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

2023

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023

A This return/report is for:
- [ ] a multiemployer plan
- [X] 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) ____

B This return/report is:
- [ ] the first return/report
- [ ] the final return/report
- [X] 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:
- [X] 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
ADP TOTALSOURCE RETIREMENT SAVINGS PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 05/01/1988

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)
ADP TOTALSOURCE GROUP, INC.

10200 SUNSET DR
MIAMI, FL 33173

2b Employer Identification Number (EIN) 59-2452823

2c Plan Sponsor's telephone number 305-630-1000

2d Business code (see instructions) 541214

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	Filed with authorized/valid electronic signature.	02/11/2025	JOHN DREWRY
	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

3a Plan administrator's name and address [X] Same as Plan Sponsor

3b Administrator's EIN

3c Administrator's telephone number

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 ADP TOTALSOURCE

c Plan Name ADP TOTALSOURCE RETIREMENT SAVINGS PLAN

4b EIN 59-2452823

4d PN 001

5	Total number of participants at the beginning of the plan year	**5**	345268
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)**	308867
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	310261
b	Retired or separated participants receiving benefits	**6b**	94
c	Other retired or separated participants entitled to future benefits	**6c**	35340
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	345695
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	469
f	Total. Add lines **6d** and **6e**.	**6f**	346164
g(1)	Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	**6g(1)**	162128
g(2)	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g(2)**	164930
h	Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	4894
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:

2A 2E 2F 2G 2J 2K 2R 2S 2T 2V 3B

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)** [X] 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)** [X] 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)** [X] **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
- **(4)** [ ] **DCG** (Individual Plan Information) – Number Attached _____
- **(5)** [X] **MEP** (Multiple-Employer Retirement Plan Information)

b General Schedules

- **(1)** [X] **H** (Financial Information)
- **(2)** [ ] **I** (Financial Information – Small Plan)
- **(3)** [ ] **A** (Insurance Information) – Number Attached _____
- **(4)** [X] **C** (Service Provider Information)
- **(5)** [X] **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 2023 Form M-1 annual report. If the plan was not required to file the 2023 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 C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	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.**	**2023** **This Form is Open to Public Inspection.**

For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023

A Name of plan
ADP TOTALSOURCE RETIREMENT SAVINGS PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
ADP TOTALSOURCE GROUP, INC.

D Employer Identification Number (EIN)
59-2452823

Part I Service Provider Information (see instructions)

You must complete this Part, in accordance with the instructions, to report the information required for **each person** who received, directly or indirectly, $5,000 or more in total compensation (i.e., money or anything else of monetary value) in connection with services rendered to the plan or the person's position with the plan during the plan year. If a person received **only** eligible indirect compensation for which the plan received the required disclosures, you are required to answer line 1 but are not required to include that person when completing the remainder of this Part.

1 Information on Persons Receiving Only Eligible Indirect Compensation

a Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions).. . . . . [X] Yes [ ] No

b If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

VOYA INSTITUTIONAL PLAN SERVICES

04-3516284

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

STATE STREET GLOBAL MARKETS

04-3464336

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

TD AMERITRADE

82-0543156

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, $5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

VOYA INSTITUTIONAL PLAN SERVICES

04-3516284

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15	RECORDKEEPER	12815326	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [ ] No [X]

(a) Enter name and EIN or address (see instructions)

ADP TOTALSOURCE

59-2452823

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
14	PLAN ADMINISTRATOR	4060492	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

(a) Enter name and EIN or address (see instructions)

VOYA RETIREMENT ADVISORS, LLC

02-0488491

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
26	INVESTMENT ADVISORY	3655918	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, $5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

NFP RETIREMENT

33-0905143

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27	INVESTMENT ADVISORY	314825	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

(a) Enter name and EIN or address (see instructions)

PROSKAUER ROSE LLP

13-1840454

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29	LEGAL	191481	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

(a) Enter name and EIN or address (see instructions)

CROWE LLP

35-0921680

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10	AUDITOR	89100	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, $5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

LEXISNEXIS

65-0852445

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
99	OTHER SERVICES	5400	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes [ ] No [ ]	Yes [ ] No [ ]		Yes [ ] No [ ]

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes [ ] No [ ]	Yes [ ] No [ ]		Yes [ ] No [ ]

Part I Service Provider Information (continued)

3. If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received $1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

Part II Service Providers Who Fail or Refuse to Provide Information

4 Provide, to the extent possible, the following information for each service provider who failed or refused to provide the information necessary to complete this Schedule.

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)

(complete as many entries as needed)

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

SCHEDULE D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

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

2023

This Form is Open to Public Inspection.

For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023

A Name of plan
ADP TOTALSOURCE RETIREMENT SAVINGS PLAN

B Three-digit plan number (PN) ▶ 001

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
ADP TOTALSOURCE GROUP, INC.

D Employer Identification Number (EIN)
59-2452823

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)

a Name of MTIA, CCT, PSA, or 103-12 IE: TARGET SOLUTION TRUST INCOME

b Name of sponsor of entity listed in (a): VOYA INVESTMENT TRUST CO

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)
06-1440627-051	C	214067609

a Name of MTIA, CCT, PSA, or 103-12 IE: VOYA TARGET SOLUTION 2060

b Name of sponsor of entity listed in (a): VOYA INVESTMENT TRUST CO

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)
06-1440627-086	C	182401118

a Name of MTIA, CCT, PSA, or 103-12 IE: VOYA TARGET SOLUTION 2065

b Name of sponsor of entity listed in (a): VOYA INVESTMENT TRUST CO

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)
06-1440627-098	C	51484349

a Name of MTIA, CCT, PSA, or 103-12 IE: VOYA TARGET SOLUTION 2025

b Name of sponsor of entity listed in (a): VOYA INVESTMENT TRUST CO

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)
06-1440627-054	C	273559647

a Name of MTIA, CCT, PSA, or 103-12 IE: VOYA TARGET SOLUTION 2030

b Name of sponsor of entity listed in (a): VOYA INVESTMENT TRUST CO

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)
06-1440627-055	C	419174860

a Name of MTIA, CCT, PSA, or 103-12 IE: VOYA TARGET SOLUTION 2035

b Name of sponsor of entity listed in (a): VOYA INVESTMENT TRUST CO

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)
06-1440627-056	C	452602006

a Name of MTIA, CCT, PSA, or 103-12 IE: VOYA TARGET SOLUTION 2040

b Name of sponsor of entity listed in (a): VOYA INVESTMENT TRUST CO

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)
06-1440627-057	C	446870718

a Name of MTIA, CCT, PSA, or 103-12 IE:	VOYA TARGET SOLUTION 2045		
b Name of sponsor of entity listed in (a):	VOYA INVESTMENT TRUST CO		
c EIN-PN 06-1440627-058	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	469366141
a Name of MTIA, CCT, PSA, or 103-12 IE:	VOYA TARGET SOLUTION 2050		
b Name of sponsor of entity listed in (a):	VOYA INVESTMENT TRUST CO		
c EIN-PN 06-1440627-059	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	412957374
a Name of MTIA, CCT, PSA, or 103-12 IE:	VOYA TARGET SOLUTION 2055		
b Name of sponsor of entity listed in (a):	VOYA INVESTMENT TRUST CO		
c EIN-PN 06-1440627-060	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	326769018
a Name of MTIA, CCT, PSA, or 103-12 IE:	RUSSELL 3000 INDEX FUND		
b Name of sponsor of entity listed in (a):	BLACKROCK INSTITUTIONAL TRUST CO		
c EIN-PN 94-3371912-001	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	1022081644
a Name of MTIA, CCT, PSA, or 103-12 IE:	US DEBT INDEX FUND		
b Name of sponsor of entity listed in (a):	BLACKROCK INSTITUTIONAL TRUST CO		
c EIN-PN 94-3371910-001	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	250669186
a Name of MTIA, CCT, PSA, or 103-12 IE:	ACWI EX-US INDEX FUND		
b Name of sponsor of entity listed in (a):	BLACKROCK INSTITUTIONAL TRUST CO		
c EIN-PN 83-0377925-001	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	416052851
a Name of MTIA, CCT, PSA, or 103-12 IE:	STABLE VALUE COLLECTIVE INVESTMENT		
b Name of sponsor of entity listed in (a):	GLOBAL TRUST COMPANY		
c EIN-PN 37-6566011-001	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	376712650
a Name of MTIA, CCT, PSA, or 103-12 IE:	BMO SMALL-CAP VALUE FUND		
b Name of sponsor of entity listed in (a):	GLOBAL TRUST		
c EIN-PN 27-6059067-005	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	128674333
a Name of MTIA, CCT, PSA, or 103-12 IE:	VICTORY CAPTIBAL RS SMALL CAP GROWT		
b Name of sponsor of entity listed in (a):	GLOBAL TRUST COMPANY		
c EIN-PN 80-6249702-008	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	0
a Name of MTIA, CCT, PSA, or 103-12 IE:	LARGE CAP GRWOTH TRUST FUND		
b Name of sponsor of entity listed in (a):	VOYA INVESTMENT TRUST CO		
c EIN-PN 06-1440627-011	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	0

a Name of MTIA, CCT, PSA, or 103-12 IE: NEUBERGER BERMAN SMALL CAP GROWTH

b Name of sponsor of entity listed in (a): GLOBAL TRUST COMPANY

c EIN-PN 87-6528689-001	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 143387522

a Name of MTIA, CCT, PSA, or 103-12 IE: AMERICAN CENTURY US PREMIER LARGE C

b Name of sponsor of entity listed in (a): GLOBAL TRUST COMPANY

c EIN-PN 30-6406015-030	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 578159037

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)

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)

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)

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

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

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

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

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

a Plan name

b Name of plan sponsor	**c** EIN-PN

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

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.**

OMB No. 1210-0110

2023

This Form is Open to Public Inspection

For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023

A Name of plan
ADP TOTALSOURCE RETIREMENT SAVINGS PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
ADP TOTALSOURCE GROUP, INC.

D Employer Identification Number (EIN)
59-2452823

Part I Asset and Liability Statement

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

Assets		(a) Beginning of Year	(b) End of Year
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)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(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)	96867763	105496904
(9) Value of interest in common/collective trusts	1c(9)	5068848921	6164990063
(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)	1473097090	1694875058
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)	48880704	60454148

			(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:			
	(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	6687694478	8025816173
	Liabilities			
g	Benefit claims payable	1g		
h	Operating payables	1h		
i	Acquisition indebtedness	1i		
j	Other liabilities	1j		
k	Total liabilities (add all amounts in lines 1g through1j)	1k	0	0
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	6687694478	8025816173

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.

			(a) Amount	(b) Total
	Income			
a	**Contributions:**			
	(1) Received or receivable in cash from: **(A)** Employers	2a(1)(A)	351152864	
	(B) Participants	2a(1)(B)	937244256	
	(C) Others (including rollovers)	2a(1)(C)	143321419	
	(2) Noncash contributions	2a(2)		
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		1431718539
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
	(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)	5601761	
	(F) Other	2b(1)(F)		
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		5601761
	(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)		0
	(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)		0
	(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)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	**2b(6)**		961660386
(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)**		234684662
c Other income	**2c**		29917982
d Total income. Add all **income** amounts in column (b) and enter total	**2d**		2663583330
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	**2e(1)**	783085485	
(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)**		783085485
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)**	4060492	
(2) Contract administrator fees	**2i(2)**		
(3) Recordkeeping fees	**2i(3)**	12815201	
(4) IQPA audit fees	**2i(4)**	89100	
(5) Investment advisory and investment management fees	**2i(5)**	3970743	
(6) Bank or trust company trustee/custodial fees	**2i(6)**		
(7) Actuarial fees	**2i(7)**		
(8) Legal fees	**2i(8)**	191606	
(9) Valuation/appraisal fees	**2i(9)**		
(10) Other trustee fees and expenses	**2i(10)**		
(11) Other expenses	**2i(11)**	11859	
(12) Total administrative expenses. Add lines **2i(1)** through **(11)**	**2i(12)**		21139001
j Total expenses. Add all **expense** amounts in column (b) and enter total	**2j**		804224486
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	**2k**		1859358844
l Transfers of assets:			
(1) To this plan	**2l(1)**		536901246
(2) From this plan	**2l(2)**		1058138395

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) [X] 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) [X] 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: CROWE LLP **(2)** EIN: 35-0921680

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.)	**4a**	X		116040
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.)	**4b**		X	
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.)	**4c**		X	
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.)	**4d**		X	
e Was this plan covered by a fidelity bond?	**4e**	X		50000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	**4f**		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?	**4g**		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?	**4h**		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	**4i**	X		
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.)	**4j**		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	**4k**		X	
l Has the plan failed to provide any benefit when due under the plan?	**4l**		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	**4m**		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.	**4n**			

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? [ ] Yes [X] 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)
2G ENERGY, INC. 401(K) PLAN	99-0373984	001
4WALL ENTERTAINMENT 401K PLAN	20-2539295	001
638 BREWING COMPANY INC 401(K) PROFIT SHARING PLAN & TRUST	20-0433298	002
A BLACK TIE AFFAIR, INC. 401(K) PLAN	94-3373973	001

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 _____.

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 sections 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

2023

This Form is Open to Public Inspection.

For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023

A Name of plan
ADP TOTALSOURCE RETIREMENT SAVINGS PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
ADP TOTALSOURCE GROUP, INC.

D Employer Identification Number (EIN)
59-2452823

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): 04-3581074

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**

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that (1) contributed more than 5% of total contributions to the plan during the plan year or (2) was one of the top-ten highest contributors (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 deferred vested and retired participants (inactive participants), as of the beginning of the plan year, whose contributing employer is no longer making contributions to the plan for:

a The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: ☐ last contributing employer ☐ alternative ☐ reasonable approximation (see instructions for required attachment)	**14a**	
b The plan year immediately preceding the current plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment)	**14b**	
c The second preceding plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment)	**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) and (b):

a Enter the percentage of plan assets held as:
Public Equity: _____% Private Equity: _____% Investment-Grade Debt and Interest Rate Hedging Assets: _____%
High-Yield Debt: _____% Real Assets: _____% Cash or Cash Equivalents: _____% Other: _____%

b Provide the average duration of the Investment-Grade Debt and Interest Rate Hedging Assets:
☐ 0-5 years ☐ 5-10 years ☐ 10-15 years ☐ 15 years or more

20 **PBGC missed contribution reporting requirements.** If this is a multiemployer plan or a single-employer plan that is not covered by PBGC, skip line 20.

a Is the amount of unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 greater than zero? ☐ Yes ☐ No

b If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:

☐ Yes.

☐ No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.

☐ No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.

☐ No. Other. Provide explanation._____

Part VII IRS Compliance Questions

21a Does the plan satisfy the coverage and nondiscrimination tests of Code sections 410(b) and 401(a)(4) by combining this plan with any other plans under the permissive aggregation rules? ☐ Yes ☐ No

21b If this is a Code section 401(k) plan, check all boxes that apply to indicate how the plan is intended to satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under Code sections 401(k)(3) and 401(m)(2).

☐ Design-based safe harbor method

☐ "Prior year" ADP test

☐ "Current year" ADP test

☐ N/A

22 If the plan sponsor is an adopter of a pre-approved plan that received a favorable IRS Opinion Letter, enter the date of the Opinion Letter ___/___/_____ (MM/DD/YYYY) and the Opinion Letter serial number_____.

SCHEDULE MEP (Form 5500)	MULTIPLE-EMPLOYER RETIREMENT PLAN INFORMATION	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration	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.**	**2023** **This Form is Open to Public Inspection**

For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023

A	Name of plan ADP TOTALSOURCE RETIREMENT SAVINGS PLAN	**B**	Three-digit Plan number (PN) ..... ▶ 001
C	Plan administrator's name as shown on line 3a of Form 5500/Form 5500-SF ADP TOTALSOURCE GROUP, INC.	**D**	Administrator's EIN 59-2452823

Part I Type of Multiple-Employer Pension Plan. All multiple-employer pension plans must complete.

1 Check the appropriate box to indicate type of multiple-employer pension plan. (Only defined contribution plans may check lines 1a, 1b, and 1c. Defined benefit plans and defined contribution plans not checking lines 1a, 1b, or 1c should check line 1d. See Instructions).

- **a** ☐ association retirement plan (See 29 CFR 2510.3-55) (Complete Part II)
- **b** ☒ professional employer organization plan (PEO Plan) (See 29 CFR 29 CFR 2510.3-55) (Complete Part II)
- **c** ☐ pooled employer plan (PEP) (See 29 CFR 2510.3-44) (Complete Parts II and III)
- **d** ☐ other multiple-employer pension plan (Describe)_____ (Complete Part II)

Part II Participating Employer Information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan. **Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).**

2a Name of Participating Employer	**2b** EIN	**2c** Percentage of Total Contributions for the Plan Year	**2d** Aggregate Account Balances Attributable to Participating Employer
10 FEDERAL PARTNERS INC.	45-5156089	0.03	1557630
2a Name of Participating Employer	**2b** EIN	**2c** Percentage of Total Contributions for the Plan Year	**2d** Aggregate Account Balances Attributable to Participating Employer
10 FITNESS CORPORATE SALES INC.	45-5216791	0.02	1785780

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer "Yes" to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

2e	Does the plan include any individuals not participating through an employer or who are individual working owners?	**2e**	☐ Yes ☒ No
2f	If you answer "Yes" in line 2e, enter a good faith estimate of the percentage of total contributions made by all such individuals that are not listed on line 2a during the plan year.	**2f**	
2g	If you answer "Yes" in Line 2e, enter the aggregate account balances for all such individuals that are not listed on line 2a.	**2g**	

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
1100 WEST INVESTMENTS LLC	35-2560037	0.01	412770
1185 RIVER OAKS LLC	13-4082183	0.00	0
120VC	91-2056022	0.00	6902
13 SCENTS INC.	83-1408329	0.01	213703
1311 ENTERPRISE LLC	26-4152407	0.01	0
13FEG OPS	82-1669282	0.00	82496
145 ERM HOLDINGS, L.L.C.	92-0954263	0.00	16692
16TH AMENDMENT ADVISORS LLC	27-0204728	0.01	895814
1908 BRANDS, INC.	27-2022136	0.00	0

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
1ST ALLERGY ASTHMA AND PEDIATR	26-0033299	0.00	264016
1ST LONDON REALTORS INC	95-4642457	0.00	191927
1ST NEW ENGLAND MORTGAGE CORP	04-2986977	0.00	29209
1ST RELIANT HOME LOANS, INC.	20-4115285	0.00	160859
2020 INC.	46-4177108	0.01	677201
20BLOC INC	92-1194840	0.00	0
2495 BROADWAY CENTER LLC	37-1619070	0.00	294731
25 ART LP	06-1645580	0.00	5287
2601 INC.	82-3879194	0.01	447319

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
260-261 MADISON AVENUE LLC	20-0434429	0.01	310400
28 GORILLA LLC	82-2200511	0.00	71712
2G ENERGY, INC.	99-0373984	0.01	0
2ND OPPORTUNITY L3C	84-1730178	0.00	51124
3201 HOTEL LLC	26-1720363	0.00	1135
360 HEALTH SYSTEMS, INC.	46-2782321	0.00	20996
360LEARNING INC.	36-4901747	0.07	2441724
3D SMILE USA INC	36-4920281	0.01	146368
3HB CORPORATION	20-4324650	0.00	270530

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
3I CORPORATION	04-2752161	0.05	7152629
3PL BUSINESS INC.	27-3554694	0.00	2919
3SIXTY FUNDRAISING LLC	82-3949974	0.00	12462
4/100 MUSIC WLA CORP	46-1528684	0.00	177228
412 LLC	26-3011690	0.01	0
42/40 ARCHITECTURE INC.	86-1052049	0.02	5521420
4FRONT SALES & MARKETING, LLC	46-5434624	0.01	98024
5 STAR NUTRITION, LLC	47-5430868	0.03	820775
506 BOSTON POST LLC	46-2935504	0.00	7804

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
525K GLOBAL SOLUTIONS INC.	37-1876177	0.00	267633
60 GUILDERS, LLC	46-2666708	0.00	56920
638 BREWING COMPANY INC	20-0433298	0.00	0
64TH STREET ASSOCIATES CORP.	13-3722408	0.00	1174432
683 CAPITAL MANAGEMENT LLC	20-5100992	0.02	2858774
7 MINDSETS ACADEMY, LLC	81-1699982	0.03	0
75S CORP	26-4610772	0.01	1025168
7E SALES, LLC	46-0613185	0.01	647406
7ONES, LLC	81-5201208	0.00	19783

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
808 FLOORING & GRANITE INC.	20-0540455	0.00	85176
87 AH LLC	47-5102023	0.02	993341
8FIG INC	35-2688246	0.01	571941
8TH FRAME LLC	81-1639224	0.00	8963
90 DEGREES WEST LLC	26-0713677	0.02	3075109
908 DEVICES INC.	45-4524096	0.16	11561059
911 RESTORATION FRANCHISE INC.	51-0630397	0.00	147486
9511 SHORE RD CONDOMINIUM	27-2199246	0.00	176046
A & A PLUMBING LLC	26-1568345	0.01	353693

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
A & A TRUCK PARTS INC.	22-2455718	0.00	103386
A & F AUTOMOTIVE LLC	56-2576578	0.00	28992
A & I WEST END PLUMBING INC.	20-0747798	0.01	841188
A & J APPLIANCE PARTS INC	36-3420868	0.02	1376200
A & T CHEVROLET, INC.	23-1597080	0.03	6256913
A AND R PLUMBING INC	94-2266055	0.01	854824
A B CONTROLS & TECHNOLOGY INC	75-2361848	0.01	2520984
A BLACK TIE AFFAIR INC	94-3373973	0.00	0
A BRIDGE TO INDEPENDENCE	45-5565030	0.01	214149

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
A BRIGHTER AVENUE LLC	90-0429801	0.01	411748
A FATHER'S PLACE	57-1145908	0.00	9274
A PERFECT PLUMBER LLC	26-4474414	0.00	129981
A PLACE ALL MY OWN HEALTH CARE L	45-2457546	0.01	258326
A PLUS GENERAL CONTRACTORS, INC	33-0850572	0.00	8430
A PLUS HVAC INC.	20-4759327	0.00	179627
A PUP ABOVE INC	92-2857151	0.00	44705
A SAFE HAVEN FOUNDATION	36-4444200	0.03	1334127
A SAFE HAVEN L.L.C.	36-4020129	0.01	300260

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
A SHORE ANSWER LLC	56-2554760	0.01	882486
A TO Z PEDIATRIC THERAPY LLC	45-2951783	0.00	38018
A&J ASSEMBLY INC.	77-0458988	0.02	6237083
A. CELLI INTERNATIONAL, INC.	65-0418941	0.00	0
A. D. TUBI USA, INC.	83-1903959	0.01	538434
A. P. BUCK INC	59-2500043	0.00	2752
A.B.S. BEHAVIORAL SERVICES LLC	45-4468313	0.00	280432
A.C. ROMAN & ASSOCIATES, INC.	11-3445203	0.02	3767277
A.G. HOLDINGS CORPORATION	46-2672087	0.02	559989

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
A.I.M. WINDOW AND DOOR CO. INC.	31-1193125	0.01	515591
A.I.R.S.	65-0102026	0.01	5694959
A/C MECHANIX HEAT & AIR, INC.	59-3219807	0.00	0
A-1 HEART MONITORING, LLC	20-3806980	0.00	102655
A3 MERCHANDISE, LLC	26-4372354	0.01	136590
AACE PHARMACEUTICAL INC.	82-0596016	0.00	0
AAERO SWEET CORPORATION	33-0793205	0.00	41479
AALBERTS SURFACE TECHNOLOGIES, I	06-1599687	0.00	126838
ABBOUD LAW OFFICE	47-0816553	0.00	8900

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
ABBYSON LIVING LLC	81-1393893	0.04	0
ABC MANAGEMENT CORP.	13-3591021	0.00	108973
ABELOW SHERMAN ARCHITECTS LLC	20-0620190	0.00	599570
ABERDEEN GOLF & COUNTRY CLUB	65-0704698	0.02	1407935
ABILITY 2 LEARN INC	82-3673883	0.00	118503
ABLIC U.S.A. INC.	81-1315010	0.01	3965281
ABMRC, LLC	83-2028176	0.01	519443
ABOARD HOLDINGS LLC	87-4080766	0.01	118731
ABOUTFACE CONSULTING CORPORATI	58-2441965	0.00	14320

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
ABQ INC.	82-1794399	0.02	409549
ABSOLUTE COLOR MAILPLEX, LLC	83-3045108	0.00	0
AC ALL STAR	47-2124267	0.00	18060
AC PLUS HEATING & AIR INC.	20-2135463	0.00	22428
ACADEMICA MANAGEMENT, LLC	20-2594023	0.07	7955569
ACADEMIR CHARTER SCHOOLS INC	27-1986282	0.02	1197604
ACADEMY FOR AUTISM INC	20-2904307	0.00	3371
ACADEMY FOR CONTINUED HEALTHCA	26-1597894	0.02	2680171
ACANTHUS TECHNOLOGY LLC	45-5553857	0.00	60884

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
ACCELERANT US SERVICES COMPANY	85-2870085	0.48	15081242
ACCELERATED ANALYTICS, LLC	45-4168982	0.01	612192
ACCELERATED ASSEMBLIES INC.	26-3261639	0.02	792042
ACCELERATED CLAIMS, INC.	56-2566723	0.00	0
ACCELERATED GLOBAL CONTENT, LLC	82-3929892	0.03	1758652
ACCESSIBE, INC.	86-1477726	0.02	271548
ACCOUNT TECHNOLOGIES US LLC	86-2953638	0.00	0
ACCOUNTABILITY NORTH AMERICA LLC	80-0466589	0.01	224368
ACCRETIVE, LLC	06-1563479	0.00	2029568

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
ACCUFAST HOLDINGS LLC	45-4993548	0.00	773721
ACCUMA CORPORATION	56-1487376	0.00	232307
ACCUMA CORPORATION	56-1487376	0.02	2253069
ACCURATE TUBE BENDING INC	94-3323473	0.01	1671882
ACCUSPEC, INC.	06-1266577	0.02	6502341
ACCUTAR BIOTECHNOLOGY INC	47-4325850	0.05	2568792
ACCU-TEMP HEATING & COOLING INC.	54-2100444	0.01	496966
ACCUTROL, LLC	76-0728276	0.03	5875032
ACCUVER AMERICAS, INC.	91-2199425	0.02	1375652

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
ACD OPERATIONS LLC	85-3600256	0.08	3291488
ACE & COMPANY NEW YORK, INC.	27-2843518	0.01	395079
ACE FOUNDATION INC	26-0302036	0.00	156494
ACE PRODUCTS ENTERPRISES INC	22-2573693	0.00	0
ACG NORTH AMERICA LLC	13-4079397	0.02	1810312
ACI ARCHITECTURAL CONSULTANTS IN	27-1882589	0.00	81062
ACI MEDICAL LLC	26-1800803	0.01	5865393
ACJ INTERNATIONAL LLC	26-1742995	0.01	0
ACLARITY INC	82-1612433	0.01	167268

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
ACLIVITI CONSULTING GROUP LLC	93-3936474	0.01	75968
ACME CARPET ONE	04-2435497	0.00	262097
ACME FURNITURE INDUSTRY INC	33-0140804	0.00	267501
ACOUSTICAL CONSULTANTS INC	56-1222012	0.00	11173
ACQ HOLDINGS, LLC	46-2443311	0.00	394611
ACQUALINA MANAGEMENT LLC	01-0811837	0.06	4893314
ACROSS INTERNATIONAL LLC	26-3845508	0.02	829649
ACTION CAR RENTAL, LLC	26-1639007	0.01	238516
ACTION DIRECT MARKETING INC	33-0237193	0.00	351418

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
ACTION REPROGRAPHICS, INC.	42-0668173	0.00	0
ACTION TERMITE CONTROL LLC	20-0446631	0.00	8290
ACTIONCOACH NORTH AMERICA LLC	80-0791940	0.00	209685
ACTIONSTEP, INC.	46-0828947	0.02	819616
ACTIVANT CAPITAL GROUP LLC	46-1430110	0.01	403305
ACTIVE ACQ MANAGEMENT LLC	88-3777734	0.01	235091
ACTIVE APPAREL GROUP AMERICA LLC	82-2723288	0.03	1116950
ACTIVE DIGITAL LLC	87-1840695	0.01	383869
ACTIVE VENTILATION PRODUCTS INC	13-3932331	0.02	1032223

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
ACTIVECOMPLY, LLC	37-1925947	0.00	165288
ACUANTIA, INC.	11-3523358	0.03	1357410
ACUMEN FUND, INC.	13-4166228	0.08	8480807
ACUTEK US INC	32-0054579	0.01	407862
ADAM EQUIPMENT, INC.	06-1509684	0.01	1098052
ADAMS AIR CONDITIONING AND HEATI	62-0845277	0.01	172912
ADAMS COMPANY INC.	31-0720692	0.01	318024
ADAMSON AHDOOT LLP	27-3993863	0.01	269504
ADAPTIVITY, INC.	85-1112789	0.01	0

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
ADAPTURE RENEWABLES, INC.	99-0372427	0.10	3828815
ADC SOLUTIONS SERVICES, LLC	82-2905336	0.07	4341048
ADD-ON COMPUTER PERIPHERALS LLC	05-0549009	0.14	9870451
ADEAM INTERNATIONAL CORPORATION	45-5260001	0.00	78442
ADELAIDE METRICS, INC.	86-1269727	0.02	704699
ADEN & ANAIS, INC.	32-0287095	0.06	3800317
ADLER WINDOWS INC	11-3486398	0.00	0
ADMIRAL CRAFT EQUIPMENT CORP.	13-2560325	0.00	0
ADMITAD INC	86-3092167	0.00	104986

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
ADRIAN CHRISTIAN GODINA	20-0162427	0.00	144312
ADRIANNE'S HOUSEKEEPING INC	45-2257110	0.00	5963
ADSANTEC INC.	20-3038350	0.01	229350
ADSPACE NETWORKS INC	88-0405258	0.01	3502418
ADVAITA HEALTH VENTURES, LLC	87-2768203	0.00	87979
ADVAITA INTEGRATED MEDICINE PLLC	86-3355727	0.00	73800
ADVANBIO INC	86-1470982	0.01	551229
ADVANCED ACCOUNTING SYSTEMS LTD	20-2902795	0.00	124211
ADVANCED ALARM SYSTEMS INC	04-3059910	0.00	74193

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
ADVANCED BUSINESS INFORMATION SY	76-0522517	0.01	1152907
ADVANCED COPIERS & PRINTERS INC	46-4976467	0.01	157667
ADVANCED HEALTHSTYLES FITNESS EQ	84-1344433	0.02	2363221
ADVANCED MARKETING & PROCESSING	59-3811155	0.01	694146
ADVANCED MEDICAL GROUP, LLC	20-5964005	0.01	2051691
ADVANCED MICRO INSTRUMENTS INC	33-0873107	0.02	0
ADVANCED POWERING SERVICES INC	42-1573719	0.02	1219494
ADVANCED SOLUTIONS INC	61-1122056	0.02	4656319
ADVANCED TECHNOLOGIES INC.	54-1459805	0.02	5875361

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
ADVANCED THERMAL SOLUTIONS INC	04-3065394	0.01	1998949
ADVANTAGE MEDIA GROUP INC	71-0986327	0.04	3178288
ADVANTAGE MEDICAL ELECTRONICS, L	47-4389046	0.04	2614688
ADVENDIO AMERICA CORPORATION	32-0455728	0.00	84903
ADVENTHEALTH SURGERY CENTER INNO	88-2744377	0.00	30489
ADVENTURE HOUSE, INC.	13-3802381	0.00	15228
ADVENTURE MEDIA AND EVENTS LLC	83-4032494	0.00	162969
ADVINOW INC.	81-3993449	0.00	75025
ADVOCATES FOR JUSTICE, CHARTER	27-0488623	0.00	0

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
AE GLOBAL MEDIA INC	56-1806564	0.00	504300
AEGIS TRUST COMPANY, LLC	82-1593389	0.02	1048535
AEMTEK INC	45-0486738	0.03	3673577
AEON CORPORATION	46-2453357	0.00	469656
AERO TRANSPORTE DE CARGA UNION	98-0479227	0.01	169886
AEROCOM INDUSTRIES INC	84-1101097	0.01	1370036
AERODYNE PRECISION MACHINING, IN	33-0219014	0.01	1063716
AEROMAT PLASTICS INC	41-0964826	0.03	1733063
AEROSTREAM USA INC	98-0484289	0.00	34817

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
AEROTECH OPS LLC	46-5577640	0.00	26345
AESSENSE LLC	47-1315122	0.00	0
AETERNA ZENTARIS, INC.	20-8817262	0.00	198513
AETURNUM, INC.	04-3550993	0.01	535576
AEVOE CORP	86-1137273	0.00	228542
AFA CLAIM SERVICES INC	95-4890603	0.00	256
A-FABCO, INC	59-2104418	0.01	899043
AFC MANAGEMENT LLC	85-1992921	0.03	643129
AFFORDABLE HEATING & COOLING, IN	13-4310071	0.02	2376326

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
AFRICAN AMERICAN ALLIANCE OF CDF	85-2659114	0.01	81949
AFRICAN COMMUNITY & CONSERVATION	83-0939572	0.00	335530
AFRICAN LEADERS MALARIA ALLIAN	27-3861222	0.01	492472
AFTER MARKET INC.	37-2010794	0.01	598316
AG MACHINING & INDUSTRIES, INC.	84-0961992	0.00	52878
AG SPECIALTY FOODS, INC.	84-1721567	0.00	100982
AG613, LLC	46-3255064	0.02	2149522
AGAVE PAY, INC.	20-8963251	0.00	548500
AGELESS MENS HEALTH HOLDINGS INC	27-5505337	0.06	3524728

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
AGENCY CREATIVE INC	22-3938780	0.00	502538
AGENCY MN&P LLC	45-3967769	0.01	316477
AGEWAVE SOLUTIONS, INC.	26-1380365	0.01	2878398
AGILE COLD STORAGE LLC	84-3805379	0.00	0
AGILERANK LLC	46-5261335	0.02	645898
AGILETEK SOLUTION LLC	82-2144988	0.00	0
AGING RESOURCES OF DOUGLAS COUNT	82-5166064	0.00	175170
AGP BV MSO, LLC	92-3673672	0.01	838940
AGS DEVICES CO.	46-5213044	0.01	407614

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
AGS PLUMBING & HEATING CORP.	22-3655642	0.00	344265
AHLEM EYEWEAR, LLC	46-4571905	0.00	47283
AIBEE US CORPORATION	82-4018017	0.00	824480
AIDOC, INC	83-1273031	0.06	1744976
AIKAWA FIBER TECHNOLOGIES USA	20-5231868	0.03	4200097
AIM HIGH PDX	85-2996616	0.01	320328
AIMPERA CAPITAL PARTNERS LLC	83-0719238	0.02	590146
AIMS MEDICAL SALES COLLEGE, LLC	27-3751894	0.00	410561
AIP CAPITAL LLC	92-1363039	0.01	95644

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
AIP MANAGER LLC	83-2795554	0.03	1489741
AIQUIRE INC	84-4161999	0.03	437017
AIR 1 HVAC LLC	20-4956181	0.00	55986
AIR BALANCING COMPANY INC.	01-0561970	0.00	0
AIR DISTRIBUTION USA, INC.	55-0860216	0.00	0
AIR FILTER SUPPLY, A CALIFORNIA	73-1652357	0.02	952149
AIR INCORPORATED	04-2037104	0.01	1637251
AIR PARIS NEW YORK, INC	75-3268760	0.00	0
AIR THERM COMPANY INC.	58-1086218	0.00	0

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
AIRCRAFT ELECTRIC MOTORS, INC.	59-1398137	0.01	3478650
AIRFORCE TURBINE SERVICE, LTD.	26-2475214	0.00	116344
AIRMAX LLC	27-1352453	0.00	0
AIRPORT ENGINE INC	83-2993880	0.00	11001
AJ FERNANDEZ CIGAR COMPANY LLC	47-5667337	0.00	15184
AJIX INC	65-0462207	0.01	1643257
AJML DENTAL PLLC	46-5412613	0.00	151458
AKADEMOS, INC.	74-2983803	0.02	0
AKCELERANT SOFTWARE LLC	23-3056090	0.00	19748

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
AKELA LASER CORPORATION	20-0012551	0.00	107353
AKIRA TECHNOLOGIES INC.	86-1061924	0.03	1533604
AKOUSTIS, INC.	46-5645617	0.18	12515918
AKRJ LLC	84-1873014	0.00	383260
AKSEIZER DESIGN GROUP LLC	83-0468413	0.00	517045
AKSIA LLC	20-5385739	0.22	28571791
ALAMANCE PARTNERSHIP FOR CHILD	56-1884459	0.00	61344
ALARM SERVICES OF ASHEVILLE INC	56-1548038	0.00	21566
ALAVI & BRAZA PC	56-2367635	0.01	1006688

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
ALBAFORM, INC.	35-2439208	0.00	0
ALCAMO CAPITAL LLC	83-1633371	0.01	254698
ALCHEMY STUDIO LLC	82-2960679	0.00	85179
ALDERBROOK, INC.	81-2441421	0.00	972
ALEF EDGE, INC	45-5428073	0.03	2359890
ALEMBIC DEVELOPMENT COMPANY, LLC	20-1795749	0.00	189201
ALERT TECHNOLOGIES, INC.	74-2180549	0.02	551875
ALEX MILL COMPANY LLC	38-4076227	0.01	179457
ALEXANDER CAPITAL LP	13-3866977	0.02	2004445

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
ALEXANDER PROPERTIES GROUP INC	58-1542369	0.02	1880197
ALEXIUM INC	68-0680037	0.02	1201322
ALFA VITAMINS LABORATORIES INC.	65-0987743	0.01	209332
ALFRED L. SCHILLER HARDWARE INC	61-0587238	0.04	6402194
ALFRED WEISSMAN REAL ESTATE LL	27-3780870	0.01	1755542
ALFREDO PAREDES STUDIO CORPORATI	84-1736889	0.00	0
ALG DIRECT LLC	47-0968268	0.01	323380
ALGORITHM SCIENCES, INC.	83-4709686	0.00	18690
ALIGN BUILDERS INC	45-4748676	0.04	1825351

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
ALIGN INC.	46-1294858	0.01	234711
ALIGNABLE INC	45-4701119	0.00	0
ALIGNED DATA CENTERS, LLC	47-3096227	0.28	13655623
ALISON BROD MARKETING AND COMM	13-4099744	0.05	5100665
ALISON TRANSPORT INC	11-2430857	0.00	0
ALISON W. JAYNE, DVM, INC.	81-3671735	0.00	11360
A-LIST MARKETING SOLUTIONS INC	85-3180546	0.00	10755
ALIZIBA INC	71-0891602	0.00	46299
ALJ MGR LLC	45-1648318	0.01	409573

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
ALL ABOUT FURNITURE LLC	27-3250183	0.00	196556
ALL ABOUT PLUMBING & HEATING LTD	45-3938791	0.00	44706
ALL COUNTY CAPITAL CORP	45-3951280	0.00	203733
ALL DIAMOND FLOOR'S INC.	45-4407464	0.00	34308
ALL GROUND, INC.	81-5061375	0.00	1623
ALL HANDS ON DECK NETWORK INC.	37-1697474	0.02	1382038
ALL PRO COMMUNICATION TECHNOLO	95-4753677	0.00	1247201
ALL PRO ELECTRIC INC.	47-5198921	0.00	3711
ALL SOUTH FLOORING LLC	81-1807360	0.00	120301

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
ALL STARS PREMIUM SPORTSWEAR, LL	82-4319442	0.00	42273
ALLAKOS INC	45-4798831	0.21	13567275
ALLEGHENY MEDICAL, P.C.	25-1777151	0.00	393974
ALLEGHENY STRUCTURAL COMPONENTS	46-3848863	0.00	175385
ALLEN COMMUNITY OUTREACH	75-1986190	0.01	400995
ALLEVIATE TAX LLC	82-4559070	0.01	327649
ALLIANCE AUTO CARE INC	26-4294333	0.00	0
ALLIANCE BIOTECH SOLUTIONS, LLC	88-2919532	0.01	208346
ALLIANCE DESIGNER PRODUCTS INC	98-0444673	0.01	332801

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
ALLIANCE EXPOSITION SERVICES, L.	26-2083918	0.04	1010859
ALLIANCE OF RESIDENT THEATRES/ N	13-2768583	0.00	352996
ALLIED PROPERTY GROUP INC	76-0727569	0.00	4015
ALLIED WHEEL COMPONENTS INC	33-0694686	0.03	1752205
ALLIUM RENEWABLE ENERGY, LLC	46-0521268	0.02	1128207
ALLMARK DOOR COMPANY LLC	22-2850356	0.01	0
ALLOY TOOL STEEL INC	95-2895722	0.00	20700
ALLOYED INC	87-0926399	0.00	33480
ALLURION TECHNOLOGIES LLC	92-2800325	0.07	3451079

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
ALLWIN POWERSPORTS CORP.	27-1938134	0.01	650867
ALLWYN ILLINOIS LLC	81-4190811	0.13	8150714
ALOA SECURITY PROFESSIONALS ASSO	46-0935007	0.00	871700
ALOE LIFE INTERNATIONAL INC.	33-0901708	0.00	3059
ALOR INTERNATIONAL LTD	94-2697159	0.00	2008768
ALPEN HIGH PERFORMANCE PRODUCTS	84-3729007	0.01	537780
ALPHA DELTA PI SORORITY	58-0638489	0.01	857284
ALPHABET HEALTH LTD	83-2626373	0.02	851138
ALPHABIOCOM, LLC	20-3066013	0.00	0

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
ALPHATHETA MUSIC AMERICAS, INC	47-2396272	0.02	1684552
ALPHATON TECHNOLOGIES LLC	86-3322102	0.02	374685
ALPINE CAPITAL ADVISORS LLC	46-4892080	0.00	144045
ALSO ENERGY INC	27-5365216	0.00	16819
ALT FINANCE CORPORATION	86-3974526	0.01	140840
ALTA LOMA INC	83-3895387	0.01	146574
ALTA TRUST COMPANY	26-1505234	0.00	140032
ALTA VISTA CENTER FOR AUTISM	30-0199263	0.01	420268
ALTA VISTA COUNTRY CLUB LP	93-0657342	0.00	95284

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
ALTAI CAPITAL MANAGEMENT, L.P.	27-0488863	0.01	1563316
ALTECH SOLUTIONS, LLC	82-5023344	0.01	453735
ALTEK SUPPLY USA INC	61-2005457	0.01	99099
ALTERED TAILS	02-0710228	0.00	4556
ALTERIAN SOFTWARE LLC	81-4210059	0.01	924646
ALTERNA CAPITAL PARTNERS LLC	20-8404736	0.01	2639811
ALTERRO BUILDERS, LLC	86-1833032	0.00	46124
ALTIOS INTERNATIONAL INC	81-0642221	0.01	454126
ALTITUDE INC	26-4642012	0.00	356234

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
ALTON MANAGEMENT CORPORATION	94-3182676	0.00	47638
ALTUS POWER AMERICA MANAGEMENT	46-3569476	0.05	2377032
AMARILLO BONE & JOINT CLINIC PLL	75-2614816	0.00	0
AMARILLO BONE AND JOINT CLINIC	75-2614816	0.00	494434
AMAYA SOLUTIONS, INC.	84-4097612	0.02	1556592
AMAZE MEDIA LABS LLC	85-1009373	0.00	33115
AMAZENTIS USA, INC.	85-0870295	0.00	0
AMBASSADOR TITLE SERVICES LLC	27-4752733	0.01	934508
AMBIQ MICRO INC	27-1911389	0.09	0

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
AMBULATORY NEUROLOGICAL SERVICES	26-3562727	0.00	0
AMCAR FREIGHT INC	65-0820758	0.01	579673
AMD DEALERSHIP MESQUITE LLC	81-3296240	0.00	187
AMEDEO AVIATION MANAGEMENT, LLC	20-5256502	0.01	1211297
AMERA REALTY SERVICES, INC.	01-0756095	0.02	3908638
AMERI CARE SERVICES, INC.	62-1531833	0.00	201218
AMERICALL INTERNATIONAL INC	45-6133008	0.00	0
AMERICAN ACADEMY OF HIV MEDICINE	20-2721201	0.00	170251
AMERICAN ACADEMY OF OPHTHALMOLOG	41-1336784	0.36	93020712

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
AMERICAN ADVERTISING FEDERATION	13-2581875	0.01	3293388
AMERICAN ALDES VENTILATION COR	59-2343019	0.01	375211
AMERICAN ANALYTICS, INC.	20-1489981	0.01	3220661
AMERICAN AUTOMOTIVE AFTERMARKET	04-3535618	0.00	125266
AMERICAN BANK N A	75-1425659	0.03	1594458
AMERICAN BOTANICALS LLC	47-1917292	0.02	1024890
AMERICAN BUSINESS CONTINUITY CEN	11-3531956	0.00	0
AMERICAN CAPITAL REALTY GROUP	95-4518319	0.00	180388
AMERICAN CLINICAL SOLUTIONS LLC	26-3340890	0.02	4002186

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
AMERICAN COMMUNITIES CORPORATES	45-4735002	0.01	430505
AMERICAN COMMUNITY BANK	11-3469788	0.02	3186193
AMERICAN COPY EDITORS' SOCIETY	11-3390739	0.00	5434
AMERICAN DOCUMENT SOLUTIONS LLC	46-1330714	0.00	38957
AMERICAN EAGLE FENCE,LLC	82-2394592	0.00	125918
AMERICAN EAGLE PLUMBING & DRAIN	82-0560143	0.00	661162
AMERICAN FLOOD COALITION, INC	83-1940124	0.01	535314
AMERICAN FUNDRAISING FOUNDATION	81-1160316	0.00	106961
AMERICAN HIP INSTITUTE LLC	83-1088522	0.02	821298

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
AMERICAN HOSE & HYDRAULIC CO., I	22-3424259	0.00	1536011
AMERICAN INDIAN HEALTH SERVICE	23-7403610	0.00	387771
AMERICAN INJECTABLES INC.	85-1677687	0.01	519596
AMERICAN KEY PRODUCTS,INC.	13-1658598	0.02	3619135
AMERICAN LANDMARK MANAGEMENT, LL	47-3257520	0.11	7464989
AMERICAN LEAK DETECTION DFW INC	75-2356233	0.01	473442
AMERICAN MEDIA INVESTMENTS INC	48-0933186	0.00	17732
AMERICAN MEETINGS LLC	27-1691895	0.00	360634
AMERICAN NUTS LLC	82-5046199	0.03	872234

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
AMERICAN OVERHEAD DOORS, INC.	06-1223663	0.00	26816
AMERICAN POLYMERS CORP.	33-0056584	0.11	11735525
AMERICAN PROTECTION PLANS LLC	80-0259553	0.01	0
AMERICAN RACING HEADERS & EXHAUS	20-3491964	0.00	16715
AMERICAN SCRAP METAL SERVICES, I	36-4588984	0.01	574378
AMERICAN SECURITY FORCE INC	80-0330400	0.00	54496
AMERICAN SOCIETY OF APPRAISERS	53-0231868	0.01	3921995
AMERICAN SOCIETY OF NAVAL ENGI	53-0229465	0.01	198641
AMERICAN SYNERGY MANAGEMENT OF	27-3037883	0.01	535038

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
AMERICAN TELECOMMUNICATIONS INC	13-3923563	0.01	1638623
AMERICAN TRIPLE I HOLDINGS, LLC	83-1186635	0.01	144486
AMERICAN TRUSS LLC	45-2405060	0.00	0
AMERICAN WORDATA INC	86-0442940	0.01	697570
AMERICANBIO, INC.	04-2628929	0.02	1560126
AMERICARE PHYSICAL THERAPY LLC	20-3726187	0.01	792721
AMERIFIBER INC	55-0854813	0.00	0
AMERIFLO CORPORATION	85-3294766	0.00	49934
AMERIMEX USA INC.	32-0220217	0.01	97336

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
AMERISAN LLC	20-8164526	0.00	0
AMICK BROWN, LLC	27-3578618	0.03	2620075
AMID, INC	20-0169346	0.00	0
AMINCO INTERNATIONAL	95-3352588	0.01	1653107
AMITY SEARCH PARTNERS LLC	26-4086834	0.02	1655633
AMIUS AMERICAS CORP	38-4042827	0.01	658882
AMJ SCREEN PRINTING LLC	47-4397278	0.00	95301
AMMIRATI IMPORTING CO	13-3223667	0.00	204854
AMNESTY INTERNATIONAL LIMITED	98-0644440	0.04	2749792

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
AMOUAGE AMERICAS LLC	86-3762867	0.00	70014
AMP GLOBAL CLEARING LLC	27-0273485	0.01	884215
AMPED STAFFING LLC	83-3341508	0.00	9148
AMPLIFIED MARKETING, INC	47-5346935	0.00	24658
AMPM SUPPLY CORP	26-3656126	0.00	75098
AMPT ELECTRIC LLC	46-4828534	0.00	322377
AMPT SERVICES INC.	27-1667672	0.03	2542952
AMPUTEE ASSOCIATES LLC	32-0218329	0.01	1105833
AMRAPUR OVERSEAS INC.	95-3865486	0.02	2546032

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
AMS PRO GROUP LLC	84-2528680	0.00	40546
AMTAB MANUFACTURING CORPORATION	20-5211622	0.07	1974805
AMULET HOTKEY INC.	20-1414073	0.00	548294
ANACONDA STREET PRODUCTIONS, LLC	20-8467998	0.00	99462
ANALOGIX SEMICONDUCTOR, INC.	71-0873932	0.03	5680503
ANCHOR HEALTH INITIATIVE CORP.	81-2826560	0.01	497711
ANCHOR TECHNOLOGIES LLC	81-4271246	0.00	3598
ANCHOR WORLDWIDE LLC	81-1311605	0.03	862581
ANCILIA BIOSCIENCES, INC	83-4260764	0.00	31667

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
ANCONA CONTROLS, INC.	26-2821339	0.00	28970
ANCOVA ENERGY MARKETING LLC	81-2581750	0.00	1019611
ANDALMAN & GROUP LAW, LLC	26-1769283	0.01	1667026
ANDALOU NATURALS	27-2623633	0.04	2453937
ANDERSON DIE & MANUFACTURING CO.	93-0471440	0.01	631041
ANDRE BAPTISTE, DDS, PA	26-3665985	0.00	8938
ANDREA STEELE ARCHITECTURE, P.C.	80-0069231	0.00	105030
ANDREW TURCHIN, DMD PC	20-8598405	0.01	410600
ANDY JONES COMMERCIAL INTERIORS	75-2701510	0.01	1054554

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
ANEMOSTAT PRODUCTS	95-3947892	0.01	2011371
ANEXIA, INC.	33-1227190	0.01	451851
ANGEL F LEAL JR PA	27-4579419	0.00	6197
ANHEART THERAPEUTICS INC	83-2363779	0.07	1544663
ANIBAL F. ROSSEL MD. PA.	76-0531907	0.00	49934
ANIMAL BLOOD BANK INC.	61-1435170	0.01	2716451
ANIMAL EMERGENCY, PLLC	27-3610856	0.01	0
ANIMAL SAMARITANS SOCIETY FOR TH	95-3171867	0.03	1624717
ANIMALSCOPIC INC	45-4210812	0.00	0

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
ANITA INTERNATIONAL CORPORATION	65-0861673	0.01	1380763
ANIVIEW, INC.	47-5379511	0.00	12433
ANJUNA LLC	81-1568767	0.00	313614
ANN THOMAS CPA PC	76-0493089	0.01	611949
ANNE ET VALENTIN USA CORP	26-1867014	0.00	25967
ANODYNE INC	41-1589848	0.00	375376
ANOLAZE CORPORATION	65-0325902	0.00	13201
ANSWERON, INC.	84-1609821	0.00	726971
ANTA US CO. LTD	81-4101557	0.02	687474

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
ANTHONY'S PORTABLE RESTROOMS, IN	84-4629817	0.01	366332
ANTI-NIHILIST FOUNDATION	99-2443313	0.00	29664
ANTONINI & COHEN IMMIGRATION LAW	46-1642604	0.02	2445294
ANTONYAN MIRANDA LLP	47-4743954	0.02	882060
ANTWORKS INC	47-5067427	0.00	89375
ANVIL CRAFT CORP.	22-2942924	0.01	3385594
ANWITA BIOSCIENCES, INC.	82-3476468	0.01	753029
AOA MANAGEMENT COMPANY LLC	83-2734153	0.01	836399
AOZORA COMMUNITY FOUNDATION, INC	81-2989023	0.01	133271

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
AP AMERICAS, INC.	45-4193972	0.02	622376
AP AND CO LLC	47-4720869	0.00	8546
AP INTERNATIONAL LLC	85-3573502	0.01	85938
APARAVI SOFTWARE CORP	81-4064951	0.01	1045226
APARTMENT EXCHANGE INC	43-1345838	0.00	458
APARTMENT OWNERS ASSOCIATION O	27-0931856	0.01	0
APER SOLUTIONS INC	20-1260652	0.00	3152
APEX SHED COMPANY INC.	04-3845421	0.00	8513
APEX TECHNOLOGY GROUP LLC	46-1845664	0.00	163136

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
APEX TK LLC	85-3950080	0.00	0
APIMAGING INC	46-2899509	0.00	855046
APISERO INC	82-3005261	0.03	0
APIXIO INC	80-0508223	0.18	0
APL ASSOCIATES HOLDINGS LLC	20-4710616	0.00	46541
APLOS TECHNOLOGIES LLC	93-1869917	0.00	20386
APOGEE AGENCY LLC	26-4674425	0.00	238165
APOGEE LIGHTING HOLDINGS, LLC	37-1876602	0.01	1342546
APOLLO FLOORING DISTRIBUTOR	85-2146787	0.00	1845

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
APOLLO NEUROSCIENCE INC	82-0664771	0.02	758771
APPAREL RELATED ITEMS INC.	95-4451839	0.01	1238666
APPIAN GROUP, LLC	42-1731330	0.00	106322
APPLE TREE INTERNATIONAL CORP.	32-0451379	0.00	7242
APPLETREE PLUMBING, HEATING &	84-1549567	0.00	25251
APPLIANCE PARTS INC	39-1377407	0.02	1151573
APPLIANCE REPAIR SPECIALIST, INC	32-0531183	0.01	429765
APPLIED BEHAVIORAL INTERVENTIONS	46-4205529	0.00	0
APPLIED BIOLOGICAL LABORATORIE	81-2532868	0.00	113722

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
APPLIED DESIGN INITIATIVE LLC	83-0403239	0.01	2065340
APPLIED DESIGN WORKS LLC	46-5758932	0.02	1342726
APPLIED GLOBAL TECHNOLOGIES LLC	27-5254648	0.02	3117786
APPLIED MACHINERY RENTALS LLC	27-3544809	0.01	238013
APPLIED SATELLITE TECHNOLOGY SYS	68-0681688	0.00	83613
APPLIED SCIENCE AND TECHNOLOGY O	83-0891239	0.01	205670
APPLIED SPECTRAL IMAGING INC	33-0677502	0.01	1131071
APPLIED WIRELESS IDENTIFICATIONS	11-3388376	0.03	5160995
APPLYBOARD EDUCATION INC	83-3264487	0.00	16077

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
APPROVED MORTGAGE SOURCE, LLC.	90-0766441	0.00	62013
APPTECH PAYMENTS CORP	65-0847995	0.00	10401
APR ENERGY, LLC	87-0792328	0.09	9084592
APROTECH POWERTRAIN LLC	20-8857574	0.00	316620
APTILO NETWORKS INC	20-0454836	0.00	0
APV CONSULTING ASSOCIATES, LLC	82-3025707	0.00	122652
APX INC	77-0442270	0.00	0
AQUA DESIGN SERVICE INC	83-3898752	0.00	237594
AQUA POOL COMPANY INC	68-0424747	0.00	43886

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
AQUATIC SOLUTIONS HAWAII LLC	46-0819609	0.00	256621
AQUEOUS TECHNOLOGIES INC	33-0609700	0.00	0
AQUEOUS VETS, LLC	47-2950249	0.08	2383525
ARB MOTORSPORTS LTD	20-4708251	0.01	124912
ARBOL INC.	83-2200940	0.07	1627886
ARBOR CONSULTING, INC.	74-2813731	0.00	401373
ARBOR FAMILY MEDICINE	84-1109057	0.02	5180629
ARBOR RENEWABLE GAS EMPLOYER CO	86-2997353	0.01	353364
ARBOR SERVICES OF CT, INC	06-1306150	0.01	1443772

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
ARC ABRASIVES INC.	31-0625642	0.02	5624425
ARC ANIMAL HOSPITAL PLLC	87-2790165	0.00	5937
ARCADIA CONSULTING INC	84-2305617	0.01	381087
ARCAS MACHINE INC.	95-3333624	0.00	275239
ARCAS TECHNOLOGY INCORPORATED	27-1038013	0.00	1543748
ARCHES TECHNOLOGY LLC	85-4037653	0.00	59361
ARCHETYPE SC INC	46-5580708	0.01	0
ARCHITRADE INC	45-5538265	0.00	29214
ARCHURA, LLC	86-1133383	0.00	354763

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
ARCLIGHT INC.	85-3966961	0.00	145236
ARCO INFO	82-4054115	0.00	81519
ARCUS DEVELOPMENT LLC	37-1962371	0.00	813731
ARCUS HUNTING LLC	47-1983601	0.00	242386
ARDEA SERVICES LLC	85-4100605	0.11	5719291
ARDEN FARM ASSOCIATES LLC	92-1322519	0.01	499336
ARDENT VENTURE PARTNERS, LLC	85-0698886	0.00	60041
AREA STUDIO LLC	46-3725137	0.00	48562
ARENA CAPITAL, LLC	51-0420800	0.00	93561

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
ARENS ELECTRIC, INC.	84-0990423	0.01	4007463
ARETE ADVISORS, LLC	82-3853576	0.01	258695
ARETEIA THERAPEUTICS INC	88-2037001	0.01	0
ARETEX CAPITAL MANAGEMENT, LP	83-0574572	0.00	260784
ARGENTIC INVESTMENT MANAGEMENT L	81-3057903	0.08	6329573
ARGO INFRASTRUCTURE PARTNERS, LP	82-5176757	0.02	2784153
ARGOSY GROUP INTERNATIONAL	46-4323434	0.00	1043
ARGUELLO PET HOSPITAL INC	94-1716082	0.01	1981072
ARGUS PROFESSIONAL STORAGE MANAG	45-4675945	0.00	0

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
ARGYLE EXECUTIVE FORUM LLC	86-1185786	0.01	0
ARI-ARMATUREN USA LP	27-2325344	0.02	1480096
ARIEL THIRD PARTY ADMINISTRATO	45-2408810	0.00	92956
ARIEL TPA, INC.	45-2408810	0.00	325668
ARIES NORTHWEST, LLC	91-1950236	0.00	45614
ARINSIGHTS LLC	61-1464635	0.02	1749727
ARISTA NATIONAL TITLE COMPANY	90-0596242	0.00	38
ARIVA MORTGAGE SERVICES, LLC	87-3954955	0.00	0
ARIZONA FOUNDATION REPAIR, LLC	88-4367654	0.00	58578

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
ARIZONA ISOTOPES SCIENCE RESEARC	82-2958896	0.00	65843
ARIZONA KAWASAKI INC	86-0379902	0.01	1554635
ARIZONA LAW GROUP, PLLC	47-4916690	0.01	0
ARIZONA MANUFACTURING & EMBROIDE	86-0398978	0.00	15204
ARIZONA MASONRY COUNCIL, INC.	83-1199137	0.00	32039
ARIZONA THERAPEUTIC LEARNING CEN	27-3409430	0.00	1858
ARIZONA WOMENS BUSINESS ENTERPRI	86-0993983	0.00	465332
ARMAND DE BRIGNAC HOLDINGS, LL	20-8247539	0.00	361056
ARMATURE SOLUTIONS CORPORATION	54-1988435	0.01	2339730

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
ARMSTRONG MEDICAL SUPPLY, LLC	27-2778187	0.01	555079
ARNETT ENGINEERED SOLUTIONS LLC	46-3997753	0.00	4788
ARNETT INDUSTRIES LLC	83-2277672	0.01	224856
ARNICA, INC.	87-1318539	0.01	144456
AROMA 360, LLC	61-1751379	0.03	854154
AROMATICA, INC	72-1590291	0.01	1872072
ARREDONDO CO LLC	04-2616462	0.03	7261180
ARROWCORE GROUP LLC	45-4717928	0.01	514532
ARS REI USA CORP	45-4017556	0.00	115496

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
ART PARTNER INC	13-3627856	0.02	3856615
ARTEMIS DNA TX, LLC	83-4670444	0.01	454765
ARTEMIS ORIGINATION LLC	36-5020400	0.00	20681
ARTICULATE PRODUCTIONS LLC	47-4549692	0.00	25547
ARTIUS MANAGEMENT LLC	83-2522783	0.00	48014
ARTS & SCIENCE COUNCIL-CHARLOTTE	56-0693436	0.00	1287809
ARTS FMS, LLC	86-2651040	0.01	302879
ARZZ INTERNATIONAL INC	46-0750086	0.01	597224
AS SOFTWARE LLC	87-3867905	0.04	1737864

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
ASCADA HEALTH PC	86-3692868	0.01	220759
ASCENDIX TECHNOLOGIES INC	75-2698944	0.01	0
ASCENSION TITLE INC.	93-4336060	0.01	997627
ASCENT CPA GROUP, LLC	20-4899853	0.00	417470
ASCL VENTURES INC	45-4905899	0.01	909570
ASEC INC	75-2401610	0.06	2619255
ASHER & ASSOCIATES P C	13-3865993	0.00	48283
ASHH INC	47-3568006	0.02	685087
ASIA SHIPPING USA INC	46-4805836	0.00	10156

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
ASIA SOCIETY NORTHERN CALIFORNIA	87-3562503	0.00	68790
ASIAN AMERICAN ADVOCACY FUND INC	83-1198242	0.00	68703
ASIAN YOUTH CENTER	33-0383691	0.01	0
ASK LOCALA INC.	46-1825593	0.03	1508232
ASPECT ENGINEERING GROUP	77-0474887	0.02	1425743
ASPEN POWER PARTNERS LLC	85-3384875	0.01	792948
ASPEN SEATING LLC	61-1483321	0.02	2755188
ASPENRIDGE RECOVERY LLC	47-3312118	0.02	497838
ASPIRE BEHAVIORAL SOLUTIONS LLC	46-5713912	0.00	161934

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
ASPIRE FERTILITY, PLLC	81-1301044	0.02	474304
ASSET BASED MANAGERS, LLC	27-4002575	0.00	23
ASSET RESEARCH SERVICES INC.	86-0597994	0.00	272809
ASSET TV INC	99-0375835	0.00	0
ASSETMINDER USA INC	87-1192010	0.00	63505
ASSETS INTERNATIONAL LLC	38-3622519	0.00	170233
ASSOCIATED FUEL SYSTEMS, INC.	58-1462937	0.00	522086
ASSOCIATED GASTROENTEROLOGY CONS	37-1356697	0.01	620424
ASSOCIATION OF CLINICAL RESEAR	23-2166231	0.02	2204500

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
ASSOULINE PUBLISHING INC	13-4056954	0.01	0
ASSURED ENERGY SOLUTIONS LLC	27-2497189	0.00	103166
ASSURED RX LLC	26-2234498	0.00	4401
ASSURED SPACE ACCESS TECHNOLOG	01-0551701	0.00	0
ASSUREDTEK INC	85-2871691	0.00	807961
ASTAREAL, INC.	46-1170744	0.01	1041513
ASYNC-NU MICROSYSTEMS INC	04-3643298	0.01	1457181
A-T CHILDREN'S PROJECT	65-0427215	0.00	329239
ATABOY STUDIOS INC	45-1859430	0.00	9814

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
ATACCAMA CORP. U.S.	99-0361800	0.01	123881
ATALAN CAPITAL PARTNERS LP	47-2710822	0.02	1087352
ATC APARTMENT MANAGEMENT, LLC	27-2207365	0.03	1441686
ATEEMA MEDIA & MARKETING, LLC	36-4475751	0.00	609662
ATELIERS TAMALET CORP	47-5206210	0.00	41461
ATEQ CORPORATION	38-3442429	0.06	9302617
ATG CREDIT, LLC	36-4367102	0.00	0
ATHEER INC.	45-4127445	0.01	1131031
ATHLUX DESIGN STUDIO INC	81-4627102	0.00	101976

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
ATLANTA-CAROLINAS HIDTA LLC	36-4910504	0.00	146321
ATLANTIC FURNITURE	04-2895603	0.01	558237
ATLANTIC PACIFIC PROPERTY MANAGE	45-4302332	0.08	6220929
ATLANTIC THERAPEUTICS, LLC	83-3365820	0.00	82422
ATLANTIC VISION PARTNERS LLC	83-3403293	0.09	0
ATLANTIC.NET INC.	59-3234264	0.00	367842
ATLANTIS NATIONAL SERVICES INC.	20-4326391	0.01	2333660
ATLAS INDUSTRIAL SUPPLY INC.	76-0270622	0.01	1008282
ATLAS NUMISMATICS INC.	46-0818101	0.00	24736

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
ATLAS SALES AND RENTALS, INC.	94-3322069	0.00	7166
ATLAS TECHNICA LLC	81-1729355	0.03	0
ATOMIC ROBOT LLC	45-3955449	0.02	1606411
ATONARP US, INC	47-3287352	0.02	1780598
ATOS MEDICAL, INC	39-1989650	0.11	8845837
ATP ELECTRONICS, INC.	94-3162232	0.03	6109968
ATTENTIVE INDUSTRIES, INC.	38-3183149	0.01	1723326
ATTIA MEDICAL PC	47-4502790	0.01	0
AUAES INC	27-5553380	0.00	18686

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
AUDIO VISUAL ENGINEERING	68-0449335	0.01	802472
AUDIOENGINE LLC	46-5731805	0.01	98909
AUGMEDICS INC	84-2533261	0.01	125773
AUGUST ASH INC	41-1928993	0.01	729907
AUGUST HAT COMPANY INC.	77-0378548	0.00	2
AUGUSTA OBSTETRICS & GYNECOLOGY	80-0024651	0.00	285478
AUGUSTIN PARTNERS LLC	20-1241340	0.01	2030948
AULDER MANAGEMENT LLC	86-1677625	0.02	1344199
AURA FX STUDIOS, INC.	83-3571895	0.00	6569

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
AURORA PEDIATRIC ASSOCIATES LLP	84-0617865	0.00	923
AURUM PROPERTY PARTNERS, LLC	47-4371321	0.01	602457
AUSTIN A. LAYNE MORTUARY, INC.	43-1186806	0.00	47224
AUSTIN BOARD OF REALTORS	74-1129307	0.04	5341762
AUTEL ROBOTICS USA LLC	47-5633325	0.02	1273843
AUTISM & BEHAVIORAL CONSULTING S	46-3116441	0.00	320802
AUTISM SPECTRUM SUPPORT CENTER L	81-3246281	0.00	1871
AUTO COLLISION GROUP INC	82-1144069	0.00	98272
AUTO EXAM INC	73-1689465	0.01	130785

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
AUTO TAG AGENCY NO. 19, INC.	65-0719561	0.00	409588
AUTOFORM ENGINEERING USA INC.	38-3583796	0.05	6023137
AUTOLAND LLC	95-2870336	0.03	4420696
AUTOMATED RESULTS COMPUTER CONSU	56-2199163	0.00	777272
AUTOMATION INTELLECT, INC	83-3577977	0.01	119766
AUTOMOTIVE DESIGN AND FABRICATIO	45-3458860	0.00	74899
AUTOMOTIVE INTERNET MANAGEMENT I	56-2496362	0.00	216308
AUTOMUS CONSULTING INC	88-0605270	0.11	1805847
AUTOSTAR ACCEPTANCE INC	26-3117163	0.01	374177

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
AUTOSTORE SYSTEM INC	82-2490451	0.00	0
AV SPACES INC	45-4860525	0.00	263749
AV TRANSPORTATION SERVICES, LLC.	81-3384238	0.00	1029
AVA S MANAGEMENT SERVICES INC	85-2244527	0.00	1087315
AVADEL MANAGEMENT CORPORATION	37-1843336	0.29	9111068
AVAIL SERVICES INC	27-5111219	0.00	681522
AVALON GLOBAL GROUP, INC	91-0886075	0.00	4967
AVANTGEN INC.	20-2157842	0.01	562916
AVENIRAS	47-2580120	0.00	11550

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
AVENTURA CONSTRUCTION CORP.	26-0397243	0.01	922941
AVER, LLC	46-2788753	0.08	3055998
AVERY THERAPEUTICS, INC.	46-4845790	0.01	190172
AVES CAPITAL MANAGEMENT, L.P.	84-2575902	0.00	7323
AVESHA INC.	85-3332570	0.02	766963
AVG EMPLOYER, LLC.	86-3644061	0.32	8980333
AVIADOBIO INC.	88-0761756	0.01	190791
AVID PRODUCT DEVELOPMENT LLC	45-4759326	0.01	262815
AVIDITY PARTNERS MANAGEMENT LP	83-4300289	0.01	207467

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
AVINGER, INC	20-8873453	0.05	6936968
AVIS MORTGAGE INCORPORATED	33-0563999	0.00	2086981
AVIT SERVICES USA INC	35-2715294	0.00	7137
AVR REALTY CO LLC	13-3826165	0.07	7281253
AVYAY SOLUTIONS INC.	85-4154309	0.00	23156
AWC NETWORKS LLC	26-1907898	0.01	300897
AWESOME TECHNOLOGIES INC	20-1480074	0.01	319514
AWISCO NEW YORK CORP	11-2482649	0.03	6157763
AXBIO INC	36-4830982	0.01	0

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
AXIAL MANUFACTURING INC.	83-1317840	0.00	50833
AXIANS REDTOO, INC	90-0827913	0.00	0
AXIOM HEALTHCARE STRATEGIES LLC	81-1344685	0.02	1700234
AXONIS THERAPEUTICS, INC.	27-2454388	0.00	116672
AXONNE INC	82-4524643	0.02	1008562
AXQ CAPITAL LP	87-2051250	0.02	418680
AXTON MANAGEMENT, L.P.	82-4419714	0.00	170018
AXXES CAPITAL INC	87-3434296	0.01	240375
AYABLU INCORPORATED	27-5550975	0.02	1557108

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
AYERCARE DENTAL LLC	45-5491269	0.01	1697843
AYRO INC	81-2692254	0.03	561865
A-Z FIRE ALARM, INC	84-5172802	0.00	25494
AZ PROTOTYPE INC	27-0225378	0.01	0
AZAZIE INC	46-5764496	0.02	616871
AZIMUTH CORPORATION	31-1785180	0.02	0
AZORA CAPITAL LP	81-3072507	0.02	445911
AZRA GAMES INC	87-4562329	0.00	64862
AZT CORPORATION	35-1938924	0.03	1241155

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
AZTEC FUND ADMINISTRATION LLC	35-2683698	0.03	640047
AZTEC IMPORTS	45-2602584	0.00	3
AZUMO, INC.	27-2179011	0.03	1329801
AZUR IM LP	84-3166744	0.01	767954
AZURATIVE LLC	82-4213278	0.01	259806
AZURE HOMEOWNERS ASSOCIATION, IN	20-4294024	0.00	112846
AZUZA LLC	85-0879113	0.00	888
B & Y PROPERTY MANAGEMENT, INC.	26-1743681	0.00	49130
B I K ORTHOPEDICS PC	11-3057663	0.00	157471

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
B T W INC	41-1738255	0.02	2672025
B WISE INC	20-2998468	0.01	275794
B&L MANAGEMENT GROUP, CORP	37-1448410	0.00	251372
B&L TESTING AND BALANCING, LLC	81-0930428	0.02	515372
B2C FITNESS, LLC	27-4247268	0.00	6726
B2R CONSULTING ENGINEERS, PLLC	86-3026022	0.01	272219
B3 CONSULTING GROUP, INC	45-4951815	0.00	350645
BABACO ALARM SYSTEMS INC	11-2302786	0.00	668627
BABY TREND INC	95-4145283	0.04	2176708

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
BACARAI INC	83-1158057	0.00	34890
BACIA SARDENGA D.V.M., PL	27-1247598	0.00	0
BADGER AGENCY INC.	13-3754026	0.02	2164887
BAJIO INC	85-1064587	0.00	69883
BAL HARBOUR 101 CONDOMINIUM ASSO	59-1901485	0.01	696089
BAL INC.	87-3987108	0.00	17033
BALANCE THERAPY OF TEXAS, P.A.	03-0384821	0.00	124982
BALANCED WELLBEING, LLC	47-5240597	0.01	160894
BALESTRIERE PLLC	20-2085392	0.00	0

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
BALFOUR RESIDENTIAL LLC	37-1832545	0.00	26200
BANAFSHE LAW FIRM, PC	30-0141603	0.01	319143
BANCROFT DESIGN INC	93-2510697	0.01	852059
BANDERA PARTNERS LLC	20-5269850	0.00	183643
BANDSINTOWN, LLC	20-5895350	0.03	4033303
BANKPAK INC	62-1180856	0.02	928654
BANNER INDUSTRIES OF N.E., INC	04-2733346	0.06	5084942
BANNER RIDGE PARTNERS, LP	84-2225682	0.01	1190626
BANYAN LIVING OHIO, LLC	83-4586729	0.00	33826

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
BANYAN RIDGE CAPITAL MANAGEMENT	88-4284895	0.00	4093
BAPTIST HEALTH OF SOUTH FLORIDA	59-1030480	0.01	2051950
BAR LOGISTICS, INC.	46-3204568	0.01	86117
BAREFOOT DREAMS INC	95-4805892	0.06	2421768
BARK-BARK LLC	20-3185879	0.01	1525846
BARKING HOUND VILLAGE TEXAS LLC	20-8522197	0.00	102290
BARNES ARTISTS MANAGEMENT LLC	84-2602239	0.00	586058
BARNSTORM VFX INC	45-3368655	0.05	2873242
BARRISTER INVESTIGATIONS & FILIN	36-4455315	0.00	498944

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
BARTEC DISPENSING TECHNOLOGY INC	27-0043191	0.01	1504639
BARWEL CORPORATION	13-2661514	0.00	890237
BASEPOINT CAPITAL, LLC	27-1305597	0.03	2148033
BASIC L CORPORATION	95-3406140	0.00	154776
BASIC SOLUTIONS CORP	20-2156190	0.01	403859
BASILE INC	27-0971390	0.00	143838
BASIS NEW YORK LLC	82-5036037	0.02	607850
BASS-UNITED FIRE & SECURITY SYST	59-1711065	0.02	2521246
BASTION MANAGEMENT II LLC	81-2438062	0.01	1189574

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
BAT CONSERVATION INTERNATIONAL I	74-2553144	0.04	3065006
BATES ENTERPRISES, INC.	23-2529898	0.02	2359214
BATHHOUSE HOLDINGS LLC	86-3735148	0.00	86007
BATTERY SOLUTIONS, LLC	90-0910860	0.00	0
BAUMANN PROPERTY CO INC	43-1565853	0.00	0
BAVELLONI AMERICA INC.	82-1010240	0.00	0
BAY AREA ANIMAL EYE CARE	46-5382627	0.04	3230314
BAY AREA COMPLIANCE LABORATORY	77-0442546	0.02	1849063
BAY ELECTRONIC SUPPORT TRONICS	77-0261725	0.00	79216

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
BAY ELECTRONIC SUPPORT TRONICS I	77-0261725	0.03	0
BAY PRINT SOLUTIONS, INC.	47-3036475	0.00	0
BAYAM GROUP INC	84-1869514	0.00	37736
BAYHILL VENTURES LLC	92-2613614	0.00	14935
BAYOU CITY TRUSS INC	45-2180071	0.00	19710
BAYOU CITY VETERINARY HOSPITAL P	45-4853878	0.02	1510841
BAYPORT BEACH & TENNIS CLUB COND	59-2012294	0.00	257372
BAYSHORE GROVE MANAGEMENT, LLC	20-3925850	0.00	843158
BAYSHORE PROPERTIES INC.	20-1326004	0.03	1134394

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
BBC RETAIL & INTERNET LLC	45-2262227	0.00	51895
BCDR SOLUTIONS, LLC	26-2191104	0.01	1663352
BCI TECHNOLOGIES INC	02-0535256	0.00	24433
BCS ENGINEERS, LLC	87-1980560	0.00	0
BDS QB PROADVISOR INC	27-1996852	0.00	35879
BE INTELLIGENT SOLUTIONS LLC	52-2304318	0.00	75720
BEACH BUDDIES ANIMAL HOSPITAL, I	26-0866743	0.00	0
BEACHWALK ELITE HOTELS & RESORTS	83-4508427	0.00	0
BEACHWOOD BLENDERY LLC	46-4272946	0.00	125906

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
BEACON COMMUNITY MANAGEMENT SERV	86-3699786	0.01	487186
BEACON PROPERTY MANAGEMENT INC	95-4812318	0.00	648116
BEAMREACH SOLAR, INC	20-8457485	0.00	111768
BEAR CONTRACTORS, INC.	95-4802538	0.00	317576
BEAR HUG THERAPY LLC	45-4028801	0.00	54262
BEAR HUGS FISKE INC	20-2879910	0.00	79564
BEAUMONT NATHAN ADVISORY LLC	84-4959154	0.00	65686
BEAUTY BIOSCIENCES LLC	26-1969199	0.01	0
BEAVER PAPER AND GRAPHIC MEDIA	23-2111894	0.01	0

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
BEC ENGINEERS AND CONSULTANTS, L	82-0679921	0.01	0
BECK PROPERTIES, INC	75-1493505	0.00	28452
BEENA BEAUTY HOLDING INC	33-0962713	0.01	1436267
BEEPER MEDICAL GROUP NORTH CAROL	84-2830230	0.01	0
BEEPER MEDICAL GROUP, P.C.	47-2440651	0.01	0
BEHAVIOR ONE AUTISM SOLUTIONS LL	83-1140626	0.00	61306
BEHAVIOR REIMAGINED LLC	47-4327535	0.00	61977
BEHAVIOR TLC INC	27-3981681	0.00	0
BEHAVIORAL FAMILY SOLUTIONS LLC	81-1633919	0.01	176165

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
BEHAVIORAL INDEPENDENCE INC.	47-5191287	0.00	9842
BEHAVIORWORKS LLC	16-1770585	0.00	203717
BEHRING CAPITAL LLC	46-5044461	0.01	324360
BEIT RABBAN DAY SCHOOL	13-3876942	0.01	1258071
BEITEL CORP	84-4031356	0.01	107356
BELECO DESIGN LLC	46-3464770	0.01	210903
BELGRAVIA IMPORTS, INC.	05-0440769	0.00	34652
BELHEALTH INVESTMENT PARTNERS LL	45-1014019	0.00	1811802
BELIMED LIFE SCIENCE, INC.	87-2316015	0.07	2166663

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
BELL & ROSS INC.	13-4187833	0.01	1319604
BELL PLUMBING OF SAN MATEO, INC.	94-3365684	0.01	399720
BELTOPIA LLC	84-3604968	0.00	290930
BELVOIR PUBLICATIONS INC	13-2678723	0.02	8406985
BEME HEALTH INC	86-3957436	0.00	94190
BEMIDJI STEEL COMPANY, INC.	41-1837043	0.01	137208
BENCHMARK RE GROUP GP CORP	81-5466951	0.00	594665
BENCH-TEK SOLUTIONS LLC	43-1991854	0.00	0
BENCURA INCORPORATED	20-8519053	0.00	252834

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
BENEFITS DATA TRUST	20-3455598	0.15	8742319
BENEV COMPANY INC	33-0901925	0.00	146541
BENGAL ASSET MANAGEMENT LLC	46-2492945	0.01	105605
BENNETT BROTHERS PRINTING CO INC	58-1078351	0.01	8
BENNISON'S BAKERY	36-0794275	0.00	2800
BENRICH SERVICE COMPANY INC	33-0047868	0.02	3785894
BEREAN CHRISTIAN CHURCH INC	62-1621203	0.01	999920
BERG MANAGEMENT COMPANY LLC	39-2012465	0.00	2
BERK INTERNATIONAL, LLC	23-3059810	0.00	51490

