

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 6047(e), 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 2015 This Form is Open to Public Inspection
---	--	---

Part I	Annual Report Identification Information
For calendar plan year 2015 or fiscal plan year beginning <u>01/01/2015</u> and ending <u>12/31/2015</u>	
A This return/report is for:	☐ a multiemployer plan; ☒ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions); or ☐ a single-employer plan; ☐ a DFE (specify) _____
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)

Part II	Basic Plan Information —enter all requested information
1a Name of plan <u>ETF ADVISOR K MEP PLAN</u>	1b Three-digit plan number (PN) ▶ <u>336</u>
	1c Effective date of plan <u>01/01/2007</u>
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>SURFACESYS INC</u> <u>4251 OLD ROUTE 22</u> <u>BREWSTER, NY 10509-0000</u>	2b Employer Identification Number (EIN) <u>20-1600751</u> 2c Plan Sponsor's telephone number <u>845-878-3924</u> 2d Business code (see instructions) <u>541990</u>

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	<u>Filed with authorized/valid electronic signature.</u>	<u>09/02/2016</u>	<u>T R BICK</u>
	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			
	Signature of DFE	Date	Enter name of individual signing as DFE
Preparer's name (including firm name, if applicable) and address (include room or suite number)			Preparer's telephone number

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500.

Form 5500 (2015)
v. 150123

3a Plan administrator's name and address ☐ Same as Plan Sponsor FIDUCIARY DOCTORS 225 WEST 3RD STREET SUITE 121 LONG BEACH, CA 90802	3b Administrator's EIN 45-1427680
	3c Administrator's telephone number 714-331-2623
4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report: a Sponsor's name SURFACESYS INC	4b EIN 20-1600751
	4c PN 001
5 Total number of participants at the beginning of the plan year	5 34
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.....	6a(1) 34
a(2) Total number of active participants at the end of the plan year	6a(2) 0
b Retired or separated participants receiving benefits.....	6b 0
c Other retired or separated participants entitled to future benefits.....	6c 0
d Subtotal. Add lines 6a(2) , 6b , and 6c	6d 0
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....	6e 0
f Total. Add lines 6d and 6e	6f 0
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	6g 0
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	6h 0
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: 2E 2F 2G 2J 2K 2T 3D	
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) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)	
a Pension Schedules (1) ☒ R (Retirement Plan Information) (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☐ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	b General Schedules (1) ☐ H (Financial Information) (2) ☒ I (Financial Information – Small Plan) (3) ☐ A (Insurance Information) (4) ☐ C (Service Provider Information) (5) ☐ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)

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 2015 Form M-1 annual report. If the plan was not required to file the 2015 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 I (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—Small Plan This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2015 This Form is Open to Public Inspection
For calendar plan year 2015 or fiscal plan year beginning 01/01/2015 and ending 12/31/2015		
A Name of plan ETF ADVISOR K MEP PLAN	B Three-digit plan number (PN) ►	336
C Plan sponsor's name as shown on line 2a of Form 5500 SURFACESYS INC	D Employer Identification Number (EIN) 20-1600751	

Complete Schedule I if the plan covered fewer than 100 participants as of the beginning of the plan year. You may also complete Schedule I if you are filing as a small plan under the 80-120 participant rule (see instructions). Complete Schedule H if reporting as a large plan or DFE.

Part I	Small Plan Financial Information
---------------	---

Report below the current value of assets and liabilities, income, expenses, transfers and changes in net assets during the plan year. Combine the value of plan assets held in more than one trust. Do not enter the value of the portion of an insurance contract that guarantees during this plan year to pay a specific dollar benefit at a future date. 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.**

