING, LLC	c EIN-PN 30-0998659-001
a	Plan name TRENDSETTER HOMES, LLC 401K PLAN	
b	Name of plan sponsor TRENDSETTER HOMES, LLC	c EIN-PN 82-3736627-001
a	Plan name TRIANGLE BENEFITS, INC. 401K PLAN	
b	Name of plan sponsor TRIANGLE BENEFITS, INC.	c EIN-PN 82-1572838-001
a	Plan name TRINITY CONSULTING AND DESIGN INC 401(K) PLAN	
b	Name of plan sponsor TRINITY CONSULTING AND DESIGN INC	c EIN-PN 92-2972809-001
a	Plan name TRI-STATE MARINE 401(K) PLAN	
b	Name of plan sponsor BLUEWATER CAPITAL, INC.	c EIN-PN 85-2008340-001

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.)			
a	Plan name	UNDIARTO LLC 401K PLAN	
b	Name of plan sponsor	UNDIARTO LLC	c EIN-PN 88-2020839-001
a	Plan name	UNITED DELIVERY 401K PLAN	
b	Name of plan sponsor	UNITED DELIVERY INCORPORATED	c EIN-PN 06-1523004-001
a	Plan name	UNIVERSAL PAINTING CORPORATION 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	UNIVERSAL PAINTING CORPORATION	c EIN-PN 59-3157869-001
a	Plan name	USQRISK SERVICES 401(K) PLAN	
b	Name of plan sponsor	USQRISK SERVICES, LLC	c EIN-PN 85-1387205-001
a	Plan name	UTAH VALLEY VISION CARE 401K PLAN	
b	Name of plan sponsor	UTAH VALLEY OPTOMETRIC PHYSICIANS	c EIN-PN 57-1190130-001
a	Plan name	VACAVILLE VISITORS BUREAU 401(K) PLAN	
b	Name of plan sponsor	VACAVILLE VISITORS BUREAU	c EIN-PN 20-1430959-001
a	Plan name	VALENTINA YASINKSY, D.D.S. INC 401K PROFIT SHARING PLAN	
b	Name of plan sponsor	VALENTINA YASINSKY, D.D.S. INC	c EIN-PN 47-0462189-001
a	Plan name	VALLEY ENT 401 (K) PLAN	
b	Name of plan sponsor	VALLEY ENT	c EIN-PN 87-0973873-001
a	Plan name	VISIT YOLO 401(K) PLAN TRUST	
b	Name of plan sponsor	YOLO COUNTY VISITORS BUREAU	c EIN-PN 68-0449489-001
a	Plan name	VM3 BUILDING & INVESTING LLC 401(K) PS PLAN AND TRUST	
b	Name of plan sponsor	VM3 BUILDING AND INVESTING, LLC	c EIN-PN 81-1501359-001
a	Plan name	VSW RETIREMENT PLAN	
b	Name of plan sponsor	VITAL SIGNS WELLNESS LLC	c EIN-PN 88-0870704-001
a	Plan name	WALTERS INDUSTRIES, LLC 401K PROFIT SHARING PLAN	
b	Name of plan sponsor	WALTERS INDUSTRIES, LLC	c EIN-PN 86-2942964-001

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.)			
a	Plan name	WARD COVE DOCK GROUP 401K PLAN	
b	Name of plan sponsor	WARD COVE DOCK GROUP LLC	c EIN-PN 84-2034716-001
a	Plan name	WARREN E. WOLSCHLAGER, PC 401(K) PLAN	
b	Name of plan sponsor	WARREN E. WOLSCHLAGER, PC	c EIN-PN 36-3908717-001
a	Plan name	WASATCH POST- ACUTE SERVICES, LLC 401(K) PLAN	
b	Name of plan sponsor	WASATCH POST-ACUTE SERVICES, LLC	c EIN-PN 92-2043461-001
a	Plan name	WE THE PEOPLE ACTION FUND 401 (K) PLAN	
b	Name of plan sponsor	WE THE PEOPLE ACTION FUND	c EIN-PN 84-3528071-001
a	Plan name	WEST USA REALTY, INC. 401K RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	WEST USA REALTY, INC.	c EIN-PN 86-0564751-001
a	Plan name	WESTCOAT SPECIALTY COATING SYSTEMS, INC. 401(K) PLAN	
b	Name of plan sponsor	WESTCOAT SPECIALTY COATING SYSTEMS INC.	c EIN-PN 83-1500209-001
a	Plan name	WESTERN INFECTIOUS DISEASE CONSULTANTS, P.C. PROFIT SHARING PLAN	
b	Name of plan sponsor	WESTERN INFECTIOUS DISEASE CONSULTANTS PC	c EIN-PN 84-0928330-001
a	Plan name	WESTWARD BUILDERS LLC 401K PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor	WESTWARD BUILDERS LLC	c EIN-PN 83-2506594-001
a	Plan name	WV PEDIATRIC DENTISTRY 401K PLAN	
b	Name of plan sponsor	WV PEDIATRIC DENTISTRY PLLC	c EIN-PN 87-3773205-001
a	Plan name	YESHIVA GEDOLAH OF WATERBURY RETIREMENT PLAN	
b	Name of plan sponsor	YESHIVA GEDOLAH OF WATERBURY	c EIN-PN 06-1594648-001
a	Plan name	YOR LABS 401K PLAN	
b	Name of plan sponsor	YOR LABS, INC.	c EIN-PN 81-2647569-001
a	Plan name	YOU'VE GOT MAIDS OF NORTHERN VIRGINIA 401(K) PLAN	
b	Name of plan sponsor	MNM OF CHANTILLY, LLC DBA YOU'VE GOT MAIDS OF NORTHERN VIRGINIA	c EIN-PN 81-5394941-001

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.)

a Plan name	ZEITLIN AND COMPANY REALTORS 401(K) PLAN TRUST	
b Name of plan sponsor	ZEITLIN AND COMPANY REALTORS	c EIN-PN 62-1045805-002

a Plan name	ZYNERGY SKIN & MED SPA 401(K) PLAN	
b Name of plan sponsor	ZYNERGY SKIN & MED SPA, LLC	c EIN-PN 93-2972539-001

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

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

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

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

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

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
A Name of plan STATE STREET ON-TRACK TARGET RETIREMENT 2055 FUND	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 ALTA TRUST COMPANY	D Employer Identification Number (EIN) 86-3363573

Part I	Asset and Liability Statement
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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
Assets			
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	14046	122849
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	5247	84937
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)	6041791	18405004
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)		
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	187776	580561
(15) Other.....	1c(15)		

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	6248860	19193351
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h	1320	4121
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j	3	
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	1323	4121
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	6247537	19189230

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
a Contributions:			
(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 Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	16334	
(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)		
(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	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		1343817
d Total income. Add all income amounts in column (b) and enter total.....	2d		1360151

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)		
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other.....	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions).....	2g		
h Interest expense.....	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)		
(5) Investment advisory and investment management fees	2i(5)		
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses.....	2i(11)	22764	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		22764
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		22764

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		1337387
l Transfers of assets:			
(1) To this plan.....	2l(1)		14917597
(2) From this plan	2l(2)		3313291

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
a 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 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.)			
c 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.)			
d 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.)			
e Was this plan covered by a fidelity bond?			
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?			
g 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?			
h 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?			
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)			
j 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.)			
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?			
l Has the plan failed to provide any benefit when due under the plan?			
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
n 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.)

5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) 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 _____.