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
BERMAD INC	94-2387732	0.01	701352
BERNSTEIN & PINCHUK LLP	13-3731832	0.01	1123270
BERNSTEIN MANAGEMENT CORP	13-3118678	0.02	4670518
BERTLING LOGISTICS INC.	04-2748604	0.03	4639545
BESPOKE FASHION LLC	45-4275365	0.03	3066775
BEST CENTERS OF AMERICA HOLDINGS	90-2101637	0.01	140000
BEST EXPRESS FOODS INC	94-3251259	0.01	351307
BESTSELLER WHOLESALE US LLC	33-1221113	0.00	64000
BETDEX LABS INC	87-2923227	0.00	66185

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
BETHANY JOY COSTUMES INC	83-1680717	0.00	92321
BETSY HOSPITALITY MANAGEMENT, LL	47-2055372	0.01	1278973
BETTER BOB PRODUCTS INC.	83-2553720	0.00	1388559
BETTER CAR PEOPLE LLC	82-4111936	0.02	0
BEVERAGE CONTROL, INC.	58-2078552	0.01	83224
BEVTECH INC	27-1895761	0.02	1526284
BEYOND AIR, INC.	47-3812456	0.10	3548567
BEYOND WORDS PUBLISHING	93-0994860	0.00	25951
BG CONSTRUCTION LLC	45-4665017	0.04	2176382

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
BHRMG EMPLOYER GROUP LLC	87-2339223	0.00	0
BHUVI IT SOLUTIONS INC	47-2739181	0.01	110067
BIBLIOSO CORPORATION	20-4331174	0.02	497510
BIC ELECTRIC LLC	81-2073069	0.02	1345661
BICON INC	65-0038896	0.02	942646
BIDLANE LLC	46-5534802	0.00	10317
BIEN AIR USA, INC.	13-3286889	0.01	1194009
BIG BLUE OCEAN LLC	11-3718712	0.01	4964097
BIG BROTHERS BIG SISTERS OF ESSE	22-3676931	0.01	488924

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
BIG BROTHERS BIG SISTERS OF THE	47-0466144	0.01	164887
BIG DAWG PARTY RENTALS LLC	46-3765785	0.00	1839
BIG EQUITY INVESTORS, LLC	85-1511474	0.01	137724
BIG MINDS TINY HANDS, LLC	83-3686527	0.00	49109
BILL LEVKOFF	13-1531467	0.00	1414820
BILL SMITH PLUMBING & HEATING	84-0500387	0.00	1783909
BILLFISH AIR CONDITIONING	82-1162238	0.00	70726
BILLGO, INC.	47-4334648	0.14	0
BILLING CONCEPTS INC.	74-2467147	0.00	2373875

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
BILLION TOWER INT'L LLC	22-3660288	0.00	65127
BINDI NORTH AMERICA, INC	22-3740598	0.02	6
BINDING BRAUEREI USA INC.	06-1540561	0.02	3359909
BINGTAO LIN MD PC	83-1712177	0.00	16582
BIOCONTROL LLC	83-0539622	0.01	264481
BIOLOGIQ INC.	27-5437915	0.02	367032
BIOMASON, INC.	46-1055803	0.05	1869527
BIOMET SOUTH TEXAS INC	45-2846669	0.03	2424750
BIOMODELS LLC	04-3390497	0.02	1933561

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
BIOREP TECHNOLOGIES INC	65-0547511	0.01	819469
BIOSPACE, INC	35-2613051	0.01	1081309
BIOVIE INC	46-2510769	0.04	1262001
BIOVIGIL TECHNOLOGIES, LLC	87-3534863	0.02	1992856
BIRCH ISLAND VETERINARY CENTER P	82-4856301	0.01	273392
BIRDROCK	47-1741039	0.00	82722
BITFORMS INC	22-3803645	0.00	32586
BITTEREND VENTURES, INC.	82-2964027	0.00	57930
BJSS INC	46-0995870	0.07	5175862

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
BK PREP LLC	27-1025269	0.01	1164364
BKSK ARCHITECTS LLP	13-3275464	0.04	7589144
BLACK BEAR ASSET MANAGEMENT LLC	26-3484771	0.01	129356
BLACK PROFESSIONALS IN TECH NETW	86-1185543	0.00	63580
BLACK SWAN DATA INC	46-4863059	0.01	676065
BLACKMAGIC DESIGN INC	57-1240007	0.05	4172148
BLACKPOINT TACTICAL LLC	45-3832516	0.00	0
BLACKWOOD ASSOCIATES NY LLC	90-0909234	0.00	60437
BLAIR & ASSOCIATES, LLC.	56-2424270	0.00	1015738

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
BLAIR INDUSTRIES INC	11-2525683	0.03	1385243
BLAIR MARRIAGE AND FAMILY THERAP	45-5385394	0.00	13249
BLAISDELL AND SONGEY, INC.	94-1626176	0.00	68006
BLANCHARD EQUIPMENT COMPANY, INC	58-1146661	0.09	11145376
BLASTERS TOOL & SUPPLY CO., INC.	75-2899734	0.00	88811
BLAXTAIR INC	37-1939758	0.00	73309
BLAZE SOLUTIONS INC.	83-4469081	0.01	332228
BLENCOR LLC	26-2354049	0.00	22435
BLICK INDUSTRIES LLC	20-1069818	0.00	42961

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
BLIZZARD LIGHTING LLC	27-2173114	0.02	2085942
BLOCKGEN CORP	83-4002291	0.00	21455
BLOOM CARE, LLC	83-1426900	0.02	467235
BLOOMSUNG INC	82-2631668	0.01	0
BLOSSOM CATERING COMPANY LLC	87-4742462	0.00	0
BLU DIGITAL GROUP, INC	26-1636881	0.05	1877709
BLUARCH LLC	27-3167374	0.00	297173
BLUE BEAR PROTECTION LLC	85-0700687	0.00	0
BLUE CORE INVESTMENT GROUP	47-5442496	0.00	295

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
BLUE DOOR ASSET MANAGEMENT LLC	83-2256532	0.00	69546
BLUE FORCE TECHNOLOGIES, INC.	27-4703091	0.03	0
BLUE GRASS COMMUNITY FOUNDATION	61-6053466	0.01	1662577
BLUE LIKE AN ORANGE CAPITAL US	81-4168123	0.00	185521
BLUE MESA CONSULTING LLC	85-3907928	0.02	395630
BLUE RABBIT VENTURES INC.	86-1200225	0.13	4013685
BLUE SKY LIVING LLC	27-2267430	0.00	0
BLUE SKY NETWORK LLC	81-3534847	0.03	3912505
BLUE SKY SYNERGY LLC	26-0902364	0.01	454533

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
BLUE VALLEY ENERGY INC	26-1636355	0.00	0
BLUE WATER HOSPITALITY GROUP, LL	82-4081675	0.06	1408428
BLUE WIRE COMMUNICATIONS INC.	20-0246441	0.01	481027
BLUEDOT CARES LLC	47-4840532	0.01	0
BLUEPRINT LOCAL LLC	83-3075748	0.00	251848
BLUGLACIER LLC	45-3809954	0.01	328056
BLVD CAPITAL LLC	32-0329431	0.00	135289
BM2 FREIGHT SERVICES INC	26-1800881	0.06	5728377
BMRC HOLDINGS, LLC	27-1014478	0.00	0

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
B'NAI TORAH CONGREGATION OF BO	59-1713099	0.01	1120586
BND EXPANSION LLC	83-3362069	0.00	164310
BNT SERVICES INC	80-0377969	0.00	0
BOBBY COMBS RV LLC	46-2267615	0.00	0
BOCA DELRAY ASSOCIATION INC	59-2242102	0.00	97829
BOERNE VISION CENTER PA	45-4202342	0.00	57790
BOESEN & SNOW LLC	46-5693760	0.01	281868
BOESEN LAW, LLC	46-4235559	0.00	10121
BOHEMIAN COMPANIES LLC	84-1525372	0.08	15700463

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
BOIRON AMERICAS INC	98-1366718	0.01	277216
BOLD COMMERCE INC.	84-3911056	0.00	59662
BOLT WEB SOLUTIONS, LLC	27-0398121	0.00	2900
BOMAR LAW FIRM LLC	46-4431396	0.00	60408
BOMBSHELL TECHNOLOGIES LLC	83-2444504	0.00	150798
BOMBSHELTER DIESEL SUPPLY LLC	27-3908389	0.01	76506
BON AIR SERVICE CO., INC.	75-1476150	0.00	3269
BOND PLUMBING SUPPLY INC	59-0746402	0.01	959974
BOND TOUCH INC	82-2624313	0.00	109881

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
BONDS.COM HOLDINGS, INC	20-3726425	0.00	66947
BONEFISH REALTY MANAGEMENT LLC	27-0552462	0.00	378344
BONETATI & SOBLE, INC.	33-0877659	0.02	3795753
BONNIER BOOKS UK	83-4299762	0.00	1452407
BOOK MY GROUP, LLC	20-4526084	0.01	510043
BOOKS FOR AFRICA INC.	41-1627391	0.01	746290
BOOLCHAND GROUP LLC	47-4095684	0.00	447376
BOOM MEDIA LLC	83-0523279	0.00	133047
BOOTS & SUITS LP	81-4762323	0.00	228806

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
BOSEM CORP	20-8373883	0.00	77322
BOSS LASER, LLC	46-0907459	0.01	1196090
BOSTON FINANCIAL & EQUITY CORP	04-2434157	0.00	3223448
BOSTON FUSION CORP	27-3838556	0.04	3617436
BOTANIST OF THE VALLEY, LLC	82-1027552	0.00	90451
BOTTOM LINE DESIGN, LLC.	84-1294417	0.01	99068
BOULEVARD AUTO GROUP LLC	27-4455742	0.01	1019138
BOUNDARY BEND OLIVES, INC.	47-1213563	0.02	823078
BOURBONR LLC	82-3298444	0.00	10606

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
BOURQUIN VETERINARY ASSOCIATION	46-1401155	0.02	467809
BOVIO RUBINO SERVICE, LLC	46-2942466	0.02	1341043
BOWMAR PRODUCTIONS, INC.	56-0898059	0.00	7213
BOXERHOME LLC	82-2022895	0.01	249997
BOXMAN STUDIOS LLC	27-0764417	0.01	301542
BOYD INDUSTRIES, INC	46-1214132	0.01	1484468
BOYS & GIRLS CLUB OF THE SUNCO	59-1566799	0.00	1295
BP MARKETING GROUP LLC	16-1619718	0.01	880919
BPV MANAGEMENT CO., LLC	87-1927469	0.02	528524

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
BRADEN AMERICA'S INC	85-1704878	0.01	518488
BRAEMAR ACM SHIPBROKING USA INC.	46-2641490	0.02	7149609
BRANCH PROPERTIES, LLC	58-2428127	0.02	0
BRAND ASSEMBLY LLC	46-2586605	0.00	305716
BRANDON PYKOSZ SANCHEZ O.D., A P	01-0755165	0.00	48597
BRANDONVIEW LLC	37-1370637	0.00	87436
BRANHAM CORPORATION	61-0945955	0.02	1347667
BRAVADO PLUMBING, LLC	45-3720457	0.00	49872
BRAVER ANGELS, INC.	13-3400377	0.01	220637

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
BRAVERY GAMING LLC	88-2181995	0.00	56399
BRAVESOFTTECH, INC.	20-2170738	0.01	506672
BRAYA INC	35-2508918	0.00	97413
BREAKING MEDIA, INC.	45-3529122	0.02	2073135
BREAKPOINT COMMERCIAL POOL SYSTE	26-3312616	0.00	0
BREAKTHROUGH RESOURCE MANAGEMENT	46-5616127	0.01	363245
BRECKENRIDGE TOURISM OFFICE, I	23-7136065	0.01	785171
BREWERY X	83-1250524	0.00	0
BRIANNA MCKINNEY, PBC	27-1560790	0.00	0

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
BRIDGE PREP ACADEMY OF TAMPA, IN	46-5406200	0.00	101520
BRIDGEPREP ACADEMY OF HOLLYWOOD	46-3619104	0.00	45194
BRIDGEPREP ACADEMY, INC.	27-0557724	0.03	1572609
BRIDGES VENTURES INC	46-1763220	0.00	1232179
BRIGHT BALANCE ACCOUNTING LLC	85-1190342	0.02	391579
BRIGHT ELECTRICAL SUPPLY CO. I	36-0838850	0.00	9372
BRIGHT FUTURES FOR YOUTH	68-0262000	0.00	19439
BRIGHT FUTURES PSYCHIATRY LLC	83-1534267	0.01	277837
BRIGHT IDEA TECHNOLOGY SOLUTIONS	84-3267920	0.00	806172

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
BRIGHT POWER INC.	20-2142932	0.08	6963764
BRIGHT STORES INC	20-0445561	0.00	0
BRIGHTLOGIX TECHNOLOGIES LLC	85-2416950	0.01	167960
BRILES AEROSPACE INC	45-5423398	0.00	0
BRILL PHYSICAL THERAPY PC	13-3870146	0.00	37176
BRIMCO LLC	41-2159707	0.00	12770
BRING IT BY MACRO LLC	47-5111254	0.02	522580
BRINLEY PARTNERS LP	87-1722051	0.04	769493
BRIO CLINICAL, INC.	84-3045583	0.00	74688

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
BRISCOE & TONGE CPAS, INC.	58-2166005	0.00	295030
BRISCOE, ORTIZ, ZULUAGA PLLC	86-2199949	0.00	968001
BRISTOL ASSISTED LIVING LP	05-0502843	0.00	163060
BRITECH INC	86-3576163	0.00	98790
BRITELAB, INC.	20-8629325	0.01	479700
BRITE-LINE LLC	38-4103037	0.01	349160
BRITT MANAGEMENT INC	88-0315007	0.00	1246869
BROAD REACH MANAGEMENT COMPANY L	84-4040134	0.04	0
BROAD REAL ESTATE SERVICES INC	47-4176971	0.00	165802

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
BROADBAND CAPITAL PARTNERS LLC	81-1873951	0.00	19552
BROADBAND INTERNATIONAL, INC.	65-0791271	0.02	1385399
BROADREACH GROUP, LLC	86-1052728	0.01	2012913
BROADRIVER ASSET MANAGEMENT, LP	27-0731565	0.03	2767840
BROADVIEW CAPITAL LLC	47-4690582	0.05	1010035
BROCK HUDGINS ARCHITECTS LLC	81-1707152	0.01	761584
BROKER INSURANCE MARKETING, INC.	59-3483874	0.01	406888
BROMACK MANUFACTURING, INC.	47-1485914	0.00	26751
BRONX RIVER ALLIANCE INC.	75-3001587	0.00	34177

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
BROOK FARM GROUP, LLC	87-3467258	0.01	284365
BROOKE GRAPHICS LLC	61-1429541	0.02	2626619
BROOKLIFE CHURCH INC	26-3216451	0.01	651270
BROOKLINE CABLE COMMUNITY	22-2495733	0.00	134594
BROOKLYN BRIDGE PARK CONSERVANCY	13-3277651	0.01	754985
BROOKSIDE PROPERTIES, INC.	62-1365487	0.05	0
BROTHERS BURGERS LLC	81-4317211	0.00	12055
BROWARD TAG AGENCY INC.	20-5579897	0.00	85359
BROWN SAFETY CONSULTING LLC	84-2294742	0.00	29389

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
BRUCE CLAY, INC.	42-1634341	0.01	1236522
BRUNSWICK PRESS INC.	74-1918595	0.00	0
BRUSTMAN CARRINO PUBLIC RELATION	59-2631574	0.01	169420
BRYAN GARNIER SECURITIES LLC	90-0519662	0.01	1710940
BRYAN HINDMAN ELECTRIC, LLC	46-4024232	0.00	37112
BRYANT RUBBER CORP	95-2848370	0.01	2505807
BRYCE SPACE AND TECHNOLOGY, LL	46-1567262	0.18	7036628
BSB CONSULTANTS INC	37-1976641	0.00	77975
BSN CAPITAL PARTNERS LLC	20-1429174	0.01	3305184

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
BSTOCK LLC	81-3496925	0.00	183762
BTE ENERGY LLC	74-3019580	0.00	3901
BTE MID-WESTERN, LLC	27-3293525	0.00	0
BUCCI INDUSTRIES USA, INC.	13-3688242	0.01	0
BUCK MASON INC.	46-1376370	0.00	0
BUCKS COUNTY PLAYHOUSE THEATER	45-4035757	0.00	65722
BUG BUSTERS PEST CONTROL SERVI	27-1054950	0.00	0
BUILDER SUPPLY SOURCE LLC	27-1053241	0.00	3236
BUILDING BLOCK ENTERTAINMENT LLC	85-0790470	0.00	9815

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
BUILDING BLOCKS MANAGEMENT INC	82-2177048	0.01	421952
BULLOCH TAYLOR PLLC	92-1495372	0.01	78225
BULLOCK LEGAL GROUP, LLC	88-3978044	0.00	8063
BUNTING STAMP COMPANY	25-0379360	0.01	2731724
BURFORD CAPITAL LLC	90-0526669	0.19	17050678
BURNS INC	04-2240870	0.01	2858135
BUSINESS ASSET RELOCATIONS, INC	27-2256699	0.01	1171317
BUSINESS TO BUSINESS LOGISTICS L	45-2248570	0.00	82
BUSINESSWARE SERVICES, INC.	86-0806051	0.00	68656

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
BUTLER CREATIVE, LLC	77-0601605	0.00	256730
BUTTERFLY EFFECTS LLC	43-2086187	0.03	1943098
BUTTERFLY EQUITY FOUNDATION	81-4015045	0.00	60559
BUTTERFLY EQUITY LP	47-5464910	0.05	1141522
BUTTERFLY LONDON INCORPORATED	35-2578032	0.00	35599
BUY FIRE ALARM PARTS, INC	27-0186377	0.01	575010
BUY RANCH DIRECT	81-1262651	0.00	643
BUZZBOX PREMIUM COCKTAILS INC	84-4031686	0.00	44496
BVJ, LLC	86-3656368	0.00	36335

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
BWBC I LLC	46-4282012	0.02	348625
BWI ACQUISITION LLC	92-0519881	0.00	42109
BYRAN COMPANY, LLC	81-2880580	0.00	37586
C & D SIGNS INC	14-1911099	0.01	1278185
C & G PACKAGING LLC	47-3774941	0.00	0
C & L INSPECTION, LLC	46-2673301	0.02	677441
C & R CONSULTING, INC.	13-3935364	0.00	547440
C & R MARINE VENTURES LLC	26-3756070	0.01	601382
C & Y GLOBAL INC.	27-0111405	0.02	496306

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
C W HOWE PARTNERS INC	95-4757129	0.01	1136098
C&B LAW GROUP LLP	82-1789931	0.00	118700
C&C MANUFACTURING, LLC	81-4178870	0.01	376930
C. DAVID VENTURE MANAGEMENT LLC	56-2308066	0.00	307226
C. M. DILLON CO. INC	84-0636212	0.01	374997
C.B.E.V. ENTERPRISES LLC	81-5439639	0.00	86091
C.F. ALARM INDUSTRY INC	65-0318955	0.00	0
C.M. LYNGLE & SONS INC	87-0477658	0.01	2349147
C2 COMPANY	94-3410590	0.00	0

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
CA RECOVERY GROUP INC	84-1958538	0.00	14586
CAAP INC.	57-0697237	0.00	49281
CAAS CAPITAL MANAGEMENT LP	83-4616693	0.02	606965
CABLE CONNECTION INC	77-0309526	0.01	1988641
CABLE MATERIALS CENTER LLC	85-3890427	0.01	285993
CACHENETWORKS LLC	37-1488462	0.00	240491
CAD & THE DANDY USA INC.	61-1889002	0.00	141467
CADC OPERATIONS LLC	84-2554493	0.02	210877
CADIENT LLC	83-3352560	0.03	1948433

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
CADOGAN TATE NEW YORK LIMITED	11-3367829	0.00	184
CAFE NOSTRA PIZZA LP	01-0714779	0.00	101568
CAH ACQUISITIONS LLC	26-4485591	0.00	58520
CALDWELL CONSULTING INC.	94-3348416	0.02	1967388
CALIBRATION TALENT ADVISORS, LLC	85-3027756	0.00	33856
CALIFORNIA DELUXE WINDOWS INDUST	95-4745048	0.00	137996
CALIFORNIA DYNAMICS CORPORATION	95-2464682	0.01	165519
CALIFORNIA FOUNDATION FOR CHRIST	94-2218838	0.01	237837
CALIFORNIA PAK INTERNATIONAL, IN	95-4403575	0.01	330775

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
CALIFORNIA PREMIER SERVICES INC	20-4756769	0.01	53764
CALIFORNIA QUALITY PLASTICS	33-0046626	0.00	884325
CALIFORNIA QUARTZ	81-1695217	0.00	7026
CALIFORNIA RAIN COMPANY, INC.	33-0190943	0.00	127573
CALIFORNIA RECOVERY CENTER LLC	83-2240456	0.00	3970
CALIFORNIA VETERANS ASSISTANCE F	30-0186044	0.00	144538
CALIGOR OPCO LLC	81-1471475	0.02	839276
CALL PATTY INSURANCE SERVICES	47-1009920	0.00	26729
CALL THE CAR	45-5372755	0.00	36578

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
CALLAHAN OPERATING COMPANY LLC	85-0743653	0.01	206902
CALLINAN & SMITH LLP	85-0548665	0.01	370758
CALLOQUY PBC	87-2853694	0.04	628578
CALVARY BAPTIST CHURCH OF SAN FR	94-1386914	0.00	0
CAMAC INTERNATIONAL CORP	76-0203644	0.01	2358811
CAMBIO PROPERTY MANAGEMENT LLC	84-4677768	0.03	893493
CAMBRIDGE MANAGEMENT COMPANY	77-0059856	0.02	726923
CAMDEN EDUCATION FUND INC	84-3991160	0.00	147230
CAMDEN LAND PARTNERS LLC	35-2568443	0.01	436288

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
CAMERON PROPERTY COMPANY LLC	86-3831151	0.02	357020
CAMILLA CORPORATION	47-5520945	0.00	84364
CAMKIDS PEDIATRICS P C	56-2374920	0.01	1288458
CAMP FIRE GREEN COUNTRY, INC.	73-0579231	0.00	16583
CAMP NAVARRO STEWARDS LLC	46-0945659	0.00	4694
CAMPER ATLANTIC CORP.	13-4098119	0.00	96212
CAMPUS ADVANTAGE INC.	72-1555569	0.07	9225589
CAMZAM INVESTMENTS INC	20-3937784	0.00	17945
CANADA, LLC	13-4113557	0.01	413217

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
CANCER DIAGNOSTICS INC	38-3428280	0.03	2834494
CANDYWAREHOUSE.COM INC	95-4778554	0.00	0
CANFIELD EQUIPMENT SERVICE INC	38-2231359	0.05	6323335
CANIDIUM LLC	26-2267289	0.07	4872099
CANNA LLC	46-1936805	0.00	696727
CANYON ATLANTIC - PLANO, LLC	84-3385649	0.00	0
CANYON LAKE AUTO REPAIR INC	26-2507525	0.00	4090
CAP YARNS LLC	81-4307819	0.00	2090970
CAPABLE CONTROLS INC	36-3747707	0.01	1013003

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
CAPE ROBBIN INC.	45-3602102	0.00	2961
CAPELLA FLAVORS INC	26-2375420	0.01	1198723
CAPFORGE INC	72-1561072	0.01	177822
CAPILLARY CONCRETE LLC	56-2285663	0.01	605427
CAPIO PARTNERS LLC	26-1896257	0.00	0
CAPITAL ECONOMICS USA INC.	47-3558907	0.00	77911
CAPITAL FREIGHT MANAGEMENT INC.	45-0616102	0.01	823335
CAPITAL INTEGRATION SYSTEMS LL	27-1330236	0.01	0
CAPITOL DISTRICT MANAGEMENT ASSO	27-0699754	0.00	27451

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
CAPITOL HILL BUSINESS IMPROVEM	52-2232461	0.01	707443
CAPODAGLI PROPERTY COMPANY, L.L.	20-0931611	0.00	0
CAPPFINITY INC.	83-2627978	0.01	288844
CAPRIDGE PARTNERS, LLC	46-0687213	0.02	1459972
CAPSTONE DIRECT INC	20-8207683	0.00	0
CAPSTONE LAND TRANSFER LLC	84-3238006	0.01	232222
CAPSTONE ORTHOPEDIC INC	20-5245235	0.01	0
CAPSTORM, LLC	47-4108238	0.00	13631
CAPVEST PARTNERS INC	87-2247791	0.00	70518

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
CARBYNE, INC.	81-4342238	0.05	866957
CARDINAL BUSINESS ADVISORS, LLC	87-3354521	0.00	92456
CARDINAL CAPITAL COMPANY LLC	92-2887071	0.01	729789
CARDINAL PEAK LLC	80-0033189	0.03	0
CARDINAL SYSTEMS LLC	59-3662160	0.00	57872
CARE CLINICS LLC	46-4814778	0.10	3020538
CARE CONNECTORS MEDICAL GROUP IN	83-1348912	0.02	753942
CARE MANAGEMENT CONSULTANTS, INC	62-1432597	0.02	3990205
CARE MEDICAL, P.C.	82-5194465	0.02	3045144

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
CARE PROFESSIONAL LIABILITY ASSO	57-1198664	0.00	0
CARE PROPERTY SERVICES LLC	80-0886094	0.00	250112
CARE STATION MSO, LLC	85-4383640	0.01	129007
CARE2.COM, INC	94-3310900	0.03	8033474
CAREER COLLECTIVE, LLC	87-4445670	0.01	102405
CAREPOINT HEALTHCARE LLC	46-0526382	0.02	1777157
CARGO SERVICES INTERNATIONAL I	84-1106604	0.00	81517
CARGOWAYS LLC	16-1693459	0.01	863618
CARIBBEAN TOURS & CRUISES LLC	61-1350951	0.01	438920

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
CARIBBEAN TRADING ENTERPRISES IN	27-4967009	0.01	265967
CARIBOU SYSTEMS INC	36-3977337	0.06	10518820
CARL BLOOM ASSOCIATES, INC	13-3365668	0.02	4082526
CARL HANSEN & SON CORP.	99-0362580	0.01	695115
CARLYLE DEVELOPMENT GROUP, INC	13-3974943	0.00	124612
CARLYLE MANAGEMENT CO.	34-1094407	0.01	817749
CARMEL HEALTHCARE MANAGEMENT COM	83-4611459	0.00	110853
CARMINA US INC.	32-0485263	0.00	7851
CAROLINA CABLE & DRIVESHAFT, INC	80-0004839	0.01	1440553

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
CAROLINA COMMUNICATIONS INC	56-2232169	0.01	780649
CAROLINA NUT INC	82-1583461	0.00	225347
CARRICK CAPITAL MANAGEMENT COMPA	45-3973806	0.00	55922
CARSON POWER LLC	86-2877905	0.01	81333
CARSTEN PHILLIPS INC	45-3583630	0.00	8530
CARTERPIERCE, INC.	20-2707273	0.02	648379
CARTOGRAPH LLC	83-2804312	0.00	862711
CARTSYDE INC	88-0899514	0.00	0
CARVER FEDERAL SAVINGS BANK	13-1592005	0.04	0

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
CARY ANIMAL CARE PLLC	47-5455889	0.01	262734
CARZATO LLC	83-0539231	0.00	1749
CASA FLORA INC.	75-1368843	0.01	1
CASA FOR CHILDREN INC	93-0923866	0.02	1014689
CASALUMBRE CORP.	81-3056337	0.06	1600806
CASATA CORP.	85-2946581	0.00	140821
CASCADE BUILT LLC	20-4433164	0.01	500330
CASCADE FAMILY SKATING, LLC	58-2459229	0.00	746
CASCADE RESIDENTIAL SERVICES LLC	88-3229769	0.03	498170

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
CASCADE SYSTEMS TECHNOLOGY LLC	32-0217835	0.00	0
CASE-MATE, INC.	86-1158735	0.04	3634785
CASEY BERGQUIST INC	84-1510703	0.01	2014119
CASEY J HUNTER CORPORATION	77-0469594	0.00	226175
CASEY TANNER, PLLC	85-1215302	0.00	6559
CASO DOCUMENT MANAGEMENT, INC.	13-4020673	0.01	1543403
CASPIAN CAPITAL LP	90-0626905	0.04	6588569
CASSIDA CORPORATION	71-1021501	0.01	608988
CASSIDY & ASSOCIATES INC	13-4078162	0.06	4698992

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
CAST CENTERS LLC	81-1682806	0.00	22714
CAST IRON MEDIA LLC	61-1991448	0.03	1354294
CASTELLI DESIGN, LLC	84-5162272	0.01	1687978
CASTELLI MAGNET LLC	36-4824570	0.01	1048582
CASTLE ANALYTICS LLC	82-1749868	0.01	492469
CASTLE VENTURES CORPORATION	46-3560246	0.01	561753
CASTLEOAK SECURITIES, L.P.	45-0496456	0.08	8470057
CATALUR CAPITAL MANAGEMENT LP	84-3756424	0.00	157138
CATALYST CREEK LLC	83-3045996	0.00	175137

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
CATALYST FAMILY OFFICE LLC	83-1356013	0.00	0
CATALYST FUND ADMINISTRATION, LL	85-0809891	0.01	407988
CATALYST MIAMI INC	65-0690368	0.02	1036905
CATALYST PROPERTY SOLUTIONS LL	27-5011950	0.00	335317
CATALYST REALTY LLC	83-3164690	0.00	23402
CATALYST RESEARCH INC	85-0603905	0.01	195037
CATCH A STAR ACADEMY	87-2798513	0.00	5696
CATTLEMAN'S MEAT & PRODUCE, INC.	20-8359035	0.00	37533
CATUM ADVISORY GROUP LLC	47-4512293	0.00	193682

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
CAULFIELD & WHEELER INC.	59-2227059	0.05	4030529
CAV DISTRIBUTING CORPORATION	94-2987906	0.00	35968
CAVITY SLIDERS USA INC	46-3113898	0.00	41021
CAYLYM TECHNOLOGIES INTERNATIONA	26-4115595	0.00	7748
CAZADOR INVESTMENTS LLC	47-2291429	0.01	156927
CBC CUSTOMHOUSE BROKERS, INC.	36-3377951	0.00	146463
CBE EDUCATIONAL SERVICES COMPANY	82-0732306	0.01	413742
CBI FULFILLMENT SERVICES, LLC	36-4360806	0.00	297949
CBM INDUSTRIES, INC.	04-3259774	0.04	6242915

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
CBM OF AMERICA, LLC	65-0057313	0.08	16902084
CC APPAREL AND DESIGN INC	83-2193453	0.01	269339
CCI-AWE LLC	86-2681681	0.01	1165780
CCI-CLIMASHIELD, LLC	87-3890290	0.00	69980
CCL CUSTOM, INC.	86-2188816	0.02	385548
CCO, LLC	06-1507415	0.01	1098100
CD GROUP LLC	20-0748026	0.00	177893
CDA PROPERTIES LLC	46-5096785	0.00	0
CDC AMERICA, INC.	26-2725911	0.00	43439

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
CDE BODY SHOP II INC	36-3312394	0.06	3640921
CDRX, LLC	84-5065054	0.00	0
CEDAR SUPPLY COMPANY	84-1001912	0.01	435021
CEDGE, INC.	20-1459421	0.01	339547
CEIBA TECHNOLOGIES	86-0740615	0.01	1505584
CELCO CONSTRUCTION SERVICES INCO	46-3430770	0.00	7240
CELEB LUXURY LLC	47-2802780	0.00	103
CELEBRATIONS SPEECH GROUP, INC.	81-2311942	0.00	130348
CELLANOME, INC.	85-1543425	0.12	2804408

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
CELLARES CORPORATION	83-4578391	0.18	5125633
CELLMAX INC	37-1707114	0.00	0
CELLULAR ACCESSORIES FOR LESS, I	95-4682880	0.01	596517
CELLULAR AND MORE	38-3096058	0.00	1237
CELTIC INC.	39-1717260	0.00	1213788
CENETRON DIAGNOSTICS, LLC	74-2760677	0.01	1185397
CENMED ENTERPRISES INC.	22-3168342	0.01	318964
CENTAUR FUND SERVICES US INC	47-3003682	0.05	2309717
CENTENNIAL MANAGEMENT, INC	20-1810296	0.01	2187924

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
CENTENNIAL TITLE AGENCY, INC.	38-2624258	0.02	2546763
CENTER FOR EXPANDING LEADERSHIP	92-2376770	0.00	22334
CENTER FOR NEW MUSIC SAN FRANCIS	46-1228251	0.00	143688
CENTER FOR THERAPEUTIC SERVICES	45-2640960	0.00	14573
CENTER OF HOPE LA	83-0763730	0.00	73412
CENTERGATE CAPITAL, L.P.	47-1757530	0.04	1907059
CENTERING HEALTHCARE INSTITUTE	06-1622668	0.03	2256285
CENTERRA SOLUTIONS, INC	81-3384174	0.00	9438
CENTRAL ADJUSTMENT COMPANY	71-0702352	0.00	0

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
CENTRAL CITY NEIGHBORHOOD PARTNE	95-4837709	0.01	213991
CENTRAL DIGITAL SOLUTIONS INC	01-0587178	0.01	1126776
CENTRAL ENTERTAINMENT GROUP INC	13-4197015	0.00	81749
CENTRAL FLORIDA MEDICAL & CHIROP	20-2414397	0.00	5328
CENTRAL FLORIDA VETERINARY PRACT	59-3728024	0.00	2401
CENTRAL FULTON STREET DISTRICT M	80-0356502	0.00	4675
CENTRAL LIVESTOCK ASSOCIATION, I	61-1891791	0.01	595878
CENTRAL MANAGEMENT COMPANY	31-1292161	0.00	13411
CENTRAL MISSOURI COMMUNITY CRE	44-0666515	0.01	673780

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
CENTRAL MUNICIPAL POWER AGENCY A	41-1884739	0.01	745707
CENTRAL SUPPLY INC	21-2414806	0.01	173428
CENTRAL TECH INCORPORATION	46-2686549	0.00	71710
CENTURY 21 SELECT REAL ESTATE IN	68-0138720	0.04	3416673
CENTURY HYDRAULICS LLC	76-0630436	0.00	177598
CENTURY/AAA LTD.	65-0897335	0.02	1813231
CERAFILTEC US LLC	85-2418519	0.00	3884
CERAMI INC	68-0304606	0.00	0
CERAMIC PRO LLC	46-3734444	0.01	446117

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
CERTASCAN	46-4892998	0.00	27781
CERTIFIED GLASS CORP.	11-2474101	0.00	0
CERTN USA INC	30-1202302	0.01	244807
CESAR ORNELAS LAW PLLC	81-4428216	0.00	13331
CESTUSLINE, INC	27-2066563	0.00	209362
CF MEDICAL BILLING LLC	27-1124521	0.00	43096
CFMOTO POWERSPORTS, INC.	22-3962475	0.08	5410367
CFR ENGINES INC	61-1740732	0.02	2283858
CHAAND SOLUTIONS LLC	81-2535443	0.00	0

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
CHABADO GENOMICS INC	81-2529526	0.00	184071
CHADWICK AND COMPANY CPA'S P.C.	22-3503237	0.00	123100
CHAL LLC	46-4669612	0.00	91825
CHAMBERLIN PARTNERS LLC	47-2406225	0.00	464462
CHAMPION BANK	48-1260530	0.00	482693
CHANGE CAPITAL MANAGEMENT LLC	83-1473870	0.00	121810
CHANNEL ISLANDS LOGISTICS, INC	20-1395595	0.00	121367
CHAPMAN & INTRIERI, LLP	77-0353948	0.00	63001
CHARACTER ARTS	06-1551512	0.01	1518951

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
CHARLENE RUSSELL	20-4209681	0.00	10645
CHARLES & CO DESIGN, LLC	81-4162399	0.01	797860
CHARLES STRAUGHAN, D.M.D., P.L.L	82-3277558	0.00	44252
CHARLOTTE MANAGEMENT COMPANY, LL	83-3877790	0.00	216188
CHARMING TRIM & PACKAGING, INC	45-3252003	0.01	526507
CHART NATIONAL INVESTMENT MANA	83-4405936	0.00	438890
CHARTA GROUP INC.	74-3070136	0.00	701428
CHARTER TECHNOLOGY SOLUTIONS, LL	90-0850964	0.00	12346
CHATTR INC	88-1829377	0.00	38735

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
CHCS SERVICES INC	59-2953465	0.00	0
CHECKMATE.COM INC.	81-0874185	0.01	395476
CHEDEVILLE, INC.	22-2522099	0.02	268614
CHEERFUL TWENTYFIRST INC	85-1714661	0.00	27640
CHELSEA CORPORATE EVENTS LLC	26-0330051	0.00	48455
CHEMLINE INCORPORATED	43-1783687	0.09	12385460
CHENG & TSUI CO., INC.	04-2694992	0.01	1360358
CHEQROOM USA LLC	92-1661369	0.00	17145
CHEROKEE INSTRUMENTS INC	56-1883979	0.01	1635298

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
CHERRY MAN INDUSTRIES, INC.	03-0408944	0.00	338
CHESAPEAKE HEALTHCARE FORUM INC	52-0557209	0.01	1710591
CHESS IN THE SCHOOLS INC	13-6119036	0.00	451393
CHESTER PAUL COMPANY	95-4718356	0.00	0
CHHJ SEATTLE, LLC	82-3444342	0.00	20685
CHICAGO COLLEGIATE, INC.	37-1656731	0.00	355376
CHICAGO COOK WORKFORCE PARTNERSH	36-4122225	0.06	6587736
CHIEF PACKAGING COMPANY L.L.C.	32-0049767	0.01	190469
CHILD ABUSE PREVENTION ASSOCIATI	57-0722206	0.01	311341

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
CHILDREN AND FAMILY URBAN MINIST	42-1396833	0.00	21846
CHIMERA INTEGRATIONS LLC	81-4763862	0.01	376693
CHINA TING APPAREL, LLC	81-1317313	0.00	59269
CHIRISA DF CORP LLC	82-3385591	0.02	590895
CHIRON FINANCIAL LLC	38-3990567	0.02	737276
CHIRON PHYSICAL THERAPY OF VA, L	81-3587180	0.00	83644
CHOLGENE THERAPEUTICS INC	87-1623256	0.00	0
CHOOSE 2 RENT LLC	46-3585206	0.00	13354
CHRIS PETRONE DELI PROVISIONS	86-0937298	0.01	2503216

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
CHRISTENSEN FINANCIAL INC.	22-3886534	0.00	1304748
CHRISTENSON TRANSPORTATION, INC.	43-1684439	0.00	0
CHRISTIAN'S SOLID WOOD FURNITURE	77-0546685	0.00	456
CHRISTY CAPITAL MANAGEMENT, INC.	20-3936875	0.02	2245874
CHROMIUM DENTAL II LLC	83-2621865	0.07	2087731
CHRONO24 INC	81-1303513	0.00	76742
CHRP TECHNOLOGIES	88-3302378	0.01	144379
CHRYSALIS VENTURES	61-1332005	0.01	2723135
CHUN YU WORKS (U.S.A.) INC	95-4404831	0.00	586856

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
CHUNG HSIN ELECTRONIC MACHINE	94-3110910	0.01	5383739
CHURCHILL NAVIGATION INC	41-2162179	0.01	0
CICC US SECURITIES INC	20-4407617	0.07	8088161
CIDAN MACHINERY INC.	20-0966544	0.03	1814395
CIL US INC	13-4194392	0.00	214583
CINCAP INVESTMENT GROUP LLC	32-0664120	0.01	208270
CINCINNATI LASER CUTTING LLC	31-1637954	0.01	569440
CINCY COMPANY, LLC	90-0439282	0.00	301497
CIP FUND MANAGEMENT LLC.	39-2078676	0.00	849227

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
CIP5, INC.	46-1770676	0.00	151514
CIPHER MINING TECHNOLOGIES INC	86-1468233	0.04	722483
CIPHERCLOUD INC	30-0645552	0.00	32426
CIRCLE SQUARED ALTERNATIVE INVES	46-4998821	0.00	42474
CIRCUIT MEDIA LLC	46-0518230	0.01	535809
CIRION TECHNOLOGIES SOLUTIONS, L	65-0600569	0.03	537077
CISALPINA TOURS US LLC	92-0365249	0.00	9991
CITIES RETAIL SERVICES, INC.	41-1937919	0.05	10770614
CITY ENTERPRISES, LLC	62-1784792	0.19	14708292

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
CITY FUTURES, INC.	13-3185114	0.00	533034
CITY OF HIALEAH EDUCATION ACADEM	26-3087651	0.02	1426914
CITY PUBLICATIONS SERVICE, INC	27-2264203	0.00	352302
CITYDOG CLUB LLC	45-3277390	0.01	442324
CITYFOODS SERVICES INC	45-5310563	0.00	204127
CIVIC PROPERTY MANAGEMENT	81-3605244	0.00	35169
CIVIC TAX RELIEF INC	81-5259842	0.00	174484
CIVICA ACQUISITIONS LLC	46-2362881	0.00	0
CIVICA LLC	03-0541896	0.00	299657

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
CIVITAS CAPITAL MANAGEMENT LLC	26-3839548	0.05	5199925
CJS SECURITIES INC	13-3976034	0.01	555103
CKSPRO, INC	47-4311598	0.00	584036
CL CREDIT OPPORTUNITIES MANAGER	93-4091398	0.01	1067252
CLAIM CENTRAL INC	82-3156734	0.00	290976
CLAIMRETURN, LLC	45-4472684	0.00	9181
CLAP DE FIN LLC	82-3707185	0.01	573773
CLARAPATH INC.	46-5629022	0.03	1307429
CLARIFII LLC	87-3166377	0.00	89593

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
CLARITY RETAIL SERVICES LLC	47-5676719	0.01	396094
CLARKSTOWN HEATING & AIR CONDI	13-4108120	0.01	1509176
CLASSIC AUTOMOBILE INSURANCE AGE	30-0008589	0.01	178089
CLASSIC AUTOMOBILES INC	13-3014954	0.16	20732374
CLASSIC FIBRES, INTERNATIONAL	85-3099561	0.01	77543
CLASSIC LOCATORS, INC.	75-2179168	0.00	0
CLASSIC STONE, LLC	20-1252779	0.00	182367
CLASSIC WINES INC	13-3476476	0.00	0
CLAWS INC.	65-0654361	0.00	119497

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
CLAWSON & CLAWSON LLP	42-1611959	0.01	3060842
CLAYTON EARLY CHILDHOOD CENTER	45-4835595	0.00	535254
CLEAN BEAUTY COLLECTIVE INC	51-0589810	0.00	1843452
CLEAN GREEN TEXTILE SERVICES LLC	46-2688668	0.00	39012
CLEANSPACE AMERICAS, INC.	37-1925930	0.01	365353
CLEAR ALIGN LLC	13-4272111	0.08	5331094
CLEAR CHOICE INC	59-3652976	0.00	383025
CLEAR DOT CHARTER SCHOOL COLUMBI	82-5407406	0.01	258148
CLEAR LABS, INC.	46-3655012	0.06	3386895

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
CLEAR SPEECH & LANGUAGE THERAPY	83-1436315	0.00	138359
CLEAR VISION FINANCIAL LLC	84-3825715	0.01	303860
CLEARGEN LLC	85-2493877	0.01	223618
CLEARPATH FAMILY HEALTHCARE, LTD	86-0895774	0.01	294042
CLEARSENSE, INC	46-5023285	0.09	3713487
CLEARVIEW MANAGEMENT INC	38-3789892	0.00	142593
CLEARWATER US LLC	92-2628946	0.00	3445
CLEARWAVE CORPORATION	20-0903847	0.12	6106906
CLEVELANDER OCEAN LP	83-1582653	0.00	16768

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
CLIENTS FIRST BUSINESS SOLUTIONS	61-1444684	0.03	8098799
CLIMATE VAULT SOLUTIONS INC.	92-0361994	0.01	105714
CLINICA COACHELLA INC	81-3214925	0.01	610389
CLINICA LA VILLITA CORPORATION	83-4605800	0.00	3493
CLINIGEN INC.	71-1048084	0.04	4464159
CLINILABS INC	13-4116482	0.00	55930
CLINOVATIONS GOVERNMENT & HEAL	26-4323437	0.01	877976
CLIOSOFT INC	94-3270163	0.04	0
CLIPPER WINDPOWER LLC	94-3398656	0.02	8925098

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
CLOUD DEVELOPMENT RESOURCES INC	83-1356284	0.00	1085536
CLOUD PERFORMER INC	46-1117870	0.01	673465
CLOUD4WI, INC.	30-0777732	0.01	247758
CLOUDCALL, INC	98-1104809	0.03	1337105
CLOUDISTICS INC	46-2209564	0.00	98
CLOUDSTREET LLC	83-3020574	0.01	422721
C-M GLO LLC	39-2038705	0.01	1058490
CM SYSTEMS LLC	47-5039840	0.00	137951
CMC AMERICA, LLC	80-0249354	0.03	568009

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
CMC OF GEORGIA	52-1200918	0.01	839481
CMD-IT, INC.	45-2266122	0.00	76424
CMG HOLDINGS CORPORATE SERVICES	45-4734884	0.00	117755
CMR SURGICAL INC	32-0544354	0.02	945790
CMS INDUSTRIAL TECHNOLOGIES LLC	81-0801861	0.00	274844
CMTS LLC	27-3989901	0.03	1964399
CMUSA2 LLC	87-3256334	0.00	25926
CNC SYSTEMS INC	01-0432845	0.00	0
COACHADAM.FUN LLC	84-4041713	0.00	1845

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
COAGUSENSE INC.	26-2822849	0.04	2470018
COAST 2 COAST TRUCKING PERMITS	45-2520653	0.00	130660
COAST CUTLERY CO	93-0575056	0.06	4236858
COASTAL DISTRIBUTING INC	61-1743646	0.02	1203001
COASTLINE REAL ESTATE ADVISORS	26-3774067	0.00	52339
COAVA COFFEE ROASTERS, INC.	26-4658228	0.01	1325767
CODESMITH DEVELOPMENT LLC	46-2481182	0.00	0
CODINGSCAPE LLC	82-5284781	0.01	0
COFFEE DIGITAL, LLC	36-4821852	0.04	1982706

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
COFFIN RENNER LLP	27-0934461	0.02	3665046
COGNOA, INC	46-3191410	0.04	0
COGO INC	20-0313200	0.02	1065393
COIN DOOR CREW LLC	83-1424635	0.00	3639
COLDWATER INTERNATIONAL LLC	85-2811959	0.09	2251008
COLE HARDWARE	94-2490288	0.01	0
COLE TECHNOLOGY SOLUTIONS GROUP	83-1315184	0.01	556269
COLEMAN MARINE DIESEL INC	43-1975686	0.00	73057
COLEMAN METAL PRODUCTS COMPANY	75-1247674	0.01	457445

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
COLFAX FURNITURE OF GREENSBORO	56-0904444	0.00	98841
COLGIN CELLARS, LLC	95-4735052	0.02	3355863
COLLABORATIVE FOR ACADEMIC SOCIA	20-5884201	0.04	3220764
COLLECTION CONSULTANTS OF CALI	95-4063669	0.00	239589
COLLEGE OF BUSINESS & TECHNOLOGY	65-0070629	0.01	1314892
COLLEGE OPTIONS FOUNDATION, INC	03-0566869	0.00	353034
COLLIER HOTEL MANAGEMENT GROUP I	81-3349190	0.00	118749
COLLINS EMPLOYMENT SERVICES, LLC	92-1810241	0.01	123523
COLLINS FAMILY PLANNING CLINIC	55-0865759	0.01	350660

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
COLLISION CENTERS OF WISCONSIN	39-1999562	0.00	105353
COLOGIX SERVICES COMPANY, LLC	30-1147491	0.21	14965470
COLONNADE PROPERTIES LLC	13-4083054	0.00	6685170
COLORADO MILL EQUIPMENT LLC	20-5985554	0.01	802684
COLOUR REPUBLIC LLC	20-0720422	0.01	840134
COLTIN ELECTRIC INC	59-3613040	0.00	0
COLUMBIA CHRISTIAN SCHOOLS	93-1094933	0.00	88050
COMFORT FIRST HEATING & COOLIN	87-1712177	0.00	0
COMFORT TECHNOLOGIES LLC	30-0069610	0.00	110

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
COMFORTFIT LABS INC	23-2994627	0.00	1092109
COMMERCIAL TECHNOLOGY INTEGRATIO	87-3621345	0.01	98167
COMMON CONNECTION LLC	46-2314662	0.02	1469850
COMMON SENSE ADVISORY, LLC	04-3469310	0.00	813755
COMMUNICATION SYSTEMS INC.	20-1894557	0.01	1027853
COMMUNITAS AMERICA INC	82-4888932	0.00	0
COMMUNITIES IN SCHOOLS OF PENNSY	25-1728518	0.00	179978
COMMUNITY FINANCE LLC	14-2014143	0.00	68210
COMMUNITY HUMAN SERVICES CORPORA	25-1219610	0.01	945937

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
COMMUNITY POWERED FEDERAL CRED	51-0100640	0.01	2492832
COMMUNITY SERVICE BOARD OF MIDDL	87-0965915	0.01	337426
COMMUNITY VETERINARY MEDICINE LL	47-4025406	0.00	7532
COMMUNITYFORCE INC	27-3041931	0.00	218748
COMPANHIA SIDERURGICA NACIONAL	37-1901844	0.02	2867498
COMPANION PET PARTNERS, LLC	84-3630345	0.17	5600322
COMPARE BUSINESS SYSTEMS INC	95-4153460	0.00	15331
COMPART SYSTEMS CORPORATION	81-4097254	0.01	902608
COMPASS FEDERAL CONSULTING LLC	27-4563822	0.01	289890

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
COMPASS HEALTH SYSTEMS, P.A.	65-0199979	0.08	5314741
COMPASS MOTORS, INC	26-0228480	0.01	446591
COMPIRICUS INC	45-2714060	0.01	2039036
COMPLETE DENTAL SERVICE ORGANIZA	83-2897931	0.00	483786
COMPLETE INNOVATIONS USA INC	42-1767153	0.00	778501
COMPLETE RELOCATION SERVICES OF	26-3146494	0.02	2033245
COMPLEXCARE SOLUTIONS OPS LLC	85-3793306	0.10	13636828
COMPRESSED AIR POWER INC	86-0490804	0.01	416499
COMPRESSED GAS SYSTEMS, LLC	45-3168619	0.00	0

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
COMPUCOT, INC.	59-2228771	0.00	1005673
COMPUTER CABLE COMPANY	02-0420101	0.00	1426520
COMSOURCE MANAGEMENT INC	52-0964409	0.06	10427681
CONCACAF CORP	13-3605859	0.07	5290421
CONCEPTION TO REALITY, INC	58-2144707	0.02	1654769
CONCIERGE MANAGEMENT SERVICES	26-3924030	0.00	3502
CONCORD CREATIVE INC	20-8939136	0.01	941927
CONCORD MANAGEMENT SERVICES LLC	82-3517490	0.00	180342
CONCORDIA ANESTHESIOLOGY, INC.	02-0659695	0.07	2168274

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
CONDATA GLOBAL INC	83-1741829	0.06	4052348
CONDO ELECTRIC MOTOR REPAIR	59-2500665	0.00	659858
CONDOMINIUM ADMINISTRATION COMPA	95-4304518	0.00	84244
CONDORTECH SERVICES INC	54-1534235	0.00	580556
CONDUCTIVE COACHING CORP	27-4619342	0.00	34463
CONEGLIANO VENTURES LLC	45-5161309	0.00	17882
CONFIGIT INC	26-1764230	0.02	1599244
CONGREGATION OHAV SHOLOM	13-1813810	0.00	79854
CONNAUGHT US LLC	36-4927755	0.02	616324

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
CONNECTED CARE RESOURCES INC	83-4243362	0.01	956864
CONNEXA ENERGY, L.L.C.	26-1917870	0.00	0
CONRAC SOLUTIONS PARENT LLC	32-0598401	0.03	2436140
CONSEC SOLUTIONS INC	46-5723599	0.00	1595
CONSERV EQUIPMENT LEASING, LLC	47-3724752	0.01	0
CONSOLIDATED FREIGHT LINE LLC	83-3059181	0.00	20738
CONSOLIDATED LAUNDRY LLC	27-2419057	0.00	164687
CONSOLIDATED OPERATIONS GROUP	02-0645439	0.00	1768003
CONSOLIDATED SMART BROADBAND SYS	95-4848194	0.03	3237091

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
CONSOLIDATED TECHNOLOGY SOLUTION	51-0505238	0.02	2102094
CONSORTIEX, INC.	46-4313804	0.02	1567283
CONSTELLATION NAVIGATION AND TRA	84-3726359	0.04	693454
CONSTELLATION REALTY MANAGEMENT	46-1970682	0.00	16812
CONSTRUCTION EQUIPMENT PARTS, LL	85-3778767	0.01	209089
CONSTRUCTION PERMIT SERVICES C	11-2934948	0.01	4911862
CONSTRUCTION TRAILER SPECIALISTS	43-1860733	0.00	97336
CONSTRUCTIVE INGENUITY PROJECT M	86-2583245	0.02	276745
CONSUMER 2 0 INC	45-2955627	0.00	0

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
CONSUMER DEBT COUNSELORS INC	59-3548266	0.00	91332
CONTACT BILLING, LLC	20-5815167	0.00	180397
CONTEMPORARY HOUSING ALTERNATIVE	59-3118700	0.00	587626
CONTENTLY, INC.	27-4661890	0.02	2062780
CONTINENTAL CAST STONE MFG., I	48-1015261	0.00	3053
CONTINENTAL COATINGS INC	95-3241520	0.00	362764
CONTINENTAL REAL ESTATE SERVICES	46-3999459	0.00	1356327
CONTORO	87-4762522	0.00	0
CONTRACT PACKAGING RESOURCES I	56-1988433	0.01	805952

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
CONTRACTORS CAREER CENTERS, INC.	95-4049776	0.02	1453313
CONTROL INFOTECH INC.	22-3607743	0.00	225748
CONVERGEN ENERGY WI, LLC	26-2397357	0.01	2311253
CONWIN CARBONIC COMPANY	95-2546543	0.00	7833
COOK SAN FRANCISCO LLC	26-0125848	0.00	25922
COOL-TEMP MECHANICAL CORP	11-3234938	0.01	776431
COOPER LAW FIRM, L.L.C.	82-0539896	0.00	354520
COOPER SCHOOL	20-8818159	0.00	166498
COOPERATIVE BUSINESS SERVICES LL	01-0790044	0.09	7569677

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
COPFORD CAPITAL MANAGEMENT LLC	85-1371866	0.04	673219
COPIA INVESTMENT MANAGEMENT LLC	92-2792695	0.01	96639
COPPERTREE ANALYTICS LTD	35-2641121	0.00	18277
COPYCAT LEGAL PLLC	85-3270669	0.00	62886
CORA SYSTEMS US, INC	61-1789638	0.02	1025893
CORBAN STETTLER, DDS, P.C.	46-4830600	0.01	944166
CORD USE CORD BLOOD BANK, INC	11-3723078	0.00	42602
CORE AVIONICS & INDUSTRIAL INC	45-2694565	0.04	2737122
CORE SCIENTIFIC LLC	46-3746764	0.00	85931

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
CORGHI, U.S.A., INC.	20-8399686	0.00	150012
CORINTHIAN CAPITAL GROUP, LLC	20-2479246	0.01	578130
CORNERSTONE CHARTER ACADEMY, INC	27-2154495	0.03	3670450
CORNERSTONE COMMERCIAL MANAGEM	27-0058827	0.00	886789
CORNERSTONE FAMILY PRACTICE PLC	38-3634288	0.00	425456
CORNERSTONE FIRST MORTGAGE, INC.	26-0728895	0.05	3640264
CORNERSTONE HEALING CENTER LLC	82-2747814	0.00	13753
CORNERSTONE TECH INC.	82-1207304	0.00	45087
CORNERSTONE TECHNOLOGY ENTERPRIS	26-1838319	0.02	1175543

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
CORPLEX USA LLC	82-0975705	0.01	211686
CORPORATE CLIMATE CONTROL INC	47-1071672	0.00	27500
CORPORATION FOR DIGITAL SCHOLARS	27-1203627	0.01	330074
CORRE PARTNERS MANAGEMENT, LLC	26-4570258	0.02	1827286
CORRIGO INVESTMENT PARTNERS, LLC	82-4234497	0.00	148468
CORROSION AND HIGH-TEMP METALS I	59-3045046	0.00	15101
CORSAIR CAPITAL MANAGEMENT, L.	04-3683843	0.00	288124
CORSICA TECHNOLOGIES, LLC	83-2190544	0.03	2373022
CORTICAL IO USA INC	32-0447803	0.01	280708

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
CORTINA ACCESS INC	47-1487416	0.02	2890288
CORVIUM, INC.	26-4479056	0.01	0
CORVUS ENERGY USA LTD	99-0369861	0.00	305197
CORY BROTHERS USA INC.	46-5405234	0.01	456528
COSI CONSULTING LLC	20-4708573	0.01	1388289
COSMETIC DEVELOPMENT LABS, LLC	26-1863364	0.00	316280
COSMETICA LATINA EDU INC	82-0660294	0.00	23643
COSSET INC.	82-1371841	0.00	14885
COST MANAGEMENT INC	59-3308072	0.02	1282955

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
COUPAR CONSULTING LLC	27-0784155	0.00	233032
COURIER NEWSROOM, INC.	83-4159180	0.01	486901
COURSECO, INC.	68-0256539	0.05	5956795
COURSELLO INC	87-1493336	0.00	0
COURT SQUARE GROUP INC	04-3257839	0.01	2230985
COURTYARD SCHOOL INC	22-3811555	0.01	1829873
COVENANT SERVICES LLC	85-0892530	0.00	48816
COVENTBRIDGE (USA) INC.	27-2895028	0.21	23293637
COVER CARE INSURANCE SERVICES LL	87-2366101	0.00	23544

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
COVILLE, INC	56-1148981	0.01	4050198
COVINGTON FABRIC & DESIGN, LLC	26-2147854	0.01	0
COZAD COMMERCIAL REAL ESTATE	43-1442875	0.00	118348
CP FRANCHISING LLC	20-3214994	0.04	5587821
CPGIO LLC	46-1611828	0.03	1128310
CPP MARKETING LLC	83-2319441	0.00	1045742
CPS CORPORATION	04-3108088	0.01	537424
CPW TRUCKING CORP.	20-5127215	0.00	296100
CRAFT REPUBLIC LLC	81-1762902	0.00	1652

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
CRAFTMASTER AUTO BODY GROUP	59-2610538	0.00	27672
CRAFTSMAN PLUS, INC.	83-3686701	0.01	173874
CRAIG H LICHTBLAU MD PA	65-0138983	0.01	2823655
CRAIGPOKESU LLC	47-1605841	0.00	3656
CRANDELL GLASS AND ALUMINUM LLC	80-0599661	0.00	158753
CRANE INSPECTION AND CERTIFICATI	76-0625408	0.02	1249503
CRANIUS LLC	87-0898948	0.02	423356
CRANSTON PRINT WORKS COMPANY	05-0125740	0.04	651284
CREATE THE GROUP, INC.	26-3633007	0.00	1206

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
CREATIVE AUDIO ENTERPRISES, IN	22-2889526	0.00	0
CREATIVE CHARACTER ENGINEERING I	26-3077266	0.00	74533
CREATIVE GIFTS INTERNATIONAL	04-3114932	0.00	1599113
CREATIVE MOBILE TECHNOLOGIES	20-2900713	0.01	616815
CREATIVE PIECES BEHAVIOR ASSOCIA	46-3595567	0.00	32335
CREATIVE RESOURCES AGENCY, LLC	41-2023823	0.01	712664
CREDIT CARD SERVICES OF AMERIC	11-3375547	0.00	1249651
CREDIT SOLUTIONS CORP	33-0761514	0.00	53480
CREDITRISKMONITOR.COM, INC	36-2972588	0.05	4687542

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
CREEKMORE MARKETING LLC	46-2878787	0.01	128787
CRESCENDO BUSINESS SERVICES LLC	32-0108913	0.01	1386087
CRESCENT SKY CAPITAL LP	81-2451115	0.00	61767
CRESCERE FRAMEWORKS, LLC	83-3839160	0.00	906200
CREW KNITWEAR, LLC	46-5379027	0.03	2779305
CREXA CAPITAL ADVISORS LLC	47-4720381	0.01	1448007
CRG MANAGEMENT LLC	13-3892777	0.00	19109
CRISTONDE ELECTRIC INC	47-3004132	0.00	11860
CRITERION MANAGEMENT, LLC	26-4245181	0.02	1081497

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
CRITICAL INTEGRATED SYSTEMS, LLC	45-4573957	0.00	287704
CROCKER COMMUNICATIONS INC.	04-3381593	0.01	1463772
CROOKED STAVE LLC	27-3801355	0.00	191207
CROSSROADS INSTITUTE FOR PSYCHOT	46-2368629	0.01	0
CROWDPHARM, LLC	85-2879616	0.01	0
CRS MANAGEMENT CORP.	20-4266603	0.00	29654
CRUISE EXPEDITION COMPANY LLC	83-3988084	0.02	301767
CRUMBL FRANCHISING LLC	82-4367064	0.05	0
CRUNCHTIME INFORMATION SYSTEMS	04-3271266	0.00	0

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
CRUTCHER'S AUTO REPAIR, INC.	20-8095108	0.00	37740
CRYOS INTERNATIONAL USA, LLC	46-4859367	0.01	415433
CRYSTAL COVE CONSERVANCY	33-0878633	0.01	1028551
CRYSTAL HEATING & COOLING SERVIC	43-0961915	0.00	0
CRYSTAL TRANSPORTATION SERVICES	26-0635896	0.00	71119
CRYSTEK CRYSTALS CORPORATION	65-0718776	0.00	39
CS TRUCK & TRAILER REPAIR, INC.	88-0969153	0.02	2429575
CSB STRATEGIC BUSINESS SOLUTIO	81-3386844	0.01	1592592
CSM MANUFACTURING INC	56-2246835	0.00	206

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
CSN COLLISION (USA) INC.	47-0926728	0.00	24346
CSOFT INTERNATIONAL INC	47-1226697	0.00	95565
CSS DISTRIBUTION GROUP INC.	20-4957529	0.01	1123938
CTAOD INC.	93-2833948	0.00	60718
CTM MAGNETICS, INC	86-0400958	0.01	217115
CTRIP INTERNATIONAL TRAVEL U.S.	30-0991307	0.02	721703
CTX LIGHTING & ELECTRICAL COMPAN	82-4706960	0.00	0
CU REALTY SERVICES LLC	11-3739720	0.00	12474
CUBEWISE NORTH AMERICA INC	47-4308050	0.02	624052

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
CULLIGAN MANAGEMENT COMPANY, INC	94-3317887	0.01	382476
CULT NYC CORPORATION	82-2285040	0.00	57062
CURA CAPITAL MANAGEMENT LLC	20-1824830	0.00	552470
CURALTA HEALTH, LLC	87-0855774	0.04	1406944
CURASAN, INC.	32-0287839	0.00	321316
CURATION HEALTH, LLC	84-2736766	0.03	858196
CURIE CO INC	83-1658364	0.02	576142
CURONIX LLC	92-0627140	0.06	3126157
CURRICULUM ADVANTAGE, INC.	20-0925108	0.01	1396209

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
CUSCOWILLA MANAGEMENT & ADMINIST	20-0484285	0.01	181764
CUSELLERATION LLC	46-3440506	0.00	115592
CUSTOM DESIGN KITCHENS, INC.	58-2541307	0.00	252671
CV ADVISORS LLC	26-4599098	0.05	5997431
CWC GROUP, PS	83-3374227	0.00	24657
CX MANAGEMENT SERVICES INC	30-1194847	0.00	0
CYBER POWER SYSTEMS (USA), INC.	74-2853196	0.08	12252333
CYBER SECURITY SOLUTIONS, INC.	88-0877115	0.01	191820
CYBERCSI INC	77-0401908	0.02	3835951

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
CYBERIGHT NETWORK SECURITY, INC.	86-3084559	0.06	1505443
CYBLE INC	61-1964672	0.01	624140
CYCLOMEDIA TECHNOLOGY INC	90-1020629	0.01	4169440
CYRIL BATH COMPANY	13-4116170	0.01	3114909
CYTOGENX CORP	11-3576061	0.00	217708
CZERO, INC.	20-8175796	0.00	1243846
D & R INVESTMENTS INC	20-0334440	0.01	380385
D & Y KOGAN LLC	20-2103424	0.00	0
D EVAN KANOUSE DVM PC	14-1818428	0.00	56540

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
D R BURTON HEALTHCARE LLC	47-2744927	0.00	272502
D&D CYCLE SALES, INC.	80-0773062	0.00	0
D.B. GROUP AMERICA LTD	33-1004629	0.03	1498399
D.F.A. NEW YORK LLC	27-2166849	0.01	1138488
D.L.H. PROPERTIES, INC.	16-1361921	0.01	839529
D/A CENTRAL, INC.	38-2556646	0.03	2957864
D2SOL INC	45-4408251	0.07	3172122
D2V INC	87-1823480	0.01	405852
DA VINCI EYE, LLC	81-4311745	0.00	20995

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
DAEDALEAN INC.	88-2579606	0.00	54374
DAKLAPACK US, INC.	81-1095486	0.01	156382
DAKOTA HOTEL LLC	03-0593037	0.00	0
DALECHEK ENTERPRISES INC	05-0527867	0.00	0
DALKIA ENERGY SOLUTIONS, LLC	20-3201365	0.05	5771371
DALLA GILL DENTAL, INC.	83-1517059	0.00	102438
DALTRA CAPITAL, LLC	46-3962631	0.01	216718
DAN MARC, INC.	22-3479492	0.01	645375
DANCE SERVICE NEW YORK CITY INC	46-0830780	0.00	549843

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
DANCEBODY LLC	47-3631162	0.01	132913
DANDY COTTON CANDY COMPANY, INC	20-0546495	0.01	1033708
DANHYDRA INC	30-0914365	0.01	408955
DANIEL L. MARKS INCORPORATED	27-3906315	0.00	0
DAN'S SERVICE, INC.	04-3216325	0.01	212850
DARAM ENGINEERS INC	71-0943375	0.00	279111
DARBY INTERNATIONAL CAPITAL LLC	85-2789237	0.00	34951
DARENA SOLUTIONS LLC	90-0781910	0.01	134774
DARK STAR WINE LLC	14-1884329	0.00	258621

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
DARROW AI, INC.	61-1987886	0.01	84418
DARTCOR ENTERPRISES, INC.	22-2593948	0.00	29234
DARWIN PARTNERS LLC	84-4744529	0.01	398207
DATA CONNECTORS I INC.	27-4433732	0.00	237202
DATA MAIL SERVICES INC	38-3032146	0.00	23912
DATAGUISE, INC.	35-2303722	0.00	109619
DATAMEER, INC.	27-1163719	0.02	3143994
DATAMETICA SOLUTIONS INCORPORATE	61-1755672	0.01	592079
DATAMTX LLC	84-2432687	0.01	1248244

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
DATASEERS INCORPORATED	82-0753359	0.03	711182
DATASET INC.	58-2117328	0.00	121223
DATASTAT INC.	38-2791120	0.02	6008141
DATRAKS, LLC	82-1615203	0.01	78782
DAVENPORT AGENCY, INC.	62-1069414	0.01	674826
DAVENPORT AVIATION, INC.	26-4679676	0.01	737435
DAVE'S GOURMET LLC	54-1664344	0.01	47979
DAVID J. BORCHERS, M.D., P.C.	84-1512804	0.01	602072
DAVID WEEKS STUDIO LLC	03-0507158	0.00	287886

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
DAVINCI MARBLE INC	05-0610555	0.00	0
DAVIS AND SONS DOORS LLC	20-3487676	0.00	0
DAVIS PLAN INCORPORATED	59-1304463	0.00	6115
DAVIS PROPERTY MANAGEMENT INC	59-1624731	0.01	519771
DAVIS ROTHWELL EARLE & XOCHIHUA	91-1850091	0.07	14504194
DAY ONE STRATEGY INC	86-2459898	0.01	207456
DAYSHAPE CORP	30-1298215	0.00	18101
DAZIAN LLC	22-3601148	0.01	1823949
DB COMMUNICATIONS LLC	54-1974780	0.00	733994

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
DBL LLC	03-0593840	0.00	0
DBV TECHNOLOGIES SA	98-1467067	0.02	0
DC AUTOMOTIVE MANAGEMENT, INC.	27-0898807	0.01	739181
DCLIMATE INC	86-1330606	0.00	7712
DDA CLAIMS MANAGEMENT LLC	35-2637601	0.00	98474
DEACON FOOD SERVICE SOLUTIONS LL	81-1478130	0.01	1321061
DEAF COMMUNITY SERVICES OF SAN D	33-0006089	0.00	636146
DEALER SERVICES NETWORK, LLC	84-4135035	0.03	2890146
DEALER TAG AGENCY	33-1027540	0.00	13277

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
DEALER TAG AGENCY, INC.	33-1027540	0.03	3288517
DEALER TEAMWORK LLC	81-5197693	0.03	692612
DEALHUB INC	86-3505476	0.01	158648
DEAN APPRAISAL COMPANY	38-2028340	0.02	1895589
DEAN SALO D.D.S., INC.	20-4086505	0.01	1405648
DEANGELO MARINE EXHAUST, INC.	59-2671548	0.00	461
DEANGELUS GROUP, PLLC	83-4252081	0.01	330784
DEAN'S CARDS LLC	16-1663525	0.01	305337
DEATH WISH COFFEE LLC	87-2516168	0.00	2561

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
DEBNER INC	76-0328218	0.02	2850546
DEBORAH M & KEITH W ARMBRUSTER	95-3310118	0.00	1221
DEBRON INDUSTRIAL ELECTRONICS LL	83-0929885	0.00	0
DECADE PRODUCTS, L.L.C.	38-3501184	0.03	845246
DECADE RENEWABLE PARTNERS LP	87-1823008	0.00	87225
DECENTXPOSURE LLC	20-1492841	0.02	2268976
DECISION MANAGEMENT SOLUTIONS	27-1083250	0.00	371505
DECISION SCIENCES INTERNATIONAL	65-1261796	0.06	7548070
DEDIENNE AEROSPACE, LLC.	20-3900803	0.01	408727

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
DEDRONE HOLDINGS, INC.	81-2325879	0.07	2221185
DEEPCELL INC	47-5599239	0.03	0
DEEPCURRENTS INVESTMENT GROUP LL	81-3860813	0.02	1198339
DEEPIQ INC	81-3441259	0.00	19563
DELART TECHNOLOGY SERVICES LLC	20-8304159	0.08	2675466
DELAWARE PROVISIONS, INC.	46-0677167	0.01	113065
DELEGATE CX LLC	85-1503469	0.01	116716
DELICIOSO COCO HELADO, INC.	13-2945376	0.00	134394
DELIVER-IMK, LLC	46-2149625	0.01	1005284

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
DELLON SALES & MARKETING LTD	11-3291396	0.00	5446
DELLON SALES & MARKETING LTD.	11-3291396	0.04	2978589
DELONG'S GIZZARD EQUIPMENT, INC	58-2069620	0.00	806865
DELPHOS INTERNATIONAL, LTD.	52-2177263	0.00	1411797
DELTA DATA SOFTWARE INC.	58-1647491	0.05	7251148
DELTA ENGINEERING, INC.	80-0745939	0.01	77480
DELTA PROPERTY MANAGEMENT, INC.	20-2402066	0.01	2625842
DEMIS PRODUCTS, INC.	58-1458068	0.01	1903285
DEMISCH DANANT LLC	45-4003945	0.01	389324

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
DEMOLAY INTERNATIONAL INC	43-1722585	0.00	175652
DEMOUNTABLE WALL SUPPLY, INC.	94-2920925	0.01	894824
DENNIS EAGLE, INC	81-0783732	0.00	99047
DENSON, INC.	81-1727019	0.00	2786
DENT ELECTRIC INC	45-2658774	0.01	351670
DENTAL MANAGEMENT & INVESTMENTS	82-1213790	0.01	232419
DENTAL MONITORING AMERICA INC	61-1757534	0.01	0
DENTAL SLEEP CENTER RICHARD A CR	20-5146678	0.01	576315
DENTORIUM PRODUCTS CO INC	13-5598020	0.00	9716

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
DENVER FIRE DEPARTMENT FEDERAL C	84-0404725	0.00	633569
DENVER MANAGEMENT, INC.	20-4050734	0.00	218522
DENVER WELLNESS ASSOCIATES	81-3781161	0.01	0
DEOLEO USA, INC	80-0566186	0.04	4643941
DEPALO & SONS INC.	11-2246522	0.01	277279
DEPCO INC	35-1639791	0.01	1180456
DERECKTOR VENTURA INC.	85-3224604	0.00	42243
DERMATOLOGICAL ASSOCIATES OF TEX	20-2714504	0.00	0
DESERT CLINIC LLC	45-2602500	0.02	1427784

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
DESERT LUXURY ESTATES LLC	81-4505554	0.00	22453
DESERT VALLEY SERVICES INC.	33-0918847	0.01	2870517
DESIGN 2147 LTD	45-3728505	0.02	6951993
DESIGN 446 INC	22-2169900	0.02	3632485
DESIGN CATAPULT, INC	20-4026821	0.02	1138594
DESIGN EYEWEAR GROUP INC	13-3316171	0.00	861246
DESIGN RESEARCH UNITED STATES	26-0327157	0.00	168045
DESIGNED RECEIVABLE SOLUTIONS IN	88-0506881	0.00	915
DESIGNSTUDIO NETWORK INC	87-2895551	0.00	0

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
DESTINATION ASSET MANAGEMENT	82-1927613	0.00	163989
DESTINATION MANAGER LC	86-0982783	0.01	0
DESTINATION WEDDING TRAVEL INC	20-0426617	0.01	709759
DESTINATION WORLD TRAVEL LLC	20-2210158	0.00	91183
DESTINATIONS TO RECOVERY, LLC	46-1688828	0.01	322854
DESTINY ARTS CENTER	94-3176726	0.01	565386
DETROIT AUTO DEALERS	38-0477180	0.01	3675934
DEVELOP DETROIT, INC.	81-1368616	0.01	867272
DEVELOPMENT SERVICES OF WYOMING	87-2260271	0.00	0

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
DEVELOPMENTAL ENHANCEMENT PLC	20-4248504	0.01	583159
DEVINE CORPORATION	22-3285268	0.01	2343379
DEVLAB, LLC	83-3210967	0.00	0
DEVOCION HOLDINGS LLC	83-1474453	0.00	33835
DEVON DERMATOLOGY SERVICES, P.C.	87-2353850	0.00	164392
DEVR INC.	88-1473077	0.00	694
DEXERIALS AMERICA CORPORATION	94-3115409	0.03	4377450
DFA US, INC	47-4205752	0.01	79974
D-FEND SOLUTIONS AD, INC.	84-5149124	0.02	550924

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
DG BRANDS, INC.	95-3638899	0.01	974196
DGH LEGAL, PLLC	59-3615680	0.02	3198594
DGIM LAW, PLLC	87-0941429	0.00	394842
DHD WINDOWS & DOORS, LLC	20-2359605	0.03	4065500
DHI GROUP LIMITED LLC	46-3441305	0.01	918684
DHI WATER & ENVIRONMENT INC	23-2904467	0.02	4724138
DIABETES AMERICA LLC	36-4717610	0.00	99
DIAGNOSTIC BIOSYSTEMS INC	77-0607729	0.01	752530
DIAGNOSTIC SOLUTIONS INTERNATION	26-1546569	0.01	553547

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
DIAGONAL MEDIA, LLC	81-0705210	0.01	96573
DIAL EQUITIES INC	47-0760517	0.07	11041807
DIAMANTI INC.	46-1760060	0.01	1684147
DIAMOND ELECTRONICS, INC.	56-1983424	0.00	14201
DIAMOND NOTCH ASSET MANAGEMENT	26-0668596	0.00	1271569
DIAMONDTIP LLC	27-4738892	0.00	51223
DIANA NATURALS, INC	13-3952587	0.00	3755
DIANOMI INC	27-2933299	0.01	384405
DIATOMS INC	30-1190470	0.00	49215

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
DICKSTEIN KAPOANO LLC	47-3978774	0.00	88701
DIESEL REGISTRY, INC.	58-2056692	0.01	1388460
DIF MANAGEMENT I, LLC.	85-2259408	0.00	174846
DIGICOMM INTERNATIONAL, INC.	84-1260671	0.06	6167998
DIGITAL ADVERTISING ALLIANCE	27-3267081	0.01	880042
DIGITAL ASSET (US) CORP.	92-1298103	0.08	4035737
DIGITAL BASEMENT, LLC	31-1836283	0.00	1123671
DIGITAL METTLE, LLC	56-2253934	0.01	434361
DIGITAL OFFICE PRODUCTS LLC	54-1962124	0.00	4042417

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
DIGITAL PACKAGER CORP.	82-0946219	0.00	75611
DIGITAL RESOURCES, INC.	73-1596678	0.00	0
DIGITALCM LLC	46-4682601	0.00	147894
DIGITALZONE INC.	30-0959672	0.04	1045068
DIKER MANAGMENT LLC	04-3616914	0.01	2574492
DILEO PROPERTY GROUP, LLC	83-2589641	0.00	414417
DILFRE, INC.	95-4230271	0.00	156740
DILLER ELECTRIC LLC	45-4105098	0.00	24071
DIMMITT CHEVROLET INC.	59-1353708	0.04	6954957

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
DINEX EMISSION, INC.	32-0366515	0.01	492699
DION LEE INTERNATIONAL CORPORATI	81-2797782	0.00	30010
DIRECT GLOBAL TRADE CORPORATIO	82-0597758	0.01	187782
DISCOUNT FABRICS ONLINE LLC	81-3527855	0.00	311699
DISGUISE SYSTEMS INC	47-1828561	0.01	0
DISPLAYIT, LLC	33-0793332	0.01	518912
DIVERGE TRANSLATIONAL SCIENCE LA	88-1143802	0.01	287337
DIVERGENT LANGUAGE SOLUTIONS, LL	45-4476950	0.00	33908
DIVERSIFIED BUILDER SUPPLY INC.	86-0484279	0.00	20833

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
DIVISION SEVEN TEA CORPORATION	26-4702649	0.00	306130
DJ MAESTRO INC	82-4120600	0.00	12701
DJE PROPERTIES LLC	85-0605062	0.00	19199
DKMS	20-0989212	0.02	2913976
DLD PARTNERS INC	82-5479402	0.00	7195
DLG MANAGEMENT SERVICES	20-3022603	0.00	74161
DME FORENSICS INCORPORATED	46-1490287	0.02	1649520
DMG INVESTMENTS	46-4930657	0.01	138258
DMI INSURANCE SERVICES, INC.	77-0097628	0.00	0

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
DN DIA CORP	61-2035586	0.00	6858
DO YOU NEED A GOOD PLUMBER, IN	90-0593384	0.00	1721
DOBINSKY WHOLESALE LLC	82-4419100	0.00	121592
DOC SAVAGE HEATING & AIR CONDITI	58-1577160	0.01	1140024
DOCTORS EXPRESS OF THE TEMPLE AR	27-0587283	0.00	86769
DOGPOUND FITNESS INC.	83-1102543	0.00	196897
DOLFIN ACADEMY LLC	93-2046027	0.00	14874
DOLMIT LLC	20-0510901	0.01	654695
DOLPHIN MACHINE LLC	88-0261951	0.00	272

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
DOLPHIN REALTY CORPORATION	58-0691982	0.02	2907137
DOMENICOS ITALIAN KITCHEN, LLC	80-0900381	0.00	8493
DOMINION DESIGN & INTEGRATION	27-1419909	0.01	869076
DOMS MARKET LLC	84-1747198	0.03	889626
DONA CHAI LLC	46-2736214	0.00	42354
DONATONI AMERICA, INC.	30-1303475	0.00	232391
DONUT MAN GLENDORA LLC	82-2090758	0.00	851
DOODLE USA INC.	85-1680191	0.01	187561
DOOR FOUR, LLC	13-3948361	0.00	24324