		(a) Beginning of Year	(b) End of Year
1 Plan Assets and Liabilities:			
a Total plan assets	1a	171728	0
b Total plan liabilities	1b		
c Net plan assets (subtract line 1b from line 1a)	1c	171728	0
2 Income, Expenses, and Transfers for this Plan Year:		(a) Amount	(b) Total
a Contributions received or receivable:			
(1) Employers	2a(1)	5502	
(2) Participants	2a(2)	3586	
(3) Others (including rollovers)	2a(3)		
b Noncash contributions	2b		
c Other income	2c	1817	
d Total income (add lines 2a(1), 2a(2), 2a(3), 2b, and 2c)	2d		10905
e Benefits paid (including direct rollovers)	2e	181185	
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Administrative service providers (salaries, fees, and commissions)	2h	1448	
i Other expenses	2i		
j Total expenses (add lines 2e, 2f, 2g, 2h, and 2i)	2j		182633
k Net income (loss) (subtract line 2j from line 2d)	2k		-171728
l Transfers to (from) the plan (see instructions)	2l		

3 Specific Assets: If the plan held assets at anytime during the plan year in any of the following categories, check "Yes" and enter the current value of any assets remaining in the plan as of the end of the plan year. Allocate the value of the plan's interest in a commingled trust containing the assets of more than one plan on a line-by-line basis unless the trust meets one of the specific exceptions described in the instructions.				
		Yes	No	Amount
a Partnership/joint venture interests	3a		X	
b Employer real property	3b		X	
c Real estate (other than employer real property)	3c		X	
d Employer securities	3d		X	
e Participant loans	3e		X	

	Yes	No	Amount
3f Loans (other than to participants)		X	
g Tangible personal property		X	

Part II Compliance Questions

4 During the plan year:	Yes	No	N/A	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.).....		X		
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of plan year or classified during the year as uncollectible? Disregard participant loans secured by the participant's account balance.....		X		
c Were any leases to which the plan was a party in default or classified during the year as uncollectible?		X		
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a.).....		X		
e Was the plan covered by a fidelity bond?	X			20000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X		
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?		X		
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?		X		
i Did the plan at any time hold 20% or more of its assets in any single security, debt, mortgage, parcel of real estate, or partnership/joint venture interest?		X		
j Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?.....	X			
k Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? If "No," attach an IQPA's report or 2520.104-50 statement. (See instructions on waiver eligibility and conditions.)	X			
l Has the plan failed to provide any benefit when due under the plan?		X		
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.).....		X		
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				
o Did the plan trust incur unrelated business taxable income?				
p Were in-service distributions made during the plan year?				

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year?If "Yes," enter the amount of any plan assets that reverted to the employer this year..... ☒ Yes ☐ No Amount:

0

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)
THE SWIFT 401K PLAN	11-2861597	005

5c If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? ☐ Yes ☐ No ☐ Not determined

Part III	Trust Information
-----------------	--------------------------

6a Name of trust**6b** Trust's EIN**6c** Name of trustee or custodian**6d** Trustee's or custodian's telephone number

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under section 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2015 This Form is Open to Public Inspection.
---	--	--

For calendar plan year 2015 or fiscal plan year beginning **01/01/2015** and ending **12/31/2015**

A Name of plan ETF ADVISOR K MEP PLAN	B Three-digit plan number (PN) ▶ 336
C Plan sponsor's name as shown on line 2a of Form 5500 SURFACESYS INC	D Employer Identification Number (EIN) 20-1600751

Part I	Distributions
---------------	----------------------

All references to distributions relate only to payments of benefits during the plan year.

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1	0
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): _____ Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....	3	

Part II	Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part)
----------------	--

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?	☐ Yes	☐ No	☐ N/A
If the plan is a defined benefit plan, go to line 8.			
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____ If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.			
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)	6a		
b Enter the amount contributed by the employer to the plan for this plan year	6b		
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....	6c		
If you completed line 6c, skip lines 8 and 9.			
7 Will the minimum funding amount reported on line 6c be met by the funding deadline?	☐ Yes	☐ No	☐ N/A
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change?	☐ Yes	☐ No	☐ N/A

Part III	Amendments
-----------------	-------------------

9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box.	☐ Increase	☐ Decrease	☐ Both	☐ No
---	-----------------------------------	-----------------------------------	-------------------------------	-----------------------------

Part IV	ESOPs (see instructions). If this is not a plan described under Section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.
----------------	---

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?	☐ Yes	☐ No
11 a Does the ESOP hold any preferred stock?	☐ Yes	☐ No
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.)	☐ Yes	☐ No
12 Does the ESOP hold any stock that is not readily tradable on an established securities market?	☐ Yes	☐ No

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500.

Schedule R (Form 5500) 2015
v. 150123

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that contributed more than 5% of total contributions to the plan during the plan year (measured in dollars). See instructions. *Complete as many entries as needed to report all applicable employers.*

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

14	Enter the number of participants on whose behalf no contributions were made by an employer as an employer of the participant for:		
	a The current year	14a	
	b The plan year immediately preceding the current plan year	14b	
	c The second preceding plan year	14c	
15	Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:		
	a The corresponding number for the plan year immediately preceding the current plan year	15a	
	b The corresponding number for the second preceding plan year	15b	
16	Information with respect to any employers who withdrew from the plan during the preceding plan year:		
	a Enter the number of employers who withdrew during the preceding plan year	16a	
	b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers	16b	
17	If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment. ☐		

Part VI	Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans
----------------	---

18	If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment ☐
19	If the total number of participants is 1,000 or more, complete lines (a) through (c)
	a Enter the percentage of plan assets held as: Stock: <u>0.0</u> % Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%
	b Provide the average duration of the combined investment-grade and high-yield debt: ☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more
	c What duration measure was used to calculate line 19(b)? ☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify): _____

Part VII	IRS Compliance Questions
-----------------	---------------------------------

20a Is the plan a 401(k) plan?	☐ Yes	☐ No
20b If "Yes," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?	☐ Design-based safe harbor method	☐ ADP/ACP test
20c If the ADP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "current year testing method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.401(m)-2(a)(2)(ii))?	☐ Yes	☐ No
21a Check the box to indicate the method used by the plan to satisfy the coverage requirements under section 410(b):	☐ Ratio percentage test	☐ Average benefit test
21b Does the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by combining this plan with any other plans under the permissive aggregation rules?	☐ Yes	☐ No
22a Has the plan been timely amended for all required tax law changes?	☐ Yes	☐ No ☐ N/A
22b Date the last plan amendment/restatement for the required tax law changes was adopted ____/____/____. Enter the applicable code _____. (See instructions for tax law changes and codes).		
22c If the plan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter plan that is subject to a favorable IRS opinion or advisory letter, enter the date of that favorable letter ____/____/____ and the letter's serial number _____.		
22d If the plan is an individually-designed plan and received a favorable determination letter from the IRS, enter the date of the plan's last favorable determination letter ____/____/____.		
23 Is the Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(2) has been made), American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgin Islands)?	☐ Yes	☐ No

Multiple Employer Plan Participating Employer Information (ETF Advisor K 401(k) 45-1427680 PN 336)		
Company Name	EIN	% Assets
26 LLC	27-0521345	0.02
89-Paint Corporation	20-4936541	0.02
Accountant's Office	86-1033653	0.02
ACE Security Systems, Inc.	34-1878760	0.51
ADA Engineering Inc	59-2064498	4.34
AJB Mechanical Inc.	27-1499731	0.05
Alabama Digestive Disorders Center, P.C.	63-1187064	4.31
Allen Automotive	86-0852347	0.83
Amber Home Care	22-3949949	0.41
APA Specialties, LLC	46-2145156	0.02
APFS Wealth Management Inc.	45-2656077	1.07
APR, LLC	63-1215298	0.83
ASA Fire Protection	26-4145185	0.22
Auburn Hills Chamber of Commerce	38-2977082	0.02
Bateman Orthodontics, PLLC	46-5469316	0.41
Beacon Capital Management	02-0739554	0.41
Bedrock Markets, Inc.	27-4087784	0.08
Birkitt Environmental Services Inc	59-3460244	0.25
Buursma Agency	38-3555310	1.99
Carnahan & Associates Inc	95-1828799	0.7
Cathedral Marble & Granite Inc.	35-1972132	0.98
Cevey Pediatrics	26-4023067	0.06
Chandelier Creative, Inc.	20-2975645	0.39
Chet Burks Productions	13-4230534	2.29
Christian Fellowship Flock	36-3072317	0.02
CLAD Industries	26-3347633	0.13
Clay Comprehensive Health Services, Inc.	56-1080214	2.93
Collins Professional Appraisal	65-1198931	0.15
Commercial Pest Residential Management	74-2817401	0.05
Conrads Heating & Cooling Services	34-1896714	0.1
Consolidated Copier Services, Inc.	58-1843555	1.69
Consortiumrx Management Inc.	45-4165199	0.3
Consulting For Special Needs, LLC	45-3436277	0.02
Convergent Technologies Inc	56-2264896	0.42
CTS Engineering Inc.	27-1089334	0.19
CWA	26-1860008	0.39
D/E/F Services Group, Ltd	75-2988693	1.15
Daily News Publishing Company, Inc.	67-0250089	3.77
Dave's Quality Auto	71-0874935	0.06
Deveney Communications	72-1408355	0.67
Dietitians on Demand, LLC	20-2864942	0.03
Digital Abstract & Title	46-2852992	0.03
Dikuje Group, Inc.	20-0113748	0.25