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
DOOSAN ROBOTICS AMERICAS LLC	88-2585793	0.01	107489
DORAL ACADEMY INC	65-0944569	0.12	14068937
DORAL GROUP H2 LLC	92-0645642	0.00	6958
DORAL RENEWABLES LLC	30-1212189	0.05	1261037
DORCO USA	20-8846924	0.01	1240236
DORNBRACHT AMERICAS INC.	74-2149491	0.02	1997771
DOTCHI LLC	47-2555211	0.01	1550775
DOTMATICS INC	30-0634118	0.00	0
DOTZAUER, RUNDE, LEICHT, & BUS	43-1492019	0.01	2218363

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
DOUBLE BARREL INC.	45-2050190	0.00	0
DOUBLE CHECK SOLUTIONS INC.	87-4075887	0.00	98900
DOUBLE PLAY INDUSTRIES, INC	26-3781458	0.00	101384
DOUBLE TAP ELECTRIC LLC	81-4859172	0.00	253163
DOUBLEBLAZE CONSULTING, LLC.	27-2813819	0.00	143831
DOUBLEVERIFY INC	26-2837597	0.67	38905223
DOUGLAS LIN, D.D.S., INC.	77-0587444	0.01	446626
DOVE DEVELOPMENT, INC.	91-1351056	0.01	245397
DOWDY LAND SURVEYORS INC	75-2514980	0.01	535243

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
DOWN HOME MEDIA, LLC	92-1333429	0.00	32848
DOWNING MANAGEMENT LLC	83-3451945	0.01	0
DOWNS PHAM & KUEI LLP	46-5132692	0.01	1250486
DOXIEDOR LLC	82-3882297	0.00	78479
DOYLE & FOUTTY P.C.	13-4226614	0.02	3705585
DPA LABS INC	36-3046906	0.01	2688470
DR. GEORGE H. GARCIA M.D., INC.	68-0528256	0.00	86413
DR. GRETCHEN J BREWER, O.D. & AS	94-3417856	0.00	0
DRAGONFLI GROUP, LLC	26-3360139	0.01	166167

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
DRAKEWOOD CAPITAL MANAGEMENT, IN	83-3389390	0.01	422362
DRANREF INC.	20-1712178	0.02	749264
DRAWINGS FABRICATION & DETAILS	65-0616634	0.00	209877
DREAMSCAPE COMPANIES LLC	84-3802974	0.02	0
DREIFUSS,BONACCI & PARKER, LLP	20-0354289	0.01	3000440
DRIP DROP PLUMBING INC	26-0514389	0.00	219845
DRIVE CASA LLC	47-5050728	0.00	4906
DRIVESHAFTPRO	81-1128516	0.01	1249671
DRIVETRAIN ADMINISTRATIVE SERVIC	83-1507974	0.01	201707

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
DRIVING FORCE COMPANY LLC	81-4916082	0.00	55981
DRUG RECOVERY INC.	73-0968383	0.00	0
DRUMORE, LLC	27-0371659	0.01	509046
DS2 LLC	81-2088795	0.03	1715648
DS-BSC, LLC	27-2205236	0.00	38849
DS-BSC, LLC	27-2205236	0.02	2181270
DSG SYSTEMS, INC.	84-1323388	0.01	2822370
DT CLIENT SERVICES LLC	45-3325624	0.02	1301767
DUCLOT LA VINICOLE LLC	46-0652793	0.01	212340

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
DUE PROCESS STABLE TRADING COMPA	20-1951349	0.00	148086
DUFERCO STEEL LLC	13-3362854	0.03	19502189
DULWICH GROUP INC	20-4065024	0.00	104214
DUNCAN GOLF MANAGEMENT INC	27-4285154	0.01	598329
DUNCAN MECHANICAL SERVICES INC	26-2607105	0.00	11250
DUNWOODY CHRISTIAN SCHOOL INC	81-4484394	0.00	22940
DUSCANY LLC.	20-2712649	0.02	1177943
DUTCH RIDGE CONSULTING GROUP LLC	81-1061569	0.01	700671
DUTY FREE HOLDINGS LLC	81-2899032	0.00	15098

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
DV ESTORE INC.	20-1812581	0.00	0
DV7 ENGINEERING, LLC	86-3994909	0.00	37347
DVS GROUP LLC	27-3143133	0.04	274154
DYNAMIC AIR CONDITIONING COMPANY	13-3054569	0.00	100855
DYNAMIC BIOSENSORS INC	36-4862218	0.00	26602
DYNAMIC CONSULTANTS GROUP LLC	46-1939954	0.01	114517
DYNAMIC DENTAL SOLUTIONS, LLC	83-1990380	0.00	90285
DYNAMIC GROUP NJ INC	83-1941641	0.00	504612
DYNAMIC TAX SOLUTIONS INC	27-0359031	0.01	2138490

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
DYNAMIC VOICE DATA, LLC	92-1665328	0.01	1182135
DYNAMIS VENTURES INC.	85-1060556	0.01	256417
DYNAMORE CORPORATION	36-4863453	0.00	0
DYNAPAC NORTH AMERICA LLC	32-0521012	0.06	3766520
DYNASTY AUTO BODY INC	22-3826258	0.00	696153
DYNASTY AUTO BODY, INC.	22-3826258	0.00	24042
DYNATECH INTERNATIONAL LLC	45-4906776	0.02	4361861
DYNATEST US, INC	84-3931129	0.01	555154
DYNETEK SOLUTIONS INC.	47-2289849	0.00	362962

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
E CAPITAL MANAGEMENT LLC	81-5363015	0.00	69573
E R I ELECTRICAL REPRESENTATIVES	33-0745113	0.00	204552
E&S ORTHODONTICS, PLLC	20-2098698	0.00	213708
E. LAWRENCE, LTD	58-2408210	0.01	849525
E7 HEALTH LLC	27-1183778	0.00	45666
EAGLE FIRE PROTECTION, INC.	59-2621955	0.00	0
EAGLE GENOMICS INC	32-0604780	0.00	154139
EAGLE GLEN COUNTRY CLUB LLC	33-0758732	0.00	26894
EAGLE REAL ESTATE CONSULTING COM	27-0560130	0.00	75845

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
EAGLE SPECIALTY PRODUCTS INC	43-1302363	0.02	1427616
EARLY FOUNDATIONS LLC	87-3525430	0.00	0
EARNHARDT PROPERTIES INC.	05-0542014	0.01	1432655
EARTH DAY TEXAS INCORPORATED	27-4029245	0.00	0
EARTHLY BODY, INC	95-4776103	0.01	302736
EAS DELAWARE CORPORATION	35-2352940	0.01	2503379
EAST COAST ENGINEERING INC	22-2402616	0.00	833145
EAST SIDE PHARMACY INC.	13-4041889	0.01	385569
EASTERLY INC	20-3951249	0.00	4686

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
EASTERN VASCULAR LLC	82-4076987	0.01	1210908
EASTGOLD HOLDINGS LLC	81-5029990	0.00	202268
EATON STREET LUMBER LLC	20-5629463	0.01	300385
EAU GALLIE ELECTRIC INC	59-2694842	0.00	0
EAVISION CORPORATION	47-4421106	0.01	1161961
EB PRACTICE LLC	58-2628519	0.01	1681847
EBET, INC.	85-3201309	0.00	0
EBS EXECUTIVE BUSINESS SERVICE L	04-3624940	0.00	60264
EBWC, INC.	86-0582545	0.00	4804

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
ECG PROPERTIES, LLC	47-2183539	0.01	443411
ECHELON ANALYTICS LLC	27-2256541	0.01	2176614
ECHELON SECURITY GROUP, INC.	83-0756242	0.00	128628
ECHIOS LLC	81-2660630	0.00	123150
ECKERSLEY O'CALLAGHAN, INC.	84-5128117	0.00	13717
ECLIPSE VETERINARY CARE, LLC	86-1452924	0.02	0
ECO ENERGY SOLUTIONS, INC.	61-1665689	0.00	68059
ECO WASH SYSTEMS LLC	82-3771247	0.01	361317
ECO4 ENERGY LLC	84-3682840	0.02	603490

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
ECOLECTRIC COMPANY	45-4255207	0.00	38643
ECO-MAIL INC	85-1705906	0.00	14826
ECOMED SOLUTIONS LLC	80-0894618	0.01	457350
ECONOMIC SECURITY PROJECT, INC.	85-3888872	0.03	979039
ECONWARD TECH LLC	81-0906499	0.00	70611
ECOVACS ROBOTICS INC	46-1237608	0.03	1504686
ECS IMAGING, INC.	33-0928085	0.00	1021147
ECWV OPCO 1 LLC	81-4362571	0.00	55872
ECWV OPCO 4, LLC	86-2874577	0.00	3820

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
ED SPED SOLUTIONS INC	83-1554738	0.01	363557
EDC OPCO LLC	92-3705450	0.04	609685
EDCERT LLC	47-3209712	0.07	4101987
EDDY PUMP CORPORATION	36-3320511	0.01	1135322
EDESA BIOTECH USA, INC.	77-0522411	0.01	3
EDGE STUDIO LLC	06-1425607	0.00	0
EDGESCAN INC	85-3415877	0.01	495075
EDGEWATER CAPITAL MANAGEMENT, LL	20-8158784	0.02	1453832
EDGEWOOD BAKING LLC	84-4634611	0.00	11095

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
EDGEWOOD COUNTRY CLUB, INC.	22-1656804	0.00	10549
EDGILE, INC.	30-0050590	0.00	294
EDI CONSULTANTS INC.	38-4045743	0.00	987420
EDIGENE BIOTECHNOLOGY USA INC	82-3225374	0.00	0
EDIS GROUP LLC	47-3843629	0.01	480169
EDMONDS OUTDOORS, LLC	46-3513893	0.00	238365
EDUTEK, LTD.	13-3853668	0.02	3281364
EDWARD R BUTLER CO INC.	13-3698743	0.01	507576
EDWARD R PRESSMAN FILM CORP	95-3940607	0.00	0

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
EE NORTH AMERICA LLC	87-4642315	0.00	60097
EEVELLE, LLC	01-0774080	0.00	8117
EFI EMPIRE FOAM INNOVATIONS INC.	45-5270996	0.00	107329
EFL GLOBAL LLC	20-4829727	0.19	12509621
EFN UNITED INC	80-0239765	0.00	12774
EFO MANAGEMENT LLC	46-3059976	0.04	3168809
EGA AMERICA INC	43-1865037	0.00	371003
EGAUGE SYSTEMS LLC	42-1675609	0.01	1114354
EGGTRONIC, INC.	81-2730437	0.00	34572

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
EGM, LLC	85-1539443	0.00	33526
EIDOSMEDIA	26-1718949	0.01	2116733
EIGHTFOLD REAL ESTATE CAPITAL LP	45-4290795	0.03	5776929
EKIMETRICS INC	47-2035014	0.01	0
EKYUBE LLC	82-4938873	0.00	19836
EL BARRIO NEIGHBORHOOD BAR LLC	86-2509645	0.00	0
EL CENTRO HISPANO INC.	56-2011661	0.00	195190
EL SILENCIO HOLDINGS, INC.	46-2362941	0.00	122002
EL SOL TRAVEL, INC.	86-0556654	0.00	86098

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
ELCO MOTOR YACHTS, LLC	27-0704215	0.00	113710
ELECTRACRAFT POWER BOATS INC	86-1297668	0.00	20027
ELECTRIC OWL HOLDINGS LLC	87-4234041	0.00	7956
ELECTRIC PICTURE COMPANY	62-1538635	0.00	1011893
ELECTRICAL COMMUNICATIONS & SECU	45-3842425	0.00	46362
ELECTRICAL MAINTENANCE & INSTALL	45-2313492	0.00	40207
ELECTRO OPTICAL INDUSTRIES INC	26-1962975	0.00	576024
ELECTRO-CORE, INC	43-0899585	0.00	1241557
ELECTRONICS RENEWAL	46-1424187	0.00	4256

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
ELECTRUM GROUP LLC	35-2425195	0.02	4851958
ELEKS, INC.	38-3671720	0.01	365652
ELEKTRON TECHNOLOGY CORPORATIO	95-2742915	0.01	1225302
ELEMENTAR AMERICAS INC	22-3613269	0.01	1161548
ELEPHANTS CUSTOM FURNITURE, INC.	90-0724117	0.00	66850
ELEQUIN CAPITAL LP	84-3389464	0.00	0
ELEVATE FUNDING LLC	47-2543473	0.00	91808
ELEVATED SPIRITS LLC	83-2444263	0.00	57809
ELEVATION COMMUNITY LAND TRUST	61-1862429	0.02	934009

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
ELEVATION MARKETING, LLC	45-4964901	0.02	1193037
ELEVENTYFOUR LP	32-0389522	0.00	196186
ELIJAH BELL'S FUNERAL SERVICES	36-4597002	0.00	11185
ELIJAH INFORMATION TECHNOLOGY LL	81-1356634	0.00	1024894
ELION PARTNERS LLC	46-1894435	0.00	0
ELIOT WRIGHT WORKROOM, INC	06-1667593	0.02	704845
ELITE AUTOMOTIVE SERVICES LLC	27-0580647	0.00	351564
ELITE DIGITAL LOGISTICS INC	47-4511123	0.00	373549
ELITE DISCOVERY, INC.	33-1029748	0.00	0

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
ELITE GLOBAL LOGISTICS LLC	27-1855621	0.00	395883
ELITE MARINE AC LLC	42-1655141	0.01	1345995
ELITE TECHNICAL SERVICE, INC	82-3767573	0.00	519471
ELIXIA LLC	83-1432474	0.01	130937
ELK GROVE ADULT COMMUNITY TRAINI	23-7184153	0.00	680058
ELK RIVER WEALTH MANAGEMENT, LLC	84-5144394	0.02	602905
ELLESSE LLC	13-4184882	0.01	1715350
ELLISON EDUCATIONAL EQUIPMENT IN	95-3693910	0.01	3404729
ELLISON MACHINERY COMPANY LLC	86-0892572	0.01	1586100

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
ELLUMINATE, INC.	13-3897852	0.00	30801
ELM SPRING, INC	47-2218615	0.01	1013937
ELMAN FREIBERG PLLC	83-1921481	0.01	698301
ELOOMI INC.	86-1534077	0.00	60122
ELORA INTERNATIONAL INC	84-2660648	0.00	17052
ELTEK INTERNATIONAL CORP	43-1463377	0.00	325745
ELTENI, LLC	83-0869593	0.01	145551
ELTUEL, INC	88-3132981	0.00	0
EMBARK CORPORATE SERVICES, LLC	83-1426423	0.00	0

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
EMBEE COMPUTER DESIGN GROUP, I	33-0698702	0.00	3048
EMERALD ESCROW INC.	95-3096745	0.00	0
EMERDEX GROUP INC	33-1024402	0.01	257142
EMERGE ENGINEERING & WIRING LLC	83-3693987	0.01	190907
EMERGE SALES TRAINING LLC	82-2256223	0.00	28578
EMERGENCY ASSISTANCE JAPAN USA	55-0902313	0.00	1211101
EMERGENT RISK INTERNATIONAL LLC	47-1762205	0.01	315886
EMERGING ENTERTAINMENT, LLC	82-3278271	0.00	110491
EMERGING TECHNOLOGIES GROUP IN	43-1851805	0.01	1112903

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
EMET CAPITAL MANAGEMENT, LLC	45-3929126	0.01	943527
EMINENCE ESCROW INC	45-4373838	0.00	66781
EMPIRE ATM LLC	20-3475864	0.00	7889
EMPIRE DESIGN NEW YORK CORPORATI	43-2089243	0.00	420377
EMPIRE ELECTRICAL CONTRACTORS LL	47-4605661	0.00	203292
EMPIRE MEDICAL TRAINING, INC.	43-1957426	0.01	130819
EMPIRE SUPPLY CO INC	94-1088735	0.00	0
EMPOWER THE USER INC.	61-1788656	0.01	890761
ENCENTRIC, INC.	20-3489301	0.01	745833

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
ENCORE AUTOMATION, LLC	47-1183252	0.05	10587316
ENCORE SERVICES LLC	85-1047291	0.00	32674
END2END SOLUTION, LLC	82-2049495	0.00	0
ENDEAVOR BANK	82-1530488	0.07	2527139
ENDEAVORING ENTERPRISES INC.	20-1364470	0.00	45698
ENDEAVOUR ENERGY LLC	84-4567614	0.07	2349150
ENDO HOLDINGS, LLC.	82-3780454	0.02	963039
ENDOSHAPE INC	20-5889051	0.00	2922
ENERFUND, LLC	20-4535236	0.01	3432502

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
ENERGIZED SYSTEMS INC.	47-3309451	0.01	388365
ENERGY CONTROL CONSULTANTS INC	59-1882822	0.00	1118368
ENERGY IN MOTION U.S. LLC	88-1861106	0.00	138445
ENERGY INFRASTRUCTURE OPERATIONS	88-4184370	0.08	1299514
ENERGY INFRASTRUCTURE PARTNERS L	27-5316826	0.00	112332
ENERGY POWER MANAGEMENT I, LLC	27-1654794	0.04	1602007
ENERGY REAL ESTATE SOLUTIONS LLC	46-5449335	0.02	652681
ENERGYCOMNETWORK, INC.	47-3661146	0.02	2592168
E-N-G MOBILE SYSTEMS, LLC	83-2931843	0.00	0

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
ENGAGE SOFTWARE	43-1851805	0.00	36767
ENGCON NORTH AMERICA INC	81-5100081	0.01	204563
ENGINE NO 9 TEA COMPANY	61-1713405	0.00	53612
ENGINEERED MACHINING SOLUTIONS	46-2927847	0.00	79347
ENGINEERED PACKAGING SYSTEMS, IN	20-0779579	0.01	0
ENGINEERED SYSTEMS AND ENERGY	26-2379936	0.00	37125
ENGINEERING & COMPUTER SIMULATIO	65-0775610	0.04	5553382
ENGLEWOOD EDEN GREEN, LTD	13-3160484	0.00	4244
ENGWORKS GLOBAL LLC	86-2434840	0.00	218211

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
ENGY SOUTHWEST CONTAINER PRODUCT	46-1902734	0.00	30161
ENHANCED COMMUNICATIONS NETWORK	22-3558165	0.00	697408
ENHANCED DIGITAL GROUP, INC.	87-3021052	0.01	71529
ENOAH ISOLUTIONS INC	20-4695560	0.02	1443303
ENOLA TECHNOLOGIES, LLC.	86-3760692	0.00	27929
ENOMIS CONSULTING GROUP, LLC.	35-2698891	0.00	13278
ENOVATE CONSULTING, LLC	81-4839352	0.02	1217535
ENOVATION PARTNERS LLC	46-2315412	0.03	3036881
ENRX CORPORATION	38-2917767	0.05	9242116

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
ENSLOW PUBLISHERS, INC.	22-2123955	0.00	6391
ENTANGLED PUBLISHING LLC	27-5165672	0.00	42253
ENTERPRISE MARKETING SERVICES LL	82-0815936	0.03	621710
ENTERPRISE MOBILITY SOLUTIONS LL	20-4423059	0.04	3050594
ENTERPRISE SOLUTIONS, INC.	54-1785394	0.01	1060919
ENTERTAINMENT METALS, LLC	26-4592129	0.00	88353
ENTICARE INC	20-8320512	0.01	414025
ENTREPRENEURIAL EQUITY PARTNERS	82-5229885	0.04	1547570
ENVIE HOLDINGS, LLC	87-0884224	0.01	318687

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
ENVIRAPAC MONTICELLO LLC	46-4551656	0.00	7352
ENVIROGEN TECHNOLOGIES, INC.	27-0823927	0.04	7170752
ENVIRONMENTAL & MEDICAL GAS SE	58-2255665	0.01	0
ENVIRONMENTAL BIOTECH OF THE ROC	84-1174008	0.00	0
ENVISAGE GROUP DEVELOPMENTS INC	38-3995756	0.01	112942
ENVISION MEDIA	77-0541943	0.00	0
ENVISION TECH INC	43-1233557	0.00	672502
ENVOY CABINETRY	84-4731159	0.00	32294
EOCELL INC.	47-3725691	0.02	1393922

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
EPCIDO US INC	87-1715230	0.00	9406
EPG MEDIA LLC	46-1898647	0.01	4789820
EPIC ADVANCED MATERIALS, LLC	83-0751392	0.01	183288
EPIC CAPITAL SECURITIES CORP	99-0383104	0.00	1050895
EPIC PT HEALTH & PERFORMANCE LLC	46-3602708	0.01	622706
EPIC RIVER HEALTHCARE, INC.	61-1722533	0.00	298800
EPICITY, INC.	58-2304602	0.01	763215
EPIDEMIC SOUND US INC	32-0480315	0.03	1058549
EPISODE FOUR LLC	82-2712097	0.05	1311237

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
EPOST GLOBAL LLC	85-2693494	0.04	996953
EPSILON TECHNOLOGIES GROUP, IN	22-3941320	0.02	2617920
EQUATOR CAPITAL PARTNERS LLC	80-0635349	0.00	1798805
EQUILIBRE BIOPHARMACEUTICALS COR	85-3484646	0.02	127425
EQUIPSA, INC.	59-1932667	0.00	0
EQUITY ESTATES INVESTOR RELATION	32-0516351	0.00	0
ERESI CAPITAL LLC	87-2786569	0.02	300980
ERIS INFORMATION INC	47-4776828	0.03	1306210
ERMETIC INC.	37-1965002	0.01	336566

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
ERNEST D. LOEWENWARTER & CO. LLP	13-5553617	0.00	1287438
ERNST ARCHITECT, PLLC	20-0526489	0.00	699573
ERVIN RESOURCE SERVICES, LLC	83-4720472	0.07	5250982
ES BROADCAST HIRE INC	83-3148349	0.00	17170
ESC, INC.	52-1761545	0.01	1090551
ESCR-NET-INTERNATIONAL NETWORK	36-4818453	0.01	493360
ESCROW JUNCTION, INC.	33-0183156	0.00	655400
ESENSE INCORPORATED	20-2202691	0.01	815832
ESHOCAN LLC	82-1563837	0.01	515157

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
ESKILL CORPORATION	20-1454449	0.01	577743
ESPEN TECHNOLOGY INC.	26-1902898	0.01	610744
ESPINOZA'S CLEAN SWEEP INC	32-0240186	0.00	5951
ESSENSE PARTNERS INC	46-3838393	0.01	570955
ESSEX FINISHING OPERATING COMPAN	87-3766632	0.01	286707
ESTABROOK CAPITAL MANAGEMENT L	20-0232649	0.02	2105458
ESTES GROUP, INC	77-0636125	0.00	11682
ESTETIQUE COM INC.	65-0949718	0.00	72065
ETA CONSULTING, INC.	82-3163974	0.01	419082

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
ETAIL SOLUTIONS, LLC	27-1983332	0.01	626839
ETANA CUSTODY INC.	86-2659659	0.02	453867
ETHIQUE CONSUMER PRODUCTS INC.	85-4171934	0.00	73771
EUCUCINA CABINET DISTRIBUTOR LLC	30-0863458	0.00	73940
EULAV ASSET MANAGEMENT TRUST	27-4466514	0.02	5026034
EURESYS INC.	75-2922023	0.01	376560
EVANGEL CHURCH	11-2622478	0.00	11983
EVANS MEDICAL GROUP, P.C.	58-2209422	0.03	3070289
EVASIVE MOTORSPORTS INC	45-4140260	0.00	43073

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
EVATON INC	06-1320516	0.03	2328676
EVBOX NORTH AMERICA INC.	84-4912709	0.04	1518453
EVENTS MANAGEMENT, INC.	68-0009465	0.00	103992
EVERCHAIN LLC	45-4368477	0.01	898856
EVERGREEN CONSTRUCTION SERVICES	37-1934736	0.00	948
EVERGREEN LASER CORPORATION	06-1213676	0.00	133934
EVERGREEN PLUMBING AND MECHANICA	27-2843532	0.01	458750
EVERGREEN PROPERTY MANAGEMENT, I	84-1070488	0.00	17558
EVERLIGHT USA, INC.	13-3418596	0.01	1352964

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
EVERTRAK LLC	82-4134952	0.00	0
EVERY MOTHER COUNTS	45-4102644	0.01	855797
EVERYDAYPLUMBER.COM LLC	45-4612448	0.00	0
EVESTRA INC	26-1404970	0.01	1001118
EVGO SERVICES LLC	27-3632157	0.26	12120769
EVIDENCE ACTION INC	90-0874591	0.06	3720270
EVIDEON INC	38-3113260	0.01	0
EVISIT INC	46-4095839	0.07	2629238
EVO HOME LOANS LLC	84-3467206	0.01	390016

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
EVOLIS, INC.	20-1690680	0.01	0
EVOLUTION SURGICAL, INC.	81-2823063	0.09	4179121
EVOLVE ADOPTION & FAMILY SERVICE	41-1296959	0.00	26813
EVOLVE MORTGAGE SERVICES, LLC	26-0683024	0.00	1465497
EVOTEK, INC.	47-1541539	0.23	12384851
EXACOM INC.	02-0400980	0.02	1321597
EXACT NA INC	82-2806630	0.01	579327
EXALT YOUTH	20-5540955	0.01	524278
EXAPTIVE INC	45-2767599	0.00	61745

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
E-XAT, INC	26-1784589	0.00	254573
EXCEL ENERGY SERVICES LLC	83-2235345	0.00	1067
EXCEL FEDERAL CREDIT UNION	58-0632502	0.02	6078113
EXCELLENT DENTAL PA	87-4781692	0.01	188997
EXCELLOS, INCORPORATED	87-2180503	0.02	422134
EXECUTIVE NETWORKS INC	57-1190075	0.00	0
EXELINT INTERNATIONAL CO	95-4187556	0.00	189666
EXPAND INTERNATIONAL OF AMERI	06-1560549	0.02	3439139
EXPERIENCE CAMPS, INC.	26-2513136	0.00	38603

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
EXPERT CHOICE INCORPORATED	20-3836836	0.00	281848
EXPOCREDIT LLC	26-4721980	0.00	426080
EXPORT SERVICES INTERNATIONAL, I	38-2846999	0.01	716808
EXPRESS CARE HUMAN RESOURCES LLC	93-4116884	0.00	105654
EXPRESS TRADE CAPITAL, INC.	11-3168034	0.01	177376
EXPRESSIVE LIGHTING INC.	11-3519625	0.01	564180
EXT. MARKETING U.S. INC.	82-2249252	0.00	166346
EXTRACTION ZONE LLC	47-4056693	0.00	12524
EXTREME MANAGEMENT TEAM LLC	30-0460085	0.00	27329

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
EXTREME POWERSPORTS INC	58-2489555	0.02	231957
EXTREMITY MEDICAL, LLC	26-0729447	0.00	0
EYE CARE CENTER OF NORTHERN CO	84-1355429	0.00	0
EYE MED MANAGEMENT SOLUTIONS	46-1267013	0.00	65337
EYECLICK INC.	45-3822905	0.00	126634
EYELIT CORP	45-4263709	0.01	249763
EYENET SECURITY INC	20-1754152	0.00	43080
EYES OUT LLC	84-1881519	0.00	49363
EZ SHIPPER RACKS, INC.	20-1355389	0.00	3621

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
EZK LIQUIDATOR, INC.	20-8479118	0.01	577380
F & F ENVIRONMENTAL, INC.	59-3514368	0.00	70226
F & G INCORPORATED	47-5224729	0.00	38620
F & W PEST CONTROL, INC.	04-2683522	0.02	4323348
F & W TRANSPORTATION INC	58-2051178	0.03	4485243
F AND F PROPERTY MANAGEMENT INC	46-4995274	0.00	0
F BLANCATO LLC	11-3532727	0.02	3617393
FABCO MFG INC	04-2498499	0.00	383632
FABRIC GENOMICS, INC.	75-3023954	0.02	1806076

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
FABRIC OF TRUTH, INC	92-1725515	0.03	397186
FABRINET WEST INC	47-2987697	0.22	20466238
FABRITECH MANUFACTURING, LLC	62-1662453	0.01	632150
FACE HAUS, LLC	46-2664760	0.00	239986
FACET BARCELONA USA, INC.	37-1668374	0.01	310323
FACILITRON, INC.	47-1316876	0.00	0
FACILITY ONE TECHNOLOGIES LLC	81-3432306	0.01	283899
FACTORLAB, INC.	27-3366651	0.00	519371
FACTORYMATION LLC	20-3425641	0.01	1597709

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
FAGUS GRECON INC	82-2644901	0.02	1288914
FAIR CONSULTING USA INC.	32-0554344	0.00	35305
FAIRCOM NEW YORK INC	13-4142879	0.00	19717
FAIRDINKUM CONSULTING, LLC	05-0554329	0.03	2670467
FAITH HOPE RESIDENTIAL LLC	85-3923433	0.00	54210
FAITHBRIDGE FOSTER CARE INC.	20-5162251	0.02	1457280
FALCON STEEL INC	43-1858685	0.03	1861996
FALCON V SYSTEMS US INC	92-0424910	0.00	42605
FALKBUILT, INC.	83-3379730	0.01	430574

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
FALKON TECHNOLOGIES, LLC	46-1909354	0.01	345655
FALLBROOK BAPTIST CHURCH	76-0446948	0.00	227099
FAMILIES IN SCHOOLS	95-4818894	0.01	601145
FAMILY ACTION NETWORK MOVEMENT	65-0334201	0.00	107208
FAMILY FIRST COMMUNITY SERVICE	20-8021498	0.00	160
FAMILY FIRST, INC.	59-3043408	0.02	508473
FAMILY FOOD DISTRIBUTORS INC	54-2101265	0.03	646469
FAMILY HEALTH NETWORK	36-3985468	0.00	111415
FAMILY MEDICAL CLINIC OF NORTH	33-1019957	0.02	2960800

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
FANTASYWORLD MANAGEMENT SERVICES	59-3510070	0.01	366195
FAPON LIFE SCIENCES INC.	88-3548801	0.03	535469
FAR HILLS GROUP LLC	13-3921136	0.04	0
FAR WEST DISTRIBUTORS INC	94-1463688	0.03	1356870
FARM & HOME SUPPLY	58-1151886	0.02	4408622
FARMASI US LLC	35-2642943	0.01	376061
FARMOBILE LLC	46-3680439	0.00	0
FASHION FRESH INC.	59-2807583	0.00	594844
FASHION TILE	59-3038559	0.00	0

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
FAST FORWARD CONSTRUCTION, INC.	71-0929359	0.00	97608
FAST MODEL TECHNOLOGIES LLC	27-1515114	0.01	0
FAST TRACK LEASING LLC	47-1898707	0.03	1105094
FAST TRACK MARKETING INC	42-1649133	0.00	56295
FASTENER ADVANCE PRODUCTS	20-4283053	0.00	1694
FATHERS SUPPORT CENTER ST LOUI	43-1804267	0.01	1328628
FATTON LOGISTICS INC	11-2628065	0.00	206670
FATU HIVA ENTERPRISES, LLC	82-1266649	0.00	21666
FAYAD LAW P.C.	20-1809885	0.01	454830

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
FC BRANDS LLC	82-1796175	0.02	1097055
FC TECHNOLOGY HOLDINGS, LLC	26-0585330	0.01	556387
FCA CORP.	76-0076528	0.02	2652330
FCA PARTNERS LLC	46-4302007	0.04	3591874
FDI MANAGEMENT GROUP LLC	82-3035180	0.00	95391
FEATHERSTONE DISTRIBUTION LLC	84-2575908	0.00	110511
FEDERAL CHARTER 24204	59-0762604	0.00	0
FEDERAL ROAD LLC	38-4021184	0.00	72257
FEE FAVOR LLC	81-4616227	0.00	28494

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
FEEGER - LUCAS - WOLFE INC.	95-2748660	0.02	1134450
FEENIX RESOURCE RECOVERY, INC.	86-2513601	0.01	190239
FEIT MANAGEMENT COMPANY	65-0645815	0.01	568833
FERGUSON PLUMBING INC.	38-3683936	0.00	10550
FERMOL INC	65-1308870	0.00	0
FETCH ROBOTICS, INC.	47-1545773	0.00	119591
FFP INSURANCE SERVICES, INC	51-0604752	0.01	2998574
FH GROUP INTERNATIONAL INC	26-2825709	0.00	242697
FIBERTEX PERSONAL CARE CORPORATI	37-1868293	0.02	660702

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
FIBREWORKS CORPORATION	61-1170926	0.03	4198945
FIDALAB LLC	46-2756649	0.02	76376
FIDELITY BANCORP FUNDING INC	33-0928817	0.00	51448
FIEDLER GROUP	95-4887690	0.02	2865755
FIELDSTONE PROPERTIES I, LLC	01-0583022	0.00	0
FIFTEEN GROUP CAPITAL, LLC	26-1476315	0.01	2792732
FIFTH AVENUE SURGERY CENTER, LLC	26-3834925	0.08	3563522
FIFTH SEASON SERVICES LLC	92-0378916	0.02	1368170
FILBEN GROUP LLC	45-4760912	0.00	134197

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
FILEWAVE USA INC	68-0435953	0.01	0
FINAL FRAME LLC	80-0090821	0.00	19434
FINANCIAL ADVISOR ON CALL, LLC	87-2444595	0.00	32396
FINANCIAL ALLIANCE & INSURANCE S	83-2948002	0.00	4085
FINANCIAL RECOVERY GROUP, INC.	65-0894748	0.02	1179211
FINANCORP INTL GROUP CORP.	13-3682618	0.00	379132
FINCH HOME SOLUTIONS LLC	86-2181431	0.01	156357
FINCO HOLDINGS CORP	27-1694707	0.00	324408
FINE HOSPITALITY GROUP LLC	20-4627429	0.00	322180

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
FINE LINE MARINE ELECTRIC, INC	27-2460000	0.00	77256
FINE SCIENCE TOOLS USA INC	52-1354073	0.00	206588
FINNISH CULTURAL INSTITUTE IN NE	13-3573737	0.00	28475
FINZLY INC.	45-5387815	0.01	927606
FIRE CONTROLS INCORPORATED	65-1088245	0.01	797928
FIREBEND, LLC	83-4645358	0.01	1044611
FIRED UP KITCHENS INC	47-3040632	0.00	49192
FIREDOS US INC	84-3398176	0.00	18187
FIRST ACTUARIAL CONSULTING INC.	26-3842522	0.02	4548866

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
FIRST ATLANTIC CAPITAL LTD.	13-3524058	0.00	2702191
FIRST CAPITAL FACILITY SERVICES	82-4597495	0.00	0
FIRST EVENT INC.	26-4777564	0.01	1172741
FIRST FIDELITY MORTGAGE, INC.	45-5388789	0.00	412856
FIRST FLIGHT FEDERAL CREDIT UNIO	56-0582031	0.03	5642967
FIRST GEORGIA PHYSICIAN GROUP	47-3191281	0.02	1530637
FIRST GROWTH BRANDS INC	83-0804706	0.00	10603
FIRST NATIONS HOME FINANCE CORP	33-0649866	0.01	3055967
FIRST POINT ADVISORS LLC	35-2714910	0.01	406594

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
FIRST PRIORITY MANAGEMENT LLC	27-1197706	0.01	1173787
FIRST SECURITY BANK	44-0243080	0.00	119178
FIRST SERVICE FEDERAL CREDIT U	31-4419394	0.02	2248038
FIRST STATE BANK OF BEDIAS	74-0625340	0.00	17500
FIRST STREET SURGICAL CENTER	01-0756083	0.00	3090
FIRSTHAND CAPITAL MANAGEMENT, IN	27-0416642	0.01	2911014
FIRSTKEY MORTGAGE LLC	27-2849078	0.11	10671576
FIRSTRADE SECURITIES INC.	11-2750321	0.08	5928940
FISHBAT MEDIA LLC	46-3683375	0.00	71490

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
FISHER TOOL CO. INC.	95-3267870	0.00	186926
FISHISFAST LLC	45-4153723	0.00	13986
FISHTANK LEARNING, INC.	85-4065590	0.01	235119
FIT LEARNING MANAGEMENT INC.	86-3862168	0.00	193429
FITECH CONSULTANTS, LLC	46-4042391	0.00	324329
FITTEAM GLOBAL LLC	47-1335214	0.00	195034
FIVE STAR PILLOW COMPANY, INC.	46-4363997	0.00	979
FJC	13-3848582	0.01	336251
FJM MANAGEMENT LLC	46-2426098	0.00	330967

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
FKGIBBS COMPANY, LLC	20-2687950	0.00	67275
F-L MANAGEMENT INC	26-1772374	0.01	461644
FLAGG INC	47-5292573	0.00	208394
FLAGSHIP MANAGEMENT, LLC	47-4216580	0.00	0
FLAMINGO APPLIANCE SERVICE, INC.	26-0745736	0.05	18
FLASHBACK TECHNOLOGIES	27-4607973	0.00	152261
FLASHTRACT, INC	82-4791264	0.01	484824
FLAT WORLD PARTNERS LLC	47-4401174	0.00	72528
FLAWLESS AI INC	87-2119896	0.01	606507

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
FLC TECHNOLOGY GROUP INC	83-0815524	0.03	1516994
FLEET RENTS LLC	82-1432445	0.01	187047
FLEETMX AVIATION SOLUTIONS, IN	27-3983890	0.03	3769527
FLEMING INSURANCE MANAGEMENT SER	85-3789716	0.01	132239
FLETCHER GROUP, INC.	82-5174662	0.03	1137688
FLEXOFFERS.COM, LLC	61-1744595	0.02	853551
FLEXPOINT, INC.	95-4575252	0.03	820940
FLINT CENTER FOR EDUCATIONAL EXC	93-1371508	0.00	39521
FLINT COREY ZIDE	77-0627812	0.00	0

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
FLOATEC LLC	30-0345187	0.00	10471
FLORACHEM CORPORATION	59-2905028	0.02	1281408
FLORIDA ACQUISITION & APPRAISAL	59-3331947	0.01	1030456
FLORIDA CHARTER SCHOOL ORGANIZAT	83-2718205	0.00	59390
FLORIDA ENGINEERED PRODUCTS	59-3698446	0.01	256753
FLORIDA HOLOCAUST MUSEUM INC	59-2981494	0.00	411933
FLORIDA IMMIGRANT COALITION IN	20-2123833	0.01	527316
FLORIDA INSTITUTE OF RECORDING S	20-3504701	0.01	0
FLORIDA KEYS BREWING CO LLC	46-5121476	0.00	193281

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
FLORIDA LAND FUND MANAGEMENT LLC	20-8881077	0.01	480873
FLORIDA MEDIA GROUP, LLC	20-8388133	0.00	24310
FLORIDA OCEANOGRAPHIC SOCIETY IN	59-1114306	0.01	746720
FLORIDA RIGHTS RESTORATION COALI	30-0714793	0.01	167618
FLORIDA RISING INC	27-0167620	0.03	1002480
FLORIDA STEVEDORING, INC.	59-1401273	0.03	4757904
FLORIDIAN CLINICAL RESEARCH LLC	81-4716115	0.01	96356
FLORIO LEAHY LLP	27-3472615	0.01	717091
FLORISSANT DENTAL ASSOCIATES L	81-5204806	0.01	451343

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
FLOW CONTROL MANAGEMENT, INC.	83-2486428	0.00	246089
FLOWERS FAMILY PRACTICE, INC	31-1643874	0.00	6489
FLOWTREND INC	20-3921369	0.00	0
FLUITRON LLC	23-2016265	0.00	0
FLUSHING CHRISTIAN SCHOOL	11-1704597	0.00	93013
FLUXION BIOSCIENCES, INC.	20-3717449	0.00	0
FLYLOW SPORTS LLC	26-4075867	0.01	422128
FM CONSULTING PARTNERS, INC.	82-2991543	0.01	577186
FME US, LLC	27-1829988	0.03	2251511

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
FMS ENTERPRISES USA INC	20-3026377	0.01	557049
FOCUS CAMERA LLC.	20-0493890	0.00	90459
FOLEY, KALSEIM & COMPANY, LTD.	41-1736396	0.01	516901
FOMAT MEDICAL RESEARCH, INC.	46-2767909	0.00	67559
FOOD BANK OF NORTHWEST INDIANA	35-1528285	0.00	178009
FOOD MICROBIOLOGICAL LABORATOR	20-2141300	0.03	5915230
FOOD RUNNERS COLLABORATIVE, INC	56-2159246	0.00	375349
FOOD WARMING EQUIPMENT COMPANY I	36-2740099	0.02	0
FOODMAVEN CORPORATION	81-0718333	0.00	40481

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
FORBIS LOGISTICS, CORP.	27-3553345	0.00	96859
FORCE BRANDS LLC	26-0843445	0.06	4042628
FORCES OF NATURE INC	95-4890148	0.00	0
FORD MODELS, INC.	06-1185749	0.01	4445150
FORDE BIOLOGICAL CONSULTANTS	20-2210817	0.00	65699
FORD'S PRODUCE COMPANY	56-1175038	0.01	1602217
FORERUNNERS GROUP LLC	87-2474475	0.00	30780
FORESIGHT SURVEYING, LLC	26-4516580	0.00	272143
FOREST2MARKET, INC.	56-2176533	0.04	4528941

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
FORETHOUGHT USA LLC	46-4985501	0.00	74086
FORMATION CREATIVE GROUP LLC	92-1220999	0.07	962626
FORMATION LLC	20-4841152	0.00	473366
FORMULA IMPRESSIONS CORP	43-1436729	0.00	264153
FORSITE MANAGEMENT GROUP INC	27-1423633	0.00	0
FORSTONE MANAGEMENT ASSOCIATES	26-1183334	0.00	218577
FORT CAPITAL LP	46-2744820	0.02	667619
FORT KNOX FIRE AND COMMUNICATION	26-3460632	0.00	176399
FORT LAUDERDALE TRANSPORTATIONS	59-2042009	0.00	24756

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
FORT MCDOWELL YAVAPAI NATION	75-3124666	0.00	5570
FORT WORTH BROTHERS AUTOMOTIVE	82-2039421	0.00	0
FORTE BIO-PHARMA LLC	82-4746476	0.08	2563067
FORTHRIGHT INTERNATIONAL INCORPO	33-1056810	0.00	29081
FORTUNE ELECTRICAL CONSTRUCTION	47-3039948	0.02	911179
FORTUNE MEDIA USA CORPORATION	32-0585729	0.27	13133551
FOSTERING FUTURES	27-0267132	0.00	57861
FOURTEEN IP INC	81-2296184	0.00	20649
FOURTH STREET DINER ASSOCIATES L	88-0533647	0.00	664

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
FOX INTERPRETING INC	04-3641188	0.00	555926
FOXLEY ART AND DESIGN SERVICES	85-3552662	0.00	33938
FRADKIN FINE CONSTRUCTION, INC	91-1502501	0.00	0
FRAGRANCES ELITE INTERNATIONAL	20-5171184	0.01	1154863
FRAMEWORK HOMEOWNERSHIP LLC	46-0888356	0.00	0
FRANCHISE PLAYBOOK LLC	88-3030869	0.00	20955
FRANK L LABRADOR, LLC	93-1668245	0.00	502774
FRANK W. LATOUR, ATTORNEY AT LAW	45-4826125	0.01	343561
FRANKLIN HILL CAPITAL, LLC	84-3665821	0.00	227640

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
FRANKLINWH ENERGY STORAGE INC.	87-1630414	0.00	0
FRASSICA, INC.	46-2639091	0.00	0
FRAUD FIGHTERS, INC.	33-0530502	0.00	183781
FRC STAFFING INC	27-3957166	0.01	781090
FRED F. FRENCH INVESTING LLC	06-1406283	0.00	1257418
FRED LEEDS PROPERTY MANAGEMENT I	81-5177122	0.00	65190
FRED SEGAL, LLC	45-3580056	0.01	514793
FREDERATOR NETWORKS INC	35-2604798	0.00	330605
FREDSON STATMORE BITTERMAN LLC	20-0844071	0.01	1579116

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
FREE MARKET SOLUTIONS INC	46-2256664	0.00	363050
FREEDOM DENIM CORP	83-4383800	0.00	414188
FREEDOM INFORMATION SYSTEMS INC	75-3136181	0.03	3154503
FREEDOM, INC.	43-2023570	0.01	680899
FREEHOLD DODGE INC.	22-1750811	0.02	1082408
FREESTANDING EMERGENCY DEPARTMEN	45-4428062	0.00	0
FREMONT RESOURCES LLC	45-3806948	0.00	1003092
FRENCH ASSETS CORPORATION	20-4796711	0.00	477205
FRESH START WOMENS FOUNDATION	86-0762610	0.01	797597

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
FRESHLINK PRODUCT DEVELOPMENT	20-5628810	0.00	50514
FRIEDLAND & ASSOCIATES, P.A.	20-0765238	0.01	352530
FRIENDLY CHEVROLET INC	37-0867532	0.01	596341
FRIENDS OF LEVITT PAVILION - CIT	83-4458316	0.00	98504
FRILLY INC.	46-5480144	0.00	0
FRODO BAKING COMPANY LLC	85-3361260	0.02	1446169
FRONT BURNER BRANDS INC	59-3625789	0.02	0
FRONT LINE CONSULTING LLC	81-4542107	0.00	59484
FRONTIERS ACADEMY, LLC	46-5150709	0.01	166202

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
FRONTIFY INC	83-2485815	0.01	0
FRONTLINE EXTERMINATING TUCSON L	26-2359127	0.01	172836
FRORE SYSTEMS, INC.	83-1349098	0.02	0
FROSTBURN STUDIOS INC.	46-5234182	0.00	0
FRP SERVICES & CO. AMERICA INC	13-3860743	0.00	1276647
FRUIT OF THE WOODS WINE CELLAR	39-1154424	0.00	0
FSI FORT LAUDERDALE INC.	20-0741179	0.02	635544
FS-PRECISION TECH. CO., LLC	20-1551045	0.02	2174709
FT MEDICAL GROUP, LLC	81-3413905	0.00	0

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
FTI PROPERTY MANAGEMENT INC	20-0036540	0.00	13353
FTR ASSOCIATES, INC.	95-4386145	0.01	788249
FUEL CYCLE INC	20-3368552	0.01	0
FUJISOFT AMERICA INC	47-2186627	0.00	120202
FULFILLMENT & WAREHOUSING SOLUTI	84-3173195	0.00	5508
FULFILLMENT STRATEGIES INTERNATI	58-2220543	0.03	2761566
FULL CIRCLE ORTHOPEDICS, PLLC	47-2307484	0.00	0
FULL MEASURE EDUCATION INC	46-2697170	0.00	368798
FULL SAIL PARTNERS, LTD.	45-4984401	0.02	3282233

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
FULLERTON SURGICAL CENTER	47-0927394	0.00	88363
FULTONVILLE MACHINE & TOOL CO.	14-1406756	0.00	187120
FUNCOM INC	56-2217004	0.04	2531053
FUNCTIONAL WELLNESS CENTERS PLLC	82-4132298	0.00	15265
FUREVER VETS CENTRAL, LLC	92-0911619	0.03	1698117
FUREY FINANCIAL SERVICES, LLC	82-1854609	0.01	1449533
FURNITURE GALLERIES OF ATLANTA	33-1098690	0.04	5220034
FURNITURE PARTNERS INC	74-3107661	0.00	4168
FUSALP US INC	88-1085404	0.00	19084

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
FUTURALIS LLC	45-4017616	0.00	0
FUTURE FINTECH LABS INC	87-1259222	0.00	0
FUTURE MEDIA GROUP INC	84-2062193	0.00	0
FUTUREMAN LLC	27-5204131	0.00	217
FW WINTER INC & CO	22-2435993	0.01	573444
G & G COMMERCIAL SYSTEMS INC	04-3143772	0.01	931579
G & G FLEET SERVICE, INC	82-2839021	0.00	0
G & M PRINTWEAR	22-3246969	0.00	243770
G FUEL LLC	82-2425972	0.02	651791

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
G J PROPERTY SERVICES, INC.	95-3173953	0.00	96509
G N E PAINT & SUPPLIES INC	38-2201149	0.00	828875
G. MURPHY & ASSOCIATES, INC.	36-3488017	0.00	3169432
G.N.T., LP	81-4347478	0.00	20282
G2 SALES, LLC .	45-3204541	0.02	3657495
G2 TECHNOLOGIES, INC.	20-0100744	0.00	485921
G4 TECHNOLOGIES LLC	33-0933288	0.00	36
G8 HOLDINGS INC	26-1206606	0.01	1071957
GABRIEL MARKETING GROUP	27-4909590	0.00	202334

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
GAC WYNWOOD MANAGEMENT INC.	86-3653682	0.01	0
GALATEA BIO INC	86-3508924	0.00	112139
GALE PACIFIC USA, INC	59-3517764	0.07	2586327
GALECTIN THERAPEUTICS INC.	04-3562325	0.04	1497395
GALEN DATA INC	81-4202749	0.00	756454
GALVANO & XANTHAKIS P.C.	13-3924887	0.01	3417968
GAMAS WAREHOUSE INTERNATIONAL	86-0901365	0.00	4871
GAME CIRCUS LLC	27-3241924	0.00	0
GAME TRUCK LICENSING, LLC	26-2071748	0.00	0

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
GAMERS OUTREACH FOUNDATION INC.	26-0321174	0.00	250150
GAMMA PHI BETA SORORITY INC.	36-2426170	0.02	1831354
GANDER AND WHITE INC	13-3318616	0.02	2743873
GANNEX LLC	85-3789525	0.00	109729
GAPSTOW CAPITAL PARTNERS LP	27-4257930	0.00	944825
GARAGE DOOR ENTERPRISES INC	33-0500646	0.01	289159
GARDEN FRESH GOURMET LLC	47-4076262	0.06	2936384
GARDEN TRUST COMPANY, LLC	46-5459024	0.00	102828
GARRETT HOLDINGS LLC	61-1862125	0.00	439918

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
GARRETT WEALTH ADVISORY GROUP LL	47-2206045	0.01	959570
GARSON, SEGAL, STEINMETZ, FLAD	27-1917766	0.00	1035089
GARY AND MARY WEST SENIOR DENTAL	47-3001738	0.00	147302
GARY KLEIMAN CPA PC	20-4653689	0.01	1453528
GAS CLEANING TECHNOLOGIES LLC	27-2831723	0.01	979395
GASLIGHT PROPERTY MANAGEMENT LTD	27-1524874	0.01	328705
GATC LP	58-2400978	0.03	2633175
GATEWAY CSB PEO LLC	87-4637573	0.03	733172
GATEWAY MEDICAL INC	20-1939090	0.00	4794

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
GATHERY INC	36-4866645	0.01	772835
GATOR DEVELOPMENT CORP	59-2646130	0.02	3747987
GATOR MACHINERY COMPANY	95-4521789	0.00	115953
GBC HEALTH INC	13-4185520	0.00	344036
GCL SOLAR MATERIALS US I LLC	82-0917616	0.01	1620059
GCO OPERATING LLC	81-4462966	0.00	328990
GCS RECRUITMENT SPECIALISTS INC	47-3693077	0.00	154243
GEEKSRUS, LLC	46-5601301	0.01	367436
GEFRAN, INC.	56-1326811	0.03	4834431

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
GEISTLICH PHARMA NORTH AMERICA	27-3685011	0.07	8115532
GELBGROUP CONSULTING INC	20-1538353	0.02	727947
GEMS GROUP INC	72-1556067	0.00	0
GEMU VALVES, INC.	58-1816158	0.02	306677
GEN II FUND SERVICES LLC	27-0192480	0.00	39892
GENEGENIEDX CORPORATION	84-4465193	0.01	516978
GENENDEAVOR LLC	27-2130385	0.00	94376
GENERAL AGENTS ACCEPTANCE CORP	33-0636743	0.01	943287
GENERAL BUILDING APPLIANCE COR	11-2867604	0.00	14817

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
GENERAL FOUNDRIES INC.	11-2675192	0.02	716039
GENERAL LAWN & EQUIPMENT, LLC	47-1722690	0.00	80225
GENESEE CANCER AND BLOOD DISEASE	38-3285515	0.01	1834598
GENESIS AUTOMOTIVE LLC	30-0448420	0.00	171295
GENESIS CAPITAL FINANCE, LLC	46-0896175	0.00	105452
GENEVA WATERFRONT INC	39-1649644	0.00	19939
GENIANT 17 SECONDS, LLC	82-4637389	0.01	1458493
GENUINE HEALTH GROUP LLC	47-3523244	0.05	1904857
GENXFINANCIAL LLC	82-2608540	0.03	1839150

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
GEOLEAN USA LLC	81-2035070	0.00	7027
GEOLEAN USA LLC	81-2035070	0.00	602369
GEORGE C BRANDT INC	41-0424670	0.04	7004418
GEORGE S. HALL, INC.	36-4117017	0.08	7783230
GEORGIA PODIATRY INC	80-0722233	0.00	19413
GEORGIA VENDING SERVICES INC	58-2268697	0.00	31319
GEORGIA VETERINARY ASSOCIATES	75-3019239	0.02	1176279
GEOSSIO INC	85-3788266	0.00	21566
GERALD MACAULAY BREY	33-0813173	0.00	43340

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
GERIATRIC SERVICES, P.C.	13-3416206	0.00	14312
GERMAN AMERICAN CHAMBER OF COMME	58-2203456	0.01	1777341
GERMAN DESIGN CONSULTING INC	20-4268446	0.01	142536
GERSCHEL & CO.	13-2986340	0.01	2166034
GERSTEIN STRAUSS & RINALDI LLP	04-3671514	0.02	7657152
GESTAMP SOLAR STEEL U.S. INC.	80-0622532	0.00	193
GET CONNEXIONS, INC.	20-8625108	0.00	425727
GET FABRIC INC.	83-2727741	0.01	1008575
GETABSTRACT INC	52-2209418	0.01	1695084

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
GGZA INC	86-2330572	0.00	2873
GIDEONS PROMISE INC	26-1947437	0.00	29133
GIGADEVICE SEMICONDUCTOR USA, IN	46-5305053	0.05	3515085
GIGAIO NETWORKS INC.	45-4921262	0.01	334379
GILBERT LEUNG MD PA	65-0528020	0.00	339315
GILMORE GROUP LLC	58-2670721	0.00	88615
GIMME HEALTH FOODS INC	45-4623970	0.03	1584848
GINA GIBNEY DANCE INC	13-3623815	0.01	259309
GIRLS FOR GENDER EQUITY, INC. (G	04-3697166	0.03	936858

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
GIS INC	65-0584421	0.00	275060
GLABMAN TECHNOLOGY SOLUTIONS INC	26-4538146	0.00	59138
GLADEHAVEN CAPITAL LLC	88-1859885	0.00	99182
GLASS U, LLC	46-2745657	0.00	200143
GLASSBOX US INC.	61-1778475	0.04	2671889
GLASSWALL SOLUTIONS, INC.	47-3742874	0.01	452496
GLEN CAPITAL PARTNERS LLC	46-1943999	0.00	0
GLENBERVIE HEALTH, LLC	46-5287582	0.03	797449
GLENDALE PARADE STORE, LLC	45-4006197	0.01	340306

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
GLENN E NELSON DPM LLC	20-1707610	0.00	32434
GLIDE COMMUNITY HOUSING, INC.	94-3237618	0.00	18309
GLN WORLDWIDELTD	13-3607418	0.01	3870126
GLOBAL ALLIANCE, LLC	56-2526918	0.00	67212
GLOBAL COMMUNICATION SEMICONDUCT	27-5144374	0.13	27403269
GLOBAL CREDIT SERVICES, LLC	26-1863889	0.01	1871189
GLOBAL DATABASE MARKETING, INC.	86-0887750	0.00	372796
GLOBAL ENTERPRISE SERVICES, LLC	82-5447388	0.00	102760
GLOBAL FUND INVESTMENTS, LLC	20-8589908	0.00	113080

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
GLOBAL GARDEN, LLC.	46-5373788	0.00	0
GLOBAL GLOVE & SAFETY MANUFACTUR	03-0591335	0.03	3810955
GLOBAL HEALTH & SAFETY LLC	26-1101713	0.00	182925
GLOBAL IC TRADING GROUP INC.	20-3930105	0.01	2071674
GLOBAL PARTS SUPPORT INC.	56-2412282	0.00	11394
GLOBAL SECURE TECHNOLOGIES LLC.	83-2850531	0.03	673098
GLOBAL SENSING AND LEARNING LABS	81-4566109	0.00	215306
GLOBAL SOURCE INDUSTRIES INC.	26-3519875	0.00	680522
GLOBAL SOURCING GROUP INC.	71-0936378	0.04	3658124

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
GLOBAL THERMOSTAT OPERATIONS, LL	27-3237151	0.01	573406
GLOBAL TISSUE GROUP	11-3490896	0.00	479229
GLOBAL UTILITY SERVICES, INC.	46-1900202	0.01	441428
GLOBAL VALUE LIGHTING, LLC	82-0907978	0.02	1835235
GLOBALMEDIA GROUP, LLC	04-3592876	0.03	2450965
GLOBALWEBINDEX INC	30-0957220	0.07	2420993
GLOBENET CABOS SUBMARINOS AMERIC	42-1573363	0.02	6067441
GLOO, LLC	32-0422052	0.09	7588327
GLSC & COMPANY, PLLC	20-3157326	0.01	3070083

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
GLT TRANSPORTATION GROUP LLC	82-2102407	0.00	130799
GMA MANUFACTURING LLC	20-0379302	0.01	1137880
GMD SALES AND LEASING, LLC	83-3796062	0.00	109225
GMJ GLOBAL, LLC	85-3128681	0.01	231622
GMLW ACQUISITION, LLC	99-2260168	0.00	47587
GMP LABORATORIES OF AMERICA, INC	33-0649539	0.00	17540
GO HOME LTD	22-3097914	0.00	33778
GO LOCAL ELECTRIC LLC	47-1161957	0.01	174511
GO PINATA INC	84-4933908	0.01	350476

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
GOLDEN DOOR PROPERTIES LLC	46-1463260	0.02	2309547
GOLDEN KEY INTERNATIONAL HONOUR	58-1306896	0.01	1438422
GOLDEN MAX LLC	47-4804204	0.01	1525733
GOLDEN STATE COFFEE ROASTERS	83-1700310	0.00	7499
GOLDEN TOUCH MANAGEMENT INC	11-3069824	0.00	506816
GOLDEN VALLEY ELECTRICAL INC.	45-5590554	0.00	230
GOLDEN VIEW LEARNING CENTER, LLC	83-3621651	0.00	20842
GOLDENSOURCE LLC	13-3798090	0.03	10444234
GOLDSTEIN & CHARSCHAN BUILDING	11-2438387	0.00	713861

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
GOMEL & ASSOCIATES PC	84-1678690	0.00	0
GOOD CHARLIE EMPLOYEE SERVICES	93-4657308	0.01	129820
GOOD SAMARITAN FAMILY RESOURCE C	94-3154078	0.01	1276001
GOOD SHEPHERD MINISTRIES INTERNA	33-0469882	0.00	60167
GOOD STUFF DISTRIBUTOR, INC.	27-4411421	0.00	3088
GOOD YEARS FAMILY MEDICINE LLC	46-4860065	0.01	298377
GOODLESS DERMATOLOGY LLC	84-1905435	0.01	1391020
GOODMAN GAMES LLC	84-4313723	0.01	169726
GOODSEARCH LLC	56-2509478	0.00	1006932

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
GOODWIN-COLE COMPANY, INC.	20-0035063	0.01	866982
GORDON & ASSOCIATES, AN ACCOUNTA	95-4622201	0.00	441327
GORDON'S SPECIALTIES, INC.	75-1460820	0.00	0
GORGA FEHREN FINE JEWELRY LLC	27-5163587	0.00	35704
GOTHAM GREEN PARTNERS, LLC	82-2360298	0.01	317982
GOTION INC.	46-5177675	0.10	4311214
GOURMET GANG INC	54-1629883	0.00	681025
GOVHOST, LLC	93-2392958	0.00	10328
GPI HOSPITALITY SUGARLAND, LLC	83-2311001	0.00	132008

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
GPI REAL ESTATE MANAGEMENT, LLC	46-0837325	0.01	238984
GPL ACQUISITION COMPANY LLC	81-3211271	0.01	550288
GPM MFG INC	36-3843954	0.01	317382
GPPI INC	94-3206460	0.00	778656
GRAF ENGINEERING LLC	84-1393271	0.00	780373
GRAHAM PLUMBING AND DRAIN CLEANI	46-2352322	0.00	112637
GRAND AVENUE HOLDINGS LLC	82-5456286	0.00	1376730
GRAND GROUND ENTERPRISE LLC	27-3882740	0.01	263609
GRAND HOME LOANS LLC	37-1874329	0.00	0

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
GRAND STREET DISTRICT MANAGEMENT	11-2739527	0.00	19571
GRAND SUMMIT HOTEL CONDOMINIUM U	04-3360055	0.00	37069
GRANDUCA TERRITORIAL HOUSTON L	20-2759709	0.00	8756
GRANDUCA TERRITORIAL HOUSTON LP	20-2759709	0.00	248814
GRANIX STONE, INC	26-2439116	0.00	179300
GRAPHIANT, INC.	85-2536493	0.07	1977862
GRAPHIKA TECHNOLOGIES, INC	85-4236129	0.02	974546
GRASSHOPPER BANK NATIONAL ASSOCI	83-1615133	0.08	3565226
GRATIUS ENTERPRISES INC.	85-2174286	0.00	18021

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
GRATTA REFRIGERATION & AIR CON	04-2935615	0.02	1272644
GRAVES OVERHEAD DOORS, INC.	58-2395360	0.01	257697
GRAVITAS - 2450 LARIMER LLC	27-0174663	0.00	156072
GRAVITON BIOSCIENCE CORPORATION	85-1662151	0.04	851330
GRAVITYFREE INTERNET MARKETING	20-8499740	0.02	2510193
GRAY FOX FLOORING LLC	51-0503748	0.01	1110729
GRAY HAVEN INC	85-2328066	0.00	72564
GREASE MASTERS LLC	74-3160109	0.01	380014
GREAT HEIGHTS INC	32-0598579	0.00	104024

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
GREAT JAKES WEBSITE COMPANY LL	06-1625446	0.01	1046326
GREAT LAKES ENGINEERING INC	41-1980196	0.00	0
GREAT MATTER	26-4550870	0.00	186480
GREAT OCEANS LLC	11-3394402	0.01	4177153
GREAT WESTERN BUILDING SYSTEMS	81-4199648	0.01	602282
GREAT WESTERN LEASING & SALES LL	87-0561536	0.00	1772023
GREATER NEW YORK ENDOSCOPY	20-5479673	0.00	22339
GREATER PITTSBURGH SPECIALTY A	03-0466291	0.01	531490
GREEN BRICK MORTGAGE LLC	83-0966801	0.00	0

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
GREEN CHEMISTRY & COMMERCE COUNC	85-1384045	0.00	30006
GREEN IVY REALTY & PROPERTY MANA	20-8357628	0.00	200516
GREEN POWER & LIGHTING SOLUTIONS	26-3830083	0.00	0
GREEN SOLAR WLA, LLC	81-5319133	0.00	128615
GREENBRIDGE MANAGEMENT INC	45-4960626	0.00	60564
GREENBRIER GOVERNMENT SOLUTIONS	81-0692767	0.01	517505
GREENLAND CAPITAL MANAGEMENT LP	87-1629895	0.04	0
GREENORBIT, INC.	86-1287004	0.00	19858
GREENSLADE ELECTRIC LLC	45-5614007	0.00	0

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
GREENSTEIN & MILBAUER LLP	20-0476906	0.00	250584
GREENWAVE CAPITAL MANAGEMENT LLC	26-1505496	0.00	63780
GREENWOOD STAR LLC	82-3429594	0.00	68943
GREENWOOD SUSTAINABLE INFRASTRUC	45-2769390	0.01	268242
GREENWOOD, INC.	85-1938305	0.01	191896
GREY EPOCH LLC	46-1747142	0.00	0
GREYMATTER.IO INC.	47-1177006	0.05	4466582
GREYSTON FOUNDATION INC	13-3717310	0.03	0
GREYWOLF PARTNERS, INC.	27-1483786	0.01	892638

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
GREYWOOD LLC	82-3495436	0.01	503408
GRIDLESS POWER CORPORATION	46-2055625	0.00	34996
GRIFFIN HEATING & AIR CONDITIONI	56-0889813	0.00	0
GRIPP, INCORPORATED	35-1861590	0.01	899626
GROBER NUTRITION LLC	47-3846831	0.01	889540
GROSS-WEN TECHNOLOGIES INC	81-4577668	0.01	860831
GROUND ZONE ENVIRONMENTAL SERVIC	26-3077634	0.00	334999
GROUNDSWELL GIVING, INC.	86-3395736	0.01	336686
GROUP BENEFIT OPTIONS LLC	46-1729689	0.01	2901210

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
GROUP ONE CONSULTING INC	27-1893582	0.01	807589
GROWERS EDGE FINANCIAL, INC.	82-2218968	0.04	2160741
GRUBMARKET, INC.	46-4890268	0.11	13785667
G'SELL BROS. CONCRETE, INC.	43-1614289	0.00	111394
GSP NORTH AMERICA CO INC	20-3085451	0.03	1317908
GSSI SOLUTIONS INC	13-4239665	0.01	538912
GTC LABORATORIES INC	83-0950063	0.03	891134
GTI CORP	90-0511948	0.00	441947
GUARANTEED SERVICE .COM LLC	82-3741173	0.00	0

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
GUARANTY COMMERCIAL TITLE, INC.	41-1228803	0.01	0
GUARDIAN HOUSE	74-2780384	0.00	0
GUARDIAN PRODUCT SOLUTIONS LLC	81-4255877	0.00	248604
GUARDIAN VETERINARY MANAGEMENT L	36-4846258	0.05	2121375
GUILLERMO MORALES INSURANCE AGEN	45-2830171	0.01	432093
GULFSTREAM UROLOGY, P.A.	47-2961411	0.00	24529
GULMAY, INC.	26-1920726	0.02	454609
GULOTTA GRABINER LAW GROUP PLLC	81-1967519	0.00	86080
GUNTHER LEGAL PLLC	45-0701543	0.01	1539780

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
GURUS SOLUTIONS USA, INC.	38-3889190	0.00	13024
GUY HANCOCK INVESTMENTS INC	76-0144837	0.01	668845
GUYMON TILE	82-0674410	0.00	57980
GV ART CONSERVATION LLC	26-1220063	0.01	0
GV20 THERAPEUTICS LLC	83-3959353	0.01	336319
GVL OPS LLC	92-0647610	0.01	1185022
GWD OF NEW JERSEY LLC	83-2715354	0.04	3758793
GWYNN LOGISTICS LLC	27-1521876	0.01	369785
H & H BUSINESS VENTURES, INC.	58-2366115	0.00	427353

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
H /2 CREDIT MANAGER LP	20-1175467	0.04	9440253
H GRANADOS COMMUNICATIONS, INC.	95-4857578	0.00	40767
H ROBOTICS US INC.	84-4127256	0.00	0
H&B HOSPITALITY MANAGEMENT LLC	82-1987039	0.00	67072
H&H POOLS LLC	46-2447060	0.00	77610
H. N. W. BUILDING MAINTENANCE IN	26-3115350	0.00	0
H.A. SUN HEATING & COOLING	38-2447170	0.01	1513408
H.C. FOODS CO., LTD.	95-4135884	0.00	195224
H2K SOLUTIONS INCORPORATED	27-3663945	0.01	529476

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
HAACK PLUMBING & HEATING INC	22-2063414	0.00	43630
HABITAT RESIDENCE LLC	46-2732917	0.00	73054
HAIDAR CAPITAL MANAGEMENT	13-3937860	0.04	3163969
HAIHE BIOPHARMA USA LLC	84-4044733	0.01	646391
HAKLUYT & COMPANY (NORTH AMERICA	80-0663580	0.01	1940570
HALCYON HOLDINGS LLC	84-2107105	0.00	0
HALLIDAY, WATKINS, & MANN, P.C	87-0525150	0.03	3286419
HALLSTATT ADVISORS LP	85-3220759	0.00	60505
HAMAR LASER INSTRUMENTS, INC	06-0839505	0.01	1284277

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
HAMILTON POINT PROPERTY MANAGEME	27-2427866	0.02	1414505
HAMMETT & EDISON, INC	27-2596029	0.01	1846314
HAMMOND & HAMMOND INC.	95-3894433	0.00	21095
HAN FENG GLOBAL SUPPLIES LLC	85-0552938	0.00	0
HAN FENG GLOBAL, INC.	47-3940576	0.01	1150966
HANA MICRON AMERICA, INC	20-4153066	0.00	98639
HANDEL & CARLINI LLP	26-4068763	0.00	416930
HANDS CENTER FOR AUTISM, LLC	83-2833830	0.00	55556
HANDSOME BROOK FARM LLC	46-4440099	0.03	1209070

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
HANES PROPERTIES LLC	46-4767154	0.00	64238
HANOVER GROVE COOPERATIVE	38-1957179	0.00	336308
HARBOUR REALTY ADVISORS, INC	65-0271169	0.00	2380816
HARDISON MEDICAL CORPORATION	82-0686287	0.00	261196
HARMON AND LINDER PTRS AT LAW	13-3635468	0.02	1274585
HARMONY HEALTH CARE INSTITUTE IN	20-4469756	0.00	107211
HARMONY HILLS BEHAVIORAL HEALTH	85-0696391	0.01	343402
HARMONY LABS, INC	26-2506162	0.02	1709792
HARNESS ENERGY LLC	26-3796144	0.01	315179

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
HARRELL HOSPITALITY GROUP, LLC	20-8630303	0.04	853938
HARRI US LLC	45-4303340	0.04	1190943
HARRI, INC	58-2108542	0.00	43468
HARRIS DOOR & DRAWER INC.	58-1317605	0.00	1795840
HARROW HEALTH, INC.	45-0567010	0.00	0
HARVEST EXCHANGE CORP.	45-4505160	0.00	129988
HARVEST OUTREACH CENTER, INC.	20-1927928	0.01	0
HARVEST SMALL BUSINESS FINANCE L	47-5417955	0.03	0
HARVEST STRATEGY GROUP INC.	26-1418121	0.01	881376

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
HARVEST TIME INTERNATIONAL, INC	54-1698630	0.00	8691
HASLEA INC.	84-5077078	0.00	42043
HASLER REFRIGERATION INC.	86-0732027	0.00	800292
HATBORO PEDIATRICS PC	45-2420686	0.01	742635
HATHORITY, LLC	81-1534039	0.01	536297
HAUL HUB INC.	81-2885398	0.01	561302
HAUSLANE, INC	82-4173062	0.00	118708
HAVANA AUTO PARTS INC.	84-0743966	0.00	1200042
HAVEN MANAGEMENT SERVICES INC	55-0847897	0.00	380031

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
HAWAII ISLAND HIV/AIDS FOUNDATIO	99-0305807	0.00	78664
HAWAII MECHANICAL SOLUTIONS INC	87-3554371	0.01	96151
HAWK VALVE INC	59-3378062	0.01	414555
HAWKEYE 360, INC	47-5078666	0.19	9327717
HAWKEYE ENGINE SERVICES LLC	46-1536206	0.00	302634
HAWKEYE RENTALS	03-0394041	0.03	6149065
HAWKS RIDGE GOLF CLUB, LLC	65-0832500	0.00	1093320
HAYES HANDPIECE FRANCHISES, INC.	33-0678080	0.06	3605534
HAYWARD HOPPER GOODS LLC	47-2076195	0.00	17886

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
HCB TPMC, INC.	84-3490439	0.00	0
HCFP II LLC	35-2570533	0.00	88423
HCS ENGINEERS LLC	47-3955282	0.01	264216
HEADHUNTER II SCHOOL OF HAIR DES	01-0340586	0.00	36537
HEADWATERS SOLUTIONS INC.	20-1816060	0.00	484048
HEADZUP INC	20-4253201	0.02	2029361
HEALTH EMERGENCY MEDICAL	38-2367553	0.00	10761
HEALTH EVOLUTION SERVICES LLC	90-0869370	0.03	1250428
HEALTH EXCEL, LTD	59-3476365	0.00	473912

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
HEALTH RECOVERY SOLUTIONS INCORP	45-5502285	0.13	4916688
HEALTHCARE EMPLOYEE SERVICES, LL	33-0783516	0.00	13707
HEALTHCARE FOR ALL WOMEN OB/GYN	27-4620491	0.00	8825
HEALTHFUL LIVING, INC	88-2520038	0.01	393727
HEALTHMARK SERVICES INC	36-3776348	0.07	9638866
HEALTHQUEST, P.C.	62-1379190	0.00	25875
HEALTHSTONE PRIMARY CARE PARTNER	81-1998432	0.04	2615161
HEALTHTEK SOLUTIONS LLC	83-1326456	0.02	484737
HEALTHY PEOPLE CO	80-0467432	0.00	15709

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
HEARTLAND HEARING CENTERS LLC	27-2480884	0.00	30266
HEARTLAND PLUMBING INC	48-1093247	0.00	67364
HEARTWORK INC	45-4353365	0.01	404281
HEATHER GARDENS ASSOCIATION	84-0660207	0.03	3392267
HEAVEN ON EARTH SOCIETY FOR ANIM	77-0538189	0.00	25349
HEDGEYE RISK MANAGEMENT, LLC	41-2271368	0.07	6835241
HEGLA CORP	58-2174461	0.02	1417233
HEIGHTS 75 OWNERS CORP	11-2599374	0.00	19375
HEINEN & MASON, INC.	41-0851087	0.00	50918

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
HELLO NATURE USA, INC.	30-0805721	0.02	1512346
HELLOFACT, INC	87-1015777	0.01	406542
HELLY-HANSEN U.S. INC.	91-1096586	0.06	6905597
HELM PAINT AND SUPPLY INC	72-0687288	0.01	0
HEMMERSBACH US LLC	68-0683730	0.09	2637038
HENDERSON PARK CAPITAL PARTNERS	87-1950324	0.01	281754
HENRY PLUMBING SUPPLY CO	43-1173188	0.00	3077
HERCO LLC	35-2306540	0.01	478550
HEREDIA FAMILY THERAPY, INC	82-2939615	0.01	639698

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
HERITAGE DEVELOPMENT GROUP, IN	06-0880002	0.00	0
HERITAGE REALTY SERVICES LLC	34-2047036	0.00	36535
HERMAN ELECTRONICS, INC.	59-0995012	0.00	67390
HEROES MODEL MANAGEMENT INC	47-4047718	0.01	182149
HERRON ASSOCIATES, INC	35-1267401	0.00	758221
HERTLER NADILE PLUMBING & HEATIN	74-3221798	0.00	116837
HESCO ARMOR INC	47-4922661	0.01	176538
HEURISTIC SOLUTIONS LLC	52-2005472	0.03	3770464
HEURISTIX DIGITAL TECHNOLOGIES	36-4900980	0.00	73595

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
HFR NETWORKS INC	61-1844051	0.02	698089
HHC SERVICES LLC	87-4750842	0.00	13290
HHSV, LLC	81-3573171	0.01	662560
HIALEAH AUTO TAG AGENCY INC	27-3349396	0.00	254962
HIALEAH GARDENS AUTO TAG	65-0719561	0.00	15002
HICKEY SMITH DODD LLP	46-4134991	0.01	1575027
HIDDEN LAKES RV RESORT LLC	85-4374924	0.00	14812
HIGH LEVEL HEARING TECHNOLOGY LL	47-3614496	0.00	99992
HIGH SOCIETY FREE RIDE COMPANY L	37-1518718	0.00	146441

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
HIGHBANKS CHILD CARE LLC	82-1205065	0.00	76648
HIGHGROUND TRADING LLC	46-4275245	0.01	824193
HIGHLAND CABINETRY INC	47-4961996	0.01	406960
HIGHLAND HOMELOANS, LLC	26-3249727	0.06	5625942
HIGHLANDS ADVANCED RHEUMATOLOGY	27-0321442	0.01	344382
HIGHLANDS CAPITAL GROUP INC	65-0881937	0.00	67754
HIGHLANDS VISTA GROUP MANAGEMENT	83-0968225	0.00	55570
HIGHLINE MANAGEMENT INC.	84-4027995	0.02	2258885
HIGHPOINT EXPERIENCE LLC	86-3450110	0.01	225187

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
HIGH-TECHNOLOGY CORPORATION	22-1916740	0.00	0
HILDA & ALICE INC	27-0878183	0.01	180739
HI-LINK TECHNOLOGY GROUP, LLC	92-1915949	0.00	31998
HILLCREST HEALTHCARE LLC	62-1618429	0.01	490482
HILLS MACHINERY COMPANY LLC	26-0671992	0.07	2920254
HILLSIDE DATA SERVICES LLC	46-1302915	0.00	42892
HILTON MANAGEMENT, L.L.C.	20-3927450	0.00	6623596
HIMA AMERICAS, INC.	20-3678677	0.00	0
HIMALAYA WELLNESS USA LIMITED	76-0064510	0.04	5306723

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
HIREGROUND PERSONNEL SERVICES, I	14-1841753	0.00	11935
HISTOGENETICS LLC	20-5412180	0.01	464015
HIT NETWORK, LLC	86-2458324	0.01	111250
HITECH DIGITAL SOLUTIONS, INC.	30-1153546	0.00	268521
HLP CLEAR PACKAGING PRODUCTS U	20-0236447	0.01	1217534
HM ENTERPRISES LLC	87-2039934	0.00	729302
HM3 ENGINEERING CONSULTANTS, LLC	45-2543593	0.00	192442
HOA ORGANIZERS	26-3316665	0.00	13125
HOBBS EAST LLC	46-4460678	0.00	45373

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
HOBOKEN BUSINESS ALLIANCE, INC.	84-3227572	0.00	19185
HOFFMANN IMMIGRATION LAW LLC	45-2194900	0.00	109042
HOG WILD, LLC	47-0881926	0.00	420663
HOGAN & VEST, INC.	83-3129858	0.00	23164
HOLAND AUTOMOTIVE USA INC	27-2277948	0.01	988642
HOLISTIC ENGINEERING AND LAND MA	47-1754827	0.00	0
HOLLYWOOD EXECUTIVE RESTROOMS, L	82-2083906	0.00	13265
HOLLYWOOD WAX MUSEUM-BRANSON, L.	95-4546324	0.04	1269805
HOLOCAUST MUSEUM LA	46-0503824	0.00	3675

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
HOME APPROVALS DIRECT INC	47-3626298	0.00	184130
HOME COOKING INC	95-4791413	0.00	2134
HOME EXPRESSIONS, INC.	27-3132398	0.00	44879
HOME SWEET HOME SENIOR CARE DALY	26-4472538	0.00	14135
HOME SWEET HOME SUPPORTIVE LIVIN	32-0261677	0.00	4227
HOMEPARTNERS TITLE SERVICES LL	61-1445665	0.01	825598
HOMESPHERE LLC	47-4309950	0.02	1789256
HOMESUBLIME LLC	20-1130654	0.00	968174
HOMETOWN LENDING PARTNERS LLC	26-0507541	0.00	23261

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
HOMETOWN MEDICAL SUPPLIES, LLC	56-2629468	0.00	0
HOMEWELL FRANCHISING INC.	91-2176324	0.02	824834
HONDIUS CAPITAL MANAGEMENT LP	32-0565613	0.00	418580
HOPE AND LIFE FELLOWSHIP OF RO	23-7351975	0.00	17783
HOPE FOR THE WARRIORS	20-5182295	0.01	1057503
HOPEFUL HORIZONS INC	57-1063332	0.01	392605
HOPLARK, LLC	82-1102537	0.01	107349
HOPPECKE BATTERIES INC.	22-2626984	0.02	1309655
HORIZON BUSINESS SERVICES PAYROL	84-1980126	0.02	693021

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
HORIZON COMMUNICATIONS INC	91-1921735	0.00	103014
HORTONS KIDS INC	52-1755403	0.01	283417
HOSPITALITY SERVICES UNLIMITED	65-0803556	0.00	63969
HOSTDIME GLOBAL CORP	84-2105016	0.01	2078575
HOSTROCKET.COM INC	80-0021104	0.00	354419
HOTALING GROUP INC	03-0477184	0.06	2393184
HOUSE OF BLUES MUSIC FORWARD FOU	47-4907184	0.00	202107
HOUSTON HYDRAULIC SALES & SERV	74-1930755	0.00	598416
HOUSTON IMMIGRATION LEGAL SERVIC	30-0098254	0.00	60024