DME - Direct Inc.	83-0427979	1.1
Do's and Lipstick 401K	33-0888440	0.14
Dover Insurance Agency	27-0979072	0.14
Downtown Schenectady Improvement Corporation	36-4465022	0.28
Dr Mario Gomez	27-2109730	0.26
East Chattanooga Lumber & Supply Co Inc.	62-0643851	2.61
Easy Rx Pad, LLC dba Delta Care Rx	45-2617915	0.12
Elmores, Inc.	48-1202960	0.07
Epigentek Group Inc	20-2491573	0.27
Fellowship Connection Inc.	20-5393417	0.02
Ferguson's Garden Center	68-0658638	0.38
Folsom Ready Mix	68-0436637	1.74
Fourth Generation Software Solutions Corp	58-1862125	1.37
Gela Cele, LLC	27-4181312	0.01
GeoPoint Surveying, Inc.	27-0786537	0.35
Giant Little Man, Inc	46-1676181	0.54
Greenwich Podiatry Group, LLC	45-4197693	0.13
Hairbow Center, LLC	27-1869926	0.56
Hanson Sports Inc	61-1456922	0.25
HM Benefits LLC	26-3924291	0.71
HMB Engineering Services P.A.	26-4044666	0.08
Home Builders Association of Greater New Orleans, LLC	72-0368583	0.08
Horsey Orthodontics	27-1665476	0.07
Hugo's Industrial Supply	20-3983593	2.62
Iglesia Cristiana El Shaddai Christian Church	37-1509032	0.04
Innovative Wealth Planning	46-3029069	0.01
Insurance Marketing, Inc.	23-2534317	2.43
Integrated Health Systems	954859431	1.68
Isom Global Strategies	27-3281915	0.05
Jarvis Marine, Inc	22-3708337	0.03
Jennifer Newton	46-4731093	0.6
Jessee Grain	48-0893515	0.05
Jessee Trucking	48-1192720	0.4
Jimmie and Luanne Anderson, DDS, PA	56-2150353	0.02
John & Patricia Elmore	46-4099812	0.25
Johnson and Associates, Inc.	63-0926476	1.03
Justin Madick Insurance Agency LLC	27-3587046	0.7
K2 Metals LLC	27-1472738	0.17
Knickerbocker Decorations, Inc.	56-2304536	0.1
L4 Mobile, LLC	26-3825798	0.52
La Bella Hair Studio	20-4302612	0.02
Laura E. Loya-Frank, M.D., S.C.	36-4410036	0.51
Library Foundation of Virginia	54-1298764	0.16
LifeScape Medical Associates	48-1289830	0.09
Lifetime Advisors Group	46-4407901	0.1
Linc Research, Inc.	46-0809714	0.13
Linda L Huang DDS MD, PLLC	45-4255912	0.45

Living Presence Ministries	45-2822889	0.03
Lowcountry Montessori School, LP	46-3469661	0.13
Magillem Design Service, LLC	26-2754209	0.33
Melanie Magic Designs	46-5475070	0.06
Michael D. Dromgoole, Inc.	45-4918269	0.18
Mount Kisco Veterinary Clinic	37-1496146	2.78
MPD Contruction Group, Inc.	20-4007923	0.56
Muschara Error Management Consulting, LLC	26-0551642	0.64
Norris Electric Company, Inc.	94-2186688	0.02
Novus Health Services, Inc.	27-1196212	0.55
Novus Home Care	27-3946007	0.14
nSpire Solutions	45-3303420	0.14
NTIS Group	20-5601586	0.04
Paquette Electric Co. Inc.	06-1070586	1.01
Peerplace Networks	16-1613534	1.71
Penfield Country Club	16-0834954	0.53
Penning Plumbing and Heating Inc.	38-2024359	0.34
Pioneer B1, LLC	45-4526677	0.14
Premier Pulmonary Critical Care	26-4482517	0.16
Princenthal & May, LLC	46-4461086	0.01
Profile Imaging Columbus	20-3241551	0.42
Providet Service Associates, Inc.	22-3105694	0.26
Purdue Dental Care	36-4365244	0.34
Quincy Audiology LLC	45-4804128	0.01
Randall Wing DDS	06-1334948	0.56
Raymond Walker Company	58-1744725	0.4
Relocation Strategies, Inc.	26-1355050	0.2
Reservoir Commons Dental Assoc	37-1740006	0.81
Resinous Consultants LLC	46-5543517	0.34
REXCO	95-2393219	0.25
Richard Hobbs Associates Inc	58-2349069	1.46
Richmond Country Club, Inc.	54-0645383	0.8
RothRock Payroll	20-8250482	0.04
RSC Cordova	80-0880240	0.03
RSC Greenville, LLC	73-1707367	0.03
RSC Lexington, LLC	73-1707372	0.16
RSC Oakmonte Village, LLC	26-4274351	0.09
Royal Senior Care	80-0030728	0.06
RSM Development Co.,LLC	30-0115309	0.15
RVPF Inc.	81-0574163	0.03
Salman Woodwork Construction, Inc	35-2220737	0.02
Schulte & Co., CPA	34-1866503	1.68
SEK Urgent Care, LLC	20-1482860	0.08
Sekan Printing Co., Inc.	48-0774832	2.21
Sky Mart Sales Corp.	59-2685662	1.05
Snelling	46-3050712	0.81
Southwest Georgia Center of Medicine, LLC	27-1207234	0.46

Spa310	26-4123003	0.17
Specialized Desanders USA Inc.	47-1059895	0.01
Spectrum Physical Therapy and Athletic Training LLC	80-0120716	0.1
Star Building LLC	46-440813	0.07
Strategic Services Group	58-2635389	0.26
Surplus Recycling	27-4686093	0.37
Tampa Opco LLC/Care RSL	47-2192188	0.01
Tempus Nova, Inc.	84-1582930	1.63
The Centennial Group	13-4023847	0.28
The Center for Periodontics & Implant Dentistry	27-0737788	0.66
The Sentinel Group LLC	27-0266169	0.03
The Waldorf Association	72-1483008	0.05
Transition Management Corp.	52-2032600	0.75
Turbo Diesel and Electric Systems Inc	58-2026353	7.98
Turbo Supply	43-1792388	0.39
Unique Quality Solutions LLC	20-8083854	0.29
Upstate Prosthodontics	58-2447854	2.26
Utility Trailer Of Dallas, Inc.	75-2407220	3.16
Valenzuela Financial Management Group	65-1052509	0.83
Valley Center Veterinary Clinic	27-1517915	0.11
VanderWerff & May Builders, Inc.	38-3383682	0.01
WeatherSeal Home Services	27-1524776	0.18
West Shore Metals, LLC	47-2968087	0.02
Westchester Matrimonial LLC	45-3214736	0.33
Whitman Pharmacy, LLC	45-5278184	0.28
Yebo Incorporated	90-0787804	1.5