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
HOVER COMMUNITY, INC.	84-0890971	0.00	5087
HOW FUNWORKS, LLC	47-1743259	0.00	178165
HOWARD I. SCHIFF, M.D. AND JONAT	26-1376317	0.00	582186
HP ENGINEERING INCORPORATED	26-1154417	0.06	4791085
HPG MANAGEMENT INC.	95-4431182	0.00	269089
HQ PACK OF CONNECTICUT INC.	47-4384548	0.01	390201
HRA HOLDINGS LLC	88-0642313	0.00	77335
HRJ PROPERTIES LLC	46-1600961	0.01	500153
HRLY RETAIL LLC	84-4179281	0.01	1215479

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
HRM SERVICES, LLC	27-0886727	0.00	337354
HRR II LIMITED PARTNERSHIP	33-0490801	0.01	828053
HRS ELECTRICAL CONTRACTORS, LL	58-2637987	0.00	289560
HRSS LLP	76-0480691	0.01	606280
HS BLOCKERCORP INC	85-4364287	0.07	3368955
HSI MANAGEMENT INC.	58-1119868	0.02	2266043
HSIC SERVICES CO LLC	92-3587115	0.00	114882
HSM OF AMERICA LLC	23-3016544	0.00	1241029
HSP EPI ACQUISITION LLC	46-1345272	0.00	0

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
HSQ GROUP, LLC	20-2052928	0.02	3407813
HT HOLDINGS OF COLORADO LLC	84-1648699	0.01	2785605
HTA LIMITED COOPERATIVE	36-4826184	0.02	1701917
HTS NY, INC.	20-3365332	0.01	477656
HUDSON ENGINEERING & CONSULTING	30-0409845	0.01	387003
HUDSON VALLEY CREAMERY LLC	27-4416684	0.00	492869
HUDSON VALLEY HOME HEALTH CARE L	47-3350990	0.00	91760
HUMAN SYSTEMS INTEGRATION, INC.	47-2402803	0.03	2011463
HUMAN, INC.	45-3991268	0.03	1550430

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
HUNIFORD DESIGN STUDIO LTD	26-3068482	0.00	142793
HUNTER PACIFIC GROUP	33-0867829	0.01	374420
HUNTERDON YOUTH SERVICES INC	22-2245110	0.00	291515
HUNTINGTON BEACH INTERNAL MEDICI	95-2633814	0.00	164922
HUNTS PLUMBING AND MECHANICAL LL	46-0700408	0.01	159244
HVH MECHANICAL PARTNERS LLC	81-1564669	0.00	35129
HWC LLC	94-3468963	0.02	880636
HXPATH SERVICES CORPORATION	92-3733774	0.00	857
HYDRASPECMA RENEWABLES INC	61-1757356	0.01	469557

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
HYDROFARM, LLC	68-0044952	0.13	11637401
HYGEIA LTC CORP	20-4805077	0.00	73579
HYGIEACARE INC	47-1983204	0.00	39717
HYPER FIBER LLC	87-4268177	0.04	588579
HYPERCEL CORP	95-4539079	0.00	254982
HYPERGLANCE INC	30-1222819	0.00	223794
HYUNDAI L&C USA LLC	26-0781219	0.04	3512693
HZ II, LLC	85-3848307	0.00	0
HZ PLASTIC SURGERY LLC	47-3742145	0.01	510384

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
I-10 COLLISION CENTER INC	56-2637688	0.00	21904
I9 SPORTS	48-1271282	0.03	2765464
IANTREK, INC.	83-4247121	0.01	530273
IAP WEST, INC	95-3739220	0.02	5399833
IB LEGAL SUB, LLC	86-1325919	0.00	0
IBRIDGE GROUP, INC.	20-4564116	0.01	1093438
IC BIOMEDICAL US LLC	85-3134398	0.03	1
IC!BERLIN AMERICA, LLC	20-1861257	0.00	82773
ICAN CALIFORNIA ABILITIES NETWOR	45-5441802	0.00	79565

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
ICARE.COM LLC	45-4186878	0.00	501838
ICE 9 PRODUCTIONS INC	33-1127324	0.00	115301
ICE BEAR SPV 1 LLC	46-5516758	0.00	76415
ICE HUSKY INC	46-3948897	0.00	0
ICED MEDIA, LTD.	13-4070598	0.01	692594
ICEOTOPE TECHNOLOGIES US, INC.	92-0242360	0.01	132808
ICM RESOURCES INC.	95-4124808	0.00	17389
ICON REAL ESTATE SERVICES, INC.	47-4476212	0.00	489556
ICUT FOUNDATION	75-1540769	0.00	0

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
ICX MANAGED SERVICES, LLC	27-2216575	0.00	0
ID QUANTIQUE INC	98-1455286	0.01	477876
IDC LOGISTICS, INC.	46-5160454	0.06	1368444
IDE CORP	22-3512805	0.01	1798666
IDEOMETRY LLC	47-1512664	0.00	7179
IDISCIPLE LLC	36-4755403	0.00	392242
IDMWORKS, LLC	20-1311047	0.10	8695008
IDONATE INC.	87-3334363	0.01	414326
IEC PROPERTY SERVICES CORPORATIO	77-0511575	0.05	2671099

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
IEG LLC	20-8882746	0.00	0
IF/WHEN/HOW	90-0181944	0.04	1398018
IFM AMERICAS INC.	20-2175998	0.02	1174356
IFM INVESTORS (US), LLC	56-2676864	0.26	17174181
IGNITE FOODSERVICE SOLUTIONS	84-0564791	0.02	1000184
IGNITION CX US LLC	92-2046766	0.01	220758
IGOLF, INC.	02-0703698	0.00	0
IGU NORTH AMERICA LIMITED	47-5186635	0.00	167636
IH INTERNATIONAL ADVISORS US, IN	83-3189429	0.01	421265

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
ILDERTON CONVERSION OF CHARLESTO	61-1572282	0.00	140524
ILG MECHANICAL SERVICES INC	90-0869327	0.00	225072
ILLUMINARIUM EXPERIENCES LLC	98-1494231	0.02	867786
ILLUMINICO LLC	82-2740305	0.05	1154981
ILLUMIS, INC.	58-2227307	0.03	0
IM GCLA PAYROLL, LLC	88-4101995	0.01	1065930
IMAGEMASTER PRINTING, LLC	27-3194779	0.01	223821
IMAGINE CULINARY GROUP, INC.	45-1243540	0.03	2983330
IMAGING FOR WOMEN, LLC	43-1785887	0.01	2020708

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
IMG ARTISTS LLC	20-0116624	0.02	4190439
IMMITO, LLC	82-3858994	0.01	0
IMMUNO BIOLOGICAL LABORATORIES	41-1874751	0.01	1596745
IMPACT TRIAL CONSULTING LLC	26-1199158	0.05	4239180
IMPARTA INC.	99-0373807	0.01	187311
IMPERIAL CENTER FAMILY MEDICINE	56-2154671	0.01	4596226
IMPRES TECHNOLOGY SOLUTIONS, INC	95-4862840	0.00	0
IMS INTEGRATION LLC.	27-1887075	0.02	955473
IMT COMMERCIAL HOLDINGS, LLC	85-2372525	0.00	49025

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
IMUA T CAPITAL MANAGEMENT LP	82-3538232	0.00	181435
IN OUR OWN VOICE NATIONAL BLACK	82-1672086	0.00	120492
IN ZONE CAPITAL LLC	84-2661780	0.00	154994
INCENTIFY LLC	45-4448246	0.01	482829
INCEPTIONEDGE INC.	27-3560294	0.00	144746
INCEPTUA, INC.	26-0838498	0.01	316961
INCON INDUSTRIES INC	59-2235963	0.00	469999
INDEPENDENT APPRAISAL MANAGEMENT	84-3809362	0.00	6934
INDEPENDENT DIGITAL NEWS AND MED	47-2884344	0.02	673492

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
INDEPENDENT ELECTRIC SUPPLY CORP	04-3165964	0.00	0
INDI EV INC.	82-2566004	0.01	579994
INDICATE TECHNOLOGIES INC.	20-8025296	0.01	2202490
INDUCTIVE AUTOMATION LLC	47-2165515	0.23	6024920
INDUSTRIA OVERSEAS INC	13-3557982	0.00	87820
INDUSTRIAL DEFENDER, INC.	84-3211005	0.05	2822221
INDUSTRIAL DEVELOPMENT ADVANTAGE	85-3866960	0.01	0
INDUSTRIAL MATERIAL AND EQUIPMEN	01-0622111	0.00	8576
INDUSTRIAL MECHANICAL GROUP INC.	82-3922182	0.00	124781

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
INDUSTRIAL SUPPLY ASSOCIATION	26-0075072	0.01	259194
INDUSTRY FINTECH INC	81-5192448	0.02	947243
INFICON INSTRUTECH, LLC	81-1089998	0.02	766758
INFINITE BEGINNINGS LLC	45-2096805	0.00	48190
INFINITI MEDIA INC	95-4311498	0.00	2336659
INFINITY MEP CONSULTANTS, LLC	82-1150793	0.02	1359692
INFORMATION ASSET LLC	45-4240684	0.00	11114
INFORMATION SAFEGUARD INC.	35-2202587	0.00	702886
INFOTRACK US INC.	85-4343705	0.01	0

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
INFRANET TECHNOLOGIES GROUP IN	56-2109948	0.00	1509
INFRASCALE, INC.	26-1421121	0.00	0
INK PUBLIC RELATIONS INC	80-0091413	0.04	3814165
INKITT, INC.	82-5136807	0.01	131436
INKJET, INC.	38-2906015	0.02	2882672
INLINE FINANCIAL CORPORATION	82-3935557	0.00	349746
INLOGIK NORTH AMERICA INC	37-1794092	0.00	741346
INMAN GROUP, LLC	35-2584520	0.03	1
INNOVATE PUBLIC SCHOOLS	46-2155826	0.03	0

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
INNOVATION MONTESSORI OCOEE INC	90-0658753	0.01	635353
INNOVATIVE BUSINESS SOFTWARE, IN	84-1150233	0.01	1612772
INNOVATIVE CLAIM SOLUTIONS, INC.	68-0454747	0.03	4106747
INNOVATIVE GREEN TECHNOLOGIES, L	27-0679357	0.00	136588
INNOVATIVE LITIGATION SERVICES L	20-1563058	0.00	279232
INNOVATIVE MARINE ELECTRONICS	06-1823886	0.01	1363906
INNOVATIVE MARKETING GROUP INC	65-0970538	0.00	62869
INNOVATIVE PHYSICIAN SERVICES	65-1170561	0.00	1860
INNOVATIVE SOLUTIONS THROUGH TEC	61-1417747	0.00	640112

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
INNOVATIVE TOOL LLC	85-0482513	0.01	301265
INNOVATUS TECHNOLOGY CONSULTING	45-4306361	0.03	915064
INNOVEN ACQ3 LLC	92-2343676	0.00	266750
INNVENTURE MANAGEMENT SERVICES	82-3996591	0.07	1717717
INPATIENT CARE MANAGEMENT COMPAN	47-4637941	0.01	3109581
INPECO NORTH AMERICA INC	37-1784175	0.02	975455
INPHONEX.COM LLC	13-4272799	0.00	3964
INPOWER, LLC	31-1720028	0.01	415269
INSIGHT ANALYTICAL LABS INC	84-1275341	0.00	0

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
INSIGHT ECONOMICS LLC	36-4860440	0.02	589232
INSIGHT PRINT & DISPLAY INC	26-2995253	0.00	0
INSITE LLC	84-3493358	0.02	364683
INSITEONE, LLC	86-1648183	0.03	1443243
INSITES MARKETING CONSULTING, IN	61-1661807	0.01	786731
INSPECTION SPECIALTIES, INC.	16-1751403	0.00	338430
INSTALLATION MADE EASY, INC	03-0364810	0.09	6739749
INSTITUTE OF FINANCIAL OPERATI	59-3217295	0.00	280376
INSTITUTIONAL LIFE SERVICES LL	26-1483465	0.01	376827

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
INSURANCE PROTECTION ADVISORS LL	87-2215373	0.00	4496
INSUR-FI MANAGEMENT, INC	88-0689464	0.00	50373
INTECH CONSULTING LLC	47-2614720	0.00	271666
INTEGRA BEAUTY, INC.	81-4072143	0.01	882741
INTEGRAL GIS INC	91-1937117	0.00	0
INTEGRAS INTELLIGENCE, INC.	56-2662548	0.01	622644
INTEGRATED BANK TECHNOLOGY, INC.	87-0708974	0.01	12
INTEGRATED CARE COLLABORATION	31-1624871	0.00	165801
INTEGRATED DENTAL SYSTEMS, LLC	46-1342970	0.00	0

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
INTEGRATED HOSPITALITY RESOURCES	84-1462305	0.08	7313100
INTEGRATED MEMORY LOGIC INC.	77-0416544	0.01	2253557
INTEGRATED OPTICAL SERVICES CORP	94-2422794	0.00	133520
INTEGRATED PAIN MANAGEMENT MEDIC	68-0477806	0.25	22185271
INTEGRATED PLASTIC SURGERY PA	27-2347109	0.01	894994
INTEGRATED RECYCLING SERVICES LL	87-4129489	0.00	197510
INTEGRATED SCIENCE AND ASIAN CUL	26-1219557	0.01	798005
INTEGRATED SERVICES INC	75-2062550	0.03	2072712
INTEGRATED TECHNOLOGIES INC.	91-1455690	0.01	376412

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
INTEGRATIVE HEALTH MANAGEMENT OF	82-3796590	0.01	2795478
INTEGRITAS COMMUNICATIONS LLC	46-1031756	0.06	5142891
INTEGRITY FIRE SOLUTIONS, INC.	84-3188515	0.00	67538
INTEGRITY ORTHOPAEDICS, INC.	84-4599360	0.01	494551
INTEGRITY SMALL BUSINESS SOLUTIO	88-4007272	0.00	8215
INTELINAIR, INC	47-2195375	0.01	650062
INTELLIGENT RETINAL IMAGING SYST	82-1875525	0.01	1198305
INTELLIGENT SCM LLC	27-3441236	0.01	0
INTELLIHEALTH, INC.	83-3466056	0.02	650026

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
INTELLIMED INTERNATIONAL CORPORA	86-0694560	0.03	1037657
INTELLIX SOLUTIONS LLC	51-0575104	0.01	1652715
INTENDA CORP	86-1876050	0.00	30081
INTENT HQ AMERICAS INC.	38-4107670	0.02	1117656
INTERACTIVE CARDS, INC.	26-4675887	0.00	363180
INTERBEV USA INC	20-5293772	0.00	420453
INTER-CONTINENTAL CIGAR CORP	65-0704561	0.07	6922587
INTERGLOBE COMMUNICATIONS	13-3678261	0.01	4264829
INTERGROUP CORP.	13-3293645	0.01	1698958

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
INTERIM FURNISHINGS, LLC	20-4153502	0.01	431192
INTERIOR TILE DESIGNS, INC.	36-4919919	0.00	55409
INTERIOR WOODWORKING SPECIALIST	91-1606732	0.02	962429
INTERNATIONAL ASSOCIATION OF C	13-4060641	0.00	209506
INTERNATIONAL BUSINESS TECHNOLOG	82-3270359	0.00	2766
INTERNATIONAL COMMUNICATION AN	11-3130323	0.01	454221
INTERNATIONAL ELECTRIC CORD IN	22-2347904	0.00	65036
INTERNATIONAL FOOD SOLUTIONS, IN	26-2903396	0.01	1006196
INTERNATIONAL GEMOLOGICAL INST	22-2272787	0.00	0

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
INTERNATIONAL LEGAL FINANCE ASSO	85-2827042	0.00	88655
INTERNATIONAL MARKETING SPECIA	38-2571728	0.00	335813
INTERNATIONAL MEDIA PRODUCTS LLC	46-2698916	0.01	220271
INTERNATIONAL MOULDING CO INC.	61-1242901	0.00	268307
INTERNATIONAL MOUNTAIN BICYCLING	47-1254119	0.02	1006487
INTERNATIONAL REFINING & MFG.	36-2264795	0.01	3613368
INTERNATIONAL REGISTER OF SHIPPI	22-3265170	0.00	166203
INTERNATIONAL STUDIES CHARTER HI	41-2142346	0.02	1749968
INTERNATIONAL SYSTEMS CONSULT	68-0547792	0.00	91945

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
INTERNATIONAL TECHNOLOGY INDUSTR	54-1793890	0.01	604850
INTERNATIONAL TOP VALUE AUTO	38-3375924	0.01	821925
INTERNET ESCROW SERVICES, INC	33-0879661	0.00	442388
INTERQUEST GROUP INC	61-1774461	0.01	165604
INTERSTATE BUILDING COMPONENTS L	88-1770613	0.00	3779
INTERTRUST CORPORATE SERVICES	68-0680224	0.05	3006963
INTIMACY MANAGEMENT COMPANY LLC	20-8645360	0.00	797999
INTLX SOLUTIONS LLC	47-3449209	0.06	1759656
INTMAX, LLC	84-3993685	0.01	217603

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
INTRANERVE, LLC	26-2707834	0.09	5646426
INTREPID US INC	35-2311904	0.01	1303778
INVENCO, INC.	37-1833678	0.00	0
INVENGO AMERICAN CORP	35-2691405	0.00	335686
INVESTINDUSTRIAL ADVISERS INC	80-0590317	0.02	511832
INVESTMENT PROPERTIES LTD	04-2855309	0.01	2373706
INVOKE PUBLIC SECTOR USA LLC	81-4283950	0.01	154661
INVOKE, LLC	47-5428687	0.01	372146
IOS PARTNERS, INC.	52-2188857	0.01	970216

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
IOSEA INC	85-3631969	0.00	6123
IOTAP INC	11-3691784	0.00	0
IPC HOLDINGS, LLC	20-0143334	0.00	2182
IPOINT INC	41-2218149	0.00	268043
IPOS INC	46-1641448	0.00	10984
IPSOFT, LLC	13-4040385	0.00	48216
IQ MEDIA GROUP INC	47-5005647	0.00	32318
IQ SUPPLY SOLUTIONS HOLDING COMP	82-2350103	0.00	0
IRA RESOURCES, INC.	33-0695831	0.01	570853

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
IRON HORSE ARCHITECTS, INC.	20-4283475	0.02	1316171
IRONHORSE LAKES LLC	27-2130805	0.00	111714
IRONLIGHT GROUP INC	88-3795741	0.00	63535
IS INTERNATIONAL SERVICES, LLC	31-1837174	0.02	2335799
ISENPAI, LLC	45-4680038	0.05	5760157
ISKANDIA ENERGY OPERATING INC	81-2873049	0.01	405229
ISLAND INVESTMENTS, INC.	39-1537469	0.01	79578
ISLAND MILLWORK INC	82-0899563	0.00	38234
ISO-MTS CAPITAL MANAGEMENT LP	88-2952783	0.00	6965

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
ISPM LABS LLC	46-3981206	0.00	0
ISSCORE TECHNOLOGY, INC.	26-1492821	0.00	77268
IT ARCHITEKS, LLC	46-3603460	0.00	24523
IT KAUAI, INC.	20-3869697	0.00	211471
IT RESOURCE SOLUTIONS.NET INC	11-3334189	0.00	216310
ITF, INC.	76-0278912	0.01	673459
ITK9 FRANCHISE LLC	84-2639790	0.00	14913
ITXRE LLC	82-2282832	0.01	373285
IWIRE ELECTRIC INC.	83-1585402	0.01	553780

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
IWORKS, LLC	35-2573732	0.00	1
I-X-INVESTMENTS LLC	32-0478419	0.00	267240
IXOM WATERCARE INC	84-1574849	0.08	4862656
IZIEL HEALTHCARE INC.	84-3024866	0.00	40454
IZMO, INC.	94-3366665	0.01	720808
J & D GREENBERG ENTERPRISES INC.	94-2292782	0.00	47296
J C CRAFT ENTERPRISES INC	45-4375402	0.00	309989
J KUHL METALS CO INC	22-1766589	0.01	4153036
J N B MACHINERY LLC	20-3032304	0.03	3716560

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
J TERRY & ASSOCIATES INC	26-3549814	0.01	839209
J WORD ENTERPRISES LLC	16-1697593	0.00	0
J. EDWARD HOLDINGS, LLC	45-4669364	0.00	29070
J6 POLYMERS, LLC	47-2576673	0.00	0
JACKSON PIERCE PUBLIC AFFAIRS IN	62-1808843	0.01	276490
JACKSON SHRUB SUPPLY INC	95-4070837	0.00	168840
JACKSON SQUARE PROPERTIES LLC	20-0150038	0.00	0
JACKSONVILLE PUBLIC EDUCATION FU	59-2756660	0.00	0
JACOBS AUTO ENTERPRISE, INC	20-0800845	0.00	50868

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
JACOBS LADDER NEURODEVELOPMENTAL	58-2405137	0.01	492843
JACOBS SERVICES LLC	92-1280191	0.00	23252
JADIAN CAPITAL LP	82-5390512	0.02	706473
JAG-UFS LOGISTICS, INC.	81-3292839	0.00	26056
JAIDINGER MANUFACTURING CO., INC	36-2337330	0.00	64972
JALUX AMERICAS, INC.	95-3727358	0.02	2924194
JAMAICA CENTER IMPROVEMENT ASSOC	11-2489195	0.00	40763
JAMES GOLLNER SERVICES INC	47-2656592	0.01	271967
JAMES J MESSINA LANDSCAPING, INC	22-2385149	0.00	153587

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
JAN LESLIE CORPORATION	13-3922871	0.01	1190025
JANENES BRIDAL BOUTIQUE LLC	27-1376092	0.00	7407
JANEWAY MACHINE, INC.	76-0784532	0.00	48723
JANTZEN BRANDS CORPORATION	83-2543148	0.00	0
JARRARD & DAVIS LLP	58-2607260	0.03	2155715
JARRARD NOWELL & RUSSELL, LLC.	20-2078804	0.00	0
JASANI DESIGNS USA, INC.	26-3747944	0.01	938741
JASCI LLC	47-1793669	0.01	535541
JAV AUTO TAG AGENCY, INC.	59-2528317	0.01	2097108

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
JAWAD A. QURESHI, M.D., P.A.	27-3557509	0.01	0
JAX LLC	32-0462670	0.03	2938134
JAYARAM PLLC	92-2389650	0.01	922069
JAYENNAR, LLC	87-3130628	0.03	1819050
JAYMOR MANAGEMENT GROUP, LLC	26-3829104	0.00	537
JAZZWARE, INC.	83-1897491	0.01	330723
JB INDUSTRIAL SALES INC	43-1762190	0.01	1464049
JCS ENTERPRISES, INC.	58-1852967	0.00	1479560
JCS SOLUTIONS LLC	47-1785394	0.06	3556865

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
JC'S SUPPLY INC	82-3349659	0.01	106867
JD MCCORMICK COMPANY, LLC	26-0281245	0.01	850770
JDM STEEL SERVICE, INC	37-1491910	0.01	2872839
JEB'S UNITED COLLISION CENTER, I	47-4740838	0.00	23248
JEFF & TONY'S DSD, LLC	45-4613322	0.00	74099
JEFFERSON VETERINARY MANAGEMENT	61-1349410	0.01	1120552
JEM UNLIMITED IRON, INC.	05-0569495	0.01	211820
JENNIFER BEHR LLC	26-3898397	0.01	295354
JEREMY LIPKIN LLC	45-5155893	0.00	97687

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
JERICHO CAPITAL GROUP LLC	26-0351086	0.00	164611
JEROME R. KERKMAN S.C.	39-1892775	0.01	1027444
JERSEY CITY CONNECTIONS, INC.	22-3312710	0.00	16121
JESUSITA CORPORATION	77-0520532	0.01	2532322
JET FRESH FLOWER DISTRIBUTORS IN	41-2266245	0.03	2364190
JETEX US INC	36-4784126	0.00	115220
JEWELSMITH INC	56-1209847	0.01	1232525
JEWETT ORTHOPEDIC INSTITUTE SURG	87-2667237	0.01	101185
JFML LLC	45-3461998	0.01	267738

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
JG EARLY INTERVENTION SPECIALI	81-0678753	0.00	74875
JHR HOLDING COMPANY LLC	46-1403376	0.00	262629
JIANGXI COPPER INTERNATIONAL TRA	82-3164992	0.00	161264
JIBJAB CATAPULT CA INC.	83-2434260	0.03	1764683
JIM & JACK'S INC.	95-3441830	0.01	667002
JIM NEEDHAM PLUMBING	84-3386975	0.01	108901
JINKO SOLAR U.S. INDUSTRIES INC.	82-3449638	0.01	543967
JINS EYEWEAR US, INC.	46-4267679	0.00	324941
JK PRINT MANAGEMENT INC	22-3545750	0.02	4286215

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
JLA SUPPLY, INC.	93-0645007	0.00	52834
JLO BEAUTY & LIFESTYLE, LLC	84-1746993	0.02	485206
JM GENERAL CONTRACTING CORP	11-2620406	0.01	903750
JM VENTURES, INC	20-3496208	0.00	37249
JMA VENTURES LLC	20-0596250	0.02	1823016
JMC DEVELOPMENT CORPORATION	59-1407299	0.01	5964544
JMF GROUP LLC	04-3325912	0.01	1976159
JMH WEISS, INC	94-1643979	0.00	365359
JMR GRAPHICS	11-3473749	0.00	0

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
JN BILLING AND CONSULTANCY INC	45-5328283	0.00	215797
JOBHOG INCORPORATED	56-2228910	0.01	824279
JOBS FOR ARIZONA'S GRADUATES I	86-0669709	0.00	92802
JOE KNOWS HOSPITALITY LLC	47-2456231	0.00	387719
JOE'S CUSTOM INSTALLATIONS INC	47-4062958	0.01	431466
JOHN F LHOTA DMD PLLC	46-1790537	0.02	3151102
JOHN JUBILEE TRANSFORMATIONS LLC	81-1506793	0.00	11188
JOHN LANG INC.	13-3800082	0.01	2346165
JOHN'S A-C & HEAT INC	22-3674595	0.00	203579

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
JOHNSON, BLUMBERG & ASSOCIATES	51-0477054	0.01	3753873
JOINT RESTORATION FOUNDATION INC	20-5839402	0.06	3714496
JOKARI US, INC.	75-1462113	0.00	25299
JOLIHAI INC	45-4525310	0.01	354354
JONA INC	38-4215400	0.00	52781
JONATHAN CARGO O.D. P.A.	06-1670320	0.00	527825
JONATHAN G ANDERSON AND ASSOCI	36-3293622	0.00	1109512
JONATHAN KORIN PA	47-3392146	0.00	23980
JONCKERS TRANSLATION & ENGINEERI	04-3473767	0.02	559619

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
JONES LAW FIRM PC	20-4095227	0.01	1069255
JONES NATURALS, LLC	81-2606874	0.00	336418
JONESWORKS LLC	37-1911167	0.01	750583
JORDI C. MARTINEZ-CID, P.A	84-4536780	0.00	3390
JORGE E QUINTERO, DDS, PA	26-3906785	0.00	532349
JOSE I. GUERRA, INC.	74-2049988	0.00	10752
JOSEPH H ROBERTS INC	22-2710076	0.01	1353685
JOSEPH P TERLIZZI MD PLLC	92-3201258	0.00	304140
JOSHUA'S PEST CONTROL, L.P.	76-0819677	0.00	151131

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
JOURNEY STRATEGIC WEALTH, LLC	86-1197123	0.03	640848
JOVON BROADCASTING CORP.	68-0210004	0.00	242923
JOYLABZ LLC	46-0668077	0.01	418641
JOYNER SUPPLY COMPANY, INC	56-1196187	0.01	2201082
JP & R ADVERTISING AGENCY INC	13-1999820	0.00	198984
JP MANAGEMENT LLC	33-1069927	0.01	119619
JPI ELECTRIC LLC	46-1607297	0.00	142530
JPW WELDING SERVICES INC	86-3003045	0.00	2371
JR HOME IMPROVEMENTS INC	46-2604133	0.00	31747

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
J'S MAINTENANCE SERVICE INC.	95-2938901	0.01	265503
JS WALTZ CONSTRUCTION LLC	75-3196906	0.02	541647
JSRM, INC	36-2613970	0.02	7966496
JSSM INVESTMENTS INC.	84-1744741	0.00	6956
JT SITE SERVICES	47-1435265	0.01	112816
JTC ARCHITECTS, INC.	95-4550465	0.02	4619881
JUBILEE CO-OPERATIVE PRESCHOOL	88-2444038	0.00	61038
JUDGE FAMILY ENTERPRISES, INC.	46-4494118	0.01	1613449
JUICED RITE LLC	82-4376538	0.00	0

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
JULIAN PIE COMPANY LLC	33-0808657	0.00	8131
JULIAN'S RECIPE, LLC	26-4746290	0.00	133093
JUMO HEALTH USA, INC	46-1868825	0.06	2555946
JUN WANG & ASSOCIATES, P. C.	26-4410756	0.01	407750
JUNIPER ENVIRONMENTAL, LLC	83-2315002	0.00	22806
JUNO DIAGNOSTICS INC	82-2368107	0.02	636328
JUPITER BACH NORTH AMERICA, INC	20-5879537	0.01	701679
JUST 4 WHEELS INC	22-2231257	0.00	6425
JUST ADD WATER	13-4014587	0.02	3239739

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
JUST BUSINESS, INC.	31-1798673	0.00	404153
JUST GET IT DONE INC.	75-3237462	0.00	91227
JUST LEADERSHIP USA INC	90-1019268	0.02	781926
JUSTANSWER LLC	27-4222112	0.18	14308572
JUSTIN ALEXANDER, INC.	22-3592876	0.02	2923590
JUST-TECH LLC	47-2472921	0.01	799931
JV PROPERTY MANAGEMENT & BROKE	46-2438228	0.00	25504
JVJ MAXWELL INC	75-2509484	0.00	263758
K & S NORTH AMERICA CORP	13-1769330	0.01	0

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
K HALL STUDIO, LLC	47-3575591	0.00	196372
K1X INC	88-3572428	0.08	1178545
K2 FABRICATION, INC.	71-0901358	0.01	1160503
K2VIEW LLC	33-1221202	0.00	0
K9 ACTIVITY CLUB, INC.	47-1361598	0.00	0
K9 SMILES LLC	84-2912638	0.00	1761
KA OF CARMEL WESTFIELD LLC	83-0797581	0.00	2883
KABINET KING USA INC	26-1147592	0.01	419495
KACO USA LLC	38-3536520	0.01	1399276

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
KAH CAPITAL HOLDINGS, LLC	87-4082844	0.01	751604
KAHN AIR CONDITIONING & HEATING	75-1457048	0.01	700035
KAIJET TECHNOLOGY INTERNATIONAL	27-2488183	0.00	258890
KALLOC STUDIOS INC	20-5426820	0.01	1189380
KALOGRIDIS INTERNATIONAL LTD	20-2052866	0.00	21244
KAM CONSULTING, INC.	81-1161547	0.03	2757770
KANE WOUND CARE LLC	27-1041517	0.05	1841602
KANOMAX FMT, INC.	47-4302655	0.01	314951
KANREN, INC	75-3077895	0.01	79505

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
KANSAS CITY VASCULAR INSTITUTE L	92-3154512	0.00	5842
KAP MEDICAL	20-5238235	0.00	53981
KAPADI, INC.	84-3412796	0.06	1636506
KAPER II INC	95-3942127	0.01	1469282
KAPPA ALPHA PSI FRATERNITY, INC	23-1431779	0.00	88267
KARHU NORTH AMERICA LLC	04-3427794	0.00	777713
KARPEN STEEL PRODUCTS, INC.	56-1185187	0.00	477042
KARPLUS WAREHOUSE INC	95-4603775	0.00	57773
KARZ PLUS, LLC	82-4059254	0.00	529469

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
KASHIYAMA USA, INC.	75-2616742	0.01	1351470
KASSATEX, INC.	13-4066091	0.02	1805748
KASSEL INSURANCE GROUP, LLC	81-1686325	0.01	240384
KAST MEDIA, INC.	47-1650234	0.01	373416
KATE SMITH CPA LLC	82-1718548	0.00	235354
KATSUMI SERVICING,LLC	85-1233172	0.01	260262
KATSUMI, INC	88-1938348	0.00	96128
KAUTEX MACHINES INC.	47-0903587	0.01	4500024
KAWAHARA & HU LLP	84-4041433	0.01	1723991

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
KAWS INC	43-1965202	0.01	186119
KAYMAN RECRUITMENT SERVICES INC	61-1935436	0.00	3608
KAZ MOTORS INC.	95-4389287	0.00	14431
KAZEE, INC.	46-4278049	0.01	995335
KC & ASSOCIATES, LLC	84-1357240	0.00	47945
KC FUNDING LLC	26-4369348	0.02	2071980
KC HILITES, INC.	86-0313755	0.02	1918454
KDT, LLC	32-0155152	0.03	5984493
KE DESIGN LLC	86-1035711	0.00	0

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
KEELING & ASSOCIATES LLC	20-3996655	0.02	1702274
KEENE & CO., LLC.	35-2024621	0.00	775044
KELK PHILLIPS, P.A.	46-4711048	0.00	31397
KELMAN WINSTON & VALLONE PC	13-2694274	0.01	2966533
KENCO LABEL & TAG CO., LLC	39-1643453	0.00	459755
KENILWORTH EQUITIES LTD	13-2986803	0.01	1263777
KENNEDY LEWIS MANAGEMENT, LP	82-2942437	0.08	3516630
KENNEY BUSINESS SOLUTIONS INC.	47-4087532	0.03	1130270
KENT INDUSTRIAL (USA), INC	95-3344892	0.01	109481

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
KENTUCKY FERTILITY ASSOCIATES PL	47-4203615	0.01	984051
KENTUCKY LAKE TRACTOR COMPANY LL	20-5526403	0.02	1525069
KEO OPERATIONS, LLC	87-3328226	0.01	144924
KERTILES LLC	27-1770309	0.00	551348
KES SYSTEMS INC.	52-1537846	0.01	1888548
KESHIK MOBILE POWER SYSTEMS INC	84-4897821	0.00	0
KESSLER SCHOLARS COLLABORATIVE L	87-4079650	0.01	245457
KESTREL 360, INC.	84-4307314	0.00	72672
KETTLE RIVER FURNITURE INC	37-1167979	0.01	1218164

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
KEWA US INC.	81-4781109	0.02	1481951
KEY HOUSING CONNECTIONS INC	68-0371769	0.00	678136
KEYSTONE ADVISORS LLC	80-0774836	0.00	0
KEYSTONE GLOBAL HOLDINGS, LLC	85-3324310	0.00	83006
KEYSTONE PHARMACY SERVICES LLC	45-4852397	0.00	213205
KHOSLA CAPITAL LLC	86-2156748	0.01	97041
KHP MANAGEMENT LLC	87-2754378	0.02	1314091
KHR MANAGEMENT LLC	85-1199134	0.00	44084
KHW AGENT, INC.	80-0913576	0.01	155562

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
KIDZ NOW URGENT CARE	85-4145932	0.00	5138
KIEFFER'S APPLIANCES INC.	23-2436156	0.02	1787755
KILTER GROUP LLC	45-3022053	0.00	129404
KIMBO USA CORP	86-2140030	0.00	12919
KIMERA INTERNATIONAL	20-3351834	0.01	466499
KIMES ENGINEERING AND MANAGEMENT	48-1308292	0.01	347217
KIMOY STUDIOS ARCHITECTURE DPC	82-1297918	0.00	89503
KINCO LLC	20-2044402	0.03	3173627
KINDRED HOMELOANS, LLC	88-2158501	0.00	32458

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
KINETIX TRADING SOLUTIONS INC	27-2199720	0.01	2906941
KINEXX MODULAR CONSTRUCTION, LLC	84-4213016	0.00	617
KING BUICK GMC, INC.	84-1420338	0.01	1041023
KING FIO TRUCKING LLC	81-4077112	0.01	374605
KING INSURANCE SUPPORT SYSTEMS	33-0704188	0.00	0
KINGDOM ELECTRIC LLC	27-1849503	0.00	339669
KINGSWOOD KITCHEN INC	06-0897531	0.01	1766048
KINSEY & KINSEY	36-3226471	0.02	4291342
KIRCHHOFF PROPERTY MANAGEMENT, I	20-3845087	0.02	2317871

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
KIRCHNER DESIGN, INC	37-1776223	0.00	142688
KISHIMOTO, GORDON, DALAYA PC	54-1782054	0.03	7311699
KISHNER MILLER HIMES PC	26-1316505	0.01	827638
KISSTERRA US INC	87-4655145	0.00	64608
KITCHEN EXHAUST PROFESSIONALS LL	27-3479689	0.01	212778
KITU SYSTEMS, INC.	27-1052423	0.06	2067202
KIWI ENERGY NY LLC	90-0944460	0.02	2555423
KIZYMA ENTERPRISES, INC.	95-4084546	0.00	53284
KKSM INVESTIGATIONS LLC	46-4060027	0.00	35947

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
KL TECH CONSULTING LLC	86-1066693	0.00	51203
KLEIN & BIRNS PLLC	13-3499043	0.00	590625
KLEO INC	27-0308480	0.02	745260
KLOSINSKI OVERSTREET LLP	56-2360836	0.00	11555
KLUGE STRATEGIC, INC.	26-2839605	0.00	253998
KMA PROPERTY MANAGEMENT SERVICES	47-3595989	0.01	418695
KNEAT SOLUTIONS INC	30-0832311	0.02	342983
KNEIPP CORPORATION OF AMERICA IN	13-3002037	0.01	1370587
KNIGHTSCOPE, INC	46-2482575	0.04	2240428

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
KNIPPEL CONSTRUCTION, INC	65-0283402	0.00	1104155
KNIPPERSHELBIG INC.	27-1271489	0.01	256183
KNOT STANDARD LLC	45-3590296	0.00	0
KNOWLEDGE ARTS FOUNDATION	20-2425139	0.01	452697
KNOWLEDGE SYSTEMS LLC	37-1449704	0.00	0
KNOWLEDGESOURCE INC	45-2721383	0.00	0
KNOXVILLE DIV	62-1722714	0.00	449
KNUCKLES & MANFRO, LLP	26-2027574	0.02	2207492
KNY 26671 LLC	82-3939132	0.00	0

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
KOA ELECTRONICS DISTRIBUTION INC	27-3569564	0.00	4746
KODANSHA USA PUBLISHING, LLC	22-3980881	0.02	2307215
KOLOGIK SOFTWARE INC.	99-2466946	0.03	1705742
KONOVER SOUTH DEVELOPMENT CORP	65-0216822	0.01	2483631
KONSULKO GROUP	46-0839589	0.01	1069645
KORLOY AMERICA	56-2674574	0.00	431377
KORRES USA LTD	35-2486262	0.00	0
KOUNKUEY DESIGN INITIATIVE INC	90-0599471	0.01	479737
KOVA PROPERTY MANAGEMENT LLC	26-0541246	0.01	821084

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
KOVAR LAW GROUP PLLC	46-5015867	0.00	230558
KPMB ENTERPRISES LLC	81-0594318	0.01	818548
KRAVE AESTHETICS	90-1864223	0.00	9535
KRE UP MANAGEMENT LLC	82-5013667	0.02	442830
KRELL INDUSTRIES LLC.	26-4145733	0.00	923682
KRENSAVAGE ASSET MANAGEMENT LL	26-2520930	0.01	1021348
KRK E-LEARNING LLC	85-3687373	0.00	6489
KRYSTLE PROPERTY MANAGEMENT INC	26-3260918	0.00	252424
KSH TECHNOLOGIES LLC	58-1959938	0.00	378898

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
KSI HOLDINGS, INC	30-1275746	0.00	659353
KSJ MANAGEMENT INC.	26-4722980	0.00	0
KSP FULFILLMENT LLC	45-4629982	0.00	116977
KUBIT AI, INC	82-5299863	0.01	239388
KUDO BIOTECHNOLOGY INC.	93-2211972	0.00	0
KUHLMANN SUPPLY COMPANY, INC.	14-1976242	0.01	959920
KUHN LAW FIRM PA	20-5011550	0.00	462398
KURA LABS, INC	84-3878444	0.00	773481
L & K EQUIPMENT, INC.	02-0493545	0.00	807890

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
L & L DIAMOND CO	04-3727219	0.01	712638
L & M ARCHITECTURAL GRAPHICS	22-3630127	0.02	1425979
L & M POLICY RESEARCH LLC	05-0594316	0.05	7373885
L DESIGN STUDIO, LLC	85-3637275	0.01	973162
L ROSE REALTY INC	27-3639924	0.00	26833
L&L ELECTRICAL INC	83-3031435	0.01	106103
L.A. ILUSION, INC.	95-4590948	0.00	88394
L.E. SMITH (1874) INCORPORATED	04-1844645	0.01	2030117
L.R.N. ENTERPRISES, INC.	43-1672112	0.00	162162

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
L3 CAMPUS, LLC	83-0562803	0.00	226428
L3 ELECTRIC INC	81-3155702	0.00	131901
L52 COMMUNICATIONS AMERICAS INC	88-2043409	0.00	57472
LA CADENA MASONRY SUPPLIES INC	46-0979094	0.00	82759
LA GARDEN SUPPLIES	82-2055988	0.00	41885
LA HARDWOOD FLOORING INC	20-2279822	0.00	130583
LA MESA FUND CONTROL & ESCROW IN	68-0666646	0.00	481765
LA MINA DE ORO, INC.	20-0257485	0.01	394328
LA PLACA COHEN ADVERTISING INC	13-3756607	0.00	0

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
LA SIESTA INC	42-1777715	0.00	176181
LAB WASHINGTON LLC	47-2313886	0.00	177052
LADERA HOMES LLC	47-5227981	0.00	2200
LADIES RELIEF SOCIETY OF DENVER	84-0409240	0.01	671137
LAFAYETTE CLUB	41-0361900	0.02	1488351
LAFLOR PRODUCTS	11-2124294	0.00	234615
LAFONT CO., LTD.	11-2845140	0.01	3090730
LAGO MAR COUNTRY CLUB LLC	85-0658620	0.00	0
LAGUNA HILLS LODGE	33-0611834	0.00	7442

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
LAKE CORPORATE INC	92-0759100	0.06	1133062
LAKE RIDGE AMBULATORY SURGERY CE	45-5347932	0.00	209430
LAKE WARAMAUG COUNTRY CLUB INC	06-0420290	0.00	59569
LAKEVIEW MEDICAL GROUP INC	43-1943557	0.01	922571
LALANI VENTURES, LLC	88-0842045	0.00	7663
LAMBDA CHI ALPHA EDUCATIONAL FOU	13-6266432	0.01	592511
LAMBDA CHI ALPHA FRATERNITY, INC	35-0459180	0.02	2018872
LAN LINE COMMUNICATIONS INC	26-1781397	0.00	178527
LANDA PROPERTIES LLC	46-4900459	0.00	37485

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
LANDMARK APARTMENT TRUST OF	20-3975609	0.00	4250
LANDMARK VENTURES USA INC	46-4147137	0.04	1852683
LANG LANG INTERNATIONAL MUSIC FO	26-3589491	0.00	279244
LANG PROPERTY MANAGEMENT & CONSU	36-3518089	0.00	0
LANGER OPERATIONS LLC	83-2691459	0.01	329442
LANGUAGE LOGIC LLC	31-1706116	0.03	5036222
LANGWAY OF NEWPORT INC	47-5382088	0.00	241012
LANIC ENGINEERING INC	33-0287280	0.01	329928
LANSING HOUSING COMMISSION	38-2801459	0.00	0

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
LANTERN CREST EMPLOYEES INC	81-1307382	0.01	662339
LAPEL, LLC	45-2786588	0.01	459122
LARGO CLEAN ENERGY CORP.	85-4144039	0.02	1001863
LARUE PR LLC	26-2070893	0.00	31019
LAS OLAS CAPITAL ADVISORS, LLC.	47-3363368	0.01	800432
LAS VEGAS PAIN INSTITUTE AND MED	88-0404982	0.00	51157
LAS VEGAS PAVER MFG LLC	32-0482468	0.00	108233
LASER COMPONENTS DETECTOR GROUP	27-0478448	0.02	1802271
LATEST CONCEPTS INC	26-2716603	0.00	0

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
LATIN AMERICAN FINANCIAL PUBLI	13-3474782	0.00	735545
LATINA BLOGGERS CONNECT INC	45-3054176	0.00	16507
LATINMEDIOS COM INC	65-1065708	0.00	198982
LAUDA-BRINKMAN LP	26-3214669	0.01	1360147
LAURELWOOD UNIT SERVICES ASSOCIA	84-0675156	0.00	208365
LAVERTU CAPITAL HOLDINGS, LLC	92-0275120	0.00	18339
LAVIT LLC	45-4442989	0.00	53392
LAW OFFICE OF ALMA ROSA NIETO A	75-3241440	0.00	14416
LAW OFFICE OF ROBERT B. JOBE P	46-2244872	0.00	104237

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
LAW OFFICE OF USMAN B. AHMAD P.C	26-0450957	0.01	1273882
LAW OFFICE OF YEUNG AND WANG PLL	27-2647564	0.01	210055
LAW OFFICES HOWARD LEE SCHIFF	06-0957039	0.00	6204
LAW OFFICES HOWARD LEE SCHIFF, P	06-0957039	0.00	0
LAW OFFICES OF ALEXANDER E BOREL	83-3285789	0.00	176186
LAW OFFICES OF JESSE N BERNHEIM	84-4527371	0.00	92090
LAW OFFICES OF JOHN O MCMANUS PC	22-3700827	0.02	621945
LAW OFFICES OF SONJA B SELAMI	20-5406956	0.00	81273
LAWRENCE WERLIN, M.D., INC.	33-0870026	0.01	607330

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
LAYCO INC.	20-0649143	0.02	2281178
LAYER 8 SECURITY LLC	47-5437789	0.01	595182
LAYERFRAME STUDIOS LLC	46-3350083	0.00	21449
LAZLO 326, INC.	47-1937206	0.01	345957
LAZY MAN MANUFACTURING INC	27-2808401	0.00	112965
LBI USA, INC.	36-5035143	0.00	7943
LEAD RESORT MANAGEMENT LLC	84-2887987	0.01	2931582
LEADER MARINE USA INC	84-2830882	0.00	28663
LEADERSHIP STRATEGIES INC	58-2019848	0.01	0

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
LEADERSUP	46-2606773	0.00	100530
LEADING EDGE MANUFACTURING LLC	82-3206222	0.00	0
LEADING TORCH LLC	47-2270458	0.00	110229
LEAP FINANCIAL INC	82-5243271	0.00	92921
LEAP INSURANCE AGENCY LLC	30-1029194	0.01	244188
LEARNING BEYOND PAPER INC	86-1214695	0.00	151527
LEARNINGLENS, INC.	45-2662696	0.00	32380
LEASELOCK, INC.	46-5215984	0.08	3407159
LEATHER TRENDS INCORPORATED	11-2412330	0.00	238554

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
LEBEAU ENTERPRISE LLC	46-2511383	0.00	103510
LEBEL GROUP LLC	47-5246024	0.00	74667
LECTORUM PUBLICATIONS, INC	13-3736176	0.01	242188
LECTROMECHANICAL DESIGN COMPANY	27-3124441	0.00	102330
LEDCONN CORP	26-2419108	0.01	612236
LEE & ASSOCIATES PROPERTY MANA	83-2373912	0.02	1112422
LEE A MOORER MD PC	38-3679812	0.00	52591
LEGACY BUSINESS VENTURES CORPORA	46-3585658	0.01	298327
LEGACY CONVERTING INC	20-1045325	0.00	308409

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
LEGACY ENTERPRISES INC	25-1704368	0.00	2846996
LEGACY VEIN CENTER, PLLC	46-5353665	0.02	515333
LEGADO COMPANIES	27-2335166	0.00	1578
LEGAL GRAPHICWORKS INC	27-1882349	0.00	66895
LEGALBILL.COM, LLC	62-1810083	0.00	87807
LEGEND AUTO SALES INC.	38-3786056	0.01	669979
LEHIGH INDUSTRIAL SUPPLY LLC	26-4485458	0.01	842309
LEHIGH SERVICES CORPORATION	82-3729968	0.00	59263
LEHIGH TECHNOLOGIES INC	20-8302780	0.04	3294028

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
LEHMAN PIPE AND PLUMBING SUPPLY	59-0576183	0.01	1686685
LEHMANN MAUPIN LLC	11-3199978	0.03	2651179
LENAH TECHNOLOGIES LLC	83-4149985	0.03	911435
LENSVECTOR INC	20-4810108	0.00	1064614
LEONARD & ASSOCIATES, CPA PLLC	46-4246917	0.00	20363
LEONARDO MANAGEMENT, INC	45-2444939	0.00	34267
LEOPARDO ENERGY, PLLC.	47-3504962	0.02	688181
LERNER REAL ESTATE ADVISORS IN	20-2354143	0.01	1274190
LEROY STREET STUDIO ARCHITECTURE	56-2365814	0.03	8572702

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
LESCHACO, INC.	13-2981321	0.03	9
LETSGETCHECKED, INC.	47-5563417	0.19	5508728
LEUZE ELECTRONIC INC	22-3329494	0.04	2427647
LEVEL 3 ASSOCIATES, LLC	26-1816186	0.00	240647
LEVELWING MEDIA LLC	26-1966546	0.04	4282297
LEVER TECHNOLOGY, LLC	81-1795184	0.00	61148
LEVERAGE ENGINEERING CONSULTING	20-1252844	0.02	670420
LEVIN CAPITAL STRATEGIES LP	87-0753486	0.02	3810629
LEVINE MANAGEMENT GROUP LLC	82-3519879	0.01	210807

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
LEVINE PROPERTIES, INC.	56-1509116	0.01	1312399
LEWIS & LIN, LLC	45-2908917	0.01	279089
LEXAR INTERNATIONAL	82-2989979	0.01	870311
LEXINGTON ASSET MANAGEMENT TN	26-0340775	0.00	66983
LEYVA & NIGHT APC	95-4784671	0.01	1666031
LGI FORENSIC ENGINEERING, P.C.	45-4669216	0.03	1296046
LGJ INNOVATIONS INC	47-5418990	0.00	8362
LH EMPLOYMENT SERVICES LLC	38-4100180	0.02	481003
LIAIGRE, INC	27-3533156	0.00	0

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
LIANBIO, LLC	84-3970794	0.05	1105022
LIBERTY TOOL INC	38-3230890	0.00	911854
LIDCO LTD	98-0376108	0.00	434091
LIDO DESIGNS INC.	48-1282349	0.00	68032
LIFE HOME AND GARDEN INC	34-2037687	0.00	8819
LIFELINE MEDICAL LABORATORY INCO	82-4816002	0.00	611
LIFELINE PROFESSIONAL COUNSELING	57-1203051	0.01	719374
LIFEQ INC.	47-2649899	0.01	628909
LIFESCORE INC.	85-2600932	0.01	312845

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
LIFESEASONS, INC.	27-2610079	0.02	1229287
LIFESTYLE MEDICINE INSTITUTE, IN	98-1009647	0.01	113121
LIFETIME TENNIS, INC.	77-0475700	0.03	1542212
LIFEWAY NETWORK, INC	20-8645579	0.00	63418
LIFT AEROSPACE CORP	46-3161201	0.00	2855
LIFT RF FTX, LLC	88-1551049	0.00	9488
LIGHT SPEED NETWORKS LLC	86-0961747	0.02	957745
LIGHTBRIDGE CORPORATION	91-1975651	0.02	0
LIGHTEN EDUCATION NETWORK US	99-0839536	0.00	48660

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
LIGHTEN GROUP, INC	87-2471071	0.00	0
LIGHTHOUSE ARTCENTER INC	59-1118672	0.00	0
LIGHTHOUSE PRODUCTIONS, LLC	04-3207254	0.03	3862381
LIGHTHOUSE VOC-ED CENTER INC	06-1352951	0.01	301443
LIGHTING MANAGEMENT, INC.	13-3349632	0.00	945082
LIGHTPOINT FUND SOLUTIONS, LLC	35-2580397	0.01	740357
LIGHTRICKS US, INC.	47-5424385	0.03	1599968
LIGHTSAIL INC	45-5180905	0.00	233381
LIGHTSHIP SECURITY USA INC.	32-0606144	0.01	162163

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
LIGHTSHIP, INC	83-2361252	0.08	3537956
LIGMAN LIGHTING USA INC	98-0637404	0.02	1937139
LILLIE'S Q SAUCES & RUBS, LLC	46-4274514	0.01	259167
LIMELIFE USA LLC	82-1429909	0.00	0
LIMITED RUN GAMES INC	81-5232848	0.03	2324181
LINCOLN CHILDREN'S MUSEUM	47-0716636	0.00	219021
LINCOLN DIAGNOSTICS LLC	20-8927080	0.00	38018
LINCOLN VISION CENTER, P.C	47-0840502	0.00	361464
LINDA GARCIA ROSE LCSW AND ASSOC	47-4083928	0.00	272527

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
LINDA VISTA CHILDREN'S CENTER	95-2682891	0.00	223452
LINDE + WIEMANN US INC	46-4215679	0.01	383909
LINDELL INVESTMENTS INC	59-3325871	0.01	187956
LINDEN MANAGEMENT GROUP, INC.	20-4845442	0.00	0
LINDER CASTER AND TRUCK, INC.	95-2881519	0.00	0
LINK LOGISTICS GROUP LLC	26-1956904	0.02	710171
LINK LOGISTICS US INC	82-2375963	0.00	538262
LINK PSYCHIATRY, INC.	45-3480959	0.00	276852
LINKED HOME LOANS, LLC	85-4381059	0.00	671688

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
LINX GLOBAL MFG, LLC	20-1174963	0.01	745011
LINXON US LLC	38-4078093	0.07	3228104
LIOHER ENTERPRISE CORP	27-3258255	0.00	51664
LION BUTTON USA & CO. INC.	27-4063980	0.00	578467
LIONTREE INVESTMENT MANAGEMENT L	87-2294139	0.01	1293276
LIONTREE LLC	45-5262401	0.15	11564432
LIPPMAN RECUPERO, LLC	46-2005310	0.00	74833
LIPTZ & ASSOCIATES, INC.	33-0950092	0.01	1105649
LITHOS ENERGY, INC.	47-5520629	0.02	490194

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
LITTLE BEE BOOKS INC	46-5608735	0.01	2019131
LIVE FIT GYM - HAYES VALLEY, INC	80-0864025	0.00	78772
LIVE MEDIA GROUP LLC	46-2086112	0.12	1851091
LIVING IN FREEDOM TOGETHER LIFT	81-3646918	0.00	2423
LIVING REDEMPTION COMMUNITY DEVE	83-4024277	0.00	31774
LIXI USA HOTEL MANAGEMENT, INC	30-0890937	0.01	1261291
LKD AEROSPACE LLC	91-1195661	0.04	562978
LL UES LLC	46-1533639	0.00	306301
LLORENTE & CUENCA MIAMI LLC	36-4809102	0.01	404691

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
LLOYD HARBOR CAPITAL MANAGEMENT	81-1353308	0.00	75056
LLWACO INVESTMENTS LP	82-5117412	0.00	0
LNC MANAGEMENT, LLC	45-5398755	0.03	3422356
LNW III	90-1114401	0.00	3869
LOAD IN GO, INC.	81-4964534	0.00	10882
LOANBOSS INC	83-1246511	0.00	57545
LOBELINE COMMUNICATIONS LLC	84-4050463	0.00	132546
LOBONAV CORP.	11-3821499	0.00	138864
LOCAL FINANCE LLC	86-1184068	0.01	135698

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
LOCAL LOYALTY MARKETING SOLUTION	27-2828840	0.01	687877
LOCAL MEDIA CONSORTIUM INC	82-2394718	0.01	737139
LOCALIZE INC	46-1294641	0.00	0
LOCDOWN.COM	86-3850004	0.00	1126
LOCHNESS MEDICAL SUPPLIES INC	80-0775333	0.00	215999
LOCI CONTROLS INC	45-5150981	0.09	2813080
LOCK N CHARGE TECHNOLOGIES LLC	46-3871621	0.03	1322033
LOCKCHAIN CORP.	92-0921510	0.00	6259
LOCTEK INC	46-3112966	0.00	23698

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
LOFTON CREEK DENTAL P.A.	47-2722974	0.00	206729
LOGGINS KERN & MCCOMBS, P.C.	58-1790086	0.01	362467
LOGINEXT SOLUTIONS, INC	46-4158043	0.00	86206
LOL ENTERTAINMENT LLC	84-2886345	0.00	72037
LONE BUFFALO HOLDINGS, LLC	82-3131568	0.02	579214
LONE STAR BLOWER INC	47-1826663	0.06	3143615
LONE STAR COMICS & SCIENCE FIC	75-1621370	0.00	265263
LONE STAR JUSTICE ALLIANCE	82-2345921	0.00	0
LONESTAR EMS, LLC	86-2639935	0.00	0

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
LONG ISLAND ASSET MANAGER INC	83-4391450	0.00	97784
LONG RUN PARTNERS LLC	86-1238643	0.02	700409
LONGACRE SQUARE MANAGEMENT LLC	84-4612092	0.00	153700
LONGBOAT CAPITAL MANAGEMENT, LLC	25-1866230	0.01	425287
LONGVIEW LLC	13-3893007	0.00	949502
LONICERA PARTNERS LLC	45-2825018	0.01	512853
LOOK CYCLE USA INC	74-3174119	0.00	11970
LOOKSLIKE, INC	88-0503428	0.00	0
LORRAINE HOME FASHIONS LLC	86-3843325	0.00	275394

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
LOS ANGELES BUNKER SURVEYORS INC	33-0484495	0.00	85055
LOS GATOS THERAPY CENTER	82-2947052	0.01	116731
LOTA USA LLC	65-1201321	0.01	2314898
LOTTS CONCRETE PRODUCTS INC	59-1423822	0.00	0
LOTUS BLOOM	51-0662715	0.00	4731
LOTUS MARKETING, INC.	85-2604131	0.01	402764
LOUIS J SEPTIMUS & CO	13-5383025	0.01	580075
LOUM HOLDINGS, INC.	87-1115909	0.00	59492
LOVE. LEARN. SUCCESS.	46-2478873	0.00	43062

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
LOVING AIR INC	46-4469121	0.00	525580
LOW COUNTRY POOL HOUSE, LLC	45-3825188	0.01	199393
LOWENSTEIN AND ASSOCIATES, P.C.	43-1564287	0.00	10869
LOWER EAST SIDE DISTRICT MANAGEM	13-3683266	0.00	73660
LOWER EAST SIDE FAMILY UNION	23-7412423	0.00	48347
LRP IT, LLC	84-3159543	0.00	0
LS CARGO LOGISTICS USA CORP	82-4820257	0.00	6306
LSFIVE INC.	92-1237179	0.00	10043
LSV ADVISORS LLC	20-3937708	0.03	0

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
LT CAPITAL INVESTMENTS, LLC	61-1745881	0.00	103280
LTC PHYSICIAN CARE, P.C.	92-2684224	0.00	23040
LU PARTNERS, LLC	47-3441167	0.02	1771312
LUCIE LLC	84-2686936	0.00	36152
LUCIELA MEDIA GROUP LLC	46-4557593	0.00	24296
LUCKY 7 BEVERAGE COMPANY	20-4959384	0.00	675329
LUCOR, INC.	38-3853149	0.00	377361
LUMEOVA INC	46-5709325	0.00	58135
LUMETECH NORTH AMERICA CORPORATI	92-2174631	0.02	1351386

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
LUMI USA INC	46-2188258	0.01	1075819
LUMINARY MEDIA, LLC	82-4109681	0.01	865583
LUMINIA LLC	83-3923767	0.01	339679
LUMIRADX INC	47-1763048	0.01	0
LUMOS DIAGNOSTICS INC	82-1711801	0.00	0
LUNDGREN MANAGEMENT GROUP	04-2935585	0.01	1857416
LURIA ACADEMY OF BROOKLYN	14-2005770	0.01	591857
LUTECH VETERINARY INDUSTRIES INC	46-3295046	0.02	315762
LUX GARAGE AND CLOSET INC	47-2963600	0.00	11647

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
LUXSHARE-ICT, INC	45-3172814	0.15	10117994
LUXURY BATH NJPA LLC	81-5101479	0.01	158980
LUXURY LIVING OF USA, LLC	75-3253309	0.00	231849
LVE-IT VEGAS CORP	88-0358711	0.01	1083548
LVL TECHNOLOGIES USA INC.	88-1055174	0.00	76679
LW CONSULTING, INC.	20-2371894	0.02	2027676
LX HAVEN LLC	81-3501760	0.00	66557
LYDONIA TECHNOLOGIES LLC	84-2632892	0.02	677800
LYNNHAVEN SCHOOL INC	27-1905897	0.00	66183

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
LYNQ TECHNOLOGIES INC.	47-2169300	0.00	0
LYNX TECHNOLOGY PARTNERS,LLC	27-0167551	0.01	1239006
LYRIC CAPITAL MANAGEMENT GROUP	83-2397307	0.01	0
LYRICAL FOODS, INC.	46-1982573	0.04	0
LYTELOOP TECHNOLOGIES, LLC	32-0498437	0.00	0
M & E COMPONENTS, INC.	36-3974845	0.01	2215323
M & Y REALTY LLC	13-3971868	0.02	2472627
M B SPORT LLC	06-1530766	0.00	1067138
M TECHNICAL SERVICES, LLC	82-4731889	0.02	466769

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
M&C INVESTMENTS INC	81-2930891	0.00	579924
M. T. MOBILE FIELD SERVICES INC	33-0798792	0.00	0
M.D. SASS, LLC	13-2703405	0.03	17795326
M.J.C.L.K. LLC	26-3526779	0.00	0
M.Z. BERGER & CO. INC.	13-1975194	0.02	5486587
M2 FACILITY SOLUTIONS, LLC	45-1688830	0.02	1220850
M3 GROUP INC	84-5122891	0.00	0
M3 VENTURES ASSET MANAGEMENT LP	47-3440778	0.00	101996
M724 INC	47-1250351	0.00	89568

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
MACHOL & JOHANNES LLC	26-3968013	0.00	0
MAD RIVER PICTURES, LLC	61-1742509	0.00	13382
MADALUXE GROUP, LLC	80-0647966	0.06	4183456
MADATA IT LLC	47-5383852	0.01	1352916
MADCAP SOFTWARE INC	20-1966687	0.06	4974370
MADISON CONSTRUCTION GROUP, IN	65-0416171	0.00	13647
MADISON SQUARE BOYS & GIRLS CLUB	85-4129850	0.01	250041
MAESTRO FILMWORKS LLC	11-3750655	0.01	170904
MAGADIA CONSULTING INC	52-2211613	0.01	543310

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
MAGASI 991 LLC	81-4356227	0.00	2189
MAGEBA NORTH AMERICA CORP	45-2041174	0.00	76415
MAGENTA INC.	75-2980788	0.03	2559356
MAGI FOODS, LLC	26-0866360	0.00	337
MAGIC COMPANIES GROUP, LLC	82-1664626	0.00	120583
MAGNA IMPERIO SYSTEMS CORP	46-5569068	0.00	4975
MAGNET WORKS LTD	43-1604277	0.00	0
MAGNIFICENT AIR LLC	27-3331595	0.00	47349
MAGNOPUS LLC	46-3420402	0.06	5578603

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
MAGNUS MANAGEMENT GROUP, LLC	20-3433954	0.00	0
MAIN CAPITAL PARTNERS NORTH AMER	88-3447876	0.00	21866
MAIN POST PARTNERS, L.P.	61-1745993	0.03	2456127
MAINSAIL MANAGEMENT COMPANY, L	20-1423604	0.07	5534868
MAINSTAY SALIRE LLC	45-4410947	0.01	1355304
MAISON DE LA VIE LTD	45-4216839	0.00	23849
MAISONETTE INC.	90-1184633	0.02	1045911
MAJESTIC FIRE INC.	26-2368561	0.01	191491
MAJESTIC SPROUTED HUMMUS INC.	86-1238064	0.00	486116

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
MAJEWSKI PLUMBING & HEATING LLC	20-1419858	0.00	55832
MAJOR AIR SERVICE CORP	11-2007668	0.00	0
MAJOR LABEL GROUP LLC	85-1194870	0.03	1212298
MAJOR LEAGUE COOLING AND PLUMBIN	83-2269233	0.00	21
MAKANA THERAPEUTICS, INC	84-2904179	0.01	181502
MAKE-A-WISH FOUNDATION OF THE TX	76-0116615	0.01	666511
MAKE-A-WISH NORTHEASTERN & CENTR	68-0027351	0.01	0
MAKE-UP DESIGNORY	95-4655491	0.02	8798367
MAKING SCIENCE LLC	45-5158969	0.01	236103

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
MAKKABI LAW GROUP, A PROFESSIONA	46-1861569	0.01	400201
MALIBU DETOX, LLC	47-2672076	0.00	0
MALO AUTOMOTIVE GROUP INC.	27-2382829	0.02	0
MALTESE CAPITAL MANAGEMENT, LLC	13-3906061	0.03	11323704
MAMMOTH FREIGHTERS LLC	85-4126005	0.05	1027812
MAN CAVE FOODS, LLC	46-3223719	0.00	38843
MAN IN THE MIRROR INC	59-3178628	0.01	1543882
MANAGEMENT RECRUITERS OF CHATT	62-1657514	0.00	1108025
MANAGEMENT SOLUTION LLC	45-4671965	0.01	511833

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
MANDUKE SERVICES LLC	27-2936870	0.01	2110211
MANE GLOBAL CAPITAL MANAGEMENT L	85-1129269	0.03	1450692
MANHATTAN FLOOR COVERING INC	47-0881157	0.01	694280
MANN CENTER FOR THE PERFORMING A	23-1473884	0.01	1404778
MANSFIELD MISSION CENTER, INC.	36-4753862	0.00	0
MANTA SOFTWARE INC	83-0525466	0.03	1424409
MANUAL & SPORTS PHYSICAL THERAPY	11-2975407	0.00	27508
MAP360 COLLECTIVE LLC	84-4032034	0.00	937525
MAPLEMARK BANK	75-0249935	0.10	4052712

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
MAPLEWOOD HOUSING FOR THE VISUAL	30-0246731	0.01	359067
MAPTOTE, LLC	90-0421542	0.00	6157
MARATHON CAPITAL, LLC	36-4283145	0.12	15520330
MARATHON HVAC SERVICE, INC.	95-4407682	0.00	0
MARATHON MANAGEMENT, INC.	41-1459563	0.00	792227
MARBLE WORKS INC	76-0728771	0.00	302153
MARBLS LLC	84-1956067	0.02	583426
MARCO POLO NETWORK USA INC.	83-2948981	0.00	0
MARIMEKKO NORTH AMERICA LLC	62-1876117	0.00	437805

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
MARINE FENDERS INTERNATIONAL I	20-1079456	0.00	176671
MARION SCOTT REAL ESTATE INC	13-3585120	0.00	1685539
MARK DEVELOPMENT LLC	47-4536896	0.01	1003205
MARK KISLINGER MD INC	20-0309488	0.00	245856
MARKER MANAGEMENT OPERATIONS, LL	86-2591948	0.00	78894
MARKET STREET ADVISORS INC	23-3043783	0.03	0
MARKETING & MANAGEMENT SERVICE	59-1941806	0.01	1827100
MARKETINGGO, INC.	46-0788044	0.00	0
MARKETS AND MARKETS INC	61-1756262	0.02	301042

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
MARKS AUTO SALES, INC	84-0921946	0.00	57193
MARKUS WATSON, DDS SOUTH BEACH D	26-0403573	0.01	978532
MARLAMAR, INC.	46-0884766	0.01	621484
MARLBOROUGH HOUSE, INC.	85-3271736	0.00	159575
MARQUE ENGINEERING	47-2831510	0.01	0
MARRIAGE TODAY	75-2530931	0.01	1252407
MARROW FINE INC.	81-2166937	0.01	645347
MARSH & ASSOCIATES, INC.	84-1357092	0.01	1361539
MARSHALL CAVENDISH CORP.	13-2651813	0.00	117765

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
MARTHA SCHWARTZ PARTNERS LLC	32-0491049	0.00	0
MARTIN BRUDNIZKI DESIGN STUDIO	46-2331891	0.01	358132
MARTIN COMMERCIAL GROUP, INC.	27-0871087	0.01	292412
MARTIN FUND MANAGEMENT LLC	87-1477018	0.00	17825
MARTIN GROUP DRIVEN BY PEOPLE	39-1664569	0.00	774253
MARTINEZ RUSSO LLC	86-1041756	0.00	122934
MARVEL MARKETERS LLC	46-2770939	0.06	2122505
MARY BRICKELL MANAGEMENT LLC	27-3618322	0.00	21943
MAS MANAGEMENT SERVICES LLC	46-3052718	0.00	35444

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
MASEGO INC.	90-0923005	0.00	163179
MASI PIPING DESIGNS, INC.	46-4788070	0.00	188213
MAST CAPITAL INC	20-5846026	0.08	4027324
MASTER CNC, INC.	38-3149125	0.00	203384
MASTER FILE INC	43-1604932	0.00	268756
MASTERCARE BUILDING SERVICES INC	36-3416817	0.01	1023112
MATCHWELL INC	86-1660585	0.01	480703
MATER ACADEMY, INC	65-0857507	0.32	30336432
MATERIA GROUP CORPORATION	81-1151762	0.18	5591100

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
MATERIAL EXCHANGE VENTURES INC.	30-1302974	0.00	12459
MATH FOR AMERICA INC	20-0651886	0.03	5310113
MATICA BIOTECHNOLOGY, INC.	84-3095639	0.06	1291672
MATRICS INC	41-1671635	0.00	122136
MATRIX FRAME USA LLC	27-2357817	0.00	6354
MATTAFORMA LLC	87-1460207	0.00	41
MATTAMY HOME FUNDING, LLC	26-2597540	0.08	7373135
MATTHEW W CORIS DVM PLLC	06-1834650	0.02	1510276
MATTS CUSTOM MEATS INC	83-4655251	0.00	61797

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
MAURITZON, INC	36-2692062	0.00	35707
MAVENOID INC	30-1243632	0.01	274707
MAVERICK ABRASIVES CORPORATION	33-0762449	0.00	479244
MAX MID STREAM TEXAS LLC	84-2651005	0.03	0
MAX SOLUTIONS USA LLC	88-4323797	0.04	603735
MAX TECHNICAL SALES INC.	36-4053036	0.01	760332
MAXEON AMERICAS, INC.	86-3127847	0.18	3670804
MAXEX MANAGEMENT LLC	47-2657522	0.00	41248
MAXIS SERVICES LLC	87-3117914	0.03	1072291

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
MAYERTON REFRACTORIES USA, LLC	54-2007163	0.00	7803
MAYHEW BESTWAY LLC	84-3408919	0.01	473464
MAYOR VETERINARY INC	47-1677848	0.01	161423
MB FLORIDA LIMITED LLC	65-0443290	0.00	0
MBCA, INC.	37-1795226	0.00	68176
MBHS OF THE CAROLINAS LLC	36-4759630	0.00	593
MBI ACQUISITION COMPANY	45-4187099	0.02	1923639
MBRE HOLDINGS, LLC	88-4108083	0.00	70675
MC CABINETS INC	27-3731463	0.00	35398

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
MC CREDIT PARTNERS LP	46-2738205	0.04	1695885
MCATEE, L.L.C.	02-0553875	0.00	41869
MCC CONTROL SYSTEMS LP	65-1295184	0.00	5267
MCCALL SCANLON & TICE LLC	26-2728289	0.02	1106126
MCCORMICK INTERNATIONAL USA, INC	58-2573262	0.01	1319407
MCDONOUGH CHILDRENS SPECIALIST	58-2325492	0.01	155559
MCGREGOR & ASSOCIATES, INC.	31-0940217	0.00	1236915
MCI ENTERPRISES, INC.	58-2070208	0.00	9134
MCLAN ACCOUNTING SERVICES LLC	20-1684592	0.00	13902

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
MCPHERSON FAMILY EYE CARE, OD PA	45-4166794	0.02	2413864
MCQUADE HOLDINGS	27-4858868	0.00	76767
MCWILLIAMS LAW P.C.	92-0464771	0.00	6637
MD NOW MEDICAL CENTER, INC.	01-0790511	0.01	0
MD SOLUTIONS, INC.	30-0093352	0.00	115102
MD7, LLC	41-2187947	0.00	5925
MDC CAMPERS AND CARAVANS, INC.	35-2685039	0.00	61847
MDF INSTRUMENTS DIRECT INC	20-2697982	0.01	1339561
MDG,LLC	87-1123035	0.01	1134975

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
MDI, LLC	88-2603684	0.00	86497
MDLAND INTERNATIONAL CORPORATION	26-1082534	0.03	1965280
MDN CABINETS INC	56-1901647	0.01	221098
MDX GLOBAL, INC.	20-1988242	0.02	1333683
MEANINGFUL BEAUTY, LLC	33-0973813	0.05	1450266
MEANINGSPHERE, LLC	83-1217794	0.00	97342
MEB AFFORDABLE MANAGEMENT SERVIC	87-4257495	0.00	33067
MECHANICAL AIR NEW ENGLAND INC	26-4345433	0.00	0
MECHANICAL PARTNERS, INC.	83-0999191	0.00	2473

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
MECHANICAL SALES, INC.	91-0927407	0.02	4141209
MECKED	56-1752043	0.00	55716
MED PARTNERS, LLC	85-0925488	0.03	604282
MED SCREEN LABORATORIES INC	82-3473048	0.00	1060
MED VENTURES INC	57-1060680	0.00	130730
MEDCAP GROWTH EQUITY LLC	47-1484684	0.00	462342
MEDEOLOGIX LLC	76-0775960	0.01	1047588
MEDFORD HAMLET LLC	20-0994609	0.00	313910
MEDIA CAPITAL ASSOCIATES, LLC	86-0807224	0.00	0

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
MEDIAOPS INC	46-4981555	0.00	0
MEDIARADAR, INC.	20-5842974	0.15	9352044
MEDIATION PROS, INC.	80-0288120	0.00	11689
MEDICAL CONSULTANTS NETWORK IN	84-1253972	0.02	2204896
MEDICAL EXCELLENCE INTERNATION	46-3366256	0.00	427435
MEDICAL NETWORK INC	33-0557168	0.00	456861
MEDICAL PRACTICE MANAGEMENT, LLC	27-1545102	0.02	1430432
MEDICAL TECHNOLOGY ASSOCIATES II	47-4303760	0.00	0
MEDICAL TECHNOLOGY SOLUTIONS LLC	26-3619381	0.16	0

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
MEDICUS ASSET MANAGEMENT LLC	84-4316482	0.00	21664
MEDICUS IT LLC	82-0781296	0.00	296
MEDINA BAKING & POWDER PRODUCTS	59-1765098	0.00	120040
MEDIQORE SOLUTIONS LLC	82-4792879	0.00	37903
MEDLOG (USA), INC.	83-3439188	0.01	143085
MEDPOINT COMMUNICATIONS, INC	36-3727962	0.03	2852576
MEDSAFETY SOLUTIONS LLC	46-4783944	0.02	1861912
MED-TEK CONTRACTING, INC.	26-2103605	0.01	441347
MEEZ CULINARY SOLUTIONS, INC	87-4031604	0.01	151020

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
MEGA-POWER, INC	04-3276267	0.02	750090
MEGHAN BLAKE INDUSTRIES, INC.	20-8800746	0.00	254240
MEIKO ELECTRONICS AMERICA, INC	20-4442320	0.01	535006
MEIROWITZ & WASSERBERG, LLP	47-1779271	0.03	687805
MEISSNER COMMERCIAL REAL ESTATE	33-0524789	0.02	3235947
MELCER TILE CO INC.	57-0515281	0.01	1372585
MELEXIS INC	04-3173131	0.04	3232818
MELISSA CHOWNING MEDIA LLC	82-2032856	0.00	0
MELODY LIVING ASSOCIATES - CO, L	81-3926232	0.00	74183

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
MELOHN PROPERTIES INC	20-4322759	0.01	1986451
MELT PHARMACEUTICALS, INC.	61-1888986	0.00	10366
MEMBERSUITE, INC.	80-0367331	0.02	1466069
MENASHE PROPERTIES, INC.	93-0719246	0.01	546914
MENIFEE VALLEY TIRE & AUTO SERVI	01-0953727	0.00	11417
MEODED PAINTS & DECORATION INC	33-1007293	0.00	14329
MER CORP.	22-2799649	0.00	175235
MERCURY INTERMEDIA INC.	52-2350703	0.03	3669977
MERCURY NOTIFICATIONS, LLC	84-3340640	0.00	2241659

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
MERIDIAN CREDIT MANAGEMENT LLC	47-4914932	0.02	534540
MERIDIAN EDUCATION RESOURCE GROU	58-2180056	0.02	373854
MERIDIAN ENERGY & ENVIRONMENT, L	45-3338757	0.00	0
MERIDIAN INVENTORY SERVICES INC	83-2364734	0.00	0
MERIDIAN RESIDENTIAL GROUP, LLC	47-1516241	0.00	12061
MERIDIAN TRUST LLC	20-4405273	0.01	431339
MERINGOFF PROPERTIES, INC.	13-3272596	0.04	8716759
MERRILL BURBASS CHIRO ONE LLC	47-1186354	0.00	572
MERU ADVISORS LLC	88-3431019	0.00	9082

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
MESA FOODS LLC	87-2634536	0.00	16095
MESOTECH INTERNATIONAL, INC.	68-0378994	0.01	143302
MESSE FRANKFURT INC.	58-1956467	0.01	1959792
META INTEGRATION TECHNOLOGY	77-0453651	0.03	5860740
METALCRAFT SERVICES OF TAMPA, IN	59-3241578	0.00	198265
METEORA CAPITAL, LLC	86-2184995	0.01	174922
METHINKS LLC	20-1625447	0.00	80015
METONIC REAL ESTATE SOLUTIONS, L	90-0799234	0.02	1449381
METRO FIRE APPARATUS SPECIALISTS	76-0598763	0.05	4370270

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
METRO SCREENWORKS INC	20-8709902	0.00	103101
METRO SIGNS INC	65-0388211	0.00	401760
METRO WEIGHING & AUTOMATION INC.	38-2176612	0.00	493833
METROPLEX TRADING COMPANY LLC	26-1106852	0.01	921088
METROPOLITAN CARDIOVASCULAR INST	86-1965566	0.00	23414
METROPOLITAN PEDIATRICS NEW YO	26-1949374	0.01	1503690
METROWALL, LLC	46-4927360	0.01	211374
MFUND DISTRIBUTORS LLC	46-1227982	0.07	4622785
MG BUILDING SERVICES, INC.	26-1219645	0.00	75816

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
MGX CREATIVE, LLC	82-3189074	0.01	80875
MHA WORKS, P.A.	56-1626992	0.02	1453805
MHANY MANAGEMENT INC.	72-1303737	0.01	1098543
MHT HOLDINGS LLC	85-1054438	0.00	0
MIAMI CHILDRENS MUSEUM CHARTER S	47-0924125	0.01	684366
MIAMI DADE PUMP & SUPPLY COMPANY	20-5648517	0.00	53246
MIAMI DIRECT, INC.	65-0417664	0.02	3694185
MIAMI-DADE FAMILY LEARNING PAR	14-1916606	0.00	0
MICHAEL E. KEATING, INC.	13-3456033	0.02	4020219

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
MICHAEL SALZHAUER MD PA	11-3679110	0.01	397936
MICHELLE RINELLA PSYD, PA	46-3441546	0.02	485395
MICHIGAN ASSET GROUP LLC	27-1668081	0.01	908008
MICHIGAN DONOR ALLIANCE LLC	86-2537397	0.01	179773
MICHIGAN TITLE INSURANCE	38-2610265	0.00	0
MICRO COMMERCIAL COMPONENTS CORP	95-4803327	0.00	327528
MICRONIC MANUFACTURING USA LLC	26-3462979	0.01	708678
MICROSTAR KEG MANAGEMENT LLC	91-1738786	0.06	5757179
MICROWAVE TECHNOLOGY INC	94-2824392	0.03	1710225

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
MIDALLOY	43-1359943	0.00	347442
MIDAS MANAGEMENT CORPORATION	13-3823733	0.04	7670840
MIDCAP BUSINESS CREDIT LLC	27-1534219	0.02	1969174
MIDDLE ATLANTIC-GREAT LAKES ORGA	81-2189998	0.04	3321816
MIDDLE MARKET INFORMATION LLC	27-2145840	0.00	174699
MIDDLETON DENTAL CARE, P.C.	04-3181637	0.01	1633759
MIDLANDS FATHERHOOD COALITION	81-0564753	0.00	37394
MID-SOUTH METAL PRODUCTS, INC.	62-1560415	0.02	14
MIDTOWN CORPORATE EVENTS LLC	82-4319194	0.02	781303

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
MIDWEST DISABILITY P.A.	41-1751917	0.00	0
MIDWEST EASEMENT SERVICES LLC	27-0479774	0.01	326787
MIDWEST EXPRESS CARE 2 INC	46-3370553	0.04	5271114
MIDWEST MEDICAL OFFICES LTD	36-4410448	0.00	19413
MIDWEST OUTDOORS, LTD.	36-2662327	0.01	3978916
MIDWEST RADON SERVICES INC	47-4520274	0.00	24839
MIKE'S CUSTOM FLOORING, INC	61-1605454	0.00	203758
MIKOH INC	27-0411718	0.01	1121494
MILE AUTO, INC.	82-2284700	0.00	230464

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
MILE HIGH GRAPHICS INC	26-4742684	0.00	20094
MILEND INC.	58-2200634	0.03	2583687
MILES MEDIATION & ARBITRATION SE	71-0922469	0.01	781561
MILESTONE INTERNET MARKETING	73-1714975	0.03	3579135
MILLENNIAL BENEFIT MANAGEMENT CO	81-1593842	0.00	450708
MILLENNIAL TITLE LLC	47-3548232	0.00	0
MILLENNIUM AVERY CONDOMINIUM T	46-3680509	0.00	514345
MILLENNIUM DENTAL INTERNATIONAL	06-1477047	0.00	0
MILLENNIUM RESTAURANT GROUP LLC	38-3451205	0.00	66701

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
MILLENNIUM TOWER TRUST	81-3030597	0.01	1172106
MILLER CAPITAL ADVISORY, INC	36-4105155	0.07	8231631
MILLER CAT CORPORATION	46-1816038	0.01	186256
MILLER DEVRO AND ASSOCIATES IN	22-3075584	0.00	116518
MILLER LOWRY DEVELOPMENTS, LLC.	26-1464166	0.00	20514
MILLESIMA USA LLC	84-1701080	0.00	72319
MILSPEC WORKS LLC	30-0396597	0.00	1949
MIMS ENTERTAINMENT LLC	82-1786608	0.02	952381
MINDFUL HEALTH LLC	38-4119354	0.01	478840

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
MINDPOINT GROUP LLC	26-4013782	0.28	14854283
MINE & MILL SUPPLY COMPANY	59-0363380	0.00	244696
MINISO DEPOT CA, INC	61-1803744	0.00	51785
MINNESOTA CAREPARTNER LLC	46-3824598	0.00	0
MINT HOUSE INC.	81-5102110	0.02	1084591
MINT MOVING & CLEANING SOLUTIONS	84-4869160	0.00	4041
MINUTEMEN PRECISION MACHINE &	11-2201315	0.03	1969168
MIP NORTH AMERICA, LLC	92-0592371	0.00	88019
MIRLOGIC SOLUTIONS CORPORATION	27-1675262	0.02	542387

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
MIRON VIOLETGLASS USA, INC.	84-2248987	0.00	18562
MIRRA LAIN MANAGEMENT COMPANY	83-4609880	0.00	98861
MIRRA PHARMACY CORP	13-3857719	0.02	1042361
MIRRAM GROUP LLC	13-4066469	0.02	2159150
MIRUS LLC	47-2890717	0.04	2706527
MISSION HILL HOSPITALITY GROUP	86-2898006	0.02	699769
MISSION ROCK RESIDENTIAL, LLC	46-0752108	0.27	16307552
MITCHELL FAMILY OFFICE INC	84-3785104	0.04	1067301
MIXABLE LLC	85-0531407	0.01	1373334

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
MIXTAPE CLUB, LLC	20-2395062	0.01	594115
MJH SALES INC	20-3095552	0.01	299971
MJM BACHRODT LLC	46-0817385	0.00	0
MK PHYSICAL THERAPY INC	82-2192426	0.01	579336
MKID INVESTMENTS INC	81-3652410	0.01	841287
MLM HEARING, LLC	87-2539876	0.00	35998
MMF SYSTEMS INC	13-4060267	0.01	1626822
MN8	86-3702657	0.00	26548
MN8 ENERGY LLC	82-2842894	0.28	5358062

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
MNG MANAGEMENT, LLC	45-2823448	0.01	922641
MOBA CORPORATION	58-2468483	0.01	0
MOBILE AUTO CONCEPTS INC	20-0653338	0.00	29619
MOBILE MARKETING LLC	46-2401352	0.01	674516
MOBILESMITH INC	95-4439334	0.00	316101
MODE DISTRIBUTING, LLC	45-4870409	0.01	1688222
MODE INDUSTRIES INC	39-1397259	0.00	2130638
MODERN CRE LLC	46-3545684	0.01	156053
MODERN PHYSICIAN SERVICES PC	47-3019167	0.02	1287693

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
MODIFI AMERICAS LLC	88-2244023	0.01	0
MODO MODO AGENCY LLC	41-2256138	0.03	2929487
MODUS TEST, LLC	45-4112337	0.01	160520
MOED DE ARMAS & SHANNON ARCHITEC	13-3633447	0.01	1094432
MOERUS CAPITAL MANAGEMENT LLC	47-3262522	0.01	1261673
MOLITOR FINANCIAL GROUP, LLC	32-0124020	0.00	163015
MOMENTUM MINERALS HOLDING, LLC	82-2280051	0.02	1051497
MOMENTUM PROPERTY MANAGEMENT LLC	82-4676065	0.00	71087
MOMENTUM TRANSPORTATION SERVIC	76-0593201	0.00	144727

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
MONARCH MANAGEMENT OPERATING LLC	88-2406127	0.01	221963
MONDAY MOTORBIKES, INC.	87-1785939	0.00	2336
MONETAGO INC	47-2288060	0.00	86801
MONEY360, INC.	27-1886449	0.02	1778149
MONK MACHINERY, LLC	83-3454956	0.01	219118
MONKEDIA LLC	46-4832802	0.00	0
MONTAGE TECHNOLOGY INC	20-3652156	0.06	6
MONTENEGRO AMERICAS LLC	83-0704678	0.02	728185
MONTERRA ENERGY HOLDINGS LLC	47-3802005	0.00	985900

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
MONTESQUIEU CORP.	33-0714025	0.00	1966867
MONTGOMERY & ASSOCIATES LLC	27-3892244	0.00	0
MONTPARNASSE 56 CHICAGO LLC	80-0811762	0.01	990566
MONYER ELECTRIC LLC	45-2516087	0.00	0
MOONSWITCH SOFTWARE LLC	20-2805618	0.00	46046
MOONTOWER & CO. LP	88-2664798	0.00	43989
MOORE QUALITY FARMS, INC.	43-0888087	0.00	230767
MOOVILA INC	82-5488627	0.03	1962892
MORAHAN ARTS & MEDIA, LLC.	81-2005671	0.00	11844

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
MORENO INDUSTRIES INC.	33-0821900	0.00	2883
MORGAN BELL, LLC.	87-3372590	0.02	237850
MORGAN BUSINESS CONSULTING, LLC	20-0469467	0.07	10841531
MORGAN FIDELITY ASSOCIATES INC	47-2484021	0.01	100246
MORIAH FUND INC	31-1129589	0.00	74563
MORTON BROWN FAMILY WEALTH LLC	82-4566852	0.01	553282
MOSAIC RESIDENTIAL, INC.	20-8901961	0.02	2235274
MOSS ENTERPRISE INC	43-1448666	0.00	540002
MOSS PRECISION INC.	94-2641513	0.01	166893

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
MOSTLY AI INC.	84-3594059	0.00	31310
MOTION TECHNOLOGIES, INC.	86-0826725	0.00	50541
MOTIONWORKS AI INC.	87-4175398	0.01	366552
MOTIV SOLUTIONS INCORPORATED	84-3450449	0.00	0
MOTOPRIMO SOUTH, LLC	06-1669079	0.01	910060
MOTOR CITY RACKS, INC.	27-4695036	0.00	0
MOUNT CARMEL COMMUNITIES LLC	04-3650090	0.01	1269740
MOUNT MECHANICAL, INC.	84-1584559	0.00	28614
MOUNT STREET US GEORGIA LLP	82-2769941	0.02	1187218

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
MOUNTAIN COFFEE CORP	27-2997040	0.00	259955
MOUNTAIN KHAKIS, INC	88-3371719	0.00	0
MOUNTAIN SAGE LANDSCAPES	26-3487001	0.00	0
MOUNTAINEER BEHAVIORAL HEALTH LL	46-4528643	0.01	258619
MOUNTAINTOP BEVERAGE LLC	83-4653907	0.06	1166292
MOY-FINCHER MEDICAL GROUP	34-2053076	0.00	0
MP ACQUISITION, LLC	46-1471584	0.04	3744868
MPBT VENTURES, INC.	47-4635104	0.00	3529
MPC PLUMBING AND HEATING, INC.	20-1060389	0.01	958707

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
MPJN VENTURES, INC.	47-2810813	0.00	5029
MPRH VENTURES INC	84-2038515	0.00	5936
MPSS VENTURES, INC.	81-3264087	0.00	7752
MRI ASSOCIATES OF TAMPA INC.	59-3548559	0.00	250224
MROLAND MANAGEMENT SERVICES LLC	46-3719777	0.00	0
MRS. G INC.	22-1801676	0.01	333938
MSI FORKS LLC	57-1051128	0.01	670233
MT. PLEASANT SURGERY CENTER LLC	30-0872082	0.00	34337
MUC HOLDINGS LLC	45-3050873	0.00	35187

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
MUDDY PAWS RESCUE INCORPORATED	47-5496436	0.00	0
MUDSHARE LIMITED LIABILITY COMPA	47-0962124	0.00	0
MUIRFIELD CAPITAL GLOBAL ADVIS	82-1663993	0.00	28684
MULLIN P.C.	20-0290431	0.00	759179
MULTI FAMILY SOLUTIONS, LLC	26-2709368	0.02	972013
MULTI MEDIA SUPPLY, INC.	38-3033251	0.01	1722818
MULTI MODE LOGISTICS, LLC	06-1610521	0.01	2028390
MULTIFAMILY MANAGEMENT INC.	20-4617516	0.00	957711
MULTIMEDIA ABACUS CORP	95-4458359	0.00	197748

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
MULTIMEDIA PLUS INC.	13-3928317	0.00	1798628
MUNDI ASSET MANAGEMENT INC	84-3121712	0.00	355066
MURAL REAL ESTATE FEE SERVICES L	88-2019964	0.00	74602
MURPHY ENERGY SERVICES, LLC	47-5474889	0.00	69379
MURPHY SCHILLER & WILKES LLP	81-4823214	0.02	827019
MURPHY'S NATURALS, INC.	20-0888066	0.02	700570
MUSE CAFE, INC.	82-1520004	0.00	0
MUSEUM OF SCIENCE & INDUSTRY, IN	59-2657399	0.04	636894
MUTANT ARM LIMITED LIABILITY COM	47-3806785	0.01	0

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
MUTARA INC.	83-3045479	0.00	50066
MUTUAL WHOLESALE LIQUOR, INC.	95-2110187	0.03	3076495
MVP MANAGEMENT CORPORATION	68-0307788	0.00	634
MXN CORPORATION	58-2487694	0.01	4075006
MY MECHANIC, LLC	54-2137482	0.00	105152
MYCELIUM SOFTWARE, INC.	86-1986288	0.00	0
MYFUTURENC, INC.	84-2326658	0.02	516058
MYO FUN SPEECH PLUS LLC	47-1107215	0.00	0
MYOWNDOCTOR, LLC	47-1574727	0.00	99849

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
MYRTHA POOLS USA INC	65-1019305	0.01	1837860
MYRTLE AVENUE BROOKLYN DISTRIC	20-2659913	0.00	35623
MYSERVICE SOLUTIONS, INC.	77-0620374	0.00	276369
MYTILITY CORP	98-1287000	0.02	808083
N C MEDICAL BOARD	56-6002153	0.07	12516578
N. C. JEFFERSON PLUMBING & HEATI	22-2762600	0.00	107666
N2W SOFTWARE INC	99-0376668	0.01	1003776
NAADE, INC	26-2900514	0.01	923060
NADERPOUR & ASSOCIATES PA	11-3721073	0.01	508999

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
NAHLA CAPITAL MANAGEMENT, LLC	82-2125653	0.01	1052529
NAKOA ANALYTIC SOLUTIONS, LLC	88-3326993	0.00	13168
NAMCO POOLS LLC	82-3733546	0.00	0
NANOCYTOMICS, LLC	45-1032728	0.00	301972
NANOSYS INC	13-4182327	0.05	9567182
NAPALI RESIDENTIAL GROUP LLC	86-3446846	0.00	170298
NAPLES LAW GROUP, PLLC	87-2713283	0.00	100480
NARA HOTELS, INC.	46-4415171	0.00	10114
NASDAQ PRIVATE MARKET, LLC	86-2096186	0.10	2626975

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
NASHVILLE COMMUNICATIONS, INC.	63-1157503	0.01	804767
NASTEL TECHNOLOGIES, LLC	92-0276494	0.01	3209198
NATILIK INC	47-4238010	0.00	278659
NATIONAL ACADEMIC EDUCATIONAL	27-2278185	0.00	400676
NATIONAL ACADEMY OF DESIGN	13-1628183	0.00	0
NATIONAL ASSOCIATION OF CHARITAB	35-1796186	0.00	54146
NATIONAL ASSOCIATION OF PROFESSI	74-3117195	0.00	0
NATIONAL BANKCARD INC	26-0275766	0.01	106681
NATIONAL BUILDING MAINTENANCE, I	71-0938651	0.00	17792

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
NATIONAL DEFENSE INFORMATION SHA	82-2397014	0.01	895636
NATIONAL DISASTER SEARCH DOG F	77-0412509	0.01	1168680
NATIONAL INDUSTRIAL SUPPLY, L.	22-3613399	0.01	1045526
NATIONAL IRANIAN AMERICAN COUN	73-1626026	0.00	175789
NATIONAL METAL STAMPINGS INC	95-3568673	0.00	42415
NATIONAL OFFICE SERVICES, INC.	34-1010236	0.01	951289
NATIONAL ORDERS INC	20-1520438	0.01	193290
NATIONAL ORGANIZATION ON DISABIL	52-1238307	0.01	924667
NATIONAL PARCEL LOGISTICS INC.	59-3363151	0.01	0

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
NATIONAL PUBLIC HEALTH INFORMATI	58-1883255	0.00	217511
NATIONAL ROAD LOGISTICS, LLC	82-3157324	0.00	50775
NATIONAL SOCIETY OF BLACK ENGINE	35-1410757	0.02	1936069
NATIONAL WEB MARKETING LLC	27-1732574	0.00	294379
NATIONWIDE LOANS, INC	38-4093501	0.00	431
NATOORA US, INC.	30-0947047	0.00	2674
NATPETS LLC	32-0295851	0.03	1713318
NATURAL CONCEPTS MARKETING GROUP	90-0932974	0.01	490329
NATURAL NYDEGGER TRANSPORT COR	13-5508699	0.01	887578

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
NATURAL SOURCING LLC	81-0650780	0.00	0
NAU INTERNATIONAL INC	80-0948310	0.00	0
NAVADERM PARTNERS LLC	83-0779965	0.09	7555639
NAVARINO PROPERTY MANAGEMENT LLC	47-1793431	0.01	125154
NAVIGATE CAPITAL PARTNERS LLC	92-3744169	0.00	12398
NAVIGATOR ACADEMY OF LEADERSHIP	82-3325058	0.00	103650
NAVIGATOR AVIATION AND TOURISM M	26-2470445	0.00	56686
NAVITAS SYSTEMS, LLC	45-3414384	0.00	116557
NAWKAW INC	58-2474443	0.00	260803

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
NCIEA, INC	02-0501917	0.04	8420233
ND DENTAL LLC	92-2990825	0.00	198585
NE USA, INC.	87-1479173	0.03	493218
NEARMAP US INC.	30-0834546	0.11	4581901
NEATFRAME INC.	84-1766140	0.08	2758796
NEBRASKA HOME APPLIANCE INC	26-4775256	0.01	0
NEGITORO SERVICES INC	86-1351373	0.00	88320
NEIGHBOR BAKEHOUSE LLC	81-4244253	0.00	0
NEIGHBORHOOD HEALTH CLINIC INC	59-3546884	0.01	1320792

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
NEIGHBORLY VENTURES INC	82-0625991	0.01	1640098
NEMO DIGITAL HOLDINGS CORP	88-2761931	0.00	6517
NEOGRID NORTH AMERICA, LLC	52-2242825	0.00	4210038
NEOMAX, LLC	87-1092110	0.01	295635
NEOMIND LABS LLC	27-0196407	0.01	111461
NEONODE INC	94-1517641	0.00	494815
NEOPAC US, INC.	45-0821039	0.01	430574
NEOSEM TECHNOLOGY INC.	20-5253730	0.02	0
NEPHROLOGY ASSOCIATES OF THE C	56-1884447	0.01	1573282

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
NEPTEC OS INC	26-3435087	0.01	1545991
NET TUNER CORPORATION	65-0525520	0.00	614984
NETA SCIENTIFIC INC	22-3700956	0.03	2001479
NETCENTRIC TECHNOLOGIES INC	42-1767543	0.02	549694
NETFAST TECHNOLOGY SOLUTIONS I	11-3357247	0.01	820783
NETSTREIT MANAGEMENT LLC	27-3801927	0.03	1371730
NETWORK ASSOCIATES INC	90-0893052	0.01	350569
NETWORK LOGISTICS, INC.	20-4817585	0.00	18531
NETWORK SECURITY SYSTEMS PLUS IN	16-1651100	0.03	4723030

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
NEUEXCELL THERAPEUTICS INC.	81-1765720	0.02	690818
NEUINTEL LLC	20-1489187	0.15	8188416
NEUROMOD USA INC.	86-3508228	0.01	268090
NEURON FUEL, INC.	87-1778758	0.02	1225187
NEUTRONICS ENTERPRISES INC	33-0310078	0.00	106810
NEVADA CHILDHOOD CANCER FOUNDATI	88-0302673	0.00	123534
NEW AGE UNDERWRITERS AGENCY INC	20-1430759	0.00	0
NEW ART PUBLICATIONS INC	13-3336695	0.00	23498
NEW CENTURY BUILDING SUPPLIES IN	56-2583754	0.03	912478

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
NEW DIMENSIONS PRECISION MACHI	83-3341208	0.01	429200
NEW ENGLAND ANTI-VIVISECTION SOC	04-2104754	0.00	147536
NEW ENGLAND FIRE CAUSE & ORIGI	02-0466753	0.00	22044
NEW ENGLAND FIRE CAUSE AND ORIGI	02-0466753	0.09	7195091
NEW ENGLAND NONWOVENS LLC	26-3909057	0.00	14991
NEW FOUND HEALTH MANAGEMENT SERV	47-0964864	0.02	1305265
NEW HEIGHTS YOUTH, INC.	20-1903332	0.01	451204
NEW HOLLAND CAPITAL, LLC	55-0912981	0.10	27048589
NEW HORIZON GRAPHIC, INC.	11-2736520	0.00	94702

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
NEW IMAGE LABS CORPORATION	51-0278165	0.01	914073
NEW INDIAN RIVER CLUB INC	26-4830028	0.00	218826
NEW JERSEY SEEDS INC	22-3181507	0.01	2058631
NEW LASER EYE CENTER OF MIAMI IN	47-1736310	0.00	93455
NEW LIMECO, LLC	65-1073182	0.00	345320
NEW LONDON COMMUNICATIONS, LLC	80-0925553	0.01	964241
NEW MIND EDUCATION, LLC	27-4392216	0.00	9779
NEW NATIONAL LLC	84-1726492	0.02	822603
NEW REACH INC	22-3037451	0.02	1302599

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
NEW SOURCE MEDICAL LLC	81-1008627	0.02	1243148
NEW START CLHF'S INDEPENDENT TRA	83-2253337	0.00	40265
NEW TEX PLUMBING LTD	76-0354653	0.01	1060117
NEW TRIER AQUATICS	36-3358820	0.00	190566
NEW WATER CAPITAL LP	47-1667547	0.01	1110388
NEW YORK DISTILLING COMPANY LLC	26-4339425	0.00	71245
NEW YORK LIVE ARTS INC	13-6206608	0.01	758779
NEW YORK PACKAGING II LLC	04-3834351	0.01	2846117
NEW YORK VALUE CLUB LTD	11-3288102	0.02	4491572

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
NEWAVE PHARMACEUTICAL INC	47-2807568	0.01	302888
NEWCHEM21 INC.	83-2901416	0.00	125897
NEWCRESTIMAGE MANAGEMENT, LLC	46-1471394	0.01	163627
NEWGARD DEVELOPMENT GROUP INC	45-3067966	0.01	89662
NEWGRANGE ELECTRIC INC.	26-1976932	0.00	903982
NEWHERE INC	45-5311524	0.00	60511
NEWTON RUNNING COMPANY, INC.	20-5745249	0.00	798388
NEXALPHA TECH INC	87-1804944	0.00	228505
NEXCEL ELECTRONIC TECHNOLOGY INC	84-1928838	0.00	355356

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
NEXT DLP, INC.	87-4227443	0.02	448882
NEXT HORIZON CAPITAL, LP	86-3599432	0.00	121659
NEXTLEVEL GROUP INC	20-3929418	0.00	0
NEXTMORTGAGE LLC	83-4411659	0.00	1072539
NEXTRES, LLC	87-3879071	0.01	274798
NEXTSPORT, INC.	01-0590768	0.00	271578
NEXTTRIP HOLDINGS, INC	47-5418710	0.00	7648
NHA HOLDINGS LLC	83-4397470	0.01	533741
NIAKWA MANAGEMENT INC.	84-1250740	0.00	70059

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
NICOMATIC LLC	23-2939329	0.03	2920985
NICUS SOFTWARE, INC.	54-1744413	0.02	974143
NIDEC CHS, LLC	30-0058647	0.01	951800
NILEX USA INC	46-2395644	0.00	0
NIMA GOHARKHAY PLLC	81-2903281	0.02	1940765
NINEDOT HOLDINGS, INC.	47-5409598	0.06	1479740
NINEPATCH, INC.	84-2025595	0.00	164645
NINOS DEL CIELO, INC.	01-0664855	0.00	151601
NITEHAWK PROSPECT PARK LLC	35-2569045	0.00	53022

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
NITORUM CAPITAL LP	47-1392010	0.04	4349155
NMI HOLDINGS, INC.	45-4914248	0.38	47314334
NO DRUGS INC	27-3552648	0.00	0
NOAH GOPHER CAPITAL ADVISORS LLC	82-3922856	0.01	797640
NOBELBIZ, INC.	20-5983821	0.01	496047
NOBILIA NORTH AMERICA INC.	82-3709353	0.01	449180
NOBLE BIOMATERIALS, INC.	20-2122808	0.05	5020869
NOBLE DESKTOP NYC LLC	82-3633933	0.00	0
NOCTURNE LUXURY VILLAS, INC.	86-3873828	0.05	5423700

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
NOHO NY DISTRICT MANAGEMENT ASSO	13-3919295	0.00	81343
NOHO ZEPHYR, LLC	88-4184224	0.04	643873
NOKA LLC	47-2717559	0.01	304243
NOMADIC LEARNING LLC	45-3818913	0.00	0
NORDOST CORPORATION	04-3113420	0.05	8459465
NORDVIND II MANAGEMENT, LLC	85-4327882	0.00	116740
NORFOLK POWER EQUIPMENT, INC.	04-2697945	0.01	3163583
NORMAL BRAND LLC	47-1996692	0.02	417033
NORTH AMERICAN IMPLEMENTS INC	20-5621461	0.00	10761

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
NORTH CAROLINA TOBACCO MANUFACTU	47-2350646	0.00	208625
NORTH CENTRAL TEXAS TRAUMA	75-2534492	0.00	59517
NORTH COAST PROPERTY GROUP, INC.	86-0898432	0.04	1618895
NORTH COLORADO HEALTH ALLIANCE	65-1189617	0.00	261438
NORTH EAST FASTENERS CORPORATI	06-0791531	0.00	0
NORTH FLORIDA FOUNDATION FOR RES	59-3432918	0.00	93857
NORTH SHORE CENTER FOR	20-1006862	0.01	1296128
NORTH TX KIDNEY DISEASE ASSOC	75-2943993	0.00	473
NORTHEASTERN BUS REBUILDERS, INC	11-3194731	0.02	740434

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
NORTHERN CALIFORNIA SURGERY CENT	68-0561196	0.06	920817
NORTHSTAR ENVIRONMENTAL GROUP	62-1449800	0.01	1001582
NORTHSTAR RESIDENTIAL, LLC	20-2511858	0.01	633208
NORTHWEST DRIVE TRAIN, INC.	76-0554348	0.01	1727806
NORWILL INC	27-0002022	0.00	191102
NOTIFY, LLC	46-4073460	0.01	247610
NOTION, LLC	47-2081786	0.02	0
NOVA-TECH INTERNATIONAL INC	76-0474839	0.00	936260
NOVEM CAR INTERIOR DESIGN, INC	38-3151165	0.05	5551125

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
NOVO BUSINESS CONSULTING LLC	47-3814256	0.00	206151
NOVUS SELECT LLC	26-3643471	0.00	0
NOX SOLUTIONS, LLC	32-0494290	0.00	1290033
NRS MEDIA	58-2522112	0.00	674955
NS US HOLDINGS, INC	82-2314618	0.01	493656
N-TIER FINANCIAL SERVICES, LLC	13-4111104	0.05	2267185
NTRG LP	59-3784576	0.00	0
NTY FRANCHISE COMPANY, LLC	20-5584694	0.01	909441
NU IMAGE NOW WELLNESS CENTER	80-0222611	0.00	149224

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
NUA GROUP LLC	82-1064961	0.02	0
NUBURU INC	47-3228456	0.02	603626
NUCO HEALTH LLC	46-0951661	0.08	5852527
NUDE NICOTINE INC	47-3232249	0.00	3113
NUDIE JEANS INC	90-1029521	0.00	81035
NUKEMED, INC.	20-2288148	0.11	3353503
NULOOM, LLC	30-1045298	0.00	0
NUMEM INC.	81-3164694	0.01	145820
NUO THERAPEUTICS, INC.	23-3011702	0.01	213702

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
NUSPECIES CORPORATION	26-0535413	0.00	15711
NUTHERM INTERNATIONAL INC	37-1079821	0.01	1960026
NUTRACEUTICAL WELLNESS INC.	35-2582450	0.24	6897821
NUTRACEUTICALS INTERNATIONAL GRO	45-3082076	0.01	448380
NUTRACOM, LLC	83-1151608	0.00	0
NUVINAIR GLOBAL, LLC	83-4435022	0.01	76704
NU-WAVE PAGING & CELLULAR INC	22-3528841	0.00	854016
NVERSES CAPITAL LLC	87-3969272	0.01	124762
NW ANXIETY INSTITUTE, LLC	46-1920291	0.01	616509

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
NY STATE TRIAL LAWYERS ASSOC.	13-5662188	0.00	248395
NYCXD, INC	85-3379562	0.00	0
O&P DIGITAL TECHNOLOGIES LLC	59-3673209	0.02	1604781
O.C.D KIDS INC.	20-4259054	0.00	179673
O2 CONCEPTS, LLC	27-2016428	0.02	2058911
OA SERVICES LLC	20-2780754	0.03	3499370
OAK HARVEST INSURANCE SERVICES	45-5067959	0.02	929166
OAK THISTLE LLC	38-3976714	0.00	75408
OAKLAND FUND FOR PUBLIC INNOVATI	87-2236607	0.00	25419

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
OAKLEY OSG, LLC	82-4279894	0.01	1639524
OAKMONT CAPITAL HOLDINGS LLC	85-4050507	0.04	2364448
OAKWOOD MANAGEMENT COMPANY	31-0791048	0.04	4915582
OBESITYHELP, INC.	88-0505130	0.00	703373
OBIE MECHANICAL SERVICES, INC.	26-3844695	0.00	0
OBJECT CONSTRUCTION, INC.	82-3208012	0.01	96569
OBSERVER HOLDINGS, LLC	47-3090270	0.03	1767948
OBSTETRICS & GYNECOLOGY CONSUL	86-0316182	0.00	16674
OCCAM GLOBAL LLC	46-1344397	0.00	41890

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
OCCUNOMIX INTERNATIONAL LLC	16-1655364	0.02	1358266
OCEAN BIOMEDICAL, INC.	85-4177213	0.00	254
OCEAN TOWER ONE KEY BISCAYNE CON	01-0597622	0.00	476307
OCEANSIDE COMMUNITY ASSOCIATION	95-2298542	0.00	0
OCGP LLC	81-4575387	0.02	488112
OCMBC INC	33-0962918	0.13	3770867
O'CONCO INC	22-3231318	0.01	3126782
OCTAVIA WEALTH ADVISORS LLC	84-5016689	0.03	0
OCTOGONE NA LLC	88-2225621	0.00	408657

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
ODEKO INC	83-3824623	0.11	4374295
ODOO, INC.	80-0581707	0.20	4629478
OFF ROAD CAPITAL MANAGEMENT LLC	81-3028010	0.00	162642
OFFICE AUTOMATION GROUP	77-0586475	0.00	39008
OFFICE OF THE CHAPTER 13 TRUST	86-0835956	0.01	1879946
OFF-WORLD, INC	81-1202515	0.05	1168536
OFI SAAS LLC	85-4208415	0.01	356667
OGON CONSULTING LLC	83-1606314	0.00	100738
OGRE SYSTEMS INC	20-2803059	0.00	1621729

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
OGX MEDIA EXPERIENCES, LLC	84-2595951	0.02	297529
OHLIN SALES, INC.	41-1710711	0.01	682852
OHRI, LLC	47-2067699	0.04	1273317
OKLAHOMA FLUID SOLUTIONS, LLC	47-0959016	0.03	4186332
OKLAHOMA POLICY INSTITUTE	33-1178624	0.01	930901
OLD ORCHARD CAPITAL MANAGEMENT L	46-4809031	0.02	1607567
OLD SLIP CAPITAL MANAGEMENT INC	36-2639574	0.00	4276
OLD TOLEDO BRANDS, INC	22-3664944	0.00	3790
OLDE MILL INN AT BERNARD'S INC.	22-3204833	0.02	2681650

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
OLE & LENAS GARAGE DOOR SERVICE	56-2392477	0.00	39341
OLI'S BAKERY INC.	82-4142822	0.00	0
OM STONE INC	93-0741895	0.01	448811
OMAHA INSOMNIA AND PSYCHIATRIC S	46-2459722	0.00	76209
OMBLIGO INC	13-4061817	0.00	68245
OMEGA LAW GROUP PC	81-1401746	0.02	682904
OMEGA LENDING GROUP, PLLC	47-1244819	0.00	37655
OMEGA MANAGEMENT INC	41-1314708	0.04	1083428
OMNI CHANNEL MEDIA INC.	82-3537715	0.00	34955

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
OMNI CONSULTING SOLUTIONS LLC	45-3710709	0.05	0
OMNI MACHINE & MANUFACTURING INC	85-2336288	0.00	2429
OMNIMETRIX LLC	58-2413837	0.01	1885047
ON THE CUSP PEDIATRIC DENTISTRY	45-4083788	0.01	539809
ONBOARD LOGISTICS USA INC	47-3912776	0.00	57285
ONCACARE, INC.	85-3676109	0.00	98509
ONE CLICK TECHNOLOGY LLC	47-5429273	0.00	28307
ONE MADISON GROUP LLC	81-3668769	0.00	126489
ONE MECHANICAL NEW INNOVATIONS L	81-3837076	0.00	15725

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
ONE MILLION YEARS FOUNDATION, IN	13-4177993	0.00	101095
ONE ON ONE SHERPA LLC	46-3611676	0.03	2193729
ONE RING NETWORKS, INC.	30-0588498	0.04	2449891
ONE SOURCE ENTERPRISE, LLC	81-3621484	0.00	8557
ONE SUMMIT INC	47-4659654	0.00	21707
ONE WORLD ALLIANCE INC	20-8699051	0.00	1121
ONE-EIGHTY COUNSELING, P.A.	26-0612112	0.01	88822
O-NET COMMUNICATIONS USA INC	99-0380756	0.07	6034764
ONEWEB TECHNOLOGIES INC	76-0622853	0.05	2449737

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
ONLINE LEARNING CONSORTIUM INC	26-1970287	0.02	2078876
ONLINE RESOURCES AZ, LLC	85-0715462	0.01	179665
ONNERA USA INC	04-3544438	0.00	309253
ONSCREEN SOLUTIONS, INC	84-3349876	0.00	114329
ONSHORE NETWORKS OF ILLINOIS LLC	27-1402140	0.00	98968
ON-SITE HEALTH DIAGNOSTICS LLC.	20-1906668	0.01	484145
ONTARIO CEMETERY ASSOCIATION	95-1067380	0.01	485874
ONWARD MEDICAL INC.	80-0961596	0.01	322651
ONYX PACKAGING CORPORATION	11-2412135	0.02	1995163

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
OOMNITZA INC	45-5323471	0.04	1932057
OPAL LABS INC.	27-3667793	0.03	2163297
OPEN JAR STUDIOS LLC	82-1764257	0.01	278725
OPEN MANAGEMENT LLC	87-3505941	0.01	387082
OPEN PRIMARIES INC	47-1494685	0.01	614908
OPEN WATER SEAFOOD LLC	37-1904516	0.00	0
OPENGAMMA INC	42-1769002	0.00	182121
OPENMARKETS, INC.	46-2017874	0.01	1089711
OPENMFG LLC	54-2060360	0.00	0

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
OPERATING & MAINTENANCE SPECIA	56-1291854	0.01	1066288
OPERATION OPPORTUNITY FOUNDATION	45-2745669	0.01	294121
OPG VENTURES, LLC	81-3758798	0.01	858193
OPTEAMIX, LLC	45-4392895	0.00	225678
OPTIBELT CORPORATION	36-2907489	0.03	2892033
OPTIMA PARTNERS HOLDINGS LLC	46-4518926	0.02	953676
OPTIMAL RANGING INCORPORATED	27-0779997	0.01	1264670
OPTIMAL SYNTHESIS INC	77-0484755	0.01	2913509
OPTIMIZE SOCIAL MEDIA INC	46-0577151	0.01	514474

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
OPTIMOROUTE INC.	47-2330875	0.01	112618
OPTIMUM PROFESSIONAL PROPERTY MA	95-4580005	0.01	900821
OPTIMUM WATER SOLUTIONS INC	47-1183105	0.01	401035
OPTIMUS HEALTHCARE SERVICES, INC	85-2479485	0.00	72603
OPTOFLUIDICS, INC.	27-3016935	0.03	1749147
OPTOVUE, INC	83-0382608	0.02	0
ORANGE COAST COSMETIC DENTISTRY	81-1847344	0.00	0
ORANGE COUNTY COMMUNITY HOUSIN	95-3221290	0.01	1941582
ORANGE RIVER MANAGEMENT LP	83-1457558	0.00	102810

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
ORBIS INTERNATIONAL TECHNOLOGIES	75-2748317	0.03	1708918
ORCAWEST HOLDINGS LLC	56-2512082	0.01	0
ORCHARD STREET HOTEL MANAGEMENT	83-1739517	0.01	351695
ORCHID ISLAND GOLF & BEACH COMMU	65-0194373	0.00	0
ORDER OF MALTA WORLDWIDE RELIEF	26-3701623	0.00	85448
ORDERTECH CORP	46-0634204	0.00	4504922
ORGANIC INDIA USA LLC	84-1605565	0.01	1151521
ORGANIC SPICES	26-0060595	0.01	932404
ORGANICS CORPORATION OF AMERICA	22-1972958	0.01	197399

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
ORIGIN ACOUSTICS, LLC	46-5339502	0.08	2295006
ORIGIN HOLDINGS INC	88-4328361	0.00	17777
ORIGLIO & MIRAMONTEZ COMPANY, IN	13-4335873	0.00	310481
ORLANDO SURGERY CENTER LLC	82-1428367	0.00	2105
ORPHEUS CHAMBER ORCHESTRA INC	23-7362572	0.00	77120
ORPHEUS INC	86-1013116	0.00	8461
ORR & ASSOCIATES LLC	45-5288982	0.00	138829
ORSMAN DESIGN INC	26-3388919	0.01	1784841
ORTHODONTICS DESIGN&PRODUCTION	33-0600815	0.00	434742

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
ORTOFON INC	11-2645592	0.00	812722
ORVEON GLOBAL US LLC	87-2670692	0.01	0
OSCEOLA ENGINEERING, INC	20-2090537	0.01	1653656
OSCILLOSCOPE PICTURES INC.	26-1837048	0.00	296298
OSI HARDWARE	26-2884292	0.07	9028671
OT4KIDS, INC.	20-2111920	0.00	35954
OTD OPERATIONS LTD	86-1398161	0.00	188212
OTHER WORLD COMPUTING INC.	27-1358340	0.09	13383283
OTTERSOFT CORPORATION	87-2526067	0.01	90254

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
OU FEDERAL CREDIT UNION	73-0621684	0.01	526491
OU INTERESTS, INC.	94-3231501	0.01	699985
OUR BEGINNING LLC	26-4075878	0.00	212855
OUR FAMILY HEALTH CENTER LLC	94-3441415	0.02	1130368
OUR NEW YORK VODKA LLC	46-4233332	0.00	73765
OUT OF THE BOX NOW INC	93-1407976	0.00	91172
OUTER BANKS THREE LLC	26-1345167	0.00	581878
OUTLIERS INC	81-5351081	0.00	94919
OUTLOOK RESOURCES, INC	90-0411217	0.04	4498300

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
OUTLOOK THERAPEUTICS INC	38-3982704	0.06	3237403
OVER THE TOP MARKETING CORPORATI	81-4608071	0.03	1439759
OVERDOSE AMERICAS, INC.	86-3601649	0.02	709169
OVERLAND TRAIL GALLERIES INC	41-1474247	0.00	1742789
OVERT BIO, INC	88-3838475	0.01	100480
OVIS CREATIVE LLC	26-3573160	0.00	430306
OWENS CAROLINA ORTHOTIC AND PROS	56-1634753	0.00	213
OWNERSHIP WORKS INC	86-2054001	0.03	682082
OXA AUTONOMY US LLC	37-2089921	0.00	34386

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
OZ ENGINEERING, LLC	86-1000230	0.01	6081960
OZTERA INC.	94-3401535	0.02	904306
P & M SOLUTIONS, LLC	20-0611686	0.00	96235
P & M SOLUTIONS, LLC	20-0611686	0.04	4948677
P GROSSMAN A PROFESSIONAL LAW	95-3944660	0.01	556668
P V KENT & ASSOCIATES, P C	04-3542599	0.01	3371263
P.A.- MAX IMPORTS, LLC	45-4167814	0.00	862304
P.L. CUSTOM BODY AND EQUIPMENT C	22-1922998	0.02	6343639
P.T.I. IMPORT INC	43-2018255	0.00	118013

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
P2 CAPITAL PARTNERS LLC	20-2436330	0.01	3130379
PACE JOINT INTERESTS LLC	45-3217331	0.01	229553
PACIFIC ARTISAN LABS LLC	82-3354664	0.00	8069
PACIFIC CONTINENTAL CLOTHING, IN	95-4489144	0.00	87853
PACIFIC DIABETES TECHNOLOGIES IN	45-3816870	0.02	230391
PACIFIC DIVERSIFIED MANAGEMENT	84-2172698	0.00	186261
PACIFIC HOME LOANS INC	26-1284444	0.00	70336
PACIFIC IPA	95-4075472	0.00	33012
PACIFIC J PARTNERS LLC	47-4925109	0.00	283420

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
PACIFIC MEDTECHS INC.	01-0850144	0.01	1750203
PACIFIC RIM ALLIANCE CORPORATI	33-0986280	0.00	143834
PACIFIC RIM ALLIANCE CORPORATION	33-0986280	0.02	4230596
PACIFICO ENGINEERING P.C.	26-3939388	0.01	1681672
PACORPNATION, INC.	47-1050895	0.00	206280
PACSHEALTH LLC	51-0546679	0.00	778749
PADDY O' FURNITURE, INC.	86-0684869	0.02	1848632
PADILLA & COMPANY LLP	11-3287732	0.01	1123113
PAGEDNA, INC.	94-3264617	0.00	0

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
PAGER, INC.	38-3904175	0.09	73249
PAGEUP PEOPLE INC.	27-3294567	0.02	1357366
PAI PARTNERS INC	47-5474544	0.02	1113185
PAII, INC	32-0505259	0.05	4309128
PAIN MANAGEMENT PARTNERS, LLC	84-3568612	0.02	811682
PAINT CARS INC	46-4205764	0.00	733634
PALACE INTERIOR DESIGN INC	02-0587268	0.00	92289
PALADIN CAMPAIGN HOLDING, LLC	92-0968175	0.10	1768891
PALIGO INC	86-3298336	0.00	131718

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
PALM BAY ASSOCIATION, INC	59-1368543	0.00	35865
PALM MANAGEMENT COMPANY LLC	83-3094315	0.01	0
PALMER SQUARE CAPITAL MANAGEMENT	27-0400678	0.05	0
PALMETTO CARE CONNECTIONS	46-2511868	0.00	226904
PALOMA AIR CONDITIONING CORP	85-4378729	0.00	274987
PALOS VERDES MANAGEMENT CO., LP	46-4436190	0.00	20721
PAN CAPITAL MANAGEMENT LP	38-3904757	0.03	535851
PANAVID INC	22-2277836	0.00	50197
PANAYA, INC.	20-4629742	0.03	2883944

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
PANIC BUTTON LLC	26-1405912	0.02	949157
PANOFF PUBLISHING INC.	65-0015639	0.01	2006011
PANOPTIC ERP, LLC	92-3842110	0.00	34307
PANTALEON COMMODITIES CORP	30-1114685	0.01	510822
PANTE TECHNOLOGY CORPORATION	75-2881700	0.00	17605
PAPER CUT CLOTHING LLC	20-5786230	0.04	1426713
PAPER EDUCATION AMERICA INC.	35-2657137	0.00	0
PAQUIN SENSORS LLC	92-1001276	0.00	234880
PAR AUTO GROUP LLC	81-3400401	0.00	2683

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
PAR CONSULTING LLC	26-3373923	0.00	31704
PAR ENGINEERING, INC.	95-3906039	0.00	147120
PARADYNE MEDICAL PRODUCTS, INC.	47-2048074	0.00	12817
PARAGON APPLICATION SYSTEMS, INC	56-1862264	0.03	6226112
PARAGON DESIGNED SYSTEMS, INC	75-2147329	0.02	898574
PARAGUS STRATEGIC IT, INC.	20-4270900	0.02	949699
PARALLAX INVESTORS, LLC	27-3402493	0.01	211959
PARALLEL SYSTEMS, INC.	35-2683367	0.04	1211908
PARAMETRIC HOLDINGS LLC	88-1234296	0.01	78581

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
PARAMOUNT PROPERTY COMPANY LTD	47-2337073	0.00	0
PARC AUTO, LLC	92-2817125	0.02	2004650
PARC COMMUNITIES LLC	46-0615203	0.01	481129
PARENTS INVINCIBLE INC	86-3514565	0.00	5046
PARFUM FRANCIS KURKDJIAN, LLC	27-0682143	0.01	1222774
PARK CITY DRILLING TECHNOLOGIE	82-1177999	0.00	302247
PARK GROUP SOLUTIONS LLC	20-2997846	0.00	196121
PARK VIEW TRAVEL BEVERLY HILLS	47-2405366	0.01	962303
PARKER MANAGEMENT FLORIDA, LLC	03-0492783	0.03	13284991

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
PARKER MEDIA GROUP, LLC	76-0549030	0.00	2653251
PARKER MONTESSORI INC	20-8020859	0.01	359493
PARMER ENTERPRISES INC	80-0878321	0.02	1178649
PARSEC MEDIA INC	46-5763017	0.00	22480
PARSONS & WHITTEMORE, INC.	13-1151920	0.04	19766195
PARTICLE SIZING SYSTEMS, LLC	27-0559424	0.00	138
PARTNERS DATA SYSTEMS	33-0648141	0.00	757574
PARTNERS IMAGING CENTER OF SARAS	20-4363724	0.01	1004290
PARTNERS IN CARE FOUNDATION INC	95-3954057	0.07	6095379

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
PARTNERS IN SCHOOL INNOVATION	94-3205455	0.04	2858718
PARTNERSHIP SCHOOLS	13-3976873	0.05	1823851
PARTSIMONY INC	47-4616937	0.00	0
PARTY GOODS WAREHOUSE INC	59-2447532	0.01	0
PAS CARGO USA INC	42-1539006	0.00	0
PAS USA INC.	04-3745798	0.01	1191823
PASA ALTA MANOR	95-3446410	0.00	68023
PASACA CAPITAL, INC.	85-0501918	0.14	5877299
PASS IT DOWN, INC	47-3753843	0.00	23777

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
PAT FLYNN'S INCORPORATED	33-0981255	0.00	18600
PATH EDUCATION INC.	82-2083526	0.02	701237
PATH MD, INC.	27-3237160	0.02	2316702
PATRIOT EQUIPMENT SOLUTIONS LLC.	85-2452654	0.00	40529
PAULEY PLASTIC, LLC	85-1636733	0.00	147088
PAVEMASTER INC	45-3658446	0.00	3538
PAW SWEET PAW, INC	81-3033066	0.00	145552
PAWS IN PARADISE LUXURY RESORT A	81-5265954	0.00	5838
PAXIA INC.	83-4215635	0.01	549248

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
PAYLESS WATER HEATERS & PLUMBING	20-1096661	0.01	1113442
PAYMENT MANAGEMENT SYSTEMS LLC	47-2068495	0.00	190733
PAYMERANG LLC	27-1517964	0.00	0
PAYPRO U.S. INC.	75-3269282	0.00	17726
PAYROLL AND ADMINISTRATIVE SER	27-2125793	0.00	644
PBR MANUFACTURING LLC	32-0110602	0.01	1019764
PBS BIOTECH INC	34-2060888	0.08	3021317
PC SOLUTIONS & INTEGRATION INC	65-0798706	0.02	1024244
PCGH COLLABORATIONS LLC	88-1328076	0.00	18895

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
PDK LIQUID STONE PARTNERS LP	75-2970045	0.01	1074325
PEACHTREE BIORESEARCH SOLUTIONS	26-3390136	0.02	0
PEAG, LLC	35-2537926	0.05	2250786
PEAK ACTIVITY LLC	47-4903806	0.03	2470758
PEAK MEDIA PROPERTIES, LLC	84-2241368	0.00	0
PEAK PROCESS GROUP, LLC	83-2039372	0.00	0
PEAKVIEW SOLUTIONS, LLC	20-8262595	0.01	709834
PEANUT BUTTER & CO., INC.	13-4015642	0.01	1113017
PEARL GLOBAL USA INC	85-2906883	0.00	120386

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
PEARLPARADISE.COM, INC.	20-8143924	0.00	60922
PEARLSHIRE SCHAUMBURG LLC	82-1402824	0.00	0
PEBB CAPITAL MANAGEMENT LLC	46-5680624	0.02	1850354
PEDALPOINT HOLDINGS, LLC	87-4112381	0.00	61756
PEDDLE LLC	27-4618487	0.06	4797129
PEDIATRIC DENTISTRY & ORTHODONTI	27-3386771	0.01	1607517
PEDIATRICS 2000 (II) PC	13-4068305	0.01	1565570
PEDOWITZ GROUP LLC	26-0677942	0.02	0
PEEKADOODLE KIDSCLUB INC	42-1745676	0.00	63433

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
PEER SOFTWARE INC	11-3181914	0.03	2679855
PEGAH GHASSEMI BAKHTIARI DDS INC	81-0857956	0.00	33050
PEGASUS CAPITAL ADVISORS LP	06-1547389	0.02	7450319
PEGASUS COMMUNICATIONS MANAGEMEN	23-2850348	0.01	1232654
PEGASUS CORPORATION OF AMERICA	58-1472509	0.00	780873
PELIPOST TECHNOLOGIES LLC	81-1727762	0.00	104374
PELSIS, LLC	58-2543245	0.02	1663707
PEMRO CORPORATION	34-1968082	0.00	117296
PENCIL, INC.	22-3384302	0.01	790558

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
PENINSULA SCHOOL FOR BOYS	85-4043151	0.00	76942
PENROSE CHUN & GORMAN LLP	27-1907426	0.00	0
PENTAURUS LIMITED LIABILITY COMP	46-4823270	0.00	268382
PEOPLE POWERED - GLOBAL HUB FOR	85-3664003	0.00	114849
PEOPLES BANK & TRUST CO	73-0397070	0.01	3097972
PEOPLES CREDIT UNION	84-0519638	0.00	612292
PEOPLESHORES PBC	81-5122511	0.00	1345
PEP INVESTMENT OPERATIONS, LLC	26-1144444	0.01	1491410
PEPCO SALES OF DALLAS, INC.	75-1564870	0.04	3297134

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
PEPWEAR LLC	20-2725706	0.01	782076
PERFECT SENSE, INC.	81-4289291	0.00	4780
PERFORMANCE REALTY INC.	36-4878001	0.00	617369
PERFORMANCE TITLE SERVICES INC	20-0897994	0.00	67611
PERFORMANCE TRUCK REPAIR INC	80-0851895	0.00	21635
PERFORMIVE LLC	16-1742051	0.01	6
PERIDOT FINANCING SOLUTIONS LLC	84-2030405	0.08	4027495
PERIDOT SOLUTIONS, LLC	26-1114161	0.03	2349138
PERIMETER REALTY INC	59-3294260	0.00	0

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
PERIPHERAL COMPANY INC.	22-2419915	0.00	52
PERKVILLE, INC	27-1874267	0.01	467744
PERMANENTE HEALTH CARE VENTURES	84-3156297	0.00	44470
PERMISSION DATA, LLC	30-0033517	0.00	31024
PERMISSION IO INC	20-1566519	0.00	383174
PERSICO USA, INC.	46-3374432	0.02	1385916
PERSONNEL RESOURCE MANAGEMENT IN	31-1421915	0.02	4150281
PERSYS ENGINEERING, INC.	76-0478710	0.00	79834
PET DENTAL PLUS LLC	88-3878819	0.00	1610

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
PET RESORT HOSPITALITY GROUP INC	88-2964029	0.00	9307
PET SUPREME, INC.	20-1490631	0.00	0
PETE FOWLER CONSTRUCTION SERVICE	33-0690564	0.03	2286299
PETIOLE USA LIMITED	37-1632212	0.00	158706
PETRUCELLI, PIOTROWSKI & CO. INC	22-3796162	0.00	61245
PETS + PEOPLE CONSUMER PRODUCTS	26-4726970	0.00	1765492
PETS GLOBAL INC	42-1770626	0.01	1230717
PEWEE VALLEY VETERINARY CENTER	26-2525270	0.01	1152243
PEXAGON TECHNOLOGY, INC	14-1851781	0.00	118195

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
PFANSTIEHL, INC.	46-3413142	0.12	12100184
PG TECH LLC	87-1278091	0.00	9746
PGM GLOBAL INC.	98-1095864	0.00	0
PH.CREATIVE INC	82-0949884	0.01	358576
PHARMAKON ADVISORS LP	27-0394469	0.00	160466
PHARMCO LABORATORIES INCORPORATE	59-1901323	0.00	328402
PHARM-PACC CORPORATION	65-1049523	0.01	1154893
PHENIX SPECIALTY FILMS, LLC	27-3500928	0.01	453521
PHIBRO BIODIGESTER LLC	83-0633238	0.00	227549

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
PHILADELPHIA ACADEMY OF SCHOOL L	82-5484855	0.01	336518
PHILLIPS DISTRIBUTING CO.	39-0982603	0.01	4304355
PHILLIPS LAW FIRM PLLC	91-1766842	0.00	179439
PHILLIPS SPALLAS & ANGSTADT LLP	94-3253661	0.04	8890477
PHILONG PHAM DDS DENTAL PROFESSI	88-2861641	0.00	143025
PHILOS MECHANICAL LLC	30-0937260	0.00	11641
PHIO PHARMACEUTICALS CORP	45-3215903	0.01	1437051
PHOENIX INCORPORATED	04-2543569	0.01	2649533
PHOENIX MEDICAL GROUP LLC	82-2819451	0.03	1003065

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
PHOENIX PAVER MANUFACTURING LLC	20-3400016	0.02	1717349
PHOTO FINISH RECORDS LLC	20-3231269	0.00	365340
PHOTO SOLUTIONS,INC	93-1152865	0.00	26366
PHOTON FUND LLC	81-2021967	0.00	170074
PHRONESIS GLOBAL TRAINING SOLUTI	46-5757691	0.03	1245375
PHYBUS, LLC	26-4788687	0.01	157425
PHYSIATRY REIMBURSEMENT SPECIALI	75-2393012	0.00	183129
PHYSICAL THERAPY OF HARLEM, L.	05-0589221	0.00	37093
PHYSICIANS CARE GROUP OF WEST GE	58-2185799	0.01	4599610

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
PHYSICIANS CHOICE RESPIRATORY	65-0670790	0.00	0
PHYSICIANS PHARMACEUTICAL CORP	90-0262668	0.00	63308
PI BETA PHI FRATERNITY	37-0464584	0.03	2502108
PI CAPITAL INTERNATIONAL LLC	37-1797868	0.00	55300
PICTET ASSET MANAGEMENT USA CORP	84-3373799	0.03	1469484
PIERPOINT LLC	47-1978844	0.00	0
PIERWALK, LLC	47-2153998	0.01	576682
PIETRYKA PLASTICS	83-0864647	0.01	745890
PIKOLINOS USA CORP	20-4619425	0.00	151049

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
PILLAR CLINICAL RESEARCH, LLC	26-2578756	0.00	44903
PILLER CHILD DEVELOPMENT LLC	27-1851322	0.01	310781
PILOTED SCHOOLS OF NEVADA INC	86-1761385	0.00	26657
PIMBERLIN ENTERPRISES, LLC	83-0851610	0.00	113416
PINE CREEK PROPERTIES	95-3702809	0.02	2688485
PINEAPPLE HOUSE-INTERIOR DESIGN	58-1739713	0.00	667660
PINECREST ACADEMY, INC.	65-1018632	0.19	17978985
PINELLAS SURGERY CENTER LLC	75-2563226	0.00	515994
PINGAHLA, INC.	83-1491277	0.01	435248

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
PINI GROUP USA INC.	88-2859190	0.02	277772
PINNACLE ADVERTISING LLC	81-4633929	0.00	98066
PINNACLE BRAND GROUP INC	27-1236358	0.00	9030
PINNACLE CONSULTING ENTERPRISE	14-2005307	0.04	5674575
PINNACLE HOME SERVICES, LLC	46-2780295	0.01	0
PINNACLE MANAGING CO LLC	13-4055497	0.03	8184661
PINNACLE PRO LOGISTICS LLC	81-3360001	0.01	319059
PINNACLE TECHNOLOGY PARTNERS	81-5287870	0.03	1658516
PIONEER FASTENERS & TOOLS INC	75-1886087	0.02	1539476

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
PIPEDRIVE INC	45-2903034	0.06	3641062
PIRTEK USA, LLC	59-3453133	0.02	1709389
PISMO MANAGEMENT, LLC	82-2585565	0.01	455883
PIT BARREL COOKER CO. LLC	45-2789797	0.00	463376
PITCH MEDIA GROUP INC	46-4555215	0.01	458489
PITTENGER ACCOUNTING GROUP LLC	90-0523574	0.01	352378
PITZER CONSTRUCTION COMPANY, INC	20-1585015	0.01	214961
PIVOTAL TAX SOLUTIONS LLC	73-1689420	0.01	340582
PIXOMONDO LLC	26-2849769	0.00	58684

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
PK US INC	37-1739892	0.00	20985
PKM INC	45-4378414	0.03	983992
PLANET INNOVATION, INC.	46-1743842	0.03	0
PLANIT GROUP LLC	27-3318909	0.01	432214
PLANK ROAD FORESTRY LLC	45-3048376	0.00	135999
PLANT FANTASIES, INC.	13-3837650	0.00	0
PLANTAGE RIO, INC.	35-2630062	0.00	122537
PLANTED SOLAR INC	84-4432242	0.02	330205
PLASTIC SURGERY ASSOCIATES OF AT	58-2050847	0.02	1640898

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
PLASTICITY MANAGEMENT SERVICES L	84-4181008	0.00	77745
PLATINUM LOGISTICS INC	36-4344822	0.00	13580
PLATINUM PROPERTY MANAGEMENT, LL	84-4170166	0.00	0
PLATINUM REALTY MANAGEMENT INC	95-4764251	0.00	71714
PLATIVE, INC	47-0976220	0.06	0
PLAY2PAY INC	47-5417049	0.00	126269
PLAYGIG INC	86-2057471	0.02	328153
PLAYWIRE LLC	36-4618984	0.05	3631607
PLDT US LTD	51-0407111	0.01	1978498

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
PLU&M USA INC.	37-1909785	0.00	6896
PLUMB-ALL LLC	32-0570885	0.00	76754
PLUSONE SOLUTIONS, INC.	20-2256595	0.01	1004455
PLYMOUTH RUBBER EUROPA, S.A.U.	98-0603391	0.00	193775
PNL MANAGEMENT COMPANY, LLC	46-2980147	0.00	779467
POD FOODS CO.	82-2268784	0.01	492276
POINT OF IMPACT INC	31-1301501	0.04	10320086
POINT SOURCE YOUTH INC	47-3748007	0.02	497285
POINT-TO-POINT SOLUTION, INC.	11-3473641	0.00	43887

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
POLAR CAPITAL AMERICA CORPORATIO	27-3738551	0.00	59269
POLAR POWER INC.	33-0479020	0.01	722002
POLARIS ASSOCIATES INC	20-4444752	0.01	1710006
POLLEN STREET CAPITAL (US) LLC	45-2784672	0.02	1452115
POLYGEN PHARMACEUTICALS INC	47-4226258	0.00	54195
POLYGON SOLUTIONS INC	27-2783318	0.01	180257
POLYHOSE INCORPORATED	20-8563188	0.01	582798
POLYMAKER LLC	46-3919368	0.00	102921
POLYMER CAPITAL MANAGEMENT (US)	86-3152185	0.01	274014

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
POLYWISE INC	83-0588515	0.00	57953
POOL FACTORY, INC.	11-3144735	0.01	0
POOL-TOWN INC.	22-2763004	0.01	171650
POPLIFE ENTERTAINMENT GROUP LLC	46-1282437	0.00	37409
POPPY'S CATERING AND EVENTS, LLC	46-1355691	0.00	0
PORIFERA INC.	26-2704998	0.02	2918181
PORT 32 MARINAS LLC	87-1458888	0.02	841047
PORTICO HEALTHNET	41-1814659	0.01	871015
PORTICO PARTNERS, LLC	87-1099047	0.00	3094

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
POS 360	83-2314979	0.01	370706
POSIFLEX BUSINESS MACHINES, IN	94-3164580	0.02	4505077
POSITIVE DEVELOPMENT, INC.	85-0774361	0.10	3292280
POST TIME AUDIOVISUAL SERVICES I	61-1236949	0.00	173874
POST-ACUTE PHYSICIANS OF FLORIDA	46-3311776	0.07	5187481
POSTAL REALTY LP	83-2573328	0.01	596289
POUNDEX ASSOCIATES CORPORATION	95-4203180	0.00	35418
POUYA AFSHAR, M.D., INC.	37-1824781	0.00	180062
POWDERCOAT SERVICES LLC	81-3238973	0.00	211523

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
POWER CONSULTING GROUP, INC.	13-3745922	0.01	1076738
POWER HOUSE VENDING, LP	71-0968612	0.00	10984
POWER MANAGEMENT CONCEPTS LLC	11-3467317	0.00	3
POWER SURVEYING COMPANY, INC.	56-2434592	0.00	168974
POWERHOUSE COPY LLC	82-4234715	0.00	71820
POWERPAK CIVIL & SAFETY LLC	32-0389011	0.02	480291
POWERPAK SEATTLE LLC	86-1589939	0.00	0
POWERPOLLEN INC	99-1870846	0.00	1136815
POWERSOFT ADVANCED TECHNOLOGIES	99-0362610	0.00	234000

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
POWERTOFLY INC	46-5300251	0.01	0
PPS MANAGEMENT, INC.	84-2628542	0.00	220
PPTG HOLDINGS LLC	82-5305299	0.00	5293
PR SANDERS, INC	22-2769644	0.01	1790342
PRACTICAL SOLUTIONS, INC	74-2836890	0.01	349612
PRACTICE EHR LLC	47-4892119	0.00	53304
PRACTICE MANAGEMENT OF AMERICA I	47-2141651	0.01	641223
PRAMATA	20-3902179	0.01	0
PRAXGEN PHARMACEUTICALS LLC	47-3642545	0.01	2200197

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
PRECISE CONNECTIONS INC	75-2461062	0.01	1588430
PRECISEMDX INC.	85-3247820	0.00	101525
PRECISION DIE CUTTING & FINISH	36-2841177	0.00	29038
PRECISION MEASUREMENTS, INC.	94-2986174	0.01	3647093
PRECISION METAL PROCESSING INC	84-4909179	0.00	8222
PRECISION PLUMBING & CONTRACTING	46-4895507	0.00	350216
PRECISION RECEIVABLE SERVICES LL	47-2597998	0.00	54209
PRECISION STAINLESS SOLUTIONS LL	47-4295192	0.00	23072
PRECISION TURBINES INC.	20-8636329	0.00	193353

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
PRECISION WOODWORKS LLC	47-2481986	0.00	80066
PREDICINE, INC	47-5502891	0.05	0
PREDICTIS MANAGEMENT INC	87-4768166	0.00	17967
PREFERRED MARBLE AND GRANITE, LL	20-3092191	0.02	726345
PRELUDE CAPITAL MANAGEMENT, LL	20-0868530	0.03	4338218
PREMEX INC.	11-3652202	0.00	0
PREMIER BUILDING PRODUCTS INC	56-1775431	0.00	741873
PREMIER CORPORATION	87-2590052	0.00	4721
PREMIER DRAFT BEER SERVICES LLC	14-2012710	0.01	620068

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
PREMIER ENTITIES INC	38-2668694	0.03	518136
PREMIER GUEST SERVICES LLC	26-2066464	0.00	377236
PREMIER IMAGING LLC	20-3537024	0.01	307817
PREMIER MECHANICAL LLC	85-4123565	0.00	25083
PREMIER PHYSICIAN SUPPORT SERVIC	45-2407619	0.01	1275023
PREMIER PROPERTY MANAGEMENT IN	27-5353669	0.02	1599566
PREMIER PUMP & SUPPLY, INC.	02-0467313	0.01	630256
PREMIER WORLDWIDE MARKETING LLC	26-1343090	0.00	728239
PREMIUM GUARD INCORPORATED	11-3139622	0.00	0

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
PREMIUM PROTECTION INC	38-3420530	0.00	22617
PREP CAPITAL HOLDINGS LLC	93-3041665	0.00	139832
PREP OBSESSED LLC	90-1042671	0.00	179729
PREPLIFE, LLC	47-5477463	0.00	13706
PRESERVATION HALL, L.L.C.	72-1419314	0.00	13002
PRESS BUILDERS INC	47-2035162	0.01	487829
PRESSURE CHEMICAL CO.	25-1142709	0.05	9526202
PRESTIGE HEALTH & WELLNESS LLC	81-5424899	0.01	767521
PRESTIGE REHAB LLC	87-4397131	0.00	52132

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
PRESTON-EASTIN INC	73-1572699	0.02	1352162
PRIANO MARCHELLI USA, LLC	82-4876162	0.00	113195
PRICE & ARAZI INC	20-8348385	0.01	1037247
PRICE FX INC.	47-4784104	0.14	6881301
PRIDE INTERMODAL, INC.	95-4888568	0.00	7252
PRIDE PLUMBING INC	20-8922129	0.00	10910
PRIDELINES YOUTH SERVICES INC	65-0670159	0.00	15034
PRIMAL HEALTH LIMITED PARTNERSHI	46-0933997	0.01	145621
PRIMALOFT, INC	45-5187816	0.05	4387451

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
PRIMAVERA USA LLC	85-3923035	0.01	234474
PRIMCO MORTGAGE	85-2280857	0.00	91053
PRIMCORP LLC	45-3117820	0.04	2022485
PRIME AIR CARGO INC	20-1662492	0.01	154351
PRIME BUILDING COMPONENTS LLC	75-2745837	0.02	1730566
PRIME DOWNHOLE MANUFACTURING L	37-1789035	0.05	2009323
PRIME MEDICA, INC.	01-0689463	0.06	2807120
PRIME MSO LLC	46-5520618	0.00	0
PRIME NUMBER CAPITAL LLC	81-5142040	0.00	107613

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
PRIME PLASTIC SURGERY MANAGEMENT	85-0866222	0.09	1889585
PRIME REFRIGERATION SYSTEMS	26-2256181	0.00	77497
PRIMORDIAL DIAGNOSTICS, INC.	33-0591072	0.00	1498656
PRINCE BUSH HOTELS INC	59-2551005	0.00	4587831
PRINCETEL INC	22-3758755	0.04	4569132
PRINCIPIA PARTNERS	13-3803498	0.01	7081201
PRINTEX TRANSPARENT PACKAGING IN	33-1231202	0.00	10848
PRIORITY BUILDING SERVICES, LLC	95-4796215	0.01	1
PRIORITY PLUS FINANCIAL, LLC	84-5009655	0.00	0

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
PRISAND, MELLINA, UNTERLACK &	27-1560656	0.02	1557351
PRIVATEER IT LLC	47-1890720	0.00	176184
PRIVE GOODS LLC	81-4692501	0.01	265109
PRIVILEGE DX MEDICAL LABORATORIE	81-1940328	0.00	6157
PRO BONO NET, INC.	06-1521179	0.01	3267419
PRO CARWASH, LLC	46-2238108	0.00	145191
PRO DRAIN & ROOTER SERVICES	91-1757020	0.00	0
PRO MEDICAL EAST LLC	22-3822364	0.00	55048
PRO METAL OF NY CORP	11-3524982	0.00	107

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
PRO REFRIGERATION, INC.	20-5514147	0.01	493945
PRO SOUND SERVICE INC	04-3259884	0.00	83833
PRO THERAPY SERVICES OF EAST T	62-1746752	0.00	0
PROCO GLOBAL INC.	99-0362793	0.01	266490
PROCOM WHOLESALE INC	86-1184383	0.00	87123
PROCTOR.IO INCORPORATED	46-3425539	0.01	660067
PRODIGY PLUMBING INC.	47-1015287	0.00	0
PRODOTTI MEDITERRANEI INC	51-0325446	0.05	4282982
PRODUCTION EQUIPMENT CORPORATION	37-1966552	0.00	23999

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
PRODUCTSPACE SOLUTIONS, INC.	33-1006569	0.00	905017
PROEX FOOD, LLC	83-1072983	0.00	8726
PROFESSIONAL CYLINDER SERVICES	05-0599923	0.00	166418
PROFESSIONAL ENERGY SERVICES LLC	84-2387844	0.00	10636
PROFESSIONAL FINISHING INC	68-0067301	0.00	889635
PROFESSIONAL GYNECOLOGICAL SERVI	20-5574270	0.01	207426
PROFESSIONAL HOACONSULTANTS IN	33-0935662	0.00	335149
PROFESSIONAL IMPLEMENTATION CO	22-3406934	0.00	0
PROFESSIONAL INSURANCE EXECUTIVE	80-0446018	0.01	879243

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
PROFESSIONAL MEDICAL CAREERS INS	46-1652815	0.00	68533
PROFESSIONAL SALES REPRESENTAT	71-0874465	0.00	603282
PROFESSIONAL SECURITY BROADBAND	46-1673854	0.00	0
PROFESSIONAL SERVICE BUREAU INC.	41-0981316	0.03	3777735
PROFESSIONAL VETS CONSULTING GRO	81-3380675	0.00	0
PROFESSORS CAPITAL, INC	86-0644170	0.00	1690800
PRO-FI 20/20 CPAS LLC	82-2124798	0.01	190678
PROFILE INDUSTRIES INC	11-3132436	0.00	10766
PROGRAMMATIC MECHANICS LLC	46-4435778	0.02	1380557

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
PROGRESSIVE COMMUNICATIONS, LLC	99-0359907	0.00	1304157
PROGRESSIVE LOGISTICS INC.	16-1725181	0.00	305179
PROGRESSIVE REALTY PARTNERS IN	91-2131794	0.00	17896
PROHEALTH CONNECT LLC.	84-4039172	0.00	7876
PROINSO USA INC.	42-1767708	0.00	178744
PRO-ITALIA MOTORS INC	95-4140567	0.00	646949
PROJECT DELIVERY GROUP LLC	20-3344111	0.00	0
PROJECT DELIVERY PARTNERS INC.	38-4179834	0.00	14608
PROJECT WALK SPINAL CORD RECOV	20-2722055	0.00	2097

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
PROJECTHANDUP	90-0705496	0.00	0
PROJEX INC	82-1080510	0.00	0
PROMEDICAL IT LLC	46-2923128	0.00	0
PROMETHIUS CONSULTING LLC	35-2080691	0.00	1074765
PRO-MONDO, LLC	90-0872999	0.02	1028543
PROPAGANDA E-LIQUID, LLC	46-4762248	0.01	693903
PROPAGATE CONTENT LLC	47-3586508	0.04	3465528
PROPAGO LLC	47-3673804	0.00	365899
PROPELLER US INC	87-3295348	0.00	28555

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
PROPERTY WEST INC	20-0385339	0.01	188954
PROPONENT FEDERAL CREDIT UNION	23-7092063	0.05	7421758
PROSOURCE CONSULTING INC	27-1800550	0.01	170193
PROSPECTSPLUS! INC	65-0870765	0.00	435454
PROSPERO MEDIA SERVICES INC	27-3473739	0.01	1449634
PROSTHETIC & ORTHOTIC ASSOCIATES	14-1705528	0.01	279432
PROTEAN BIODIAGNOSTICS INC.	82-3035108	0.00	12270
PROTECH IT SOLUTIONS LLC	27-0418045	0.00	4416
PROTECH SERVICE COMPANY, LLC	75-2173873	0.01	1290463

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
PROTECTION SYSTEMS TECHNOLOGIES	47-0973407	0.00	92422
PROTERA TECHNOLOGIES	36-4265468	0.03	1
PROTOCOOL COOLING SOLUTIONS, I	75-2994607	0.00	54950
PROTOLYTIC LLC	46-5515051	0.00	188252
PROTON INTERNATIONAL - DELRAY LL	81-4903289	0.02	1397129
PROVAR, INC	82-3066428	0.00	0
PROVISION PARTNERS INTERNATIONAL	84-3453225	0.00	59685
PROVISIONAIRE & CO LLC	27-3742825	0.00	63372
PROXIMITY INSIGHT LLC	46-5375685	0.00	175116

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
PROXIMITY THERAPEUTICS INC	86-3427006	0.00	59600
PROXIMO CONSULTING SERVICES INC.	11-3391116	0.01	1165822
PROXYMITY LLC	88-1372137	0.01	101887
PRUDENTRX LLC	84-4560702	0.07	1812816
PRUVISTA CAPITAL LLC	81-2762566	0.01	606327
PRUZANSKY TAX, P.A.	82-1622576	0.00	674201
PS AUDIO, INC.	84-1179302	0.02	1894004
PSG GLOBAL SOLUTIONS, LLC	26-3521588	0.04	2761252
PTS TECHNOLOGIES LLC	85-0981676	0.00	163208

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
PUBLIC ACCESS NETWORKS CORP	13-3683104	0.00	1033386
PUBLIC PEOPLE LLC	84-3891819	0.13	4901228
PULSAR ADVERTISING INC	13-3683640	0.01	452429
PULSAR PRODUCTS INC.	37-1643090	0.00	138785
PULSE COMMS US INC	87-3360331	0.06	2267595
PUMA CAPITAL LLC	20-8430265	0.02	983495
PUMPTEC, INC.	41-1709950	0.00	267114
PUPFISH SUSTAINABILITY SOLUTIONS	85-2847088	0.00	112569
PURE EMPLOYMENT LLC	85-0623041	0.12	3292789

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
PURE SIMPLE FOODS, LLC	87-3980702	0.00	16036
PUREFORMULAS, INC	45-4919173	0.02	2859853
PURETECH SYSTEMS INC	42-1672014	0.01	217587
PUREWRX, INC.	45-4898787	0.01	1603464
PUTVIN HEALTH MART OF MUNISING I	38-3380403	0.01	2813940
PUYENPA SERVICES, LLC.	47-2369804	0.10	5029599
PV HIE, LLC	47-4176720	0.00	35995
PWM ELECTRONIC PRICE SIGNS INC.	76-0635732	0.00	80311
Q PACIFIC MANUFACTURING CORPORAT	20-4476735	0.02	1217069

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
Q PHARMA, INC	04-3847806	0.08	14581594
Q PRIME INC	06-1063837	0.08	14624464
QA LUBRICANTS INC	26-3684793	0.01	732163
QAI MANAGEMENT LP	88-1802184	0.00	30629
QB MEDICAL INC	26-1148247	0.01	683478
QFC INDUSTRIES, INC.	75-1433802	0.02	730688
QLADMIN SOLUTIONS	47-2730576	0.02	1852611
QMP INC	95-4524757	0.00	56293
QOMPLX LLC	93-2885720	0.00	0

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
QOMPLX, INC.	47-4091518	0.06	3315570
QPS COMPANIES, INC	59-3393801	0.01	513288
Q-RAILING USA CO.	42-1766781	0.01	409433
QS QUACQUARELLI SYMONDS USA LIMI	98-0622055	0.01	208565
QSPAC INDUSTRIES INC	26-4764148	0.03	2965357
QSPARK LLC	80-0913652	0.00	88316
Q-STATE BIOSCIENCES INC	46-2469775	0.01	1495161
QUADCAP WEALTH MANAGEMENT, LLC	27-0277334	0.01	888723
QUADRANT BIOSCIENCES INC	47-3417864	0.14	5201785

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
QUALEX, INC.	95-4514288	0.00	161829
QUALIA INVESTMENTS LLC	46-5227765	0.00	0
QUALITAS INSURANCE COMPANY	94-2906362	0.00	2072734
QUALITY DEVELOPMENT CORP	20-3050765	0.00	20962
QUALITY DME INC	06-1825701	0.02	1034035
QUALITY ELECTRIC AND DATA INC	20-1552493	0.00	40206
QUALITY ENGINEERING CONSULTANT	27-0769819	0.01	682204
QUALITY HOME CONSULTANTS INC	45-2478171	0.00	8863
QUALITY LOGO PRODUCTS, INC	80-0089437	0.06	6702408

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
QUALITY PLUMBING PRODUCTS, INC.	56-1110139	0.01	227919
QUALVOICE LLC	83-1996199	0.01	285099
QUANTALYTICS HOLDINGS, LLC	82-4393627	0.00	6618
QUANTILOPE INC	83-3235234	0.07	2767110
QUANTUM DISTRIBUTORS, INC.	59-3279376	0.01	629248
QUANTUM MANAGEMENT LLC	82-4182426	0.01	133066
QUANTUM VISUAL IMAGING, CORP.	27-2879947	0.01	337608
QUANTUVIS LLC	46-2434559	0.00	154762
QUEST COMMUNITY DEVELOPMENT ORGA	58-2634738	0.00	0

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
QUICK TUBE SYSTEMS INC	26-2126600	0.01	130490
QUICKFRESH LLC	86-2974707	0.00	0
QUIK CAPITAL LLC	26-4567552	0.01	576149
QUIKNODE INC	86-2085770	0.12	3192052
QUILVEST USA INC	74-3130657	0.06	8712464
QUINN DAVID & ASSOCIATES, LLC	20-2749582	0.01	913006
QUINTARA BIOSCIENCES, INC.	30-0610752	0.01	829489
QUINTESSENTIAL TOTS, LLC	26-1319839	0.01	228302
QUINTYPE TECHNOLOGIES INC	99-1321845	0.02	2474301

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
QUOGENT, LLC	81-3613929	0.01	501866
QUORUM HEALTH CARE SERVICES LLC	45-4857593	0.01	1344041
QVENTUS, INC.	45-2942822	0.09	6438385
QWS LLC	85-2374159	0.00	17153
R & A PAINTING LTD	45-4364535	0.00	10032
R & G ENGINEERING, LLC	59-3792856	0.02	1630904
R & V MANAGEMENT LP	81-0866997	0.01	1550513
R & W WIRING LLC	20-3897501	0.00	229341
R. MOODY WILLIAMS DDS PC	58-1762351	0.00	498

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
R. REX PARRIS LAW FIRM	95-4008662	0.05	7986205
R.A SCHAEFFER CO INC	76-0206527	0.00	351085
R2 ARCHITECTS LLC	26-1289046	0.00	393269
R2DTS LLC	88-3654349	0.00	77471
RACING FORCE USA INC	20-0062301	0.01	275563
RACK ELECTRIC, LLC	65-0482154	0.02	590164
RADAR APPLICATIONS INCORPORATED	87-2899049	0.03	526162
RADIANT PROPERTY MANAGEMENT LLC	26-1414886	0.00	0
RADIANX CAPITAL LLC	82-3414149	0.01	528606

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
RADIATION ONCOLOGY CENTES OF THE	56-1659310	0.02	3519125
RADIO LINK MEDIA, LLC	26-3650764	0.00	0
RADIUS MARKETING GROUP, INC.	90-0677424	0.00	0
RADWAVE TECHNOLOGIES, INC.	83-2150249	0.00	289191
RAEL, INC.	82-3146220	0.02	686503
RAFAY SYSTEMS, INC	82-3104138	0.00	0
RAFT AI INC	92-0827039	0.01	89325
RAILROAD INFRASTRUCTURE & TERMIN	30-0825513	0.01	578730
RAINDROP AGENCY INC	47-4956032	0.00	14632

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
RAINIER FINANCIAL GROUP, LLC	71-0958077	0.01	169759
RAK PORCELAIN USA INC.	47-4147397	0.01	774616
RALDEX INC.	57-0987613	0.00	123825
RALSTON COLLEGE INC.	27-1823146	0.00	43995
RAM ELECTRICAL CONSULTING & CO	26-0385462	0.01	587288
RAMAPO-BERGEN ANIMAL REFUGE, INC	22-6094179	0.00	9135
RAMONA PACIFIC PLUMBING INC	77-0697183	0.00	118881
RAMPED UP LLC	47-4756071	0.00	144054
RAMY BROOK LLC	27-1829874	0.03	1844844

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
RANCHO BERNARDO GOLF CLUB	95-2993637	0.01	294578
RANDALL RESIDENCE	38-3507570	0.00	0
RANDO PRODUCTIONS INC	95-4530644	0.00	6453
RANEW'S MANAGEMENT COMPANY, INC.	58-1793855	0.02	836925
RANPLAN AMERICA LIMITED LIABILIT	38-4012971	0.00	21265
RAPPI USA INC	87-4683661	0.02	336023
RAR HOTEL MANAGEMENT INC	27-4865209	0.00	18061
RARE MEDIUM TV LLC	87-3085415	0.00	73798
RASCAL SALONS LLC	83-1394799	0.00	1002

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
RASTEGAR PROPERTY COMPANY, LLC	83-2365113	0.00	366406
RATCHFORD LAW GROUP PC	20-3991830	0.01	375046
RATIONAL VACCINES INC	47-3347600	0.00	0
RAUSCHERT INDUSTRIES, INC.	62-1336869	0.00	481301
RAVENPACK CORP	45-3717153	0.02	623259
RAVLICH ENTERPRISES LLC	73-1674852	0.00	0
RAWNATURE5 CORPORATION	47-3940592	0.03	1318119
RAY ROBERTS REALTY INC	33-0521223	0.00	20939
RB HEALTHCARE MANAGEMENT LLC	84-2540246	0.01	297750

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
RBM PARTNERS LLC	84-1865637	0.01	380930
RCA ADVANCED IMAGING, LP	20-0050458	0.00	507
RCE MANUFACTURING LLC	47-4893324	0.03	2031929
RCI AIR CONDITIONING COMPANY	27-1796381	0.00	73922
RCJ VENTURES MANAGEMENT LLC	87-2910244	0.00	32301
RCS LOGISTICS INC	22-3383755	0.06	8157850
R-DEX SYSTEMS, INC.	81-3484148	0.01	213513
RDG GLOBAL, LLC	47-2378834	0.02	2146651
REACH INTERNATIONAL INC	65-0898767	0.01	193568

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
REAL GENIUS LLC	88-2936373	0.01	133628
REAL HIT MEDIA INC.	26-4090280	0.00	168117
REAL NEW YORK LLC	46-3790147	0.00	0
REAL PROPERTY ABSTRACT & TITLE S	46-4097426	0.00	0
REALADVICE, INC	75-2984673	0.01	290735
REALEAUX, INC.	38-4128394	0.01	271643
REALIZATION CAPITAL PARTNERS MAN	83-3983434	0.00	307817
REBECHINI STUDIOS INC	36-3199631	0.01	1534494
RE-BUILD PROPERTIES, LLC	83-2198275	0.00	611737

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
REC CORP	87-4047994	0.00	55224
RECOM POWER INC	22-3943253	0.01	1245875
RECONSTRUCT, INC.	81-0740788	0.02	747053
RECORDSONE INC	46-4559251	0.02	1739695
RECOVERY MONITORING SOLUTIONS, L	75-2615494	0.03	3017244
RECREATIONAL CAPITAL, LLC	51-0638473	0.00	28312
RECRO CORPORATION	85-4281520	0.06	2999880
RED OAK DRUG INC	75-2233345	0.00	212491
RED RABBIT VETERINARY HOSPITAL I	46-5199650	0.00	184622

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
RED ROCK RECOVERY CENTERS LLC.	47-2014643	0.01	65347
RED STAR VAPOR LLC	46-5361996	0.02	602220
RED STARR MANAGEMENT, LP	45-5024287	0.01	143365
RED TAG LLC	46-3591667	0.01	558648
RED TREE MORTGAGE LLC	83-4426981	0.00	131137
RED WIRE TECHNOLOGIES LLC	82-3216932	0.01	889541
REDEMPTION PSYCHIATRY LLC	46-2629779	0.02	0
REDESIGN SCIENCE INC.	82-3078352	0.01	110779
RED-K LLC	46-2109550	0.01	817597

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
REDPATH CONSULTING GROUP LLC	26-1694762	0.03	1061121
REDPOINT GLOBAL INC	51-0592378	0.10	8645246
REDUX PICTURES LLC	27-5520615	0.00	151297
REDWOOD EXPRESS INC	22-1974683	0.00	74074
REDWOOD INVESTMENTS LLC	20-1400026	0.03	6118453
REED MOTORS INC	59-0607019	0.03	4730769
REED RETAILING, INC.	94-3358334	0.00	0
REED WORDS LLC	35-2714764	0.00	9821
REEDS FURNITURE AGOURA, INC	95-3055618	0.00	3962

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
REELEX PACKAGING SOLUTIONS INC	11-1874246	0.03	7522875
REEVEMARK LLC	83-1113525	0.05	2254923
REFLECTED NETWORKS INC	30-0566148	0.01	1511371
REGAL HARDWOODS INC	26-0209259	0.01	779745
REGAL INTERNATIONAL LLC	46-0956790	0.01	179484
REGENBAUM ARCIERO MCMILLAN & BUR	83-3540580	0.01	647073
REGENLAB USA LLC	33-1229127	0.02	747288
REGENT AEROSPACE CORPORATION	95-4418785	0.00	1784230
REGINE DYER DDS AND MATTHEW HENS	86-1318293	0.01	462908

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
REGIONAL REPORTING INC.	13-3565200	0.01	7116860
REGO ELECTRIC INC	36-4920765	0.00	10839
REHAB PRACTICE MANAGEMENT LLC	81-0651528	0.00	951850
REI INSURANCE SOLUTIONS, LLC	84-3687337	0.00	10894
REJOYCE FINANCIAL LLC	47-2074596	0.00	102631
REJUVENATING FERTILITY CENTER PL	85-2434844	0.00	48706
REL ACOUSTICS AMERICA LIMITED LL	47-1009146	0.00	0
RELENTLESS MENTALITY LLC	88-0867856	0.01	224059
RELEVANCE NEW YORK LLC	45-4652193	0.00	157621

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
RELIABLE EMPLOYEE MANAGEMENT, IN	36-3506252	0.01	1702127
RELIABLE PLUMBING & DRAIN CLEANI	80-0183458	0.00	14242
RELIABLE POWER ALTERNATIVE COR	11-3591157	0.00	513846
RELIANCE CLINICAL TESTING SERVIC	75-2718070	0.00	0
RELIANCE HEATING AND AIR CONDIT	58-1032464	0.02	3038513
RELIATRACE, INC.	41-1718061	0.00	10020
REM OPTICAL COMPANY INC	95-3125676	0.04	6579384
REM SLEEP MEDICINE PC	27-1511893	0.01	996503
REMBE INC	20-5729757	0.01	963069

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
REMEGEN BIOSCIENCES INC.	45-1861887	0.07	1058809
RENAISSANCE 3 ARCHITECTS LLC	25-1814400	0.01	184048
RENAISSANCE OWNERS ASSOCIATION	33-0979563	0.00	14581
RENAISSANCE SCIENCES CORPORATI	73-1663823	0.00	32690
RENEE YOUNG NATUROPATHIC DOCTOR	26-2714873	0.00	0
RENEWAL INVESTMENT SERVICES LLC	81-1090603	0.01	1626982
RENOVO MEDIA GROUP LLC	86-1705980	0.00	184962
REPE CAPITAL PARTNERS USA LLC	27-1864063	0.05	11117476
REPRODUCTIVE SCIENCES MANAGEMENT	46-5505927	0.02	1307638

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
REPRODUCTIVE SCIENCES MEDICAL CE	33-0758966	0.01	955548
REPUBLIC PROPERTY GROUP LTD	75-2738909	0.01	0
REPURPOSE INC	45-3344933	0.00	24939
RESCUING LEFTOVER CUISINE, INC.	46-3198412	0.01	262463
RESEARCH FOR LIFE LLC	27-0921330	0.01	669059
RESERVOIR MEDIA MANAGEMENT INC.	71-1031874	0.05	3568128
RESIDENTIAL OPTIONS LLC	84-2943347	0.00	2394
RESILIENCE LAB INC	87-1735459	0.00	424468
RESILIENT RESTAURANTS LLC	81-4812838	0.00	36605

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
RESILIENX, INC.	83-2496481	0.00	0
RESILION, LLC	32-0401317	0.02	1166411
RESIN TECHNOLOGY, LLC	04-3302849	0.02	1233388
RESION LLC	11-3410241	0.00	0
RESMAC INC	26-3943038	0.00	253396
RESOURCE OIL & GAS LLC	83-0960698	0.08	2597619
RESOURCED, INC.	47-4579794	0.01	104756
RESPECT AUTO GROUP PAYMASTER INC	85-3914408	0.03	714850
RESTON PEDIATRICS ASSOCIATES LTD	54-1485980	0.00	225293

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
RESTORE MEDICAL PARTNERS PLLC	81-3283227	0.01	315590
RETAIL SOLUTIONS PROVIDERS ASSOC	54-0678318	0.01	277532
RETAILING ENTERPRISES LLC	45-2784993	0.01	417927
RETARUS (NORTH AMERICA) INC.	26-2846668	0.02	1982721
RETRO FITNESS LLC	26-3160187	0.02	2160408
REUNION TOWER OPERATIONS COMPANY	90-0998505	0.00	427171
REUNITED LLC	45-2601091	0.03	2438253
REV CAPITAL (CALIFORNIA) INC.	82-2033946	0.01	87781
REVALUE TECH LLC	47-1330145	0.00	9209

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
REVANT SOLUTIONS, INC.	52-2322643	0.00	84733
REVEAM, INC.	26-4486317	0.01	756720
REVEILLE SOFTWARE, INC.	20-0321088	0.01	1374788
REVEL ENVIRONMENTAL MANUFACTURIN	91-1778041	0.01	1264589
REVELATIONS COUNSELING & CONSULT	27-4835062	0.01	170407
REVELATIONS ENTERTAINMENT, LLC	95-4577793	0.00	114132
REVERT INC	84-1543344	0.00	0
REVOL GREENS MN, LLC	81-4305679	0.06	2098978
REVOLUTION MARKETING LLC	13-4166548	0.01	0

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
REYES ENTERPRISE, INC.	22-3392377	0.00	1134006
REYK TECH INC	46-4882213	0.01	310348
RF DELIVERY SERVICES, LLC	20-3973183	0.00	778221
RG HILL & COMPANY	26-4342552	0.01	523705
RGB SPECTRUM	68-0137648	0.05	13511006
RGD & ASSOCIATES INC	65-0076397	0.03	2457860
RHEIN TECH LABORATORIES INC.	54-1450427	0.00	0
RHENUS LOGISTICS LLC	20-8024949	0.01	103901
RHEUMATOLOGY ASSOCIATES OF SOUTH	16-1751617	0.03	4814757

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
RHEUMATOLOGY SOLUTIONS PLLC	27-2571855	0.00	0
RHO RESIDENTIAL LLC	83-4116788	0.02	665555
RICE MOTOR COMPANY LLC	56-2034056	0.04	3505032
RICHARD BRADY & ASSOCIATES INC.	33-0854675	0.03	4125345
RICHARD SANDERFORD DDS INC	65-1104572	0.00	46812
RICHARD SHAPIRO, ATTORNEY	36-4001185	0.01	3414766
RICHELIEU AMERICA LTD	98-0195209	0.18	11576680
RIDGELINE TELECOM LLC	38-4008642	0.01	694648
RIDGETOP CORPORATION	22-1836722	0.01	565694

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
RIER JORDAN PA	80-0022683	0.01	208907
RIGHI LAW GROUP PLLC	27-0730065	0.01	0
RIGHT TO BE INC.	27-3199988	0.00	88076
RILEA GROUP, INC.	65-0768707	0.01	379607
RILEY HEATING & COOLING, LLC	84-1676630	0.01	2246888
RILEY'S WAY FOUNDATION, INC.	47-1618480	0.01	239103
RINCON PARTNERS, LLC	47-2773070	0.02	499904
RINEHART ROAD SURGERY CENTER, LL	30-1152028	0.00	250590
RIO GRANDE FENCE CO OF NASHVILLE	62-0639358	0.01	0

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
RIPCORD INC	47-3507614	0.06	3064301
RISKBRIDGE ADVISORS, LLC	85-1932394	0.01	168339
RISKCARE INC.	42-1771380	0.00	239042
RISO LATIN AMERICA, INC.	27-0805851	0.00	853477
RIVER CITY BOAT SALES, LLC	86-1131118	0.00	265777
RIVER RIDGE RENTALS, LLC.	20-1504543	0.01	309683
RIVERBOUND QOF MANAGEMENT, LLC	84-2297511	0.00	80516
RIVEREND LLC	45-5124471	0.01	880033
RIVERSIDE FUTURES INC.	36-3341460	0.00	6209

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
RIVES VALUATION SERVICES INC	56-2341578	0.00	549318
RIVIERA DINING GROUP INC	87-3110256	0.01	238879
RJ RELIANCE, INC.	20-3012347	0.02	1222661
RJR MAINTENANCE GROUP INC.	13-4085866	0.00	113101
RJ'S SODA SERVICE, INC.	95-3892745	0.01	1434343
RKU STANDARD INCORPORATED	84-5020247	0.01	641456
RLP CPA LLC	83-2511941	0.00	5857
RMHT SOLUTIONS LLC	47-3588954	0.00	67619
RMK MARITIME CAPITAL LLC	46-5442990	0.01	195277

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer "Yes" to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
RMS HOLDINGS, INC.	20-0097154	0.01	1
RMTS MANAGEMENT INC	82-3264122	0.01	1288261
RNC MECHANICAL INC.	85-2847699	0.00	94476
RNK CAPITAL LLC	20-1090307	0.00	0
RO NEW YORK INC.	26-1342355	0.00	262383
ROACH & LIN, PC.	11-3410831	0.00	0
ROAD REBEL ENTERTAINMENT TOURING	33-0909027	0.00	0
ROAD WARRIORS TECH, LLC	88-3692238	0.00	0
ROADSIDE ATTRACTIONS LLC	13-4270272	0.01	1264157

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
ROBBINS PARKING TX LP	20-1787335	0.01	631722
ROBBINS PROPERTY ASSOCIATES LLC	27-0595061	0.06	4887872
ROBERT BIRD GROUP ENGINEERS P.C.	83-3455635	0.00	79234
ROBERT S. SMITH, M.D., INC	58-1910975	0.03	530056
ROBERT TRENT JONES GOLF CLUB I	56-1731956	0.00	0
ROBERTS RID A BUG EXTERMINATING	56-1179341	0.00	14752
ROBEX LLC	81-5464906	0.02	0
ROBINS & GARDNER PLLC	45-4077894	0.00	567448
ROBINSON ENGINEERING INC	54-1961337	0.00	364369

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
ROBINSON WHOLESALE BAIT, LLC	27-3575170	0.01	2784771
ROBINSWAY FAMILY OFFICE LLC	84-3831155	0.00	151093
ROBO HOLDINGS LLC	06-1697159	0.01	241226
ROBONET SERVICES INC	81-1397308	0.01	404783
ROBOTICS EDUCATION AND COMPETITI	35-2212630	0.02	1587726
ROC OPCO LLC	83-2917505	0.05	2942279
ROCA BATHROOM PRODUCTS, INC.	86-3062581	0.01	171574
ROCADE LLC	88-4347026	0.04	595278
ROCK AND SOUL FOREVER FOUNDATION	20-5397606	0.00	288071

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
ROCKET COMMUNICATIONS, INC.	47-3282902	0.06	2339584
ROCKGATE MANAGEMENT CO	16-1283695	0.00	661117
ROCKLEY PHOTONICS INC	32-0419695	0.15	14495656
ROCKRIDGE MONTESSORI SCHOOL	94-3084703	0.00	239896
ROCKY MOUNTAIN AUTO BROKERS INC	81-0610542	0.00	0
ROCKY MOUNTAIN INFORMATION NETWO	27-3270017	0.05	4413635
RODASI LLC	26-3727473	0.01	663634
RODEO REALTY, INC	95-4095551	0.01	0
RODNEY JONES LAW GROUP PC	46-5698417	0.00	2022

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
RODNEY RASTEGAR DDS PLLC	11-3137736	0.01	0
ROESCHKE LAW, LLC	47-5125584	0.00	288212
ROFFMAN HORVITZ, PLC	47-2656335	0.02	1877187
ROGOWAY LAW GROUP	45-3182999	0.01	1210673
ROGUE VALLEY DOOR, INC.	93-0908533	0.05	3504635
ROK TECHNOLOGIES LLC	27-1584468	0.06	1589268
ROLL & HILL LLC	90-0530773	0.02	1453793
ROLL RECOVERY, LLC	45-4475426	0.00	15090
ROMY'S PLUMBING INC	20-3177272	0.00	237449

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
RON MORGAN	95-3900954	0.00	21607
RONALD C KOE MD LTD	88-0437736	0.01	2498199
RONMOE NJ INC	92-3183910	0.00	2975
RONNY KOBO DESIGN STUDIO INC.	87-1584361	0.00	39732
ROOK TECHNOLOGY HOLDINGS INC	86-2569210	0.00	113694
ROOS MUSIC INC.	82-4191392	0.00	5705
ROPART INVESTMENTS, LLC	06-1415668	0.01	0
RORZE AUTOMATION INC	77-0438362	0.05	2845742
ROSE SILVER SOFTWARE LLC	47-3246535	0.00	350923

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
ROSEN EQUITIES LLC	47-2240713	0.03	7301230
ROSENBAUM FAMULARO & SEGALL P.C.	82-3751729	0.01	584121
ROSENMAL INC	81-0785093	0.00	394556
ROSETTA TECHNOLOGIES	59-2798492	0.00	1
ROSS ELECTRIC INC	20-0313232	0.00	74018
ROSSMORE PRIVATE CAPITAL LLC	82-0874410	0.02	1691426
ROSSUM USA INC.	87-3287579	0.02	346335
ROTHSCHILD DOWNES, LLC	47-1738308	0.01	847647
ROTHSCHILD MANAGEMENT LLC	43-1972573	0.00	289267

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
ROTHWELL CONSTRUCTION INC	20-1474637	0.00	72095
ROTOBEC U. S. A., INC.	02-0393766	0.01	311956
ROTONDA WEST ASSOCIATION, INC	65-0155670	0.00	0
ROUNDSQUARE BUILDERS LLC	81-1231401	0.00	141416
ROUTE 80 SELF STORAGE LLC	22-3423029	0.00	1646435
ROVAGNATI NORTH AMERICA, LLC	85-1144642	0.00	84337
ROW23, INC	80-0737257	0.00	6471
ROWLEY'S RESULTS UNLIMITED	26-3685427	0.00	0
ROYCE CORPORATION	13-3371395	0.00	47846

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
RP FINANCIAL LC	54-1774457	0.01	3145954
RPB SAFETY LLC	85-2116890	0.00	242162
RRC MEDICAL REAL ESTATE LLC	20-5120737	0.02	1742051
RS2 SOFTWARE INC	82-5471416	0.00	16692
RSB SERVICES INC	20-8796821	0.00	138190
RSC ASSOCIATES, INC.	94-2754496	0.00	16141
RSC WORLDWIDE US INC	26-4478287	0.01	710517
RSL EMPLOYEES LLC	87-2855155	0.02	377414
RSVLTS LLC	81-3906231	0.03	875001

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
RSW AUTO GROUP LLC	87-2903004	0.00	71916
RT OLSON PLUMBING LLC	87-1962015	0.00	13177
RTP HOTEL MANAGEMENT, LLC	45-2450278	0.00	8234
RTT MEDICAL INC	86-2014552	0.01	257209
RUBIN & ROTHMAN LLC	11-3477525	0.08	10975017
RUCO PRODUCTS INC	43-0899948	0.00	10896
RUDNICKI PLLC	81-5060394	0.01	0
RUDOLPH, BAKER & ASSOCIATES, LLP	82-2871406	0.00	103778
RUFUS LABS INC	81-3483567	0.00	21985

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
RUGGED SOLUTIONS AMERICA, LLC	85-2685250	0.02	523692
RUGGS NO. 3 LLC	46-4387451	0.03	1326686
RUNNING MAN, LLC	26-4022596	0.00	1547993
RUNNING START	20-8666097	0.01	399148
RUNWISE INC	84-4774638	0.03	1178425
RUSH COMMUNICATIONS OF NYC INC	13-3603868	0.00	992854
RUSSO PARTNERS LLC	20-8411941	0.03	1116742
RUTGERS PRESBYTERIAN CHURCH	13-1250399	0.01	1682331
RUTNER PROFESSIONAL CORPORATION	83-4040072	0.00	299351

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
RVM OAK LLC	81-3769319	0.00	90107
RXS LLC	45-3576283	0.02	816389
RYAN & CONLON LLP	20-2222843	0.00	241838
RYECO LLC	83-2270841	0.00	0
S & B FILTERS INC	52-2388859	0.00	193103
S & S REAL ESTATE INC	20-1263402	0.01	701236
S E G M D P C	13-3417360	0.01	415344
S J PRICE, INC.	11-2000296	0.01	1663639
S J TEXAS TECHNOLOGIES INC.	74-2656579	0.00	252813

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
S&A DISTRIBUTION INC	58-2485366	0.01	1047513
S&S FOOD BROKER INC.	16-1520029	0.02	344496
S. AND J. ELECTRICAL CONTRACTOR	22-2497808	0.00	26841
S. STARNES, H. LP	26-4445829	0.00	40
S.A.I.M.A. OF NORTH AMERICA, INC	22-2592386	0.04	581478
S.C.W.S. INC.	95-4716061	0.00	53410
S.J. CRAIG CORPORATION	95-4536709	0.00	94382
S-101 MANAGEMENT CO	77-0178068	0.03	6516660
S2 INC.	45-5342833	0.00	11

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
S9 ARCHITECTURE AND ENGINEERING	45-4047713	0.04	6650060
SABAH SHOES LLC	46-3185301	0.01	102953
SABAL THERAPEUTICS LLC	82-0620372	0.00	1169649
SABON MANAGEMENT, LLC	37-1459205	0.00	154090
SACBE PAYMENTS INC.	83-4301885	0.00	40159
SADIE & SAGE LLC	83-3393941	0.00	120902
SAF NORTH AMERICA LLC	99-0369190	0.01	526532
SAFE HARBOR INVESTMENTS, LLC	26-1582656	0.01	701982
SAFE SITE UTILITY SERVICES, LLC	20-2267494	0.01	274430

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
SAFELOG INC	82-1897668	0.01	131395
SAFER AIR	27-0429946	0.00	156310
SAFERITE SOLUTIONS INC	45-2610387	0.01	469872
SAFETY F1RST HOLDINGS, LLC	86-1577197	0.00	593548
SAGE RYAN REALTY, INC	02-0536096	0.01	174019
SAGE THRIVE INC.	82-5274309	0.01	1545732
SAGGIO SOUTH INC.	26-2459923	0.00	337242
SAHAGUN CHIROPRACTIC CORPORATION	47-1871974	0.00	25217
SAIL US, LLC	61-2019226	0.01	156949

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
SAINT ELIZABETH'S HOSPITAL OF WA	41-0693877	0.06	0
SAISON TECHNOLOGY INTERNATIONAL	81-2447872	0.00	48660
SAKAEM LOGISTICS LLC	30-0965973	0.00	527273
SAKAIYA COMPANY OF AMERICA LTD	38-2791903	0.00	175229
SAKHI FOR SOUTH ASIAN SURVIVORS	13-3593806	0.01	243322
SAKUU CORPORATION	81-2534669	0.02	1368267
SAL CHEMICAL CO., INC.	34-0962548	0.01	4735164
SALESFORCE4HIRE LLC	20-2847030	0.01	1261353
SALES-I INC	46-0524941	0.01	466860

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
SALIENTMG LLC	46-2287855	0.01	327059
SALIGA MACHINE CO INC	04-2461051	0.02	3219460
SALON INTERACTIVE INC	82-2438151	0.01	383448
SALT LAKE CITY BOOKKEEPING LLC	26-4215543	0.00	586775
SALTBOX MGMT INC	86-2766744	0.01	0
SALTO SYSTEMS INC.	20-3178331	0.08	6139663
SALTY INCORPORATED	11-3650768	0.01	3893922
SALUCRO HEALTHCARE SOLUTIONS L	83-0404258	0.12	6638684
SALVATORE ELECTRIC INC	81-2799527	0.00	65812

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
SAM NAFICY MD PS INC	11-3704267	0.01	1513067
SAMEDAY AUTO FINANCE LLC	45-0829499	0.00	21605
SAMPLING INTERNATIONAL LLC	13-4360464	0.00	325820
SAMPSON BUSINESS SOLUTIONS LLC	06-1828142	0.01	284726
SAMS HEATING & AIR INC	20-5460842	0.00	51154
SAMSKRITA BHARATI	77-0545072	0.01	330631
SAMT AMERICA LLC	92-3817263	0.00	8297
SAMUEL & SONS PASSEMENTERIE INC	27-3908369	0.03	4465541
SAN ANTONIO APARTMENT ASSOCIAT	74-6085530	0.00	2

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
SAN ANTONIO COLLISION CENTER	82-1546298	0.00	10732
SAN FRANCISCO FEDERAL CREDIT UNI	94-1291034	0.07	22292480
SAN GABRIEL NEPHROLOGY SERVICE	26-2897481	0.00	812838
SAN PEDRO CONVALESCENT HOME, INC	95-2464820	0.01	226312
SANA LAKE RECOVERY CENTER LLC	84-1771701	0.00	31562
SANDBOX NETWORKS INC.	47-3585904	0.02	2025450
SANDBOX PRODUCTIONS LLC	26-2937963	0.00	66884
SANDBOX STRATEGIES, LLC	54-2176857	0.01	1682949
SANDHILL HOLDINGS	82-2283821	0.05	1051097

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
SANDHILLS CHILDREN'S CENTER	56-1085395	0.00	949015
SANDLER SEATING INC	58-2407352	0.01	1268907
SANDOW COMPANIES, LLC	85-4145856	0.10	12781227
SANESCO INTERNATIONAL, INC	20-1963178	0.00	0
SANFORD LEE AND LINDA GAY SIMMON	95-3247910	0.00	1129
SANT P CHAWLA MD INC	95-4253354	0.00	0
SANTA BARBARA PEST CONTROL, INC.	46-2372383	0.00	304
SANTA CLARA AQUAMAIDS SYNCHRONIZ	94-1585794	0.00	143026
SANTA FE APPAREL, LLC	27-4026943	0.00	0

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
SANTIER, INC.	81-5351919	0.03	3705661
SAR AUTOMATION LP	58-2416007	0.01	2483156
SARA SOFTWARE SYSTEMS LLC	20-1313072	0.03	1856742
SARINE NORTH AMERICA INC.	99-0380405	0.00	438062
SARISSA CAPITAL MANAGEMENT LP	90-0924432	0.01	1641815
SATELLITE MANAGEMENT SERVICES	86-0524198	0.00	577469
SAVAGE MACHINING, INC.	55-0910221	0.00	0
SAVE THE DUCK USA INC	85-1519169	0.01	118605
SAVE THE STORKS	46-1031815	0.01	467726

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
SAVVYPHONE, LLC	27-3488937	0.00	199473
SAWHORSE PRODUCTIONS LLC	46-0867598	0.01	103730
SBA COMPLETE INC	45-2516664	0.06	3458821
SBL FREIGHTLINER LLC	46-4085709	0.05	3687324
SBRAGIA FAMILY VINEYARDS, LLC	20-2936873	0.00	16378
SC CONSULTING SERVICES LLC	47-5388133	0.01	283784
SC JOHNSON PROFESSIONAL USA, I	52-1656162	0.15	19224582
SCALE WINE GROUP LLC	81-3530678	0.00	109630
SCALED COGNITION, INC.	92-1003461	0.01	157485

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
SCALEMATRIX HOLDINGS, INC.	45-4499992	0.01	1541361
SCENT BEAUTY, INC.	82-4882153	0.01	494219
SCERIS, INC	04-3183985	0.01	2601337
SCHEDULING INSTITUTE, INC.	58-2342584	0.12	6874915
SCHERMER INC	41-1836695	0.01	2400644
SCHIELE ENTERPRISES INC	45-0462524	0.01	382267
SCHILLINGS INTERNATIONAL USA LLP	81-4942942	0.00	194795
SCHNEIDER SCHECTER & YOSS LLP	11-3628539	0.01	2506021
SCHOOLS, MENTORING, AND RESOURCE	94-3287468	0.01	237238

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
SCHOOLSOPEN, LLC	75-3016897	0.00	1979575
SCHOOLWIDE INC	13-3735087	0.00	1405421
SCIENCEMAGIC INC.	37-1830950	0.00	300995
SCIENTIFIC GLOBAL COMMUNICATIONS	46-3947366	0.00	67510
SCIMAX GLOBAL LLC	85-1799992	0.00	18610
SCIOS CONSULTING, INC.	47-2530286	0.01	716377
SCISOREK & SON FLAVORS, INC.	95-3556781	0.00	3188
SCIVANTAGE INC	13-4141780	0.00	225824
SCOPE HEALTH, INC.	36-4910237	0.01	500167

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
SCOPES FACILITY SERVICES, INC	61-1959064	0.02	349056
SCOPUS BIOPHARMA INC.	82-1248020	0.00	228392
SCORE 451 SPORTS LLC	20-4487744	0.01	654917
SCOTT F. ROBERTS LAW, PLC	47-2293866	0.00	69485
SCOTT HOLDINGS LLC	20-0492196	0.01	396860
SCOTT'S AUTOMOTIVE & SERVICE CEN	46-4832645	0.01	364677
SCOUTBEE INC.	83-3152008	0.00	89970
SCREEN PRINTERS RESOURCE, INC.	33-0910470	0.00	0
SCRUM ALLIANCE INC	20-5825034	0.09	3449237

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
SCRYPT, INC	82-0255758	0.00	253300
SCUTTLEBUGS CHILD DEVELOPMENT	45-2319924	0.00	470
SCYLLADB INC	37-1751871	0.04	1307545
SDC CAPITAL PARTNERS, LLC	30-0989930	0.06	4511146
SDM PAYROLL INC	85-3927734	0.18	10881847
S-DOCS INC	82-2293561	0.00	481877
SDP INTERNATIONAL CORPORATION	54-2125131	0.00	405128
SDV SOLUTIONS, INC.	20-1544395	0.01	799439
SE CLEARANCE CONSOLIDATORS	20-8421841	0.00	0

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
SEA ELECTRIC, LLC	32-0576237	0.02	1028136
SEA OTTER ADVISORS, LLC	84-5045986	0.00	108539
SEAL SCIENCE, INC.	33-0114600	0.00	0
SEAMAX FREIGHT INTERNATIONAL, IN	83-1356400	0.01	425770
SEAN S MOHTASHAMI DDS INC	82-2791920	0.00	112176
SEAPORT CAPITAL , LLC.	22-3705790	0.02	4694934
SEARCH CONSULTING LLC	26-0471773	0.01	353240
SEARCHLIGHT CAPITAL PARTNERS LP	27-2701140	0.09	4590130
SEASIDE OHANA INVESTMENTS, INC.	99-0079492	0.02	1046632

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
SEASUN INC	47-3684487	0.01	1047754
SECBERUS INC.	82-3501320	0.00	0
SECKENDORF HASSON REILLY & KOB	90-0436485	0.02	2462192
SECTOR SUPPLY LC	20-3547503	0.01	4876064
SECUDE IT SECURITY, LLC	20-1362257	0.00	39192
SECURESKY, INC	83-1525928	0.02	779027
SECURETEK GROUP INC	02-0744453	0.00	8543
SECUREVEST FINANCIAL GROUP INC	36-3126959	0.01	2177995
SECUREWATCH24 LLC	20-0914683	0.01	2106472

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
SECURITIZE	82-4308106	0.05	1934945
SECURITY ENGINEERING OF PENSACOL	59-1883477	0.01	268386
SEEGENE USA, INC.	47-3638567	0.05	1847955
SEEKER MUSIC GROUP LLC	85-1489772	0.05	1156365
SEER CAPITAL MANAGEMENT LP	35-2343007	0.06	11131713
SEIKO INSTRUMENTS U.S.A., INC.	74-2921273	0.03	8505905
SELBY ACQUISITIONS, INC.	41-1858633	0.00	928078
SELECT LABORATORY PARTNERS, INC	20-1402107	0.02	2432746
SELECT LENDING SERVICES	85-2041246	0.00	32050

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
SELECT PAINTING & HOME IMPROVE	54-1704002	0.00	188225
SELLERS MANUFACTURING CO	26-1423501	0.01	1010762
SELMAN DESIGN LLC	46-4050933	0.01	1032714
SEMINARY PROPERTIES AND MANAGEME	36-4085824	0.00	301319
SEMINOLE GOLF CLUB INC	59-0441130	0.02	2077363
SEMPRE, INC.	84-3298023	0.01	218312
SENA TECHNOLOGIES INC	36-4524900	0.02	2249779
SEND A CAKE LLC	83-1665752	0.00	15042
SENOVVA, INC.	20-2951522	0.00	225990

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
SENSEEKER ENGINEERING INC	27-0880958	0.04	2034917
SENSEL INC	46-4179863	0.03	1197260
SENTECH EAS CORPORATION	65-0734041	0.01	1249265
SENTINEL CRITICAL OPERATIONS, LL	03-0552175	0.01	791697
SENTRY PEST CONTROL INC	38-3659223	0.00	0
SEPHARDIC ACADEMY OF MANHATTAN	35-2392220	0.01	260581
SERENITY MEMORIAL CHAPEL LLC	47-3898469	0.00	6470
SERGEANT CONSTRUCTION INC.	82-2909137	0.00	16864
SERIOPLAST US LLC	82-1143012	0.02	581375

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
SERO PUMPSYSTEMS, INC.	20-5712424	0.00	353953
SEROSOCIAL IMPACT CORPORATION	87-1541396	0.00	14534
SERVENCO MANAGEMENT INC.	84-3990826	0.00	116975
SERVICEAIDE INC	81-3117303	0.01	891099
SERVICORE G.S. CORP	65-1116153	0.00	129209
SERVIENTREGA INTERNATIONAL INC	65-0325927	0.00	0
SERVOKINETICS, INC.	38-3326866	0.00	1111375
SEVEN AND EIGHT BIOPHARMACEUTICA	82-1658519	0.00	0
SEVEN FUND SERVICES LLC	83-2418342	0.01	432876

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
SEVEN POINT ENERGY SERVICES	82-3548682	0.00	362730
SEVENTEEN SEVENTY-SIX INC.	46-2105790	0.00	101338
SEYCHELLE ENVIRONMENTAL TECHNO	33-0836954	0.00	253932
SF BUILDING MAINTENANCE, LLC	82-2595272	0.00	63116
SFCJ, INC.	77-0485070	0.00	0
SFERRA FINE LINENS, LLC	90-1008021	0.00	0
SFGP LP	04-3248455	0.01	4064963
SGFUSION MANAGEMENT LLC	46-4436141	0.00	99329
SHABLY HOLDINGS, LLC	20-0671944	0.00	21328

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
SHAFRITZ AND DEAN LLC	68-0661386	0.01	588735
SHAHEED A. SMITH GEOSPATIAL, LLC	46-4317111	0.00	122931
SHALOM ORLANDO, INC.	59-0946923	0.01	457025
SHANTI BHAVAN CHILDREN'S PROJECT	26-4188445	0.00	101871
SHAPES GROUP LTD. CO.	20-0670038	0.02	1896905
SHAPING PATHWAYS	83-2412144	0.00	34417
SHARK GLASS RECYCLING, LLC	45-1998380	0.00	49681
SHASTA CLOUD, INC.	87-4648722	0.00	34683
SHATTUCK LABS, INC.	81-2575858	0.15	6770603

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
SHAUN S VARGHESE MD PLLC	46-4606284	0.02	2314374
SHEAUMANN LASER INC.	20-2552075	0.00	182183
SHEAUMANN LASER INC.	20-2552075	0.02	3665782
SHELDON AND FURTADO, PLLC	85-3839679	0.01	265860
SHELLS BY DESIGN LLC	26-0390959	0.00	45206
SHELTON ACADEMY LLC	45-3191772	0.01	122161
SHELVING ROCK LLC	61-1804598	0.03	4307715
SHEMAR T & D SOLUTIONS LLC	93-3885646	0.01	111302
SHEPARD HEALTH LLC	85-2981413	0.00	127771

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
SHERBORNE INVESTORS MANAGEMENT	20-4961039	0.00	749524
SHERMANSTRAVEL MEDIA, LLC	86-1153472	0.01	626147
SHERRILL CONTRACT MANUFACTURING	27-2254159	0.01	931254
SHH DETROIT LLC	82-4391821	0.00	126210
SHIELDS ENVIRONMENTAL INC.	59-3746461	0.01	2285779
SHIFA HEALTH PLLC	48-1304877	0.00	0
SHIFT DEVELOPMENT & CONSTRUCTION	81-3718550	0.02	722343
SHIFT EDUCATION	47-5634044	0.00	130372
SHIFT TRANSIT LLC	47-5312154	0.00	134581

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
SHINE TIME MANAGEMENT LLC	86-1485743	0.01	125685
SHIPPING SERVICES ITALIA INC	13-3941684	0.00	484935
SHIVER ENTERTAINMENT INC	80-0875186	0.00	326245
SHLD, INC	84-4527244	0.02	288222
SHM LLC	87-2919362	0.02	294831
SHOEDER'S RV & MARINE, INC.	39-1820716	0.01	2042417
SHOMA HOMES AT KEYS COVE CONDOMI	03-0559391	0.00	7906
SHORELINE SOFTWARE, INC	83-3233027	0.02	1489984
SHOW CATS LLC	47-1600717	0.00	31123

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
SHRI HARI RX INC	82-4317398	0.00	88626
SHS ASSET MANAGEMENT LP	85-3007733	0.00	71709
SHUMA LLC	47-1696646	0.00	0
SHUMAKER FURNITURE SERVICE INC	58-1339036	0.01	1174723
SIA CONSULTING CORP.	20-3097374	0.00	75695
SICKLE CELL DISEASE ASSOCIATION	38-1963640	0.00	23170
SIERRA SALEM CHRISTIAN HOMES, IN	77-0258318	0.00	63276
SIEVO INC.	61-1811914	0.02	796602
SIFIVE INC	47-4716251	0.22	0

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
SIGHTLINE HOLDINGS CORP.	26-3779389	0.01	949507
SIGMA AEROSPACE METALS LLC	26-3641274	0.01	1225826
SIGMAGRAFT, INC.	46-1628724	0.00	127380
SIGMOID MANAGEMENT LP	88-1348511	0.00	30023
SIGNATURE SYSTEMS GROUP, LLC	20-8165150	0.06	4228542
SILA-M LLC	38-3865740	0.01	147374
SILDAN, INC.	20-4926879	0.01	501539
SILENCE THERAPEUTICS, INC.	84-4488059	0.02	556800
SILENT PARTNER COMMUNICATIONS, I	77-0584647	0.00	67546

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
SILICON VALLEY, INC.	58-2491001	0.00	3635
SILICONCORE TECHNOLOGY INC	77-0464499	0.02	369943
SILVER ROCK ENTERPRISES, INC.	45-3777330	0.00	228584
SILVERPEAK ENERGY PARTNERS LP	87-2691200	0.01	537694
SILVERPEAK RENEWABLES INVESTME	83-2658764	0.01	453536
SILVERPEAK STRATEGIC PARTNERS	47-2522055	0.01	371027
SILVERTIP HOLDINGS SERVICES, LLC	93-1717222	0.01	89689
SILVERVIEW CREDIT PARTNERS LP	47-4791166	0.02	1029445
SIM GROUP HOLDINGS LLC	47-1037208	0.01	711471

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
SIMCOR, LLC	26-1285502	0.00	11711
SIMEM AMERICA CORPORATION	20-8124092	0.01	657492
SIMFONI USA INC	61-1929721	0.03	1857852
SIMI-A CORP	85-3687685	0.00	31938
SIMILARWEB INC.	47-1155768	0.21	12977505
SIMMONS GLASS & WINDOWS INC	20-8336909	0.00	115420
SIMON COMPLIANCE LLC	27-3311212	0.00	51008
SIMON LAW GROUP LLP	27-1451278	0.04	3353377
SIMON MCCLOSKY BASSALI & PARTIPI	36-2860508	0.00	107251

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
SIMPLE CANVAS PRINTS, LLC	47-1504309	0.00	0
SIMPLE FREIGHT SOLUTIONS, INC.	26-3012594	0.00	75379
SIMPLEGRID TECHNOLOGY, INC.	26-4709058	0.00	212720
SIMPLERISK, INC.	85-2993609	0.00	88226
SIMPLESHOW USA	37-1749888	0.00	1700634
SIMPLIFIED IT PRODUCTS LLC	80-0196647	0.01	683083
SIMPLY THE BEST LAWNS LLC	81-5003905	0.01	518387
SINGER MANAGEMENT LLC	26-2869951	0.00	30718
SINGHA NORTH AMERICA INC	71-0938066	0.01	1200275

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
SINGLE POINT GLOBAL INC.	20-1576762	0.04	2543213
SINGLEOPS LLC	46-2830277	0.00	0
SINGLERA GENOMICS INC	47-1361535	0.01	1224356
SINGLETRACK INC.	30-0969632	0.01	202766
SIRIUS CONTROLS INC	37-1845799	0.01	129281
SIRREEL PRODUCTION VEHICLES INC	20-4718427	0.00	178769
SITEVISION, INC.	20-0880690	0.00	525012
SITSCAPE INC.	26-1418724	0.02	1676278
SIU CENTRAL INC.	20-1655392	0.00	393

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
SIXMO INC	46-1456026	0.02	1095444
SIXTEN SOLUTIONS LLC	87-2753950	0.00	28899
SIXTO H DISTRIBUTORS INC.	59-1830602	0.01	172535
SIZEMORE SERVICES LLC	87-3370514	0.00	324
SJ MEDICAL FITNESS LLC	87-1852022	0.00	293988
SJLD MANAGEMENT LLC	88-4394842	0.00	0
SJP 1 TRAIN LLC	46-3344085	0.00	416044
SKAN US INC	20-4057752	0.08	7563450
SKELETAL DYNAMICS INC	56-2620497	0.08	5623390

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
SKIN PERFECT WHITTIER INC.	20-8501942	0.02	1059882
SKIPSTONE WINES LLC	47-2486053	0.01	369754
SKLD TITLE SERVICES, INC	84-0508648	0.01	3686578
SKY CANYON ANIMAL HOSPITAL VETER	46-4104830	0.01	637259
SKY I T GROUP LLC	22-3763872	0.02	5641701
SKY ORGANICS LLC	86-3246365	0.02	468139
SKY PROPERTIES, INC.	95-4718158	0.00	0
SKY REPUBLIC INC	81-3578832	0.00	53305
SKYCON GROUP LLC	83-2105246	0.01	350084

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
SKYEPOINT DECISIONS, INC	26-4474804	0.01	0
SKYLINE GROUP INTERNATIONAL INC	80-0883276	0.00	657946
SKYNET TELECOM LLC	46-1601709	0.00	228371
SKYPOSTAL INC	65-1134175	0.01	220839
SKYVIEW NETWORKS, LLC	86-0773409	0.06	4721891
SKYWIRE HOLDINGS INC	84-2930574	0.02	421211
SL BARNES, LLC	47-4465581	0.00	0
SLAM ACADEMY OF ATLANTA INC	82-2970378	0.00	46788
SLATER INFRASTRUCTURE GROUP LLC	58-2459332	0.01	741854

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
SLCC ENTERPRISE INC	26-3315086	0.00	119587
SLEEP STUDIO LLC	20-4719002	0.02	658924
SLEEPABLE SOFAS LTD OF NEW JER	22-1942010	0.00	30
SLEEPNET CORPORATION	02-0443085	0.02	0
SLI INC.	20-0244097	0.01	0
SLIFER DESIGNS INC	84-1326137	0.00	1661695
SLIP SILK PILLOWCASE LLC	37-1861915	0.01	142848
SLM WASTE AND RECYCLING SERVIC	23-2950805	0.02	2887852
SLOOMOO INSTITUTE LLC	83-3859362	0.00	22981

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
SLR CAPITAL PARTNERS, LLC	20-8458325	0.11	14705721
SLS CONSULTING LLC	80-0838615	0.05	664969
SMAATO INC	37-1515669	0.01	0
SMALLHOLD, INC.	81-4948880	0.02	863232
SMART AGE SOLUTIONS LLC	92-1563924	0.00	111258
SMART APPAREL US INC	26-1331899	0.00	1882530
SMART FORESIGHT LLC	27-4359771	0.01	861411
SMART HOME SECURITY, LLC	82-2467053	0.00	41029
SMART METALS RECYCLING, LLC	46-5682269	0.01	0

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
SMARTACTION LLC	82-2947288	0.03	1747041
SMARTBOX ASSISTIVE TECHNOLOGY IN	35-2566582	0.01	253867
SMARTLING, INC.	27-0327547	0.10	5865961
SMARTRECRUITERS, INC	27-3112976	0.11	8684140
SMEG USA INC.	20-8153148	0.01	563868
SMI MEDIA INC.	99-0360908	0.33	3842896
SMIRK'S LTD	26-1184291	0.03	1704262
SMITH GROUP SERVICES, LLC	45-3448966	0.02	2962468
SMITHTOWN VILLAGE KARATE, INC.	20-5028809	0.00	6626

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
SMRT SYSTEMS, INC.	47-3807300	0.00	121877
SMSBIOTECH INC	81-1138925	0.00	56411
SN AMERICA INC.	86-2814692	0.00	49417
SNA ELECTRONICS, INC	75-3077199	0.01	367703
SNAIL GAMES USA INC	27-1157839	0.00	117388
SNAPS SOLUTIONS	27-5024594	0.03	1372522
S-NET COMMUNICATIONS, INC.	02-0766509	0.01	0
SNO-ENGINEERING, INC	02-0259680	0.05	6562318
SOBE PROMOS	27-3971584	0.00	189543

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
SOCIAL CONNECTIONS LEARNING CENT	81-2869646	0.00	0
SOCIAL IMPRINTS, LLC	80-0294914	0.01	711650
SOCIALFLY LLC	46-0794904	0.01	799796
SOCIALWISE, INC	90-0942336	0.00	0
SOCIETY FOR LABORATORY AUTOMATIO	27-2620284	0.02	1804094
SOCIETY OF ILLUSTRATORS INC	13-1325246	0.00	141269
SOCKETS & SPECIALS INC	59-2395815	0.00	501393
SOFLETE LLC	47-2786416	0.00	324965
SOFT TECH CONSULTING INC	54-1830211	0.15	16890360

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
SOFTCONCEPT, INC.	54-1961739	0.01	791242
SOFTTECH, INC.	47-2923221	0.00	67979
SOFTWARE PRICING PARTNERS, LLC	47-4324198	0.00	244314
SOGO FINANCIAL GROUP INC.	81-1957225	0.01	187000
SOHDENTAL LLC	82-3727056	0.00	0
SOHO HOUSING PARTNERS LLC	85-1107951	0.01	266010
SOLA PROSTHETICS INC	83-2140910	0.00	76175
SOLACE FINANCIAL LLC	20-5135004	0.00	610
SOLACE HEALTHCARE INC	20-3023796	0.00	18144

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
SOLAR INVESTMENTS	46-1164627	0.02	670470
SOLARA HEALTH INC	81-1553458	0.00	0
SOLARA SOLUTIONS, LLC	20-0678047	0.00	445276
SOLD.COM, INC.	82-3785564	0.00	131046
SOLESTAGE INC	46-3085301	0.00	22716
SOLID & STRIPED LLC	45-5463315	0.00	86459
SOLIS HEALTH PLANS	81-0726576	0.04	1492683
SOLIS RE AGENCY INC.	81-3130276	0.01	402816
SOLIYA INC	32-0060209	0.00	58053

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
SOLO PRODUCTS INC	20-5376692	0.00	131017
SOLSTICE COUNSELING SERVICES COR	27-5033062	0.01	607754
SOLUTIONS BY DESIGN II, LLC	54-2061050	0.13	10856785
SOLVE BRANDING, LLC	45-2421057	0.03	3674520
SOMERSET ACADEMY, INC.	31-1569428	0.77	52996867
SOMM INC	81-2688437	0.00	143479
SOMMER INVESTMENTS NORTH, LLC	81-1113833	0.01	205764
SOMNOWARE HEALTHCARE SYSTEMS, IN	45-4170672	0.03	2253363
SON OF A SAINT	46-5554558	0.01	147351

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
SONABLATE CORP.	86-2379364	0.04	5269985
SONGS OF SPIRIT, INC.	88-1034109	0.00	176706
SONIC SYSTEMS INC	59-1671568	0.01	960836
SOPEXA FOOD AND WINES FROM FRANC	13-4092006	0.01	953241
SORINT.LAB US INC	38-4036492	0.01	331517
SORTERA TECHNOLOGIES, INC.	85-1081428	0.02	592295
SOS BEAUTY INC	82-2184469	0.01	0
SOTHYS USA INC	59-2158173	0.00	135025
SOUND MARK PARTNERS, LLC	46-3544452	0.01	716734

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
SOUND PRODUCTIONS LLC	75-1711210	0.00	147249
SOUNDVIEW FINANCIAL CREDIT UNI	06-1029943	0.00	0
SOURCE FITNESS MANAGEMENT, L.L.C	20-8177247	0.02	0
SOURCE MEDIA LLC	82-0573550	0.13	30574627
SOURCEMARK LLC	68-0506584	0.01	506111
SOURCESCRUB, LLC	47-1786324	0.06	2586461
SOURCETOAD LLC	26-3364455	0.02	1736658
SOUTH BAY FL INC	26-1248407	0.01	1490452
SOUTH COAST RV SERVICE LLC	33-0784904	0.00	138608

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
SOUTH COUNTY CONCEPTS, INC	33-0745288	0.00	52272
SOUTH DENTAL MANAGEMENT SERVICES	65-0325114	0.00	56989
SOUTH FLORIDA APPLIANCE INC	65-0304736	0.00	63171
SOUTH HAVEN BUILD PARTNERS LLC	45-1289286	0.01	143695
SOUTH HIGH LLC	82-1501592	0.00	16599
SOUTH LAFOURCHE BANK & TRUST COM	72-0643664	0.01	3585505
SOUTH LOOP ANIMAL HOSPITAL, LLC	80-0362292	0.00	107409
SOUTH SHORE CARDIOVASCULAR ASSOC	26-1868696	0.02	1173043
SOUTHEAST STONE RESTORATION, LLC	26-2008352	0.00	63051

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
SOUTHEASTERN COMPUTER ASSOCIATES	58-2590925	0.01	217985
SOUTHEASTERN MILLWORK COMPANY	04-2672611	0.00	68484
SOUTHERN ACOUSTICS, INC.	59-2888131	0.01	289805
SOUTHERN CLIPPER INC.	68-0519169	0.00	0
SOUTHERN DOOR & PLYWOOD INC.	58-0709624	0.02	5682541
SOUTHERN FAMILY MEDICAL CENTER	20-1222371	0.01	1987942
SOUTHERN FLOWMETER INC	20-2419024	0.00	335806
SOUTHERN RIDGES CAPITAL (USA) LL	85-3174150	0.02	330843
SOUTHERN STORAGE MANAGEMENT SYST	65-0272140	0.00	0

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
SOUTHERN TELECOM INC.	11-3514861	0.01	789
SOUTHERN TOWERS LLC	37-1795392	0.00	26006
SOUTHLAND INTEGRATED SERVICES, I	95-3403526	0.02	1645868
SOUTHLAND PROPERTY MANAGEMENT IN	58-1924279	0.00	51854
SOUTHPARK DENTAL GROUP P.A.	59-3284768	0.01	1660280
SOUTHWEST CONNECTICUT HEATING	26-0143516	0.00	0
SOUTHWEST FASTENER LLC	61-1415348	0.00	0
SOUTHWOOD DOORS, LLC	82-3634504	0.01	108146
SOVEREIGN PLASTICS LLC	84-3961456	0.00	24320

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
SOYVENTIS NORTH AMERICA LLC.	27-0863860	0.01	101876
SPACE AS ART PLC	27-0611581	0.01	237053
SPACE BRANDS USA LLC	30-1012677	0.02	554562
SPANDREL DEVELOPMENT SERVICES, L	30-0968193	0.00	93842
SPARCK TECHNOLOGIES INC.	87-1440470	0.02	928402
SPARK IONX INC	87-2882627	0.00	21721
SPARKFX LLC	27-3190896	0.00	143696
SPARTAN MAT LLC	46-1961836	0.01	230770
SPARTINA LLC	26-0824909	0.02	677401

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
SPARX MANAGEMENT LLC	46-3762814	0.01	0
SPARX TECHNOLOGIES LLC	20-2581342	0.02	0
SPAY- NEUTER ASSISTANCE PROGRA	76-0608925	0.01	736833
SPEARHEAD MOBILITY INC.	85-1406607	0.00	0
SPECIAL AMERICA'S BBQ INC	65-0588239	0.01	609373
SPECIALDOCS CONSULTANTS LLC	20-0860102	0.02	1674389
SPECIALTY PHARMACY INC.	46-4513717	0.00	87629
SPECIALTY WATER TECHNOLOGIES INC	45-2218908	0.01	1266472
SPECIFIC CARE CHIROPRACTIC, INC.	65-0620894	0.00	105022

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
SPECTRA MGMT, LLC	86-2159896	0.01	465376
SPECTRO COATING CORP.	04-3025266	0.00	3099434
SPECTRUM LASER AND TECHNOLOGIES	84-1410870	0.02	890866
SPECTRUM MOBILE INC	20-4477934	0.00	1317292
SPECTRUM RESTAURANT MANAGEMENT G	82-2722622	0.00	16485
SPECTRUM TECHNOLOGIES LLC	27-3505087	0.04	3937558
SPEEDCAST COMMUNICATIONS, INC	76-0043882	0.23	39667752
SPEEKI INC.	85-2910519	0.00	95978
SPF STAFFING INC	86-3070545	0.02	420259

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
SPI BLOW MOLDING LLC	26-3017161	0.00	563699
SPI LLC	83-1674028	0.52	33382517
SPIDER INTEGRATION GROUP, LLC	26-1206944	0.02	371504
SPIDERROCK ADVISORS, LLC	46-1932846	0.05	1762781
SPIRAL SOLUTIONS NY INC.	82-3682351	0.03	592283
SPIRE WEALTH MANAGEMENT, LLC	54-1831247	0.03	2011287
SPM COMMUNICATIONS INC	46-4504081	0.01	0
SPOONFULS INC	27-1810597	0.00	20342
SPORTS LEADERSHIP AND MANAGEMENT	27-1604001	0.06	3597374

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
SPORTS MED PROPERTIES LLC	80-0888519	0.01	888576
SPOT ON LIGHTING, LLC	81-0904417	0.00	516022
SPRING HILL GOLF CLUB	41-1865981	0.01	2338591
SPRINGBOK MANAGEMENT COMPANY, LL	84-2084068	0.01	1316127
SPRINGFIELD DAILY CITIZEN, INC.	87-2276466	0.00	52907
SPRINGFIELD URGENT CARE PLLC	82-2316077	0.03	621354
SPRUCE HOUSE INVESTMENT MANAGEME	20-3354606	0.02	820562
SPYGLASS MEDIA GROUP, LLC	83-0572250	0.03	2182869
SPYGLASS TRADING LLP	75-2675061	0.01	3018064

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
SQN CAPITAL PARTNERS LLC	27-0734785	0.00	741325
SQS USA, INC.	26-0462412	0.00	5852
SQUADPOD, INC.	47-3451031	0.01	492690
SQUARE EDGE INC	27-5377748	0.02	1205453
SQUARE ONE MANAGEMENT INC	46-1895737	0.00	274558
SQUAREGLES, LLC	46-5100885	0.00	110781
SQUAREMOUTH, INC.	27-0132145	0.00	0
SQUIRRO AMERICAS INC.	35-2522451	0.00	57733
SR AUTOMOTIVE, INC.	38-3713815	0.00	61956

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
SRC AMERICA CORPORATION	83-3920744	0.00	552477
SRR INTERNATIONAL, INC.	65-1134461	0.00	0
SRSBE INC.	82-2779499	0.00	127442
SS 567 UNIVERSITY, LLC	47-1289164	0.05	2896237
SSCOR, INC	95-3613041	0.01	404164
SSV WORKS, INC.	46-1632509	0.00	591528
ST ANDREWS COUNTRY CLUB PROPERTY	59-2309237	0.00	439711
ST ANDREW'S RESOURCE FOR SENIORS	26-0568133	0.10	7892602
ST BARNABAS SENIOR CENTER OF LOS	95-1641435	0.00	81822

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
ST BOTOLPH CLUB INC	04-1801070	0.00	342258
ST CHARLES SPINE INSTITUTE	47-4299199	0.01	299091
ST. GILES HOTELS INC NORTH AME	46-0523298	0.00	547588
ST. LOUIS COLLEGE OF HEALTH CA	43-1234434	0.01	4264582
STACK LABS, INC	46-2832312	0.01	508862
STACKTHEORY, INC.	83-3296835	0.00	66365
STADA CORP	84-4071199	0.00	26607
STAGECLIP INC	83-2222484	0.00	73576
STAGES ST. LOUIS	43-1434156	0.00	78148

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
STANDARD EULER, INC.	46-5060051	0.01	103665
STANDARD GENERAL L.P.	68-0645436	0.02	2386925
STAR METAL PRODUCTS INC	22-2548830	0.00	24967
STAR RESIDENTIAL, LLC	80-0565276	0.00	81362
STARBOARD FINANCIAL MANAGEMENT	83-0446200	0.01	1466667
STARLIGHT SOFTWARE SOLUTIONS LLC	38-3921086	0.01	126195
STARTEL CORPORATION	36-4702238	0.02	8375438
STAT PRODUCTS INC	04-2745967	0.00	262915
STATE BANK OF TEXAS	75-2159337	0.04	3675880

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
STATEWIDE TAX RECOVERY LLC	83-1606428	0.00	0
STATINMED LLC	88-2838740	0.05	3153498
STATION DIGITAL MEDIA, INC.	46-1708131	0.02	1537878
STATISTICS & CONTROL INC	20-2187996	0.02	2719830
STATYPE INC	87-3587748	0.00	68324
STEALTH COMMUNICATIONS SERVICES	26-1312603	0.00	13557
STECKLER MECHANICAL INC	81-4853380	0.00	73996
STEFAN R LATORRE PA	56-2031233	0.00	41505
STEFAN R LATORRE PA	56-2031233	0.01	1779672

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
STEIN WIENER & ROTH LLP	11-3255527	0.00	1048652
STELLAR CYBER INC	47-3393118	0.07	3653783
STELLAR LEADERSHIP ACADEMY	20-3007416	0.00	42920
STELLEX CAPITAL MANAGEMENT LP	46-4497695	0.06	2731307
STELLMANN ELECTRICAL CORP.	27-1383736	0.00	368711
STE-MAN INC	93-1098137	0.01	824724
STENTECH PHOTO STENCIL LLC	82-3804033	0.00	0
STEPS ARCHITECTURAL CONSULTING S	88-1258627	0.01	835349
STERIPACK USA LIMITED LLC	98-1027627	0.01	0

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
STERIPAX INC	95-4536012	0.00	185877
STERLING COLLISION CENTER LLC	33-0988430	0.00	84364
STERLING FABRICATION TECHNOLOGY	45-1264017	0.01	517461
STERLING PLANET, INC.	26-3525069	0.00	1106252
STERLITE TECHNOLOGIES INC.	30-1338844	0.07	2370458
STERN FAMILY MANAGEMENT LLC	42-1749785	0.00	97755
STICKY.IO, INC.	36-4804841	0.03	1358668
STIMPFL, MANASHIROV & BUNDSCHUH	92-2681526	0.00	21750
STIRISTA LLC	27-1382122	0.16	3938850

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
STL DIGITAL INC	87-4688999	0.03	527567
STOA USA INC.	82-2780700	0.02	0
STOCKBRIDGE RISK MANAGEMENT IN	11-2549739	0.02	1872050
STOKERS TENDEREX FARMS INC.	61-0865093	0.00	72693
STOKES GRANITE & STONE INC	22-3933354	0.00	37827
STONE BUILDING SOLUTIONS LLC	88-3061615	0.00	382899
STONE EDGE TECHNOLOGIES INC.	23-2259677	0.00	197563
STONE MOUNTAIN TECHNOLOGIES INC	26-3337119	0.00	35200
STONEBRIDGE GOLF & COUNTRY CLUB	59-2539217	0.03	2748758

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
STONEBRIDGE OF GURNEE, LLC	32-0471370	0.00	2993
STONECUSHION INC	20-3187435	0.02	1817946
STONEHOLLOW HOMES, LLC	27-4034330	0.01	961268
STONEPEAK PARTNERS LP	45-1218294	0.35	15720810
STONUM AUTOMOTIVE, INC.	55-0858630	0.00	339462
STOOPID BUDDY STOODIOS LLC	45-3643163	0.00	38907
STORA ENSO NORTH AMERICA SALES	93-1304149	0.05	7775042
STORIES ILLUMINATED LLC	46-3064525	0.00	62145
STORM FLAG, INC.	81-5476813	0.01	542797

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
STORTREC USA, LLC	82-4974785	0.00	4207
STORYVILLE CENTER FOR THE SPOKEN	13-3880953	0.02	2551341
STOVALL AND COMPANY, INC.	58-0835099	0.03	5374541
STRAIGHT ARROW CONSULTING, LLC	82-2939908	0.00	7235
STRAIGHT METAL LLC	27-1287235	0.00	23656
STRAIGHT TALK CLINIC, INCORPORAT	23-7134097	0.00	160205
STRATEGIC EMPLOYMENT PARTNERS	27-4115617	0.00	401399
STRATEGIC EXPERIENTIAL GROUP LLC	26-4296875	0.01	2866200
STRATEGIC MARKETING PARTNERS INC	75-2520056	0.02	8810945

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
STRATEGIC PRODUCT PARTNERS LLC	46-2910518	0.00	12743
STRATEGYGEN CO	27-1101858	0.01	239545
STRAUSSNER SHERMAN	74-3131182	0.00	94296
STRAUSSNER SHERMAN LONNE TREGE	74-3131182	0.01	836941
STRAX TECHNOLOGIES LLC	45-4289052	0.00	268852
STREAKWAVE WIRELESS, INC	77-0580634	0.02	2148734
STREAMLINE CONSTRUCTION MANAGE	83-1977897	0.00	0
STREAMLINE USA LLC	47-3452672	0.00	39726
STREATER SALES	58-1149632	0.00	169722

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
STREETMAN, JONES, & POWERS LLC	27-3324176	0.02	2414909
STRIDELINE LLC	45-5574202	0.00	921615
STRIKE ACCEPTANCE HOLDINGS, INC.	82-5005312	0.02	524846
STRIKER ENTERTAINMENT, LLC	26-0561213	0.00	0
STRIVETOGETHER INC	81-3380647	0.05	4845232
STRONG ROCK ENGINEERING GROUP PL	85-1051839	0.00	211525
STRONGER NORTH AMERICA INC.	92-1337800	0.00	6196
STRUCTURE PROPERTIES INC	47-1260745	0.00	201547
STRUCTURED FINANCE INDUSTRY GR	46-2258052	0.03	2522000

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
STUARDO & ASSOCIATES, INC.	58-2413959	0.00	238637
STUART A TERRY M.D P.A	74-1965088	0.00	0
STUDENT FREEDOM INITIATIVE INC	85-0557522	0.02	904782
STUDIO DESIGNS INC	20-8629364	0.01	441387
STUDIO G ARCHITECTS INC	74-3253628	0.04	2291891
STUDIO RED HOLDINGS, L.L.C.	80-0123841	0.01	714878
STX GROUP, LLC	83-3601088	0.01	284359
STYLITICS, INC.	35-2446559	0.03	0
SUBURBAN PEST MANAGEMENT LLC	20-8531677	0.00	50823

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
SUBURBAN SURGICAL CO.	36-2717019	0.01	2034242
SUDBURY INVESTMENTS LLC	82-3472145	0.00	115376
SUFFOLK LOCK & SECURITY PROFESSI	11-2518978	0.01	188163
SUFFOLK MECHANICAL LLC	47-3401140	0.00	17523
SUITECENTRIC LLC	81-5227865	0.01	207124
SUITX, INC.	45-2683101	0.01	0
SULEMAN J BANGASH DOSC	26-1240279	0.02	569940
SULLIVAN INVESTMENT CORPORATION	86-0386298	0.01	313372
SULZER & SCHMID US CORP.	86-2506036	0.00	60761

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
SUMMER LOVE LLC	46-0590873	0.01	835030
SUMMERPORT SURGERY CENTER LLC	37-1877771	0.00	102894
SUMMERS & SONS ELECTRIC INCORP	94-2827009	0.01	1810132
SUMMIT HEALTH SERVICES INC.	59-3794785	0.00	67031
SUMMIT MANAGEMENT LLC	60-0000720	0.02	606847
SUMMIT NATURALS INC	83-1642373	0.00	0
SUMMIT PACKAGING SOLUTIONS, LLC	81-0806733	0.03	2219813
SUMMIT PRIMARY AND PAIN LLC	85-1978996	0.00	0
SUMMIT PRIMARY CARE PLLC	85-0942718	0.00	0

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
SUMMIT RECOMMERCE GROUP INC	84-4094819	0.00	78036
SUMMIT SPORTS LLC	82-3843161	0.00	1259
SUMMIT STRATEGIC ADVISORS PLLC	46-4686980	0.01	521992
SUMZERO INC	46-1881076	0.01	0
SUN CITY GRAND COMMUNITY ASSOCIA	86-0832131	0.06	7196610
SUN CITY HILTON HEAD COMMUNITY A	86-0774248	0.01	922776
SUN COAST PROPERTY MANAGEMENT LL	27-3990866	0.03	981667
SUNFIREMATRIX INC	81-1339270	0.08	3330933
SUNFOOD CORPORATION	90-0513599	0.00	490397

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
SUNMI TECHNOLOGY US INC	37-2006708	0.02	466094
SUNNY COMMUNICATIONS INC	84-1566253	0.02	2975618
SUNNY DISTRIBUTOR INC.	16-1623750	0.03	1353476
SUNNY ENTERPRISES, INC.	94-1738408	0.00	0
SUNNY SKIES TERRACE, LLC	85-3494755	0.01	167649
SUNQUEST PROPERTIES INC	72-1042010	0.00	0
SUNRIDGE PROPERTIES INC	86-0437322	0.01	766371
SUNRISE ENTERPRISES OF ROSEBURG	93-0603646	0.00	0
SUNSET MANAGEMENT HOLDING COMPAN	83-4539103	0.00	0

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
SUNSTONE TRUST COMPANY	86-3989951	0.01	127322
SUPER EVIL MEGA CORP.	45-5035565	0.04	2373570
SUPER M3K INC	83-2069936	0.00	116062
SUPER WEB DIGITAL INC	46-4516317	0.01	982728
SUPERB BUILDING SERVICES LLC	84-3667157	0.01	413435
SUPERFLY MARKETING GROUP, LLC	26-2000992	0.05	803585
SUPERIOR BUSINESS & PROPERTY MAN	46-5322141	0.00	0
SUPERIOR CAR CREDIT CORPORATION	20-5745413	0.00	64223
SUPERIOR ELECTRICAL SERVICES INC	57-0687458	0.01	2358693

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
SUPERIOR ENGINEERING INC	57-0912149	0.00	71
SUPERIOR OPTIMIZATION LIMITED PA	74-3033863	0.00	0
SUPERIOR PRO LLC	83-2836684	0.00	111768
SUPERIOR UNIVERSAL VINYL, INC.	81-0838471	0.00	3689
SUPERME PERFORMANCE LLC	30-0938946	0.00	77246
SUPERVISORS LLC	82-4816282	0.00	58156
SUPPLEMENT MANUFACTURING PARTNER	84-2243591	0.01	499900
SUPPORT CLAIM SERVICES, INC.	11-3059265	0.03	2313960
SUPREME CRAB & SEAFOOD, INC	26-4506272	0.01	384107

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
SUPREME SECURITY SERVICES INC	61-2043526	0.00	19595
SURATI MANAGEMENT GROUP L.L.C.	22-3836612	0.00	302490
SURE ELECTRIC LLC	80-0483819	0.00	307717
SUREFIRE CYBER INC.	87-4308076	0.03	601749
SURFACE IGNITER LLC	61-1722397	0.00	0
SURFSIDE MECHANICAL LLC	26-4568138	0.00	97863
SURGERY CENTER OF MUNSTER LLC	46-1961043	0.01	489958
SURGICAL HOSPITAL OF OKLAHOMA LL	73-1521890	0.02	1659793
SUSMAN INSURANCE SERVICES INC.	95-4524883	0.01	1163847

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
SUSMAN, LLC	27-4640572	0.01	1611723
SUSTAINABLE TALENT	27-1280366	0.01	456994
SUTTON ALLIANCE, LLC	82-0575304	0.01	2842970
SUVIP SOLUTIONS INC	45-1289489	0.07	4927107
SV LABS CORPORATION	94-2607383	0.02	1254162
SWAIN ONLINE INC.	23-3000495	0.00	1117019
SWAN INDUSTRIES, INC	43-0790502	0.00	2226824
SWISSQPRINT AMERICA, INC.	47-5393800	0.00	113926
SYMBA & SNAP GOURMET FOODS INC	85-3826710	0.00	27659

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
SYMBOLIC LOGIC, INC.	84-1010843	0.00	912959
SYMMETRA USA INC	32-0678718	0.00	32625
SYMMETRY COUNSELING LLC	27-5426280	0.01	644149
SYMPHONIC DISTRIBUTION INC.	26-1342503	0.07	3395557
SYNAPSIS INC.	81-0718852	0.10	6114836
SYNCARDIA SYSTEMS, LLC	81-3399071	0.01	1574030
SYNERGY CUSTOM FIXTURES CORP	27-3977914	0.00	7813
SYNERGY FRANCHISING CORPORATION	59-3120367	0.01	929569
SYNERGY GLOBAL HOUSING, LLC	95-4750496	0.11	7735109

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
SYNERGY MANUAL PHYSICAL THERAPY	26-4764001	0.00	588576
SYNERGY REHABILITATION INC	45-4609936	0.00	10335
SYNERGY TECHNOLOGY GROUP INC	20-5033311	0.01	534119
SYNERTRADE, LLC	27-2242589	0.00	40393
SYNSABER, INC.	84-4471335	0.00	18446
SYNTERRA CAPITAL MANAGEMENT, LLC	45-5352720	0.00	117747
SYPHERMEDIA INTERNATIONAL, INC	54-2126184	0.00	128
SYSCOM TECHNOLOGY INC	32-0619676	0.01	718213
SYSTEMS & ELECTRONICS INC	83-0457634	0.00	661642

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
SYSTEMS & SPACE INC	95-4175675	0.01	2628467
SYSTEMS TECHNOLOGY FORUM LIMITED	72-1567974	0.21	26522055
T BROOK INC	30-0871064	0.00	4709
T K INTERACTIVE LLC	45-2576227	0.01	1436475
T WEISS REALTY CORP	11-3287035	0.01	2014254
T&M USA LLC	85-3968695	0.06	6287849
T. H. STEMPER CO INC	39-0752934	0.02	3074390
T. HASEGAWA U.S.A., INC.	95-3322305	0.13	18069751
T.D.S. UNLIMITED INC.	75-3175073	0.00	14895

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
T3 CONSULTING, INC.	35-2775355	0.00	176355
TABOR COMMUNICATIONS, INC.	45-0468642	0.00	583234
TACMED SOLUTIONS, LLC	20-4468032	0.07	5145479
TACOLCY ECONOMIC DEVELOPMENT	59-2246692	0.00	865949
TACOS AND BEER MI LINDO MEXICO T	92-0244993	0.00	4362
TACTILE TURN LLC	46-0674497	0.00	19328
TADICH GRILL	94-1529526	0.00	0
TADIN, LLC	95-4559559	0.02	1513106
TAG CREATIVE LLC	13-4192905	0.00	70826

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
TAGARNO USA, INC.	86-2797603	0.00	13216
TAGNESI & GREEN CPA'S	84-2975613	0.00	49481
TAGNOS INC.	65-1252648	0.00	127987
TAI GROUP, INC.	13-3864247	0.00	224685
TAIKO ENTERPRISES CORP	95-4295725	0.00	240616
TAIKO ENTERPRISES CORP.	95-4295725	0.00	151401
TAILWIND NUTRITION, INC.	94-3452304	0.01	933640
TAINA TECHNOLOGY AMERICAS INC	37-1958834	0.00	22438
TAKEYA USA CORPORATION	20-8877443	0.03	2463483

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
TALENT RETRIEVER, LLC	51-0512192	0.01	1604105
TALENTSMART INC	65-1165388	0.02	939912
TALON AMERICA LLC	82-4244766	0.05	1955582
TALON PROFESSIONAL SERVICES, LLC	22-3758625	0.01	1211802
TAMPA BAY UNITED INC.	45-2508287	0.00	30953
TAMPA HOSPITALITY MANAGEMENT INC	47-2202430	0.00	74686
TAMRIDGE CAPITAL LLC	86-2121298	0.03	830608
TANDEM DESIGN LLC	47-5424747	0.00	5724
TANYR HEALTHCARE LLC	20-4208330	0.00	0

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
TAP CONSULTING, LLC	42-1677375	0.01	340247
TAPLOW USA CORP	82-4275620	0.00	174611
TARABICOS GROSSO, LLP	46-0783473	0.01	286987
TARGETRECRUIT LLC	82-5285961	0.02	446761
TARISIO AUCTIONS LLC	04-3486692	0.01	131266
TARLE LAW PC	45-2921992	0.00	314257
TASK RETAIL TECHNOLOGY LLC	45-4917057	0.01	713983
TASSAT GROUP INC.	82-3066411	0.11	3576941
TASSOS GROUP LLC	20-5552726	0.01	82438

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
TASTE UNLIMITED LLC	20-5655123	0.01	98766
TAYLOR CPA & ASSOCIATES PC	58-2505292	0.00	0
TAYLOR DRAKE INC	82-3641246	0.00	247912
TAYLOR SCIENTIFIC	43-0967353	0.00	268094
TAYLOR STUDIOS, INC.	37-1351127	0.01	2759151
TAYLOR-DUNN MANUFACTURING, LLC	95-2017183	0.06	0
TB2 SERVICE, INC.	75-2928444	0.02	3402143
TBES, INC	75-2768481	0.01	2187780
TBH CONSULTING LLC	83-2329272	0.01	287813

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
TC DENTAL LABORATORY INC.	26-0566629	0.00	14247
TCC GROUP, INC.	23-2491136	0.04	6884963
TCG PROP INC	92-3215655	0.00	34925
TCHOUAFFE ARCHITECTS INC	27-1117197	0.00	5473
TCS HOLDING COMPANY, LLC	20-3938672	0.03	798952
TDA CREATIVE, INC.	81-3314407	0.00	8057
TDG FACILITIES, LLC	81-4014080	0.01	777003
TDXI, LLC	83-2088635	0.00	17965
TEACHING TEXTBOOKS LLC	73-1489072	0.01	488454

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
TEACHLEY, LLC	45-3567028	0.00	74523
TEAK ISLE, INC.	59-1995804	0.02	0
TEAM DRINKWATER INC	82-5112506	0.00	43538
TEAM ELECTRIC, INC.	84-1446161	0.00	754939
TEAM REALTY SERVICES, LLC	32-0101154	0.03	3354234
TEAM RED, WHITE & BLUE, INC.	27-2196347	0.01	1242062
TEAM SANDY BLANTON REALTY INC	06-1689735	0.00	70779
TEAM SEINFELD LLC	26-3251469	0.02	4090932
TEAM USA MORTGAGE LLC	33-1055657	0.00	242887

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
TEAMTECHNIK CORPORATION	58-2372596	0.02	3043802
TEBARCO MECHANICAL, LLC	58-1510973	0.04	10142966
TEC5USA INC	11-3603611	0.01	595520
TECH 2000 INCORPORATED	54-1625834	0.01	722309
TECH FABRIC LLC	82-2366698	0.01	199575
TECHCOMP (USA) INC	47-2055843	0.00	60974
TECHFIN LLC	84-2768165	0.00	60950
TECHGEN CONSULTING, INC.	90-0015533	0.00	0
TECHIE KIDS CLUB INC	87-4066526	0.00	32208

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
TECHNET UC LLC	83-1575466	0.01	149271
TECHNICAL ACADEMY GROUP LLC	38-3496403	0.05	6413631
TECHNOLOGY BLUE, INC.	20-1322419	0.00	138224
TECHNOMED INC	22-2560589	0.01	5028748
TECHPEST LLC	27-2850858	0.00	78134
TECHR2 LLC	83-0421014	0.00	124686
TECHWERKS, LLC	26-4705288	0.05	3759867
TECNOEKA, INC	83-1520700	0.00	305154
TEENS, INCORPORATED	84-1380016	0.01	456667

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
TEESNAP LLC	32-0420065	0.01	302502
TEGEAN CAPITAL MANAGEMENT LLC	26-3177271	0.01	580987
TEK FITNESS DISTRIBUTORS LLC	46-1284430	0.00	0
TEKNOS US INC	26-1162699	0.00	1419
TELEBYTE	11-2510138	0.00	1271005
TELECOM LLC	80-0965641	0.01	90007
TELECOM RESOURCES OF AMERICA INC	65-1008120	0.00	0
TELECOM SERVICE BUREAU, INC.	26-4316720	0.02	885199
TELEMETRY SERVICES LLC	88-1270185	0.00	13048

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
TELIAX, INC.	20-3479949	0.01	1181953
TELLERMATE, INC	58-2278398	0.00	1163806
TELVUE CORPORATION	82-3526160	0.01	2286703
TEMACC LLC	54-1838242	0.00	47643
TEMIX INC.	27-5471930	0.00	22154
TEMPLAR ADVISORS NA LP	82-2979212	0.03	1072464
TEN BERKE ARCHITECTS D.P.C.	83-2518222	0.05	9226594
TEN SOUTH MANAGEMENT CO.	02-0683761	0.01	333942
TENDERHEART HEALTH OUTCOMES INC.	20-2087851	0.06	4122709

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
TENERE CAPITAL LLC	85-3258280	0.01	263798
TENNESSEE CONTRACTORS EQUIPMENT	71-0869226	0.00	208664
TENNESSEE METAL INDUSTRIES LLC	83-0711925	0.00	80066
TENNESSEE QUICK CASH	62-1660414	0.01	345685
TENTACLE LLC	84-4958745	0.01	273599
TENTEN GROUP INC.	47-4492678	0.01	349467
TEREMOK, INC.	82-1700429	0.01	186838
TERESHARAN PARTNERS. L.P.	84-4034690	0.00	50747
TERI NICHOLS INSTITUTIONAL FOODS	37-1441080	0.03	3346554

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
TERRA INTERNATIONAL SERVICES LLC	27-2409730	0.03	2224873
TERRAPINN, INC.	76-0830768	0.01	651825
TERRENO REALTY CORPORATION	27-1262675	0.05	9
TERRY TOWN CORPORATION	81-1005901	0.01	522884
TERVIVA, INC.	27-2547549	0.05	1939111
TERZO TECHNOLOGIES INC	84-5188413	0.02	501771
TESLA ELECTRIC COMPANY LLC	81-0958316	0.00	5853
TESLA INC	54-1767149	0.02	1696637
TESTCARD	85-0596725	0.00	48066

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
TETRA SOFT INC	43-1790799	0.05	7289790
TETRUS CORP.	05-0531974	0.00	165180
TEVET LLC	05-0609248	0.04	2507833
TEXAS ALCOHOL AND DRUG TESTING	74-2369836	0.00	884840
TEXAS ASSOCIATION OF PROFESSIONA	74-1997658	0.01	406992
TEXAS AUTOMATION SYSTEMS LLC	45-5072855	0.02	1720955
TEXAS DENTAL ASSOCIATES PA	76-0694159	0.00	46479
TEXAS INDEPENDENT EXPLORATION LI	76-0234387	0.01	1293982
TEXAS INDUSTRIAL OPTICS, INC.	26-3527683	0.00	27717

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
TEXAS PROFESSIONAL SURVEYING, L.	02-0748630	0.00	93808
TEXAS VISION & LASER CENTER, PLL	26-0270360	0.01	1096616
TEXT US SERVICES, INC	38-3879530	0.06	2238323
TEXTILE-BASED DELIVERY INC	80-0967830	0.01	606781
TEXTLINE, INC.	81-1793002	0.03	1928915
TF SEMICONDUCTOR SOLUTIONS INC	46-5682455	0.02	1629048
TFG PARTNERS LLC	14-1898306	0.00	163574
TGCP, LLC	80-0945423	0.01	244154
TGS TECHNOLOGY LLC	85-1117526	0.01	132571

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
THAYER AIR CONDITIONING INC	83-2148763	0.00	1380
THE 80/20 FOUNDATION INC	82-3518678	0.01	266444
THE ACL LLC	47-5184093	0.00	13260
THE AFRO LATIN JAZZ ALLIANCE INC	45-3665976	0.00	169603
THE ALICE AYCOCK POE CENTER FOR	56-1500678	0.01	617242
THE ALS ASSOCIATION FLORIDA CH	94-3124732	0.00	1081
THE AMBULATORY CARE CENTER, P.A.	22-3479837	0.00	9841
THE ANDALUSIA FOUNDATION	23-2115358	0.00	133055
THE ANDRA GROUP LP	75-2514395	0.01	1634825

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
THE APACHE SOFTWARE FOUNDATION	47-0825376	0.00	451748
THE ARDEN GROUP, INC.	23-2546970	0.01	1319945
THE ARDIAN GROUP INC.	23-3011800	0.00	146180
THE ARMOURY GROUP US LIMITED	46-2540663	0.00	177024
THE ARTHUR PAGE SOCIETY	23-2290568	0.02	1483102
THE ASTRONOMICAL SOCIETY OF THE	94-0294860	0.01	291137
THE ATLANTA OPERA	58-1371843	0.02	982947
THE BANKERS EXCHANGE	20-5938253	0.00	10968
THE BAR ASSOCIATION OF METROPOLI	43-0605907	0.00	849267

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
THE BEARS CLUB	65-0810035	0.04	7740315
THE BEARS CLUB PROPERTY OWNERS	65-0974723	0.00	379500
THE BELLA GROUP LLC	92-1035454	0.04	1616152
THE BERKMAN LAW OFFICE LLC	20-8105272	0.00	120166
THE BLAST SHOP, LLC	82-4099348	0.00	174374
THE BOXOFFICE COMPANY LLC	20-8530153	0.01	1535192
THE BRIDAL COLLECTION, INC	84-1550642	0.01	674474
THE BYBLOS GROUP INC	65-0993007	0.00	72837
THE CAMBRIDGE SCHOOL LTD	22-3799113	0.02	3473917

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
THE CAVIAR COMPANY, LLC	81-0731174	0.00	32966
THE CENTER FOR ELECTION INNOVATI	81-3815137	0.01	590703
THE CHILD'S PRIMARY SCHOOL	33-0018215	0.00	537080
THE CHRISTIAN SCHOOL SOCIETY OF	93-0401248	0.01	602461
THE COLLEGE AND COMMUNITY FELLOW	31-1720017	0.00	439559
THE COLORADO ARTISAN GROUP, LLC	01-0624259	0.01	207541
THE CONVERSATION US, INC.	46-0906774	0.02	1128863
THE CORCORAN OTA GROUP INC.	20-3007611	0.01	834748
THE CREATIVE ALLIANCE INC	84-1215982	0.00	0

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
THE CREEK, INC.	20-4453304	0.00	75813
THE CRM FIRM INC	30-0934011	0.03	1052128
THE D'ADAMO INSTITUTE FOR THE	02-0518356	0.00	113488
THE DAVIES COLLABORATIVE	46-3416478	0.01	382982
THE DENT SPECIALIST INC.	47-2798988	0.01	1249301
THE DFH GROUP A PROFESSIONAL COR	87-1146374	0.01	234240
THE DONLON AGENCY LLC	81-2760504	0.01	485402
THE DUNHUANG FOUNDATION INC	27-4503406	0.00	145927
THE ECONSORTIUM GROUP, INC	20-8164199	0.01	955319

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
THE ELITE GROUP PROPERTY INSPECT	95-4741758	0.00	95379
THE ENGENUITY LLC	86-3595892	0.03	518500
THE ENTERPRISE SECURITY CONSULTA	82-3997554	0.00	0
THE ESCAPE POD LLC	20-5775249	0.00	459310
THE ESTES GROUP INC	77-0636125	0.00	451060
THE FARRELLS, INC.	86-3791773	0.01	0
THE FEMALE QUOTIENT, LLC	47-4285883	0.00	0
THE FLETCHER GROUP AUTOMATION, I	99-0383863	0.01	323076
THE FLUETS CORPORATION	22-1830228	0.00	241063

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
THE FORGE FOR FAMILIES, INC.	76-0485959	0.00	0
THE FULL PICTURE, LLC	37-1606310	0.03	3624578
THE GATHERING FOR JUSTICE, INC.	47-2966777	0.00	27526
THE GILROY FIRM	41-2234080	0.00	618090
THE GLUCK ARCHITECTURAL COLLABOR	20-0432135	0.01	0
THE GOLDEN BEAR INC	84-0809923	0.00	1471509
THE GREAT INCORPORATED	46-4672457	0.02	693649
THE GUNNISON BANK & TRUST COMPAN	84-0219320	0.00	69630
THE HARRIS AGENCY INC	82-2216572	0.02	535959

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
THE HEALTH EXPERIENCES LLC	47-5537577	0.00	181822
THE HELEN GURLEY BROWN FOUNDATIO	27-3406311	0.01	85671
THE HEREAFTER, INC	31-1326430	0.00	105044
THE HOME CENTER, INCORPORATED	93-0607111	0.02	978937
THE HOME SOURCE COMPANY INC.	94-3240358	0.01	162528
THE HOUSING PARTNERSHIP NETWORK	04-3172401	0.09	10316093
THE HUDSON COMPANIES INC.	11-2838248	0.06	6504895
THE HUMAN RIGHTS FOUNDATION	20-2669700	0.00	53226
THE INFINITE MONKEY THEOREM, I	45-3019850	0.00	120477

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
THE JB ASHTIN GROUP INC.	38-3491079	0.00	0
THE JFC GROUP LLC	85-4153252	0.00	7567
THE JOXEL GROUP LLC	51-0594504	0.01	2736769
THE KAVI GROUP, LLC	46-4986549	0.01	507111
THE KIDS PARK OF STANSBURY INC.	84-1399265	0.00	7928
THE KON-TIKI VENTURES, LLC	84-3052663	0.00	29686
THE KRENGER COMPANY	36-2805224	0.00	621425
THE LAW OFFICE OF RHONDA TELFORD	26-2123531	0.00	80761
THE LAW OFFICES OF JENNY HUYNH L	82-2412286	0.00	74403

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
THE LAW OFFICES OF NEAL BRICKM	20-0462693	0.01	1653905
THE LAW OFFICES OF RIO M. GUERRE	30-0124278	0.00	337286
THE LEE STRASBERG THEATRE & FI	13-2643397	0.01	1082356
THE LILLIS TECHNOLOGY GROUP LLC	83-1491155	0.00	180331
THE LITTLE SCHOOL OF HILLSBORO	27-1453280	0.01	510187
THE LOVINS GROUP LLC	80-0675568	0.00	53200
THE MAGNUM COMPANIES LTD.	58-1418723	0.00	0
THE MATLEN SILVER GROUP, INC.	22-2328344	0.17	15636521
THE MAX GROUP LLC	13-3915642	0.01	3267190

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
THE MIDWIFE AND THE BAKER, LLC	82-1679270	0.00	0
THE MIRACLE FOUNDATION INCORPORA	74-2989580	0.01	520721
THE MODERN SCHOOLHOUSE LLC	84-4500737	0.00	12610
THE MORNINGSIDE INSTITUTE INC	82-1094056	0.00	92601
THE MURPHY TECHNOLOGY GROUP INC.	27-3790416	0.03	2456724
THE NATIONAL BEN GAMLA CHARTER S	20-8961429	0.02	2899578
THE NATIONAL LAW ENFORCEMENT AND	05-0536854	0.00	92528
THE NOBLE LAW FIRM PLLC	27-0456311	0.00	0
THE OAKS ON AZEELE, LLC	20-3290323	0.00	168243

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
THE OFFICE PERFORMING ARTS AND F	20-0790569	0.00	9345
THE ON DEMAND COMPANY LLC	82-0693693	0.00	47481
THE PARRIS FOUNDATION	26-4041884	0.00	35577
THE PARTNERS NETWORK INC	26-0068983	0.01	744801
THE PEEBLES CORPORATION	52-1878092	0.01	990795
THE PELVIC FLOOR INSTITUTE, LL	81-2056692	0.00	9223
THE PRESENTATION SCHOOL	91-1829138	0.01	789687
THE PRIVATE SECTOR GROUP LLC	82-4612999	0.02	1021851
THE PROPERTY ADVOCATES, P.A.	26-3531714	0.02	1844453

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
THE RALPH LAUREN CORPORATE FOUND	52-2316766	0.01	218536
THE REGENT GROUP LLC	32-0617697	0.01	337445
THE REHFELDT GROUP PA	30-0014946	0.02	338323
THE RENAISSANCE COMPANIES INC	85-0551272	0.00	12697
THE RESIDENCE CLUB AT PGA WEST	20-3893609	0.00	125654
THE RICHMOND FORUM, INC.	54-1382433	0.01	113629
THE RND GROUP INC.	35-2023678	0.25	19594249
THE ROMANS NEW YORK INC	88-1953483	0.00	24006
THE ROSKAMP INSTITUTE, INC	27-1397124	0.00	3296638

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
THE RUTH GROUP INC.	61-1527210	0.00	152312
THE SEATTLE PUBLIC LIBRARY FOUND	91-1140642	0.02	1312530
THE SETTLEMENT COMPANY	61-1952112	0.00	136964
THE SHARE TRUST, INC.	85-0488931	0.00	19968
THE SITE GROUP PLLC	27-1340429	0.01	413799
THE SLAN COMPANIES INC.	54-0788734	0.02	5579448
THE SOCIAL SPECTRUM INC.	84-4029471	0.00	4336
THE TANK TIGER, LLC	47-2415050	0.00	57030
THE TASC GROUP	13-4340272	0.01	281266

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
THE TEMPLE OF RESTORATION	11-3540446	0.00	113740
THE TEXAS STATE HISTORICAL ASSOC	74-6025220	0.00	569566
THE TKAC VETERINARY GROUP PC	82-4057298	0.00	36243
THE UNIVERSAL GROUP, INC.	05-0532043	0.02	2420838
THE WARREN GROUP, LLC	82-5154618	0.00	0
THE WINDMARK GROUP	75-1860925	0.00	37683
THE WOMAN'S GROUP PA	59-3475693	0.06	11266731
THE WRIGHT FIT INC	26-0515034	0.00	374543
THE WRITING REVOLUTION, INC.	46-4970867	0.01	667663

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
THE YCM SYNDICATE LLC	84-4684594	0.01	580958
THE YOUTH CONNECTION INC	02-0647494	0.00	1617
THE ZINN GROUP	33-0863586	0.00	0
THEFLYONTHEWALL.COM	22-3577201	0.01	990157
THEIAGEN CONSULTING LLC	82-4619985	0.01	350452
THEMA AMERICA, INC.	35-2364784	0.00	86389
THEODORE R AND THELMA A GIBSON	02-0607895	0.00	195408
THEOREM TECHNOLOGIES LLC	82-2489876	0.00	3
THERANICA USA INC	83-4482004	0.02	757248

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
THERMAL STOR, INC.	02-0416237	0.00	2076083
THESTUDIO C LLC	84-5151885	0.00	34531
THINK ANEW LLC	26-0695616	0.00	0
THINK BIG NEW YORK, INC	20-8244879	0.00	23118
THINK CONSERVATORY INC.	41-2239607	0.00	1563347
THINK PR INC	75-3040407	0.00	5634
THINKON, INC.	30-0991640	0.03	931995
THINK-PLC LLC	84-2293645	0.00	0
THINKSO CREATIVE, LLC	56-2555462	0.01	0

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
THIRD COAST AUTO GROUP LP	76-0452704	0.00	0
THIRTY-SIX EDUCATION LLC	45-3861618	0.01	347207
THIS DOT, INC	81-4658879	0.01	520108
THISTLE COMMUNITY HOUSING	74-2449502	0.01	868784
THOMAS C. ROWSEY, P.C.	58-2370223	0.00	80098
THOMAS D. WOOD & CO.	59-2658461	0.01	790612
THOMAS F BRAUN DMD LLC	06-1600719	0.01	660954
THOMAS J HERZFELD ADVISORS, INC.	59-2414380	0.01	817499
THOMPSON BRANDS LLC	13-3861524	0.00	1724705

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
THOMSON INC.	35-2443928	0.00	33059
THOUCENTRIC INC.	30-0949282	0.00	31590
THOUGHTBRIDGE LLC	82-0760900	0.01	1337167
THOUGHTFOCUS, INC	20-1007564	0.05	4666588
THRASHIN SUPPLY CO	38-3956789	0.01	465546
THREATMODELER SOFTWARE, INC	27-1371399	0.01	185168
THREE BY SIX GROUP LLC	87-2493684	0.00	150511
THREE BY THREE INC	91-1687680	0.00	16399
THREE COLORS FLAG LLC	81-4188224	0.00	22219

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
THREE LAKES HARDWARE & BUILDING	46-2501872	0.00	0
THREE SHEEPS BREWING COMPANY, LL	45-3050478	0.00	0
THRILL ONE EVENTS, LLC	46-2756187	0.02	746474
THRIVE CONSTRUCTION GROUP	82-3003652	0.00	106197
THRIVE DC	52-1485474	0.00	0
THRIVE INTEGRATED PHYSICAL THE	75-3122641	0.01	1376101
THRIVE365 LLC	81-1948193	0.00	11603
THRIVING LIVES CARE INC.	82-3051348	0.00	11442
THRONE LABS INC	85-1474183	0.00	58116

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
TICE, GARDNER & FUJIMOTO LLP	33-6194190	0.00	55410
TICHY ANESTHESIA PA	46-3728238	0.00	52432
TICKETSOCKET INC	81-1901677	0.02	515717
TIDALWAVE FINANCE CORPORATION	65-1184626	0.00	0
TIDEWATER PLANNING & DESIGN LLC	46-0526252	0.01	762647
TIE NATIONAL, LLC	32-0063721	0.01	986906
TIETRONIX SOFTWARE INC	76-0611704	0.05	11212308
TIGER DRYLAC U S A INC	33-0081441	0.08	12338900
TIGER SUPPLIES INC	20-5068661	0.00	453442

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
TIGERFLOW SYSTEMS, LLC	82-1029189	0.02	1134320
TIGGEE LLC	26-0097223	0.00	82033
TIGRIS GROUP INC.	90-0772459	0.02	6094471
TILIA HOLDINGS, LLC	82-1190553	0.02	1238725
TIM & ROBYN ROTH LLC	27-1114181	0.00	281679
TIMBER PINES COMMUNITY ASSOCIATI	59-2155799	0.02	2330148
TIMBERS RESORT MANAGEMENT, LLC	46-0516124	0.10	0
TIMESHIFT MEDIA, INC.	27-1415536	0.02	3066633
TINUBU SQUARE AMERICAS, INC	36-4778959	0.03	1356780

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
TIRE ALLIANCE GROUPE LLC	91-1757400	0.01	1284729
TIRSCHWELL & CO, INC	13-4076967	0.00	260415
TITAN MACHINE CORP	11-2298183	0.00	0
TITAN VANS LLC	82-2928086	0.00	69425
TITAN, CONSULTANTS & ENGINEERS	46-3700237	0.01	164423
TITUS MEDICAL LLC	47-5681490	0.00	391479
TITUSVILLE CHIROPRACTIC & INJURY	45-3135721	0.01	621765
TIUGO GROUP HOLDINGS CORP	87-2536442	0.02	293008
TJO 10 X 10 MANAGEMENT, L.P.	76-0677255	0.01	225180

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
TKC OPERATIONS, INC.	86-3730555	0.00	0
T-KNIFE THERAPEUTICS, INC	86-3121810	0.01	344963
TLR PROPERTY MANAGEMENT INC	47-5194199	0.03	1127016
TLS ADVISORS LLC	81-4420667	0.01	1379555
TMAX SOFT, INC.	73-1642740	0.00	335114
TMI CPA, P.C.	47-2426908	0.00	92598
TMI USA INC	54-1895735	0.00	182828
TNDA TECHNOLOGIES INC.	38-3772475	0.01	1169597
TO GO BEVERLY INC	83-1524756	0.00	24551

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
TOBIAS INTERNATIONAL, INC.	27-3353188	0.01	947601
TOCA FOOTBALL, INC	81-2721007	0.03	1322930
TOGAL.AI INC	85-4004645	0.00	21377
TOI IRVING INC	75-1324677	0.06	7448493
TOKIDOKI LLC	77-0615705	0.00	268605
TOKOLA PROPERTIES INC.	93-0627762	0.02	1749096
TOLIS ADVISORS LP	11-3831172	0.01	1579688
TOM DREXLER PLUMBING, INC	61-1314346	0.09	7018352
TOM SAWYER SOFTWARE CORPORATION	94-3150876	0.03	6543331

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
TOM ZOSEL ASSOCIATES, INC.	36-3540839	0.02	1702697
TOMA FIRE PROTECTION EQUIPMENT	56-2210596	0.00	20863
TOMAS INFERNUSO DVM OCEANSIDE	87-4612664	0.03	769584
TOMBLIN ASSET MANAGEMENT GROUP	33-0500576	0.00	0
TOMITA LAW OFFICE PC	85-0585442	0.01	1319095
TONYS COFFEES & TEAS, INC.	91-1362372	0.00	0
TOOFON, INC.	85-0950348	0.00	46416
TOOL COUNTRY, INC.	84-0978272	0.01	582633
TOOL-CRAFT INDUSTRIES, INC.	38-1646612	0.00	8263

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
TOP TECH MECHANICAL SERVICES INC	46-0962637	0.00	28036
TOPCAST AVIATION USA INC.	90-0329532	0.01	572652
TOPO DESIGNS, LLC.	26-2009517	0.03	2050453
TOPRANK MOTORWORKS INC	47-4333566	0.00	124593
TORCH & CROWN BREWERY, INC	82-0701825	0.00	65474
TORHOERMAN LAW LLC	26-4704493	0.04	3903840
TORREYA CAPITAL, LLC	82-1198050	0.01	12339
TORTILLERIA LEON LLC	83-0835398	0.00	1885
TOTAL CLASS SOLUTIONS, L.L.C.	71-1037516	0.00	1168609

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
TOTAL CUSTOMIZED REVENUE MANAGEM	45-5444581	0.00	172083
TOTAL MACHINE SOLUTIONS INC.	11-3350663	0.02	2121569
TOTAL OFF-ROAD & MORE, LLC	88-4220353	0.01	143132
TOTAL PROPERTY MANAGEMENT INC	33-0042279	0.00	375285
TOTAL VISA SOLUTIONS LLC	26-1357111	0.00	113212
TOUCHCODE HOLDINGS, LLC	37-1910843	0.00	172339
TOUCHSTONE II LLC	88-1974008	0.01	4598678
TOURISM AUSTRALIA	95-4141365	0.01	694088
TOWER LEADERSHIP LLC	81-4696975	0.00	33787

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
TOWER MANAGEMENT OF NY, INC	20-2706491	0.01	125337
TOWER ORTHOPEDICS AND SPORTS M	95-4349962	0.00	290699
TOY BOX BRANDS LLC	88-2633881	0.01	174511
TRACY A CHESSER PA	81-5433831	0.01	511154
TRADE TRAINING COMPANY, LLC	45-5628892	0.04	2993688
TRADELANE MANAGEMENT INC	83-2950771	0.03	1387290
TRADEPOINT SYSTEMS, LLC	46-1237615	0.02	3169482
TRADEWIND INTERNATIONAL INC	20-5922348	0.01	1924296
TRAILBLAZER INSURANCE TECHNOLOGY	87-2268895	0.00	0

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
TRAJECTOIRE CAPITAL GROUP LLC	37-1824551	0.00	24664
TRALON HOMES LLC	27-0800060	0.00	341883
TRAMO@HOME	27-1429068	0.01	846936
TRANQUIL CLINICAL AND RESEARCH C	46-3552468	0.01	575211
TRANSFORMER PROTECTOR CORPORAT	20-2857012	0.00	618129
TRANSMED CO, LLC	74-3260473	0.01	487594
TRANSPECOS BANKS, SSB	74-0891010	0.06	2711107
TRASCENT MANAGEMENT CONSULTING	46-2603655	0.02	3274680
TRAVELAND, INCORPORATED	06-1089626	0.04	3338309

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
TRAVELING TEAMS INC.	20-2293138	0.01	843731
TRAXX CORPORATION	87-0810064	0.04	1843577
TREASURY INTELLIGENCE SOLUTIONS	32-0549768	0.02	899429
TREBOR INDUSTRIES, INC.	59-2126538	0.00	72627
TREE ACADEMY	32-0472081	0.00	6549
TREE HOUSE HUMANE SOCIETY	23-7444825	0.00	77941
TRELLA HEALTH, LLC	47-3120312	0.04	2617237
TRELLIS SUPPORT SERVICES, LLC	82-4905021	0.00	3298
TRELLUS MANAGEMENT CO LLC	13-3807183	0.01	1175499

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
TRENCHCOAT ADVISORS LLC	86-2994322	0.00	56558
TRENNIC DATA SERVICES LLC.	46-4720959	0.00	256349
TRENTON HEALTH TEAM INC	45-1257757	0.02	938192
TRENTON PRESSING LLC	85-0900101	0.01	748296
TREPCO IMPORTS & DISTRIBUTION	38-2277190	0.04	11447335
TRESPA NORTH AMERICA LTD	22-3539113	0.02	2405986
TRESU ROYSE INC	75-1440999	0.00	365754
T-REX GROUP INC	45-5438382	0.03	1274888
T-REX MGT	73-1667667	0.01	0

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
TRG FIELD SERVICES INC.	20-2258002	0.01	0
TRI COUNTY SPINE AND WELLNESS CE	82-2858578	0.02	1001956
TRI STATE ENGINEERS & LAND SURVE	23-1596127	0.01	634184
TRIAD DIGITAL MEDIA LLC	20-1825574	0.00	16912
TRIAD PRECISION PRODUCTS INC	56-1735217	0.00	18699
TRIAD UNLIMITED LLC	81-3737942	0.02	765461
TRIAL PRO, P.A.	30-0111461	0.01	761608
TRIANGLE EXPERIENCE GROUP INC	66-0757911	0.00	221173
TRIARCH MANAGEMENT INC	46-2661780	0.01	184842

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
TRICOLOR AUTO GROUP, LLC	27-2109659	0.34	11870945
TRICOR LLC	46-5249815	0.04	1146468
TRIDENT PARTNERS	11-3321010	0.00	1114762
TRIDENT SAFETY USA LLC	61-1853278	0.00	69495
TRI-IMAGING SOLUTIONS, LLC	46-2130169	0.03	916165
TRIKE SHOP OF MINNESOTA INC	41-2023451	0.01	1011544
TRILOGIQ USA CORPORATION	38-3558484	0.01	1428699
TRILOGY REAL ESTATE GROUP LLC	94-3436843	0.08	3637851
TRIMAX MEDICAL MANAGEMENT, INC	20-2803152	0.01	1075879

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
TRIMETRO MANAGEMENT CORPORATION	27-0216740	0.00	0
TRINITY CHRISTIAN SCHOOL	36-3842476	0.00	155465
TRINITY DISTRIBUTION, INC.	33-1087686	0.00	59149
TRINITY REAL ESTATE SOLUTIONS, I	20-0065533	0.00	157788
TRIO CONCRETE & CONSTRUCTION INC	34-1315893	0.00	155485
TRIPLE 7 DISTRIBUTION	81-2551275	0.00	4623
TRIPLE SERVICE, INC.	36-3064024	0.00	67007
TRIPOINT LENDING, LLC	82-3279696	0.01	213559
TRIPPNT, INC.	43-1639629	0.00	0

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
TRI-SEN SYSTEMS CORPORATION	26-2128202	0.03	5596867
TRISS CORPORATION	38-1902104	0.00	2012
TRISTAR MANAGEMENT LLC	30-0662106	0.01	1048454
TRI-STAR TECHNOLOGIES, INC.	84-2088678	0.00	268781
TRI-STATE INTERNATIONAL TRUCKS	62-0975395	0.01	0
TRI-STATE MARKETING ASSOCIATES	11-3493033	0.01	218368
TRITECH FALL PROTECTION SYSTEMS	20-0483830	0.01	131643
TRI-TECH RESTORATION AND CONSTRU	20-0861702	0.00	20116
TRITIUM TECHNOLOGIES LLC	30-0955575	0.11	0

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
TRITON INVESTMENT COMPANY	84-1481935	0.01	2597745
TRIVIUM INTERACTIVE LLC	81-3005025	0.01	198224
TROIKA SOLUTIONS, LLC	27-4767700	0.02	2162858
TROMBLY ENTERPRISES, INC.	02-0335059	0.01	1363238
TRONICS MEMS INC	26-3114803	0.01	707900
TROON MANAGEMENT COMPANY	86-0690305	0.01	2136600
TROPICAL ROOFING PRODUCTS, INC	88-1370636	0.05	4836417
TROPICALE FOODS LLC	77-0521367	0.07	0
TROPICHEM RESEARCH LABS LLC	65-0125129	0.02	1207983

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
TROTTER & SOULSBY, P.A.	59-3154443	0.01	388497
TROY LASER AND FAB	26-2218277	0.02	1734409
TRS LABS INC	58-1472672	0.01	2908124
TRUALTA LLC	87-3501988	0.00	0
TRUE FUNCTION LABORATORY, INC.	30-0222051	0.00	49783
TRUE NORTH HOTEL GROUP INC	48-0822800	0.05	7559083
TRUECORDIS, LLC	81-4109641	0.01	848739
TRUPHARMA LLC	46-0598266	0.00	27780
TRUST ONE SERVICES LLC	86-1414569	0.01	85968

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
TS GOVERNMENT SOLUTIONS LLC	26-3464284	0.01	271653
TS OF BAYSIDE, INC.	46-1304273	0.01	755925
TS OF N. PLAINFIELD, INC.	45-3247508	0.00	337932
TS OF ROUTE 23, INC.	45-5262029	0.00	91058
TSIBEL DENTAL GROUP, INC.	45-3632597	0.01	124053
TSMA OF FRESH MEADOWS INC	88-3263933	0.00	1554
TUBE SPECIALTIES, INC	86-0277413	0.01	1961257
TUCKER PUP'S LLC	20-2946527	0.00	18120
TUCSON RUBBERIZED COATINGS, INC.	72-1573148	0.00	179068

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
TUHURA BIOSCIENCES, INC.	59-3359711	0.01	249110
TULEX PHARMACEUTICALS INC	47-3546393	0.04	3143321
TUMLARE CORPORATION	13-3133820	0.01	1573665
TURF CARE ENTERPRISES, INC.	36-3855373	0.00	46140
TURNKEY DOT, LLC	47-5432290	0.01	506693
TURTLE CREEK INVESTMENT ADVISORS	41-2239975	0.01	1952101
TURTLETECH DESIGN, INC.	01-0770634	0.00	466877
TUXEDO HUDSON MGMT CO LLC	81-1512380	0.00	38112
TV CHOPSHOP LLC	47-0984244	0.00	8607

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
TWELVE SOUTH LLC	26-3424730	0.01	962645
TWIN TAILS SEAFOOD CORPORATION	95-2634245	0.01	1874353
TWINTECH INDUSTRY INC.	27-0030071	0.00	13519
TWO BIT CIRCUS, INC.	45-5517443	0.00	85802
TWO BLIND BROTHERS LLC	47-5511564	0.00	100315
TWO CANOES LLC	83-0782452	0.00	142620
TWOSEVEN, INC.	11-3546350	0.02	1540311
TYM NORTH AMERICA INC	11-3726127	0.03	1791357
TYRA BIOSCIENCES, INC.	83-1476348	0.07	2559195

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
TZMI CHEMICALS INC.	76-0462257	0.00	172614
U & I ENTERTAINMENT, LLC	20-5357890	0.06	8554999
U.S. SAWS, INC.	20-0661644	0.01	1302309
UBERALL INC.	37-1836435	0.04	2822603
UBIMET NORTH AMERICA INC.	36-4779540	0.00	25292
UBIQUITY RESOURCES GROUP INC.	82-3095121	0.00	32673
UBLENDIT INC	87-2568880	0.00	72307
UBQ MATERIALS US INC.	84-4370793	0.01	85634
UC BERKELEY CENTER FOR EXECUTIVE	46-1482891	0.05	5819015

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
UDISENSE INC	46-5717698	0.02	1310203
UHI ADMIN, LLC.	83-2974265	0.01	304329
UHLING CONSULTING LLC	27-4599678	0.00	182655
ULMA PIPING USA CORP	47-1464743	0.00	11562
ULTIMA HEALTH PRODUCTS, INC.	46-0469547	0.02	423777
ULTIMATE BUILDER SERVICES, LLC	46-4354299	0.00	0
ULTIMATE RAIL EQUIPMENT, INC.	81-4960886	0.01	157130
ULTIMO, LLC	45-3941961	0.00	434
UMBRELLA DIGITAL LLC	84-1747420	0.00	35794

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
UNBEATABLE SALE.COM INC	35-2239295	0.00	0
UNCHAINED ENTERTAINMENT, LLC	27-5042087	0.01	571005
UNCLE'S ICE CREAM	82-2666225	0.00	18996
UNDER 5' 10 LLC	83-1547719	0.00	99995
UNEEK JEWELRY INC	95-4785587	0.01	228848
UNEW INC.	65-0938599	0.01	1847316
UNIBARNS TRADING INC	47-1618577	0.00	86562
UNIBEEN CORPORATION	84-3794641	0.01	680088
UNICORN EGG INC	84-1823193	0.00	50865

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
UNIFIED SOLUTIONS TRIBAL COMMUNI	04-3681048	0.00	219842
UNIFIED VAILSBURG SERVICE ORGANI	23-7304852	0.00	402806
UNIFIN, INC.	45-2659615	0.00	133573
UNIKEY TECHNOLOGIES INC.	27-2340364	0.00	1
UNILUMIN USA LLC	37-1828462	0.02	1244946
UNIQUITY BIO INC.	87-4074960	0.04	858255
UNITED CARPET, LLC	43-1420816	0.01	1839687
UNITED DISTRIBUTION SERVICES I	22-3525622	0.01	770336
UNITED FABRICS INTERNATIONAL, IN	95-4341091	0.00	46787

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
UNITED FLEA MARKETS LLC	38-3989270	0.03	3083677
UNITED MEDICAL PARTNERS INC	83-1992126	0.00	14298
UNITED ONE COMMUNICATIONS LLC	47-2866406	0.00	121374
UNITED P & H SUPPLY CO.	39-0670480	0.00	189272
UNITED PALACE OF SPIRITUAL ARTS	04-6148638	0.01	0
UNITED PRESS INTERNATIONAL INC	52-2237770	0.01	2619700
UNITED STATES COUNCIL FOR AUTOMO	38-3153198	0.01	127686
UNITED STATES JUDO, INC.	74-2160691	0.00	162929
UNITED STATES TENNIS ASSOCIATION	94-1057590	0.02	2985780

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
UNITED THERAPY NETWORK INCORPORA	91-2051171	0.00	73924
UNITED TRAINING COMMERCIAL LLC	85-1290191	0.03	2339295
UNITED WAY MIAMI INC	59-0830840	0.08	10904122
UNITED WAY OF LARIMER COUNTY, IN	84-6031503	0.01	550035
UNITED WAY OF NORTHERN CALIFORNI	94-1251675	0.00	101299
UNITY BIOTECHNOLOGY, INC.	26-4726035	0.06	6683724
UNIVERSAL AIR PRODUCTS CORPORATI	25-1737632	0.00	660337
UNIVERSAL INS. BROKERS CORP.	59-2233832	0.00	492348
UNIVERSAL LAND TITLE, LLC	26-4805964	0.00	19447

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
UNIVERSAL MANAGEMENT SERVICES	26-0660496	0.00	129581
UNIVERSAL N D T, INC	95-3863768	0.00	172532
UNIVERSAL SEQUENCING TECHNOLOGY	47-4561959	0.01	1000829
UNIVERSAL TECHNOLOGIES LLC	05-0589142	0.02	1365505
UNIVERSITY PREPARATORY ACADEMY P	81-3361336	0.00	200543
UNIVERUS, INC.	32-0611254	0.01	2928384
UNIVESCO INC	75-2357955	0.01	1314436
UNSUPERVISED.COM, INC	82-2119109	0.01	0
UNTANGLED LLC	27-3609382	0.00	396744

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
UNTUCKIT LLC	27-3333142	0.06	3463059
UOMA BEAUTY INC.	37-1910458	0.00	4889
UP & MOVIN PEDIATRIC PHYSICAL TH	27-3747547	0.00	476791
UPS EMPLOYEES FCU	95-3083005	0.00	844879
UPSOLUT SPORTS AMERICA INC	61-1904608	0.01	134515
UPTERRA CORPORATION	85-0493480	0.00	10155
URBAN INTELLIGENCE INC	81-4575223	0.00	22212
URBAN LAND CONSERVANCY	20-0405066	0.02	1474146
URBAN MINISTRIES INC.	36-2702501	0.00	0

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
URBAN RESIDENTIAL LLC	46-4095007	0.00	13614
URBAN STRATEGIES, INC.	43-1141027	0.01	3096107
URBAN STUDIO, LLC	56-2371251	0.00	0
URETHANE SCIENCES, LLC	46-5619343	0.01	647515
URGENCARE LLC	83-1551014	0.01	284104
US BAND & ORCHESTRA SUPPLIES	43-1853799	0.01	309929
US PHYSIATRY, LLC	45-3069885	0.01	1544227
US PLASTICS PACT INC.	85-1372760	0.03	387238
US REALTY MGMT. COMPANY LLC	06-1654048	0.01	3912990

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
US SCIENCES PO FOUNDATION	27-0559416	0.00	1617
US SCREEN CORPORATION	26-1394813	0.00	0
USA BATH, LLC	20-8592216	0.02	1069133
USA WEIGHTLIFTING, INC.	31-1012362	0.01	711632
USAM1 LLC	88-3171276	0.00	57226
USENGINEERING SOLUTIONS CORPOR	55-0803569	0.02	1515079
USPAY GROUP LLC	20-2402502	0.01	1679996
USPHARMA LTD	81-2794017	0.03	2813358
USPLY LLC	45-5162506	0.01	842836

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
USWM, LLC	85-0881834	0.16	23441935
UTICA LEASECO, LLC	20-2853135	0.03	1902950
UTILISAVE LLC	11-3403938	0.00	2548903
UTILITY DESIGN SERVICES INC	26-1306980	0.01	732345
UVEYE INC	32-0627453	0.03	1261051
UW OPS LLC	85-3464173	0.01	370494
UZES-CM INC	81-5410691	0.00	498374
VACT, INC.	20-1449197	0.00	619559
VAG USA, LLC	25-1267725	0.00	0

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
VAGRANTS INC	82-2197708	0.00	145912
VALADON HOTEL LLC	91-1797941	0.00	14383
VALENCE VECTOR LABS, LLC	82-5097979	0.04	1253862
VALENS SOFTWARE LLC	47-3096893	0.01	677964
VALIDIFI, INC.	31-1598543	0.01	182895
VALIDYNE ENGINEERING CORP.	95-2544622	0.01	1525202
VALLEY FORGE FABRICS INC	13-2895229	0.02	0
VALLEY HEALTH ASSOCIATES	77-0297577	0.00	44037
VALLEY IT SOLUTIONS LLC	47-3862379	0.00	192682

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
VALMED INC	47-2601865	0.01	165951
VALSTONE PARTNERS LLC	38-3439530	0.02	3694010
VALTA ENERGY LLC	46-3645115	0.09	1947494
VALTIRA LLC	20-5754539	0.03	2319363
VALTRA INC.	95-4492291	0.03	9422384
VALUES IN ACTION INSTITUTE	31-1663243	0.01	171239
VAN ALEN INSTITUTE PROJECTS IN P	13-1655152	0.01	81438
VAN CAMP & VAN O'LINDA, PLLC	82-4457319	0.00	44699
VAN DEN BOOM & ASSOCIATES LLC	46-4861174	0.11	6122000

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
VAN ORSDEL FAMILY FUNERAL CHAP	59-0484835	0.01	1450653
VAN WYCK & VAN WYCK, INC.	20-4052103	0.03	575518
VANCOUVER SLEEP CENTER LLC	47-3557616	0.01	423690
VANDA FLORAL DESIGN LLC	82-1250225	0.00	172399
VANGUARD SPORTS GROUP LLC	47-1907472	0.00	626
VANIGENT CORP.	87-4279185	0.03	520142
VANTAGE POINT CORPORATION	45-4485845	0.00	725883
VANTERRA CAPITAL LLC	26-3015608	0.01	475788
VARIABLE INC.	27-1426462	0.01	495869

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
VARIATION REDUCTION SOLUTIONS	38-3431680	0.08	11371956
VARSITY PACKING INC	77-0372686	0.00	5022
VAST DATA INC	32-0507805	0.17	6861829
VAUGHN MANAGEMENT GROUP INC	81-4318756	0.00	117041
VAUGHT, INC.	26-2042583	0.00	952062
VAULT DESIGN INC.	27-4504275	0.00	39958
VAULT ICE LLC	30-1081959	0.00	58889
VAXESS TECHNOLOGIES, INC.	46-0612554	0.03	1602194
VAXNEWMO LLC	81-3458648	0.01	274859

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
VAXXINOVA US, INC.	45-1651204	0.16	13909142
VAYYAR IMAGING US INC	37-1964580	0.01	241521
VECTOR CONSULTING GROUP, INC.	26-3006898	0.01	1038507
VEDO SYSTEMS, LLC	81-3728381	0.00	0
VEGAS.COM LLC	88-0401685	0.07	9217967
VEGE LABS LLC	85-4137074	0.03	1234303
VELO3D, INC.	47-1314238	0.15	0
VELOCITY PROCUREMENT LLC	45-4636724	0.01	369620
VELOCITY SCIENCES INC	37-1748338	0.00	283212

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
VELOCITYSCAPE LLC	75-2984808	0.02	3045291
VELOSTICS, INC.	84-2216115	0.01	164538
VELOX CLEARING LLC	82-2498402	0.00	31474
VELVET LLC	80-0679996	0.07	5337269
VENATOR SOLUTIONS LLC	46-0646125	0.02	3687181
VENCHI US INC.	38-3990077	0.01	330406
VENKEL, LTD	74-2983121	0.01	3254736
VENTANA SERVICES LLC	83-3386663	0.01	670839
VENTE-PRIVEE USA LLC	80-0718061	0.00	87324

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
VENTURESTREET LLC	26-0501010	0.00	167093
VERADATA HOLDINGS LLC	87-4104977	0.02	1578461
VERASAFE, LLC	27-2529632	0.01	93689
VERAVAS INC.	82-2849414	0.00	477418
VEREIGEN MEDIA LLC	87-3637536	0.00	87442
VERICOM GLOBAL SOLUTIONS, INC.	86-2172523	0.01	984982
VERILED	46-4027109	0.00	514104
VERITAS EQUITY MANAGEMENT	26-3999402	0.00	7349
VERITAS PERSONNEL SERVICES INC	26-2062570	0.00	862

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
VERNON & VERNON CERTIFIED PUBLIC	59-3689557	0.00	59324
VEROS BIOLOGICS LLC	82-4110833	0.02	3922036
VERSALTA TECHNOLOGY SOLUTIONS LL	46-3780898	0.01	321481
VERSANT HOLDINGS LLC	80-0424181	0.00	0
VERSATERM U.S. CORP.	86-1032958	0.10	0
VERTEX SOLUTIONS, LLC	54-1803934	0.02	1032990
VERTEX WIRELESS LLC	32-0171641	0.07	6001572
VERTICE AI, INC	88-3331030	0.00	42231
VERTICURL LLC	68-0681311	0.07	2849250

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
VERUS BANK OF COMMERCE	20-2917953	0.01	2439015
VERUS CORPORATION	36-4509651	0.04	3956540
VESTA REALTY, LLC	81-5425691	0.00	61177
VESTIAIRE COLLECTIVE AMERICAS IN	27-1692882	0.02	2179629
VETERAN ADVOCACY PROJECT, INC.	82-3103233	0.00	53801
VETERAN MECHANICAL SERVICES LLC	88-1638751	0.00	4459
VETERANS NORTHEAST OUTREACH CENT	04-2879409	0.00	22886
VHF INC.	36-4817344	0.00	60903
VIA AUTO FINANCE LLC	87-3292641	0.01	200766

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
VIA VERDE MEDICAL GROUP INC	95-4664898	0.00	519445
VIABLE ENGINEERING SOLUTIONS LLC	82-5185722	0.01	126753
VIACON, INC.	58-1728357	0.01	1270758
VIAPEOPLE INC	45-0473922	0.02	3452776
VIC CANALES MEDIA GROUP, LLC	82-3118829	0.00	66153
VICARIOUS PR LLC	84-2961743	0.00	39912
VICINIA PROPERTY MANAGEMENT LLC	85-2814840	0.01	196561
VICINITY MANUFACTURING INC	20-8030389	0.01	785225
VICKERY MEADOW MANAGEMENT CORPOR	75-2491424	0.00	0

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
VICTAULIC-BERMAD, LLC	47-2763736	0.01	1826040
VICTORY FIRE PROTECTION, INC.	23-2721001	0.01	843453
VICTORY STARTS NOW INC	47-3372077	0.01	185686
VIE MANAGEMENT LLC	47-5065095	0.01	461067
VIIZ BILLING SERVICES, LLC	85-1542260	0.01	3485574
VIKING BRAND ADVISORY LLC	84-1887642	0.00	104241
VIKING DISTRIBUTION, LLC	30-1219471	0.06	2779652
VILLAGE FLOOR & WALL, INC.	41-1575621	0.01	1207176
VILLAGE GREEN OWNERS ASSOC	95-2887366	0.00	1846

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
VILLAGE OF EXCELLENCE, INC.	59-3616846	0.00	2667
VINCENT'S LIMOUSINE SERVICE	11-2892240	0.01	2196775
VINDARA INC.	86-2163305	0.00	73379
VINO VAULT, INC.	86-1630292	0.00	125451
VINTEGRITY PARTNERS, LLC.	83-0808570	0.00	23702
VIOLA INC.	95-2100163	0.00	114848
VIRAL NATION US INC	61-2023945	0.02	262564
VIRGINIA ABRASIVES CORPORATION	83-4612632	0.02	0
VIRSAGE SOLUTIONS, INC.	84-1515821	0.01	1685935

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
VIRSYS12, LLC	45-2848829	0.03	715465
VIRTUALPBX.COM, INC.	94-3280451	0.02	3626376
VIRTUOSO SOURCING GROUP LLC	27-0862934	0.00	148027
VIRTUS MANAGEMENT LLC	47-3708308	0.02	1687701
VIRUS INTERNATIONAL, INC.	47-2567541	0.00	0
VISAGE IMAGING, INC	37-1551308	0.04	4642163
VISAYA LLC	88-2368561	0.00	3709
VISIBLE ALPHA LLC	47-2871672	0.14	7582335
VISION ENGINEERING SOLUTIONS L	45-4024192	0.01	688460

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
VISION LENDING SERVICES, LLC	84-2676741	0.00	111039
VISION SCENERY CORPORATION, INC.	51-0592240	0.01	1598505
VISION TRENDS, INC	20-4842140	0.00	13203
VISIONARY 360 INC	47-5671614	0.01	146186
VISTA VERDE DENTAL PARTNERS, LLC	81-4602307	0.03	988143
VISTALTECH INC	88-1039244	0.01	214088
VISUAL CLICK SOFTWARE INC	74-2918881	0.00	186940
VISUAL LANGUAGE PROFESSIONALS, L	27-5326528	0.00	0
VISUALUTIONS, INC.	76-0496122	0.07	9784623

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
VISVA INC	47-5182858	0.00	103239
VITAL4DATA, LLC	81-1874232	0.00	163686
VITE GALLERON WINERY LLC	82-3740858	0.01	955426
VITRIFRIGO AMERICA, LLC	47-0950395	0.00	154009
VITUX USA LLC	87-3952231	0.00	0
VIVALDI PARTNERS INC	52-2199174	0.03	2708061
VIVID DATA GROUP	45-3659204	0.01	762489
V-ME MEDIA	20-5575094	0.00	0
VMS LLC	02-0711630	0.01	642241

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
VOCO CREATIVE LLC	26-2367851	0.00	56118
VOESH CORP	45-2743725	0.02	523731
VOGE INC CONSTRUCTION & REMODELI	20-0559113	0.00	15049
VOICES OF RECOVERY SAN MATEO COU	27-3590734	0.00	47752
VOLA DYNAMICS LLC	81-1931215	0.00	997390
VORAGO TECHNOLOGIES, INC.	47-0942320	0.04	3512299
VORTICITY INC	30-1200971	0.01	221086
VOTENET SOLUTIONS, INC	52-2292897	0.01	724632
VOXELCLOUD INC	81-1103786	0.00	33946

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
VOYAGER AVIATION HOLDINGS, LLC	45-3908601	0.03	2537402
VS BROOKS INC	65-0696309	0.03	784468
VS CARBONICS, INC.	27-1229550	0.00	39142
VU ACQUISITIONS LLC	26-2663143	0.00	61882
VUV ANALYTICS, INC.	27-1420176	0.01	480727
VVARDIS INC.	84-5157463	0.01	222876
VYCON ENERGY INC	87-1719171	0.01	2751138
W & A ENGINEERING, LLC	58-2496849	0.08	2510890
W B WOOD NY, LLC	20-2218703	0.06	11690579

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
W S GAUDETTE LIMITED	56-1731079	0.00	105399
W.B. POWELL, INC.	95-4422168	0.00	0
WACKER SERVICES CORP.	36-4477599	0.04	0
WADDELL INC.	37-0955193	0.00	232024
WAFFLE WAFFLE LLC	27-0594875	0.02	980070
WAGS & WIGGLES DOG DAY CARE, PAR	11-3832156	0.00	2356
WAGS & WIGGLES DOG DAYCARE, LLC	91-1998385	0.00	17067
WAIKATO MILKING SYSTEMS USA LLC	81-3321069	0.00	287647
WALNUT CAPITAL MANAGEMENT	25-1805315	0.03	0

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
WALSH COMMERCIAL GROUP LLC	82-4356727	0.01	1395107
WALSRODER PACKAGING LLC	20-5007928	0.00	7765
WALTER R PFITZINGER DDS NO 2 P	43-1843982	0.00	31179
WALTER T GORMAN, PE PC	11-2911125	0.03	3306300
WALTER T.GORMAN, PE PC	11-2911125	0.00	8916
WALTER, LLC	27-0351551	0.01	1235719
WALTERS&SKLYAR LLP	47-5677171	0.01	1148097
WALTON & POST, INC	59-2449820	0.03	3051075
WALTON PULMONARY & SLEEP MEDICIN	27-4726247	0.00	0

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
WANDERING TABLE LLC	47-2415823	0.01	237262
WANDERLY LLC	88-2227133	0.01	267313
WANDOW POWER INC.	87-1872857	0.00	128868
WAREFOR LOGISTICS, LLC	85-4111693	0.01	128783
WAREHOUSE SOLUTIONS, INC.	26-2043157	0.01	1452096
WARNER MANUFACTURING COMPANY	41-0599640	0.01	5552269
WARPIG LLC	83-1630111	0.02	1173659
WARRCLOUD, INC.	46-5401754	0.05	1140026
WASHINGTON COMPUTER SERVICES	13-3086643	0.01	333230

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
WATERBOX LLC	47-1341614	0.00	7417
WATERCRESS FINANCIAL GROUP LLC	86-1736782	0.04	1364647
WATERFORD OWNERS CORP.	22-2948365	0.00	16197
WATERFORD PARTNERS	22-2810603	0.00	34898
WATERKOTTE MULLIS MORENO & GARLE	92-1676614	0.00	27623
WATERMARK SERVICES, LLC	47-1481176	0.00	116843
WATKINS REALTY SERVICES LLC	27-1937581	0.00	0
WATSON APPAREL CO., LLC	81-2411279	0.00	39664
WAVE NEUROSCIENCE INC	84-1912816	0.02	657244

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
WAY TO GROW INC	36-4837481	0.00	122708
WAYFLYER, INC	30-1090856	0.00	375791
WAYNE W LEE DDS INC	20-0611916	0.01	1803553
WAYNE WRIGHT LLP	74-2921685	0.04	7279491
WAYPOINT SOLUTIONS LLC	88-2571085	0.02	298138
WB XCEL HOLDINGS LLC	84-4913285	0.01	971326
WE OPPOSE VIOLENCE EVERYWHERE NO	81-1197313	0.00	62616
WEBSCALE NETWORKS INC.	46-0706993	0.02	1326421
WEIDENBAUM & HARARI, LLP	13-4076923	0.00	289405

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
WEIMING MICHIGAN EDUCATION GROUP	80-0925048	0.00	356232
WEISS ZARETT BROFMAN SONNENKLAR	04-3655487	0.03	2090389
WELCOME HOME FUNDING LLC	83-0794303	0.00	0
WELCOME HOME PROPERTY MANAGEMENT	81-1456836	0.00	1527
WELL CONNECTED ELECTRIC INC	85-2412075	0.00	1209
WELLCARE INC	81-0839710	0.00	126640
WELLINGTON EXTERMINATORS, INC	26-4278216	0.00	453965
WELLSPRING LIVING	58-2614182	0.02	474708
WELSH CUSTOM SLITTING AND REWIND	45-2648379	0.00	711594

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
WENCL SERVICES INC	41-1625528	0.02	3131264
WENDY A KRUPA LCSW LLC	81-3637784	0.01	222061
WEPARTNER GROUP LLC	84-3700238	0.00	4145
WERNER MEDIA PARTNERS LLC	61-1429637	0.04	2576418
WERRUS OPERATIONS, LLC	82-3945716	0.00	204706
WESLEY COMMUNITY CENTER, INC.	74-1132578	0.01	872680
WESPA USA INC.	88-3344755	0.00	73592
WESSELS & GERBER, P.C.	58-1821378	0.01	817259
WEST BEVERLY PODIATRY GROUP, A P	95-4238808	0.00	11800

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
WEST DRIVE LLC	82-3217313	0.00	182982
WEST END PRIME PLASTIC SURGERY A	88-2392006	0.03	562146
WEST RIVER GROUP GOVERNMENT SE	52-2212265	0.02	7120812
WEST SAYVILLE PEDIATRICS NPPC	26-0824796	0.00	774985
WEST TENNESSEE REGIONAL BLOOD CE	62-0876430	0.02	928065
WEST WAY LENDING LLC	88-1481410	0.00	8435
WESTERN OVERSEAS CORP.	95-3164069	0.00	279505
WESTERN POTTERY GROUP, INC.	45-3661725	0.00	4473
WESTHAMPTON SENIOR LIVING, INC.	45-4995454	0.01	366272

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
WESTINGHOUSE ELECTRONICS USA I	87-3277237	0.02	388368
WESTLAKE DAVVAR CORPORATION INTE	95-4376957	0.01	235445
WESTMED PRIMARY CARE, P.C.	84-1088200	0.00	0
WESTON AND ASSOCIATES LLC	82-3098245	0.00	202580
WESTON JEWELERS, INC.	65-1034424	0.02	619772
WESTOX LABS, LLC	46-3455359	0.00	0
WESTSIDE PROPERTY MANAGEMENT LLC	37-1864131	0.00	26149
WESTSIDE WOMEN'S CARE PLLC	47-3134023	0.08	1600618
WESTWOOD FAMILY VETERINARY COMPA	46-3033606	0.01	347715

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
WETEKAM MONOFILAMENTS, USA LP	36-4756746	0.00	0
WHEELIMAGE CORP.	84-3233256	0.00	0
WHIMZ HAIR STUDIO LTD	37-1280486	0.00	34076
WHITE OAK SECURITY INC.	82-2712393	0.02	0
WHITECROW INC	85-2026012	0.00	0
WHITESTONE PARTNERS, INC.	20-3202276	0.01	543679
WHITESTONE RESOURCES LLC	85-3931495	0.00	7509
WHITEWATER FREIGHT INC	35-1888495	0.01	155992
WHITSON VISION P.C.	35-1656787	0.00	49380

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
WHOLESALE DOOR SUPPLY LLC	82-0943466	0.01	139804
WHYNTER LLC	20-4286299	0.00	269286
WICKET LLC	61-1993064	0.04	2939973
WICKFIELD PROPERTIES, LLC	45-4680686	0.01	589837
WIETSCHNER ZIEGLER LLP	84-4033028	0.00	309823
WILDCARD PROPERTIES, LLC	47-2117960	0.03	2195476
WILDCOAST	77-0536297	0.00	115874
WILDENSTEIN & CO INC	13-1473620	0.03	7428477
WILDLAND TREKKING COMPANY LLC	20-8548217	0.00	80456

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
WILDLIFE STUDIOS INC.	84-1735601	0.01	1823394
WILGRO SERVICES INC	30-0014253	0.01	1238664
WILIAN FINANCIAL GROUP, LLC	88-2850497	0.03	462857
WILL COUNTY FREIGHT INC	36-3709525	0.00	101954
WILLEMIN-MACODEL INC	22-3529094	0.01	1771447
WILLIAM GOLDBERG DIAMOND CORP.	13-2922520	0.00	1697055
WILLIAM K. LEE, M.D., P.A.	22-2195442	0.00	179117
WILLIAM LEHMAN LEASING CORPORATI	59-1215656	0.00	59920
WILLIAM MGT LLC	85-3497957	0.00	5388

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
WILLIAM P HITCHCOCK MD	33-0930437	0.00	1268
WILLIAM Y TO OD INC	84-2315031	0.01	639336
WILLIAMS PERFORMANCE, INC	20-2442365	0.01	436122
WILLOW PARK ENTERPRISES INC	11-2754381	0.01	163702
WINCHESTER GOLF, LLC	38-4086731	0.00	0
WIND VENTURES INC	92-2333573	0.01	127502
WINE AND SPIRIT EDUCATION TRUST	81-3635792	0.01	680575
WINE TO WATER	20-8877288	0.01	270714
WINNING FOR WOMEN, INC	82-1505471	0.00	221969

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
WINTHROP CENTER RESIDENTIAL COND	92-2965030	0.01	340268
WIP CORPORATE SERVICES, LLC	47-2842976	0.01	772084
WIRELESS LATIN ENTERTAINMENT L	82-2443008	0.01	487418
WIRELESS RESEARCH CENTER OF NORT	27-3397703	0.02	1635580
WISEBYTES SOLUTIONS INC.	85-3246062	0.00	163748
WITH INTELLIGENCE LLC	20-5886518	0.08	3833745
WKDESIGNS INC	47-1440979	0.00	88610
WLT SOFTWARE ENTERPRISES, INC.	20-1065791	0.00	1496738
WM WHOLESALE LLC	85-0490142	0.00	0

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
WMMG WEALTH MANAGEMENT GROUP LLC	92-2349538	0.00	10118
WOBBLEWORKS, INC.	46-3630379	0.01	490031
WOLF CREEK GOLF LINKS INC	48-0859867	0.01	199972
WOLF HILL CAPITAL MANAGEMENT, LP	83-2166880	0.02	317680
WOLF LITERARY SERVICES LLC	26-1658021	0.00	129316
WOLFFER ESTATE VINEYARD, INC.	13-3458910	0.00	0
WOLFGANG ENTERPRISE, INC.	32-0446012	0.00	0
WOLFSCHMIDT HOME SERVICES CORPOR	47-2339523	0.00	90740
WOMEN ENGAGED INC	47-3911650	0.00	108034

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
WOMEN'S RIGHTS AND EMPOWERMENT N	81-0775184	0.00	528320
WONDER MEDIA NETWORK LLC	83-0858864	0.01	236030
WOOD CANDLE WICK TECHNOLOGIES, I	47-4943475	0.01	187289
WOODARD EYE CARE OD PLLC	82-4524639	0.00	6452
WOODBRIDGE INTERNATIONAL LLC	27-1928547	0.03	1509198
WOODCO, INC.	87-3012094	0.01	107637
WOODCRAFT UNLIMITED, INC.	84-1047632	0.01	1615214
WOODLYN INC	36-2927924	0.00	4225
WOODMACK PRODUCTS, INC	82-1346429	0.00	644484

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
WOODS CAPITAL PROPERTY MANAGEMEN	47-4820556	0.08	3949222
WOODS CYCLE COUNTRY LP	20-4121188	0.02	2210502
WOODSPOON, INC.	83-3897255	0.00	0
WOODWARD BROWN VENTURES, LLC	82-2437200	0.02	426274
WORK4 LABS INC	27-3170903	0.00	36313
WORKFORCE JUNCTION LLC	83-2919722	0.00	1001861
WORLD HEALTH PRODUCTS LLC	01-0763098	0.02	624050
WORLD MICRO COMPONENTS, LLC	59-3284257	0.02	1268086
WORLD THREADS INC	65-0683688	0.05	1408833

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
WORLD-PAC CONVERTING USA LLC	39-2041182	0.00	126804
WORLDREMIT CORP	45-3252322	0.04	1811389
WORLDSENSING LLC	92-3687233	0.00	8249
WORLDWIDE SOLUTIONS GROUP INC	81-4558391	0.02	1865036
WORLDWIDE TECHNOLOGIES LLC	43-2096069	0.00	380342
WOUND CARE PLUS, LLC	81-1076053	0.01	368903
WREN US HOLDINGS INC	84-2642676	0.03	678695
WS DASH, LLC	04-3721040	0.00	649268
WSE BUILDERS LLC	16-1755425	0.04	9421740

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
WSO2, LLC	87-0750575	0.06	4495982
WTC PLUMBING & HEATING CORP	13-3686509	0.00	51025
WTG UNLIMITED LLC	84-3779074	0.00	29580
X GOLF AMERICA, INC	45-2902424	0.00	44671
X1 SAFETY LLC	46-2462811	0.00	78
XAVIANT, INC.	20-8200909	0.00	1817618
XCHANGE TELECOM LLC	41-2031570	0.02	1002060
XDS, LLC	47-2249925	0.01	3833076
XEBIA USA INC	45-5560973	0.02	0

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
XENTEGRA LLC	46-0656617	0.08	4469920
XFX TECHNOLOGY INC.	84-2899199	0.01	218503
XIROS INC	83-3401253	0.00	47848
XLOGOTECH INC.	26-2860548	0.00	129850
XM TECH INC	92-2561813	0.00	14547
XOEYE TECHNOLOGIES, INC	27-3700102	0.02	316904
XPONENTL DATA, INC.	92-2329043	0.00	37951
XPONET	88-0480368	0.00	0
XTREME SPORTS NUTRITION, INC.	26-3953055	0.01	648989

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
XTRUTECH, INC.	36-4963225	0.00	10829
XXENTRIA INTERNATIONAL USA CORP	22-3578023	0.00	246
Y2X, INC	83-2090921	0.00	164370
YANGAROO, INC.	98-0673651	0.00	685780
YANKEES ENTERTAINMENT AND SPORTS	13-4189175	0.18	13322431
YAZEL PEEBLES & ASSOCIATES LLC	46-5651853	0.01	130239
YELLOLEDBEDDER, INC.	20-2294470	0.00	150439
YELLOW RIVER ASSET MANAGEMENT	26-0822470	0.01	918689
YERKES FUTURE FOUNDATION, INC	83-0802129	0.01	168590

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
YETI CGI, INC.	27-3017157	0.00	278480
Y-MABS THERAPEUTICS INC	47-4619612	0.05	2330476
YOLE INC	26-1285706	0.02	1027633
YOOBIC INC.	36-4901211	0.02	425380
YOSHIDA & ASSOCIATES, INC	81-3496841	0.00	9845
YOTPO INC	33-1228969	0.17	10831987
YOTTA CONNECT LLC	46-3285085	0.00	0
YOU42, INC.	26-1380515	0.01	371774
YOUNG & PATE, INC	47-5664763	0.00	0

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
YOUNG PEOPLE IN RECOVERY	46-4109067	0.00	96210
YOUNOSSI LAW PC	85-3429829	0.02	454702
YOUR LABORATORY, LP	74-3011959	0.00	0
YOUTHBUILD NEWARK INC	75-3187358	0.00	493529
YUME BRANDS INC.	95-4886328	0.00	218759
YUNU INC	86-3263396	0.00	131475
YWCA PIERCE COUNTY	91-0565026	0.00	6080
ZAFCO INTERNATIONAL LLC	65-0864085	0.02	993466
ZAK DDS, INC.	81-3648739	0.00	399630

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
ZAMO TECHNOLOGIES LLC	45-3793378	0.01	0
ZEBRA PRINT SOLUTIONS INC.	56-2166215	0.00	664961
ZEBRA PROJECTS, INC.	82-1730988	0.02	770733
ZELTWANGER CNC MANUFACTURING LP	03-0428861	0.00	309525
ZEN HABITATS, INC.	83-3698890	0.00	276927
ZEN WITHIN, INC.	46-5113546	0.00	567265
ZERO ASIC CORPORATION	26-2188882	0.02	267836
ZERO CARBON SYSTEMS, INC.	87-3312103	0.01	35832
ZEROREZ OF ATLANTA ONE, INC.	31-1831765	0.00	70672

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
ZETLIN STRATEGIC COMMUNICATION	13-3345477	0.00	1121318
ZHONGDING USA CADILLAC INC.	27-1153579	0.14	32380727
ZIBBY MEDIA LLC	87-1889225	0.01	85186
ZIEMER USA INC	20-8551515	0.03	4387649
ZIMMERMANN USA, INC.	83-0501744	0.03	973646
ZINC EXPERIENCES LLC	84-2131756	0.02	946607
ZINGER PROPERTY GROUP, INC.	27-3169923	0.01	733888
ZION SOLUTIONS GROUP, LLC	88-0801464	0.01	161332
ZIWI USA INC	27-2224649	0.01	411698

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
ZLAN TECHNOLOGIES LTD	20-2115425	0.00	1025647
ZOCHEM LLC	90-0991135	0.04	1779750
ZODAX LP	94-3108514	0.02	1386292
ZONGHENG CULTURE, INC.	30-1011027	0.00	22077
ZOOMO USA INC.	83-4020046	0.01	329767
ZOOVU USA INC.	84-4047622	0.03	986387
ZORBA, INC	61-1982771	0.00	0
ZORLU U.S.A., INC.	91-1930463	0.00	149082
ZSCHOOL LLC	36-4806763	0.01	321220

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
ZUBIE, INC.	45-4797964	0.02	1876078
ZVERSE INC	46-4677022	0.00	81315
ZYCUS INC	77-0498411	0.02	2774569
ZYMERON CORPORATION	81-0981453	0.04	1157337

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part III Pooled Employer Plan Information

Line 3. All Pooled employer plans must answer all of the questions in Part III, in addition to completing all of Parts I and II.

3a Is the pooled plan provider (identified as the plan sponsor and administrator in Part II of the Form 5500) currently in compliance with the Form PR (Pooled Plan Provider Registration Statement) requirements? (See instructions and 29 CFR 2510.3-44) ☐ Yes ☐ No

3b If line 3a is "Yes", enter the ACK ID for the most recent Form PR that was required to be filed under the Form PR filing requirements. (Failure to enter a valid ACK ID will subject the Form 5500 filing to rejection as incomplete.)

ACK ID _____

ADP TOTALSOURCE
RETIREMENT SAVINGS PLAN
Miami, Florida

FINANCIAL STATEMENTS
December 31, 2023 and 2022

ADP TOTALSOURCE RETIREMENT SAVINGS PLAN
Miami, Florida

FINANCIAL STATEMENTS
December 31, 2023 and 2022

CONTENTS

INDEPENDENT AUDITOR'S REPORT 1

FINANCIAL STATEMENTS

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS – MODIFIED CASH BASIS 4

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS – MODIFIED CASH BASIS 5

NOTES TO FINANCIAL STATEMENTS – MODIFIED CASH BASIS 6

SUPPLEMENTAL SCHEDULES

SCHEDULE H, LINE 4a - SCHEDULE OF DELINQUENT PARTICIPANT CONTRIBUTIONS – MODIFIED CASH BASIS 11

SCHEDULE H, LINE 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR) – MODIFIED CASH BASIS 12

Crowe LLP
Independent Member Crowe Global

INDEPENDENT AUDITOR'S REPORT

To the Trustee and Participants of
ADP TotalSource Retirement Savings Plan
Miami, Florida

Scope and Nature of the ERISA Section 103(a)(3)(C) Audit

We have performed audits of the financial statements of ADP TotalSource Retirement Savings Plan (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statements of net assets available for benefits (modified cash basis) as of December 31, 2023 and 2022, and the related statements of changes in net assets available for benefits (modified cash basis) for the years then ended, and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audits of the Plan's financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our audits need not extend to any statements or information related to assets held for investment of the plan (investment information) by a bank or similar institution or insurance carrier that is regulated, supervised, and subject to periodic examination by a state or federal agency, provided that the statements or information regarding assets so held are prepared and certified to by the bank or similar institution or insurance carrier in accordance with 29 CFR 2520.103-5 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA (qualified institution).

Management has obtained certifications from a qualified institution as of December 31, 2023 and 2022, and for the years then ended, stating that the certified investment information, as described in Note 3 to the financial statements, is complete and accurate.

Opinion

In our opinion, based on our audits and on the procedures performed as described in the Auditor's Responsibilities for the Audit of the Financial Statements section:

- the amounts and disclosures in the accompanying financial statements, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with the modified cash basis of accounting described in Note 2.
- the information in the accompanying financial statements related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of the Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

(Continued)

Emphasis of Matter – Basis of Accounting

We draw attention to Note 2 to the financial statements, which describes the basis of accounting. The financial statements are prepared on the modified cash basis of accounting, which is a basis of accounting other than accounting principles generally accepted in the United States of America. Our opinion is not modified with respect to this matter.

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with the modified cash basis of accounting described in Note 2, and for determining that the modified cash basis of accounting is an acceptable basis for the preparation of the financial statements in the circumstances. Management is also responsible for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error. Management's election of the ERISA Section 103(a)(3)(C) audit does not affect management's responsibility for the financial statements.

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for one year from the date the financial statements are available to be issued.

Management is also responsible for maintaining a current plan instrument, including all plan amendments, administering the plan, and determining that the plan's transactions that are presented and disclosed in the financial statements are in conformity with the plan's provisions, including maintaining sufficient records with respect to each of the participants, to determine the benefits due or which may become due to such participants.

Auditor's Responsibilities for the Audit of the Financial Statements

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audit section of our report, our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if, there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Plan's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for a reasonable period of time.

(Continued)

Our audits did not extend to the certified investment information, except for obtaining and reading the certification, comparing the certified investment information with the related information presented and disclosed in the financial statements, and reading the disclosures relating to the certified investment information to assess whether they are in accordance with the presentation and disclosure requirements of the modified cash basis of accounting described in Note 2.

Accordingly, the objective of an ERISA Section 103(a)(3)(C) audit is not to express an opinion about whether the financial statements as a whole are presented fairly, in all material respects, in accordance with the modified cash basis of accounting.

We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit, significant audit findings, and certain internal control-related matters that we identified during the audit.

Other Matters – Supplemental Schedules Required by ERISA

The supplemental schedules (modified cash basis) of Schedule H, Line 4a – Schedule of Delinquent Participant Contributions for the year ended December 31, 2023 and Schedule H, Line 4i – Schedule of Assets (Held at End of Year) as of December 31, 2023, are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedules (modified cash basis), other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. For information included in the supplemental schedules (modified cash basis) that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

In forming our opinion on the supplemental schedules (modified cash basis), we evaluated whether the supplemental schedules (modified cash basis), other than the information agreed to or derived from the certified investment information, including their form and content, are presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion:

- the form and content of the supplemental schedules (modified cash basis), other than the information in the supplemental schedules (modified cash basis) that agreed to or is derived from the certified investment information, are presented, in all material respects, in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.
- the information in the supplemental schedules (modified cash basis) related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Crowe LLP

Crowe LLP

Chicago, Illinois
October 14, 2024

ADP TOTALSOURCE RETIREMENT SAVINGS PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
MODIFIED CASH BASIS
December 31, 2023 and 2022

	2023	2022
Assets		
Investments, at fair value (Note 3)	$ 7,920,319,269	$ 6,590,826,715
Notes receivable from participants	105,496,904	96,867,763
Total assets	8,025,816,173	6,687,694,478
Net assets available for benefits	$ 8,025,816,173	$ 6,687,694,478

See accompanying notes to financial statements.

ADP TOTALSOURCE RETIREMENT SAVINGS PLAN
STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
MODIFIED CASH BASIS
Years ended December 31, 2023 and 2022

	2023	2022
Investment income (loss)		
Net appreciation (depreciation) in fair value of investments	$ 1,206,645,001	$ (1,388,668,905)
Interest and dividend income	5,601,761	4,090,212
	1,212,246,762	(1,384,578,693)
Contributions		
Employer's contributions	351,152,864	333,417,429
Employees' contributions	937,244,256	896,582,314
Employees' rollovers	143,321,419	140,399,239
	1,431,718,539	1,370,398,982
Other income	19,618,029	22,653,879
Benefits paid to participants	(783,085,485)	(741,381,544)
Administrative expenses	(21,139,001)	(28,348,948)
Net increase (decrease) before transfers	1,859,358,844	(761,256,324)
Net plan transfers (Note 1)	(521,237,149)	(406,980,812)
Net increase (decrease)	1,338,121,695	(1,168,237,136)
Net assets available for benefits		
Beginning of year	6,687,694,478	7,855,931,614
End of year	$ 8,025,816,173	$ 6,687,694,478

See accompanying notes to financial statements.

NOTE 1 – DESCRIPTION OF PLAN

The following description of the ADP TotalSource Retirement Savings Plan (the "Plan") provides only general information. Participants should refer to the Plan documents for a more complete description of the Plan's provisions.

General: The Plan is a multiple-employer defined contribution plan subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA). The Plan is made available to worksite employees of ADP TotalSource Group, Inc. (the "Company" or "Plan sponsor") for whom the adopting employer has agreed to allow participation, and who have attained the age of 21 with completion of service requirements as elected by each adopting employer.

Contributions: Contributions to the Plan are made by the participating employees through salary reductions. Each year, participants may contribute up to 99% of their annual compensation on a pretax or Roth after tax basis, subject to the maximum amount allowed by the Internal Revenue Code (IRC). Participants may also contribute eligible rollovers from other qualified defined benefit or contribution plans.

Each adopting employer, at its discretion and with consent from the Plan sponsor, may make a matching contribution based on a specific matching formula and/or an additional contribution, known as a profit-sharing contribution, to the Plan.

Participant Accounts: Each participant's account is credited with the participant's contributions, the adopting employer's matching and/or profit sharing contribution, if any, investment earnings and/or losses, and charged with applicable transactional charges which are considered administrative expenses. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account. Each participant directs the investment of his or her account to any of the investment options available under the Plan.

Vesting: Participants are immediately vested in their contributions, plus actual earnings thereon. Vesting in the adopting employer's contribution portion of their accounts, plus actual earnings thereon is based on years of service ranging from immediate to six years graded, as elected by each adopting employer.

Investment Options: The Plan's investment options are administered by Voya Institutional Trust Company (Voya) which gives the participants the opportunity to invest in various professionally managed funds.

Notes Receivable from Participants: Participants may borrow from their accounts a minimum of $1,000 up to a maximum equal to the lesser of $50,000 or 50% of their vested account balance. The loans are secured by the balance in the participant's account and bear interest at the rate equal to the prime rate as published in the Wall Street Journal plus 1%, determined as of the 1st of the month prior to the loan origination date. Principal and interest are generally paid through payroll deductions.

Payment of Benefits: Upon termination of service for any reason, a participant is entitled to receive the vested balance in his or her account. Benefits are distributed in one lump-sum payment or installment payments. The Plan also allows for participants to withdraw all or a portion of their vested account if (1) the participant has attained age 59-1/2 or (2) the participant incurs a hardship as defined in the Plan.

Retirement, Death, and Disability: A participant is entitled to 100 percent of his or her account balance upon retirement, death, or disability.

Administrative Expenses: The Company absorbs certain administrative costs of the Plan. However, there are some administrative costs paid by the Plan, such as, fees for recordkeeping and direct reimbursement expenses incurred by the Company. Additionally, certain transaction charges associated with withdrawals, loans, and distributions are deducted from each participant's account and are recorded as administrative expenses by the Plan. Investment management fees are charged to the Plan as a reduction of investment return and included in the investment income (loss) reported by the Plan.

(Continued)

NOTE 1 – DESCRIPTION OF PLAN (Continued)

Forfeitures: Forfeitures of employer contributions are generally used by the Company to offset future contributions made to the Plan by the adopting employers.

Transfer of Funds: Upon termination/new entrance of an adopting employer, funds are transferred to/from other qualified plans. Transfers from other qualified plans were $536,901,246 and $495,938,302 for the years ended December 31, 2023 and 2022, respectively. Transfers to other qualified plans were $1,058,138,395 and $902,919,114 for the years ended December 31, 2023 and 2022, respectively.

NOTE 2 – SUMMARY OF ACCOUNTING POLICIES

Basis of Accounting: The financial statements of the Plan are prepared on a modified cash basis, which is a comprehensive basis of accounting other than accounting principles generally accepted in the United States of America (GAAP). Under the modified cash basis of accounting, contributions and interest income are recorded when received and expenses and refunds of excess contributions are recorded when paid.

Use of Estimates: The Company prepares its Plan financial statements in conformity with the modified cash basis of accounting. This method requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and changes therein and disclosure of contingent assets and liabilities. Actual results could differ from those estimates.

Risk and Uncertainties: The Plan utilizes various investments. Investments, in general, are exposed to various risks, such as interest rate, credit, liquidity, overall market volatility, as well as risk associated with global events. Due to the level of risk associated with certain investments and the sensitivity of certain fair value estimates to changes in valuation assumptions, it is reasonably possible that changes in the values of the investment will occur in the near term and that such changes could materially affect participants' account balances and the amounts reported in the financial statements.

Investment Valuation and Income Recognition: The Plan's investments are reported at fair value as further described in Note 4. Purchases and sales of securities are recorded on a settlement-date basis. Interest income is recorded when received. Dividends are recorded on a cash basis. Net appreciation (depreciation) includes the Plan's gains and losses on investments bought and sold as well as held during the year.

Notes Receivable from Participants: Notes receivable from participants are reported at their unpaid principal balance plus any accrued but unpaid interest, with no allowance for credit losses, as repayments of principal and interest are received through payroll deductions and the notes are collateralized by the participants' account balances.

Payment of Benefits: Benefit payments to participants are recorded upon distribution.

Plan Termination: Although it has not expressed any intent to do so, the Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of Plan termination, participants will become 100% vested in their accounts.

(Continued)

NOTE 3 – CERTIFIED INVESTMENTS

Certain information related to investments and notes receivable from participants disclosed in the accompanying financial statements and ERISA-required supplemental schedules, including investments and notes receivable from participants held at December 31, 2023 and 2022, and net appreciation (depreciation) in fair value of investments, interest and dividends, and interest income on notes receivable from participants for the years then ended, was obtained by management and agreed to or derived from information certified as complete and accurate by Voya Institutional Trust Company (the trustee of the Plan).

NOTE 4 – FAIR VALUE MEASUREMENTS

Fair value is the price that would be received by the Plan for an asset or paid by the Plan to transfer a liability (an exit price) in an orderly transaction between market participants on the measurement date in the Plan's principal or most advantageous market for the asset or liability. Fair value measurements are determined by maximizing the use of observable inputs and minimizing the use of unobservable inputs. The hierarchy places the highest priority on unadjusted quoted market prices in active markets for identical assets or liabilities (level 1 measurements) and gives the lowest priority to unobservable inputs (level 3 measurements). The three levels of inputs within the fair value hierarchy are defined as follows:

Level 1: Quoted prices (unadjusted) for identical assets or liabilities in active markets that the Plan has the ability to access as of the measurement date.

Level 2: Significant other observable inputs other than level 1 prices such as quoted prices for similar assets or liabilities; quoted prices in markets that are not active; or other inputs that are observable or can be corroborated by observable market data.

Level 3: Significant unobservable inputs that reflect the Plan's own assumptions about the assumptions that market participants would use in pricing an asset or liability.

In some cases, a valuation technique used to measure fair value may include inputs from multiple levels of the fair value hierarchy. The lowest level of significant input determines the placement of the entire fair value measurement in the hierarchy.

The following descriptions of the valuation methods and assumptions used by the Plan to estimate the fair values of investments apply to investments held directly by the Plan.

Mutual Funds: The fair values of mutual fund investments are determined by obtaining quoted prices on nationally recognized securities exchanges (Level 1 inputs).

Collective Trusts: The fair values of participation units held in collective trusts are based on the net asset values reported by the fund managers as of the financial statement dates and recent transaction prices. Each collective trust provides for daily redemptions by the Plan with no advance notice requirements and has redemption prices that are determined by the fund's net asset value per unit.

Self-Directed Brokerage Accounts: The self-directed brokerage accounts are invested in mutual funds, exchange traded funds, and common stocks, for which the fair values are determined by obtaining quoted prices from a nationally recognized exchange (Level 1 inputs).

The methods described above may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, while the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

(Continued)

NOTE 4 – FAIR VALUE MEASUREMENTS (Continued)

Investments measured at fair value on a recurring basis are summarized below.

		Fair Value Measurements at December 31, 2023, Using		
	Total	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
Mutual funds	$ 1,694,875,058	$ 1,694,875,058	$ -	$ -
Personal choice retirement account	60,454,148	60,454,148	-	-
Collective trusts*	6,164,990,063	-	-	-
Total	$ 7,920,319,269	$ 1,755,329,206	$ -	$ -

		Fair Value Measurements at December 31, 2022, Using		
	Total	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
Mutual funds	$ 1,473,097,090	$ 1,473,097,090	$ -	$ -
Self-directed brokerage account	48,880,704	48,880,704	-	-
Collective trusts*	5,068,848,921	-	-	-
Total	$ 6,590,826,715	$ 1,521,977,794	$ -	$ -

* Investments measured at fair value using net asset value per share (or its equivalent) as a practical expedient have not been classified in the fair value hierarchy. The fair value amounts presented in the hierarchy tables for such investments are intended to permit reconciliation of the fair value hierarchy to the investments at fair value line item presented in the statement of net assets available for benefits.

NOTE 5 – TAX STATUS

The Internal Revenue Service (IRS) has determined and informed the Company by a letter dated March 13, 2014, that the Plan is designed in accordance with applicable sections of Internal Revenue Code (IRC). The Plan has been amended since receiving the determination letter; however, Plan management believes that the Plan is designed and being operated in compliance with the applicable requirements of the IRC. Therefore, they believe that the Plan was qualified and the related trust was tax-exempt as of the financial statement date.

Accounting principles generally accepted in the United States of America require plan management to evaluate tax positions taken by the plan and recognize a tax liability if the plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS.

(Continued)

NOTE 5 – TAX STATUS (Continued)

The plan administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2023 and 2022, there are no uncertain tax positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions. The Plan underwent a routine audit by Department of Labor for the 2014-2021 Plan years. At the conclusion of the audit, ADP TotalSource deposited approximately $2.7M into the Plan, which is included in other income on the Statements of Changes in Net Assets Available for Benefits. This amount represents a deposit to the Plan made to facilitate the conclusion of the U.S. Department of Labor's audit of the Plan. Plan management does not believe there were any significant, adverse findings from the audit that would jeopardize the Plan's tax-exempt status. The plan administrator believes it is no longer subject to income tax examinations for years prior to 2020.

NOTE 6 – PARTY-IN-INTEREST TRANSACTIONS

Parties in interest are defined under Department of Labor regulations as any fiduciary of the Plan, any party rendering service to the Plan, the employer, and certain others. Some administrative expenses of the Plan are paid directly by the Company and may be reimbursable from Plan assets. The Plan paid $4,060,492 and $4,502,834, to the Plan Sponsor during 2023 and 2022, respectively, for costs associated with the administration of the Plan. The Plan holds investments of units of collective trusts managed by Voya; therefore, these transactions and the Plan's payment of fees to Voya qualify as party-in-interest transactions. The Plan also holds and is the only participating plan in a stable value fund trusteed by Global Trust Company, managed by Standish Mellon Asset Management Company LLC and held in custody by State Street Bank and Trust Company, and therefore, these transactions and associated fees qualify as party-in-interest transactions. The Plan also holds two collective trust funds trusteed by Global Trust Company and held in custody by State Street Bank and Trust Company, and therefore, these transactions and associated fees also qualify as party-in-interest transactions. Notes receivable from participants also reflect party-in-interest transactions. These activities qualify as party-in-interest activities as defined in Section 3(14) of ERISA and are expressly exempted from the prohibited transaction rules.

NOTE 7 – SUBSEQUENT EVENTS

Plan management has evaluated subsequent events for recognition and disclosure through October 14, 2024, which is the date the financial statements were available to be issued.

SUPPLEMENTAL SCHEDULES

ADP TOTALSOURCE RETIREMENT SAVINGS PLAN
SCHEDULE H, LINE 4a - SCHEDULE OF DELINQUENT PARTICIPANT CONTRIBUTIONS
MODIFIED CASH BASIS
Year Ended December 31, 2023

Name of Plan Sponsor: ADP TotalSource Group, Inc.
Identification Number: 59-2452823
Three-Digit Plan Number: 001

Check here if Late Participant Loan Repayments are Included	Total that Constitute Nonexempt Prohibited Transactions			Total Fully Corrected Under VFCP and PTE 2002-51
	Contributions Not Corrected	Contributions Corrected Outside VFCP	Contributions Pending Correction in VFCP	
	$ 31,394*	$ 84,646**		

*Relates to 2022 and 2023 late remittances that were not corrected until 2024.
**Relates to 2021-2023 late remittances corrected in 2023.

See Independent Auditor's Report.

ADP TOTALSOURCE RETIREMENT SAVINGS PLAN
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
MODIFIED CASH BASIS
December 31, 2023

Name of Plan Sponsor: ADP TotalSource Group, Inc.
Identification Number: 59-2452823
Three-Digit Plan Number: 001

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
		Collective Trusts:		
*	Voya Trust Company	Target Solution Income	#	$ 214,067,609
*	Voya Trust Company	Target Solution 2025	#	273,559,647
*	Voya Trust Company	Target Solution 2030	#	419,174,860
*	Voya Trust Company	Target Solution 2035	#	452,602,006
*	Voya Trust Company	Target Solution 2040	#	446,870,718
*	Voya Trust Company	Target Solution 2045	#	469,366,141
*	Voya Trust Company	Target Solution 2050	#	412,957,374
*	Voya Trust Company	Target Solution 2055	#	326,769,018
*	Voya Trust Company	Target Solution 2060	#	182,401,118
*	Voya Trust Company	Target Solution 2065	#	51,484,349
*	Global Trust Company	Stable Value Collective Fund	#	376,712,650
	BlackRock Institutional Trust Company	Agg Bond Index Fund	#	250,669,186
	BlackRock Institutional Trust Company	Russell 3000 Fund	#	1,022,081,644
	BlackRock Institutional Trust Company	MSCI-ACWI Ex-US Index Fund	#	416,052,851
	Ameriprise	Columbia Trust Integrated Small-Cap	#	128,674,333
*	Global Trust Company	Neuberger Berman Small Cap Fund II	#	143,387,522
*	Global Trust Company	American Century US Premier S9 Fund	#	578,159,037
				6,164,990,063
		Mutual Funds:		
	American Funds	EuroPacific Growth R4 Fund	#	211,008,584
	American Funds	Washington Mutual	#	466,039,635
	Fidelity Investments	Total Bond Fund	#	184,699,371
	John Hancock	Disciplined Mid Value Fund	#	196,018,297
	T. Rowe Price	Mid Cap Fund	#	243,357,480
	Vanguard	Balanced Index Fund	#	373,579,562
	Blackrock	Money Market Fund	#	20,172,129
				1,694,875,058
	Various	PCRA - Self-Directed Brokerage Account	#	60,454,148
*	Plan participants	Participant loans, rates of 0.04% to 10.50%, maturing through 2052		105,496,904
		Total		$ 8,025,816,173

* Denotes party-in-interest.
\# Investment is participant-directed, therefore historical cost is not required.

See Independent Auditor's Report.

ADP TOTALSOURCE
RETIREMENT SAVINGS PLAN
Miami, Florida

FINANCIAL STATEMENTS
December 31, 2023 and 2022

ADP TOTALSOURCE RETIREMENT SAVINGS PLAN
Miami, Florida

FINANCIAL STATEMENTS
December 31, 2023 and 2022

CONTENTS

INDEPENDENT AUDITOR'S REPORT 1

FINANCIAL STATEMENTS

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS – MODIFIED CASH BASIS 4

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS – MODIFIED CASH BASIS 5

NOTES TO FINANCIAL STATEMENTS – MODIFIED CASH BASIS 6

SUPPLEMENTAL SCHEDULES

SCHEDULE H, LINE 4a - SCHEDULE OF DELINQUENT PARTICIPANT CONTRIBUTIONS – MODIFIED CASH BASIS 11

SCHEDULE H, LINE 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR) – MODIFIED CASH BASIS 12

Crowe LLP
Independent Member Crowe Global

INDEPENDENT AUDITOR'S REPORT

To the Trustee and Participants of
ADP TotalSource Retirement Savings Plan
Miami, Florida

Scope and Nature of the ERISA Section 103(a)(3)(C) Audit

We have performed audits of the financial statements of ADP TotalSource Retirement Savings Plan (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statements of net assets available for benefits (modified cash basis) as of December 31, 2023 and 2022, and the related statements of changes in net assets available for benefits (modified cash basis) for the years then ended, and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audits of the Plan's financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our audits need not extend to any statements or information related to assets held for investment of the plan (investment information) by a bank or similar institution or insurance carrier that is regulated, supervised, and subject to periodic examination by a state or federal agency, provided that the statements or information regarding assets so held are prepared and certified to by the bank or similar institution or insurance carrier in accordance with 29 CFR 2520.103-5 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA (qualified institution).

Management has obtained certifications from a qualified institution as of December 31, 2023 and 2022, and for the years then ended, stating that the certified investment information, as described in Note 3 to the financial statements, is complete and accurate.

Opinion

In our opinion, based on our audits and on the procedures performed as described in the Auditor's Responsibilities for the Audit of the Financial Statements section:

- the amounts and disclosures in the accompanying financial statements, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with the modified cash basis of accounting described in Note 2.
- the information in the accompanying financial statements related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of the Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

(Continued)

Emphasis of Matter – Basis of Accounting

We draw attention to Note 2 to the financial statements, which describes the basis of accounting. The financial statements are prepared on the modified cash basis of accounting, which is a basis of accounting other than accounting principles generally accepted in the United States of America. Our opinion is not modified with respect to this matter.

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with the modified cash basis of accounting described in Note 2, and for determining that the modified cash basis of accounting is an acceptable basis for the preparation of the financial statements in the circumstances. Management is also responsible for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error. Management's election of the ERISA Section 103(a)(3)(C) audit does not affect management's responsibility for the financial statements.

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for one year from the date the financial statements are available to be issued.

Management is also responsible for maintaining a current plan instrument, including all plan amendments, administering the plan, and determining that the plan's transactions that are presented and disclosed in the financial statements are in conformity with the plan's provisions, including maintaining sufficient records with respect to each of the participants, to determine the benefits due or which may become due to such participants.

Auditor's Responsibilities for the Audit of the Financial Statements

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audit section of our report, our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if, there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Plan's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for a reasonable period of time.

(Continued)

Our audits did not extend to the certified investment information, except for obtaining and reading the certification, comparing the certified investment information with the related information presented and disclosed in the financial statements, and reading the disclosures relating to the certified investment information to assess whether they are in accordance with the presentation and disclosure requirements of the modified cash basis of accounting described in Note 2.

Accordingly, the objective of an ERISA Section 103(a)(3)(C) audit is not to express an opinion about whether the financial statements as a whole are presented fairly, in all material respects, in accordance with the modified cash basis of accounting.

We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit, significant audit findings, and certain internal control-related matters that we identified during the audit.

Other Matters – Supplemental Schedules Required by ERISA

The supplemental schedules (modified cash basis) of Schedule H, Line 4a – Schedule of Delinquent Participant Contributions for the year ended December 31, 2023 and Schedule H, Line 4i – Schedule of Assets (Held at End of Year) as of December 31, 2023, are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedules (modified cash basis), other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. For information included in the supplemental schedules (modified cash basis) that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

In forming our opinion on the supplemental schedules (modified cash basis), we evaluated whether the supplemental schedules (modified cash basis), other than the information agreed to or derived from the certified investment information, including their form and content, are presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion:

- the form and content of the supplemental schedules (modified cash basis), other than the information in the supplemental schedules (modified cash basis) that agreed to or is derived from the certified investment information, are presented, in all material respects, in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.
- the information in the supplemental schedules (modified cash basis) related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Crowe LLP

Crowe LLP

Chicago, Illinois
October 14, 2024

ADP TOTALSOURCE RETIREMENT SAVINGS PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
MODIFIED CASH BASIS
December 31, 2023 and 2022

	2023	2022
Assets		
Investments, at fair value (Note 3)	$ 7,920,319,269	$ 6,590,826,715
Notes receivable from participants	105,496,904	96,867,763
Total assets	8,025,816,173	6,687,694,478
Net assets available for benefits	$ 8,025,816,173	$ 6,687,694,478

See accompanying notes to financial statements.

ADP TOTALSOURCE RETIREMENT SAVINGS PLAN
STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
MODIFIED CASH BASIS
Years ended December 31, 2023 and 2022

	2023	2022
Investment income (loss)		
Net appreciation (depreciation) in fair value of investments	$ 1,206,645,001	$ (1,388,668,905)
Interest and dividend income	5,601,761	4,090,212
	1,212,246,762	(1,384,578,693)
Contributions		
Employer's contributions	351,152,864	333,417,429
Employees' contributions	937,244,256	896,582,314
Employees' rollovers	143,321,419	140,399,239
	1,431,718,539	1,370,398,982
Other income	19,618,029	22,653,879
Benefits paid to participants	(783,085,485)	(741,381,544)
Administrative expenses	(21,139,001)	(28,348,948)
Net increase (decrease) before transfers	1,859,358,844	(761,256,324)
Net plan transfers (Note 1)	(521,237,149)	(406,980,812)
Net increase (decrease)	1,338,121,695	(1,168,237,136)
Net assets available for benefits		
Beginning of year	6,687,694,478	7,855,931,614
End of year	$ 8,025,816,173	$ 6,687,694,478

See accompanying notes to financial statements.

NOTE 1 – DESCRIPTION OF PLAN

The following description of the ADP TotalSource Retirement Savings Plan (the "Plan") provides only general information. Participants should refer to the Plan documents for a more complete description of the Plan's provisions.

General: The Plan is a multiple-employer defined contribution plan subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA). The Plan is made available to worksite employees of ADP TotalSource Group, Inc. (the "Company" or "Plan sponsor") for whom the adopting employer has agreed to allow participation, and who have attained the age of 21 with completion of service requirements as elected by each adopting employer.

Contributions: Contributions to the Plan are made by the participating employees through salary reductions. Each year, participants may contribute up to 99% of their annual compensation on a pretax or Roth after tax basis, subject to the maximum amount allowed by the Internal Revenue Code (IRC). Participants may also contribute eligible rollovers from other qualified defined benefit or contribution plans.

Each adopting employer, at its discretion and with consent from the Plan sponsor, may make a matching contribution based on a specific matching formula and/or an additional contribution, known as a profit-sharing contribution, to the Plan.

Participant Accounts: Each participant's account is credited with the participant's contributions, the adopting employer's matching and/or profit sharing contribution, if any, investment earnings and/or losses, and charged with applicable transactional charges which are considered administrative expenses. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account. Each participant directs the investment of his or her account to any of the investment options available under the Plan.

Vesting: Participants are immediately vested in their contributions, plus actual earnings thereon. Vesting in the adopting employer's contribution portion of their accounts, plus actual earnings thereon is based on years of service ranging from immediate to six years graded, as elected by each adopting employer.

Investment Options: The Plan's investment options are administered by Voya Institutional Trust Company (Voya) which gives the participants the opportunity to invest in various professionally managed funds.

Notes Receivable from Participants: Participants may borrow from their accounts a minimum of $1,000 up to a maximum equal to the lesser of $50,000 or 50% of their vested account balance. The loans are secured by the balance in the participant's account and bear interest at the rate equal to the prime rate as published in the Wall Street Journal plus 1%, determined as of the 1st of the month prior to the loan origination date. Principal and interest are generally paid through payroll deductions.

Payment of Benefits: Upon termination of service for any reason, a participant is entitled to receive the vested balance in his or her account. Benefits are distributed in one lump-sum payment or installment payments. The Plan also allows for participants to withdraw all or a portion of their vested account if (1) the participant has attained age 59-1/2 or (2) the participant incurs a hardship as defined in the Plan.

Retirement, Death, and Disability: A participant is entitled to 100 percent of his or her account balance upon retirement, death, or disability.

Administrative Expenses: The Company absorbs certain administrative costs of the Plan. However, there are some administrative costs paid by the Plan, such as, fees for recordkeeping and direct reimbursement expenses incurred by the Company. Additionally, certain transaction charges associated with withdrawals, loans, and distributions are deducted from each participant's account and are recorded as administrative expenses by the Plan. Investment management fees are charged to the Plan as a reduction of investment return and included in the investment income (loss) reported by the Plan.

(Continued)

NOTE 1 – DESCRIPTION OF PLAN (Continued)

Forfeitures: Forfeitures of employer contributions are generally used by the Company to offset future contributions made to the Plan by the adopting employers.

Transfer of Funds: Upon termination/new entrance of an adopting employer, funds are transferred to/from other qualified plans. Transfers from other qualified plans were $536,901,246 and $495,938,302 for the years ended December 31, 2023 and 2022, respectively. Transfers to other qualified plans were $1,058,138,395 and $902,919,114 for the years ended December 31, 2023 and 2022, respectively.

NOTE 2 – SUMMARY OF ACCOUNTING POLICIES

Basis of Accounting: The financial statements of the Plan are prepared on a modified cash basis, which is a comprehensive basis of accounting other than accounting principles generally accepted in the United States of America (GAAP). Under the modified cash basis of accounting, contributions and interest income are recorded when received and expenses and refunds of excess contributions are recorded when paid.

Use of Estimates: The Company prepares its Plan financial statements in conformity with the modified cash basis of accounting. This method requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and changes therein and disclosure of contingent assets and liabilities. Actual results could differ from those estimates.

Risk and Uncertainties: The Plan utilizes various investments. Investments, in general, are exposed to various risks, such as interest rate, credit, liquidity, overall market volatility, as well as risk associated with global events. Due to the level of risk associated with certain investments and the sensitivity of certain fair value estimates to changes in valuation assumptions, it is reasonably possible that changes in the values of the investment will occur in the near term and that such changes could materially affect participants' account balances and the amounts reported in the financial statements.

Investment Valuation and Income Recognition: The Plan's investments are reported at fair value as further described in Note 4. Purchases and sales of securities are recorded on a settlement-date basis. Interest income is recorded when received. Dividends are recorded on a cash basis. Net appreciation (depreciation) includes the Plan's gains and losses on investments bought and sold as well as held during the year.

Notes Receivable from Participants: Notes receivable from participants are reported at their unpaid principal balance plus any accrued but unpaid interest, with no allowance for credit losses, as repayments of principal and interest are received through payroll deductions and the notes are collateralized by the participants' account balances.

Payment of Benefits: Benefit payments to participants are recorded upon distribution.

Plan Termination: Although it has not expressed any intent to do so, the Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of Plan termination, participants will become 100% vested in their accounts.

(Continued)

NOTE 3 – CERTIFIED INVESTMENTS

Certain information related to investments and notes receivable from participants disclosed in the accompanying financial statements and ERISA-required supplemental schedules, including investments and notes receivable from participants held at December 31, 2023 and 2022, and net appreciation (depreciation) in fair value of investments, interest and dividends, and interest income on notes receivable from participants for the years then ended, was obtained by management and agreed to or derived from information certified as complete and accurate by Voya Institutional Trust Company (the trustee of the Plan).

NOTE 4 – FAIR VALUE MEASUREMENTS

Fair value is the price that would be received by the Plan for an asset or paid by the Plan to transfer a liability (an exit price) in an orderly transaction between market participants on the measurement date in the Plan's principal or most advantageous market for the asset or liability. Fair value measurements are determined by maximizing the use of observable inputs and minimizing the use of unobservable inputs. The hierarchy places the highest priority on unadjusted quoted market prices in active markets for identical assets or liabilities (level 1 measurements) and gives the lowest priority to unobservable inputs (level 3 measurements). The three levels of inputs within the fair value hierarchy are defined as follows:

Level 1: Quoted prices (unadjusted) for identical assets or liabilities in active markets that the Plan has the ability to access as of the measurement date.

Level 2: Significant other observable inputs other than level 1 prices such as quoted prices for similar assets or liabilities; quoted prices in markets that are not active; or other inputs that are observable or can be corroborated by observable market data.

Level 3: Significant unobservable inputs that reflect the Plan's own assumptions about the assumptions that market participants would use in pricing an asset or liability.

In some cases, a valuation technique used to measure fair value may include inputs from multiple levels of the fair value hierarchy. The lowest level of significant input determines the placement of the entire fair value measurement in the hierarchy.

The following descriptions of the valuation methods and assumptions used by the Plan to estimate the fair values of investments apply to investments held directly by the Plan.

Mutual Funds: The fair values of mutual fund investments are determined by obtaining quoted prices on nationally recognized securities exchanges (Level 1 inputs).

Collective Trusts: The fair values of participation units held in collective trusts are based on the net asset values reported by the fund managers as of the financial statement dates and recent transaction prices. Each collective trust provides for daily redemptions by the Plan with no advance notice requirements and has redemption prices that are determined by the fund's net asset value per unit.

Self-Directed Brokerage Accounts: The self-directed brokerage accounts are invested in mutual funds, exchange traded funds, and common stocks, for which the fair values are determined by obtaining quoted prices from a nationally recognized exchange (Level 1 inputs).

The methods described above may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, while the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

(Continued)

NOTE 4 – FAIR VALUE MEASUREMENTS (Continued)

Investments measured at fair value on a recurring basis are summarized below.

		Fair Value Measurements at December 31, 2023, Using		
	Total	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
Mutual funds	$ 1,694,875,058	$ 1,694,875,058	$ -	$ -
Personal choice retirement account	60,454,148	60,454,148	-	-
Collective trusts*	6,164,990,063	-	-	-
Total	$ 7,920,319,269	$ 1,755,329,206	$ -	$ -

		Fair Value Measurements at December 31, 2022, Using		
	Total	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
Mutual funds	$ 1,473,097,090	$ 1,473,097,090	$ -	$ -
Self-directed brokerage account	48,880,704	48,880,704	-	-
Collective trusts*	5,068,848,921	-	-	-
Total	$ 6,590,826,715	$ 1,521,977,794	$ -	$ -

* Investments measured at fair value using net asset value per share (or its equivalent) as a practical expedient have not been classified in the fair value hierarchy. The fair value amounts presented in the hierarchy tables for such investments are intended to permit reconciliation of the fair value hierarchy to the investments at fair value line item presented in the statement of net assets available for benefits.

NOTE 5 – TAX STATUS

The Internal Revenue Service (IRS) has determined and informed the Company by a letter dated March 13, 2014, that the Plan is designed in accordance with applicable sections of Internal Revenue Code (IRC). The Plan has been amended since receiving the determination letter; however, Plan management believes that the Plan is designed and being operated in compliance with the applicable requirements of the IRC. Therefore, they believe that the Plan was qualified and the related trust was tax-exempt as of the financial statement date.

Accounting principles generally accepted in the United States of America require plan management to evaluate tax positions taken by the plan and recognize a tax liability if the plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS.

(Continued)

NOTE 5 – TAX STATUS (Continued)

The plan administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2023 and 2022, there are no uncertain tax positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions. The Plan underwent a routine audit by Department of Labor for the 2014-2021 Plan years. At the conclusion of the audit, ADP TotalSource deposited approximately $2.7M into the Plan, which is included in other income on the Statements of Changes in Net Assets Available for Benefits. This amount represents a deposit to the Plan made to facilitate the conclusion of the U.S. Department of Labor's audit of the Plan. Plan management does not believe there were any significant, adverse findings from the audit that would jeopardize the Plan's tax-exempt status. The plan administrator believes it is no longer subject to income tax examinations for years prior to 2020.

NOTE 6 – PARTY-IN-INTEREST TRANSACTIONS

Parties in interest are defined under Department of Labor regulations as any fiduciary of the Plan, any party rendering service to the Plan, the employer, and certain others. Some administrative expenses of the Plan are paid directly by the Company and may be reimbursable from Plan assets. The Plan paid $4,060,492 and $4,502,834, to the Plan Sponsor during 2023 and 2022, respectively, for costs associated with the administration of the Plan. The Plan holds investments of units of collective trusts managed by Voya; therefore, these transactions and the Plan's payment of fees to Voya qualify as party-in-interest transactions. The Plan also holds and is the only participating plan in a stable value fund trusteed by Global Trust Company, managed by Standish Mellon Asset Management Company LLC and held in custody by State Street Bank and Trust Company, and therefore, these transactions and associated fees qualify as party-in-interest transactions. The Plan also holds two collective trust funds trusteed by Global Trust Company and held in custody by State Street Bank and Trust Company, and therefore, these transactions and associated fees also qualify as party-in-interest transactions. Notes receivable from participants also reflect party-in-interest transactions. These activities qualify as party-in-interest activities as defined in Section 3(14) of ERISA and are expressly exempted from the prohibited transaction rules.

NOTE 7 – SUBSEQUENT EVENTS

Plan management has evaluated subsequent events for recognition and disclosure through October 14, 2024, which is the date the financial statements were available to be issued.

SUPPLEMENTAL SCHEDULES

ADP TOTALSOURCE RETIREMENT SAVINGS PLAN
SCHEDULE H, LINE 4a - SCHEDULE OF DELINQUENT PARTICIPANT CONTRIBUTIONS
MODIFIED CASH BASIS
Year Ended December 31, 2023

Name of Plan Sponsor: ADP TotalSource Group, Inc.
Identification Number: 59-2452823
Three-Digit Plan Number: 001

Check here if Late Participant Loan Repayments are Included	Total that Constitute Nonexempt Prohibited Transactions			Total Fully Corrected Under VFCP and PTE 2002-51
	Contributions Not Corrected	Contributions Corrected Outside VFCP	Contributions Pending Correction in VFCP	
	$ 31,394*	$ 84,646**		

*Relates to 2022 and 2023 late remittances that were not corrected until 2024.
**Relates to 2021-2023 late remittances corrected in 2023.

See Independent Auditor's Report.

ADP TOTALSOURCE RETIREMENT SAVINGS PLAN
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
MODIFIED CASH BASIS
December 31, 2023

Name of Plan Sponsor: ADP TotalSource Group, Inc.
Identification Number: 59-2452823
Three-Digit Plan Number: 001

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
		Collective Trusts:		
*	Voya Trust Company	Target Solution Income	#	$ 214,067,609
*	Voya Trust Company	Target Solution 2025	#	273,559,647
*	Voya Trust Company	Target Solution 2030	#	419,174,860
*	Voya Trust Company	Target Solution 2035	#	452,602,006
*	Voya Trust Company	Target Solution 2040	#	446,870,718
*	Voya Trust Company	Target Solution 2045	#	469,366,141
*	Voya Trust Company	Target Solution 2050	#	412,957,374
*	Voya Trust Company	Target Solution 2055	#	326,769,018
*	Voya Trust Company	Target Solution 2060	#	182,401,118
*	Voya Trust Company	Target Solution 2065	#	51,484,349
*	Global Trust Company	Stable Value Collective Fund	#	376,712,650
	BlackRock Institutional Trust Company	Agg Bond Index Fund	#	250,669,186
	BlackRock Institutional Trust Company	Russell 3000 Fund	#	1,022,081,644
	BlackRock Institutional Trust Company	MSCI-ACWI Ex-US Index Fund	#	416,052,851
	Ameriprise	Columbia Trust Integrated Small-Cap	#	128,674,333
*	Global Trust Company	Neuberger Berman Small Cap Fund II	#	143,387,522
*	Global Trust Company	American Century US Premier S9 Fund	#	578,159,037
				6,164,990,063
		Mutual Funds:		
	American Funds	EuroPacific Growth R4 Fund	#	211,008,584
	American Funds	Washington Mutual	#	466,039,635
	Fidelity Investments	Total Bond Fund	#	184,699,371
	John Hancock	Disciplined Mid Value Fund	#	196,018,297
	T. Rowe Price	Mid Cap Fund	#	243,357,480
	Vanguard	Balanced Index Fund	#	373,579,562
	Blackrock	Money Market Fund	#	20,172,129
				1,694,875,058
	Various	PCRA - Self-Directed Brokerage Account	#	60,454,148
*	Plan participants	Participant loans, rates of 0.04% to 10.50%, maturing through 2052		105,496,904
		Total		$ 8,025,816,173

* Denotes party-in-interest.
\# Investment is participant-directed, therefore historical cost is not required.

See Independent Auditor's Report.

Attachment To 2023 Form 5500
Schedule H, Line 5b - Additional Plans

Plan Name: ADP TotalSource Retirement Savings Plan EIN: 59-2452823
Plan Sponsor's Name: ADP TotalSource Group, Inc. PN: 001

NAME OF PLAN	EIN	PN
A. Celli International, I 401k Plan	65-0418941	001
A/B Partners 401(k) Plan	83-1117166	001
Abbyson Living 401(k) Plan	81-1393893	001
ABS Retirement Savings Plan	37-1876465	001
Absolute Color Mailplex Retirement Savings Plan	83-3045108	001
Accelerated Claims 401(k) Plan	56-2566723	001
Ace Products Enterprise, Inc	22-2573693	002
Adams Keegan Retirement Savings Plan	62-1311326	333
Advanced Micro Instruments 401(k) Plan	33-0873107	001
Aessence LLC 401(K) Plan	47-1315122	001
AGI 401(k) Retirement Plan	45-0458257	002
Agile Cold Storage 401k Plan	84-3805379	001
Agiletek Solutions, LLC	82-2144988	002
Alison Transport 401k Plan	11-2430857	001
Allmark Door 401k	22-2850356	001
Amarillo Bone & Joint 401(k) Plan	75-2614816	002
Ambiq 401(k) plan	27-1911389	002
Americall 401k	45-6133008	001
American Business Continuity Centers LLC 401K Plan	11-3531956	001
AMID INC 401(k) Plan	20-0169346	001
Amplify HR Management Reirement Savings Plan	82-1671832	001
Anatomy IT LLC	47-4896664	001
Andrews Brothers Electric Inc 401(k) Profit Sharing Plan and Trust	83-4148762	001
Anew Climate, LLC 401(K) Plan	20-3316079	001
ANS LLC/Neurovative Diagnostics, LLC 401(k) Plan	81-1984935	001
APEX TK LLC	85-3950080	001
Archer IMS, LLC Retirement Plan	23-3043783	001
Archetype SC, Inc. 401(k) Plan	46-5580708	001
Areteia Therapeutics 401k Profit Sharing & Trust	88-2037001	001
ARIZONA LAW GROUP 401(K) PLAN	47-4916690	001
Ascendix Technologies, Inc. 401(k) Plan	75-2698944	001
Aspen HR PEO LLC Retirement Savings Plan	85-3188438	001
Assouline Publishing, Inc. 401k Plan	13-4056954	001
Assurant 401(k) Plan	39-1126612	001
ATG Credit LLC	36-4367102	001
Atlantic Vision Partners LLC Retirement Plan	83-3403293	001
Atlas Technica LLC 401(k) Plan	81-1729355	001
Aurora Payments, LLC 401k Plan	38-4081781	001
Autostore 401k plan	82-2490451	001
Axcet HR Solutions M/E 401(k) Retirement Plan	48-1102958	333
Axians Redtoo	90-0827913	002
AZ Prototype Inc. 401K Plan	27-0225378	001
Balestriere 401K	20-2085392	001
Barrett Business Services Inc. Retirement Savings Plan	52-0812977	001
BBPCS 401(k) Plan	27-0154950	001
BCS Engineers LLC 401(K) Plan	87-1980560	001
BD 401(K) Plan	22-0760120	011
Beach Buddies Animal Hospital	26-0866743	002

Attachment To 2023 Form 5500
Schedule H, Line 5b - Additional Plans

Plan Name: ADP TotalSource Retirement Savings Plan EIN: 59-2452823
Plan Sponsor's Name: ADP TotalSource Group, Inc. PN: 001

NAME OF PLAN	EIN	PN
Beaver Paper & Graphic Media 401 (k) Plan	23-2111894	001
Behavior TLC 401(k) Plan	27-3981681	001
Bench-Tek Solutions Employee 401(k) Plan	43-1991854	003
Bennett Graphics 401(k) Plan	58-1078351	002
Bindi North America, Inc 401(k) Plan	22-3740598	002
Biotech Dental LLC 401(k) Profit Sharing Plan and Trust	85-3249211	001
Biotech Solutions 401(k) Plan	84-1174008	001
Blossom Catering Company LLC 401(k) Plan	87-4742462	002
BLUE VALLEY ENERGY INCORPORATION 401(k) Profit Sharing Plan and Trust	26-1636355	001
Bluedot Cares 401k Plan	47-4840532	001
BNT Impact Windows and Doors 401(k) Plan	80-0377969	002
Bobby Combs RV, LLC 401(k) Plan	46-2267615	002
Breakpoint Commercial Pool Systems Inc 401(k) Profit Sharing Plan & Trust	26-3312616	001
Brewery X 401(k) Plan	83-1250524	001
BRILES AEROSPACE INC	45-5423398	001
Broad Reach Power 401k Plan	84-4040134	001
Brunswick Press Inc. 401(k) Plan	74-1918595	001
Buck Mason 401(k) Plan	46-1376370	001
C.F. Alarm Industry, Inc. 401(k) Plan	65-0318955	001
CAI Software LLC 401K Profit Sharing Plan	47-1806394	002
CandyWarehouse.Com Inc. 401(K) Profit Sharing Plan & Trust	95-4778554	002
Capio Partners, LLC 401(k) Plan	26-1896257	001
Capital Integration Systems LLC Retirement Plan	27-1330236	001
Capodagli Property Company, LLC 401(k) Plan	20-0931611	001
Cardlytics 401(k) Plan	26-3039436	001
Cascade Systems Technology 401(k) Plan	32-0217835	002
CENTER FOR CLINICAL STUDIES	54-2066805	001
Central Adjustment Company Inc	71-0702352	002
Central Valley Family Therapy 401(k) Plan	81-4905742	001
Certified Glass Corp 401(k) Plan	11-2474101	002
Chaand Solutions, LLC	81-2535443	001
CHCS Services Inc. 401k Plan	59-2953465	001
Christenson Transportation Inc. 401(k) Plan	43-1684439	001
Club Management Miami LLC 401k Plan	88-2445009	001
CoAdvantage corporation Retirement Savings Plan	27-3007025	333
Cognoa Retirement Savings Plan	46-3191410	001
Concurrent HRO 401(k) Plan	47-5137893	001
Connectify HR Retirement Savings Plan	86-3868012	333
Consolidated Employer Services 401(k) Plan	47-2468992	001
Contact Physical Therapy 401(k) Plan	71-0951539	001
Contoro Inc.	87-4762522	002
ConvaTec Inc. Savings and Retirement Plan	26-2734330	001
Cornerstone Employer Solutions Retirement Savings Plan	47-1197332	333
Creative Audio Enterprises, Inc. 401(k) Profit Sharing Plan & Trust	22-2889526	001
Crumbl Enterprises, LLC 401(k) Plan	84-1783007	001
Crunchtime Information Systems, Inc.	04-3271266	001
CTX Plumbing LLC 401k Plan	47-4194979	001
Cy Fair Animal Hospital 401(k) Plan	45-4210812	001

Attachment To 2023 Form 5500
Schedule H, Line 5b - Additional Plans

Plan Name: ADP TotalSource Retirement Savings Plan EIN: 59-2452823
Plan Sponsor's Name: ADP TotalSource Group, Inc. PN: 001

NAME OF PLAN	EIN	PN
Dakota Hotel LLC 401k Plan	03-0593037	001
Daniel L Marks Inc 401(k) Profit Sharing Plan & Trust	27-3906315	002
Data Electronic Devices Inc.	02-0350613	001
Dauntless Security Group Inc	35-2552617	001
Davis and Sons Doors, LLC 4019K) PSP	20-3487676	002
DecisionHR Retirement Savings Plan	59-3405686	333
Deepcell Retirement Plan	47-5599239	001
DENTAL MONITORING AMERICA, INC. 401(K) PLAN	61-1757534	001
Deseret 401(k) Plan	87-0440163	003
DesignStudio Network Inc.	87-2895551	001
DirectDefense 401(k) Plan	45-4676690	001
Disguise Systems 401k	47-1828561	001
Dotmatics 401(k) Plan	33-0386987	001
Double Barrel Inc	45-2050190	001
Downing Management, LLC 401(k) Plan	83-3451945	001
Dreamscape Companies 401(k) Plan	84-3802974	001
Drug Recovery Inc. 401(k) Plan	73-0968383	001
EAU Gallie Electric, Inc. 401(k) Plan	59-2694842	001
Edesa Biotech USA 401k Plan	77-0522411	002
Edward R. Pressman 401k Plan	95-3940607	001
Elbi of America Inc 401(k) Profit Sharing Plan & Trust	76-0319208	001
Elequin Capital LP	84-3389464	001
Elion Partners, LLC 401(k) Profit Sharing Plan and Trust	46-1894435	001
Elite Discovery, Inc. 401(k)	33-1029748	001
Embark Corporate Services, LLC 401(k) Plan	83-1426423	001
Empire Supply Company Inc 401(k) Plan	94-1088735	001
Employer Flexible 401(k) Plan	26-1917870	333
Employer Flexible 401(k) Plan	27-4029245	333
Encore Anesthesia Group LLC 401(k)	85-0836447	001
End2End Solution, LLC 401(k) Plan	82-2049495	001
Engage PEO Retirement Savings Plan	45-2441552	001
Enterprise Select Pooled Employer Plan	27-3523833	009
Enterprise Select Premier Pooled Employer Plan	59-3708427	033
Environmental & Medical Gas Services Inc. 401(k) Retirement Plan	58-2255665	001
Envision Media, Inc	77-0541943	002
Equity Estates Holdings LLC 401(k) Plan	92-1624371	001
ERISA Partners, Inc. Pooled Employer Plan	64-0815705	004
Exos Small Business Lending 401(k) Plan	82-3858994	001
Extensis Group Retirement Savings Plan	86-1064991	333
Extensis Group Retirement Savings Plan	86-1064991	484
Far Hills Group 401k Plan	13-3921136	001
FCA US LLC Salaried Employees' Savings Plan	27-0187394	003
Fermol 401k Plan	65-1308870	001
Fieldstone Properties LLC 401(k) Plan	01-0583022	001
FirstService Residential 401(k) Plan	16-1682850	001
FirstService Residential 401(k) Plan	16-682850	001
Fishawack Group 401(k) Plan	03-0452360	001
Flamingo Appliance Service, Inc.	26-0745736	001

Attachment To 2023 Form 5500
Schedule H, Line 5b - Additional Plans

Plan Name: ADP TotalSource Retirement Savings Plan EIN: 59-2452823
Plan Sponsor's Name: ADP TotalSource Group, Inc. PN: 001

NAME OF PLAN	EIN	PN
Florida Institute of Recording Sound & Technology Inc 401(K) Profit Sharing Plan & Trust	20-3504701	001
Fluitron 401(k) Plan	23-2016265	002
Food Bank of Iowa 401(k	42-1177880	002
Formcraft 401(k) plan	20-2069887	001
Frankcrum Retirement Savings Plan	59-2626531	333
Franklinwh Energy Storage Inc. 401k Plan	87-1630414	001
Front Burner Brands, Inc. 401(k) Plan	59-3625789	001
Fruit of The Woods Wine Cellar 401(k) Plan	39-1154424	002
Fuel Cycle 401(k) Plan	20-3368552	001
G&A Partners, Inc. Multiple Employer 401(k) Plan	76-0461926	001
G&G Fleet Service, Inc	82-2839021	001
Getac. Inc. 401(k) Plan	95-4547422	001
Granbury Nissan LLC 401(k) Profit Sharing Plan and Trust	83-1293673	001
Green Living Planet, LLC 401(k) Plan	45-2783664	002
Green Power & Lighting Solutions 401(k) Plan	26-3830083	001
Greenfield World Trade, Inc. dba The Legacy Companies 401(k) Plan	65-0911766	001
Greenland Capital Management LP 401(k) Profit Sharing Plan	87-1629895	001
Greenslade Electric LLC	45-5614007	001
Grey Epoch LLC	46-1747142	001
Greyston Foundation 401(k)	13-3717310	001
Guaranteed Service.com LLC 401(k) Plan	82-3741173	001
Guaranty Commerical Title, Inc.	41-1228803	001
Guardian Dentistry Practice Management LLC	83-3074236	001
Gundersen Lutheran Employees' Retirement Plan	39-1606449	002
GV Art Conservation LLC 401(k) Profit Sharing Plan & Trust	26-1220063	002
Han Feng Global Supplies LLC	85-0552938	001
Harrow Health, Inc. 401(k) Plan	45-0567010	002
Harvest Outreach Center	20-1927928	001
Hatco Corporation 401(k) Trust	39-0913489	004
HCA 401(k) Plan	75-2497104	004
HCB TPMC, Inc. 401(k) Plan	84-3490439	001
Helm Paint and Supply Inc. 401k	72-0687288	001
Heritage Development Group Inc. 401k Plan	06-0880002	001
High Technology Corporation 401k Plan	22-1916740	001
HIMA Americas, Inc. 401(k) Plan	20-3678677	001
HNW Building Maintenance 401k Plan	26-3115350	001
HRO Resources Multiple Employer 401(k) Plan	46-1925229	001
HZ II LLC 401(k) Plan	85-3848307	001
IC Biomedical US LLC 401(k) Plan	85-3134398	001
Ice Husky Inc 401(k) Profit Sharing Plan & Trust	46-3948897	001
ICX Managed Services LLC 401(k) Profit Sharing Plan and Trust	27-2216575	001
IEG, LLC Retirement Savings Plan	20-8882746	002
IFPG 401(k) Plan	88-2120674	001
Illumis Inc	58-2227307	003
Independent Electric Supply 401(k) Plan	04-3165964	002
Industrial Development Advantage Services	85-3866960	001
InfoTrack US Inc. Retirement Plan	85-4343705	001
InHealth Medical Services, Inc. 401K Plan	81-1522914	001

Attachment To 2023 Form 5500
Schedule H, Line 5b - Additional Plans

Plan Name: ADP TotalSource Retirement Savings Plan EIN: 59-2452823
Plan Sponsor's Name: ADP TotalSource Group, Inc. PN: 001

NAME OF PLAN	EIN	PN
Innovate Public Schools 401(k) Plan	46-2155826	001
Insperity 401(k) Plan	76-0178498	001
Intelligent SCM LLC	27-3441236	001
International Gemological Institute 401(k)	22-2272787	001
IOTAP 401(k) Plan	11-3691784	001
Jantzen Brands Corporation 401(k) Profit Sharing Plan and Trust	83-2543148	001
JARDINES CENTRAL & WORLD CLASS FLOWERS PROFIT SHARING / 401(K) PLAN	46-2283997	002
JB ASHTIN 401(K) PLAN	38-3491079	001
JMJD Leasing Co, Inc. 401k Plan	88-0670684	001
Johnstone Supply of Oakland Employees' 401(k) Profit Sharing Plan	94-1738408	002
Justworks Retirement Savings Plan	46-2283648	333
Justworks Retirement Savings Plan	46-2283648	001
K9 Activity Club Inc	47-1361598	001
Keyfactor 401(k) Plan	71-0294708	001
Keysight Technologies, Inc. 401(k) Plan	46-4254555	003
KORRES USA LTD	35-2486262	001
Landrum Professional Employer Services Retirement	59-2345956	338
Landrum Professional Employer Services Retirement Savings Plan	59-2345999	338
Lansing Housing Commission DC Plan	38-1957940	001
Latest Concepts & Designs Inc 401k Plan	26-2716603	001
Law Firm of Aaron A Herbert PC 401k Plan	47-3274473	001
LCX Software, Inc 401k PLan	02-0494133	001
Leschaco, Inc. Retirement Savings Plan	13-2981321	001
LIAIGRE INC 401(k) Profit Sharing Plan and Trust	27-3533156	001
Lightbridge Corporation	91-1975651	001
Lighthouse ArtCenter, Inc	59-1118672	002
Lockton Pooled Retirement Plan - Architectural Surfaces Group 401(k) Plan	27-2037969	002
Long Beach Area Chamber of Commerce Member Retirement Plan	95-0944550	001
Long Ridge Partners 401(k)	20-2811381	001
Lookslike, Inc. 401(k) Plan	88-0503428	002
Lott’s Concrete Products Inc. 401(k) Plan	59-1423822	001
Lowney Architecture 401(k) Plan	20-1577736	002
LSV Advisors, LLC 401(k) Plan	20-3937708	002
LumiraDx, Inc. 401(k) Plan	47-1763048	001
Magnet Works, Ltd. 401(k) Plan	43-1604277	002
Magnus Management Group LLC 401k Plan	20-3433954	001
Malibu Detox, LLC. 401(k) Plan	47-2672076	002
Malo Automotive Group Inc	27-2382829	001
Marathon HVAC Service, LLC 401(k) Plan	95-4407682	002
Martha Schwartz Partners LLC 401(k) Plan	32-0491049	001
Media Capital Associates, LLC 401 Plan	86-0807224	001
Medical Technology Solutions, LLC 401(k) Plan	26-3619381	002
Mercer Wise PEP for Cirba Solutions	87-3169189	001
Meridian Energy & Environment 401(k)Plan	45-3338757	001
MH SUB I, LLC 401(K) PLAN	46-3259063	001
Millennial Title, LLC 401(k) Plan	47-3548232	001
Minnesota CarePartner 401k Plan	46-3824598	001
Modernizing Medicine, Inc. 401(k) Plan	27-2070905	001

Attachment To 2023 Form 5500
Schedule H, Line 5b - Additional Plans

Plan Name: ADP TotalSource Retirement Savings Plan EIN: 59-2452823
Plan Sponsor's Name: ADP TotalSource Group, Inc. PN: 001

NAME OF PLAN	EIN	PN
Monkedia, LLC 401k Plan	46-4832802	001
Montage Tech 401k	20-3652156	001
Monyer Electric LLC 401k Plan	45-2516087	001
Motor City Racks, Inc.	27-4695036	001
Mountain Sage Landscapes	26-3487001	001
MRoland Management Services LLC	46-3719777	001
Mycelium Software Inc 401(k) Profit Sharing Plan & Trust	86-1986288	001
Myo Fun 401k Plan	47-1107215	001
Nanowear Inc.	30-0828119	001
National Academy of Design 401(k) Plan	13-1628183	003
National Association of Professional Employer Organizations	74-3117195	001
National Parcel Logistics Inc 401(k) Profit Sharing Plan and Trust	59-3363151	001
National Storage Affiliates 401(K) Plan	80-0895356	002
National Tax Resource Group 401(k) Plan	59-3784576	002
Natural Sourcing 401(k) Plan	81-0650780	001
Nebraska Home Appliance, Inc. 401(k) Plan	26-4775256	002
Neosem 401(k) Plan	20-5253730	002
Newport Secure Retirement Pooled Employer Plan - AKH Shared Services, LLC	27-4411131	002
Next Step Laboratories Corp. 401(k)	06-1577154	001
Nextep 401(k) Retirement Saving Plan	73-1543198	333
Nextep 401(k) Retirement Savings Plan	73-1543198	001
NextEra Energy, Inc. Employee Retirement Savings Plan	59-2449419	002
Nextlevel Group Employee Stock Ownership 401k	20-3929418	001
NIVID Technologies	45-4533082	001
No Drugs Inc.	27-3552648	001
Nomadic Learning 401(k) Plan	45-3818913	001
Northeast Fasteners 401k Plan	06-0791531	001
Northwest Natural Spirits LLC 401(k) Plan	46-1574457	001
Notion 401(k) Plan	47-2081786	001
NS Info Holdings, LLC 401(k) Profit Sharing Plan	87-3605004	001
NTT Data 401(k) Plan	04-2437166	003
NUA Group 401k Plan	82-1064961	001
Nua Intl 401k Plan	80-0948310	001
Oasis Retirement Savings Plan	65-0731524	333
OMEGA SYSTEMS CONSULTANTS, INC. 401(K) PLAN	20-5791145	001
Omni Consulting Solutions 401(k) Plan	45-3710709	001
Omni Wound Physicians 401k Plan	82-0867902	001
OnLife Holdings, Inc. Retirement Plan	27-4582239	001
Openwater Seafood 401(k) Plan	37-1904516	001
Openwave Mobility, Inc.	45-5070285	001
Operation Dental LLC Retierment Plan	83-0968608	001
Optimum Employer Solutions 401(k) Savings Plan	76-0828248	001
Optimum Employer Solutions 401(k) Savings Plan	76-0828248	501
Orchid Island Golf Club 401k	65-0194373	001
OrderMyGear 401(k) Plan	71-1037580	001
Orion Advisor Solutions 401(K) Plan	85-1837981	001
Orveon Global US LLC 401(k) Plan	87-2670692	001
Outer banks Capital, Inc. 401(k) Plan	85-2850437	001

Attachment To 2023 Form 5500
Schedule H, Line 5b - Additional Plans

Plan Name: ADP TotalSource Retirement Savings Plan EIN: 59-2452823
Plan Sponsor's Name: ADP TotalSource Group, Inc. PN: 001

NAME OF PLAN	EIN	PN
Owens Carolina 401(k) Plan	56-1634753	001
PALM Management 401k Retirement Plan	83-3094315	001
Palmetto Rehabilitation 401(k) Plan	46-2223029	001
Paramount Property Company 401k Plan	47-2337073	001
Parsky & Galloway, LLC 401(k) Plan #519716-01	88-3202809	001
Party Goods Warehouse, Inc. 401(k) Plan	59-2447532	002
Paymerang LLC	27-1517964	334
Pearlshire Schaumburg LLC 401(k) Plan	84-1402824	001
Penrose Chun & Gorman LLP	27-1907426	001
Perimeter Realty Inc 401(k) Profit Sharing Plan & Trust	59-3294260	001
Personify Corporation 401(k) Plan	54-1826450	002
Pet Supreme, Inc. 401(k) Plan	20-1490631	002
Pfizer Savings Plan	13-5315170	002
Plant Fantasies, Inc. 401k Profit Sharing Plan	13-3837650	002
Poppy's 401(k)	46-1355691	002
PowerToFly Inc. 401(K) Plan	46-5300251	001
Precision Concepts International LLC	45-3953266	001
Predicine Inc 401(k) Plan	47-5502891	002
Premium Guard Holdings Inc. 401(k) Plan	11-3139622	001
Prestige Employee Administrators Retirement Savings Plan	11-3448580	333
Prime MSO, LLC Adopting Employer of the Secure Your Retirement 401 (k) Plan	45-5520618	877
Principal EASE 401(k) Plan	20-4521630	334
Principal EASE 401(k) Plan	87-3525430	001
Privia Medical Group 401(k) Plan	59-3336894	001
Privia Retirement Plan	26-1385077	001
Pro Therapy Services 401(k) Plan	62-1746752	002
Profitopia 401(k) Plan	85-3001380	001
Project Delivery Group LLC 401(k) Retirement Savings Plan	20-3344111	002
Projex Inc 401(K) Profit Sharing Plan & Trust.	82-1080510	001
Propel HR 401(k) Plan	20-5888849	333
ProService Hawaii 401(k) Plan	26-3583026	001
Protera 401(k) Plan	36-4265468	001
Provar Inc. 401(k) Plan	82-3066428	001
ProVets Consulting Group, LLC 401(k) Plan	81-3380675	001
Quality Behavior Solutions 401(k) Plan	47-3586364	002
Questco Companies Retirement Plan	81-2333797	001
Quorn Foods Inc	51-0387177	002
R & Q Solutions 401(k) Plan	26-2573999	001
Radius Marketing Group Inc 401(k) Profit Sharing Plan and Trust	90-0677424	001
Rafay Systems Inc 401k Plan	82-3104138	001
Rapid Security Inc. 401(k) Plan	20-8294440	001
Ravlich Enterprises, LLC 401(k) Profit Sharing Plan Trust	73-1674852	001
REAP INC 401(k) Plan	93-1315162	001
Red Nucleus Solutions 401(k) Retirement Plan	26-1264927	001
Red Rock Recovery Centers LLC 401(k) Profit Sharing Plan and Tru	47-2014643	002
Redemption Psychiatry 401(k) Plan	46-2629779	001
RELIABLE MEDICAL SUPPLY, LLC 401(k) PROFIT SHARING PLAN & TRUST	41-1631370	001
Rently 401(k) Plan	45-2955627	001

Attachment To 2023 Form 5500
Schedule H, Line 5b - Additional Plans

Plan Name: ADP TotalSource Retirement Savings Plan EIN: 59-2452823
Plan Sponsor's Name: ADP TotalSource Group, Inc. PN: 001

NAME OF PLAN	EIN	PN
Resourcing Edge Retirement Savings Plan	27-1515114	002
Resourcing Edge Retirement Savings Plan	46-3045894	002
Retina Center of Texas, LLC 401k Plan	84-4798276	001
Rheumatology Solutions PLLC 401(k) Profit Sharing Plan and Trust	27-2571855	001
Rhino-Rack USA 401(k) Plan	26-4599912	001
Rio Grande Fence Co 401k Plan	62-3580639	001
Risk Strategies Pooled Employer Plan for Private Equity Cos FBO RoBEX, LLC	59-3708427	030
RNK CAPITAL LLC	20-1090307	001
Roach & Lin P.C. 401k P/S Plan	11-3410831	001
ROAD REBEL ENTERTAINMENT TOURING, INC	33-0909027	002
Roca Tile USA Inc. 401(k) Retirement Plan	73-1139950	002
Rocky Mountain Auto Brokers Inc.	81-0610542	001
Roots Autism Solutions LLC	81-0991659	001
Ropart Investments, LLC 401(k) Plan	06-1415668	001
Rosetta Technologies Corp. 401(k) Plan	59-2798492	001
Rotech Healthcare Inc. 401k Savings Plan	03-0408870	001
Rotonda West Association Inc.	65-0155670	002
RugsUSA Retirement Plan	35-2620896	001
S L Munson 401k Plan	57-0950847	001
Saltbox Mgmt 401(k) Plan	86-2766744	001
Sanders Industries Holdings, Inc. 401(k) Plan	46-5657537	001
Sant P Chawla MD Inc	95-4253354	001
SaveWise Pooled Employer Plan	27-2037969	016
SaveWise Pooled Employer Plan - Air Holding USA 401(k) Plan	82-3049067	016
Screen Innovations 401(k) Plan	26-1394813	001
Sealink International, Inc 401(k) Plan	20-0244097	002
Secure Your Retirement 401(k) Plan	41-0417830	877
Secure Your Retirement 401(k) Plan	41-0417830	001
SENTRY PEST CONTROL INC 401(K) Profit Sharing Plan	38-3659223	001
SEQUOIA ONE 401(K) PLAN	46-4716239	001
Servientrega International Inc 401(k) Plan	65-0325927	001
Shifa Health 401(k) Plan	48-1304877	001
SI Environmental LLC	45-4549013	001
SiFive, Inc. 401(k) Plan	47-4716251	001
Simple Debt Solutions, LLC	85-2002520	001
SimPro Software Limited 401(k) Plan	61-1734506	001
SingleOps LLC	46-2830277	002
SkyePoint Decisions, Inc. 401(k) Plan	26-4474804	001
SL Barnes LLC dba Woodhouse Spa Golden	47-4465581	002
Smart Metals Recycling LLC	46-5682269	002
SMARTBOX, LLC 401(K) PLAN	04-3699837	001
S-NET COMMUNICATIONS	02-0766509	002
Social Connections Learning Center 401k Plan	81-2869646	001
Softheon 401(k) Plan	11-3580784	001
SOHDental 401k	82-3727056	001
Solara Health Inc Profit Sharing Plan	81-1553458	001
Songtradr, Inc. 401(k) Plan	46-5254855	001
Soundview Financial Credit Union 401k Plan	06-1029943	001

Attachment To 2023 Form 5500
Schedule H, Line 5b - Additional Plans

Plan Name: ADP TotalSource Retirement Savings Plan EIN: 59-2452823
Plan Sponsor's Name: ADP TotalSource Group, Inc. PN: 001

NAME OF PLAN	EIN	PN
Source Fitness Management LLC 401(k) Plan	20-8177247	001
Southern Clipper Inc. 401K Plan	68-0519169	001
Southern Storage Management Systems, Inc. 401(k) Profit Sharing Plan and Trust	65-0272140	002
Southern Telecom Inc. 401(k) Savings Plan	11-3514861	001
Sparx Technologies LLC 401(k) Plan	20-2581342	001
Spearhead Mobility 401K Plan	85-1406607	001
SPM Communications 401(k) Plan	46-4504081	001
SRR International Inc 401(k) plan	65-1134461	001
Stafflink Outsourcing Retirement Savings Plan	65-0788936	333
Statewide Tax Recovery, LLC 401(k) Plan	83-1606428	001
Stem, Inc	85-1972187	001
Stentech 401(k) Plan	20-1065345	001
Steripack USA LTD, LLC 401k Plan	98-1027627	002
Stifel Financial Profit Sharing 401(k) Plan	43-1273600	001
Striker Entertainment, LLC PS 401(k) Plan	20-8905268	002
Stylitics Inc. 401(k) Plan	35-2446559	001
SuccessWise Pooled Employer Plan	90-1008021	001
Suitx, Inc 401k Plan	45-2683101	001
Sullivan's Administrative Managers, LLC 401(k)/Profit Sharing Plan	58-1086218	002
Summit Primary Care 401(k) Plan	85-0942718	001
Suncoast Realty 401(k) Plan	82-1443086	001
SunQuest Properties Inc. 401K Profit Sharing Plan	72-1042010	002
Sunrise Enterprises of Roseburg Inc	93-0603646	001
Sunset Management 401(k) Plan	83-4538988	001
Superior Business & Property Management 401(k) Plan	46-5322141	002
Superstock Partners LLC	26-4385630	002
SYR Service Company LLC 401(k) PSP	43-2089684	001
Tadich Grill 401k Plan	94-1529526	001
TANYR Healthcare LLC 401(k) Plan	20-4208330	001
Teak Isle Inc 401k Plan	59-1995804	001
TELECOM RESOURCES OF AMERICA INC 401(k) Profit Sharing Plan and Trust	65-1008120	001
Terry P.A. & Associates 401(k) Plan	74-1965088	001
Tex Air Parts, Inc. 401(k) Plan	75-1160163	001
The Creative Alliance 401(k) Plan	84-1215982	003
The Enterprise Security Consultants 401(k) Plan	82-3997554	001
The Founders Academy	46-3442950	002
The Gluck Architectural Collab 401k Plan	20-0432135	001
The Hallmark Companies, Inc. 401(k) Plan	58-2342467	002
The NEFCO Holding Company I, Inc. 401(k) Profit Sharing Plan	06-1035230	001
The Pedowitz Group LLC 401(k) Plan	26-0677942	001
The Platinum 401k Retirement Savings Plan fbo Infinity Aircraft Services LLC	27-3523833	004
The Pool Factory Inc	11-3144735	001
The Savings Plan for Employees of Real Estate One, Inc.	38-1903424	001
The Secure Your Retirement 401(k) Plan	41-0417830	877
The Warren Group 401k Plan	82-5154618	001
Three Lakes Hardware & Building Materials 401(k) Plan	46-2501872	002
Three Sheeps Brewing Company	65-0172853	002
Thrive DC 401(k) Profit Sharing Plan and Trust	52-1485474	001

Attachment To 2023 Form 5500
Schedule H, Line 5b - Additional Plans

Plan Name: ADP TotalSource Retirement Savings Plan EIN: 59-2452823
Plan Sponsor's Name: ADP TotalSource Group, Inc. PN: 001

NAME OF PLAN	EIN	PN
Tomblin Asset Management Group, Inc. 401(k) Plan	33-0500576	001
Tony's Coffees & Teas, Inc. 401(k) Plan	91-1362372	001
Total PEP Solutions - Octavia Wealth Advisors LLC	84-5016689	101
T-Rex Retirement Plan	73-1667667	001
TRG Field Services Inc 401k Profit Sharing Plan	20-2258002	001
TriNet 401k Plan	04-3646632	333
TriNet 401k Plan	48-1304650	333
TriNet 401k Plan	48-1304650	122
TriNet 401k Plan	82-1711801	003
Trinet 401k Plan	84-5122891	371
Trion Solutions, Inc. 401(k) Profit Sharing Plan	46-1334892	001
TrippNT Inc. 401(k) Profit Sharing Plan & Trust	43-1639629	001
Tritium Technologies LLC	30-0955575	001
Tropicale Foods 401k Plan	77-0521367	001
Turnaround Solutions LP 401(k) Plan	81-2788579	001
Unbeatable Salecom Inc 401(k) Profit Sharing Plan and Trust	35-2239295	001
Unique Staffing 401(K) Retirement Plan	74-2954372	001
Unique Staffing 401(k) Retirement Plan	74-2954372	333
United Air Temp 401(k) Profit Sharing Plan	54-1245568	001
United Palace of Spiritual Arts 401(k) Plan	04-6148638	001
Unlimited Technology 401(k) Plan	88-0776329	001
Unsupervisedcom, Inc. 401(k) Plan	82-2119109	002
Urban Ministries	36-2702501	001
URBAN STUDIO, LLC	56-2371251	001
VAC 401(k) Plan	83-4612632	001
VAG USA, LLC 401(k) Plan	25-1267725	001
Valley Forge Fabrics, Inc 401(k) Plan	13-2895229	001
Velo3D Retirement Savings Plan	47-1314238	001
Vensure Employer Services, Inc. 401(k) Profit Sharing Plan	37-1508469	001
VERSATERM PUBLIC SAFETY 401(K) PLAN	86-0960454	001
VERSATUBE BUILDING SYSTEMS	62-1560415	002
Verve Group	84-4339955	001
Visionix USA 401(k) Plan	11-3024471	001
VitalSource Technologies LLC 401(K)	74-2719099	001
V-Me Media Inc	20-5575094	001
W.B. Powell, Inc. 401(k) Plan	92-3766925	001
Wacker Services Corp. 401(k) Plan	36-4477599	001
Waev Inc. 401k Plan	87-3861274	001
Walnut Capital Management, Inc. 401(k) Plan	25-1805315	002
Walton Pulmonary & Sleep Medicine PC 401(k) Plan	27-4726247	002
Wetekam Monofilaments, USA LP	36-4756746	001
Wheelimage Corp. 401(k) Plan	84-3233256	002
Wolffer Estate Vineyard, Inc. 401(k) Savings Plan and Trust #591021-01	13-3458910	001
Woof Haus LLC 401k Plan	81-4412827	001
Wooster Capital Management 401(k) Plan	56-2318808	001
Xebia USA Inc 401(k) Plan	45-5560973	002
Young & Pate, Inc. Retirement Plan	47-5664763	001
Young's Communications, LLC	59-1398816	001

Attachment To 2023 Form 5500
Schedule H, Line 5b - Additional Plans

Plan Name: ADP TotalSource Retirement Savings Plan EIN: 59-2452823
Plan Sponsor's Name: ADP TotalSource Group, Inc. PN: 001

NAME OF PLAN	EIN	PN
Your 401(k) Plan - Paper Education America, Inc.	35-2657137	305
Zorba Inc. 401(k) Plan	61-1982771	001
Zynergia HR 401(k) Plan	81-3943870	001

ADP TOTALSOURCE
RETIREMENT SAVINGS PLAN
Miami, Florida

FINANCIAL STATEMENTS
December 31, 2023 and 2022

ADP TOTALSOURCE RETIREMENT SAVINGS PLAN
Miami, Florida

FINANCIAL STATEMENTS
December 31, 2023 and 2022

CONTENTS

INDEPENDENT AUDITOR'S REPORT 1

FINANCIAL STATEMENTS

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS – MODIFIED CASH BASIS 4

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS – MODIFIED CASH BASIS 5

NOTES TO FINANCIAL STATEMENTS – MODIFIED CASH BASIS 6

SUPPLEMENTAL SCHEDULES

SCHEDULE H, LINE 4a - SCHEDULE OF DELINQUENT PARTICIPANT CONTRIBUTIONS – MODIFIED CASH BASIS 11

SCHEDULE H, LINE 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR) – MODIFIED CASH BASIS 12

Crowe LLP
Independent Member Crowe Global

INDEPENDENT AUDITOR'S REPORT

To the Trustee and Participants of
ADP TotalSource Retirement Savings Plan
Miami, Florida

Scope and Nature of the ERISA Section 103(a)(3)(C) Audit

We have performed audits of the financial statements of ADP TotalSource Retirement Savings Plan (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statements of net assets available for benefits (modified cash basis) as of December 31, 2023 and 2022, and the related statements of changes in net assets available for benefits (modified cash basis) for the years then ended, and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audits of the Plan's financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our audits need not extend to any statements or information related to assets held for investment of the plan (investment information) by a bank or similar institution or insurance carrier that is regulated, supervised, and subject to periodic examination by a state or federal agency, provided that the statements or information regarding assets so held are prepared and certified to by the bank or similar institution or insurance carrier in accordance with 29 CFR 2520.103-5 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA (qualified institution).

Management has obtained certifications from a qualified institution as of December 31, 2023 and 2022, and for the years then ended, stating that the certified investment information, as described in Note 3 to the financial statements, is complete and accurate.

Opinion

In our opinion, based on our audits and on the procedures performed as described in the Auditor's Responsibilities for the Audit of the Financial Statements section:

- the amounts and disclosures in the accompanying financial statements, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with the modified cash basis of accounting described in Note 2.
- the information in the accompanying financial statements related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of the Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

(Continued)

Emphasis of Matter – Basis of Accounting

We draw attention to Note 2 to the financial statements, which describes the basis of accounting. The financial statements are prepared on the modified cash basis of accounting, which is a basis of accounting other than accounting principles generally accepted in the United States of America. Our opinion is not modified with respect to this matter.

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with the modified cash basis of accounting described in Note 2, and for determining that the modified cash basis of accounting is an acceptable basis for the preparation of the financial statements in the circumstances. Management is also responsible for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error. Management's election of the ERISA Section 103(a)(3)(C) audit does not affect management's responsibility for the financial statements.

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for one year from the date the financial statements are available to be issued.

Management is also responsible for maintaining a current plan instrument, including all plan amendments, administering the plan, and determining that the plan's transactions that are presented and disclosed in the financial statements are in conformity with the plan's provisions, including maintaining sufficient records with respect to each of the participants, to determine the benefits due or which may become due to such participants.

Auditor's Responsibilities for the Audit of the Financial Statements

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audit section of our report, our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if, there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Plan's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for a reasonable period of time.

(Continued)

Our audits did not extend to the certified investment information, except for obtaining and reading the certification, comparing the certified investment information with the related information presented and disclosed in the financial statements, and reading the disclosures relating to the certified investment information to assess whether they are in accordance with the presentation and disclosure requirements of the modified cash basis of accounting described in Note 2.

Accordingly, the objective of an ERISA Section 103(a)(3)(C) audit is not to express an opinion about whether the financial statements as a whole are presented fairly, in all material respects, in accordance with the modified cash basis of accounting.

We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit, significant audit findings, and certain internal control-related matters that we identified during the audit.

Other Matters – Supplemental Schedules Required by ERISA

The supplemental schedules (modified cash basis) of Schedule H, Line 4a – Schedule of Delinquent Participant Contributions for the year ended December 31, 2023 and Schedule H, Line 4i – Schedule of Assets (Held at End of Year) as of December 31, 2023, are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedules (modified cash basis), other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. For information included in the supplemental schedules (modified cash basis) that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

In forming our opinion on the supplemental schedules (modified cash basis), we evaluated whether the supplemental schedules (modified cash basis), other than the information agreed to or derived from the certified investment information, including their form and content, are presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion:

- the form and content of the supplemental schedules (modified cash basis), other than the information in the supplemental schedules (modified cash basis) that agreed to or is derived from the certified investment information, are presented, in all material respects, in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.
- the information in the supplemental schedules (modified cash basis) related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Crowe LLP

Crowe LLP

Chicago, Illinois
October 14, 2024

ADP TOTALSOURCE RETIREMENT SAVINGS PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
MODIFIED CASH BASIS
December 31, 2023 and 2022

	2023	2022
Assets		
Investments, at fair value (Note 3)	$ 7,920,319,269	$ 6,590,826,715
Notes receivable from participants	105,496,904	96,867,763
Total assets	8,025,816,173	6,687,694,478
Net assets available for benefits	$ 8,025,816,173	$ 6,687,694,478

See accompanying notes to financial statements.

ADP TOTALSOURCE RETIREMENT SAVINGS PLAN
STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
MODIFIED CASH BASIS
Years ended December 31, 2023 and 2022

	2023	2022
Investment income (loss)		
Net appreciation (depreciation) in fair value of investments	$ 1,206,645,001	$ (1,388,668,905)
Interest and dividend income	5,601,761	4,090,212
	1,212,246,762	(1,384,578,693)
Contributions		
Employer's contributions	351,152,864	333,417,429
Employees' contributions	937,244,256	896,582,314
Employees' rollovers	143,321,419	140,399,239
	1,431,718,539	1,370,398,982
Other income	19,618,029	22,653,879
Benefits paid to participants	(783,085,485)	(741,381,544)
Administrative expenses	(21,139,001)	(28,348,948)
Net increase (decrease) before transfers	1,859,358,844	(761,256,324)
Net plan transfers (Note 1)	(521,237,149)	(406,980,812)
Net increase (decrease)	1,338,121,695	(1,168,237,136)
Net assets available for benefits		
Beginning of year	6,687,694,478	7,855,931,614
End of year	$ 8,025,816,173	$ 6,687,694,478

See accompanying notes to financial statements.

NOTE 1 – DESCRIPTION OF PLAN

The following description of the ADP TotalSource Retirement Savings Plan (the "Plan") provides only general information. Participants should refer to the Plan documents for a more complete description of the Plan's provisions.

General: The Plan is a multiple-employer defined contribution plan subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA). The Plan is made available to worksite employees of ADP TotalSource Group, Inc. (the "Company" or "Plan sponsor") for whom the adopting employer has agreed to allow participation, and who have attained the age of 21 with completion of service requirements as elected by each adopting employer.

Contributions: Contributions to the Plan are made by the participating employees through salary reductions. Each year, participants may contribute up to 99% of their annual compensation on a pretax or Roth after tax basis, subject to the maximum amount allowed by the Internal Revenue Code (IRC). Participants may also contribute eligible rollovers from other qualified defined benefit or contribution plans.

Each adopting employer, at its discretion and with consent from the Plan sponsor, may make a matching contribution based on a specific matching formula and/or an additional contribution, known as a profit-sharing contribution, to the Plan.

Participant Accounts: Each participant's account is credited with the participant's contributions, the adopting employer's matching and/or profit sharing contribution, if any, investment earnings and/or losses, and charged with applicable transactional charges which are considered administrative expenses. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account. Each participant directs the investment of his or her account to any of the investment options available under the Plan.

Vesting: Participants are immediately vested in their contributions, plus actual earnings thereon. Vesting in the adopting employer's contribution portion of their accounts, plus actual earnings thereon is based on years of service ranging from immediate to six years graded, as elected by each adopting employer.

Investment Options: The Plan's investment options are administered by Voya Institutional Trust Company (Voya) which gives the participants the opportunity to invest in various professionally managed funds.

Notes Receivable from Participants: Participants may borrow from their accounts a minimum of $1,000 up to a maximum equal to the lesser of $50,000 or 50% of their vested account balance. The loans are secured by the balance in the participant's account and bear interest at the rate equal to the prime rate as published in the Wall Street Journal plus 1%, determined as of the 1st of the month prior to the loan origination date. Principal and interest are generally paid through payroll deductions.

Payment of Benefits: Upon termination of service for any reason, a participant is entitled to receive the vested balance in his or her account. Benefits are distributed in one lump-sum payment or installment payments. The Plan also allows for participants to withdraw all or a portion of their vested account if (1) the participant has attained age 59-1/2 or (2) the participant incurs a hardship as defined in the Plan.

Retirement, Death, and Disability: A participant is entitled to 100 percent of his or her account balance upon retirement, death, or disability.

Administrative Expenses: The Company absorbs certain administrative costs of the Plan. However, there are some administrative costs paid by the Plan, such as, fees for recordkeeping and direct reimbursement expenses incurred by the Company. Additionally, certain transaction charges associated with withdrawals, loans, and distributions are deducted from each participant's account and are recorded as administrative expenses by the Plan. Investment management fees are charged to the Plan as a reduction of investment return and included in the investment income (loss) reported by the Plan.

(Continued)

NOTE 1 – DESCRIPTION OF PLAN (Continued)

Forfeitures: Forfeitures of employer contributions are generally used by the Company to offset future contributions made to the Plan by the adopting employers.

Transfer of Funds: Upon termination/new entrance of an adopting employer, funds are transferred to/from other qualified plans. Transfers from other qualified plans were $536,901,246 and $495,938,302 for the years ended December 31, 2023 and 2022, respectively. Transfers to other qualified plans were $1,058,138,395 and $902,919,114 for the years ended December 31, 2023 and 2022, respectively.

NOTE 2 – SUMMARY OF ACCOUNTING POLICIES

Basis of Accounting: The financial statements of the Plan are prepared on a modified cash basis, which is a comprehensive basis of accounting other than accounting principles generally accepted in the United States of America (GAAP). Under the modified cash basis of accounting, contributions and interest income are recorded when received and expenses and refunds of excess contributions are recorded when paid.

Use of Estimates: The Company prepares its Plan financial statements in conformity with the modified cash basis of accounting. This method requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and changes therein and disclosure of contingent assets and liabilities. Actual results could differ from those estimates.

Risk and Uncertainties: The Plan utilizes various investments. Investments, in general, are exposed to various risks, such as interest rate, credit, liquidity, overall market volatility, as well as risk associated with global events. Due to the level of risk associated with certain investments and the sensitivity of certain fair value estimates to changes in valuation assumptions, it is reasonably possible that changes in the values of the investment will occur in the near term and that such changes could materially affect participants' account balances and the amounts reported in the financial statements.

Investment Valuation and Income Recognition: The Plan's investments are reported at fair value as further described in Note 4. Purchases and sales of securities are recorded on a settlement-date basis. Interest income is recorded when received. Dividends are recorded on a cash basis. Net appreciation (depreciation) includes the Plan's gains and losses on investments bought and sold as well as held during the year.

Notes Receivable from Participants: Notes receivable from participants are reported at their unpaid principal balance plus any accrued but unpaid interest, with no allowance for credit losses, as repayments of principal and interest are received through payroll deductions and the notes are collateralized by the participants' account balances.

Payment of Benefits: Benefit payments to participants are recorded upon distribution.

Plan Termination: Although it has not expressed any intent to do so, the Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of Plan termination, participants will become 100% vested in their accounts.

(Continued)

NOTE 3 – CERTIFIED INVESTMENTS

Certain information related to investments and notes receivable from participants disclosed in the accompanying financial statements and ERISA-required supplemental schedules, including investments and notes receivable from participants held at December 31, 2023 and 2022, and net appreciation (depreciation) in fair value of investments, interest and dividends, and interest income on notes receivable from participants for the years then ended, was obtained by management and agreed to or derived from information certified as complete and accurate by Voya Institutional Trust Company (the trustee of the Plan).

NOTE 4 – FAIR VALUE MEASUREMENTS

Fair value is the price that would be received by the Plan for an asset or paid by the Plan to transfer a liability (an exit price) in an orderly transaction between market participants on the measurement date in the Plan's principal or most advantageous market for the asset or liability. Fair value measurements are determined by maximizing the use of observable inputs and minimizing the use of unobservable inputs. The hierarchy places the highest priority on unadjusted quoted market prices in active markets for identical assets or liabilities (level 1 measurements) and gives the lowest priority to unobservable inputs (level 3 measurements). The three levels of inputs within the fair value hierarchy are defined as follows:

Level 1: Quoted prices (unadjusted) for identical assets or liabilities in active markets that the Plan has the ability to access as of the measurement date.

Level 2: Significant other observable inputs other than level 1 prices such as quoted prices for similar assets or liabilities; quoted prices in markets that are not active; or other inputs that are observable or can be corroborated by observable market data.

Level 3: Significant unobservable inputs that reflect the Plan's own assumptions about the assumptions that market participants would use in pricing an asset or liability.

In some cases, a valuation technique used to measure fair value may include inputs from multiple levels of the fair value hierarchy. The lowest level of significant input determines the placement of the entire fair value measurement in the hierarchy.

The following descriptions of the valuation methods and assumptions used by the Plan to estimate the fair values of investments apply to investments held directly by the Plan.

Mutual Funds: The fair values of mutual fund investments are determined by obtaining quoted prices on nationally recognized securities exchanges (Level 1 inputs).

Collective Trusts: The fair values of participation units held in collective trusts are based on the net asset values reported by the fund managers as of the financial statement dates and recent transaction prices. Each collective trust provides for daily redemptions by the Plan with no advance notice requirements and has redemption prices that are determined by the fund's net asset value per unit.

Self-Directed Brokerage Accounts: The self-directed brokerage accounts are invested in mutual funds, exchange traded funds, and common stocks, for which the fair values are determined by obtaining quoted prices from a nationally recognized exchange (Level 1 inputs).

The methods described above may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, while the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

(Continued)

NOTE 4 – FAIR VALUE MEASUREMENTS (Continued)

Investments measured at fair value on a recurring basis are summarized below.

		Fair Value Measurements at December 31, 2023, Using		
	Total	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
Mutual funds	$ 1,694,875,058	$ 1,694,875,058	$ -	$ -
Personal choice retirement account	60,454,148	60,454,148	-	-
Collective trusts*	6,164,990,063	-	-	-
Total	$ 7,920,319,269	$ 1,755,329,206	$ -	$ -

		Fair Value Measurements at December 31, 2022, Using		
	Total	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
Mutual funds	$ 1,473,097,090	$ 1,473,097,090	$ -	$ -
Self-directed brokerage account	48,880,704	48,880,704	-	-
Collective trusts*	5,068,848,921	-	-	-
Total	$ 6,590,826,715	$ 1,521,977,794	$ -	$ -

* Investments measured at fair value using net asset value per share (or its equivalent) as a practical expedient have not been classified in the fair value hierarchy. The fair value amounts presented in the hierarchy tables for such investments are intended to permit reconciliation of the fair value hierarchy to the investments at fair value line item presented in the statement of net assets available for benefits.

NOTE 5 – TAX STATUS

The Internal Revenue Service (IRS) has determined and informed the Company by a letter dated March 13, 2014, that the Plan is designed in accordance with applicable sections of Internal Revenue Code (IRC). The Plan has been amended since receiving the determination letter; however, Plan management believes that the Plan is designed and being operated in compliance with the applicable requirements of the IRC. Therefore, they believe that the Plan was qualified and the related trust was tax-exempt as of the financial statement date.

Accounting principles generally accepted in the United States of America require plan management to evaluate tax positions taken by the plan and recognize a tax liability if the plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS.

(Continued)

NOTE 5 – TAX STATUS (Continued)

The plan administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2023 and 2022, there are no uncertain tax positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions. The Plan underwent a routine audit by Department of Labor for the 2014-2021 Plan years. At the conclusion of the audit, ADP TotalSource deposited approximately $2.7M into the Plan, which is included in other income on the Statements of Changes in Net Assets Available for Benefits. This amount represents a deposit to the Plan made to facilitate the conclusion of the U.S. Department of Labor's audit of the Plan. Plan management does not believe there were any significant, adverse findings from the audit that would jeopardize the Plan's tax-exempt status. The plan administrator believes it is no longer subject to income tax examinations for years prior to 2020.

NOTE 6 – PARTY-IN-INTEREST TRANSACTIONS

Parties in interest are defined under Department of Labor regulations as any fiduciary of the Plan, any party rendering service to the Plan, the employer, and certain others. Some administrative expenses of the Plan are paid directly by the Company and may be reimbursable from Plan assets. The Plan paid $4,060,492 and $4,502,834, to the Plan Sponsor during 2023 and 2022, respectively, for costs associated with the administration of the Plan. The Plan holds investments of units of collective trusts managed by Voya; therefore, these transactions and the Plan's payment of fees to Voya qualify as party-in-interest transactions. The Plan also holds and is the only participating plan in a stable value fund trusteed by Global Trust Company, managed by Standish Mellon Asset Management Company LLC and held in custody by State Street Bank and Trust Company, and therefore, these transactions and associated fees qualify as party-in-interest transactions. The Plan also holds two collective trust funds trusteed by Global Trust Company and held in custody by State Street Bank and Trust Company, and therefore, these transactions and associated fees also qualify as party-in-interest transactions. Notes receivable from participants also reflect party-in-interest transactions. These activities qualify as party-in-interest activities as defined in Section 3(14) of ERISA and are expressly exempted from the prohibited transaction rules.

NOTE 7 – SUBSEQUENT EVENTS

Plan management has evaluated subsequent events for recognition and disclosure through October 14, 2024, which is the date the financial statements were available to be issued.

SUPPLEMENTAL SCHEDULES

ADP TOTALSOURCE RETIREMENT SAVINGS PLAN
SCHEDULE H, LINE 4a - SCHEDULE OF DELINQUENT PARTICIPANT CONTRIBUTIONS
MODIFIED CASH BASIS
Year Ended December 31, 2023

Name of Plan Sponsor: ADP TotalSource Group, Inc.
Identification Number: 59-2452823
Three-Digit Plan Number: 001

Check here if Late Participant Loan Repayments are Included	Total that Constitute Nonexempt Prohibited Transactions			Total Fully Corrected Under VFCP and PTE 2002-51
	Contributions Not Corrected	Contributions Corrected Outside VFCP	Contributions Pending Correction in VFCP	
	$ 31,394*	$ 84,646**		

*Relates to 2022 and 2023 late remittances that were not corrected until 2024.
**Relates to 2021-2023 late remittances corrected in 2023.

See Independent Auditor's Report.

ADP TOTALSOURCE RETIREMENT SAVINGS PLAN
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
MODIFIED CASH BASIS
December 31, 2023

Name of Plan Sponsor: ADP TotalSource Group, Inc.
Identification Number: 59-2452823
Three-Digit Plan Number: 001

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
		Collective Trusts:		
*	Voya Trust Company	Target Solution Income	#	$ 214,067,609
*	Voya Trust Company	Target Solution 2025	#	273,559,647
*	Voya Trust Company	Target Solution 2030	#	419,174,860
*	Voya Trust Company	Target Solution 2035	#	452,602,006
*	Voya Trust Company	Target Solution 2040	#	446,870,718
*	Voya Trust Company	Target Solution 2045	#	469,366,141
*	Voya Trust Company	Target Solution 2050	#	412,957,374
*	Voya Trust Company	Target Solution 2055	#	326,769,018
*	Voya Trust Company	Target Solution 2060	#	182,401,118
*	Voya Trust Company	Target Solution 2065	#	51,484,349
*	Global Trust Company	Stable Value Collective Fund	#	376,712,650
	BlackRock Institutional Trust Company	Agg Bond Index Fund	#	250,669,186
	BlackRock Institutional Trust Company	Russell 3000 Fund	#	1,022,081,644
	BlackRock Institutional Trust Company	MSCI-ACWI Ex-US Index Fund	#	416,052,851
	Ameriprise	Columbia Trust Integrated Small-Cap	#	128,674,333
*	Global Trust Company	Neuberger Berman Small Cap Fund II	#	143,387,522
*	Global Trust Company	American Century US Premier S9 Fund	#	578,159,037
				6,164,990,063
		Mutual Funds:		
	American Funds	EuroPacific Growth R4 Fund	#	211,008,584
	American Funds	Washington Mutual	#	466,039,635
	Fidelity Investments	Total Bond Fund	#	184,699,371
	John Hancock	Disciplined Mid Value Fund	#	196,018,297
	T. Rowe Price	Mid Cap Fund	#	243,357,480
	Vanguard	Balanced Index Fund	#	373,579,562
	Blackrock	Money Market Fund	#	20,172,129
				1,694,875,058
	Various	PCRA - Self-Directed Brokerage Account	#	60,454,148
*	Plan participants	Participant loans, rates of 0.04% to 10.50%, maturing through 2052		105,496,904
		Total		$ 8,025,816,173

* Denotes party-in-interest.
\# Investment is participant-directed, therefore historical cost is not required.

See Independent Auditor's Report.